

Menstruation and Fertility

Q: What are the characteristics of a normal menstrual cycle?

A: A normal menstrual cycle has bleeding that lasts three to five days, recurs every 25-35 days, and has flow without clots. If menstruation differs from this pattern, occurs after menopause, or continues after 55 years of age, a woman should consult a doctor.

Q: When is the fertile period in a typical menstrual cycle?

A: In a regular 28-day menstrual cycle, the mid 10 days (10th-20th day) are the fertile period during which pregnancy can occur, with the first day being when bleeding starts.

Q: What determines the sex of a baby?

A: The sex of a baby is determined by sex chromosomes. A woman's egg has an X chromosome, while a man's sperm has either an X or Y chromosome. If an X sperm fertilizes the egg, it results in a baby girl (XX). If a Y sperm fertilizes the egg, it results in a baby boy (XY). This happens by chance, and neither the man nor woman can control whether a boy or girl is born.

Q: When should a woman consult a doctor regarding her menstruation?

A: A woman should consult a doctor if bleeding lasts for more than six days, there is too much bleeding especially with clots, bleeding occurs between cycles, there is pain during menstruation, bleeding is infrequent, or there is bleeding during sexual activity.

Care During Pregnancy

Q: Why is antenatal care important during pregnancy?

A: Antenatal care is important to monitor the progress and growth of the baby, detect complications early and treat them accordingly. It helps both mother and baby have a healthy outcome, manages minor pregnancy ailments, and allows for delivery planning.

Q: What is the recommended schedule for pregnancy check-ups?

A: The recommended schedule includes: first visit (registration) as soon as pregnancy is suspected, second visit between the fourth and sixth month, third visit in the eighth month, and an additional visit in the ninth month is beneficial.

Q: What examinations are performed during pregnancy check-ups?

A: Pregnancy check-ups include general examinations (weight, blood pressure), abdominal examination to

check fetal growth and position, blood and urine tests, and TT injections. Iron tablets are given to prevent anemia.

Q: What conditions during pregnancy require a woman to see a doctor?

A: A pregnant woman should see a doctor if she has: history of repeated stillbirths or abortions, vaginal bleeding, high blood pressure, abnormal urine test, previous cesarean section, heart disease, anemia, jaundice, very large abdomen, twins, or the baby is in an abnormal position.

Q: What nutritional advice should be given to pregnant women?

A: Pregnant women need a nutritious diet rich in iron, calcium and protein, including green leafy vegetables, dals, milk, jaggery, eggs, fish, and meat. They should not follow dietary restrictions or fast, as this harms both mother and baby. They should receive supplementary food from anganwadi centers if undernourished.

Q: What are danger signs during pregnancy requiring immediate medical attention?

A: Danger signs include: vaginal bleeding, severe headache/blurred vision, convulsions or loss of consciousness, labor pains lasting more than 12 hours, premature labor before eight months, water breaking early, failure of placenta to deliver within 30 minutes after birth, and when the baby stops moving in the womb.

Anemia in Pregnancy

Q: How can anemia in pregnancy be identified?

A: A pregnant woman with anemia looks pale, feels tired, complains of breathlessness during routine work, and might have swelling of the face and body.

Q: How is anemia in pregnancy treated and prevented?

A: Anemia is treated with iron tablets taken daily for many months during pregnancy, or by injections. Severe anemia may require hospitalization and blood transfusion. To prevent anemia, all pregnant women should take one iron tablet daily after the first trimester for a total of 100 tablets.

Q: What side effects might occur from iron tablets and how can they be managed?

A: Side effects include nausea (take tablets after meals), constipation (drink more water and eat fruits), black stools, or mild diarrhea. Iron tablets should not be taken with tea as it reduces absorption. Women with anemia should deliver in hospitals.

Intra-natal Care

Q: Why is institutional delivery recommended even for normal pregnancies?

A: Institutional delivery is recommended because complications may suddenly occur during delivery that threaten the lives of mother or baby. The time between a problem starting and death can be so short that it's often impossible to save lives if the woman isn't already in a well-equipped health facility.

Q: What are the "five cleans" that must be practiced during home delivery?

A: The five cleans are: clean hands, clean surface, clean new blade, clean cord tie, and clean cord stump (with nothing applied to the stump).

Q: What preparations should be made for emergency transport during pregnancy?

A: Arrangements should be made to ensure availability of transport to the nearest health facility, money for transport should be kept ready, and someone should be available to escort the woman. Information about provisions under Janani Suraksha Yojana should be known.

Post-natal Care

Q: Why is the post-natal period important for mother and baby?

