UC14: Health Center Worker provides postnatal care in follow-up visit

Description: Following a delivery, Rwandan standards of care call for a post-natal visit, which ensures that certain delivery complications (hemorrhage, infection) don’t contribute to morbidity/mortality following the delivery event itself. Up to 15% of maternal deaths worldwide happen up to 1 year following the delivery event…

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

Pre-Conditions: Patient identified as having recently delivered a child

Post-Conditions:

Special Requirements:

Event Flow Chart:

Ideal Pathway: mother comes to health center (w/CHW involvement), mother gets registered by front clerk electronically, registration process triggers SHR patient record import into OpenMRS, OpenMRS to generate summary health record (including all information regarding the delivery event), OpenMRS alerts to historical issues of concern (ie, risk of infection, physical injury during delivery), as well as to anticipated services and screening protocols. Health center worker ultimately carries out protocolized clinical encounter using post-natal care form, information gets entered 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 post-natal 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 all information related to the delivery event), OpenMRS alerts to historical issues of concern (ie, HIV). Health center worker carries out protocolized clinical encounter using post-natal 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 all information related to the delivery event), health center worker carries out clinical encounter using postnatal 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 post-natal 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):