

Annexe 3: Format for Individual Plans (Birth Preparedness)

Name:

Age:

Husband's name:

HH income

LMP

EDD

Past pregnancy history (Include abortion, if any):

Order of pregnancy	Date of delivery (Month and Year)	Place of delivery: Home, SC, PHC, CHC, DH, Private Nursing Home	Type of delivery: Natural, Forceps, C-Section	Birth Outcome: Live Birth, Stillborn,	Age and Status of child currently	Any other complications: Fever, Bleeding
First						
Second						
Third						

- Any risk factors:
- Nearest SBA: Phone:
- Nearest 24X7 PHC: Distance: Time: Cost
- Nearest Sub-Centre with a Skilled Birth Attendant
- Nearest CHC with facilities to manage complications: Distance: Time: Cost
- Distance to District Hospital:
- How much is transport going to cost?
- Is the vehicle fixed: Owner: Phone No.:
- Will we need extra money for the treatment ? How to organise it?
- Who will take care of the children when mother goes to the facility?
- Who will accompany her to the facility?
- Where will they stay?
- How will they finance their stay?
- Have they organised clothes and blankets for the baby?