A: The six-week post-natal period is when the mother's body returns to its non-pregnant state (except breasts). Both mother and newborn are susceptible to health problems during this time that require monitoring and care.

Q: What care should a woman receive during the post-natal period?

A: A woman needs nutritious food rich in iron, calcium, vitamins and proteins, with increased intake of green leafy vegetables, pulses, jaggery, and milk. At least one check-up should be done within two weeks of delivery. Women should be counseled on exclusive breastfeeding and contraceptive options.

Q: What post-natal danger signs require immediate medical attention?

A: Danger signs include: excessive vaginal bleeding, loss of consciousness, fast or difficult breathing, fever, and severe abdominal pain.

Newborn Care

Q: Why is immediate newborn care important?

A: Immediate newborn care is critical because half of infant deaths in the first year occur within the first 28 days of life. Proper care prevents many of these deaths.

Q: What is skin-to-skin contact and how should it be done?

A: Skin-to-skin contact involves placing the undressed baby (except for cap, nappy, and socks) prone on

the mother's chest between her breasts. The baby should be covered with the mother's clothing and an additional blanket. This keeps the baby warm, promotes bonding, and helps with breastfeeding.

Q: When should a newborn not be bathed?

A: A newborn should not be bathed immediately after birth as it can lead to loss of body temperature.

Q: What danger signs in newborns require immediate referral to a health facility?

A: Danger signs include: poor sucking, worsening condition, fever, fast/difficult breathing, blood in stool, pallor or blue discoloration of palms/soles, convulsions, excessive drowsiness or crying, jaundice on palms/soles, abnormal body temperature, bleeding from any site, abdominal distension, no meconium within 24 hours, or no urine within 48 hours.

Q: How should a baby be properly positioned during breastfeeding?

A: The mother should support the baby's bottom (not just head or shoulders), the baby's chin should touch the breast, the mouth should be wide open, and the lower lip should be turned outward. No pre-lacteal feeds should be given.

Unsafe Abortions & Medical Termination of Pregnancy

Q: What are the legal provisions for abortion in India?

A: Abortions have been legalized since 1971 under the Medical Termination of Pregnancy (MTP) Act. Abortions can be performed up to 20 weeks of pregnancy. Primary health centers can conduct abortions until 8 weeks, while hospitals handle later abortions.

Q: What are the methods of legal pregnancy termination?

A: There are two methods: Surgical abortion (evacuating the embryo using a syringe or suction machine) and Medical abortion (using pills). Both must be performed by qualified doctors at approved centers.

Q: What is important to know about sex determination during pregnancy?

A: Under the PNDT Act, detecting the sex of a fetus during pregnancy is illegal. Terminating a pregnancy after identifying the fetus as female is also illegal.

Q: What warning signs after an abortion require immediate medical attention?

A: Warning signs include: severe bleeding or foul-smelling discharge, severe abdominal pain, fever, and abdominal swelling or severe vomiting.

Immunization

Q: What are the six vaccine-preventable diseases?

A: The six vaccine-preventable diseases are: Tetanus, Poliomyelitis, Diphtheria, Pertussis (whooping cough), Measles, and Childhood tuberculosis.

Q: What is the immunization schedule for infants?

A: The schedule includes: BCG at birth or within one year; OPV-0 at birth (for institutional deliveries); OPV 1, 2 & 3 and DPT 1, 2 & 3 at 6, 10, and 14 weeks; Measles and Vitamin A at 9 months; DPT booster and OPV booster at 16-24 months; followed by Vitamin A every 6 months until 36 months.

Q: Are minor illnesses a reason to postpone immunization?

A: No, minor ailments such as fever, cough, and cold are not contraindications for immunization.

Q: What side effects might occur after immunization and how should they be managed?

A: Minor side effects include mild fever, rash after measles vaccination, and pain/swelling at the injection site. These can be managed with 1/4 tablet of Paracetamol. If the baby cries for more than three hours, has high fever, or becomes drowsy/unconscious, they should be referred to a health facility.

Diarrhea

Q: What is diarrhea and what are its types?

A: Diarrhea is the passage of liquid or watery stools, usually more than three times daily. The three types are: acute watery diarrhea (lasting less than 14 days), dysentery (diarrhea with visible blood), and persistent diarrhea (lasting more than 14 days).

Q: What are the four golden rules for managing diarrhea in children?

A: The four golden rules are: 1) Continue feeding, including breastfeeding more frequently, 2) Give extra fluids, 3) Give ORS (Oral Rehydration Solution), and 4) Refer in case of danger signs.

Q: How should ORS be prepared and administered?

