Annexe 6: Home Visit Form (Examination of Mother and Newborn)

Ask/Examine	Day 2	Day 3	Day 7	Day 14	Day 21	Day 28	Action by the ASHA	Supervisory	<u>~</u>
Date of ASHA's visit								Check	
A. Ask Mother								Action Take	e,
No. of times mother takes full meal in 24 hrs							If less than 4 times or if meals not full, advise mother to do so	Z	Z >
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, 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 Yes/No 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		
B. Examination of mother									
Temperature: Measure and record							Temperature up to 102 degree F (38.9 degree C)- treat with Paracetamol, and if the temperature is above it, refer to hospital)		
Foul smelling discharge and fever more than 100 degree F (37.8 degree C)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, refer the mother to hospital		
Is mother speaking abnormally or having fits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, refer the mother to hospital		
Mother has no milk since delivery or if perceives breast milk to be less	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			
Cracked nipples/painful and/or engorged breast	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			