

**PREGNANT WOMEN & THEIR FAMILIES SHOULD
PREPARE BEFORE THE BIRTH**

DISCUSS THE BIRTH AND DECIDE ON THE FOLLOWING:

I WANT TO DELIVER AT: _____

I WANT TO BE DELIVERED BY: _____

I WANT A CHECK-UP ONE WEEK AFTER BIRTH BY:

SAVINGS FOR BIRTH COSTS

COST OF DELIVERY: _____

COST OF TRANSPORT: _____

ITEMS FOR BIRTH

FACILITY BIRTH:

- COTTON WOOL
- GLOVES

HOME BIRTH:

- CLEAN RAZOR BLADE
- PLASTIC SHEET
- CLEAN CORD TIE
- COTTON WOOL

MEANS OF TRANSPORT: _____

THE PERSON WHO WILL ESCORT ME TO SKILLED CARE IS:

FOR AN EMERGENCY DURING CHILDBIRTH, I WILL GO TO:

NEAREST EMERGENCY CONTACTS:

COMPATIBLE BLOOD DONORS WHO WILL HELP IF NEEDED:

**BIRTH PREPAREDNESS
RECORDKEEPING FORM FOR
COMMUNITY/ WOMEN'S GROUP MEMBERS**

EDD: _____

NAME OF WOMAN WHO RECEIVED BP CARD: _____

ADDRESS/ LOCATION: _____

NAME OF WOMEN'S GROUP MEMBER/ COMMUNITY

CONTACT: _____

ADDRESS/ LOCATION: _____

VISIT DURING PREGNANCY

DATE CARD DISTRIBUTED: _____

HOW/ WHERE CARD DISTRIBUTED: _____

BASIC INFORMATION ON CARD COMPLETE? _____

WOMAN COUNSELED & TESTED FOR HIV? _____

PARTNER COUNSELED & TESTED FOR HIV? _____

DISCUSSED BIRTH PREPAREDNESS? _____

DISCUSSED DANGER SIGNS? _____

PLANNED BIRTH ATTENDANT: _____

PLANNED BIRTH LOCATION: _____

WOMAN & FAMILY KNOW WHAT TO DO IN CASE OF
EMERGENCY? _____

PLANNED ONE WEEK POST-PARTUM CHECKUP? _____

WHO? _____

WOMAN/ FAMILY NEED SUPPORT FOR BIRTH? (YES/ NO)

IF YES, WHAT TYPE OF SUPPORT?

HOW WILL FAMILY GET SUPPORT REQUIRED?

(PTO)

**BIRTH PREPAREDNESS RECORDKEEPING
FORM FOR HEALTH WORKERS/ FACILITY**

EDD: _____

NAME OF WOMAN WHO RECEIVED BP CARD: _____

ADDRESS/ LOCATION: _____

NAME OF WOMEN'S GROUP MEMBER/ COMMUNITY

CONTACT: _____

ADDRESS/ LOCATION: _____

VISIT DURING PREGNANCY

DATE CARD DISTRIBUTED: _____

HOW/ WHERE CARD DISTRIBUTED: _____

BASIC INFORMATION ON CARD COMPLETE? _____

WOMAN COUNSELED & TESTED FOR HIV? _____

PARTNER COUNSELED & TESTED FOR HIV? _____

DISCUSSED BIRTH PREPAREDNESS? _____

DISCUSSED DANGER SIGNS? _____

PLANNED BIRTH ATTENDANT: _____

PLANNED BIRTH LOCATION: _____

WOMAN & FAMILY KNOW WHAT TO DO IN CASE OF
EMERGENCY? _____

PLANNED ONE WEEK POST-PARTUM CHECKUP? _____

WHO? _____

WOMAN/ FAMILY NEED SUPPORT FOR BIRTH? (YES/ NO)

IF YES, WHAT TYPE OF SUPPORT?

HOW WILL FAMILY GET SUPPORT REQUIRED?

(PTO)

