

# ANNEX 1 Birth & Emergency Plan (MC book p. 14)

**DIRECTION** Information below will be filled out by the Midwife during consultation; CHT members must confirm and re-confirm the plan with the pregnant woman and her family at the community for any changes in their plan.

**Birth and Emergency Plan**

I know that any complication can develop during delivery. I know that I should deliver my baby in a health facility.

I will be attended at delivery by Dr. Gloria F. Mancao  
*(Name of doctor/nurse/midwife)*

I plan to deliver at Tanauan RHU  
*(Name and address of hospital/maternity clinic/RHU/BHS)*

This is a Philhealth accredited facility  Yes  No

The estimated cost of the maternity/newborn care package in this facility is \_\_\_\_\_  
*(inclusive of newborn care)*

The mode of payment is CASH

The available transport is My Uncle's Tricycle

I have contacted Mr. Johy C. Cena: 0999-xxx-xxxx to bring me to the health facilities  
*(Name and contact number of vehicle's owner)*

I will be accompanied by BHW Ms. Lilis L. Marinay

and My Mother will take care of my children/home while I am away.

In case of a need for blood transfusion, my possible donors with their address and contact numbers are:

Name	Address	Contact Number
<b>My Sister (Ms. Lisa Ramirez)</b>	<b>Purok # 5, xxx, palo, Leyte</b>	<b>0999-XXX-XXXX</b>
<b>My brother (Mr. Johnson Munoz)</b>	<b>Purok #5, xxx, palo, Leyte</b>	<b>0999-XXX-XXXX</b>

In case of severe complications, I will be referred right away to:

Physician Dr. Gloria F. Mancao

Referral Hospital Tanauan RHU

Tel.No./Cell no. 053-XXX-XXXX

I have set aside money for newborn screening  Yes  No

And screening for hearing impairment  Yes  No

In case of emergency, please notify:

Contact Person: Ms. Lisa Ramirez

Address & Contact No.: Purok #5, xxx, Palo, Leyte

Finally, I will exclusively breastfeed my baby up to 6 months  Yes  No