

MINISTRY OF HEALTH, GUYANA

MATERNAL AND CHILD HEALTH

PERINATAL CARD

NAME: _____

NEXT OF KIN: _____

ADDRESS: _____ REGION: _____

REG. NO: _____

HEALTH FACILITY: _____

DATE OF BIRTH (D.O.B): _____

LAST MENSTRUAL PERIOD (LMP): _____

ESTIMATED DATE OF DELIVERY (EDD): _____

Pregnancy is special; keep all your appointments to monitor your progress.

This card is a record of your pregnancy, keep it safely and present it every time you seek care before, during and after pregnancy.

Start choosing a name for your baby, and remember to register your baby at the place of birth within 14 days after delivery.

Use your correct name, not your call name, at registration and ensure that all names are spelt correctly.

HOSPITALIZATION	ADMITTED		DISCHARGED	
	Day	Month	Day	Month

NOTES

Perinatal Card has been adapted from CLAP
The information contained therein should be kept in strict confidence

