

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)

VISIT AFTER BIRTH

DID WOMAN DELIVER WITH ATTENDANT PLANNED?
(WHY/ WHY NOT?)

DID WOMAN DELIVER AT LOCATION PLANNED?
(WHY/ WHY NOT?)

DID WOMAN/ NEWBORN RECEIVE VISIT CHECKUP DURING
FIRST WEEK AFTER BIRTH? (WHY/ WHY NOT?)

IF YES, WHO VISITED? _____

WILL WOMAN USE FAMILY PLANNING?

NOTES:

[illegible]

VISIT AFTER BIRTH

DID WOMAN DELIVER WITH ATTENDANT PLANNED?
(WHY/ WHY NOT?)

DID WOMAN DELIVER AT LOCATION PLANNED?
(WHY/ WHY NOT?)

DID WOMAN/ NEWBORN RECEIVE VISIT CHECKUP DURING
FIRST WEEK AFTER BIRTH? (WHY/ WHY NOT?)

IF YES, WHO VISITED? _____

WILL WOMAN USE FAMILY PLANNING?

NOTES:

[illegible]

PREPARING FOR THE BIRTH OF MY BABY



NAME: _____

ADDRESS:

LMP: _____ EDD: _____

ANC

First VISIT _____

Second VISIT _____

Third VISIT _____

Fourth VISIT _____

POSTPARTUM CARE

1st Week _____2nd Week _____

42 Days _____

Health Problems That Need Follow-up at Home:

Problem:	Action Needed:	Action Taken:

Counseled and Tested for HIV? _____