

BIRTH AND EMERGENCY PREPAREDNESS PLAN

Reg. No. :	Name
NOK Tel:	Village
presence of spouse or person she lives	Health with:
ou?	1. WI
en labour starts or in case of any other	2. WI en
o the health facility?	3. WI
you are away?	4. WI
ng labour?	 5. WI
e placenta pit or would you like to take	 6. Wo it I
diseases that could affect you and your cell?	
deliver at the health facility. sing that can be bought from a drug 2 ½ metres	8. Yo
delivery before your next pregnancy?	•
delivery before your next 	