Form III

Revised 2024

Notification form for contraceptive failures

To be filled by the MOH /PHNS for any suspected failure of a modern contraceptive method, and sent to MO.MCH and Director Maternal and Child Health, Family Health Bureau (fhbfpu@gmail.com) as early as possible.

1. Details of the client	**Eligible Family Registration Number:**
Name:	Age (in years):
Address:	
Parity* (G, P):	No of living children:
Educational level:	Tel/Mobile number:

*Gravidity= number of pregnancies, Parity= the number of births carried to a viable gestational age (at least 24 weeks)

***2.* Details regarding the current pregnancy**			
How the pregnancy was confirmed	HCG ☐	USS ☐	Both ☐
Site of the current pregnancy:	If intra uterine	Yes ☐	No ☐
LRMP:	Expected Delivery Date (EDD):		

3. Details regarding contraceptive use
Method used: Condoms ☐ OCP ☐ DMPA ☐ Implants ☐ IUD ☐ Female sterilization ☐
How long was the method used for (months/years):
Date of last dose/administration of the method (dd/mm/yy):

4. Details regarding Service Delivery Point (SDP) / Service Provider
Government ☐ Private ☐ NGO ☐ -- Name of the NGO:
VOG ☐ MOH/AMOH ☐ MO ☐ RMO/AMO ☐ PHNS/NO ☐ PHM ☐ PHI ☐

5. Information regarding the product *(if relevant)*		
Generic name:	Brand:	Lot/Batch number:
Date of manufacture:		Date of expiry:

6. In your opinion what was the type of failure;

a) User failure ☐ Specify:

b) Method failure ☐ Specify:

7. Field visits by PHM

Number of field visits done for this client during the first 3 months of administration/insertion ☐

Number of field visits done for this client after the first 3 months of administration/insertion ☐

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Name and Designation of the Officer Date Contact number