





NOTIFICATION

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NUTURING HEARTS ENRICHING LIVES!!

Amidst the serene landscapes of rural life, where the heartbeat of motherhood echoes, we stand as guardians of well-being, weaving a tapestry of care, wisdom, and strength for every mother, nurturing families and sowing the seeds of community.

Welcome to our maternal health website for maternal care is a significant step forward in optimizing healthcare services for pregnant women, particularly in underserved regions. The platform empowers Community Health Workers with robust risk assessment tools, enabling them to evaluate individual risk profiles systematically. Real-time notifications trigger alerts when a woman's risk level exceeds predefined thresholds, prompting immediate action for high-risk pregnancies. The platform also offers secure communication channels between ACHWs and doctors within Primary Healthcare Centers, fostering collaboration and information sharing. Digital patient records enable evidence-based decision-making. The E-Health website streamlines appointment scheduling based on risk assessments, reducing wait times and ensuring timely care for high-risk cases. This innovative approach prioritizes risk-based communication, ensuring the well-being of expectant mothers and their children.

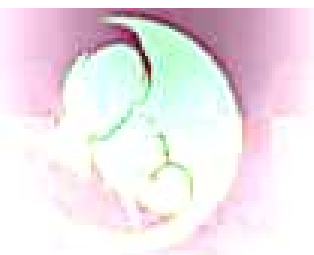
Pregnancy is just the beginning of this transformative journey. We're here to help you embrace childbirth with confidence, offering resources on birthing options, pain management, and emotional support. But we don't stop there – the postpartum period is equally important. Our digital haven offers guidance on recovery, self-care, and building a strong bond with your newborn.

One of our unique focuses is maternal mental health. We understand that emotional well-being is central to your overall health. Our articles, videos, and forums provide solace, support, and strategies for maintaining mental health throughout motherhood.

Beyond being a website, we are a vibrant community, a lifeline connecting mothers, families, and healthcare champions. Our forums and support groups create a safe space where you can share experiences, advice, and stories with others who understand the joys and challenges of motherhood.

Join us as we champion maternal wellness, making every step of the journey towards motherhood vibrant, supported, and transformative. Whether you're an expectant mother seeking guidance, a seasoned mom offering wisdom, or a healthcare professional dedicated to maternal well-being, you have a place here.

Welcome to our maternal health community, where the journey of motherhood becomes an empowered and shared experience. Dive into our digital sanctuary, explore the depths of maternal wisdom, and connect with a community that stands by your side throughout this incredible journey.



HOME

ABOUT US
CONTACT US
FAQS

NUTURING HEARTS

EMPOWERING MOTHERS

At NHR, we believe that every woman has the power to transform her life and the lives of her children. We provide the support, resources, and community needed to help mothers thrive. Our programs focus on maternal health, nutrition, and financial literacy, ensuring that every woman has the tools to succeed. Join us today and become part of a movement that is changing lives.

MORE INFO



Get Started





1. Introduction

2. Background

3. Methodology

4. Results

5. Discussion

6. Conclusion

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Activities





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SELECT PANCHAYATH / MUNICIPALITY

HEALTHCARER



[LOGIN NOW](#) →





Login to your healthcare Account

See what is going on with your胎宝宝

Email

Password

☐ Remember Me

[Forgot Password?](#)



Login



(Back



Login to your Ashaworker Account

See what is going on with your business



Email

password

Remember me

Forgot Password?

Log in

Forgot Password?

Login



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Login to your Ashaworker Account

See what is going on with your business



or use

or use

☐ Remember me

[Forgot Password?](#)

Login

[Create an account](#)

[Have you forgotten your?](#)



[\(Back](#)



Verification

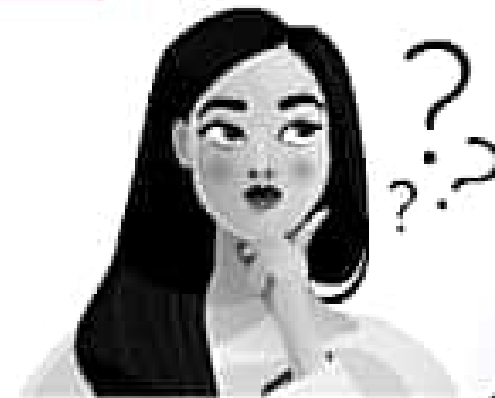
Enter your 4 digit code that you received on your email

2	2	2	2
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00:30

VERIFY

If you didn't receive a code? [Resend](#)



[\(Back](#)



Forgot password

Enter your phone number for the verification process, we will send a digit code to your phone number.

Phone Number

eg. 919 900 0000

CONTINUE





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Dashboard



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Registration



Notification



Logout

Recent Activities

New Appointments

Pending Appointments

Total Registered

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Successfully

Your password has been reset successfully

CONTINUE



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New Password

Set the new password for your account so you can login and access all features.

