PREPARING FOR MY BIRTH

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

I WANT TO DELIVER AT:

☐ HEALTH CENTER / DISPENSARY

☐ HOME

☐ OTHER _____

I WANT MY BIRTH ATTENDANT TO BE:

☐ SKILLED ATTENDANT (MIDWIFE/NURSE/DOCTOR)

☐ TBA

☐ OTHER _____

I WANT A CHECK-UP WITHIN 1 WEEK AFTER BIRTH FROM:

☐ SKILLED ATTENDANT (MIDWIFE/NURSE/DOCTOR)

☐ TBA

☐ WOMEN'S GROUP MEMBER

☐ OTHER _____

ALL PREGNANT WOMEN AND THEIR FAMILY SHOULD PREPARE BEFORE BIRTH:

☐ SAVINGS FOR BIRTH COSTS

☐ "COMMUNITY HEALTH INSURANCE"

☐ BIRTH SUPPLIES

FACILITY BIRTH:

☐ COTTON WOOL

☐ GLOVES

HOME BIRTH:

☐ CLEAN RAZOR BLADE

☐ PLASTIC SHEET

☐ CLEAN CORD TIE

☐ COTTON WOOL

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

FOR BIRTH EMERGENCY I WILL GO TO:

EMERGENCY CARE COSTS THERE MAY BE:

I WILL GET TRANSPORT TO REACH SKILLED CARE BY:

THE PERSON WHO WILL ESCORT ME TO EMERGENCY CARE IS:

☐ HUSBAND/FAMILY

☐ TBA

☐ COMMUNITY SAFE MOTHERHOOD "LINK"

☐ OTHER _____

ALL WOMEN WITH THESE PROBLEMS DURING PREGNANCY, BIRTH OR AFTER BIRTH SHOULD GET EMERGENCY CARE AS FAST AS POSSIBLE

- ☐ BLEEDING
- ☐ FEVER, STRONG ABDOMINAL PAINS
- ☐ SWELLING OF FACE, HANDS, LEGS, FEET
- ☐ FETAL MOVEMENT STOPS FOR 1 WEEK
- ☐ LABOR LONGER THAN 12 HOURS
- ☐ CORD PROLAPSE
- ☐ MALPRESENTATION
- ☐ FITS
- ☐ HEAVY BLEEDING
- ☐ FEVER/BAD SMELLING VAGINAL DISCHARGE
- ☐ NEWBORN PREMATURE/LBW
- ☐ FEVER
- ☐ TETANUS

USAID

change

PREPARING FOR MY BIRTH
BIRTH PREPAREDNESS CARD

NAME _____

ADDRESS _____

LOCATION _____

VILLAGE _____

HEAD OF HOUSEHOLD _____

ASSISTANT CHIEF _____

COMMUNITY GROUP _____

LMP _____

EDD _____

DATE ANC

1ST VISIT _____
2ND VISIT _____
3RD VISIT _____
4TH VISIT _____

POSTPARTUM CARE

1ST WEEK _____
2ND WEEK _____
40 DAYS _____