GUIDE BOOK

Mother and Child Protection Card

नए समाज की ओर
Towards a new dawn

सत्यमेव जयते
Government of India

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

MINISTRY OF WOMEN AND CHILD DEVELOPMENT

MINISTRY OF HEALTH AND FAMILY WELFARE

A Guide For
Use of the Mother-Child Protection Card

For

AWW

ANM

ASHA

&

SECTOR SUPERVISORS

ALSO FOR USE OF THE COMMUNITY AND THE FAMILY

NATIONAL INSTITUTE OF PUBLIC COOPERATION AND CHILD DEVELOPMENT
5, Siri Institutional Area, Hauz Khas, New Delhi-110016

Published by:
National Institute of Public Cooperation and Child Development
5, Siri Institutional Area, Hauz Khas
New Delhi-110016

Designed and Printed by: Fountainhead Solution Pvt. Ltd.

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Smt. Krishna Tirath

नए समाज की ओर
Towards a new dawn

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महिला एवं बाल विकास मंत्रालय
भारत सरकार
नई दिल्ली–110001

Minister of State (Independent Charge)
Ministry of Women & Child Development
Government of India
New Delhi-110001

7th February, 2012

MESSAGE

Integrated Child Development Services (ICDS) scheme is one of the world's largest and most unique programmes of early childhood care and development. The programme adopts a multi-sectoral approach to child development, incorporating health, early education and nutrition interventions. Implemented through a network of over 12.96 lakh village level Anganwadi centres set up at the community level across 6779 development blocks, the programme covers 9.40 crore children below six years of age, and pregnant & lactating mothers. One of the major objectives of the scheme is to improve the nutritional and health status of children in the age group of 0-6 years. This objective is being achieved by providing a package of integrated services that comprises supplementary nutrition, non-formal pre-school education, nutrition and health education, immunisation, health check-up, and referral services to children below six years of age as well as pregnant women and lactating mothers.

In order to accelerate reduction in maternal, neo-natal, infant mortality and child undernutrition, both Ministries of Women & Child Development and Health & Family Welfare, Government of India is taking a lot of initiatives under ICDS and National Rural Health Mission (NRHM). Development and use of Mother & Child Protection Card (MCPC) for both ICDS and NRHM is one such major initiative to strengthen care for pregnant women, lactating mothers and children under three years of age. The MCPC is a handy card used as a counselling tool to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children.

For development of knowledge, understanding and skills required for effective use of MCP Card for promotion of child survival, growth and development, NIPCCD has developed a Guide Book for use of MCP Card for AWW, ANM, ASHA and Sector Supervisors. It would be also useful for the community and the family.

I hope this Guide Book for Mother and Child Protection Card would prove to be a catalyst in improving the nutrition and health status of our women and children in the country.

(Krishna Tirath)

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FOREWORD

The family based Mother Child Protection Card (MCPC) is an important tool for families to learn understand and adopt better care practices. It enables pregnant and lactating women to monitor their health status during this crucial period and helps families, care givers and community to monitor on their own the growth and development of children under five and take timely and appropriate measures.

In number of States, the Card has been in use for tracking nutritional status of children in ICDS, while the immunization card has been used by Health functionaries to track health status of pregnant women and children. The Ministries of Women and Child Development and Health and Family Welfare recognized the importance of a single universal card for tracking all pregnant women and children upto five years. In March 2010, the two Ministries took a policy decision to adopt the Mother Child Protection Card as a 'Joint Card.'

In view of this two new sections- antenatal and postnatal care were appended to include critical health parameters in the card. The New WHO Growth Standards for both boys and girls has also been included in the new card along with simple pictorial illustrations.

The card is currently being rolled out in the States/UTs and joint trainings of frontline workers are in progress therefore the need for a comprehensive guidebook has emerged. The guidebook will serve as an invaluable training manual for using the card, as well as a ready reckoner for filling the information on health and nutrition indicators by Anganwadi workers, ANMs, ASHAs and other programme implementers.

Efforts have been made to make the guidebook user friendly through use of colour coding, charts, illustrations. It has been designed to enhancing the knowledge base of frontline workers, instructors and other users providing indepth information on relevant key issues like infant and young child feeding, micronutrient deficiencies, age appropriate feeding and developmental milestones.

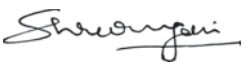
I am convinced that correct tracking of all pregnant women and children under five will go a long way in ensuring the access and provision of health and nutrition services, thereby contributing to improvement in the maternal' infant and child mortality rates, as well as decrease in morbidity and undernutrition amongst children under five.

I would like to compliment and thank the team from NIPCCD under the able guidance of Dr Dinesh Paul, Director NIPCCD for taking the initiative of developing the guidebook for the joint Mother Child Protection Card.

I appreciate the support provided by Ministry of Health and Family Welfare, and convey my thanks to Dr Ajay Khera, Director Child Health and his team for the effort put in developing the sections on health.

Finally, I would like to acknowledge the valuable time and inputs of each member of the expert core group in finalization of the guidebook, I duly appreciate and recognize the support provided by Dr Deoki Nandan, Director NIHFW, Dr G.N.V Brahmam, NIN, Ms Deepika Shrivastava, OSD Planning Commission, Ms Farheen Khurshid, Consultant MWCD, Dr Subhodh Sharan Gupta, WHO, Dr Sanjay Kubde, IGGMC, Dr B.S Garg, MGIMS, Dr Mukta Arora, DWCD Rajasthan, Dr Rajesh Mehta WHO and Dr Gayatri Singh Nutrition Specialist, UNICEF.

I hope the guidebook will help in quick and effective rollout of the Mother Child Protection Card across the country leading to its better understanding and usage as an effective entitlement as well as a verification tool.



(Dr Shreeranjan)

PREFACE

Dr. Dinesh Paul
MBBS, MD, MNAMS
Director

Malnutrition is the result of an imbalance of both macro- and micro-nutrients that may be due to inappropriate food intake. Poor feeding practices in infancy and early childhood, resulting in malnutrition, contribute to impaired cognitive and social development, poor school performance, and reduced productivity in later life. Malnutrition therefore is a major threat to social and economic development as it is a formidable obstacle on way to attaining and maintaining health of women and children. In order to address this, programmes are implemented in the country including Integrated Child Development Services (ICDS) and National Rural Health Mission (NRHM).

Many initiatives have been introduced under close collaboration of both Ministries of Women and Child Development and Health and Family Welfare for improvement of health and nutritional status of children and women. Some of such major joint initiatives have been the adoption of New WHO Child Growth Standards and introduction of common Mother and Child Protection Card for both ICDS and NRHM functionaries to strengthen the care for pregnant women, lactating mothers and children under five years of age.

The Mother and Child Protection Card (MCPC) is a mother held card and a counselling and family empowerment tool that shows at a glance, the stage-wise health status of the new born and the mother. The MCPC also helps in assessing what best steps measures should be taken for holistic development of the child and mother. It links critical contact points for strengthening care and improving utilisation services of ICDS, NRHM including immunisation and Janani Suraksha Yojna. Besides, it helps to promote key family care behaviour, highlight danger signs, and links families to the health referral system.

In order to maximise use of MCPC, this Guide Book has been developed which is a step wise manual with illustrations not only to inform mothers and family members but to enlist them as partners in promoting child survival, growth and development by using MCP Card as a tool to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children. The Guide Book has been made user-friendly. The Guide Book should help in development of knowledge, understanding and skills required for effective use of MCP Card for promotion of child survival, growth and development. Role of AWW and ANM are well defined and focused in the Guide Book. The Guide Book would be used profitably by ICDS and NRHM functionaries in general and AWWs and ANMs in particular and considered as a useful reference and training material under ICDS and NRHM.

I acknowledge the sincere efforts made by members of Expert Group for providing their valuable comments and suggestions for finalisation of this Guide Book.

Dinesh Paul

(Dinesh Paul)

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CONTENTS

List of Annexures

List of Abbreviations

ANC	Antenatal Care
ANM	Auxilliary Nurse Midwife
APH	Antepartum Hemorrhage
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCG	Bacillus Calmette Guerine
BP	Blood Pressure
CHC	Community Health Centre
CMB	Conditional Maternity Benefit
CS	Caesarean Section
DDK	Disposable Delivery Kit
DPT	Diphtheria, Pertussis, Tetanus
EDD	Expected Date of Delivery
FRU	First Referral Unit
GOI	Government of India
Hb	Haemoglobin
Hbs Ag.	Hepatitis B Surface Antigen
ICDS	Integrated Child Development Services
ID	Identification Number
IFA	Iron and Folic Acid
IGMSY	Indira Gandhi Matritva Sahyog Yojna
IUD	Intrauterine Death
IUGR	Intra Uterine Growth Retardation
JSY	Janani Suraksha Yojana
JSSK	Janani Shishu Suraksha Karyakram
Kg	Kilogram

LHV	Lady Health Visitor
LMP	Last Menstrual Period
LSCS	Lower Segment Caesarean Section
MCP	Maternal & Child Protection Card
MO	Medical Officer
MTP	Medical Termination of Pregnancy
NIPCCD	National Institute of Public Cooperation & Child Development
NRC	Nutritional Rehabilitation Centre
NRHM	National Rural Health Mission
OPV	Oral Polio Vaccine
ORS	Oral Re-hydration Solution
OT	Operation Theatre
P/V	Per Vaginal Examination
PHC	Primary Health Centre
PIH	Pregnancy Induced Hypertension
PNC	Post Natal Care
POG	Period of Gestation
PPH	Post-partum hemorrhage
Rh	Rhesus Factor
SBA	Skilled Birth Attendant
SHC	Sub Health Centre
SNP	Supplementary Nutrition Programme
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
VHND	Village Health Nutrition Days
VHSNC	Village Health Sanitation and Nutrition Committee
WHO	World Health Organization




"MOTHER AND CHILD PROTECTION CARD"

Why the card?

- The card is developed as a tool to monitor the health and nutrition status of the pregnant woman and thereafter of the child till three years.
- The card helps families to know about various types of services which they should access and utilise to ensure the overall health and well-being of women and children.
- The Mother and Child Protection Card has been developed to help families learn, understand and follow positive practices for achieving good health of all pregnant women, mothers and children.
- The card empowers families to make decisions for improved health and nutritional status, outcomes during pregnancy, and development of healthy young children on a continual basis.

Who uses the card?

The card can be used by different individuals or groups which includes:

A. Family Members (Mothers, Fathers, Mother and Father-in-laws, Adolescent Girls and Others)

1. For gaining knowledge related to the pregnant woman's health, nutrition and optimum foetal development.
2. To counsel the woman about danger signs in pregnancy and when and where to seek help.
3. For gaining knowledge related to children's health, nutrition and development.
4. For using all available health and nutrition services.
5. For practicing optimum care behaviour(s).
6. For monitoring and promoting growth and development of children.

B. Village Groups/VHSNC/Women's Group

1. As a discussion tool in the meetings.
2. Monitoring effective service delivery in the area.

C. ANM/AWW/ASHA

1. For educating families about optimal health, nutrition and child care practices for mothers and young children.





2. For recording information on utilisation of health and ICDS services.
3. For appropriate home visits referrals and follow up.
4. For promoting birth preparedness and seeking appropriate care for the mother and baby.

D. Health and ICDS Supervisors

For ensuring that:

1. The card is introduced to the target families;
2. Its use is properly explained to the families with support materials; and
3. There is effective and efficient delivery of services to the target families.

Who are the specific target groups for the card?

1. Pregnant women
2. Lactating women
3. Families with children under 3 years of age
4. IGMSY, JSY, NRC and JSSK beneficiaries

Who keeps the card?

1. Pregnant woman/her family
2. Mothers of children under 3 years of age
3. Duplicate card may be kept at sub-centre or AWC by ANM/AWW
4 Families should be advised to keep the card safely in plastic covers to prevent it from wear and tear
5. Families should be advised to bring the card along whenever they visit AWC, Sub centre, health centre, private doctor and/or a hospital

Recording and information

1. The ANM/AWW should record the desired information in the place provided in the card. Names of ICDS and Health Functionaries responsible for filling up of different parts of the MCPC are mentioned at Annexure IV.
2. All the information on the cover page on Family Identification should be filled in before the card is given.




3. It is necessary to record weight of children in the individual growth charts at the AWC.
4. The information recorded in the card does not replace any of the routine information recorded by the workers in their registers.
5. The various sections of the card should be explained using support material before the card is given to the target families.

Use the guide book not only to inform mothers and family members but also to enlist them as partners in promoting child survival, growth and development.

The content and skills can be easily mastered after continuous practice. In order to make the guide book user friendly, it has been colour coded. Colours in the guide book are matched with the colours of the card.

Yellow colour has advice/information that the ANM/AWW/ASHA must explain to the mother and family members. The reasons/details are given below the yellow box.

Green boxes have instructions/advice that the family must follow/ensure.

Red denotes danger and requires immediate contact with health care provider. Danger signs/information is in red boxes or written in red letters.

Pink boxes require ANM/AWW to record/fill the information in the card.

Blue boxes and writing in blue is important information for the ANM/AWW/ASHA. She must understand these messages before counselling the mothers.

How to be a good counsellor

For effective communication skills and developing and maintaining relationship with the family members use communication skills given at **Annexure I**.

This support material should be used while explaining the Mother and Child Protection Card





FRONT COVER

Mother and Child Protection Card

AWW should fill in as much information as she can with the help of the family

Paste the photograph of Mother & Child

Family Identification

Mother's Name	Fill the name of the mother
Age of mother	Fill in age in completed years
Father's Name	Fill the name of the father
Address	Fill the Address
Mother's Education	Tick one of the options

Pregnancy Record

Mother's ID No.	Fill in the unique ID number or mother's registration number at AWC
Date of last menstrual period	Fill in the correct date as reported - date, month, year

In case of doubt, help the woman determine the date with the help of local calendar/events/festival

Expected Date of Delivery	Fill in the expected date

Calculating nine months and seven days from the first day of the last menstrual period (Chart for calculation of expected date of delivery is at Annexure – II)

No. of Pregnancies/ Previous live births	Fill in the information in the box/split into two smaller boxes

Find out

(i) how many times the woman has been pregnant (this includes miscarriages, abortions and still births) and

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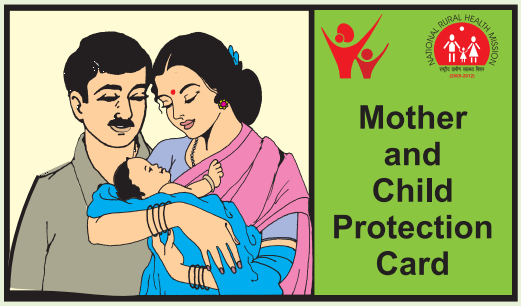

Photograph of Mother & Child

Family Iden ification

Mother's Name _____ Age ____

Father's Name _____

Address _____

Mother's Education: illiterate/primary/middle/high school/graduate

Pregnancy Record

Mother's ID No. _____

Date of the last menstrual period ____/____/____

Expected date of delivery ____/____/____

No. of pregnancies/ previous live births ____/____

Last delivery conducted at: Institution ____ Home ____

Current delivery: Institution ____ Home ____

JSY Registration No. _____

JSY payment Amount _____ Date ____/____/____

Birth Record

Child's Name _____

Date of Birth ____/____/____ Birth Weight ____ kgs ____ gms

Girl ____ Boy ____ Birth Registration No: _____

Institutional Identification

AWW _____ AWC/Block _____

ASHA _____ ANM _____

SHC / Clinic _____

PHC / Town _____ Hospital / FRU _____

Contact Nos. ANM _____ Hospital _____

Transport Arrangement _____

AWC Reg. No ____ Date ____ Sub-centre Reg. No ____ Date ____

Referral ____ ____ ____ ____ ____

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(ii) how many living children she has

Last delivery conducted at	Tick the appropriate Box and put a cross either in the Institution or Home Box

Find out where the last delivery was conducted

Current Delivery Planned	Tick the appropriate Box and put a cross either at Institution or Home Box
JSY Registration No.	Fill in the registration number under JSY
JSY Payment amount	Fill in the correct amount **Date** Fill in the date of payment

CMB (IGMSY) I Fill in the date of payment II Date of payment III Date of payment

States/UTs need to add details of IGMSY in the MCPC. Payment details of IGMSY is only applicable to districts implementing IGMSY.

Birth Record

Child's Name	Fill the name of the child
Date of Birth	Fill in the correct date, month and year

In case of doubt, help the woman determine the date with the help of local calendar/events/festivals

Birth Weight	The birth weight is recorded in Kg/grams

If the child is born at home, the weight should be taken immediately and recorded in the card. If the child is born in hospital, birth weight should be recorded by the hospital authorities.

Put a tick to the Gender of the child	Boy Girl
Birth Registration No.	Fill in the number

If the Birth Registration number of the child is not available, ask the family to register the child with the panchayat/local authorities and obtain a Birth Registration Number.

Institutional Identification Fill in the names and the addresses of the following

Anganwadi Worker _____ Anganwadi Centre /Block _____

ASHA _____ ANM _____

SHC/Clinic _____

PHC/Town _____





Hospital/FRU _____

Contact number of ANM _____Hospital_____

Transport Arrangement _____

AWC Registration Number _____ Date _____

Sub Centre Registration Number _____ Date _____

Referral Fill in the date and place to which referral was made.

In case of referral made to Nutritional Rehabilitation Centre (NRC), date and place of NRC needs to be mentioned under Referral in MCPC.

Hints for the ANM/AWW

Expected Date of Delivery

The duration of a normal pregnancy is 280 days from first day of the last menstrual period (LMP) or 40 weeks or 9 calendar months plus 7 days.

- Pregnancy is divided into three trimesters.
- The first trimester is from the first day of the last menstrual period (LMP) to 12 weeks.
- Second trimester is from 13 weeks to 28 weeks.
- Third trimester is from 29 weeks to 40 weeks.

At least 3 check-ups are advised after confirmation of pregnancy and registration. Optimal number of check-ups are between 7 to 8.




PREGNANCY

Regular checkup is essential during pregnancy

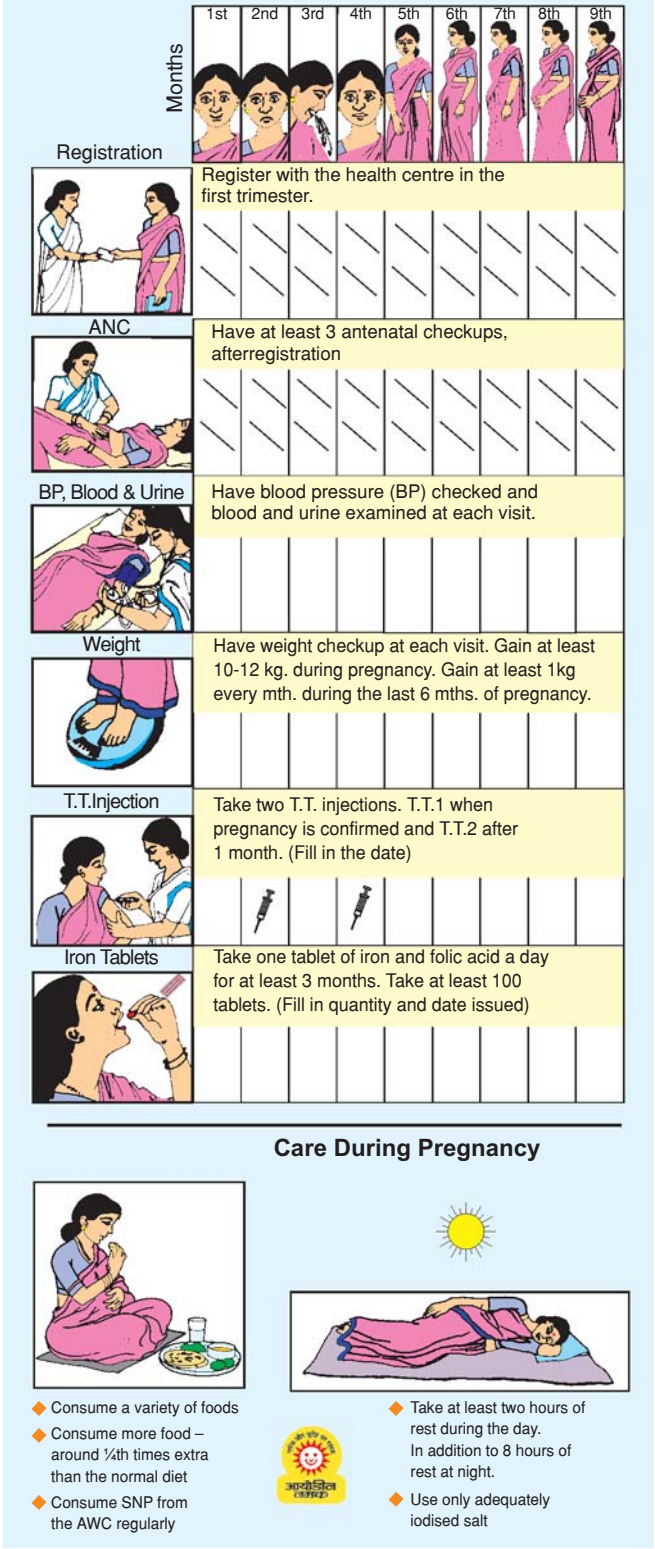
Hints for the ANM/AWW

Across

- Nine columns in this section depict 9 Months of Pregnancy with pictures of pregnant women.
- The first column corresponds with the first month of pregnancy, the second with the second month of pregnancy and so on…….

Down

- Six picture boxes depict services that a woman must seek during a pregnancy.
- The columns alongside each picture are for recording the appropriate information.
- The worker should explain to the mother each picture box and column as she moves down the side.







REGULAR CHECKUP

The ANM/AWW should keep a record of the pregnant woman in her register

Registration

ANM/AWW Explains

- A woman must register with the ANM and AWW within the first three months of the pregnancy.
- The ANM/AWW must explain the significance and relevance of all the headings in the card and encourage the woman and/or family members to ask questions and explain what is not clear.


Registration

It is very important to get regular antenatal care by ANM or a skilled birth attendant (SBA)/MO during pregnancy as it

- helps to improve the health of the mother and the baby
- helps in early detection of complications, referral and treatment
- helps in ensuring that the mother and the foetus in growing well or helps in ensuring a safe delivery with a healthy mother and healthy baby.

ANM/AWW Records

- The date of registration in the relevant column under the month of pregnancy
- They also register the pregnant woman in their respective AWC, Sub-centre or PHC register.

Antenatal Care

ANM/AWW Explains

- Every pregnant woman should have at least 4 antenatal visits, including the first visit when registration is done.


ANC




Suggested schedule for antenatal visits

1st visit: Within 12 weeks preferably as soon as pregnancy is known - for registration of pregnancy and first antenatal check-up

2nd visit: Between 14 and 26 weeks

3rd visit: Between 28 and 34 weeks

4th visit: Between 36 weeks and term

Abdominal examination is essential because:

i. It helps in measuring the growth of the baby. It indicates whether the baby is growing normally or not and also helps to detect certain complications like twin babies or impaired growth etc;

ii. The foetal heart sound should be heard at each visit to ensure that the baby is alive

ANM/AWW Records

- The date of the abdominal examination **under the month** of pregnancy column.
- ANM also records the information in her register.





Blood Pressure

ANM/AWW Explains

- A pregnant woman must have her blood pressure checked at each visit.

It is important to have blood pressure checked at every visit to rule out hypertensive disorders of pregnancy

High/low blood pressure can be fatal both for the mother and the baby. Women with blood pressure 140/90 or above but less than 160/110 mm Hg are hypertensive. Blood pressure of 160/110 mm Hg is a danger signal and the women must be referred to CHC/FRU immediately. The pregnant woman should preferably have a check-up of blood for Haemoglobin (Hb) and Urine for albumin and sugar to rule out any complication at each visit. If urine albumin is present, she must be referred to medical facility.

ANM Records

- Date and the blood pressure/ Hb and urine albumin reading under the pregnancy month column.
- ANM also records this information in her register.
- AWWs should remind the women about importance of measuring BP and that the woman should demand it from the ANM and follows with the family to ensure appropriate care.

Weight

ANM/AWW Explains

- A pregnant woman must insist on having her weight checked at each visit.
- Total gain in weight during the entire period of pregnancy should be around 10-12 kg. After first trimester weight gain should be at least 1 kg every month during the last 6 months.
- If the weight gain is less pregnant woman must be referred to MO.




Taking weight is essential

i. If the pregnant women's weight gain is less, the baby will be small at birth and will not have the ability to grow and develop well or stay healthy.

ii. If the weight of the newborn is less than 2.5 kg. s/he will be more vulnerable to disease and death.

iii. If the weight gain is inadequate, extra food should be eaten at every meal, and the number of meals should be increased.

iv. If the monthly weight gain is more than 3 kg, the pregnant woman should arouse a suspicion of pre-eclampsia/ twins or diabetes.