Enter new password

8 symbols at least



Confirm password

8 symbols at least



UPDATE PASSWORD





Consent form

Registration

1. Do you agree to the terms and conditions of using this maternal and child well-being app , including how your data will be collected and used?
2. Are you willing to provide consent for the website to collect and store your health-related data for the purpose of improving your maternal and child well-being experience?
3. Do you consent to receive notifications and updates related to your pregnancy or child's well-being via this app?
4. Would you like to receive personalized recommendations and information based on the data you provide in this app?

Next



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Recent Activities

New Appointments

Pending Appointments

Total Registered



Review



Registration

BASIC INFORMATION

FULL NAME
DATE OF BIRTH

IDENTITY SYSTEM

- ☒ ID CARD
- ☐ PASSPORT
- ☐ DRIVING LIC
- ☐ CC NUMBER

PARENTS DETAILS

NAME
ADDRESS
CITY
POSTCODE
PHONE
GENDER
CHILD DETAILS
PARENT COMPANY ☐ YES ☒ NO

CONTACT INFORMATION

PHONE NUMBER
EMAIL ADDRESS
ADDRESS

PARENTS PHONE NUMBER

EMERGENCY CONTACT PERSONS

PHONE NUMBER

PHONE ADDRESS
PHONE NUMBER
Relationship Name

Insurance & Emergency

INSURANCE ☒ YES ☐ NO ☐ UNKNOWN
TYPE OF INSURANCE
INSURANCE COMPANY
HEALTH INSURANCE ☒ YES ☐ NO
NAME OF INSURANCE
HAVE YOU EVER HAD HEALTH INSURANCE? ☒ YES ☐ NO
IF YES, WHEN DID YOUR HEALTH INSURANCE HAVE YOUR NAME?
HOW FREQUENTLY ARE YOU ATTENDING PHYSICAL EXERCISE?

INSURANCE COMPANY
ADDRESS ☐ YES ☒ NO
NAME OF INSURANCE
INSURANCE

OTHER INFORMATION

SMOKING ☒ YES ☐ NO ☐ UNKNOWN
ALCOHOL ☒ YES ☐ NO
☒ ALLERGIC ☐ DISORDER ☐ MENTAL DISORDER
☒ SURGERY ☐ SURGERY ☐ SURGERY
☒ SURGERY ☐ SURGERY ☐ SURGERY
HAVE A HISTORY OF PHYSICAL? ☐ YES ☒ NO ☐ UNKNOWN
IF YES, PLEASE EXPLAIN

PHYSICAL ☒ YES ☐ NO ☐ UNKNOWN
PHYSICAL ☒ YES ☐ NO ☐ UNKNOWN
DO YOU EXPERIENCE ANY PHYSICAL EXERCISE?
☐ YES ☐ NO
DO YOU HAVE ANY PHYSICAL EXERCISE?
☐ YES ☐ NO
DO YOU EXPERIENCE ANY PHYSICAL EXERCISE?
☐ YES ☐ NO
DO YOU HAVE ANY PHYSICAL EXERCISE?
☐ YES ☐ NO

Save





Notification



SEARCH



Name_45

Appointment Scheduled

View date



Name_34

Appointment Scheduled

View date



Name_23

Appointment Scheduled

View date



Name_67

Appointment Scheduled

View date



Name_56

Appointment Scheduled

View date



Name_13

Appointment Rescheduled

View date



Name_72

Appointment Scheduled

View date



Report

[illegible]

Full Name:

Age (in years):

Abstract—The purpose of this study was to determine the effect of a 12-week training program on the heart rate (HR) and heart rate reserve (HRR) of sedentary middle-aged men. The subjects were divided into two groups: a control group and an exercise group. The exercise group performed a 12-week training program consisting of three sessions per week. The control group did not exercise. The HR and HRR were measured at rest and during maximal exercise at the beginning and end of the 12-week period. The results showed that the exercise group had a significant decrease in HR and HRR at rest and during maximal exercise compared to the control group. The control group had no significant change in HR and HRR. The results suggest that a 12-week training program can improve the cardiovascular fitness of sedentary middle-aged men.

