# POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

Date: _____ To: _____

Facility: _____

USAID FROM THE AMERICAN PEOPLE

उत्तराखंड शासन

MCHIP Maternal and Child Health Integrated Program

# POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

| S.No. | Indoor Reg No | Name | Age | Phone No. | Date of PPIUCD Insertion | Type of PPIUCD Insertion *(Tick appropriate column)* | | | Name of provider who inserted PPIUCD | Due date of FU | Actual date of FU | Type of FU *(Tick appropriate column)* | | Time of FU *(Tick appropriate column)* | | Finding of FU *(Tick appropriate column)* | | | | | Action taken for complications | Reason for removal | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Post placental (within 10 min) | Immediate PP (within 48 hrs.) | Intra Caesarean | | | | Clinic Visit | Telephonic | Upto 6 weeks | After 6 weeks | Expulsion | Infection | Missing Strings | Other Complaints (Specify) | No complaint | | | |
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# POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

Date: _____ To: _____

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USAID FROM THE AMERICAN PEOPLE

झारखण्ड सरकार

MCHIP Maternal and Child Health Integrated Program

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# POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

Date: _____ To: _____

Facility: _____

USAID FROM THE AMERICAN PEOPLE

सत्यमेव जयते

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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MCHIP Maternal and Child Health Integrated Program

# POSTPARTUM IUCD FOLLOW-UP (FU) REGISTER

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