ANM/AWW Records

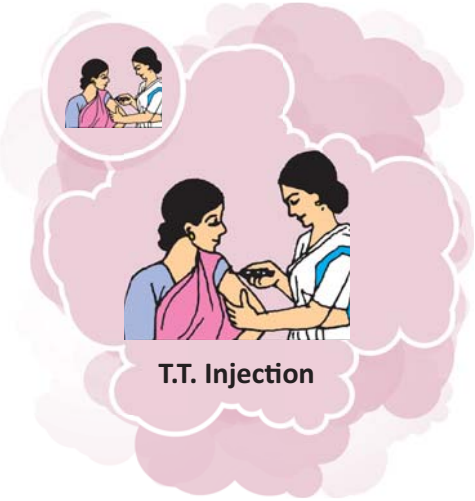
- The date and weight of the woman under the pregnancy month column.
- ANM also records this information in her register.

TT (Tetanus Toxoid) Injection

ANM/AWW Explains

A pregnant woman must take at least 2 Tetanus Toxoid (T.T.) injections.

- The first T.T. injection should be taken during the first visit, even if it is the first trimester.
- The second T.T. injection should be taken at least one month later.



T.T. Injection

Two Tetanus Toxoid injections during pregnancy are essential

The T.T.immunisation protects the mother and the baby against tetanus which is a life threatening disease.

Administration of Tetanus Toxoid (TT) injection

- The administration of two doses of TT injection is an important step in the prevention of maternal and neonatal tetanus (tetanus of the newborn).
- The first dose of Tetanus Toxoid should be administered as soon as possible, preferably when the woman registers for ANC.

- The second dose is to be given one month after the first dose. Preferably at least one month before the EDD. If the woman skips one antenatal visit, give the TT injection whenever she comes back for the next visit.
- If the woman receives the first dose after 38 weeks of pregnancy, then the second dose may be given in the postnatal period, after a gap of four weeks.
- If the woman has been previously immunised with two doses during a previous pregnancy within the past three years, then give her only one booster dose as early as possible in this pregnancy.

How to give TT injection

- Dose: The dosage of the TT injection to be given is 0.5 ml.
- Site: Tetanus toxoid is to be administered by deep intramuscular injection. It should be given in the upper arm, and not in the buttocks as this might injure the sciatic nerve.
- Counselling: Inform the woman that there may be a slight swelling, pain and/or redness at the site of the injection for a day or two.

ANM/AWW Records

- Date of TT injection under the month of pregnancy column.
- She also records this information in her register.

Iron Tablets

ANM/AWW Explains

- A pregnant woman must take one iron tablet a day for at least 3 months.
- She must take at least 100 tablets during her pregnancy to prevent anaemia.

Iron Tablets

Majority of Indian women are anaemic. The situation aggravates during pregnancy. Anaemic woman is more prone to pre-mature delivery, still birth, and low birth weight babies.

i) If a pregnant woman suffers from mild anaemia (<11g/dL to 10.9 g/dL) she must be given a daily prophylactic dose of IFA tablets starting from 4th month of pregnancy for 100 days.




ii) Pregnant women suffering from moderate anaemia (10g/dL Hb to > 7 g/dL Hb) would need to be given two tablets of IFA – one in the morning and one in the evening for 100 days.

iii) Severe anaemia can lead to increase in complications during pregnancy, delivery and in the post-natal period, including death. Hence pregnant women with severe anaemia (< 7 g/dL Hb) need treatment and blood transfusion. Such women should be referred to a FRU for appropriate medical treatment.

Symptoms of anaemia are:

- General fatigue
- Breathlessness on routine and somewhat strenuous work
- Palpitation
- Loss of appetite
- Sensation of tingling and pins & needles in the fingers and toes
- Giddiness, dizziness, diminishing vision and headache
- Paleness of eyes, nails and insides of eyelids.

Compliance of Iron and Folic Acid tablets

- Follow ANM/MO's advice for taking Iron and Folic Acid tablets.
- Intake of iron tablets may cause stool to become either loose or hard. The colour of the stool may also become black. This should not be a cause for worry.
- Intake of Iron tablets may cause nausea. To avoid this, it should not be taken in empty stomach.

ANM/AWW Records

- Date and number of Iron and Folic Acid tablets given under the month of pregnancy column.





CARE DURING PREGNANCY

Diet

ANM/AWW Explains

A pregnant woman should consume more food, more often during the day.

- She should consume a variety of foods like cereals and whole grains, pulses, dark green leafy vegetables like spinach, amaranth, cholai, red & yellow fruits like papaya, mango and melon, lentils & beans, milk & milk products and fish, meat and eggs if acceptable and affordable.
- She should use only iodised salt.

Diet

- Consume a variety of foods
- Consume more food - around ¼th times extra than the normal diet
- Consume SNP from the AWC regularly

If the pregnant woman's diet is low in Vitamin A rich foods, she can develop Vitamin A deficiency.

i. Vitamin A deficiency causes night blindness. A woman may have difficulty seeing in the dark compared to the time when she was not pregnant.

ii. Vitamin A is required for the healthy growth and development of growing baby in woman's womb.

iii. Vitamin A helps to prevent infections.

A pregnant woman requires extra food to:

i. Meet the demands of the growing baby; and

ii. Provide for changes in mothers body.

- Taking extra food helps in gaining adequate weight gain during Pregnancy & contributes to increasing the weight of the baby.
- The Pregnant woman must consume SNP from the AWC regularly. The pregnant women must be given nutrition counselling at every visit.
- A pregnant woman should consume a diet containing green leafy vegetables, wheat, ragi, jowar, bajra and pulses. These foods are rich in iron.




- Taking Vitamin C rich foods like amla, guava, oranges at the same time helps in better absorption of iron.
- Tea & coffee should not be taken 1 hour before or after taking meals or Iron and folic acid tablets. It does not allow absorption of iron.

Iodised salt is important for the proper brain development for the unborn child and it prevents abortion, still and pre-term births.

Family Ensures

- The pregnant woman eats along with her family. She should not be the last one to eat/eat leftover.
- She does not avoid any food during pregnancy and also does not observe fast during pregnancy.
- Alcohol and tobacco are not be used during pregnancy.
- Medicines are taken only when prescribed by the doctor.
- The pregnant woman should ensure that she avails supplementary food and Nutrition Counselling Services at the AWC every month.

Rest

ANM/AWW Explains

- A pregnant woman should get at least two hours of rest during the day.

Routine activities should be interspersed with short periods of rest throughout the day.

While resting, she should always lie on the left side of the body.


Rest

- Take at least two hours of rest during the day. In addition to 8 hours of rest at night.

Family Ensures

- The pregnant woman avoids doing strenuous work in the house.
- Family members offer help in doing household chores.





ANTENATAL CARE

Mother and Child Protection Card

OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY, PAST HISTORY AND EXAMINATION

ANM Explains

- A pregnant woman with history of complications in the past pregnancies, bad obstetric history or suffering from a chronic/ systemic disease or any abnormal finding during the examination, must consult the specialist at the First Referral Unit (FRU).

Hints for the ANM/AWW

It is essential for the ANM to take the history of the pregnant woman. It is essential to ask a woman about her previous pregnancies or obstetric history. This is important especially if she had any complications in the previous pregnancies, as some complications may recur during the present pregnancy.

- **Key question in history taking include:**
  1. The date of last menstrual period
  2. Her age
  3. The order of pregnancy
  4. No. of living children
  5. Date of last delivery/abortion
  6. Menstrual history and LMP
  7. Any problem during the previous pregnancy/ delivery
  8. History of any systemic illness, significant family history
  9. Complication in the current pregnancy
- Be particular about asking for records to validate the history given of the previous pregnancy.

ANTENATAL CARE

OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY
(Please tick (✓) the relevant history)

A. APH	☐	B. Eclampsia	☐	C. PIH	☐
D. Anaemia	☐	E. Obstructed labor	☐	F. PPH	☐
G. LSCS	☐	H. Congenital anomaly in baby	☐	I. Others	☐

PAST HISTORY
(Please tick (✓) the box of the appropriate response/s)

A. Tuberculosis	☐	B. Hypertension	☐	C. Heart Disease	☐
D. Diabetes	☐	E. Asthma	☐	F. Others	☐

EXAMINATION

General Condition	Heart	Lungs	Breasts

ANTENATAL VISITS

	1	2	3	4
Date				
Any complaints				
POG (Weeks)				
Weight (Kg)				
Pulse rate				
Blood pressure				
Pallor				
Oedema				
Jaundice				

ABDOMINAL EXAMINATION

Fundal height Weeks/cm				
Lie/Presentation				
Fetal movements	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent
Fetal heart rate per minute				
P/V if done				

ESSENTIAL INVESTIGATIONS

Hemoglobin				
Urine albumin				
Urine sugar				

Signature of ANM				

Blood Group & Rh Typing. ☐ Date / /

OPTIONAL INVESTIGATIONS

1. Urine pregnancy test. ☐ Date / /
2. Hbs Ag. ☐ Date / /
3. Blood sugar. ☐ Date / /

Participate in monthly fixed village Mother Child Health & Nutrition Day




- Obtain information from the women about the following obstetric complications and events in the previous pregnancies and tick (✓) in the relevant box:

  a) APH- Ante Partum Haemorrhage,

  b) Eclampsia,

  c) PIH- Pregnancy Induced Hypertension,

  d) Anaemia,

  e) Obstructed labour,

  f) PPH-Post Partum haemorrhage,

  g) LSCS- Lower segment caesarean section or abdominal surgery (for ectopic/perforation during MTP),

  h) Congenital Anomaly in baby- birth defects,

  i) Others

ANTENATAL CARE

OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY
(Please tick (✓) the relevant history)

A. APH ☐	B. Eclampsia ☐	C. PIH ☐
D. Anaemia ☐	E. Obstructed labor ☐	F. PPH ☐
G. LSCS ☐	H. Congenital anomaly in baby ☐	I. Others ☐

PAST HISTORY

Hints for ANM

- A bad obstetric history in previous pregnancy is an indication for referral to a higher health facility, where further antenatal check-ups and the delivery can be conducted.

- History for any systemic or chronic illness is also very important. If there is a positive history of the illnesses such as:

  a) Tuberculosis,

  b) Hypertension,

  c) Heart disease,

  d) Diabetes,

  e) Asthma,

  f) Others

PAST HISTORY
(Please tick (✓) the box of the appropriate response/s)

A. Tuberculosis ☐	B. Hypertension ☐	C. Heart Disease ☐
D. Diabetes ☐	E. Asthma ☐	F. Others ☐

Put a tick mark in the box. It is important to refer the pregnant woman to a higher health facility where appropriate management of the condition can be done during the antenatal period.

EXAMINATION

- Examination for general condition, heart, lungs and breasts should be done and any complaint should be recorded in the box.





- If there is any deviation from the normal, pregnant woman should be sent to higher facility for further check-up.

EXAMINATION

General Condition	Heart	Lungs	Breasts

ANM/AWW Records

- Ticks (✓) the relevant history of obstetric complication in previous pregnancy and past history in the appropriate box & any abnormality during examination.
- ANM keeps this information in her register.

Family Ensures

- They comply with the referral made by the ANM in case of complications during previous pregnancies, bad obstetric history or chronic/systemic disease or any abnormal finding during the examination.

ANTENATAL VISITS

ANM/AWW Explains

- Each pregnant woman should get at least 4 antenatal check-ups including registration during pregnancy. It is important as many of the complications can be detected and managed on time.

Hints for ANM

- 4 antenatal visits are mandatory (including registration) for each pregnant woman.
- 1st visit within 12 weeks, 2nd visit between 14-26 weeks, 3rd visit between 28-34 weeks and 4th visit after 36 weeks
- During each antenatal visit, all the parameters need to be checked and recorded. The check-ups may be conducted as under:

1st Visit (within before 12 weeks)

1. Registration
2. History taking
3. Give tetanus toxoid (1st dose)




2nd Visit (14 - 26 weeks)

1. Screen for risk factors and medical conditions
2. Record BP, weight and height
3. Haemoglobin estimation/Screen for anaemia
4. Urine examination for albumin
5. Breast examination
6. Give tetanus toxoid first/second dose
7. Provide health and nutrition education
8. Develop individualized birth plan

3rd Visit (28 - 34 weeks)

1. Record BP, weight
2. Abdominal examination to asses for intrauterine growth retardation (IUGR), twins etc.
3. Haemoglobin estimation
4. Urine for albumin
5. Give tetanus toxoid (2nd dose)
6. Anaemia prophylaxis /treatment
7. Health education
8. Nutrition counselling
9. Danger signs during pregnancy

4th Visit (after 36 weeks)

1. Record BP, weight
2. Detect - Pregnancy induced hypertension
3. Abdominal examination to identify foetal lie / presentation to detect IUGR
4. Check for pelvic adequacy to rule out if head is bigger than pelvis in primigravida (first pregnancy) after 37 weeks.
5. Update individualized birth plan with the trained birth attendant and family.
6. Health and nutrition counselling, diet, rest, IFA tablet consumption, danger signs and where to go when any complication arises.





ANTENATAL VISITS

	1	2	3	4
Date				
Any complaints				
POG (Weeks)				
Weight (Kg)				
Pulse rate				
Blood pressure				
Pallor				
Oedema				
Jaundice				

ANTENATAL VISITS

Date	Write date of visits made by ANM like 06/02/2012
Any complaints	Any health complaints (such as pain abdomen, fits and swelling over feet, headache, excessive bleeding, blurring of vision etc.) made by pregnant woman need to be examined and recorded in the respective box.
POG (Weeks)	Number of completed weeks of gestation needs to be written like 32, 34 or 36 weeks.
Weight (Kg.)	Weight of pregnant woman in kilograms is to be written like 53 kgs.
Pulse rate	Exact pulse rate (like 72/minute) needs to be written in the box.
Blood pressure	Write down systolic and diastolic blood pressure of pregnant woman e.g. 120/80 mm Hg.
Pallor	If pregnant woman has pallor write “Y” otherwise write “N” in respective box.
Oedema	If pregnant woman has Oedema write “Y” otherwise write “N” in respective box.
Jaundice	If pregnant woman has Jaundice write “Y” otherwise “N” in respective box.




- A properly maintained MCP card helps in tracking progress of the baby and mothers condition.
- During VHND, special effort should be made to do a complete antenatal check-up for all the pregnant women who are due for it.

ANM/AWW Records

- The date and observation during each antenatal visit.
- ANM records observations in her register.

Family Ensures

- Pregnant woman comes for the antenatal visits within the stipulated period. MCP card is carried along for each visit and is produced at the time of delivery.

ABDOMINAL EXAMINATION

ABDOMINAL EXAMINATION

Fundal height weeks/cm				
Lie/Presentation				
Foetal movements	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent
Foetal heart rate per minute				
P/V if done				

ABDOMINAL EXAMINATION

Fundal height weeks/cm	Period of gestation in weeks and funtal height need to be written in boxes (like 24 weeks/at the level of the umbilicus) in order to assess whether fundal height corresponds to the period of gestation.
Lie/Presentation	Different types of foetal lie/presentation need to be recorded i.e. if it is Cephalic presentation write “C”, in case of Breech presentation write “B” and write “H” when it is Horizontal lie.





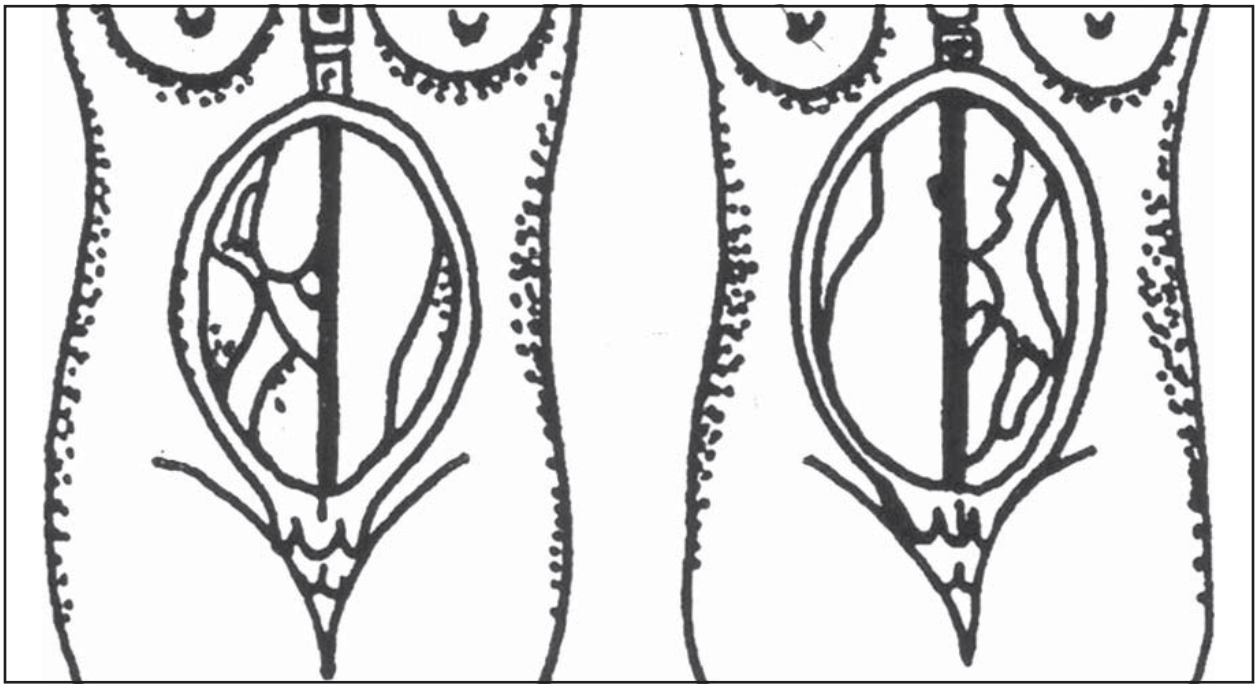
Foetal movement	If the foetal movement is normal encircle **Normal** in case of reduced movement encircle **Reduced** and encircle **Absent** when there is no movement.
Foetal heart rate	Exact foetal heart rate needs to be recorded like 120/minutes. Normal foetal heart rate is within the range of 120-160/per minute. Normally about double the rate of mother
P/V if done	If per vaginal examination has been done write "Y" otherwise write "N".

Hints for ANM

- Abdominal examination in a pregnant woman tells about the foetal lie (whether longitudinal, transverse or oblique), presenting parts of foetus (vertex or breech or shoulder)

- Each time it should be assessed whether the fundal height corresponds to the period of gestation. Wrong date of LMP is the commonest cause of discrepancy.

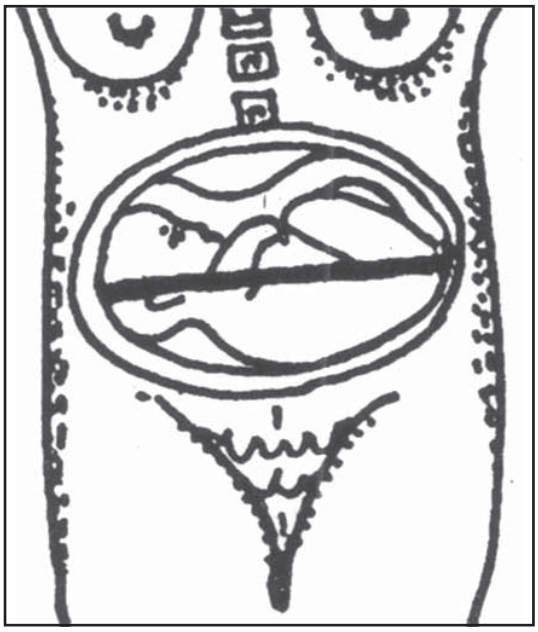
Different types of foetal lie



Cephalic Presentation **Breech Presentation**




Longitudinal Lie



Horizontal / Transverse Lie

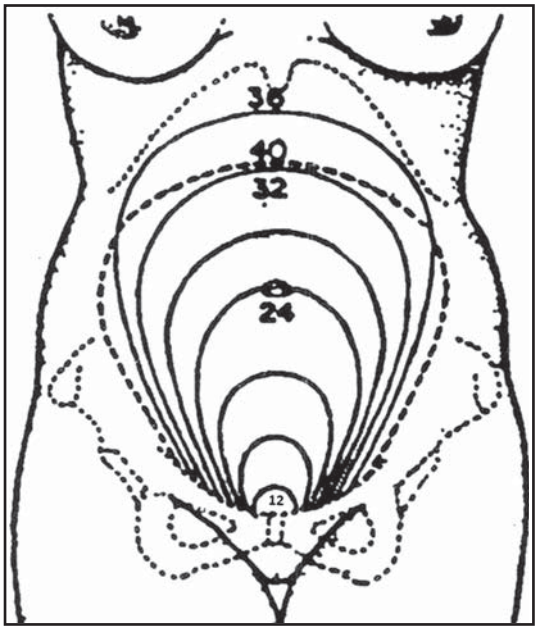
Fundal Height at different periods of pregnancy:

12 weeks - just palpable above symphysis pubis

24 weeks - at the level of umbilicus (the distance between the umbilicus and the xiphisternum is divided into three equal parts)

36 weeks - at the level of xiphisternum

40 weeks - fundal height comes down but flanks are full



Uterus size at different periods of pregnancy (numbers indicate weeks of pregnancy)





Hints for ANM

- In case of lesser or more fundal height than the period of gestation, the woman should be referred to the higher facility.
- Fundus is just palpable above the symphysis pubis at 12 weeks, at the level of umbilicus at 24 weeks, at the level of xiphisternum at 36 weeks and sinks back to the level of 32 weeks with full flanks.
- Normal foetal heart rate is within the range of 120-160/minute.

ANM Explains

- If the fundal height does not correspond to the period of gestation, there is a need to consult a specialist. The fundal height can be less in IUGR, missed abortion, IUD, transverse lie. It can be more in the case multiple pregnancy, large baby, congenital malformation.

Risk factors during pregnancy

- Short statured women (less than 145 cm or 4 feet 10 inches)
- Age less than 18 years or more than 35 years
- History of any medical problem such as heart disease, diabetes, T.B., Malaria, Anaemia and another medical problem
- Weight less than 38 kgs at first trimester
- Problems in previous pregnancy (bad obstetric history or previous caesarean section)
  - Operative delivery
  - Still birth/ neonatal death in previous pregnancy
  - Complicated delivery such as prolonged labour, retained placenta, antepartum and post-partum haemorrhage and sepsis
  - History of more than four deliveries
  - History of repeated abortions
- Problems in present pregnancy like:
  - Bleeding anytime during pregnancy
  - Abnormal presentation
  - Pregnancy induced hypertension
  - Severe anaemia
  - Twins, over-distended uterus




- Floating head in primigravida at 38th week or later
- Very big or very small baby
- Pre-term labour (earlier than 37 weeks)

- Height of uterus not corresponding to period of gestation
- Sluggish/loss of foetal movement
- Malaria in pregnancy

ANM Records

- The observation on the fundal height, presentation of foetus, foetal movement, foetal heart rate on each visit.
- ANM keeps record in a register.

Family Ensures

- Referral made by the ANM should be complied. Not doing so can prove to be harmful for the pregnant woman and/or foetus.

ESSENTIAL INVESTIGATION

ANM Explains

- Each pregnant woman must have her Haemoglobin, urine for albumin & sugar checked at each visit
- A pregnant woman must insist on having her urine test for albumin and sugar.

ESSENTIAL INVESTIGATIONS

Haemoglobin				
Urine albumin				
Urine sugar				
Signature of ANM				

Blood Group & Rh Typing ____ Date / /

Fill exact value for Haemoglobin and positive (+) or negative (-) for Albumin and Sugar.





Blood group and Rh typing	Name of blood group and Rh factor need to be written. Like for blood group, A or B or AB or O to be written and in case of Rh typing write positive (+) or negative (-).
Date	Date of testing blood group and assessment of Rh factor is to be written in 3 boxes i.e. first box for date, second for month and third is for year. For example, in case of 10th February 2012, it has to be written as 10 | 02 | 12

Hints for ANM

- **Normal haemoglobin of a pregnant woman is ≥ 11g/dl. A woman who has a haemoglobin level below 11g/dl at any time during pregnancy is considered to be suffering from anaemia and needs to be treated for anaemia.**

☞ **ANM Records**

- Values of haemoglobin estimation, urine albumin and sugar in the relevant column under the month of pregnancy. Blood sugar has been indicated an optimal examination – this needs to be checked for consistency.

ANM Explains

- Though these investigations are optional yet these can be considered.

Optional investigation if a woman visits PHC

OPTIONAL INVESTIGATIONS

1. Urine pregnancy test		Date	/ /
2. Hbs Ag.		Date	/ /
3. Blood sugar		Date	/ /




OPTIONAL INVESTIGATION

Fill exact value for urine pregnancy test, Hbs Ag and blood sugar and their dates of assessment in their respective boxes. Like for pregnancy test, it has to be written "P" for positive and "N" for negative. In case of Hbs Ag, it has to be written "P" for positive and "N" for negative. In case of blood sugar, exact rating needs to be written like 110mg/dL and 140 mg/dL. For writing date, in case of 10th February 2012, it has to be written as

10	02	12

Family Ensures

- The Hb estimation is done at each visit to rule out anaemia.
- Urine estimation for albumin and sugar at each visit.

