

PREGNANCY MONTH 1 PREGNANCY MONTH 2 PREGNANCY MONTH 3 PREGNANCY MONTH 4 PREGNANCY MONTH 5 PREGNANCY MONTH 6 PREGNANCY MONTH 7 PREGNANCY MONTH 8 PREGNANCY MONTH 9 PREGNANCY MONTH 10














AFTER DELIVERY

EDUCATION	<p>Identify due date Learn what to expect while pregnant</p>	<p>Learn about danger signs (See back page) <input type="checkbox"/></p> <p>Start learning about breastfeeding <input type="checkbox"/></p>	<p>Learn about signs of labour <input type="checkbox"/></p> <p>Prepare for breastfeeding <input type="checkbox"/></p>	<p>Care for baby <input type="checkbox"/></p> <p>Care for mother <input type="checkbox"/></p> <p>Breastfeed at birth <input type="checkbox"/></p>
SOCIAL SUPPORT	<p>Discuss this pregnancy plan with family <input type="checkbox"/></p>	<p>Review pregnancy plan with family <input type="checkbox"/></p>	<p>Who to go to clinic with?..... Who cares for children?..... Where to stay near clinic?.....</p>	<p>Breastfeeding support <input type="checkbox"/></p> <p>Discuss family planning options <input type="checkbox"/></p>
LOGISTICS	<p>Savings (for transport and supplies) <input type="checkbox"/> Total ZMK.....</p>	<p>Gather materials & supplies <input type="checkbox"/> Keep saving <input type="checkbox"/> Total ZMK.....</p>	<p>Choose type of transport:..... Keep saving <input type="checkbox"/> Total ZMK.....</p>	<p>Transport home <input type="checkbox"/> Transport back to clinic for review <input type="checkbox"/></p>
NUTRITION & CARE	<p>Treated mosquito net <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/></p>	<p>Treated mosquito net <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/></p>	<p>Treated mosquito net <input type="checkbox"/> Good diet <input type="checkbox"/> Iron & folic acid tablets <input type="checkbox"/></p>	<p>Treated mosquito net <input type="checkbox"/> Good diet <input type="checkbox"/> Take vitamin A <input type="checkbox"/></p>
MEDICAL	<p>Antenatal care visit 1:</p> <ul style="list-style-type: none"> Weight <input type="checkbox"/> Blood pressure <input type="checkbox"/> 1st HIV test <input type="checkbox"/> HB <input type="checkbox"/> Get Misoprostol from clinic <input type="checkbox"/> Malaria prevention medication <input type="checkbox"/> 	<p>Antenatal care visit 2:</p> <ul style="list-style-type: none"> Weight <input type="checkbox"/> Blood pressure <input type="checkbox"/> Blood sugar test <input type="checkbox"/> Malaria prevention medication <input type="checkbox"/> 	<p>Antenatal care</p> <ul style="list-style-type: none"> Weight <input type="checkbox"/> Blood pressure <input type="checkbox"/> 2nd HIV test <input type="checkbox"/> Malaria prevention medication <input type="checkbox"/> <p>Go to mothers' shelter <input type="checkbox"/></p> <p>Deliver in health facility.....</p>	<p>Post delivery visits</p> <ul style="list-style-type: none"> 6 - 48 hours <input type="checkbox"/> 6 days <input type="checkbox"/> 6 weeks <input type="checkbox"/>

FEEDBACK	<p>How did you find your visit ?</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>My clinic..... My healthworker.....</p>	<p>How did you find your visit ?</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>My clinic..... My healthworker.....</p>	<p>How did you find your visit ?</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>My clinic..... My healthworker.....</p>	<p>How did you find your visit ?</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>My clinic..... My healthworker.....</p>
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DANGER SIGNS

DURING PREGNANCY	DURING CHILDBIRTH	AFTER DELIVERY	ACTION
<ul style="list-style-type: none"> Any bleeding  	<ul style="list-style-type: none"> Too much bleeding  	<ul style="list-style-type: none"> Too much bleeding  	
<ul style="list-style-type: none"> Severe headache  	<ul style="list-style-type: none"> Severe headache  	<ul style="list-style-type: none"> Severe headache  	<p>My emergency clinic is.....</p>
<ul style="list-style-type: none"> Body hotness or feeling cold  	<ul style="list-style-type: none"> Body hotness or feeling cold  	<ul style="list-style-type: none"> Body hotness or feeling cold  	<p>My midwife is.....</p>
<ul style="list-style-type: none"> Swelling of the feet and hands  	<ul style="list-style-type: none"> Labour lasting more than twelve hours  	<ul style="list-style-type: none"> Severe increasing stomach pain or pain in private parts  	<p>My doctor is.....</p>
<ul style="list-style-type: none"> Baby not moving or moving less Very tired, tires easily or is very pale Baby lying crossways or head up 	<ul style="list-style-type: none"> Having fits Placenta not delivered within 30 minutes after baby is born 	<ul style="list-style-type: none"> Bad smelling discharge from private parts Extreme sores or pain in breasts 	<p>Person who explained the plan to me (nurse / SMAG / midwife / doctor / other)</p>

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