

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
My Sister (Ms. Lisa Ramirez)	Purok # 5, xxx, palo, Leyte	0999-XXX-XXXX
My brother (Mr. Johnson Munoz)	Purok #5, xxx, palo, Leyte	0999-XXX-XXXX

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