ANM Records

- Date of urine pregnancy test, Hbs Ag. (Hepatitis Surface Antigen) and blood sugar under the column.

Roles of AWW

- You should identify all pregnant women in your village.
- You should ensure that all pregnant women are registered at AWC and facilitate in getting their three ante-natal check-ups
- To assist the ANM/ ASHA in the ANC & PNC check-ups.
- You should also ensure that all the women are registered under IGMSY to avail all ANC and PNC services.
- Provide NHE to all women
- Ensure that all pregnant women, lactating mothers and children receive supplementary nutrition from AWC
- Ensure immunization of pregnant women and children in the AWC area in coordination with ANM/ASHA.





- Mobilize beneficiaries (with the AWH/ASHA) for the Village Nutrition and Health Day through SHGs, Mothers Committee, beneficiaries of the ICDS Scheme.
- Make Home Visits - Once a month during pregnancy, once in the first week of delivery. Second visit in second or third week as per the need.
- Refer sick children, pregnant/lactating mothers to sub-centre, PHC/CHCs
- Counsel/advise the pregnant women and their families for institutional delivery.
- You should promote breastfeeding of Infant & Young Child Feeding Practices.

Home Delivery

- If there is no functioning health centre or hospital within reach, or the family prefers a home delivery, you should advise the pregnant woman and her family to have the delivery conducted at home by a skilled birth attendant (SBA) such as ANM, staff nurse or doctor
- In case a skilled birth attendant is not available, the delivery can be conducted by a trained TBA
- Ensure that five cleans are practiced during delivery i.e. clean hands, clean surface, clean new blade, clean cord tie and clean cord stump (do not apply anything on the stump)
- Place of delivery to be kept warm and free from dust
- Help the mother initiate breastfeeding within one hour of birth

Roles and Responsibilities of ASHA

- You should identify all pregnant women in your village.
- You should help pregnant women in getting registered before 12 weeks of pregnancy and in getting the next three ante-natal check-ups.
- Ensure all requisite examinations/investigations are done for all pregnant women
- You should know the date and time of availability of ANM in Anganwadi Centre (AWC) in your village during VHNDs and inform all pregnant women about the same
- Advise pregnant women regarding importance of balanced diet and ensure that all pregnant women receive supplementary food from AWC
- You should track the drop-out pregnant women especially those who live in remote areas, are below poverty line, schedule caste/schedule tribe/migrants etc. and help them in accessing health services
- Help eligible pregnant women to get benefits under Janani Suraksha Yojana




- You should also know
    1. The location of nearest FRU/hospital with obstetrician, anesthetist, paediatrician, nursery, Operation Theatre (OT) and blood bank
    2. The mode of transport to reach facility should there in emergency
    3. Approximate cost for caesarean section, blood transfusion and hospital stay, if it is a private hospital
- In case, it is second pregnancy, when a couple already has a daughter, ASHA needs to be alert on the possibility that the family may reject another daughter and counsel accordingly
- Counsel/advise the pregnant women and their families for institutional delivery
- Escort/accompany the pregnant woman to the hospital for institutional delivery
- If there is no functioning health centre or hospital within reach, or the family prefers a home delivery, you should advise the pregnant woman and her family to have the delivery conducted at home by a skilled birth attendant (SBA) such as ANM, staff nurse or doctor
- In case a skilled birth attendant is not available, the delivery can be conducted by a trained TBA
- Ensure that five cleans are practiced during delivery i.e. clean hands, clean surface, clean new blade, clean cord tie and clean cord stump (do not apply anything on the stump)
- Place of delivery to be kept warm and free from dust
- Help the mother initiate breastfeeding within one hour of birth





EMERGENCY

If you or anyone in your family sees any of these danger signs, take the Woman to the hospital immediately

- All pregnant women are at risk of developing complications. In some women these complications can occur without warning.
- It is important that the pregnant woman and her family be aware of the danger signs and be able to recognize these signs.
- Pregnant woman must also bring it to the notice of the family members, in case she develops any of the danger signs.

Danger Signs

Bleeding during pregnancy, excessive bleeding during delivery or after delivery

Severe Anaemia with or without breathlessness

High fever during pregnancy or within one month of delivery

Headache, blurring of vision, fits and swelling all over the body

Labour pain for more than 12 hours

Bursting of water bag without labour pains

Hints for ANM/AWW

- The danger signs should be explained to all pregnant women and their families during the antenatal check-ups as well as during the group meetings.
- If timely treatment is not sought, it can result in death or disability of the woman or child or both.
- A pregnant woman with danger signs should be taken to the FRU/hospital immediately. The identified first referral unit (FRU)/hospital means that it must have the following:
  - A gynecologist.
  - Facilities for blood transfusion
  - Operation theatre and anesthetist
  - Oxygen and life-saving medicines
  - X-Ray and labouratory diagnosis




DANGER SIGNS

Bleeding during pregnancy or delivery

ANM/AWW Explains

- A woman bleeding during pregnancy or delivery should be immediately taken to the hospital.

Any bleeding during pregnancy or excessive bleeding during/after delivery can be fatal for mother and/or baby.

Bleending during pregnancy, excessive bleeding during delivery or after delivery

Family Ensures

- During transportation, the woman lies on her left side and is kept covered and warm.

Severe anaemia with or without breathlessness

ANM/AWW Explains

- A pregnant woman with severe anaemia must deliver in a hospital.

Anaemia during pregnancy can lead to many other complications like heart failure at the time of childbirth, pre-term labour and infections during pregnancy.

Women with severe anaemia have pale eyelids, nails and palms. They may or may not have breathlessness.

Severe Anaemia with or without breathlessness

Family Ensures

- During the antenatal check-ups, it must be determined if the woman has severe anaemia. If so she must be referred to an appropriate health facility.





High fever during pregnancy or within one month of delivery

ANM/AWW Explains

- If a woman has high fever during pregnancy or within one month of delivery, she should be taken to hospital immediately.

High fever is an indication of some infection in the woman. It can be harmful for the growing baby.


High fever during pregnancy or within one month of delivery

Family Ensures

- The woman is kept covered and warm during transportation.
- Wet, cold sponging is used to bring down the fever.

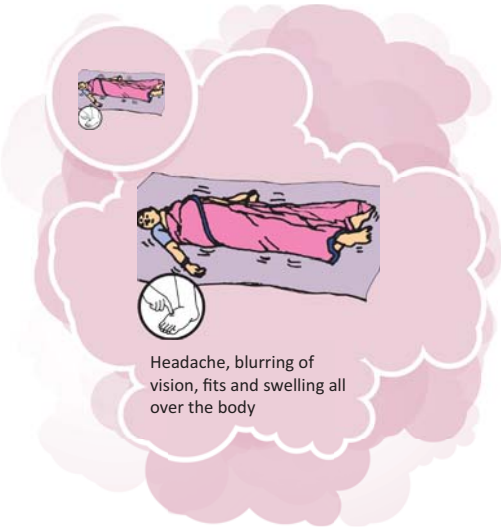
Convulsions or fits, blurring of vision, headache, sudden swelling of feet

ANM/AWW Explains

- Convulsions or fits, blurring of vision, severe headache, sudden swelling of feet can occur during pregnancy, delivery or after delivery. A woman with these symptoms should be immediately taken to the hospital.

This condition can cause brain damage in the mother and the unborn baby.

It can also lead to the death of the mother and the baby before s/he is born.


Headache, blurring of vision, fits and swelling all over the body

Family Ensures

- If a woman has convulsions or fits, blurring of vision, headache sudden swelling of feet, she is taken to the hospital as early as possible.




Labour Pain for more than 12 hours


Labour pain for more than 12 hours

ANM/AWW Explains

If the woman has been in labour pain for more than 12 hours, she should immediately be taken to the hospital.

- The woman should deliver in the presence of a doctor.

In case the timely delivery is not performed, it can result in the death of the woman and the child.

Family Ensures

- The woman is immediately taken to the hospital.

Bursting of water bag without labour pain


Bursting of water bag without labour pains

ANM/AWW Explains

In case the pregnant woman has bursting of water bag without labour pain, she should be immediately taken to the hospital.

- The delivery should be conducted in the presence of a doctor.

The woman and the baby have greater chances of developing infection in case the water bag bursts.

Family Ensures

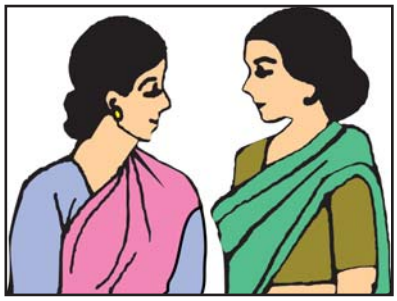
- The woman is immediately taken to the hospital.





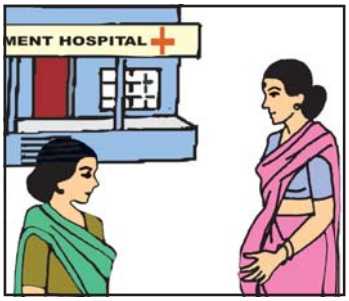
ENSURE INSTITUTIONAL DELIVERY

Ensure Institutional Delivery

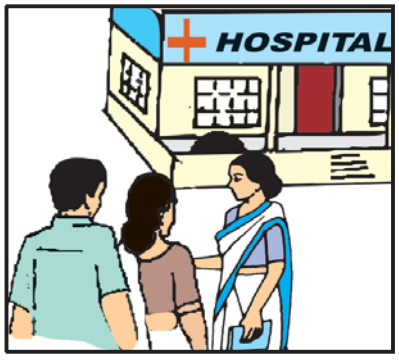


Contact ASHA/ANM/AWW

Register under Janani Suraksha Yojna (JSY)



Obtain Benefits under JSY



Identify Hospital in Advance

Arrange for Transport in Advance

Ensure 48 hours of stay after delivery

To prevent any complication

1. Contact ASHA/ANM/AWW
2. Register under Janani Suraksha Yojna (JSY)
3. Obtain benefits under JSY and IGMSY.
4. Identify a nearest functional PHC, CHC, or a District Hospital in advance which has all the necessary facilities for safe delivery.
5. Take support from the ASHA/ANM/AWW and the community resources to identify fastest means of transportation to the health facility. Make the necessary arrangements in advance.
6. For the safety of the Mother and Child ensure that the mother stays in hospital for 48 hrs after giving birth.




PREPARATION IN CASE OF HOME DELIVERY

ANM/AWW Explains

- **As far as possible, delivery should be conducted in a hospital. If delivery is conducted at home, it should only be conducted by a skilled birth attendant (SBA) or an ANM.**

Women and newborn child can easily get infected during and after delivery. Pregnant woman/family should also try to get a disposable delivery kit (DDK) before delivery.

DDK is available at all Government hospitals and health centres. If DDK is available, then it would contain clean blade and thread.

Hints for ANM/AWW

- ANM should follow five cleans.

- Clean hands
- Clean surface & surroundings
- Clean blade
- Clean umbilical cord
- Clean thread to tie the cord
- Clean set of clothes for newborn

(i) **Clean Hands**- Hands must be thoroughly washed with soap and water by the person before conducting the delivery. After washing, hands should be air dried and not wiped to avoid infection. Nails must be cut and bangles, rings etc. must be removed before washing hands.

(ii) **Clean surface and surroundings:**

a) **Clean Sheet**-The sheet on which woman plans to deliver must be washed with soap and water and dried in sun.

b) **Clean Room**-The room in which delivery is planned should be freshly white-washed and cleaned thoroughly. Shoes/chappals should not be allowed inside.

(iii) **Clean Blade**- The blade for cutting the cord must be new and unopened.

(iv) **Clean Umbilical Cord**- Nothing should be applied to the cord to avoid risk of infection.

(v) **Clean Thread**- This must be washed with soap and water, then boiled for 20 minutes and dried in sun.





Family Ensures

- Ensure that the phone no. and contact details of the ANM are readily available.
- Contact the ANM as soon as possible to ensure safe delivery.
- Ensure hands of the ANM and helper are clean and washed with the soap and water.
- Ensure the place where the delivery is to be carried out and its surrounding areas are clean.
- The blade for cutting the cord should be new/clean (preferably wiped with a disinfectant)
- The umbilical cord should be cleaned, a clean, new thread should be tied to the cord before cutting it.
- The newborn should be wrapped in a clean (washed with soap and water and sundried) set of soft cotton clothes.
- Women will have vaginal discharge (bleeding) for few days after the delivery. Only clean pieces of cloth/sanitary pads (washed and dried in sun) should be used.
- The delivery is conducted by a skilled birth attendant/ ANM.

ANM/AWW Records

- After delivery the worker fills in the space for the 'Birth Record' of the baby on the cover page.

Emergency

Arrange Transport to Hospital

Family Ensures

- Danger signs are recognized during pregnancy, delivery and after delivery.
- Adequate money is saved in advance for meeting the cost of emergency.
- A nearest FRU/hospital is identified in advance.
- Fast means of transport is arranged in advance to take the woman to the hospital.




Transportation of Mother to hospital

- Transport mother in the left lateral position.
- Give essential first aid to mother and control bleeding.
- Reassure her, if possible keep her warm.
- Arrange with the relatives for best possible means of transport.
- See that is well supported when being lifted.
- You must accompany the patient if possible. Take DDK with you if she is in labour. This is to enable you to conduct delivery on the way if required.
- Transport should be smooth and as speedy as possible.
- Referral form should be filled.

AFTER DELIVERY

ANM/AWW Explains

- Early initiation of breastfeeding is beneficiary for both mother and baby.
- Spacing birth is important for the growth and development of the child.

- Ensure that Breastfeeding is initiated within one hour of delivery/birth in both hospital and home delivery.
- Family Planning Counselling - planning to the mother at the time of discharge to ensure adequate birth spacing.
- The mother should know about the contraceptive alternatives.

After Delivery

Initiated Breastfeeding within 1 Hour of Birth

Family Planning Counselling





POSTNATAL CARE

GENERAL INFORMATION

The first 42 days (6 weeks) after the delivery are considered the postnatal period. However, the first 48 hours, followed by the first week are the most crucial for the health and survival of the mother and new-born. Evidence show that more than 60% of maternal deaths take place during the postpartum period.

ANM Explains

- In case of institutional delivery, the hospital stay should be at least 48 hours, which provides a chance for postnatal care on 1st and 3rd day.
- Baby must be kept warm and breastfeeding initiated within one hour of delivery.
- Proper cord care and perinatal hygiene is important to prevent infections in the mother and the baby.
- No diet restriction should be done for the mother. She should be provided with full and nutritious diet.
- Mother may need support for breast feeding; she should not hesitate to ask for it.
- Where and how to get benefits of the government scheme related to mother and child.

- Date, place, type of delivery (N-normal, Instr.- Instrumental, CS- Caesarean section/delivery through operation) and time of delivery is important to note down as this information is asked for in many government schemes.

POST NATAL CARE

Date of delivery ☐☐☐☐☐☐ Place of delivery _____ Type of Delivery N.☐ Instr.☐ CS☐

Term/Preterm_____ If at institution period of stay post delivery _____

Complications, if any (Specify)_____

Sex of baby M ☐ F ☐ *Weight of baby ☐ kg. ☐☐☐ gms

Cried immediately after birth Y ☐ N ☐

Initiated exclusive breast feeding within 1 hour of birth Y ☐ N ☐

* (Three extra visits if birth weight < 2.5kg)

POST PARTUM CARE

	1st Day	3rd Day	7th Day	6th Week
Any complaints				
Pallor				
Pulse rate				
Blood pressure				
Temperature				
Breasts Soft/engorged				
Nipples Cracked/normal				
Uterus Tenderness Present/absent				
Bleeding P/V Excessive/normal				
Lochia Healthy/foul smelling				
Episiotomy/Tear Healthy/infected				
Family planning Counselling				
Any other complications and referral				

CARE OF BABY

	1st Day	3rd Day	7th Day	6th Week
Urine passed				
Stool passed				
Diarrhea				
Vomiting				
Convulsions				
Activity (good /lethargic)				
Sucking (good/ poor)				
Breathing (fast/difficult)				
Chest indrawing Present/absent				
Temperature				
Jaundice				
Condition of umbilical stump				
Skin pustules Present/absent				
Any other complications				




- The stay of mother at the institution post-delivery should be at least 48 hours for postnatal care.
- Mention the complications during pregnancy if any and sex of the baby.
- Birth weight, immediate cry and term of delivery **(term/preterm)** is important as the immediate newborn care is decided accordingly.

POST NATAL CARE

Date of delivery | Place of delivery | Type of Delivery

☐☐☐☐☐☐ _____ N.☐ Instr.☐ CS☐

Term/Preterm_____ If at institution period of stay post delivery _____

Complications, if any (Specify)_____

Sex of baby M F *Weight of baby ☐ kg. ☐☐☐ gms

Cried immediately after birth Y N

Initiated exclusive breast feeding within 1 hour of birth Y N

* (Three extra visits if birth weight < 2.5kg)

- If the child is less than 2.5 kg (low birth weight) three extra visits must be made as per protocol i.e., on 14th, 21st and 25th day.
- Breastfeeding must be initiated within 1 hour of birth.

ANM should fill in the right information for facilitation of postnatal care

GENERAL INFORMATION FOR POSTNATAL CARE

Date of delivery	Fill the date of delivery in boxes i.e. date in 2 boxes, month in 2 boxes and year in 2 boxes for an example in case of 10 Feb. 2012, it has to be written like 1 0 0 2 1 2
Place of delivery	Fill Home in case of home delivery/Name of the Sub Centre/Health facility such as CHC, sub divisional hospital, district hospital etc. where delivery has been conducted.
Type of delivery	Put a ✓ mark in the appropriate box i.e. if normal, then in box N ☐, instrument such as forcep, vaccum extractor if used ✓ in box instr ☐ and in case of caesarean section ✓ in box CS ☐
Term/Preterm	Put a ✓ mark on term if delivery is after 37 weeks gastation and preterm in case of delivery is done before 37 weeks.
If at institution period of stay	Period of stay after delivery in days and hours in case of institutional delivery has to be written.
Post delivery complication, if any	Write specifically if there is any post-delivery complications such as excessive bleeding, fever, convulsion, loss of consciousness etc.
Sex of the baby	Put a circle on (M) in case of baby boy and (F) for a baby girl
Weight of the baby	Birth weight of the baby has to be written in the boxes i.e. in case of weight 3 kg and 300 gram it has to be written as 3 3 0 0





Cried immediately after birth	Put a circle on (Y) if the child cried after birth otherwise encircle (N)
Exclusive Breastfeeding	Put a circle on (Y) if new born child has been breastfeeding within one hour of birth otherwise encircle (N)

ANM/AWW Records

- Date, place, type of delivery, time of delivery, complications during pregnancy if any, sex of child and birth cry in the given box.
- ANM also records this information in her register.

Family Ensures

- Hygiene of mother and baby is maintained.
- Mother is provided with full and nutritious diet.
- Baby is exclusively breastfed.
- Mother and baby are in the institution till 48 hours of the delivery.

POST PARTUM CARE

ANM Explains

- Danger signs for both mother and baby are explained to the mother and the family.
- In case of any abnormality/appearance of danger signs, ANM/MO must be consulted.
- Nutritious diet and IFA supplementation should be continued throughout the postnatal period.
- MCP card should be produced during each PNC visit for the ANM to help in recording the parameters each time.
- Mother must use clean sanitary pad to prevent infection.

Hints for ANM/AWW/ASHA

During the postnatal period, visits on stipulated time helps in detecting complications.




CARE OF MOTHER

- First postnatal visit is on Day 1, second on Day 3, third on Day 7 and fourth at 6th week.
- In case of institutional delivery, first and second visit should ideally happen at the facility.
- ANM should take help of AWW and ASHA to carry out stipulated visits to the mother and baby.

ANM/AWW Records

- All postnatal visits to be recorded as per the columns of the MCP card and appearance of danger signs in mother are mentioned in the relevant column.

Family Ensures

- Danger signs in mother and baby are given immediate attention.
- Nutritious diet is provided to the mother.
- Clean sanitary pad are made available.

POST PARTUM CARE

	1st Day	3rd Day	7th Day	6th Week
Any complaints				
Pallor				
Pulse rate				
Blood pressure				
Temperature				
Breasts soft/engorged				
Nipples Cracked/normal				
Uterus Tenderness Present/absent				
Bleeding P/V Excessive/normal				
Lochia Healthy/foul smelling				
Episiotomy/Tear Healthy/infected				
Family planning Counselling				
Any other complications and referral				





POST-PARTUM CARE

During all these 4 stipulated visits. ANM needs to record status of all post natal health conditions of mother in the relevant boxes

Any complaints	If lactating mother has any complaints like excessive bleeding, fever, convulsion, loss of consciousness etc. then put "Y" unless write "N"
Pallor	If mother has pallor write "Y" unless write "N" in respective box
Pulse rate	Write down exact pulse rate of mother in the respective box like 72/minute.
Blood pressure	Write down systolic and diastolic blood pressure of mother e.g. 120/80mm hg
Temperature	Write down temperature of mother. 38^0C or 100^0F
Breast condition	If breast conditions are soft write "S" and "E" in case of engorged.
Nipples	If condition of nipples are normal write "N" and "C" in case they are cracked.
Uterus tenderness	In case uterus tenderness present then write "P" and write "A" in case of absence.
Bleeding P/V	If bleeding is excessive write "EXC" and "N" in case of normal.
Lochia	If healthy write "H" and "F" for foul smelling.
Episiotomy	In case of tear is healthy write "H" and for presence of infection Write "I".
Family planning counselling	Put "G" in case of family planning counselling provided unless write "N"
Any other complications and referral	If there is any other complications (excessive bleeding, fever, convulsion, loss of consciousness etc.) observed during visit write "Y" unless write "N" if mother has been referred to any health facilities then write "R" unless write "N".

CARE OF BABY

ANM Explains

- Baby must be breastfed exclusively and frequently.
- Difficulty in suckling needs immediate attention.




- Hands and breasts should be cleaned before feeding the baby.
- Any abnormal/danger signs must be reported to the ANM/MO and care should be sought.

Hints for ANM/AWW/ASHA

During each visit, weight of the child should be monitored.

- The baby must be examined on 1,3,7,days and at 6 weeks
- Low birth weight babies should be visited additionally on Day 14, 21 and 28.
- During each visit, weight should be monitored and recorded on growth chart.
- Any deviation from the normal must be noted and acted upon as per the protocols.
- ANM should take help of AWW and ASHA to provide care to the newborn.

CARE OF BABY

	1st Day	3rd Day	7th Day	6th Week
Urine passed				
Stool passed				
Diarrhoea				
Vomiting				
Convulsions				
Activity (good/lethargic)				
Sucking (good/poor)				
Breathing (fast/difficult)				
Chest indrawing Present/absent				
Temperature				
Jaundice				
Condition of umbilical stump				
Skin pustules Present/absent				
Any other complications				

CARE OF BABY

During all these 4 stipulated visits, an ANM needs to record health status of new born child on all parameters in relevant boxes.

Urine passed	If child has passed urine then write “Y” unless write “N”.
Stool passed	If child has passed stool then write “Y” unless write “N”.





Diarrhoea	If the child has diarrhoea then write “Y” unless write “N”.
Vomiting	If the child has vomiting then write “Y” unless write “N”.
Convulsion	If there is any sudden violent contraction of any muscles in child write “Y” unless write “N”.
Activity	If the child is active then write “A” and write “L” in case of lethargic.
Sucking	If the breast sucking condition of the child is good then write “G” and “P” in case of poor sucking.
Breathing	In case of fast breathing write “F” and “D” for difficult breathing.
Chest in-drawing	In case of presence of chest in-drawing write “P” unless write “A” when it is absent.
Temperature	Write down the exact temperature of the child e.g. 35^0C/36^0C.
Jaundice	If the child is suffering from jaundice write “Y” unless write “N”.
Umbilical stump	If condition of umbilical stump is healthy then write “H” and write “I” for infection requiring medical attention.
Skin pustules	If there is any pus-filled sores located at the surface of the skin of the child then write “P” unless write “A” for absence.
Any other complications	If there is any other complications observed in child during visit first specify them and write “Y” unless write “N”.

ANM/AWW Records

- Ticks (✓) the relevant feature of baby in the appropriate box.

Family Ensures

- Newborn is handled by only few people.
- Baby is not given anything by mouth except breast milk.
- Routine Immunisation is started as per schedule.
- Babies with low birth weight are given additional care.
- Baby is kept warm and cord is kept dry & clean.




NEWBORN CARE

Newborn care starts soon after the baby has been delivered.

- Weigh the new born baby at birth.

