**UC08: Health Center Worker provides protocolized antenatal visit care**

Description: Once women are identified as pregnant, it is considered standard of care in Rwanda to receive at least 4 antenatal care visits. Normal acuity visits occur in the health centers. During these visits, it is the job of the health center worker to provide preventive and diagnostic care against specific protocols for each visit, and to triage high risk health conditions and delivery conditions appropriately.

Actors: Health Center Worker, Patient, patient record system (OpenMRS), and Shared Health Record (SHR)

Pre-Conditions: Patient identified as pregnant and due for an antenatal care visit

Post-Conditions: Health center worker completes antenatal care form and gets data into OpenMRS. OpenMRS automatically transmits this information to the shared health record.

Special Requirements: n/a

Event Flow Chart:

Ideal Pathway: mother comes to health center (w/CHW involvement), mother gets registered by ANC clinic staff electronically, registration process triggers SHR patient record import into OpenMRS, OpenMRS to generate summary health record (including previous pregnancy information), OpenMRS prenotifies about previous issues of concern (ie, HIV), health center worker carries out protocolized clinical encounter using an electronic version of the antenatal care form entering information into OpenMRS (by health worker), OpenMRS transmits data to SHR

Technology Navigation:

State Diagrams (if applicable):

Alternative Pathway(s):

* **Mother comes to HC on her own**: In such cases the community health worker needs to be informed of the patient’s visit. This could potentially occur through a SMS transaction.
* **No clinical summary**: Mother comes to health center, health center worker carries out clinical encounter using antenatal care form, information gets entered into OpenMRS by health worker, OpenMRS transmits data to SHR.
* **No history-specific alerting**: mother comes to health center, OpenMRS to generate summary health record (including previous pregnancy information), OpenMRS alerts to anticipated services and screening protocols. Health center worker carries out protocolized clinical encounter using antenatal care form, information gets entered into OpenMRS by health worker, OpenMRS transmits data to SHR.
* **No anticipated service alerts**: mother comes to health center, OpenMRS to generate summary health record (including previous pregnancy information), OpenMRS alerts to historical issues of concern (ie, HIV). Health center worker carries out protocolized clinical encounter using antenatal care form, information gets entered into OpenMRS by health worker, OpenMRS transmits data to SHR
* **Manually accessed summary generation vs. registration-based trigger**: mother comes to health center, clinic worker uses OpenMRS to generate summary health record (including previous pregnancy information), health center worker carries out clinical encounter using antenatal care form, information gets entered into OpenMRS by health worker, OpenMRS transmits data to SHR.
* **Data Entry Clerk vs. Nurse/Midwive direct entry**: Mother comes to health center, health center worker carries out clinical encounter using antenatal care form, information gets entered into OpenMRS by data entry clerk, OpenMRS transmits data to SHR.
* **Printed vs. Computer Interface-based Summaries**: the patient record could potentially deliver the patient’s summary information in many ways, including a printed form, a computer-based direct interaction with data, or even pushed information to a mobile device (tablet, smartphone, etc).

Extension Points (other use cases that link):

* UC07: Health Center Worker verifies/documents pregnancy
* UC09: Health Center Worker provides protocolized pMTCT + antenatal care

Needed Documents:

* Visit 2, 3, and 4+ antenatal care protocols and/or forms in English