

Care at every visit: Treat the woman and her family with kindness and respect; tell her what is being done and answer her questions. Take her blood pressure (BP); give iron/folic acid (IFA) to all women; give extra IFA to anemic women; counsel on insecticide-treated bed net (ITN); counsel to eat one extra meal/day.

**Care at first visit:** BP; tetanus toxoid (TT); hemoglobin (Hb). Give IFA; counsel on danger signs; test for HIV and syphilis, screen for symptoms of TB. Screen for malaria; if over 16 weeks, give sulfadoxine-pyrimethamine (SP).

**Care at second visit:** BP (if elevated, check for proteinuria); TT; measure fundal height and listen to fetal heart rate. Refill IFA. Counsel on danger signs; birth preparedness—delivery at facility with skilled provider; complication readiness—emergency funds and transport, blood donors (BP/CR). Give SP if at least a month since last dose. Deworming per country guidelines.





Care at third visit: BP (if elevated, check for proteinuria); measure fundal height and check fetal heart rate. Refill IFA. Counsel on danger signs and signs of labor; ask where she will give birth; ask about arrangements for emergency funds and transport. Counsel on immediate and exclusive breastfeeding (EBF) for six months; newborn care; birth spacing; and family planning (FP) method. Give SP if at least a month since last dose.

Care at fourth visit: BP (if elevated, check for proteinuria); Hb; measure fundal height and check fetal heart rate. Refill IFA. If ≥36 weeks, check fetal position, refer if not cephalic. Counsel on danger signs and signs of labor; reinforce BP/CR arrangements. Counsel on postpartum/postnatal (PP/PN) care and immunizations; handwashing; ask which FP method she has chosen to space her pregnancies. If HIV negative re-test for HIV; screen for symptoms of TB.