Breastfeeding should be started within one hour after birth

- Keep the new born baby warm
- Do not bathe the new born baby for first 24 hours and low birth weight newborn babies for first 7 days
- Keep the cord dry
- For the first six months of life, the baby should be fed only mother's milk and nothing else, not even water. Do not give the baby prelacteals i.e., honey, gripe water, jaggery water, tea, cow's/goat's milk etc.
- Keep the new born baby away from people who are sick
- Give special care if the baby weighs less than 2.5 kg.

ANM/AWW Explains

- Keep the baby warm

- Immediately after delivery, newborn should be cleaned with a soft, moist cloth and then wiped with a soft dry cloth.
- Baby should be kept close to mother's chest and abdomen.
- Baby should be wrapped in several layers of clothing/ woolen clothing depending upon the season.
- The room should be warm enough for an adult to feel just uncomfortable. The room should be free from strong wind as the newborn has lived in a warm and protected environment in the womb and needs to be protected from cold after delivery.
- The newborn baby is not able to produce sufficient heat for keeping its body warm. The baby can become very cold, if not kept warm by other means.





ANM/AWW Explains

- Do not bathe the low birth weight baby for the first seven days.
- Baby with normal birth weight should not be given bath for one day after birth. Bathing can expose the baby to cold which can be fatal.

ANM/AWW Explains

- Start breastfeeding with 1 hour after birth.
- For first six months feed the baby only mother's milk nothing else, not even water.

- Baby should be put to the mother's breast as early as possible after birth, preferably within the first hour of birth. It is useful for both the baby as well as the mother.

Benefits for the baby:

- Early skin to skin contact with the mother gives warmth to the baby.
- It helps in early secretion of breast milk and establishing breastfeeding.
- Feeding first milk (colostrum) protects the baby from diseases.
- Helps mother and baby to develop a close and loving relationship.

Benefits for the mother:

- Helps womb to contract and the placenta is expelled easily.
- Reduces the risk of excessive bleeding after delivery.

- For getting maximum benefit of breastfeeding, the baby should be held in the correct position and put correctly on the breast.

The baby is in the correct position when:

- While holding the baby, the mother also supports the baby's bottom, and not just the head or shoulders.




- Mother holds the baby close to her body.
- The baby's face is facing the breast, with nose opposite the nipple.

The baby is put correctly to the mother's breast when:

- The baby's chin touches the breast.
- The baby's mouth is wide open.
- The baby's lower lip is turned outside
- Most of the aerola (dark part around the nipple) is in baby's mouth

- Breastfeed as often as the baby wants and for as long as the baby wants. Baby should be breastfed day and night at least 8-10 times in 24 hours.
- Feeding more often helps in production of more milk. More the baby sucks more milk is produced.

- Baby should not be given any other liquid or foods such as sugar water, honey, ghutti, goat/cow's milk and not even water.

Giving other food or fluid may harm the baby in following ways:

- It reduces the amount of breast milk taken by the baby.
- It may contain germs from water or on feeding bottles or utensils which can cause diarrhoea
- It may be too dilute, so the baby becomes malnourished.
- It may not contain enough Vitamin A.
- Baby does not get enough iron from cow's and goat's milk and may thus develop anaemia.
- Baby may develop allergies.
- Baby may have difficulty digesting animal milk, which causes diarrhoea, rashes or other symptoms. Diarrhoea may become persistent.

- Breast milk provides all the water a baby needs. Babies do not need extra water even during the summer months.



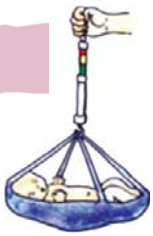


ANM/AWW Explains

- Keep the baby away from people who are sick.
- People who are sick with cold, cough, fever, skin infection, diarrhoea, etc. should not hold the baby or come in close contact with the baby.
- The newborn should not be taken to places where there are other sick children/adults because s/he newborn can easily catch an infection.
- The newborn should also not be taken to places where there is large gathering.

ANM/AWW Explains

- Weigh the baby at birth.
- Baby should be weighed on the day of birth.



It is important to weigh the baby after birth because low birth weight babies require special care.

If the baby's weight is in the green zone (as indicated in the color coded Weight Chart), baby only requires the normal care.

If the baby's weight is in the yellow zone, the baby can be managed at home with extra care as given below.

If the baby's weight is in the orange colored zone, baby is very small and must be referred to the health centre to be examined by a doctor. These babies also need extra care as given below.

ANM/AWW Explains

- Give special care if child is less than 2.5 kg.

Babies whose weight is in the yellow or orange zone are small and require extra care as follows:

- **Provide extra warmth**

Family Ensures

- Baby is wrapped well with thin sheets and blankets.
- The head is covered to prevent heat loss.
- The baby is kept very close to the mother's abdomen and chest.
- Warm water filled bottle wrapped in cloth may be kept on either side of the baby's blankets.




- **Ensure adequate and frequent feeding**

Family Ensures

- Baby is breastfed very frequently in small amounts. A small baby has difficulty sucking at the breast and easily gets tired.
- In case the baby suckles extremely slowly at the breast, mother can express her breast milk into a clean container and feed the baby with a spoon and katori.

- **Prevent infections**

A low birth weight baby is susceptible to infections.

Family Ensures

- People who have infections should keep away from the baby at least during the first month.
- In addition to this, not too many people should be allowed to handle the baby.
- People should wash their hands with soap and water before touching the baby.
- The room should also be clean and dust free.
- Footwear is kept outside the room.

DANGER SIGNS - SEEK HELP OF HEALTH WORKER

- Weak sucking or refuses to breastfeed
- Baby unable to cry/difficult breathing
- Yellow palms and soles
- Fever/Cold to touch
- Blood in stools
- Convulsions
- Lethargic or unconscious







Newborns sometimes develop life-threatening problems. Families should recognize the signs of these problems early and take the baby to the nearby hospital. The signs are:

- Baby does not suck or sucks poorly at the breast
- Baby does not cry and/or has difficulty in breathing
- Baby is cold or hot to touch
- Baby develops yellow staining of palms and soles
- Baby has abnormal movements (convulsions)
- Baby is excessively drowsy, sleeps for long periods of time without feeding or cries continuously
- Baby has birth defects.

Family Ensures

- Baby is kept warm.
- Baby is put to the mother's breast within one hour after birth.
- Baby is kept away from people who are ill or are suffering from infectious diseases.
- Baby is weighed soon after birth.
- Special care is provided if the baby is low birth weight.
- If any danger sign is recognized, baby should be taken to hospital immediately.




DETAILS OF IMMUNISATION AND VITAMIN A SUPPLEMENTATION

Hints for the ANM/AWW

The schedule in the card gives information about the immunisation and the doses of Vitamin A to be given to the child during the first three years.

Boxes in the chart indicate each type of vaccine, date to be given, date when it was given and the age.

Pink row on top of each box is for filling the date when the child is expected to come for next immunisation

White row on the bottom of each box is for filling the date when the child actually came for immunisation.

Immunisation

Immunisation increases the body's ability to fight diseases.

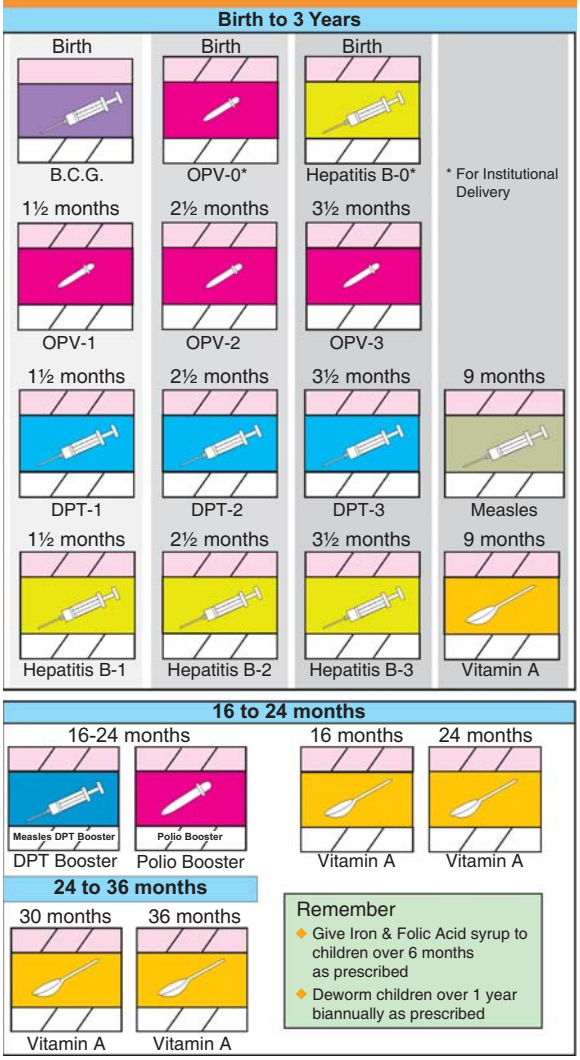
Immunisation prevents the child from developing six fatal diseases and one disabling disease.

These diseases can cause death and disability in the children.

Vaccines that are administered to prevent these diseases are-

BCG	:	Tuberculosis
Hepatitis B	:	Hepatitis B
OPV	:	Polio
DPT	:	Diptheria, Pertussis (whooping cough) and Tetanus
Measles	:	Measles

Details of Immunisation







Vitamin A Supplementation

Vitamin A supplements are given to protect the child against blindness due to Vitamin A deficiency. Vitamin A also reduces illness and deaths in children.

Child should be given total five doses of Vitamin A drops starting from 9 months through 3 years of age, every six months.

- Measles Second Dose: Measles Supplementary Immunisation Activity covering children between 9 months to 10 years is implemented in a phased manner in 14 states. This would be followed by Measles 2nd Dose provided to children at age of 16-24 months along with DPT booster after a gap of 6 months. States/UTs need to incorporate this in MCPC while printing/reprinting/revising MCPC.
- Pentavalent Vaccine: It is a single vaccine which is effective against 5 vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Hepatitis B and Haemophilus Influenza B. This vaccine would replace DPT and Hepatitis B vaccine given to infants at 6th, 10th and 14th weeks of age. Government of India is piloting this vaccine in some States. This also needs to be incorporated in MCPC while printing/reprinting/revising MCPC.
- It is important that the child be given the vaccine at the right age. Full course of all recommended vaccines should be completed.
- Give iron & folic acid syrup to children over 6 months as prescribed/described in the guidelines.
- Deworm children over 1 year or 2 years biannually.




DETAILS OF IMMUNISATION

Immunisation and Vitamin A: 0-12 Months

ANM/AWW Explains

- A baby should be taken to the sub-centre/AWC at 1½, 2½, 3½ and 9 months of age for immunisation.
- At birth the child is given BCG, OPV + Hepatitis B vaccine.

During 0-12 months, baby must be given BCG, Hepatitis B, OPV, DPT and Measles immunisation.

First Vitamin A dose of 1,00,000 IU is also given at 9-12 months age alongwith measles vaccination.

Immunisation and Vitamin A: 12-24 months

ANM/AWW Explains

- The child should be taken to the health centre/AWC for DPT booster and Polio at 16-18 months
- During 16-24 months, the child needs one booster dose of DPT and Polio vaccines
- For children older than 12 months of age, Vitamin A dose of 2,00,000 IU needs to be given once in 6 months till the child is 5 years of age.

ANM/AWW Explains

- For children older than 12 months of age, Vitamin A dose of 2,00,000 IU needs to be given once in 6 months till the child is 5 years of age at the health centre/AWC.

During 24 to 36 months, child needs 2 doses of Vitamin A supplements.





Alert

If after the immunisation, the child develops high fever, seek the help of ANM/AWW for referral to a health centre.

After vaccination reactions like mild rash, fever or redness and swelling at the local site may develop. It should not be an immediate cause for worry but should be observed closely. If it does not subside in 24-48 hours and keeps increasing, see a health worker.

ANM/AWW Records

- The date in the white box when the child came for immunisation.
- The date in the pink box when the child is expected to come for next immunisation. The date of next immunisation given to the child should correspond to date of the village health nutrition days or predetermined Immunisation day.

Family Ensures





- Child is taken for immunisation four times in the first year of life apart from immunisation given at birth:
  - At birth or upto 14 days polio drops (called the zero dose which is given before the first dose)
  - At 1½ months for first dose of DPT, polio and Hepatitis B
  - At 2½ months for second dose of DPT, polio and Hepatitis B
  - At 3½ months for third dose of DPT and polio
  - At 9 months for measles, third dose of Hepatitis B and Vitamin A supplement
  - From the age of 9 months to 5 years, the child is given Vitamin A supplementation once in six months
- Full course is completed for each vaccine




- If for any reason, a date is missed for any vaccination, child to be brought as soon as possible after that for vaccination
- Child is taken for immunisation even if there is mild fever, cough, cold and diarrhoea
- Deworm children over 1 yr or 2 years biannually.
- Give iron and folic acid syrup to children over 6 months.
- Child to be given OPV or pulse polio drops in addition to routine Immunisation.

CHILDREN 0-6 MONTHS

FEEDING

ANM/AWW Explains

- Start breastfeeding immediately after birth – within 1 hour
- Do not discard the 'first milk' from the breast
- Baby should be put to the mother's breast and breastfeeding initiated even before placenta is delivered.
- It is useful for both the baby as well as the mother.





Benefits for the baby:

- Early skin to skin contact with the mother gives warmth to the baby
- It helps in early secretion of breast milk
- Feeding first milk (colostrum) is rich in nutrients and protective factors protects the baby from diseases
- Helps mother and baby to develop a close and loving relationship.

Benefits for the mother:

- Helps womb to contract and the placenta is expelled easily
- Reduces the risk of excessive bleeding after delivery

CHILDREN 0-6 MONTHS

FEEDING

- Breastfeed as often as the child wants, day and night, at least eight times in 24 hours.
- The baby should be fed on demand (as often as the child wants).
- The baby should be held in correct position and be put to breast correctly to ensure optimal breast feeding and avoid feeding problems for the baby and the mother.

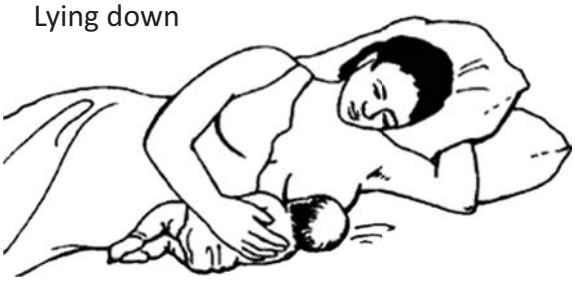
The baby is in the correct position when:

- The baby's body should be straight and not twisted or bent
- While holding the baby, the mother also supports the baby's bottom, and not just the head or shoulders
- Mother holds the baby close to her body
- The baby's face is facing the breast, with nose opposite the nipple.

Baby well positioned at the breast

a) sitting

b) Lying down






The baby is correctly attached to the mother's breast when:

Good and poor attachment - external signs

a) Good

b) Poor

- The baby's chin touches the breast
- The baby's mouth is wide open
- The baby's lower lip is turned outside
- Most of the aerola (dark part around the nipple) is in baby's mouth

- Exclusively breastfeeding for 6 months – this means do not give the baby other foods, drinks, not even water in the first 6 months of life.
- Baby should not be given any other liquids/foods as sugar water; honey, ghutti, tea etc before initiating breastfeeding.
- Give only breast milk till the baby completes 6 months of age.
- In the first six months the baby should not be given any other liquid or foods such as sugar water; honey, ghutti, goats's/cow's milk and not even water.

Giving other food or fluid may harm the baby in following ways:

- It reduces the amount of breast milk taken by the baby.
- It may contain germs from water or on feeding bottles or utensils. These germs can cause diarrhoea.
- Baby will not get the benefit of protection from infections as done by taking breast milk.
- Baby does not get enough iron from cow's and goat's milk and may thus develop anaemia.





- It may be too dilute, so the baby becomes malnourished.
- Baby may develop allergies.
- Baby may have difficulty in digesting animal milk, so that milk causes diarrhoea, rashes or other symptoms. Diarrhoea may become persistent.

- Breastfeed as many times as the child wants
- Feeding more often helps in production of more milk. More the baby sucks more milk is produced.
- Understand child's hunger cues.
- Feeding at night specially helps in production of more milk.

Family Ensures

- Baby is put to the mother's breast immediately after birth- (with in one hour)
- Baby is breastfed as often as the s/he wants and for as long as s/he wants. Baby is breastfed day and night at least 8-10 times in 24 hours.
- The baby is fed no other liquid or food like sweetened water, ghutti, cow or goat's milk, not even water for 6 months.
- No pacifiers are given to the baby.

Hygienic Practices by mothers/caregivers

- Caregiver should wash hands with soap and water before feeding the child.
- Caregiver should wash hand with soap or ash after washing baby who has defecated, and after baby's excreta has been disposed.

Continue breastfeeding during illness. The child needs extra food after illness.

Always use iodised salt for cooking family meals.




DEVELOPMENT

Recommendation for ages 0-3 months

What you can do

Smile at your child, look into child's eyes and talk to your child

Provide ways for the child to see, hear, feel and move

What children can do

Around 3 months, most children can

Smile in response

Track a ribbon bow

Begin to make sounds

Healthy babies can see, hear, and smell since birth. Right away they begin to recognize their mothers. They soon start to smile when people smile at them. Faces are particularly interesting. At this age, learning is through seeing, hearing, feeling, and moving.

When they are shown a colorful object, they follow it with their eyes. After a few weeks/ months, the child will make effort to grab it.

ANM/AWW Explains

What you can do…

Smile and laugh at your child, look into child's eyes and talk to your child

Hold the child gently, look into her/his eyes and smile. The infant will slowly notice you and learn to smile back at you. When you smile to your child, s/he learns to communicate





Provide ways for the child to see, hear, feel and move

Hug and cuddle your child. Being held securely gives the child great comfort. Gently soothe the child when s/he is upset. Hugging and cuddling the child helps develop the bond of love between the mother and the child. While breastfeeding, look into your child's eyes and talk to her/him.

Breastfeeding is the best time to communicate to your child. Make this moment the best moment for the child.

Around 3 months what most children can do. Can your child also do this?

Smile in response

Hold the infant on his/her back with your face about 12 inches above the infant's face. Now, look into infant's eyes and smile at him/ her. The infant will slowly notice you and learn to smile back at you.

Track a ribbon bow

When the child is lying on the back, you can hold a small dangling object (like a ribbon bow), about 12 inches away from the child's face and slowly move it from one side to the other. By about three months, the child will follow the complete movement, with head and eyes, looking at the object.

Begin to make sounds

Talk very gently to your child by saying pleasant words, which will not have meaning but which sound loving. The infant will respond to the tone of the voice and by the third month the child might make 'ooh' and 'aah' sounds.

If the child seems slow, increase feeding, talking and playing.
If the child is still slow, take the child to a doctor.




Family Ensures

- Mother has adequate time to breastfeed the baby and play with her/ him.
- While breastfeeding, mother looks into the baby's eyes and talks to her/him.
- Immediate response to the baby's cries. Gentle rocking and talking to baby will soothe the baby.
- Make available safe, clean and colourful objects (e.g. a rattle, plastic bowl, small doll).
- The father spends time with the child and gently cuddles and talks to her/ him.

Feeding, playing and communicating with the children helps them grow and develop well.

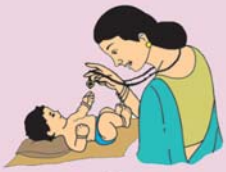
It is important that the father also spends time with the child and plays with her/him and show his love.

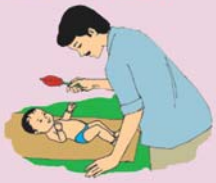
DEVELOPMENT

Recommendation for ages 3 Months to 6 Months

What you can do

Have large colourful objects for your child to see and to reach for





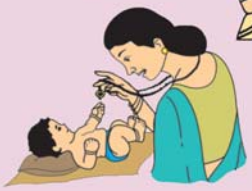
Talk to & respond to your child. Get a conversation going with sounds or gestures

What children can do

Around 6 months, most children can

Hold head steady when held upright

Turn to a voice



Reach out for objects





Children at this age look at their hands and feet, as if they are just discovering them. They put things into their mouth because their mouths are sensitive. The mouth helps them learn warm and cool, and soft and hard, by taste and touch.

ANM/AWW Explains

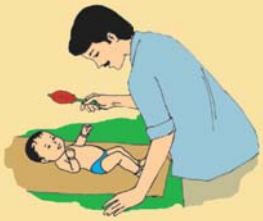
What you can do.....

Have large colourful objects for your child to see and to reach for

Child at this age likes to reach for objects. Clean, safe and colorful things from the household, such as metal cup or a plastic bowl or a colorful toy, can be shown to the child so that s/he can reach for it and touch it.

Talk and respond to your child. Get a conversation going by copying your child's sounds or gestures

Child, now enjoys, making new sounds, like squeals, and laughs. S/he responds to someone's voice with more sounds, copy sounds s/he hears, and starts learning about how to make a conversations with another persons.



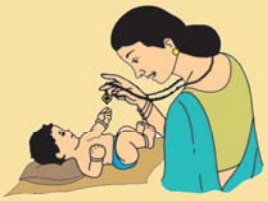
Around 6 months what most children can do. Can your child also do this?

Hold head steady when held upright

The child learns to hold his/her head erect. When the head is steady the infant should be held firmly supported, in a sitting position so that s/he can see what is going on.

Reach out for objects

Securely suspend a crib toy over the child's cot so that the child can reach for it. The child will try and reach out for it, which will help him/her to develop coordination.






Turn to a voice

Even though the child cannot speak, s/he is developing language skills by listening to the words spoken to him/her. Call the child's name from behind the child where the child cannot see you - the child should turn towards the sound.

Family Ensures

- All family members can smile, laugh, and talk to the child, and "coo" in response to the child's sounds. They will enjoy the responses that they get from the child.

Feeding, playing and communicating with the children helps them grow and develop well.

If the child seems slow, increase feeding, talking and playing.
If the child is still slow, take the child to a doctor.

CHILDREN 6 - 12 MONTHS

Continue breastfeeding during illness | Always use adequately iodized salt for the family | Child needs extra food after illness

6 to 12 months

Feeding

- On completion of 6 months, start with small amounts of soft mashed cereal, dal, vegetables and fruits
- Increase the quantity, frequency and thickness of the food gradually
- Understand child's signals for hunger and respond accordingly
- Feed the child 4-5 times a day and continue breastfeeding

What you can do

Give your child clean safe items to handle and things to make sounds with.

Play games like peek-a-boo.
Tell the child names of things & people.

What children can do

Around 9 months most children can

Sit up from lying position

Pick up with thumb and finger

Sit without support

Around 1 year most children can

Stand well without support

Wave

Say papa/mama

If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor

FEEDING

6 to 12 months

- On completion of 6 months, start with small amounts of soft mashed cereal, dal, vegetables and fruits
- Increase the quantity, frequency and thickness of the food gradually
- Understand child's signals for hunger and respond accordingly
- Feed the child 4-5 times a day and continue breastfeeding





AWW/ANM Explains

- At 6 months, the child should be given small amounts of soft mashed cereal, dal, vegetables and seasonal fruits, as breast milk alone is not enough to meet the nutritional needs of the child for growth and development.
- Start at 6 months of age (180 days) with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding.
- At 6 months, the infants should start receiving a variety of complementary foods in addition to breast milk, initially 2-3 times a day between the ages of 6-8 months, increasing the frequency to 3-4 times daily between 9-24 months with additional nutritious snacks offered 1-2 times per day as desired.
- At six months, start the infant with 2-3 tablespoon of food at one time, gradually increasing it to ½ katori (125 ml) at a time by 9-11 months and to 1 katori (250ml) by the end of 24 months.
- Feed the child a variety of foods after 6 months of age.

  Some examples include:

  - Gruels made from roasted whole wheat flour, or flour of other cereals, or suji and milk.
  - Mashed potatoes, soft fruits like banana, mango and papaya
  - Soft cooked and mashed rice and dal
- Introduce one type of food at a time to allow the baby to develop taste for it. If the child develops an allergic reaction to a specific type of food, it can be stopped.
- Good complementary foods are

  (i) rich in nutrients

  (ii) not too spicy or salty

  (iii) easy for child to eat

  (iv) liked by the child

  (iv) locally available and affordable




CHILDREN 6 - 12 MONTHS

FEEDING

- Increase the quantity, frequency and thickness of food gradually.
- Give adequate quantity of food at each serving (2-3 times per day if breastfed and 4-5 times per day if not breastfed) which could be:
  - Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichdi with added oil/ghee. Add cooked vegetables also in the servings OR
  - Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/fried potatoes
  - Fruits like banana/ chikoo/mango/papaya (that can be easily mashed).

Figure: consistency of food

Foods that are thick enough to stay in the spoon give more energy to the child.

- Offer foods rich in micronutrients especially iron and Vitamin A
  - Child should be given foods rich in iron, essential for healthy growth of the child's body and brain. Deficiency of iron can lead to anaemia.

    Iron rich foods include breast milk, dark green leafy vegetables, sprouted pulses and cereals, animal foods meat, eggs and liver
  - Vitamin C rich foods should be given at the same meal with the iron rich foods. Vitamin C rich foods help in getting iron from the iron rich foods.

