

Integrated Child Development Services



Pregnancy and Delivery

	Name	Code
District		
ICDS Project (Block)		
Sector		
Village/Ward		
Anganwadi Centre		
Anganwadi Worker		
Anganwadi Helper		



Ministry of Women & Child Development Government of India

Pregnancy and Delivery Record

Record details for residents and temporary residents on separate pages

1	2	3	4	5	6	7	8	9		10
Sl. No.	Sl. No. of family		Name of the Pregnant Woman and Phone No.	Date of registration at AWC	Pregnancy		Expected date of delivery	TT (Date given)		Number of IFA tablets given (add number each time given)

Residents/Temporary Residents

	1	1		12	13	14	15	16	17	18
11						15		s of Newborn bab		
Antenatal check-up Dates of check-up (Upper row) Weight of Women (Lower row) (Record complications in Home Visits Planner)		Date of delivery	Home/	delivery Name of	Born	Sex	Date of first	Sl. no. of		
We (Record co	ight of Wom	nen (Lower r <i>in Home Visits</i>	ow) s Planner)	delivery (Upper row) Reported	Institution	the village	Live or Dead?	(M/F)	weighing (Upper row)	child in Family Details
1st	2nd	3rd	4th	month (Lower row)		or town	(L/D)		Date of first weighing (Upper row) First weight (Lower row)	Details Register
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