

Annexe 1: Home Visit Form for the High Risk Baby

Home visit form (Examination of Mother and Newborn)								
Ask/Examine Date of ASHA's visit	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Action by the ASHA	Supervisory Check
A. Ask Mother								Action Take
No. of times mother take full meal in 24 hrs							If less than 4 times or if meals not full, advise mother to do so	Y/N Y/N
Bleeding: How many pads are changed in a day							If more than 5 pads, refer mother to hospital	
During the cold season is the baby being kept warm (near mother, 2 clothed and wrapped properly)	Yes/No/ NA	Yes/No/ NA	Yes/No/ NA	Yes/No/ NA	Yes/No/ NA	Yes/No/ NA	Advise the mother to do so, if not being done	
Is the baby being fed properly (whenever hungry or at least 7-8 times in 24 hrs)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise the mother to do so, if not being done	
Is baby crying incessantly or passing urine less than 6 times a day	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise mother to feed the baby after every 2 hours	