Five keys to safe food

- Clean
- Cooked thoroughly
- Use safe water & fresh ingredients
- Freshly prepared
- Stored in cool temperature





Vitamin C rich foods are fresh fruits such as guava, orange, lemon, mango, melon, amla and vegetables like tomatoes, capsicum and green leafy vegetables.

- Tea/coffee should not be given to young children. It also prevents getting the iron from the food.
- Child should also be given foods rich in Vitamin A. Vitamin A is essential for normal growth and good health. It is needed for keeping the eyes healthy. It also protects the children from catching infection easily.

  Child should be given Vitamin A rich foods every day. These include spinach, deep yellow and orange vegetables e.g. carrots, pumpkin, yellow and orange fruits e.g. mango, papaya, milk, butter, egg and liver
- Breastmilk, particularly first milk produced immediately after birth is very rich in Vitamin A

- Start with 2-3 tbsp per feed increasing gradually to ½ by (9-11 months) to 1 katori (250ml) at the age of two years.
- Increase fluid intake during illness, including more frequent breastfeedings, and encourage the child to eat soft. favourite foods. After illness, give food more often than usual and encourage the child to eat more.
- The child can be given finger foods that s/he can hold and feed her/himself such as biscuit. bread, boiled vegetables.
- Alongwith complementary feeding continue breastfeeding up to 2 years and beyond.




FEEDING

- Understand child's signals for hunger and respond accordingly.

- Child should be fed whenever s/he is hungry. Responding to the child's signals for hunger/satiety helps the child learn that s/he is special, safe and cared for. This builds the child's confidence, which will help the child throughout life.
- If children refuse any food, experiment with different food combinations, tastes, textures and methods of encouragement.
- Minimize distractions during meals if the child loses interest easily.
- Remember that feeding times are periods of learning and love – talk to children during feeding with eye-to-eye contact.

- Sit with the child and feed the child

- Feed infants directly and assist older children when they feed themselves. Feed slowly and patiently, and encourage children to eat, but do not force them.
- Caregiver should encourage the child to eat by showing interest, smiling or offering an extra bite.
- The child should not be forced or threatened to eat. This result in her/his eating smaller amount of food.
- The child should be fed from a separate bowl and not made to compete with older siblings for food from a common plate.
- If the child is given animal milk or any other drinks including water, it should only be given by cup, not by bottle.

Family Ensures

- At 6 months, child is given small amount of soft and mashed foods like cereals, dals, fruits and vegetables.
- The consistency, quantity and frequency of foods are gradually increased.
- Mother/caregiver must understand child's signals for hunger and respond accordingly.
- Mother/caregiver sits with the child and actively feeds the child by keeping him/her interested in the food.
- The child continues to be breastfed.
- Iodised salt is used in the child's (as well as family's) food.





Hygiene Practices by mothers/caregivers:

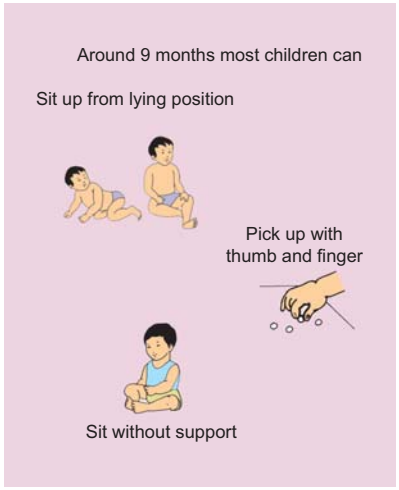
- Caregiver should wash hands before the preparation of child's food and feeding the child.
- The child's hands should also be thoroughly washed with soap and water before meals.
- Caregiver should wash hands with soap or ash after washing the baby who has defecated, and after the baby's excreta has been disposed
- Caregiver should keep the floor and play area of children clean by keeping it free of urine and excrement of farm animals and humans.

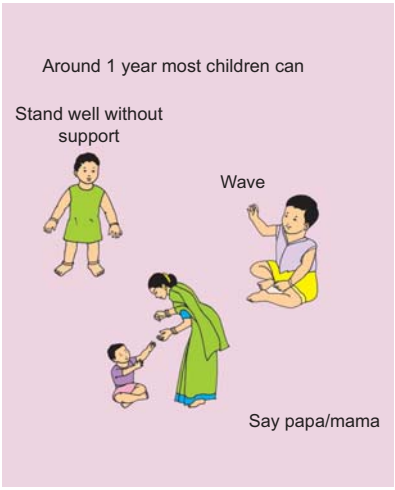
Continue breastfeeding during illness. The child needs extra food after illness.
Always use iodised salt for the family.




DEVELOPMENT

Recommendation for ages 6-12 Months





Children enjoy making noises by hitting or banging with a cup and other objects. They may pass things from hand to hand and to other family members, dropping them to see where they fall, what sounds they make, or if someone will pick them up.

Even before children say words, they learn from what family members say to them, and can understand a lot. Children start connecting the word bird to a bird on the tree, and the word nose to her nose. They notice when people express strong anger, and may be upset by it.

Children copy the sounds and actions of older brothers and sisters and adults. Children like other persons to respond to the sounds they are making and to show an interest in the new things they notice.

At around 9 months of age, a child enjoys playing peek-a-boo. When her/ his father disappears behind a tree, s/he laughs as father reappears. S/he enjoys hiding under a cloth and giggles when her/his father 'finds' him.

AWW/ANM Explains

What you can do…

Give your child clean, safe household items to handle, bang & drop and things to make sounds with

At this stage the child starts exploring his surroundings and enjoys making noises by hitting or banging with a cup and other objects. Give him/her safe items to handle. Respond to your child's interests. Call the child by name and see if your child responds.





Play games like peek-a-boo and bye bye. Tell the child names of things and people.

Child also enjoys playing “peak a boo”. You cover your face with a cloth and then remove the cloth (the worker must demonstrate, ‘how it is done’, to the mother). The child will be fascinated when you reappear and will soon be able to pull the cloth off even when placed on the child’s face. The child will laugh and ask for this game to be played and over and over. Hide child’s favorite toy under a cloth or box .See if the child can find it.

Around 1 year what most children can do. Can your child do this?

Stand well without support

Provide the child a secure support by sitting on the floor and placing the child’s hands on your shoulders or knees. After the child seems balanced, try to remove the support for a few seconds at a time. This way, the child will gradually be able to stand independently.

While the child is standing holding on to a bench or low table encourage the child to take few steps by placing a toy at a little distance on the bench or low cot. The child will gradually walk a few steps with the support. If the baby is not yet ready to walk alone wait a few weeks and try again.

Says papa/mama

Children learn to understand words and begin to speak. The child starts speaking her/ his first words, like mama/ papa. Family members should encourage the child by praising her/ his each effort.




Waves bye bye

Face the child and say salaam, or namaste while gesturing to the child, on meeting the child. As this is repeated often over several days, the child will slowly learn to greet others. You can also teach infants to wave "bye bye" while waving to the child. The child will learn to respond by raising his/her arm or waving with hands or fingers.

Family Ensures

- Family members can help the child learn to speak by talking to him/her and telling the names of things and people. They should use every opportunity to make conversation with the child, when feeding and bathing the child, and when working near the child.
- Even before the child says words, s/he learns from what family members say to him/ her, and can understand a lot. S/he copies the sounds and actions of older siblings and adults.
- Encourage the child when s/he tries to walk, play new games and learn new skills.
- Ask simple questions: "Where is your nose?", or "Where is the cat?" Together they can look at pictures and talk about what they see.

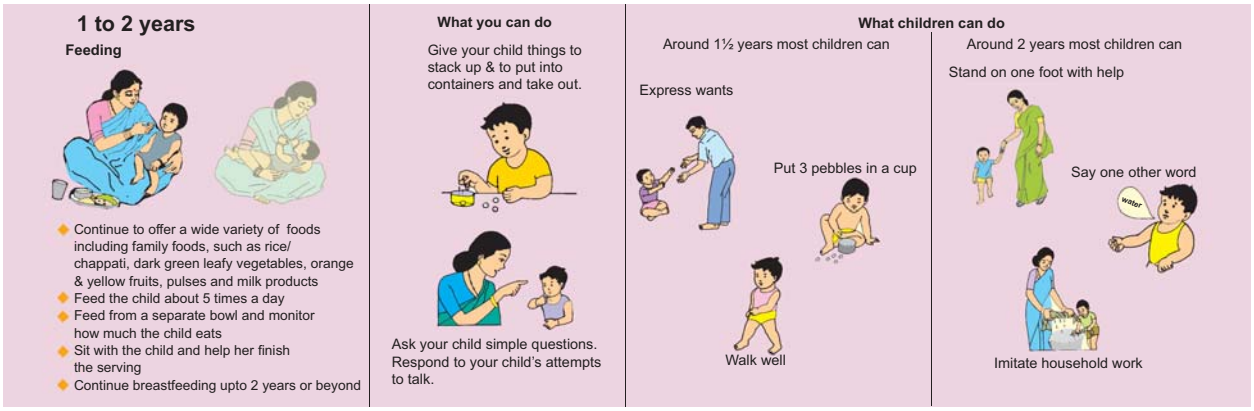
Feeding, playing and communicating with the children helps them grow and develop well.

If the child seems slow, increase feeding, talking and playing.
If the child is still slow, take the child to a doctor.





CHILDREN 1 - 2 YEARS



- Continue to offer a wide variety of foods including family foods, such as rice/chappati, dark green leafy vegetables, orange & yellow fruits, pulses and milk products
- Feed the child about 5 times a day
- Feed from a separate bowl and monitor how much the child eats
- Site with the child and help her finish the serving
- Continue breastfeeding upto 2 years or beyond

AWW/ANM Explains

- Continue to offer a wide variety of foods such as rice/chapatti, pulses, green leafy and other vegetables, yellow and other fruits, and milk and milk products, meat, fish and eggs should be given.

- The child should be given Iron rich foods and Vitamin A rich foods as explained earlier.
- The child should be given nutritious foods that s/he can hold and eat. This helps the child remain interested in food.
- Good complementary foods are
  - Nutritious, rich in energy, proteins, vitamins & minerals
  - Not spicy
  - Not salty
  - Easy for child to eat
  - Liked by the child
  - Locally available and affordable




- Feed the child about five times a day (3-4 meals + 1-2 extra snacks/day)





- Feeding the child from a separate bowl and mother/caregiver should watch how much food the child actually eats.

- Breastfeed as often as the child wants.
- Offer food from the family pot
- Give at least 1 katori (250 ml) at each serving (5-7 times per day) at a time of :
  - Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichdi with added oil/ghee.Add cooked vegetables also in the serving OR
  - Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk OR
  - Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk OR
  - Mashed boiled/vegetables like pumpkins, green leafy vegetables etc.
  - Fruits like banana/ chikoo/mango/papaya, which can be easily mashed.

- The child should also be allowed to feed himself/herself using a spoon.
- However, children at this age still need help to eat. They eat slowly and easily get distracted. Caregiver should continue to sit with the child and actively feed the child.
- The child should be continued to be breast fed as long as s/he wants.
- If the child is given animal milk or any other drinks including water, it should only be given by cup, not by bottle.





Family Ensures

- The child is offered soft/mashed food from the family pot 5 times a day. Snacks can be given.
- A wide variety of foods – rice, chapati, vegetables, yellow and other fruits, pulses and milk and milk products are offered to the child.
- The child's hands are washed and s/he is offered foods that s/he can hold and eat.
- Mother/caregiver sits with the child actively feed the child.
- The child continues to be breast fed as long as s/he wants.

Hygienic Practices by mothers/caregivers

- Caregiver should wash the hands before handling and serving child's food.
- The child's hands should also be thoroughly washed with soap and water before meals.
- Caregiver should wash hands with soap or ash after washing the baby who has defecated, and after the baby's excreta has been disposed.
- Caregiver should keep the floor and play area of children clean by keeping it free of urine and excrement of farm animals and humans.

Continue breastfeeding during illness. The child needs extra food after illness.
Always use iodised salt for the family.




DEVELOPMENT

Recommendations for ages 1 to 2 years

Children enjoy playing with simple things from the household or from nature. They like to put things into cans and boxes, and then take them out. Children like to stack things up until they fall down.

Children learn to walk at this age. They need encouragement as they try to walk, play new games, and learn new skills. When children learn a new game or skill, they repeat it over and over again. These discoveries make them happy and more confident.

Children begin to understand what other say and can follow simple commands. They often can say some simple words.

AWW/ANM Explains

What you can do…….

Give your child things to stack up and put into containers and take out

The child likes to put things into cans and boxes, and then take them out. S/he also likes to stack things up until they fall down. Mothers can give the child safe things to play with and encourage him/her to learn new skills by playing with the child and offering help. Give your child things to stack up, and to put into containers and take out: Sample toys: Nesting and stacking objects, container and cloth clips.





Ask your child simple questions. Respond to your child's attempts to talk

Mothers/caregivers should use every opportunity (e.g. while feeding or bathing the child) to make conversations with the child. They can also ask the child some questions starting with, 'where is…', which they can answer by pointing to the object being talked about). Ask your child simple questions. Respond to your child's your child's attempts to talk. Show and talk about nature, pictures and things.

Feeding, playing and communicating with the children helps them grow and develop well.

Around 1½ years what most children can do. Can your child do this?

Express wants

The child develops desires for things but due to lack of or little language uses gestures or pointing out to indicate his/her wants. Encourage your child to use words to ask for things. Slowly the child will start indicating the wants verbally.

Walk Well

The child will now be walking well with good balance, rarely falls, and does not tip from side to side. In this initial stage of walking independently, you will have to follow the child to guard him/her against the dangers in the environment.

Put pebbles in a cup

Take a katori and show the child how to put smaller objects like 'pebbles' in the container and then empty them out. The child will learn to do so. Parents will have to take care that the child does not accidentally swallow small objects.




Around 2 years what most children can do. Can your child do this?

Stand on one foot with help

Now that the child can stand on his/her own, hold your child's hand and let him or her stand on one leg, while supported. The child will slowly gain more balance over his gross motor activities and learn to stand on one foot.

Intimate household work

Once the child is eighteen months old, s/he imitating the happenings in her/his surroundings. The child can imitate household work, feed the doll and pretend to take care of it. This way the child in play will imitate the way adults are for the child.

Say one other word

Tell the child the names of familiar objects in the house and outside the house like cup, glass shirt, tree dog, and names of coins. Child is developing his/ her language and can now say one-word sentences. You can also take your child out with you, to the bus stop or to the market and talk about the things you see. This will help the child develop his/her vocabulary.

Family Ensures

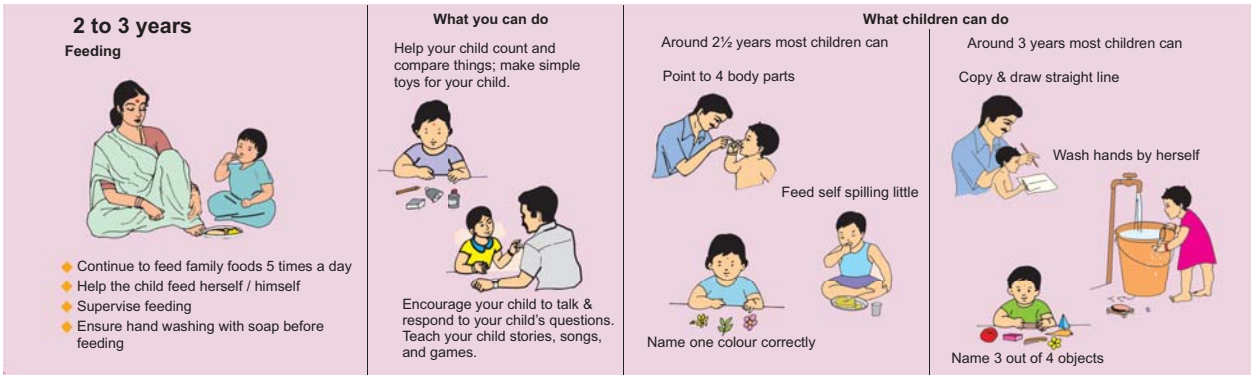
- Uses all opportunity to make conversation with the child, when feeding and bathing the child, and when working near the child. Play simple word games, and ask simple questions; "Where is your nose?, or "Where is the bird?"
- Make available simple home-made toys for the child to play with
- Use kind words to soothe an upset child
- Respond to and praise child's efforts to learn a skill. Do not force her to do an activity.

If the child seems slow, increase feeding, talking and playing.
If the child is still slow, take the child to a doctor.





CHILDREN 2 - 3 YEARS



FEEDING

2 to 3 years

- Continue to feed family food 5 times a day
- Help the child feed herself/himself
- Supervise feeding
- Ensure hand washing with soap before feeding

AWW/ANM Explains

- Continue to feed family food 5 times a day (3 meals + 2 extra feeding/day)

- A wide variety of foods such as rice/chapatti, pulses, green leafy and other vegetables, yellow and other fruits, and milk and milk products, meat, fish and egg should continue to be offered to the child.
- The child should be given Iron rich foods and Vitamin A rich foods as explained earlier.
- The child should continue to be given foods that s/he can hold and eat.

FEEDING

- Help the child feed herself/himself.
- Supervise the child's feeding and encourage the child to eat enough.




- Give family foods at 3 meals each day.
- Also, twice daily, give nutritious food between meals, such as : Banana/biscuit/chikoo/mango/papaya/kheer/pakora as snacks. Give 3/4 to 1 katori (250 ml) in each meal.

- Children at this age like some foods and dislike others. This may be a problem because children need a variety of foods for good nutrition.
- Caregiver should encourage the child to try new foods by showing that s/he likes the food
- If a new food is refused, small amounts as “tastes” should be repeatedly offered over several days. The child may eventually start accepting the new food. Forcing a child to eat is never a good idea
- Eating at the same time every day also helps the child have a good appetite and eat more. Eating in the same place helps to avoid distractions.

Family Ensures

- The child continues to be given food from family pot 5 times a day.
- The child’s hands are washed before s/he eats on her/his own.
- The child’s eating supervised by the mother/caregiver.

Hygienic Practices by mothers/caregivers

- The child’s hands should also be thoroughly washed with soap and water before meals before s/he sits to eat.
- Caregiver should guide the baby to defecate in one place, preferably in a safe latrine or in a small dug pit and the excreta is covered with ash or soil to prevent odor and flies..
- Caregiver should wash hands with soap or ash after washing the baby who has defecated, and after the baby’s excreta has been disposed.
- Caregiver should keep the floor and play area of children clean by keeping it free of urine and excrement of farm animals and humans.

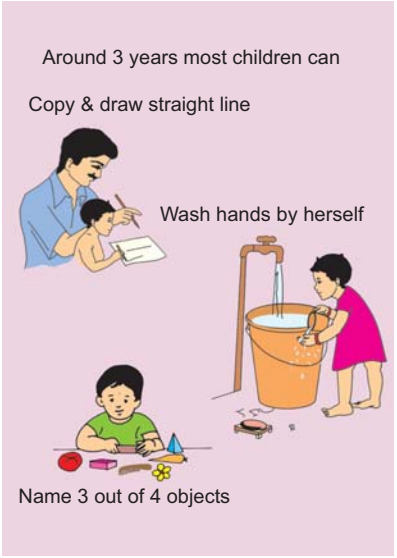
Continue breastfeeding during illness. The child needs extra food after illness.
Always use iodised salt for the family.





DEVELOPMENT

Recommendation for ages 2 to 3 years



Children enjoy playing with simple homemade toys. They do not need expensive toys. They can learn to draw with chalk on a stone or with a stick in the sand. Picture puzzles can be made by cutting magazine pictures or simple drawings into large pieces.

By age 2 years, children can listen and understand. Asking simple questions and listening to the answers encourages children to talk. Answering a child's questions encourages the child to explore the world.

AWW/ANM Explains:

What you can do.....

Help your child count and compare things; make simple toys for your child

The child learn to name things, to count, and match sizes, shapes, and colours of things around them and also enjoys playing with other children and simple, handmade toys.

Mother/family members should encourage the child and help him/her learn to count by asking 'how many' and counting things together. Parents and family members can use boxes and strings to make simple toys children enjoy at this age.

Help your child count and compare things; make simple toys for your child. Sample toys: objects of different colours and shapes to sort stick or chalk board, puzzle.



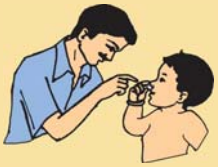

Encourage your child to talk and respond to your child's questions. Teach your child stories, songs, and games.

The child can not only listen and understand but also has developed some language. Child can now understand what is right and wrong. Asking simple questions like 'where is the ball?' and listening to the answers will encourage the child to talk. Mother/family members should try to answer their children's questions. This helps the child get ready to learn. Mother/family members can teach their child how people should behave through traditional stories, songs, and games. With time, the child will learn these which will also.

Around 2½ years what most children can do. Can your child do this?

Points to 4 body parts

Show the child where the child's nose/ ears/ eyes/ mouth are and the child will slowly start pointing out these on request. The child will gradually know the names of many parts of the body.



Name one colour correctly

The parent should tell the child names of colours like, green like leaves, yellow like haldi, red like a tomato, blue like the sky. The child will start recognizing one (or two) colours when asked to identify.

Feed self spilling little

Encourage your child to feed himself or herself with the hand or a spoon. Let the child join the family at meal times. Child will start feeding self without spilling or spilling little.

Feeding, playing and communicating with the children helps them grow and develop well.

If the child seems slow, increase feeding, talking and playing.
If the child is still slow, take the child to a doctor.





Around 3 years what most children can do. Can your child do this?

Copy and draw straight line

To initiate child to writing, the child should be seated at the table at a comfortable writing level. Then, place a pencil and piece of plain paper in front of the child and tell him/her to draw straight lines like yours. You can demonstrate how to draw vertical lines by drawing towards the child. Initially you also might have to guide the child's hand. Later the child will be able to do it on his/her own.

Name 3 out of 4 objects

At the age three when child is getting ready to enter school, the parent can teach the child to count (one….two….three) using coins or stones or shells. Once the child learns to speak, you can offer him 3-4 objects. He/ she will be able to name three out of 4 objects presented to him.

Wash hands by herself

As the child is exploring her surroundings, it is very important to take care of the hygiene. The parent should teach the child to maintain cleanliness so that the child learns to wash and dry the hands him/herself, before and after meals.

Family Ensures

- Provides affection and expresses love for the child.
- Responds to child's interests and answers child's many questions.
- Praises child for her/ his efforts to learn a new skill.
- Make available simple home-made toys for the child to learn colours, shapes, size and numbers
- Ensures safe environment for the child to play
- Utilize opportunity to gently tell the child what is correct.

If the child seems slow, increase feeding, talking and playing.
If the child is still slow, take the child to a doctor.




CARE DURING ILLNESS

Diarrhoea

- Breastfeed more often
- Give extra fluids
- Give ORS
- Continue to give normal diet
- If loose motions do not stop, take the child to the health centre

Home management of Diarrhoea:

Management of diarrhoea should begin at home as soon as the child passes the first loose or watery stool.

Diarrhoea is the passage of loose or watery stools. This leads to loss of water from the body of a child and results in dehydration. If the water loss is not replaced in adequate quantity, the child can become dehydrated and even die.

AWW/ANM Explains

- Breastfeed more frequently and for longer time at each feed
- Give increased amounts of fluids during diarrhoea. Giving extra fluids can be life saving.
  - If the child is less than 6 months old and exclusively breast fed, give ORS in addition to breast milk.
  - If the child is over 6 months of age, give ORS as well as home available fluids like rice kanji (mand), Buttermilk (lassi), lemon water with sugar and salt (shikanji), dal soup, vegetable soup, fresh fruit juice (unsweetened) plain clean water or other locally available fluids.
  - Give as much fluids as the child will take. Extra fluids prevent dehydration due to diarrhoea.
  - Always feed from a cup or spoon. Never use a bottle. Child should be given an extra amount of fluid each time s/he passes stools, in addition to the usual fluid intake.

Rice Water

Orange Juice

Lemon Juice

Dal Water

Coconut Water





- Continue to give normal diet to the child
  - In addition to giving increased amounts of fluids, child should be given normal diet during diarrhoea. This is important as this will prevent malnutrition and also help the child to recover from illness.
  - In case the child is not able to take the normal quantities of food, s/he should be given small quantities of food at frequent intervals.
  - Child can also be given foods of thicker consistency such as Khichdi, Dalia, suji or rice in milk, idli etc.
  - If loose motions do not stop, take the child to the health centre

Danger signs: Take the child to a doctor immediately

- Passes several watery stools in an hour
- Passes blood in stools
- Vomits frequently
- Develops fever
- Is extremely thirsty or does not want to drink
- Refuses to eat
- Develops sunken eyes
- Looks weak or is lethargic
- Has had diarrhoea for several days

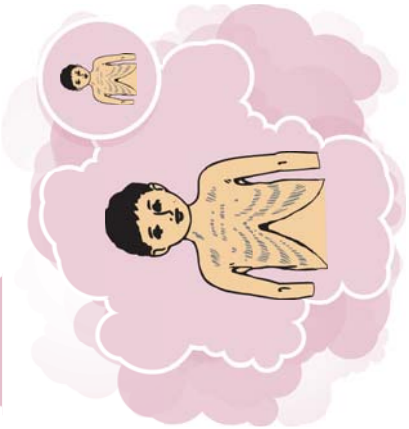
Family Ensures

- Give as much home-available fluids as the child will take. Extra fluids prevent dehydration due to diarrhoea.
- The danger signs should be recognized by the family and child should be taken to the doctor.
- If the child is less than 6 months, give frequent breastfeeds.
- If a child is 6 months or older, encourage the child to eat as often as possible, offering small amounts of soft, mashed foods or foods the child likes.
- After the illness, at least one extra meal should be given to the child for at least a week to help the child in speedy recovery. Small quantities of oil/ghee should be added to the food to provide extra energy.




