

Notification form for contraceptive failures

District:	MOH:	PHM Area:	Eligible Family No:
1. Details of the client			
Name:		Address:	
Mother's Age (in years):	Parity* (G, P):	No of living children:	Age of last child:
Educational level:	Tel/Mobile number:		

*Gravidity= number of pregnancies, Parity= the number of births carried to a viable gestational age (at least 24 weeks)

2. Details regarding the current pregnancy			
How the pregnancy was confirmed	HCG	USS	Both
Site of the current pregnancy:	Intra uterine	Ectopic	
Date of Last Menstrual Period (LMP):	Expected Delivery Date (EDD):		

3. Details regarding contraceptive use			
Method used: Condoms	OCP	DMPA	Implants
IUD	Female sterilization		
How long was the method used for (months/years):			
Date of last dose/administration of the method (dd/mm/yy):			

4. Details regarding Service Delivery Point (SDP) / Service Provider			
Government	Private	NGO	- Name of the NGO:
VOG	MOH/AMOH	MO	RMO
PHNS/NO	PHM	PHI	

5. Information regarding the product (if relevant)			
Generic name:	Brand:	Lot/Batch number:	
Date of manufacture:	Date of expiry:		

6. In your opinion what was the type of failure	
a) User failure	Specify:
b) Method failure	Specify:
7. Follow up field visits by PHM (* Attach copies of H1153 and H1155)	
Number of field visits done for this client <u>during the first 3 months</u> of administration/insertion	
Number of field visits done for this client <u>after the first 3 months</u> of administration/insertion	

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Name and Designation of the Officer

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Date

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Contact number/email

To be filled by the Consultant/ MO/ MOH for any suspected failure of a modern contraceptive method, and sent to MO.MCH and Director Maternal and Child Health, Family Health Bureau (fbfpu@gmail.com) as early as possible