TARGET CLIENT LIST FOR POSTPARTUM CARE (-)

FAMILY ID	NAME / AC	SE ADDRESS	BRGY	4TH PP WK	6TH PP WK	DATES C	F POSTPARTUM	DATES OF POSTPARTUM	DATE STARTED	IRON	VITAMIN A
						CARE	HOME VISITS	CARE CLINIC CHECK-UP	BREASTFEEDING		
								BTW 4-6 WKS PP			