- Always wash hands with soap and water after defecation, after contact with faeces, before touching or preparing food, before eating or before feeding children.
- Use water from a safe source for drinking purposes.
- Ensure cleanliness of food items offered to the child.
- All faeces should be disposed of in a latrine or toilet or buried.

Acute Respiratory Infection



- If the child has rapid and/or difficult breathing, take the child to the health centre.

AWW/ANM Explains

- Family should watch for any danger signs and take the child to the doctor as soon as these signs are seen.

Danger Signs: Take the child to a doctor immediately

- Breathing fast: from birth to 59 days – 60 breaths per minute or more; 2 – 12 months – 50 breaths per minute or more; over 12 months to 5 years – 40 breaths per minute or more
- Breathing with difficulty or gasping for air
- The lower part of the chest sucks in when the child breathes in
- Not able to drink or breast feed
- Vomits frequently
- Has had cough for more than three weeks
- Develops fever

Cough, difficult breathing, fever and running nose are some of the common symptoms of respiratory infection in the children.

Most children with respiratory infections recover on their own and can be treated well at home without any medicine.

However, in some cases, children may develop pneumonia, which can be fatal.





Home management for common cold or cough

- Keep the young child warm and away from the dust
- If the child's nose is blocked and interferes with feeding, clean the nose by putting in nose drops (boiled and cooled water mixed with salt) and by cleaning the nose with a soft cotton wick.

- Breastfeed frequently and for longer period at each feed. Exclusively breastfeed for six months.
- Continue to give normal diet to the child.

Child should be given normal diet during cough and cold. This is important as this will prevent malnutrition and also help the child to recover from illness.

In case the child is not able to take the normal quantities of food, s/he should be given small quantities of foods frequently.

Child can also be given foods of thicker consistency (such as Khichdi, Dalia, suji or rice in milk, idli etc.).

Small quantities of oil/ghee should be added to the food to provide extra energy.

After the illness, at least one extra meal should be given to the child for at least a week to help the child in speedy recovery.

- Give increased amounts of fluids.

Give extra fluids (as much as the child will take) such as: dal soup, vegetable soup, plain clean water or other locally available fluids. Always feed from a cup or spoon. Never use a bottle.

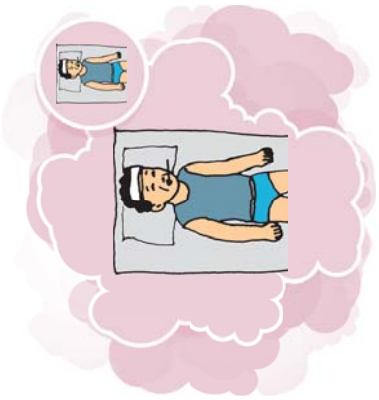
For babies over six months of age, soothe the throat and relieve the cough with a safe home made cough remedy (made into a tea) such as:

- Sugar, ginger, lemon, tulsi leaves
- Sugar, ginger, lemon, mint
- Sonf, elaichi, ginger

Contact a doctor if no improvement is seen within 1-2 days.




Fever



- Use cold/wet sponge on the forehead and limbs during high fever and take the child to the health centre.

AWW/ANM Explains

Fever is a sign of some infection in the body

If the child is hot to touch, it means s/he has fever. Warmer the body- higher the fever.

- If the fever is very high cold, wet sponging must be started.
- The child should be taken to the hospital if the fever does not come down in one day. Wet sponging is continued even as the child is taken to the hospital.
- In case the child is less than 2 months old and has fever, s/he should be taken to the hospital.
- Child should be breastfed more frequently and for longer time each feed. Child under 6 months should be exclusively breastfed.
- In addition to breast milk a child over 6 months should be given extra fluids and normal diet

Family Ensures

- Child continues to be breastfed during illness
- Child continues to be given normal diet
- Child is given extra fluids
- Danger signs are recognized and the child is taken to a doctor. The danger signs are:
  - Is not able to drink or breastfeed
  - Gets sicker
  - Has high fever
  - Has blood in stools
  - Has fast and difficult breathing
  - Is very sleepy and difficult to wake
  - Is vomiting persistently
- Care giver follows the advice given by the health worker on giving medicines
- Child is taken back to the health centre after specified number of days for follow up.





GROWTH CHART

Have your child weighed at the AWC every month

Hints for the ANM/AWW

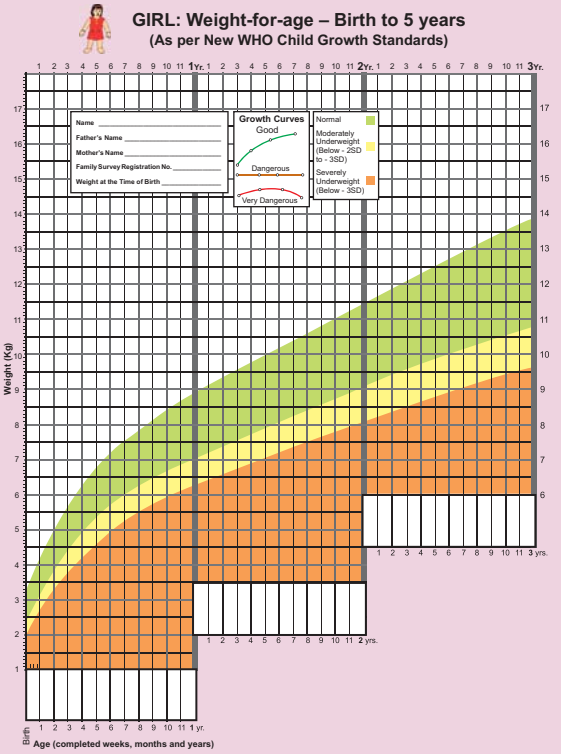
The worker should:

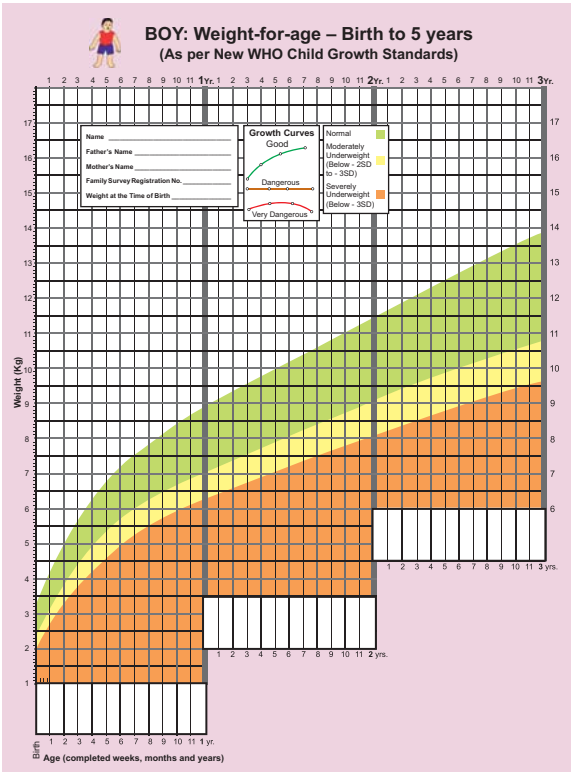
- First read and understand the 'Feeding and the Care during Illness' section in this Guide
- Weigh the child
- Plot the weight on the appropriate growth chart (Girl or Boy) correctly
- Plot the weight in the growth chart against the child's age in months
- Join the previous points with the new plotted point
- Understand the direction of the growth curve
- Decide if the child is growing well or growth is faltering
- Explain the direction of the growth curve to the mother
- If the growth curve has moved in an upward direction, praise and encourage good child caring practices
- If the growth curve has moved in the downward direction or remains flat, explain some of the problems (e.g. poor diet and/or illness) that might have caused that.

Ask the mother questions about child's feeding (refer to feeding section)

Find out about child's current/previous illness, if any

Make assessment and suggest appropriate actions (refer to the section on 'Feeding Recommendations and Care during illness') depending on specific situation of the child.








Important actions would include improving the diet, improving psycho-social care, care during illness, referral to a health facility and/or any other as judged by the AWW in consultation with the family.

AWW Explains

- Take your child regularly every month (as per the day/date fixed by Anganwadi Worker depending on the child's birth date) at the AWC for weighing
- Each time the child is weighed, the weight must be recorded by marking a point on the growth chart for age of the child.
- These points are joined by a line. This line is called a growth curve. If your child is growing well, the curve will go up.

Importance of Growth:

- A growing child is a healthy child; a child who is not growing is not healthy.
- Children grow very rapidly between 0-3 years.
- There are many ways of measuring the growth of the child e.g. (getting taller, clothes becoming smaller etc.) However, the most available measure of growth is weight gain.

Growth curve on the Growth Chart makes the growth of the child visible to the family Growth Indicators

- Direction of the growth curve indicates whether the child is growing or not
- An **upward growth curve**, showing adequate weight gain for the age of the child, indicates that the child is growing and is healthy.
- A **flat growth curve** indicates child has not gained weight and requires attention by the AWW and the mother
- A **downward growth curve** indicates loss of weight and requires immediate attention by AWW and the family.

Steps to take when the child is not growing/gaining weight:

- There are two main reasons for not gaining, or losing weight. These are:
  - Child has not been fed or cared properly and/or:
  - The child has been sick
- Once the child starts eating better and/or sickness has been cured, s/he will again start growing well.





AWW Records

- Weight of the child on the growth chart.

Family Ensures

- Child is taken to the AWC every month (as per the day/date fixed by Anganwadi Worker depending on the child's birth date) for weighing.
- Weight of the child is plotted on the growth chart by the worker in front of the family.
- The direction of the growth curve is understood by the family.
- Care of the child is discussed with the worker.
- The worker is informed about any previous/current illnesses.
- Advice of AWW is sought and followed regarding feeding, care and care during illness for the child.




KEY FEEDING PROBLEMS AND POSSIBLE SOLUTIONS

Feeding problems	Possible solutions
1. Complementary feeding started too early (less than 6 Months of age)	• Build mother's confidence that she can produce sufficient breast milk to take care child' needs • Suggest giving more frequent, longer breastfeeds day or night, and gradually reducing other milk or foods
2. Complementary feeding is delayed	• Offer small amounts of soft mashed cereals, pulses, vegetables and fruits • Try one new food at a time for 2-3 days • If a child refuses a particular food, try again after a week
3. Complementary foods that are introduced are too thin or lack variety	• Offer mashed up soft foods and gradually increase the consistency (thicker) as the child gets older • Offer chopped up, cut fine family foods to 10-12 months old children • Offer locally available variety of foods such as cereals, pulses, seasonal vegetables, green leafy vegetables and fruits • Add 1 teaspoon of oil/ghee to the food
4. Child eating inadequate amounts of foods	• Feed frequently as the child gets older • Feed 6-9 months old babies at least ½ a katori/sitting 4 times a day (total at least 2 katori a day) • Feed 10-12 months old babies at least ½ a katori/sitting 5 times a day (total at least 2½ katori a day) • Breastfeed before offering food to the baby





Feeding problems	Possible solutions
5. Child does not show interest in eating	• Encourage the child to eat by showing an interest in the food • Talk to child by describing the texture, smell and taste of the food. • Be patient and affectionate while feeding the child • Discourage from threatening, forcing or showing anger at the child who refuses to eat
6. Child eats from a common plate with older siblings	• Feed the child from a separate bowl • Sit with the child and feed the child attentively without distraction • Monitor the amount of food the child eats • Supervise the child while feeding
7. If the child is not eating well during illness	• Continue to breast feed more frequently and for longer time, if possible • Use soft, varied, appetizing, favorite foods to encourage the child to eat as much as possible • Offer frequent small feedings • Clear a blocked nose if it interferes with feeding • Expect that appetite will improve as child gets better
8. Child is fed from a bottle	• Recommend substituting a cup for a bottle • Inform the mother that a cup is easier to clean and does not interfere with breastfeeding. • Show the mother how to feed the child with a cup




DEVELOPMENT DELAYS AND POSSIBLE SOLUTIONS/OPTIONS

	Care for Development Problems	Possible Solutions
1.	Mother does not know how to play or communicate.	• Remind her that children play and communicate from birth. • Demonstrate to her how her child responds to activities, her sounds and touches. • Demonstrate to her how to play with the child.
2.	Mother does not have enough time to provide care for development.	• Combine care for development with other care for the child and household chores (feeding, bathing, dressing or cleaning the house). • Ask other family members to help provide care for development or help her with other tasks.
3.	Mother has no toys for the child to play with.	• Use any household objects that are clean and safe. • Make simple toys. • Play with the child, as the child will learn by playing with her and other people.
4.	Child seems to be 'slow'.	• Encourage the mother to spend more time interacting with the baby. • Check to see whether the child is able to see and to hear. • Refer the child with difficulty seeing or hearing to special services. • Encourage the mother and other family members to play and communicate with the child through touch and movement.
5.	Child is being raised by someone other than the mother.	• Identify at least one person who can care for the child regularly, and give the child love and affection. • Expect that with good care, the child can recover from the loss of a parent.





Annexure I

FEEDING, DEVELOPMENT AND DEVELOPMENT MILESTONES

Hints for ANM/AWW

The card gives the recommendations for Feeding, Care for Development and Milestones for various age groups from birth to 3 years of age. The AWW/ANM needs to understand the recommendations and milestones for all age groups. However, she needs to ask the mother how the child is fed and cared for and then only the advice that is needed for the child's age and situation.

The process is mentioned below:

For Effective Communication

- **Ask** questions to learn what the existing practices are. Compare the mother's answer to the Recommendations for Feeding and Care for Development for the child's age as given in this section.
- **Listen** to the mother's answers and look at her behavior with her child. Listen and observe what she is doing well. Identify areas/gaps where she needs to improve her actions to help her child grow and develop better.
- **Praise** her for what she is doing well. Encourage her to continue to do so. If the child is about to enter the next age group with different recommendations, explain these to her
- **Advise** the mother if there are gaps between what she is doing and what is recommended. Explain the recommendations to her. If there are problems in Care for Development, suggest solutions. (This section gives the Recommendations for Care for Development and also gives some examples about common Care for Development problems.
- **Check understanding**: Ask questions to find out what the mother understands and what needs further explanation.

Understanding of Milestones

- The worker should first understand the meaning of milestones before explaining this section to the mother.
- Milestones are signs in children which tell us about their progress as they grow and develop, e.g. children smile, talk and walk with certain age range.
- The worker should explain the meaning of milestones to the mother and tell her about the milestones specific to her child's age group. In case the child is almost at the end of an age group, discuss milestones for the next age group also.
- Some children develop more slowly than others –may be normal or a cause for concern if milestones are delayed or not achieved at all.




Annexure II

CALCULATION OF EXPECTED DATE OF DELIVERY

You should ask the woman for the date of first day of last menstrual period and based on this calculate the expected date of delivery (EDD). The duration of normal pregnancy is 280 days from first day of the last menstrual period (LMP) or 40 weeks or 9 calendar month plus 7 days. Pregnancy is divided into three trimesters.

1. The first trimester is from the first day of the last menstrual period (LMP) to 12 weeks
2. Second trimester is from 13 weeks to 28 weeks.
3. Third trimester is from 29 weeks to 40 weeks

Chart for Calculation of Expected Date of Delivery

January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
October	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
November	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**1**	**2**	**3**	**4**	**5**			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
December	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**1**	**2**	**3**	**4**	**5**
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
January	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**1**	**2**	**3**	**4**	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
February	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
March	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**1**	**2**	**3**	**4**	**5**	**6**	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
April	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
June	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
July	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
August	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**1**	**2**	**3**	**4**	**5**	**6**	
December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Mother and Child Protection Card

Counsel the Family about problems in
Caring for your Child's Development

If the mother does not breastfeed, counsel the mother to:

Hold the child close when feeding look at the child and talk or sing to the child.

If the caregiver does not know what the child does to play or communicate:

- Remind the caregiver that children play and communicate from birth.
- Demonstrate how the child responds to the activities.

If the caregiver feels that she is too burdened or stressed to play and communicate with the child:

- Listen to her feelings, and help her identify a key person who can share her feelings and help her with her child.
- Build her confidence by demonstrating her ability to carry out a simple activity.
- Refer her to a local service, if needed and available.

If caregivers feel that they do not have time to play and communicate with her child:

- Encourage them to combine play and communication activities with other care for the child.
- Ask other family members to help care for the child or help with chores.

If caregiver has not toys for her child to play with, counsel her to:

- Use any household obejcts that are clean and safe.
- Make simple toys.
- Play with her child. The child will learn by playing with her and other people.

If the child is not responding or seems "slow":

- Encourage the family to do extra play and communication activities with the child.
- Check to see whether the child is able to see and to hear.
- Refer the child with difficulties to sepecial services.
- Encourage the family to play and communicate with the child through touch and movement.

If the mother or father has to leave the child with someone else for a period of time:

- Identify at least one person who can care for the child regularly, and give the child love and attention.
- Get the child used to being with the new person gradually.
- Encourage the mother and father to spend time with the child when possible.

If it seems that the child is being treated harshly:

Recommend better ways of dealing with the child

- Encourage the family to look for opportunities to praise the child for good behaviour.
- Respect teh child's fellings. Try to understand why the child is sad or angry.
- Give the child choices about what to do instead of saying "don't".

Recomendations for
Caring for your Child's Development

NEWBORN, BIRTH UP TO 1 WEEK

Your baby learns from birth

PLAY Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.

COMMUNICATE
Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.

1 WEEK UP TO 6 MONTHS

PLAY Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. *Sample toys: shaker rattle, ring on a string.*

COMMUNICATE
Smile and laugh with your child. Talk to your child. Get a conversation going by *copying your child's sounds or gestures.*

6 MONTHS UP TO 9 MONTHS

PLAY Give your child clean, safe household things to handle, bang, and drop. *Sample toys: containers with lids, metal pot and spoon.*

COMMUNICATE
Respond to your child's sounds and interests. Call the child's name, and see your child repond.

9 MONTHS UP TO 12 MONTHS

PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.

COMMUNICATE
Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". *Sample toy: doll with face.*

12 MONTHS UP TO 2 YEARS

PLAY Give your child things to stack up, and to put into containers and take out. *Sample toys: Nesting and stacking objects, container and clothes clips.*

COMMUNICATE
As your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, picture and things.

12 MONTHS UP TO 2 YEARS

PLAY Help your child count, name and compare things. Make simple toys for your child. *Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.*

COMMUNICATE
Encourage your child to talk and answer your child's questions. Teach your child stories. Talk about pictures or books. *Sample toy: book with pictures.*

• Give your child affection and show your love • Be aware of your child's interests and respond to them • Praise your child for trying to learn new skills.

Mother and Child Protection Card

MY FIRST WEEK OF LIFE

Hello to my family - you are the center of my world

I can see your face
and hear your voice

Look at my eyes.
Talk softly to me

Let me move
my arms and legs

Hold me
stroke me gently.
Soothe me

Give me only your milk.
It is all I need.
Start as soon as I am born

I AM 1 WEEK TO 6 MONTHS OLD

My brain grows when I see and touch things and move

I am learning
to smile and laugh

Smile at me and copy what I do
and I will laugh and be happy

Give me things to look at
and to follow with my eyes

I like to try
to reach for things

Let me breastfeeding as often as I
need to - at least 8 times a day. All I
need is your milk

I AM 12 TO 24 MONTHS OLD

I like it when your praise me for trying to learn new skills

I can stand
by myself
and even walk.

I can tell you what
I need if you can
listen

I can say my first words.
Show me new things and talk
about them.

Ask me where my nose is.
I can point to it now.

Give me things to stack
up and containers
to put things in
and take them out

I like it when you are patient
and encourage me to eat

Give me 1 cup of family food at each meal 3 to 4
times a day and 2 snacks. Keep breastfeeding

I AM 2 YEARS TO 3 YEARS OLD

My brain is growing and you can help make it strong

I can walk
and run

I can wash
my hands
by myself

Help me learn to count things
and name all colors

Thank you for making toys for me
like a ball or different shapes

Give me a stick or chalk
and let me draw and scribble

Show me books
with pictures.
Answer my
questions. I love
having you teach
me songs and
stories

Give me new foods. If you
like them, may be I will too

Now I need 1 cup of family food at each meal
3-4 times a day and 2 snacks

Mother and Child Protection Card

I AM 6 TO 9 MONTHS OLD

Notice what I like and look at it with me-that's how I learn

I can hold my head steady
and begin to sit up on my own

I love to hold things
and shake them even
bang and drop them

Call my name and watch
me turn toward you.
Copy my sounds and
I will be happy

I need food now as well
as your milk. Give me
soft foods 2 to 3 times
a day and 1-2 snacks.
Keep breastfeeding

I AM 9 TO 12 MONTHS OLD

I am learning new skills - help me try them out

I can pick things up
with my thumb and fingers

I love to find things - hide
something and let me look for it.
Play peek a boo with me

I can say things with my hands.
Wave bye-bye to me

I need more food now.
Give ½ cup of family
food 3 to 4 times
a day plus 2 snacks.
Keep breastfeeding

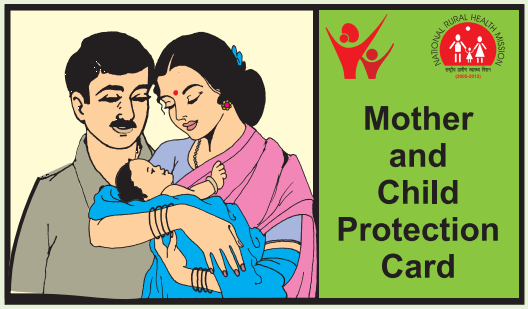
I can feed myself a little
- let me try but help me
if I need it




Annexure IV

Names of ICDS and Health Functionaries Responsible for Filling up of MCPC

Integrated Child Development Services
National Rural Health Mission



Photograph of Mother & Child

Family Iden ification

Mother's Name _____ Age ____

Father's Name _____

Address _____

Mother's Education: illiterate/primary/middle/high school/graduate

Pregnancy Record

Mother's ID No. _____

Date of the last menstrual period / /

Expected date of delivery / /

No. of pregnancies/ previous live births /

Last delivery conducted at: Institution ☐ Home ☐

Current delivery: Institution ☐ Home ☐

JSY Registration No. _____

JSY payment Amount _____ Date / /

Birth Record

Child's Name _____

Date of Birth / / Birth Weight ☐ kgs ☐☐☐ gms

Girl ☐ Boy ☐ Birth Registration No: _____

Institutional Identification

AWW _____ AWC/Block _____

ASHA _____ ANM _____

SHC / Clinic _____

PHC / Town _____ Hospital / FRU _____

Contact Nos. ANM _____ Hospital _____

Transport Arrangement _____

AWC Reg. No ____ Date ☐☐☐ Sub-centre Reg. No ____ Date ☐☐☐

Referral ____ ____ ____ ____ ____

Ministry of Women & Child Development, Government of India
Ministry of Health and Family Welfare, Government of India

AWW would fill up this part of the MCPC





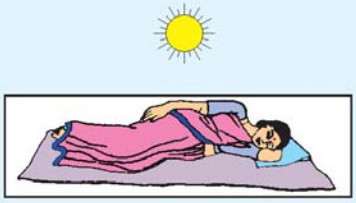
Mother and Child Protection Card

Regular checkup is essential during pregnancy

	Months: 1st	2nd	3rd	4th	5th	6th	7th	8th	9th
Registration	Register with the health centre in the first trimester.								
ANC	Have at least 3 antenatal checkups, afterregistration								
BP, Blood & Urine	Have blood pressure (BP) checked and blood and urine examined at each visit.								
Weight	Have weight checkup at each visit. Gain at least 10-12 kg. during pregnancy. Gain at least 1kg every mth. during the last 6 mths. of pregnancy.								
T.T.Injection	Take two T.T. injections. T.T.1 when pregnancy is confirmed and T.T.2 after 1 month. (Fill in the date)								
Iron Tablets	Take one tablet of iron and folic acid a day for at least 3 months. Take at least 100 tablets. (Fill in quantity and date issued)								

Care During Pregnancy

- Consume a variety of foods
- Consume more food – around ¼th times extra than the normal diet
- Consume SNP from the AWC regularly



