

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:	
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 <input type="checkbox"/>	USS <input type="checkbox"/>	Both <input type="checkbox"/>
Site of the current pregnancy:	If intra uterine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Last Menstrual Period (LMP):	Expected Delivery Date (EDD):		

3. Details regarding contraceptive use						
Method used:	Condoms <input type="checkbox"/>	OCP <input type="checkbox"/>	DMPA <input type="checkbox"/>	Implants <input type="checkbox"/>	IUD <input type="checkbox"/>	Female sterilization <input type="checkbox"/>
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 <input type="checkbox"/>	Private <input type="checkbox"/>	NGO <input type="checkbox"/>	Name of the NGO:			
VOG <input type="checkbox"/>	MOH/AMOH <input type="checkbox"/>	MO <input type="checkbox"/>	RMO/AMO <input type="checkbox"/>	PHNS/NO <input type="checkbox"/>	PHM <input type="checkbox"/>	PHI <input type="checkbox"/>

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 <input type="checkbox"/>	Specify:
b) Method failure <input type="checkbox"/>	Specify:
7. Field visits by PHM	
Number of field visits done for this client <u>during the first 3 months</u> of administration/insertion	<input type="checkbox"/>
Number of field visits done for this client <u>after the first 3 months</u> of administration/insertion	<input type="checkbox"/>

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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/ PHNS for any suspected failure of a modern contraceptive method, and sent to MO.MCH and Director Maternal and Child Health, Family Health Bureau (fhbfp@gmail.com) as early as possible