FOR USE BY PROMOTER

DISTRICT:_____
SUPERVISORY UNIT:_____
PROMOTER UNIT:_____

PREGNANCY & BIRTH REGISTER

YEAR:_____

Complete when pregnancy is identified						Complete after pregnancy outcome	
Pregnancy Number	**Month Reported**	**Care Group Number**	**Volunteer Name**	**Mother's Name**	**Expected Month of Delivery**	**Pregnancy outcome code†**	**Date of outcome (DD/MM/YY)**

†Pregnancy outcome codes: 1=Live birth; 2=Stillbirth; 3=Pregnancy terminated before 6 months of pregnancy without a live birth (inc. miscarriages, spontaneous abortions, and induced abortions).