A: To prepare ORS, take one liter of clean drinking water, add one packet of ORS, and stir thoroughly. Cover the container. For infants, give one teaspoon every 1-2 minutes; for children 2 months to 2 years, give 1/4-1/2 cup; for children over 2 years, give 1/2-1 cup. Give more if the child wants.

Q: What home available fluids can be given for diarrhea?

A: Home available fluids include plain clean water, lassi, and shikanji (lemon water with sugar/salt).

Q: How can diarrhea be prevented?

A: Diarrhea can be prevented by: exclusive breastfeeding for six months, handwashing before cooking/feeding, keeping containers clean, covering food and water, consuming freshly prepared food,

maintaining environmental cleanliness, proper waste disposal to prevent fly breeding, and using sanitary latrines.

Q: What danger signs in diarrhea require immediate medical attention?

A: Danger signs include: child becoming lethargic, inability to drink or breastfeed, blood in stool, and not passing urine for eight hours.

Acute Respiratory Infection (ARI)

Q: What is Acute Respiratory Infection and what are its symptoms?

A: Acute Respiratory Infection is a major cause of mortality in children under five years. Symptoms include cough, running nose, fever, and difficulty in breathing. Serious illness and death are preventable if identified early and treated/referred in time.

Q: How should coughs and colds be managed at home?

A: Keep the child warm, give plenty of fluids while continuing breastfeeding, use home remedies like ginger, honey, lemon, or herbal tea, ensure the child gets enough rest, and clear the nose if it interferes with feeding.

Q: How can pneumonia be prevented in children?

A: Pneumonia can be prevented through timely immunization, administration of Vitamin A, good nutrition, and avoiding exposure to cold, dust, and smoke.

Q: What danger signs in respiratory infections require immediate medical attention?

A: Danger signs include: fast breathing, difficulty in breathing, inability to drink, and lethargy.

Infant and Young Child Nutrition

Q: What is the recommended feeding practice for infants 0-6 months?

A: Infants up to six months should be exclusively breastfed, with feeding at least eight times daily. Mothers should breastfeed on demand, and bottle-feeding should be discouraged.

Q: Why is breast milk ideal for young infants?

A: Breast milk contains all necessary nutrients, reduces chances of malnutrition, prevents infection as it's clean and bacteria-free, and colostrum acts as the first immunization. Breastfeeding enhances brain development and strengthens mother-child bonding.

Q: What are the complementary feeding recommendations for children 6-12 months?

A: Start home-based complementary foods 4-5 times daily after six months, continue breastfeeding as

often as the child wants, wash hands before feeding, ensure food is mashed and freshly prepared, and weigh children every three months to assess growth.

Q: How should feeding be managed during a child's illness?

A: Continue feeding during illness, give food in smaller amounts but more frequently, provide simple home-cooked digestible food, continue breastfeeding more frequently, and increase feeds after recovery.

Q: How can Vitamin A deficiency be prevented and treated?

A: Give six-monthly doses of Vitamin A to children between six months and three years of age. Increase intake of foods rich in Vitamin A like carrots, green leafy vegetables, yellow fruits, eggs, milk, and fish.

Q: How can iron deficiency anemia in children be addressed?

A: Give one small iron tablet daily for 100 days per year to children under five. Provide iron and protein-rich foods like jaggery, milk, eggs, pulses, green leafy vegetables, guavas, and apples. Prevent diarrhea and ensure deworming.

Fever

Q: How is fever measured and classified?

A: Fever can be identified by feeling the forehead or using a thermometer under the tongue or in the armpit for two minutes. Normal temperature is about 36°C (98.4°F). Temperatures of 37-39°C indicate mild fever, 39-40°C moderate fever, and above 40°C high fever.

Q: How should different levels of fever be treated?

A: Mild fever generally needs no treatment unless specific infections are suspected. For moderate fever, Paracetamol is the treatment of choice. For high fever, use tepid water sponging along with Paracetamol. If fever doesn't reduce within two days, refer to a health facility.

Q: What home remedies can help with fever?

A: Home remedies include Gulvel kadha (decoction made with Gulvel and dry ginger powder) and China grass tea, which are refreshing for those with simple fever.

Q: When should a child with fever be taken to a health facility immediately?

A: A child should be taken to a health facility immediately if: the child is less than two months old, there is fever with unconsciousness or drowsiness, fever with convulsions, the fevered child cannot drink, or fever has persisted for more than five days.

Q: Why doesn't Paracetamol cure fever completely?

A: Paracetamol only treats the symptom by reducing temperature; it does not kill the causative germs. It's

sufficient for common colds but not for serious infections like malaria, pneumonia, or TB, which need specific medicines.