

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

NAME OF WOMEN'S GROUP MEMBER: _____

	NAME OF WOMAN WHO RECEIVED BP CARD: _____ EDD: _____	NAME OF WOMAN WHO RECEIVED BP CARD: _____ EDD: _____	NAME OF WOMAN WHO RECEIVED BP CARD: _____ EDD: _____
VISIT DURING PREGNANCY			
DATE CARD DISTRIBUTED			
HOW/ WHERE CARD DISTRIBUTED			
BASIC INFORMATION ON CARD COMPLETE? (YES/ NO)			
DISCUSSED BIRTH PREPAREDNESS WITH WOMAN? (YES/ NO)			
DISCUSSED BIRTH PREPAREDNESS WITH FAMILY? (YES/ NO)			
PLANNED BIRTH ATTENDANT			
PLANNED BIRTH LOCATION			
PLANNED ONE WEEK POST-PARTUM CHECKUP? (YES/ NO)			
WOMAN/ FAMILY NEED SUPPORT FOR BIRTH? (YES/ NO)			
IF YES, WHAT TYPE OF SUPPORT?			
HOW WILL FAMILY GET SUPPORT REQUIRED?			
VISIT AFTER BIRTH			
DID WOMAN DELIVER WITH ATTENDANT PLANNED? WHY?/ WHY NOT?			
DID WOMAN DELIVER AT LOCATION PLANNED? WHY?/ WHY NOT?			
DID WOMAN/ NEWBORTH RECEIVE VISIT CHECKUP DURING FIRST WEEK AFTER BIRTH? WHY/ WHY NOT?			
WILL WOMAN USE FAMILY PLANNING?			