

CBA ID no.

**Community Based Newborn and Maternal Health Care Initiative  
(CBNB & MCHI)**

16) Any other information?

HIV WAS Negative

**Part 2: Pregnancy History**

*If this is first pregnancy do not fill in this part*

- 1) How many pregnancies has the client had? \_\_\_\_\_
- 2) How many children does the client have? \_\_\_\_\_
- 3) Has the client had any miscarriages, if yes how many? \_\_\_\_\_
- 4) Has the client had any stillbirths (baby born dead), if yes how many? \_\_\_\_\_
- 5) Has the client had prolonged labour? \_\_\_\_\_

AID

**Part 3: Delivery and Immediate Care at Birth**

*If you are not present on the day of delivery, then fill the form on day of your first visit and write the date of your visit.*

Enter Date of Visit: 26/5/2009

Date of delivery : 24/5/2009 How many hours was the labour: 10 Hrs

**Section A. Examination of Mother**

- 1) Where was delivery: Health Centre  Home
- 2) If at home who helped with delivery: Skilled TBA  Unskilled Attendant

MCNamara  
PI

Specify level: \_\_\_\_\_

Danger Signs Seen during Delivery in Mother <i>Refer to Chart Booklet</i>	Action Taken <i>Refer to Chart Booklet</i>
<u> </u>	<u> </u>