

**District Health Office, Dailekh**  
**Strengthening Maternal and Neonatal Health Services at Community**  
**Female Community Health Volunteers Form**

Date of first meeting with pregnant women: ..... Year ..... Month ..... Date  
 Name and surname of pregnant women: ..... Age.....(yrs)  
 Husband's Name: .....

Name of Female Community Health Volunteers:.....  
 Village Development Committee: .....  
 Ward No: .....

**Antenatal Care**



Took deworming tablet



Received TT injection

Month					
4th	5th	6th	7th	8th	9th

Took iron tablets daily



Counselling on Miso Prostol & Chlorhexidine



Misoprostal given

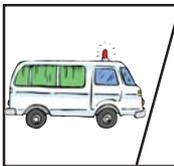


Chlorhexidine given

**Preparedness in pregnancy**



Save money



Preparation of transport



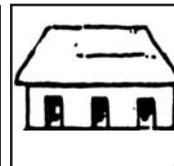
Identification of health workers



**Place of delivery**



At health facility



At home with assistance from health worker



At home

**Date of Birth of Child**

Year

Month

Date




**First visit by Female Community Health Volunteer after birth**

1st  
First day

2nd  
Second day

3rd  
Third day

4th - 7th  
Fourth to Seventh day

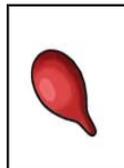
**Post-partum Care**



Took 3 tablets Misoprostol



Returned unused Misoprostol



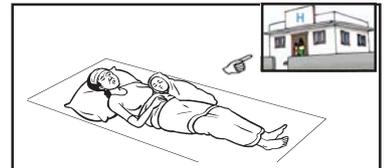
Mother took Vitamin 'A'



Mother Received Iron



Mother referred to health facility for PPH



Danger signs in mother and referred to health facility

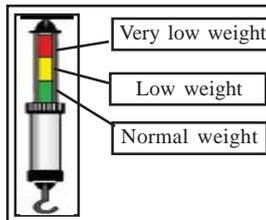
**Neonatal Care**



Used chlorhexidine ointment



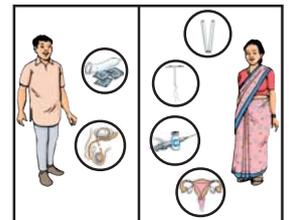
Baby breast fed within 1 hour of birth



Birth weight



Danger signs in newborn and referred



Counselling on family planning

**Use Calcium during Pregnancy**



Receive 1 bottle Calcium



Receive 2 bottles Calcium



Receive 3 bottles Calcium



Took 1 bottle calcium



Took 2 bottles calcium



Took 3 bottles calcium

**Date of form closed:**

..... Year ..... Month ..... Date