PREPARING FOR MY BABY

LMP:_____ EDD:_____

PREGNANT WOMEN AND THEIR FAMILY SHOULD DISCUSS BIRTH AND DECIDE EARLY IN PREGNANCY:

I WANT TO DELIVER AT:

NAME OF FACILITY_____

HOME_____

OTHER _____

I WANT TO BE DELIVERED BY:
MIDWIFE/ NURSE/ DOCTOR_____

TBA_____

OTHER _____

I WANT A CHECK-UP WITHIN 1 WEEK AFTER BIRTH FROM:
MIDWIFE/ NURSE/ DOCTOR_____

TBA_____

OTHER _____

ALL PREGNANT WOMEN AND THEIR FAMILY SHOULD PREPARE BEFORE BIRTH:

SAVINGS FOR BIRTH COSTS: YES ☐ NO ☐

SOURCE OF SAVINGS_____

AT BIRTH BE PREPARED:

	YES	NO
1. BLANKET/ CLOTH FOR BABY	☐	☐
2. GLOVES	☐	☐
3. PADS	☐	☐
4. BABY IMMUNIZED	☐	☐
5. REGISTER BABY'S BIRTH	☐	☐

PREGNANT WOMEN AND THEIR FAMILY SHOULD KNOW WHAT TO DO IN CASE OF EMERGENCY DURING PREGNANCY, BIRTH OR AFTER BIRTH:

FOR EMERGENCY DURING CHILDBIRTH I WILL GO TO:

FACILITY	COST OF DELIVERY	COST OF TRANSPORT	MEANS OF TRANSPORT
1.			
2.			
3.			

OTHER COSTS MAY INCLUDE:_____

_____

_____

THE PERSON WHO WILL ESCORT ME TO EMERGENCY CARE IS:

HUSBAND/FAMILY_____

TBA_____

OTHER _____

EMERGENCY TELEPHONE CONTACTS/ NUMBERS:

NEAREST FOR TRANSPORT: _____

NEAREST PERSON WITH TELEPHONE: _____

HEALTH FACILITY PHONE NUMBER: _____

POLICE STATION PHONE NUMBER: _____

DISTRICT COMMISSIONER'S OFFICE PHONE NUMBER:

_____

ALL WOMEN WITH THESE PROBLEMS SHOULD GET EMERGENCY CARE AS FAST AS POSSIBLE:

DURING PREGNANCY

BLEEDING

FEVER, STRONG ABDOMINAL PAINS

SWELLING OF FACE, HANDS, LEGS, FEET

FETAL MOVEMENT STOPS FOR 1 WEEK

DURING BIRTH

LABOR LONGER THAN 12 HOURS

CORD PROLAPSE

MALPRESENTATION

AFTER BIRTH

HEAVY BLEEDING

FEVER/BAD SMELLING VAGINAL DISCHARGE

NEWBORN

PREMATURE/ LOW BIRTH WEIGHT

FEVER

TETANUS

PREPARING FOR THE BIRTH OF MY BABY

NAMES _____

ADDRESS:

LOCATION _____

VILLAGE _____

HEAD OF HOUSEHOLD _____

CHIEF _____

NAME OF GROUP _____

DATE ANC	**POSTPARTUM CARE**
1ST VISIT _____	**1ST WEEK** _____
2ND VISIT _____	**2ND WEEK** _____
3RD VISIT _____	**40 DAYS** _____
4TH VISIT _____	