

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

	1	2	3	4	5	6	7	8	9	10	AFTER DELIVERY
EDUCATION	<ul style="list-style-type: none"> Identify due date <input type="checkbox"/> Learn what to expect while pregnant <input type="checkbox"/> 				<ul style="list-style-type: none"> Learn about danger signs (See back page) <input type="checkbox"/> Start learning about breastfeeding <input type="checkbox"/> 			<ul style="list-style-type: none"> Learn about signs of labour <input type="checkbox"/> <ul style="list-style-type: none"> Mucous mixed with light blood Abdominal pains Water breaking Prepare for breastfeeding <input type="checkbox"/> 			<ul style="list-style-type: none"> Breastfeed when baby wants <input type="checkbox"/> Rest <input type="checkbox"/> Wash hands regularly <input type="checkbox"/> Learn about family planning <input type="checkbox"/> Learn about follow-up visits to clinic <input type="checkbox"/>
SOCIAL SUPPORT	<ul style="list-style-type: none"> Discuss this pregnancy plan with family <input type="checkbox"/> Ask husband / family for help with chores <input type="checkbox"/> 				<ul style="list-style-type: none"> Review pregnancy plan with family <input type="checkbox"/> Ask husband and family to keep helping with chores <input type="checkbox"/> 			<p>Decide:</p> <ul style="list-style-type: none"> Who will go to the clinic with me? Who will care for my other children? Where will I stay near the clinic? 			<ul style="list-style-type: none"> Seek support for breastfeeding from family <input type="checkbox"/> Discuss family planning options <input type="checkbox"/>
LOGISTICS	<ul style="list-style-type: none"> Save money for transport and supplies <input type="checkbox"/> 				<ul style="list-style-type: none"> Keep saving money <input type="checkbox"/> Gather materials & supplies together <input type="checkbox"/> 			<ul style="list-style-type: none"> Keep saving money <input type="checkbox"/> Plan / choose type of transport: 			<ul style="list-style-type: none"> Organize: <ul style="list-style-type: none"> Transport home <input type="checkbox"/> Transport back to clinic for review <input type="checkbox"/>
NUTRITION & CARE	<ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Take daily iron & folic acid tablets <input type="checkbox"/> 				<ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Take daily iron & folic acid tablets <input type="checkbox"/> 			<ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Take daily iron & folic acid tablets <input type="checkbox"/> 			<ul style="list-style-type: none"> Sleep under treated mosquito net <input type="checkbox"/> Eat an extra small portion of vegetables or animal food or a snack of fruit <input type="checkbox"/> Drink lots of water or non-alcoholic local drinks <input type="checkbox"/>
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 test <input type="checkbox"/> Get Misoprostol from clinic <input type="checkbox"/> Take malaria prevention medication <input type="checkbox"/> Take deworming medicine <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"/> Take malaria prevention medication <input type="checkbox"/> 			<p>Antenatal Care visit 3 visit 4</p> <ul style="list-style-type: none"> Weight <input type="checkbox"/> <input type="checkbox"/> Blood pressure <input type="checkbox"/> <input type="checkbox"/> 2nd HIV test <input type="checkbox"/> <input type="checkbox"/> Take malaria prevention medication <input type="checkbox"/> <input type="checkbox"/> Go to mothers' shelter <input type="checkbox"/> 			<p>Post delivery visits:</p> <p>Mother:</p> <ul style="list-style-type: none"> 6 - 48 hours <input type="checkbox"/> 6 days <input type="checkbox"/> 6 weeks <input type="checkbox"/> <p>Baby:</p> <ul style="list-style-type: none"> Six week check <input type="checkbox"/> Monthly growth monitoring <input type="checkbox"/> Immunization <input type="checkbox"/>

My antenatal clinic is..... I will deliver at.....

DANGER SIGNS

IF YOU EXPERIENCE ANY OF THESE, GO STRAIGHT TO YOUR NEAREST HEALTH FACILITY AS SOON AS POSSIBLE

DURING PREGNANCY	DURING CHILDBIRTH	AFTER DELIVERY	
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<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  	
<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  	
<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  	
<ul style="list-style-type: none"> ■ Baby not moving or moving less  	<ul style="list-style-type: none"> ■ Having fits  	<ul style="list-style-type: none"> ■ Bad smelling discharge from private parts 	
<ul style="list-style-type: none"> ■ Stomach cramps or severe pain  	<ul style="list-style-type: none"> ■ Placenta not delivered within 30 minutes after baby is born  	<ul style="list-style-type: none"> ■ Extreme sores or pain in breasts  	

- This plan is a tool for you and your family to use to think about and plan for a safe and healthy pregnancy, delivery, and life with a new baby!
- Pregnancy is a process, so identify the month you are in, and then focus on the information you need that month. Don't try to learn everything at once!
- Ask your SMAG or health worker any question you may have.
- Share this plan with your whole family and make decisions that are right for you on transport, saving, and support for your family while you are at the clinic.
- Talk to your husband/partner or family about any difficulties you might have following the recommendations.
- Use this plan to help make sure your pregnancy and birth is safe and joyful!