REGISTER BOOK
BIRTH PREPAREDNESS CLASS
MCH: ____________________________________________

FACILITAROR: ____________________________________
# BIRTH PREPAREDNESS CLASS ATTENDANCE SHEET FOR CLASS

**Name of the health facility:**

**Date:**

**Name of the facilitator:**

**Class/session:**

<table>
<thead>
<tr>
<th>#</th>
<th>Name of the mother</th>
<th>Age</th>
<th>Site/village</th>
<th>Address</th>
<th>Contact No.</th>
<th>Husband contact no.</th>
<th>Marital status</th>
<th>Referred from HNH</th>
<th>ANC visits</th>
<th>ANC number</th>
<th># of pregnancy</th>
<th># of deliveries</th>
<th># Live outcome</th>
<th>Number of children</th>
<th>Previous delivery places</th>
<th>Gestation age</th>
<th>Planned place of delivery</th>
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**Planned place of delivery**
1=Home
2=Health facility
3=Undecided

**ANC visits**
1=1st visit
2=2nd visit
3=3rd visit
4=4th visit
5=Never attended ANC

**Marital status**
1=Married
2=Divorced
3=Widowed
4=Single

**Referred from HNH**
1=Yes
2=No

*This tool is for the session facilitator and will be filled before the session starts.