

Birth Planning Card

Name : _____

Address: _____

Location: _____

Village: _____

Head of Household: _____

I plan to deliver at:

___ Facility (name): _____

___ Home

For delivery at home I will be assisted by

(name): _____

She has agreed to stay with me for 2 hours after my delivery

In Case of Emergency I will go to:

Facility: _____

Transport vehicle: _____ Cost: _____

I have saved _____ (money) for my transport



continues on other side

If I need blood, the following people will donate for me:

Name : _____

Address: _____

Name : _____

Address: _____

The person who will escort me is: _____

Address: _____

If this person is not at home, I will be escorted by: _____

Address _____

Husband/Father signature: _____

If you have any of these problems, get help as fast as possible:

During Pregnancy

- Vaginal bleeding
- Fever
- Strong abdominal pains
- Fainting, fits or convulsions
- Severe headache
- Swelling of the legs, hands and face
- Fetus stops moving for 24 hours
- Bad-smelling vaginal discharge
- Bag of waters breaks and labor does not begin within 24 hours

During Birth

- Labor longer than 12 hours (24 hours if first pregnancy)
- Cord comes out before the baby
- Baby comes feet, hand or bottom first (before head)
- Placenta does not come out
- Fits/convulsions
- Heavy bleeding

After Birth

- Heavy bleeding
- Fever
- Bad-smelling discharge

