How to use the Register for Postabortion Care

The Register for postabortion care is a tool which will enable the organization/health center to gather data for reporting. It is meant to be user friendly by using tick marks as much as possible with little need to write in data. Please note the following instructions for using the Register for Postabortion Care.

At the top of each page notes the component of PAC services that is being addressed with the data captured. Write in the name of the organization/health facility and tick off the month that the data collection is for and write in the year.

Item # 1 – Number - Write in the number of the patient for that month This information will allow the facility to answer indicator # 1 – Number of women triaged and referred for PAC services in the past year; and indicator # 2 – Number of women provided emergency PAC treatment during the past year.

Item # 2 – Date – Write in the date

Item # 3 – First name and surname – Write in the patient's name

Item # 4 – Exact Address – Write in the information, this will assist in home f/u as needed. Your facility may choose to not collect this information

Item # 5 – Age – Write in the patient's age. This information will allow the facility to answer Intermediate Result # 1.4 – Number and percentage of clients served by PAC programs who are members of vulnerable or underserved populations (adolescents, etc)

Item # 6 – Gravida – Write in the number of pregnancies

Item # 7 – Parity – Write in the number of deliveries

Item # 8 – Patient transferred? Tick Yes or No. This information will allow the facility to answer Indicator #1. In sites where emergency treatment is not available, the number of women triaged and referred for PAC emergency treatment in the past year.

Item #9 – Name of facility transferred to/from: Write in the name of the facility that you transferred a patient to or the name of the facility from which you received a patient transfer.

Item # 10 – Gestational Age – Write in the gestational age as per patient's LNMP and bimanual examination.

Item # 11 – Type of Abortion – Tick whether patient presents with spontaneous or induced abortion (optional as per facility)

Item # 12 – Method of Uterine evacuation – Tick all that apply.

Item # 13 – Pain Medication Used – Tick all that apply.

Item # 14 – Complications – Tick all that apply.

Item # 15 – Family Planning Counseling completed? Tick Yes or No. This information will allow the facility to answer Indictor # 3 – Of the number of women receiving PAC services during the past year, the number and percentage of women who received family planning counseling prior to leaving the facility.

Item # 16 – Name of Family Planning Counselor – Write in the name of the person who provided family planning counseling to the patient/client

Item # 17 – Family Planning Method Received or Referral Made for Family Planning Method prior to leaving the facility.
If the method was provided AT THE SAME TIME AND LOCATION AS PAC EMERGENCY TREATMENT, use "X" to indicate the method received. If the patient WAS REFERRED TO ANOTHER PLACE IN THE FACILITY (i.e. FP clinic, FP counseling room) OR ELSEWHERE for services, use "R" to indicate the method desired. This information will allow the facility to answer Indicators 4 and 5; Indicator 4. Of those women receiving PAC service during the past year, the number and percentage of women who received a family planning method prior to leaving the facility. Indicator 5 - Of those women receiving PAC service during the past year, the number and percentage of women referred for a family planning method prior to leaving the facility.

Item # 18 – STI evaluation Completed? Tick Yes or No. This information will allow the facility to answer Intermediate Result (IR) 1.3 – The number and percentage of PAC clients who receive STI or HIV/AIDS services during a given visit. (Country programs will decide if they will integrate STI evaluation into PAC services)

Item # 19. HIV Counseling Completed? Tick Yes or No. This information will allow the facility to answer Intermediate Result (IR) 1.3 – The number and percentage of PAC clients who receive STI or HIV/AIDS services during a given visit. (HIV counseling and testing services is suggested only for those countries in which there is a high prevalence of HIV.)

Item # 20 – HIV Testing Completed? Tick Yes, No or Referred for testing. This information will allow the facility to answer Intermediate Result (IR) 1.3 – The number and percentage of PAC clients who receive STI or HIV/AIDS services during a given visit. (HIV counseling and testing services is suggested only for those countries in which there is a high prevalence of HIV.)

Item # 21 – Comments – Write in any pertinent comments regarding the patient that are not captured in the other categories.

Item #22 – Signature – Write in the name of the person completing the postabortion care procedure into the log book.

Register for Post Abortion Care

Name of facility _____   Month _____

Number	Date	First name and Surname	Exact Address	Age	Gravida	Parity	Patient transferred in? *(check one)*		Name of facility transferred from	Gestational Age		Type of Abortion *(Optional as per facility, check one)*		Mode of uterine evacuation *(check one)*				Pain Medication Used *(check all that apply; for those not listed check other and write information in the "comments" section)*							Complications *(check all that apply, for those not listed, check other and write information in "comments" section)*							FP Counselling completed before discharge from facility?		Name of FP Counselor	Family Planning Method Received or Referral for desired FP method prior to leaving the facility *(If method provided at the same location as emergency treatment, use X to indicate method chosen. If patient referred to FP clinic in hospital, health center, or another site, use R to indicate method that patient preferred)*										STI Evaluation Completed? *(only if service provided)*		HIV Counseling Completed?		HIV Testing Completed? *(only if service provided)*			Comments	Name of person Completing the register
							Yes	No		By LNMP	Bimanual Exam	Spont	Induced	Sharp curettage	EVA	MVA *(manual or footpump)*	Misoprostil	None	Ibuprofen	Paracetamol	Paracervical Block	Systemic Analgesia	General Anesthesia	Other	Hemorrhage	Sepsis	Shock	Cervical Laceration	Vaginal Laceration	Uterine Perforation	Other	Yes	No		None	Bilateral Tubal	Condom, Female	Condom, Male	Depo-Provera	IUD	Oral Contraceptive	Standard Days Method *(Cyclebeads)*	Vasectomy	Yes	No	Yes	No	Yes	No	Referred for Testing		