

Antenatal care (ANC) card

Mother's copy · Template — replace bracketed text; keep one card per pregnancy.

Registration

Hospital / clinic name & registration no.	[letterhead]
ANC registration no. · UHID	
Date of registration	
Name of the woman	
Age	[] years
Husband's / partner's name	
Address & mobile (for reminders)	
ABHA number (if available)	
Consultant	[name · registration no.]
Referred by / referral doctor	

Obstetric history

Gravida / Para / Living / Abortions	G[] P[] L[] A[]
LMP	
EDD (by dates / by scan)	[] / []
Previous pregnancies — year, outcome, mode, complications	[list]
Previous LSCS	No / Yes — year & indication
Medical / surgical history	[hypertension · diabetes · thyroid · epilepsy · surgery · none]
Allergies	
Family history	[diabetes · hypertension · twins · congenital anomaly · none]

Baseline examination & investigations

Height · pre-pregnancy / booking weight · BMI	[] cm · [] kg · []
Blood group & Rh	[] — partner's Rh if mother Rh-negative: []
Haemoglobin	[] g/dL on [date]
Urine — albumin / sugar	
Blood sugar (GDM screening as per protocol)	[] on [date]
HIV · HBsAg · VDRL (with consent)	[] · [] · []
Thyroid (if done)	
Dating / booking ultrasound	[date · GA · findings] — Form F no. []
Anomaly scan (18–20 weeks)	[date · findings] — Form F no. []
Other scans / tests	

Risk assessment

High-risk factors present	[anaemia · previous LSCS · hypertension / PIH · diabetes / GDM · Rh-negative · multiple pregnancy · age <18 or >35 · bad obstetric history · malpresentation · placenta praevia · none]
Risk category	Low / High — reviewed on [date]
Plan for high-risk pregnancy	[extra visits · specialist referral · delivery at higher centre]

Immunisation & supplements

Td / TT — dose 1 · dose 2 · booster	[date] · [date] · [date]
Iron–folic acid	Started [date] · [dose]
Calcium	Started [date] · [dose]
Deworming (if given)	
Other	

Template by MedStream · medstream.in · free to use and adapt for your hospital or clinic. Replace the header with your own letterhead.

ANC visit record

One row per visit. National guidance expects a minimum of four antenatal check-ups, the first within 12 weeks — confirm the schedule your state programme follows.

Visits

Date	Weeks	Weight (kg)	BP	Hb	Urine alb/sug	Fundal ht / FHS	Oedema	Presentation	Complaints / advice	Next visit	Sign

Counselling given (tick & date)

☐ Diet & rest ☐ Danger signs ☐ Birth preparedness ☐ Institutional delivery ☐ Breastfeeding ☐ Family planning / spacing ☐ Newborn care ☐ PMSMA / scheme entitlements (if applicable)

Template by MedStream · medstream.in · free to use and adapt for your hospital or clinic. Replace the header with your own letterhead.

Birth plan & delivery details

Completed towards term; the delivery section is filled after birth and carried into the discharge summary.

Birth preparedness

Planned place of delivery	[this hospital / other — name]
Expected mode	Vaginal / planned LSCS — reason
Transport arranged · contact person	
Blood donor / blood group identified	
Money / scheme / insurance arranged	[cash · PMJAY · insurance · package]
Danger signs explained — return immediately if	Bleeding · severe headache / blurred vision · fits · fever · reduced foetal movements · leaking · severe abdominal pain · swelling of face/hands

Delivery

Date & time of delivery	
Mode of delivery	Vaginal / assisted / LSCS — indication
Outcome · sex · birth weight	Live / stillbirth · M / F · [] g
Complications (mother / baby)	
Post-delivery contraception	[method · date]
Postnatal visits due	[dates]

Sign-off

Doctor — name, registration no., signature	
Nurse / ANM — name, signature	

Template by MedStream · medstream.in · free to use and adapt for your hospital or clinic. Replace the header with your own letterhead.