- Take at least two hours of rest during the day. In addition to 8 hours of rest at night.
- Use only adequately iodised salt

ANM would fill up this part of the MCPC




ANM would fill up this part of the MCPC

ANTENATAL CARE

OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY
(Please tick (✓) the relevant history)

A. APH ☐	B. Eclampsia ☐	C. PIH ☐
D. Anaemia ☐	E. Obstructed labor ☐	F. PPH ☐
G. LSCS ☐	H. Congenital anomaly in baby ☐	I. Others ☐

PAST HISTORY
(Please tick (✓) the box of the appropriate response/s)

A. Tuberculosis ☐	B. Hypertension ☐	C. Heart Disease ☐
D. Diabetes ☐	E. Asthma ☐	F. Others ☐

EXAMINATION

General Condition	Heart	Lungs	Breasts

ANTENATAL VISITS

	1	2	3	4
Date				
Any complaints				
POG (Weeks)				
Weight (Kg)				
Pulse rate				
Blood pressure				
Pallor				
Oedema				
Jaundice				

ABDOMINAL EXAMINATION

Fundal height Weeks/cm				
Lie/Presentation				
Fetal movements	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent
Fetal heart rate per minute				
P/V if done				

ESSENTIAL INVESTIGATIONS

Hemoglobin				
Urine albumin				
Urine sugar				

Signature of ANM				

Blood Group & Rh Typing. ☐ Date ☐ / /

OPTIONAL INVESTIGATIONS

1. Urine pregnancy test. ☐ Date ☐ / /
2. Hbs Ag. ☐ Date ☐ / /
3. Blood sugar. ☐ Date ☐ / /

Participate in monthly fixed village Mother Child Health & Nutrition Day

POST NATAL CARE

Date of delivery ☐☐☐☐☐☐ Place of delivery ____________ Type of Delivery N. ☐ Instr. ☐ CS ☐

Term/Preterm__________ If at institution period of stay post delivery ______________

Complications, if any (Specify)________________________

Sex of baby [M | F] *Weight of baby ☐ kg. ☐☐☐ gms

Cried immediately after birth [Y | N]

Initiated exclusive breast feeding within 1 hour of birth [Y | N]

* (Three extra visits if birth weight < 2.5kg)

POST PARTUM CARE

	1st Day	3rd Day	7th Day	6th Week
Any complaints				
Pallor				
Pulse rate				
Blood pressure				
Temperature				
Breasts Soft/engorged				
Nipples Cracked/normal				
Uterus Tenderness Present/absent				
Bleeding P/V Excessive/normal				
Lochia Healthy/foul smelling				
Episiotomy/Tear Healthy/infected				
Family planning Counselling				
Any other complications and referral				

CARE OF BABY

	1st Day	3rd Day	7th Day	6th Week
Urine passed				
Stool passed				
Diarrhea				
Vomiting				
Convulsions				
Activity (good /lethargic)				
Sucking (good/ poor)				
Breathing (fast/difficult)				
Chest indrawing Present/absent				
Temperature				
Jaundice				
Condition of umbilical stump				
Skin pustules Present/absent				
Any other complications				

ANM would fill up this part of the MCPC




NEWBORN CARE

- Keep the child warm
- Start breastfeeding within 1 hour after birth.
- For the first 6 months, feed the baby only mother's milk
- Do not bathe the child for the first 48 hours
- Keep the cord dry
- Keep the child away from people who are sick
- Weigh your child at birth
- Give special care if child weighs less than 2.5 kg. at birth

DANGER SIGNS - SEE HEALTH WORKER

- Weak sucking or refuses to breastfeed
- Baby unable to cry/difficult breathing
- Yellow palms and soles

- Fever or cold to touch
- Blood in stools

- Convulsions
- Lethargic or unconscious

Details of Immunisation

Birth to 3 Years

Birth	Birth	Birth	
B.C.G.	OPV-0*	Hepatitis B-0*	* For Institutional Delivery
1½ months	2½ months	3½ months	
OPV-1	OPV-2	OPV-3	
1½ months	2½ months	3½ months	9 months
DPT-1	DPT-2	DPT-3	Measles
1½ months	2½ months	3½ months	9 months
Hepatitis B-1	Hepatitis B-2	Hepatitis B-3	Vitamin A

16 to 24 months

16-24 months		16 months	24 months
DPT Booster	Polio Booster	Vitamin A	Vitamin A

24 to 36 months

30 months	36 months
Vitamin A	Vitamin A

Remember

- Give Iron & Folic Acid syrup to children over 6 months as prescribed
- Deworm children over 1 year biannually as prescribed

Developed by the Ministry of Women & Child Development and the Ministry of Health & Family Welfare. Government of India in collaboration with NIPPCD and UNICEF, India

ANM would fill up this part of the MCPC





GIRL: Weight-for-age – Birth to 3 years
(As per WHO Child Growth Standards)

Fever

- If high fever take the child to the health centre

Diarrhoea

- Breastfeed more often
- Give extra fluids
- Give ORS & dispersible Zinc tablets as prescribed
- Continue feeding
- Take the child to hospital if loose motions do not stop

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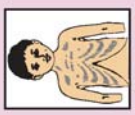


- If the child has rapid and/or difficult breathing, take the child to the health centre

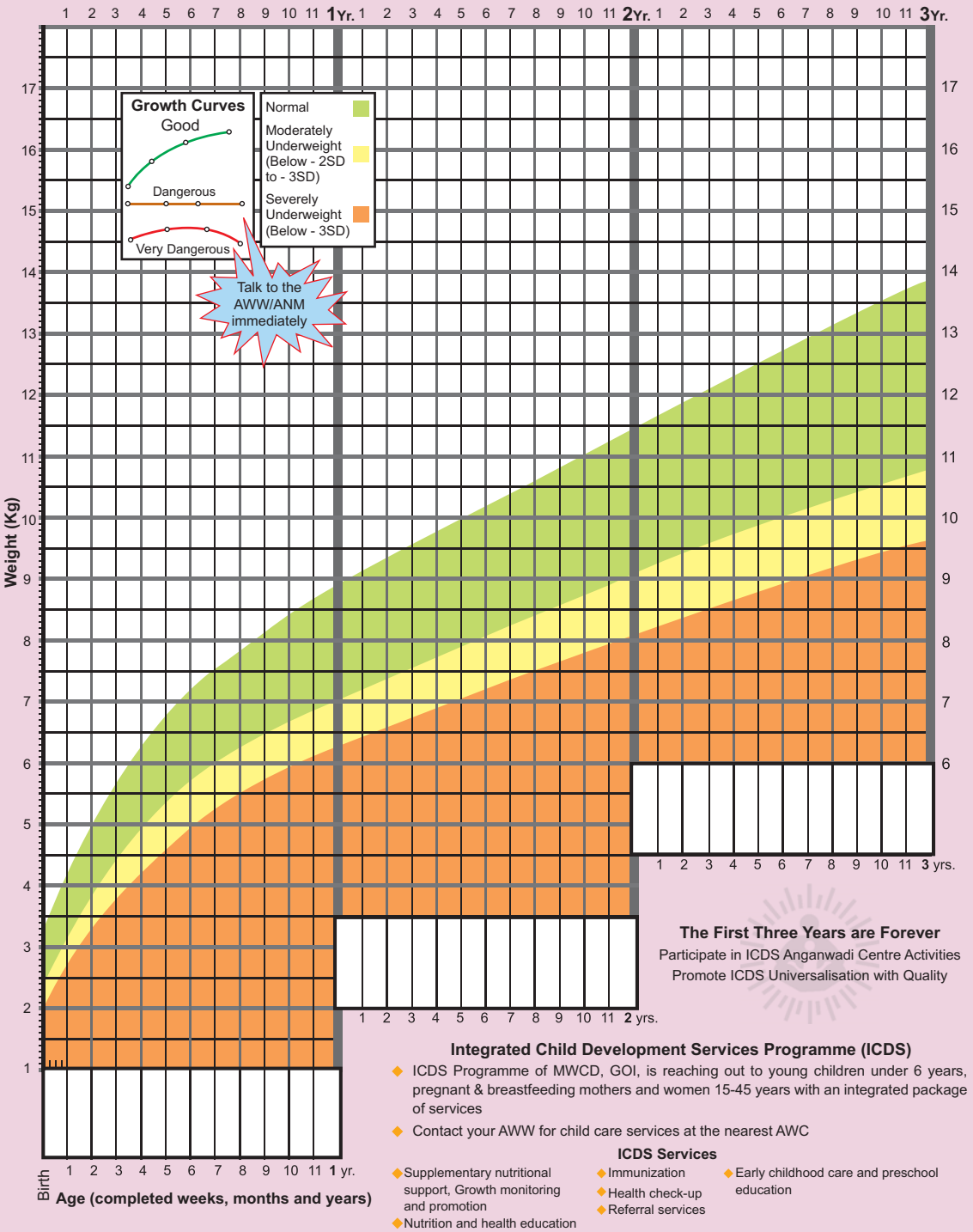
+Care During Illness+

Ensure equal care for the girl child

AWW would fill up this part of the MCPC




BOY: Weight-for-age – Birth to 3 years
(As per WHO Child Growth Standards)



The First Three Years are Forever
Participate in ICDS Anganwadi Centre Activities
Promote ICDS Universalisation with Quality

Integrated Child Development Services Programme (ICDS)

- ICDS Programme of MWCD, GOI, is reaching out to young children under 6 years, pregnant & breastfeeding mothers and women 15-45 years with an integrated package of services
- Contact your AWW for child care services at the nearest AWC

ICDS Services

- Supplementary nutritional support, Growth monitoring and promotion
- Nutrition and health education
- Immunization
- Health check-up
- Referral services
- Early childhood care and preschool education

Have your child weighed at the AWC every month

AWW would fill up this part of the MCPC





Annexure V

Joint Letter Dated 25-03-2010 Issued from Ministries of Women and Child Development and Health and Family Welfare for Introduction of MCPC under ICDS and NRHM

D. K. Sikri
Secretary to the Government of India
Ministry of Women & Child Development
Shastri Bhawan
New Delhi
Tel.: 23383586
Fax: 23381495

सत्यमेव जयते

K. Sujatha Rao
Secretary to the Government of India
Ministry of Health & Family Welfare
Nirman Bhawan
New Delhi
Tel.:23063221/23061863
Fax:23061252

D.O.No. 16-7/2009-ND
10th March, 2010
25thMarch, 2010

Dear Sir/Madam

As you may be aware that the Ministries of Health and Family Welfare and the Women and Child Development have been taking initiatives through the National Rural Health Mission and ICDS with an idea for accelerating reduction in maternal, neonatal and infant mortality and child under nutrition. The ICDS currently provides the crucial community based outreach system with an outreach of 10.79 lakh AWCs to 150 lakh pregnant and lactating mothers and 688 lakh young children under 6 years, it links them with over 7.31 lakh ASHAs (Accredited Social Health Activists), around 1.46 Lakh Health sub centres, 23, 458 primary health centres and 4276 community health centres, FRUs and hospital facilities at different levels. With the universalisation, ICDS would reach out to 14 lakh habitations in 7076 projects in the country.

2. One major joint initiative in fact has been the adoption of WHO Child Growth Standards, with effect from 15 August 2008 in both ICDS and NRHM, through a joint circular dated 6 August 2008, issued by both the Secretaries of Women and Child Development and Health and Family Welfare, Government of India. This was based on the recommendations of a joint National Workshop in 2007. This initiative is being enriched and complemented by another decision of both the ministries to introduce a common Mother and Child Protection Card for both ICDS and NRHM, to strengthen the continuum of care for pregnant mothers and children under three years of age, incorporating the new WHO child growth and development standards. A copy of the Card is annexed.

3. The Mother and Child Protection Card is a maternal and child care entitlement card, a counselling and family empowerment tool which would ensure tracking of mother child cohort for health purposes. It is unique in linking maternal, newborn and child care, and focuses on the child holistically by integrating health, nutrition and development. It links critical contact points for strengthening the continuum of care and improving utilization of key ICDS, NRHM services,




including immunization and Janani Suraksha Yojna. Besides, it is meant to promote key family care behaviours, highlights danger signs, and links families to the health referral system. The card would enable gender disaggregated tracking, to ensure optimal care for the girl child. The card includes the JSY and birth registration numbers.

4. With the increase in the outreach of ICDS as well as NRHM under which there are monthly fixed Village Health and Nutrition Days, and more than 4.28 lakh Village Health and Sanitation Committees, the common card would enable the large network of ASHAs, AWWs and ANMs to converge their efforts and utilize the critical contact opportunities more effectively. Being and entitlement card, it would ensure greater inclusion of unreached groups to demand and universalize access to key maternal and child care and health services.

5. We propose that the common Mother and Child Protection Card will be introduced both in ICDS and NRHM with effect from 1st April 2010. The sample copies of the card in Hindi and English will be shared with you by 25th March 2010, along with the Camera Ready Copy (CRC) on CDs for printing the same locally by the States. The States shall undertake a transliteration of the text into state official language and make only such adaptation as are essentially required. While doing so, the States shall ensure that the card does not alter in size and the font size is such that entries in each row and columns are easily readable. ICDS Mother Child Protection Card having state specific adaptations and transliterations were previously available in Urdu, Oriya, Bengali, Assamese, Gujarati, Marathi, Tamil, Teulgu and Kannada. This can be made use of. Financial resources for printing and dissemination of the cards will be provided from the State NRHM PIPs and/or ICDS. From 1st April 2010 onwards, the common Mother and Child Protection Card will progressively replace the earlier MHFW Jachcha Bachcha Card and the earlier ICDS mother child card.

6. Comprehensive training is proposed to be undertaken jointly by both the ministries for disseminating the card, using resource teams from NIHFW, NIPCCD, NIN, UNICEF and WHO. This training would be suitably integrated with regular training under ICDS and NRHM. A network of more than 800 national/state core trainers developed on the new WHO child growth standards and the Mother Child Protection Card would be roped in for this endeavour. Separate budget for the training would be provided through NRHM PIPs and ICDS.

7. We are confident that our shared commitment and synergistic action will help enhance maternal and child survival, their nutrition and development and thus assure the young children a good start to life.

With best wishes,

Yours sincerely

(D.K.Sikri) **(K. Sujatha Rao)**

State Secretaries Health and Family Welfare

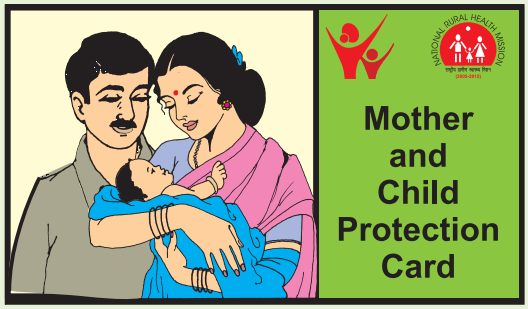
State Secretaries Women and Child Development





Mother and Child Protection Card

Integrated Child Development Services
National Rural Health Mission



Photograph of Mother & Child

Family Iden ification

Mother's Name _____ Age ____

Father's Name _____

Address _____

Mother's Education: illiterate/primary/middle/high school/graduate

Pregnancy Record

Mother's ID No. _____

Date of the last menstrual period ___/___/___

Expected date of delivery ___/___/___

No. of pregnancies/ previous live births ___/

Last delivery conducted at: Institution ☐ Home ☐

Current delivery: Institution ☐ Home ☐

JSY Registration No. _____

JSY payment Amount _____ Date ___/___/___

Birth Record

Child's Name _____

Date of Birth ___/___/___ Birth Weight ☐ kgs ☐☐☐ gms

Girl ☐ Boy ☐ Birth Registration No: _____

Institutional Identification

AWW _____ AWC/Block _____

ASHA _____ ANM _____

SHC / Clinic _____

PHC / Town _____ Hospital / FRU _____

Contact Nos. ANM _____ Hospital _____

Transport Arrangement _____

AWC Reg. No ☐ Date ☐☐☐ Sub-centre Reg. No ☐ Date ☐☐☐

Referral ☐ ☐ ☐ ☐ ☐

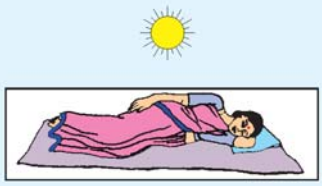
Ministry of Women & Child Development, Government of India
Ministry of Health and Family Welfare, Government of India

Regular checkup is essential during pregnancy

Registration	Register with the health centre in the first trimester.
ANC	Have at least 3 antenatal checkups, afterregistration
BP, Blood & Urine	Have blood pressure (BP) checked and blood and urine examined at each visit.
Weight	Have weight checkup at each visit. Gain at least 10-12 kg. during pregnancy. Gain at least 1kg every mth. during the last 6 mths. of pregnancy.
T.T.Injection	Take two T.T. injections. T.T.1 when pregnancy is confirmed and T.T.2 after 1 month. (Fill in the date)
Iron Tablets	Take one tablet of iron and folic acid a day for at least 3 months. Take at least 100 tablets. (Fill in quantity and date issued)

Care During Pregnancy

- Consume a variety of foods
- Consume more food – around ¼th times extra than the normal diet
- Consume SNP from the AWC regularly



- Take at least two hours of rest during the day. In addition to 8 hours of rest at night.
- Use only adequately iodised salt

Ensure nutrition counselling at every ANC




ANTENATAL CARE

OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY
(Please tick (✓) the relevant history)

A. APH ☐	B. Eclampsia ☐	C. PIH ☐
D. Anaemia ☐	E. Obstructed labor ☐	F. PPH ☐
G. LSCS ☐	H. Congenital anomaly in baby ☐	I. Others ☐

PAST HISTORY
(Please tick (✓) the box of the appropriate response/s)

A. Tuberculosis ☐	B. Hypertension ☐	C. Heart Disease ☐
D. Diabetes ☐	E. Asthma ☐	F. Others ☐

EXAMINATION

General Condition	Heart	Lungs	Breasts

ANTENATAL VISITS

	1	2	3	4
Date				
Any complaints				
POG (Weeks)				
Weight (Kg)				
Pulse rate				
Blood pressure				
Pallor				
Oedema				
Jaundice				

ABDOMINAL EXAMINATION

Fundal height Weeks/cm				
Lie/Presentation				
Fetal movements	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent	Normal/Reduced/ Absent
Fetal heart rate per minute				
P/V if done				

ESSENTIAL INVESTIGATIONS

Hemoglobin				
Urine albumin				
Urine sugar				

Signature of ANM				

Blood Group & Rh Typing. ☐ Date ☐ / ☐ / ☐

OPTIONAL INVESTIGATIONS

1. Urine pregnancy test. ☐ Date ☐ / ☐ / ☐
2. Hbs Ag. ☐ Date ☐ / ☐ / ☐
3. Blood sugar. ☐ Date ☐ / ☐ / ☐

If you or anyone in your family sees any of these danger signs, take the pregnant woman to the hospital immediately


Bleeding during pregnancy, excessive bleeding during delivery or after delivery


Severe Anaemia with or without breathlessness


High fever during pregnancy or within one month of delivery


Headache, blurring of vision, fits and swelling all over the body


Labour pain for more than 12 hours


Bursting of water bag without labour pains

Ensure Institutional Delivery


Contact ASHA/ANM/ AWW


Register under Janani Suraksha Yojna (JSY)


Obtain Benefits under JSY

Identify Hospital in Advance

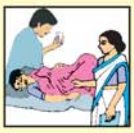

Arrange for Transport in Advance


Ensure 48 hours of stay after delivery

Preparation in case of Home Delivery


Ensure safe delivery by ANM

- ✓ Clean hands
- ✓ Clean surface & surroundings
- ✓ Clean blade
- ✓ Clean umbilical cord
- ✓ Clean thread to tie the cord
- ✓ Clean set of clothes for newborn


Ensure Family Care & Support

Emergency

Arrange Transport to Hospital

After Delivery


Initiated Breastfeeding within 1 Hour of Birth

Yes ☐ No. ☐


Family Planning Counselling

Ensure early and exclusive breastfeeding 0-6 months





POST NATAL CARE

Date of delivery | Place of delivery | Type of Delivery

☐☐☐☐☐☐ _____ N.☐ Instr.☐ CS☐

Term/Preterm_____ If at institution period of stay post delivery _____

Complications, if any (Specify)_____

Sex of baby M F *Weight of baby ☐ kg. ☐☐☐ gms

Cried immediately after birth Y N

Initiated exclusive breast feeding within 1 hour of birth Y N

* (Three extra visits if birth weight < 2.5kg)

POST PARTUM CARE

	1st Day	3rd Day	7th Day	6th Week
Any complaints				
Pallor				
Pulse rate				
Blood pressure				
Temperature				
Breasts Soft/engorged				
Nipples Cracked/normal				
Uterus Tenderness Present/absent				
Bleeding P/V Excessive/normal				
Lochia Healthy/foul smelling				
Episiotomy/Tear Healthy/infected				
Family planning Counselling				
Any other complications and referral				

CARE OF BABY

	1st Day	3rd Day	7th Day	6th Week
Urine passed				
Stool passed				
Diarrhea				
Vomiting				
Convulsions				
Activity (good /lethargic)				
Sucking (good/ poor)				
Breathing (fast/difficult)				
Chest indrawing Present/absent				
Temperature				
Jaundice				
Condition of umbilical stump				
Skin pustules Present/absent				
Any other complications				

NEWBORN CARE

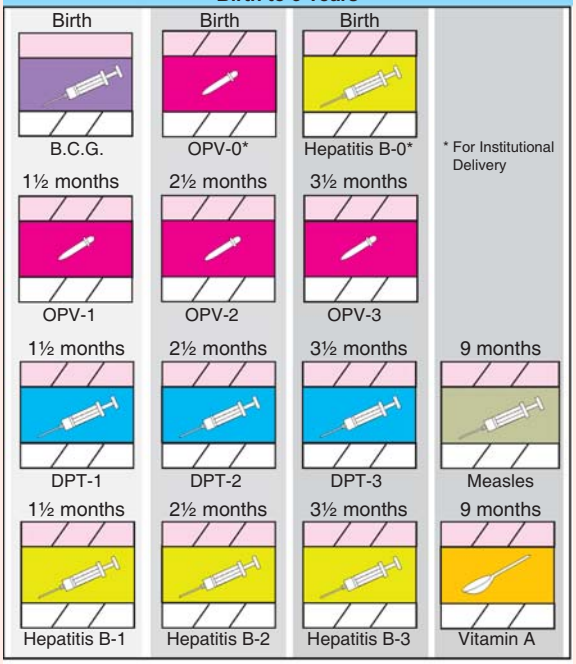
- Keep the child warm
- Start breastfeeding within 1 hour after birth.
- For the first 6 months, feed the baby only mother's milk
- Do not bathe the child for the first 48 hours
- Keep the cord dry
- Keep the child away from people who are sick
- Weigh your child at birth
- Give special care if child weighs less than 2.5 kg. at birth

- Weak sucking or refuses to breastfeed
- Baby unable to cry/difficult breathing
- Yellow palms and soles
- Fever or cold to touch
- Blood in stools
- Convulsions
- Lethargic or unconscious

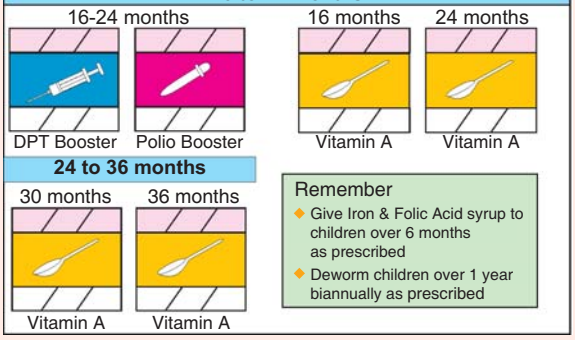


Details of Immunisation

Birth to 3 Years



16 to 24 months



Remember

- Give Iron & Folic Acid syrup to children over 6 months as prescribed
- Deworm children over 1 year biannually as prescribed

Developed by the Ministry of Women & Child Development and the Ministry of Health & Family Welfare. Government of India in collaboration with NIPPCD and UNICEF, India

Feeding, playing and communicating with children helps them grow and develop well

0 to 6 months

Feeding

- Start breastfeeding immediately after birth – within 1 hour
- Exclusively breastfeed for 6 months. Do not give any other food or drinks and not even water
- Breastfeed as many times as the child wants
- Breastfeed day and night

0 to 3 months

What you can do

Smile at your child, look into child's eyes and talk to your child

Provide ways for the child to see, hear, feel and move

What children can do

Around 3 months, most children can

Smile in response

Track a ribbon bow

Begin to make sounds

3 to 6 months

What you can do

Have large colourful objects for your child to see and to reach for

Talk to & respond to your child. Get a conversation going with sounds or gestures

What children can do

Around 6 months, most children can

Hold head steady when held upright

Turn to a voice

Reach out for objects

Continue breastfeeding during illness | Always use adequately iodized salt for the family | Child needs extra food after illness

6 to 12 months

Feeding

- On completion of 6 months, start with small amounts of soft mashed cereal, dal, vegetables and fruits
- Increase the quantity, frequency and thickness of the food gradually
- Understand child's signals for hunger and respond accordingly
- Feed the child 4-5 times a day and continue breastfeeding

What you can do

Give your child clean safe items to handle and things to make sounds with.

