

**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)

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