000001
 000002
 000003
 000004

[illegible][illegible]

Home Address	1000 Main Street
Work Address	1234 Main Street
Home Address	1234 Main Street, Suite 100
Work Address	1234 Main Street, Suite 100
Home Address	1234 Main Street, Suite 100
Work Address	1234 Main Street, Suite 100

Table 1

ADDRESS TYPE OF ADDRESS ADDRESS NUMBER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="text"/> <input type="text"/>	ROOM NUMBER APARTMENT NAME OF BUILDING	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="text"/> <input type="text"/>
HEALTH INSURANCE NAME OF INSURANCE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="text"/>	PHONE AREA CODE NUMBER	NAME OF CONTACT ADDRESS PHONE AREA CODE NUMBER
HAVE YOU HAD PREVIOUS PREGNANCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, HOW MANY PREGNANCIES HAVE YOU HAD?	<input type="text"/>	HOW LONG HAVE YOU BEEN ATTENDING PROGRAM, (COUNT IN MONTHS)	<input type="text"/>

<input type="checkbox"/> IS THIS A YES QUESTION? <input type="checkbox"/> IF YES, IS IT A YES QUESTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IS THIS A YES QUESTION? <input type="checkbox"/> IF YES, IS IT A YES QUESTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> IS THIS A YES QUESTION? <input type="checkbox"/> IF YES, IS IT A YES QUESTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IS THIS A YES QUESTION? <input type="checkbox"/> IF YES, IS IT A YES QUESTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Edit

Back to home





Are you sure ?

Yes

No



Notification



SEARCH



Name_45

Appointment Scheduled

View date



Name_34

Appointment Scheduled

View date



Name_23

Appointment Scheduled

25/12



Name_57

Appointment Scheduled

View date



Name_56

Appointment Scheduled

View date



Name_13

Appointment Rescheduled

View date



Name_72

Appointment Scheduled

View date





Logged Out



Notification



12/11/2023



View Report



View Report



View Report



View Report



View Report



View Report



View Report





Home

Dashboard



Search

Search...



Recently Viewed Reports

New Appointments

Pending Appointments

Total Reports Submitted



Home

Dashboard



Search



Notification



Logout

Recently viewed reports

New Appointments

Pending Appointments

Total Reports submitted



Appointment

September, 2023						
Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	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

Summary Report

PAGE NAME

DATE OF BIRTH

- ☒ SINGLE
- ☐ MARRIED
- ☐ DIVORCED
- ☐ CO-PARENT

NAME _____
SURNAME _____
FIRST NAME _____
ADDRESS _____
CITY _____
STATE/ZIP _____
PHONE NUMBER _____
FAX NUMBER _____
E-MAIL ADDRESS _____
WEBSITE _____
PREFERRED LANGUAGE ☐ YES ☐ NO

CONTACT INFORMATION

PHONE NUMBER _____
FAX NUMBER _____
HOME ADDRESS _____
CITY ADDRESS _____
RELATIONSHIP WITH _____

ADDRESS ☐ YES ☐ NO ☐ UNKNOWN
TYPE OF ADDRESS _____
SERVICE NUMBER _____
PLACE ADDRESS ☐ YES ☐ NO
DATE OF ADDRESS _____

ADDRESS GROUP _____
MEDICATION ☐ YES ☐ NO
NAME OF MEDICATION _____
PRIORITY _____

HAVE YOU EVER PREVIOUSLY PRESENTED IT?

☐ YES ☐ NO

IF YES, HOW MANY PREVIOUSLY HAVE YOU HAD?

HOW FREQUENTLY ARE YOU ATTENDING PERSONAL CHECK-UPS?

WILL THERE BE COMPLICATIONS OR OTHERS IN PRESENTING PERSONALITY?

DIAGNOSIS ☐ YES ☐ NO ☐ UNKNOWN
IF YES, OPTIONAL _____

DIAGNOSIS ☐ YES ☐ NO ☐ UNKNOWN
IF YES, OPTIONAL _____

☐ ALLERGY
☐ ALLERGIC REACTION
☐ ALLERGEN
☐ NONE

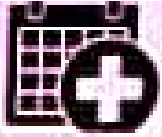
☐ ALLERGY
☐ ALLERGIC REACTION
☐ ALLERGEN
☐ NONE

☐ ALLERGIC REACTION
☐ ALLERGEN
☐ ALLERGEN
☐ NONE

HAVE A FULL SET OF PREGNANCY T? ☐ YES ☐ NO ☐ UNKNOWN

IF YES, PLEASE EXPLAIN

WILL THERE BE COMPLICATIONS OR OTHERS IN PRESENTING PERSONALITY?
☐ YES ☐ NO
WILL THERE BE COMPLICATIONS OR OTHERS IN PRESENTING PERSONALITY?
☐ YES ☐ NO
WILL THERE BE COMPLICATIONS OR OTHERS IN PRESENTING PERSONALITY?
☐ YES ☐ NO
WILL THERE BE COMPLICATIONS OR OTHERS IN PRESENTING PERSONALITY?
☐ YES ☐ NO



Appointment

September, 2023

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	Add Appointment		15	16	
17	18	Name_34		22	23	
24	25	Name_68		29	30	



Home



Report



Notification



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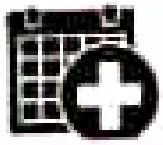


View Report



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Appointment



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