Play games like peek-a-boo.
Tell the child names of things & people.

What children can do

Around 9 months most children can

Sit up from lying position

Pick up with thumb and finger

Sit without support

Around 1 year most children can

Stand well without support

Wave

Say papa/mama

If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor

Mother and Child Protection Card

Feeding, playing and communicating with children helps them grow and develop well

1 to 2 years

Feeding


- Continue to offer a wide variety of foods including family foods, such as rice/ chappati, dark green leafy vegetables, orange & yellow fruits, pulses and milk products
- Feed the child about 5 times a day
- Feed from a separate bowl and monitor how much the child eats
- Sit with the child and help her finish the serving
- Continue breastfeeding upto 2 years or beyond

What you can do

Give your child things to stack up & to put into containers and take out.

Ask your child simple questions. Respond to your child's attempts to talk.

What children can do

Around 1½ years most children can

Express wants

Put 3 pebbles in a cup

Walk well

Around 2 years most children can

Stand on one foot with help

Say one other word

Imitate household work

Continue breastfeeding during illness

Always use adequately iodized salt for the family

Child needs extra food after illness

2 to 3 years

Feeding

- Continue to feed family foods 5 times a day
- Help the child feed herself / himself
- Supervise feeding
- Ensure hand washing with soap before feeding

What you can do

Help your child count and compare things; make simple toys for your child.

Encourage your child to talk & respond to your child's questions. Teach your child stories, songs, and games.

What children can do

Around 2½ years most children can

Point to 4 body parts

Feed self spilling little

Name one colour correctly

Around 3 years most children can

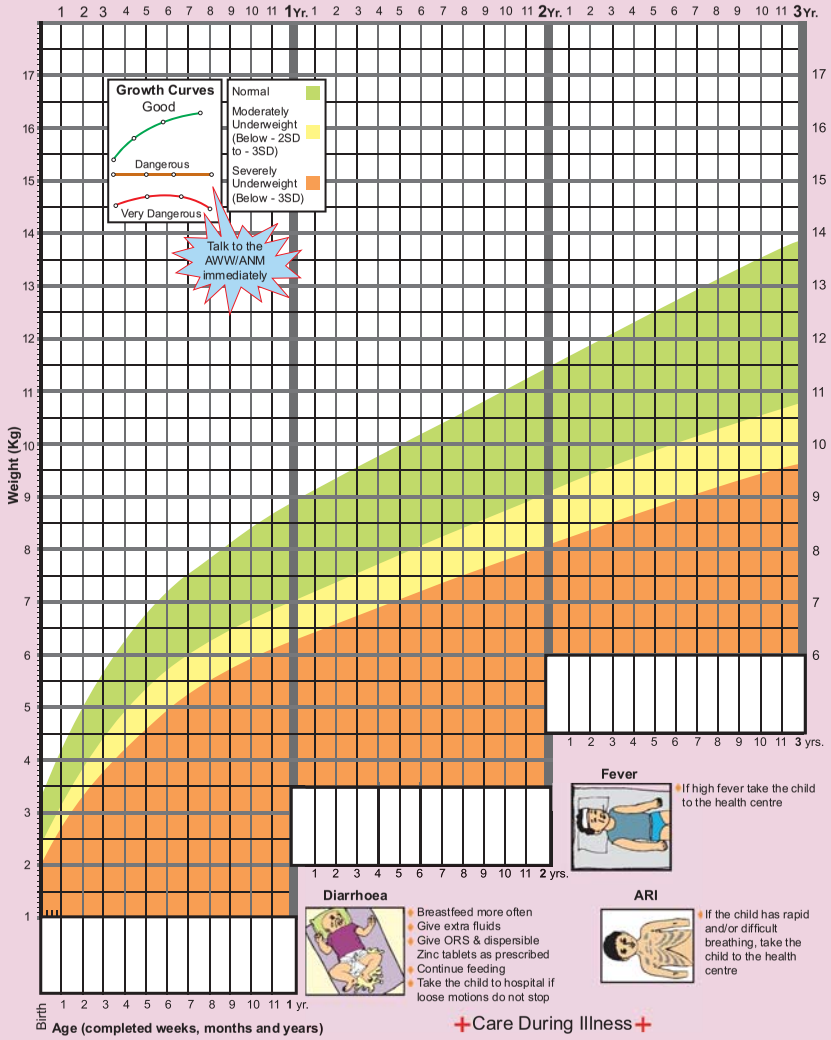
Copy & draw straight line

Wash hands by herself

Name 3 out of 4 objects

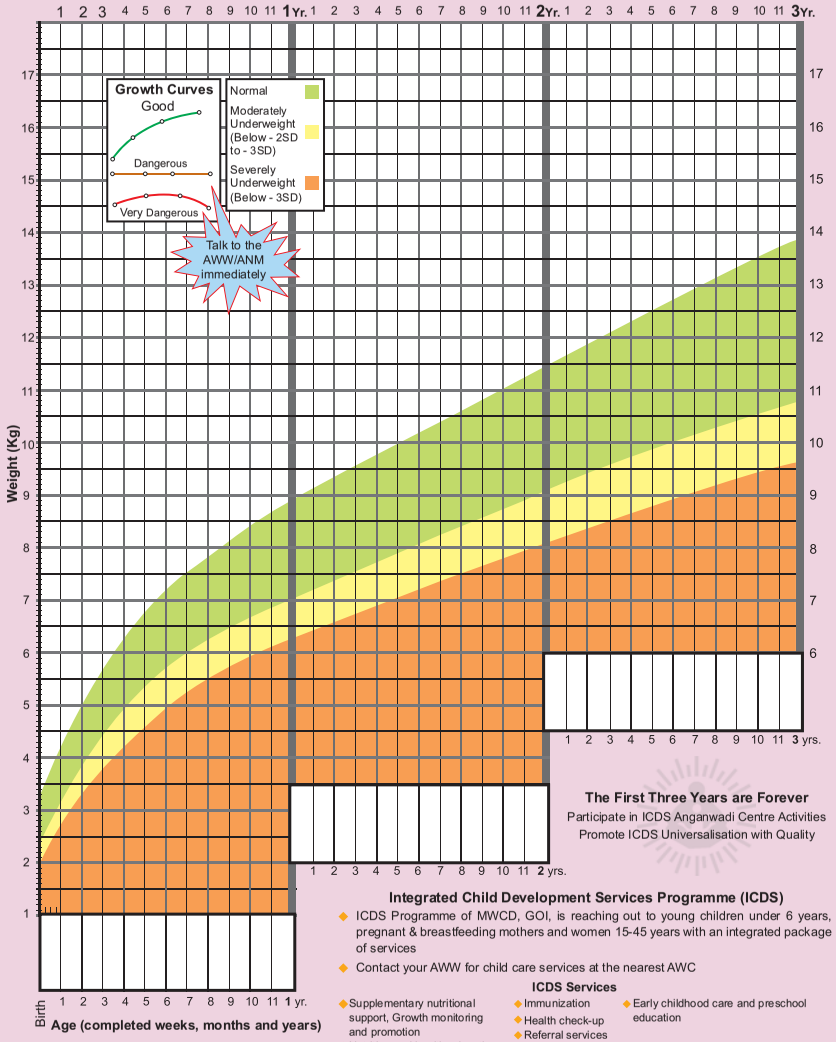
If the child seems slow, increase feeding, talking and playing, If the child is still slow, take the child to a doctor

GIRL: Weight-for-age – Birth to 3 years
(As per WHO Child Growth Standards)



Ensure equal care for the girl child

BOY: Weight-for-age – Birth to 3 years
(As per WHO Child Growth Standards)



Have your child weighed at the AWC every month





Annexure VII

LIST OF SUPPORT MATERIALS FOR EDUCATING FAMILIES ABOUT OPTIMAL HEALTH, NUTRITION AND CHILD CARE PRACTICES FOR MOTHERS AND YOUNG CHILDREN

- Growth Monitoring Manual. NIPCCD (2011)
- Guidelines for Ante-Natal Care and Skilled Attendance at Birth by ANMs and LHVs. MHFW (2005)
- Handbook for AWWs. NIPCCD (2006)
- Handbook for ANMs, LHVs and Staff Nurses to Provide Skilled Attendance at Birth. MHFW (2006)
- ICDS Scheme
- IYCF Guideline- 2010- Formulated/Recommended by IYCF Chapter of IAP
- Immunisation Schedule
- Indira Gandhi Matritava Sahyog Yojana. MWCD (2010-11)
- Janani Suraksha Yojana. MHFW (2005/2006)
- Mother and Child Protection Card
- Nutrition and Health Education Kit. NIPCCD
- PSE Kit. NIPCCD
- Stimulation Activities for Young Children. NCERT (1991)
- Websites of National Institute of Public Cooperation and Child Development (NIPCCD), Ministry of Women and Child Development (MWCD) and Ministry of Health and Family Welfare (MHFW).

  NIPCCD: www.nipccd.nic.in

  MWCD: www.wcd.nic.in

  MHFW: www.mohfw.nic.in




Glossary

Amniotic fluid	The clear fluid in the amniotic sac that surrounds the foetus during pregnancy. Amniotic fluid cushions the foetus, protects it against infection, and stabilizes its temperature. Throughout pregnancy, the amniotic fluid is constantly being replenished.
Amniotic sac	The membrane that surrounds the baby in the uterus and contains amniotic fluid in which the baby floats. Also called the bag of waters, the amniotic sac will rupture naturally or can be ruptured artificially during labour.
Anaemia	• A lack of blood in the body • A low proportion of red cells in the blood A decrease in the number of red blood cells, usually due to a shortage of iron. The condition, detected through a blood test, causes such symptoms as fatigue, weakness, breathlessness, or fainting spells. Eating a diet rich in iron and taking an iron supplement during the second half of pregnancy is crucial to keep up with the increased need for red blood cells.
Antenatal care	Health care, including screening tests and counselling, provided to women during pregnancy. Also referred to as prenatal care.
Antepartum haemorrhage (APH)	Also known as prepartum is bleeding from the vagina during pregnancy from the 24th (sometimes defined as from the 20th week) gestational age to term.
Anterior position	When the baby faces the mother's spine in utero and/or during labour. This is the most common position for emerging babies.
Areola	The dark area on the breast surrounding the nipple. During pregnancy, the areola can spread and darken. While breastfeeding, the baby compresses the areola to extract breast milk.
Asthma	Asthma is a disorder that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing.
Birth defect	An abnormality in a baby that develops during foetal development. Birth defects may or may not be genetic.
Blood pressure	The amount of pressure blood exerts against the walls of the arteries. The upper number refers to the systolic pressure (the amount of





	pressure when the heart contracts), and the lower number refers to the diastolic pressure (the amount of pressure when the heart relaxes).
Breech position	Term for a baby positioned, at birth with his or her feet or bottom towards the cervix
Breech presentation	A complete breech presentation occurs when the buttocks present first, and both the hips and knees are flexed. A frank breech occurs when the hips are flexed so the legs are straight and completely drawn up toward the chest. Other breech positions occur when either the feet or knees come out first.
Cephalic (head-first) presentation	Cephalic presentation is considered normal and occurs in about 97% of deliveries. There are different types of cephalic presentation, which depend on the foetal attitude.
Cesarean birth	Delivery by surgical incision through the abdominal wall and uterus
Chronic disease	It is a disease that is long-lasting or recurrent. The term chronic describes the course of the disease, or its rate of onset and development.
Congenital anomaly	Something that is unusual or different at birth. The word “congenital” means “at birth.” “Anomaly” comes from the Greek word “anomalous” meaning “uneven” or “irregular • A minor anomaly is defined as an unusual anatomic feature that is of no serious medical or cosmetic consequence to the patient. A minor anomaly of the feet might, for example, be curvature of the second toe so it overlaps the third toe a little. • A major anomaly, by contrast, might be a cleft lip and palate, a birth defect of serious medical and cosmetic consequence to the child.
Congenital conditions	Conditions that are present at birth, examples include malformations or deformations of internal organs (e.g., congenital heart defect or congenital hearing loss)
Convulsion	A sudden violent contraction of a group of muscles.
Delivery presentation	It describes the way the baby (foetus) is positioned to come down the birth canal for delivery.
Diabetes	Diabetes is a lifelong (chronic) disease in which there are high levels of sugar in the blood.




Eclampsia	An acute and life-threatening complication of pregnancy characterized by the appearance of tonic-clonic seizures, usually in a patient who had developed pre-eclampsia. Pre-eclampsia when complicated with convulsion and/or coma. Pre-eclampsia is hypertension associated with protein in urine greater than 0.3 mg/L in a twenty four hour urine collection or greater than 1 g/L in a random sample, generalized pitting oedema (swelling over feet) after twelve hours of rest in bed or weight gain of 2.3 kg (5 lb) or more in one week or both after twenty weeks of gestation.
Ectopic pregnancy	When a fertilized egg does not enter the uterus, but instead implants elsewhere, usually in the fallopian tube. Symptoms of an ectopic pregnancy include abnormal bleeding, severe abdominal pain, or shoulder pain. The ectopic pregnancy must be surgically removed to prevent rupture and damage of the fallopian tubes.
EDD	Estimated Due Date or Expected Date of Delivery
Embryo	The fertilized ovum from shortly after fertilization until eight weeks gestation
Episiotomy	An episiotomy is a surgical incision made in the area between the vagina and anus (perineum). This is done during the last stages of labor and delivery to expand the opening of the vagina to prevent tearing during the delivery of the baby.
Foetal heart rate (FHR)	The number of heartbeats in the foetus that occur in a given unit of time. The FHR varies in cycles of foetal rest and activity and is affected by many factors, including maternal fever, uterine contractions, maternal-foetal hypotension, and many drugs. The normal FHR is between 110 beats/min and 160 beats/min. In labour the FHR is monitored with a foetoscope, an electronic foetal monitor for detecting abnormal alterations in the heart rate, especially recurrent decelerations that continue past the end of uterine contractions.
Foetal lie	This is the relationship between the head to tailbone axis of the foetus and the head to tailbone axis of the mother. If the two are parallel, then the foetus is said to be in a longitudinal lie. If the two are at 90-degree angles to each other, the foetus is said to be in a transverse lie. Nearly all (99.5%) foetuses are in a longitudinal lie.
Fundal height	The distance from the top of the pregnant woman's uterus to the top of the woman's pubic bone.





First referral unit	An existing facility (district hospital, sub-divisional hospital, Community Health Centre etc.) can be declared fully operational First Referral Unit (FRU) only if it is equipped to provide round the clock services for Emergency Obstetric and New Born Care, in addition to all emergencies that any hospital is required to provide.
Gestation	The entire duration of pregnancy, from conception until birth
Gestational age	Age of the unborn baby counting from the first day of the last menstrual period
Gestational hypertension	The presence of sustained blood pressure of 140/90 mm Hg or higher before pregnancy or before twenty weeks of gestation
HBsAG	It stands for hepatitis B surface antigen and is a Hepatitis B antigen test. It has become routine in pregnancy tests because it often goes hand in hand with sexually transmitted diseases (STDs which are very prevalent nowadays)
Heamoglobin	The redness in the blood. The red respiratory protein of red blood cells that transports oxygen as oxyhemoglobin from the lungs to the tissues
Heart disease	There is some defect in the Heart or Heart is not functioning properly.
Hepatitis B Vaccine	It a preparation of hepatitis B surface antigen derived either from human plasma of carriers of hepatitis B *(hepatitis B v. inactivated)* or from cloning in yeast cells
Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit (CMB) Scheme	This Scheme aims at improving the health and nutrition status of pregnant and lactating (P&L) women. The scheme envisages providing cash to P&L women of 19 years and above for first to live births (all Governments/PSUs(Central and State) employees will be excluded as they are entitled for paid maternity leave) during pregnancy and lactation period. Each of the beneficiaries will be paid Rs.4,000/- in three installments between the second trimester till the child attains the age of six months on fulfilling certain conditions.
Intra-Uterine Death	Intra-uterine death is synonymous with foetal death or still birth. It occurs when the foetus dies after 18 weeks. Prior to 18 weeks, it is classified as missed abortion.




Intra-Uterine-Growth Retardation	Babies those whose birth weight lies below the 10th percentile for that gestational age. Intra-uterine growth retardation (IUGR) refers to a condition in which a foetus is unable to achieve its genetically determined potential size.
Jaundice	Jaundice is a condition in which a person's skin and the whites of the eyes are discolored yellow due to an increased level of bile pigments in the blood resulting from liver disease.
Janani Suraksha Yojana	The Janani Suraksha Yojana is a centrally sponsored scheme aimed at reducing maternal and infant mortality rates and increasing institutional deliveries in below poverty line (BPL) families. The JSY, which falls under the overall umbrella of National Rural Health Mission, covers all pregnant women belonging to households below the poverty line, above 19 years of age and up to two live births. The JSY integrates help the form of cash with antenatal care during pregnancy period, institutional care during delivery as well as post-partum care. This is provided by field level health workers through a system of coordinated care and health centres.
Labour	The process of childbirth, beginning with the rhythmic contractions of the uterine muscles, which open the cervix to allow a baby to be born, and ending with the expulsion of the placenta.
Lochia	A vaginal discharge occurring during the first week or two after parturition.
Low birth weight (LBW)	Infant born at weights under/less than 2.5 kilograms at birth (about 5.5 pounds)
Lower segment Caesarian section(LSCS)	A Cesarean section in which the surgical incision (cut) is made in the lower segment of the uterus to take out the baby.
Maternal Mortality	The death of a woman from any cause related to pregnancy that occurs during pregnancy or with in 42 days of pregnancy termination (e.g. birth, stillbirth, miscarriage or abortion). Late maternal deaths include deaths from obstetric causes that occur after 42 days but within one year of pregnancy termination.
Measles	An acute infectious disease occurring mostly in children, characterized by catarrhal and febrile symptoms along with eruption of small red spots.
Miscarriage	The spontaneous and involuntary loss of a pregnancy before 20 weeks, estimated to occur in 15 to 20 percent of all pregnancies.





	Most miscarriages occur in the first 12 weeks of pregnancy, and many occur before a woman even knows she's pregnant.
Natural childbirth	A term used to describe a labour and delivery without medication and/or medical intervention.
Neonatal death	The death of a live-born baby anytime between birth and four weeks of age.
Neonatal period	The first 28 days life
Neonate	Newborn up to 28 days old
Neural Tube Defect	A birth defect caused by the improper development of the brain or spinal cord. Can be caused due to folic acid deficiency.
Obstructed Labour	Labour is said to be obstructed when there is absence of progress in the presence of strong uterine contractions
Oedema	Swelling due to the accumulation of fluids in the body tissues. Swelling over ankles and feet occurs in 75 percent of pregnant women
Pallor	Paleness, as of the skin or mucosae. Although it is commonly associated with anemia, many long-term cases show mucosae of normal color; pallor is also a common sign in shock.
Pertussis	Whooping cough, a communicable, potentially deadly illness characterized by fits of coughing followed by a noisy, "whooping" indrawn breath. It is caused by the bacteria Bordetella pertussis. The illness is most likely to affect young children, but sometimes appears in teenagers and adults, even those who have been previously immunised. Immunisation with DPT (diphtheria-pertussis-tetanus) vaccine provides protection, although that immunity may wear off with age.
Placenta	A temporary organ joining the mother and foetus, the placenta transfers oxygen and nutrients from the mother to the foetus, and permits the release of carbon dioxide and waste products from the foetus. The placenta is rich in blood vessels. The placenta is expelled during the birth process with the foetal membranes together, these structures form the after birth.
Polio	A disease of the spinal cord often causing paralysis
Post natal period	First 42 days (6 weeks) after the delivery
Postpartum hemorrhage	Heavy bleeding from the uterus after delivery.




Pre-eclampasia	Hypertension associated with proteinuria greater that 0.3 mg/L in a twenty four hour urine collection or greater than 1 g/L in a random sample, generalized pitting edema after twelve hours of rest in bed or weight gain of 2.3 kg (5 lb) or more in one week; or both after twenty weeks of gestation. These cases were further classified into mild and severe types
Pregnancy induced hypertension	Hypertensive disorders of pregnancy, previously known as Pregnancy induced hypertension (PIH), are high blood pressure disorders of pregnancy.
Prematurity	Birth of a baby before 37 weeks of gestation, which is the period from conception to birth
Presentation	The position of the baby such as feet down (breech) or head down (vertex) inside a woman's uterus at term. Presenting part is the part of the baby's body that is facing down during labour and delivers first.
Preterm baby	A baby born before 37 weeks gestation.
Preterm delivery	The birth of a baby before 37 weeks gestation.
Preterm IUGR	Delivery at less than 37 weeks gestation and also small for gestational age
Preterm labour	Labour that begins after 20 weeks and before 37 weeks gestation. Prompt medical treatment can sometimes halt or postpone early labour, improving the baby's chances for survival.
Primigravida	A woman pregnant for the first time.
Pubic symphysis	The front part of the pelvis. During pregnancy, the practitioner will use this point to measure the growth of the uterus.
Pulse Rate	The number of pulsations noted in a peripheral artery per unit of time.
Rh factor	A protein that is found on red blood cells. If the Rh factor protein is present on the cells, a person is Rh-positive. If there is no Rh factor protein, the person is Rh-negative. An Rh-negative woman carrying an Rh-positive foetus may produce antibodies that attack the foetus's blood.
Sciatic nerve	It is a large nerve fiber in humans and other animals. It begins in the lower back and runs through the buttock and down the lower limb. It is the longest and widest single nerve in the human body.





Shoulder presentation	The shoulder, arm, or trunk may present first if the foetus is in a transverse lie. Transverse lie is more common with premature delivery or multiple pregnancies.
Skilled health personnel or skilled attendant	Doctors (specialist or non-specialist), and/ or persons with midwifery skills who can diagnose and manage obstetric complications as well as normal deliveries. (Traditional birth attendants, trained or untrained, are not included.)
Skin Pustules	Pustules are small, pus-filled sores located at the surface of the skin. They are most commonly seen in acne, although they can be a sign of any infection involving the skin.
Stages of labour	Labour is divided into three stages. The first stage begins at the onset of contractions and ends when the cervix is completely dilated. The second stage is the delivery of the baby. The third stage is delivery of the placenta.
Stillbirth	Term for when a baby dies before birth
Systemic illness	Systemic means pertaining to or affecting the whole body rather than localized. Systemic diseases or systemic illnesses affect the entire body as opposed to a single organ or body part.
Term delivery or At term	The World Health Organization defines normal term for delivery as between 37 weeks and 42 weeks. A baby born before 37 weeks is preterm *(premature)* and after 42 is post-term.
Term IUGR	Delivered between 37 and 42 weeks and small for gestational age
Tetanus	Tetanus is a life-threatening bacterial disease caused by the toxin of a bacterium called *Clostridium tetani*. Tetanus bacteria enter the body through an open wound. It could well be a tiny prick or scratch on the skin, although Tetanus infection is more common when there is a deep puncture wound such as a bite, cut, burn or an ulcer. Tetanus affects a person's nervous system and can be fatal if left untreated. It is preventable through immunisation.
Tetanus Toxoid	The Tetanus Toxoid (TT) vaccine is given during pregnancy to prevent tetanus to mother as well as the baby. Antibodies formed in mother's body, after the vaccination, are passed on to the baby.
Traditional birth attendant	Those who are not formally trained do not meet the definition of skilled birth attendants.
Tuberculosis	An infectious disease that may affect almost any tissue of the body, especially the lungs, caused by the organism *Mycobacterium tuberculosis*, and characterized by tubercles.




Twin	A twin is one of two offspring produced in the same pregnancy. Twins can either be *identical* (in scientific usage, "monozygotic"), meaning that they develop from one zygote that splits and forms two embryos, or *fraternal* ("dizygotic") because they develop from two separate eggs that are fertilized by two separate sperm.
Umbilical cord	The umbilical cord is the baby's lifeline to the mother during pregnancy. It is no longer needed once the baby is born. Within a few minutes after birth, the cord is clamped and cut close to the navel.
Umbilicus	The depression in the center of the surface of the abdomen indicating the point of attachment of the umbilical cord to the embryo
Urine Albumin	The presence of high levels of albumin in urine is indicative of malfunctioning kidneys
Uterine Tenderness	Uterus Tenderness is seen in pregnancy complications and associated with abdominal tenderness which can range from mild to severe. Symptoms commonly associated with abdominal tenderness include abdominal pain, abdominal swelling, nausea, vomiting, diarrhoea, fever, anorexia, and excessive sweating.
Vaginal birth	The delivery of a baby through the birth canal
Xiphisternum	The posterior and smallest of the three divisions of the sternum, below gladiolus and the manubrium. Also called *xiphoid, xiphoid process*.

Notes

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