

# Continuum of Care (CoC) Card












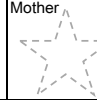

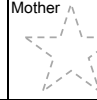

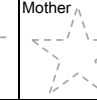

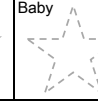

CoC Card is a one-page visualized health record tool for maternal, newborn, and child health. It is designed to schedule the visits to health facilities for antenatal care (ANC), delivery, and postnatal care (PNC) and record these visits. If a woman receives a star on the card if she receives care as scheduled (gold star sticker) and as delayed (orange star sticker). It can also record the receipt of essential services, health education, and danger signs. It is held by women so that they can understand care that they should receive during pregnancy, childbirth, and post-delivery. It can enhance communication on necessary care between women and health workers and within a woman's household.

## Continuum of Care Card




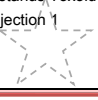
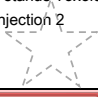

Health facility & ANC No.:

Name:


### CoC SERVICES

| ANC1<br>by 16 weeks<br>(by 4 months)  | ANC2<br>24-28 weeks<br>(6-7 months)   | ANC3<br>at 32 weeks<br>(at 8 months)  | ANC4<br>at 36 weeks<br>(at 9 months)  | Skilled delivery<br>Facility delivery   | PNC1<br>by 48hours<br>(by 2 days)   | PNC2<br>at 7 days  | PNC3<br>at 6 weeks  |
|---|---|---|---|---|---|--|---|
| Date at 16 weeks  | Date at 28 weeks  | Date at 32 weeks  | Date at 36 weeks  | Expected delivery date  | Date at 2 days  | Date at 7 days   | Date at 6 weeks   |
| Date of actual visit  | Date of actual visit  | Date of actual visit  | Date of actual visit  | Date of actual visit  | Date of actual visit  | Date of actual visit   | Date of actual visit  |
|  |  |  |  |  |  |  |  |
| Mother  | Mother  | Mother  | Mother  | Delivery  | Mother  | Mother   | Mother  |
|  |  |  |  |  |  |   |  |
|   |   |   |   |   | Baby  | Baby   | Baby  |
|   |   |   |   |   |  |   |  |










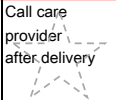
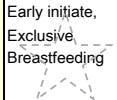



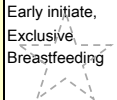



### ESSENTIAL SERVICES

|   |   |   |   |
|---|---|---|---|
|    | Blood test 1<br>(Hb1)   |   | Blood test 2<br>(Hb 2)  |
|   | Malaria Drug 1<br>(IPT1)  | Malaria Drug 2<br>(IPT2)  | Malaria Drug 3<br>(IPT3)  |
|  | Tetanus Toxoid<br>Injection 1   | Tetanus Toxoid<br>Injection 2   |   |
|   |  |  |  |

Blood group






### HEALTH EDUCATION

|   |   |   |   |   |  |   |   |   |  |   |   |
|---|---|---|---|---|--|---|---|---|--|---|---|
|  | Items for<br>Delivery & Baby  |  | Trainer<br>for delivery   |  | Caregiver  |    | Call care<br>provider<br>after delivery   |  | Early initiate,<br>Exclusive<br>Breastfeeding  |   | Family planning   |
|  |  |  |  |  |  |  |  |  |  |  |  |

### DANGER SIGNS

If Yes, see the detail record

| ANC1  | ANC2  | ANC3  | ANC4  | Delivery  | PNC1  | PNC2  | PNC3  |
|---|---|---|---|---|---|---|---|
| Mother  | Mother  | Mother  | Mother  | Mother  | Mother  | Mother  | Mother  |
| <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Baby  | Baby  | Baby  | Baby  | Baby  | Baby  | Baby  | Baby  |
| <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

Contact number of Health care provider

✂ CUT HERE BY HEALTH CARE PROVIDER AT 6 WEEK AFTER DELIVERY ✂

| ANC1 | ANC2 | ANC3 | ANC4 | Delivery | PNC1 | PNC2 | PNC3 |
|------|------|------|------|----------|------|------|------|
| ☆    | ☆    | ☆    | ☆    | ☆        | ☆    | ☆    | ☆    |
| ☆    | ☆    | ☆    | ☆    | ☆        | ☆    | ☆    | ☆    |
| ☆    | ☆    | ☆    | ☆    | ☆        | ☆    | ☆    | ☆    |
| ☆    | ☆    | ☆    | ☆    | ☆        | ☆    | ☆    | ☆    |

Health facility & ANC number

Name

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