### Integrated Child Development Services National Rural Health Mission



Mother and Child Protection Card

### Photograph of Mother & Child

Fam	nily Identification
Mother's Name	
Father's Name	
Address	
Mother's Education: illiterate/	primary/middle/high school/gradu
	nancy Record
Mother's ID No.	
Date of the last menstrual	period / /
Expected date of delivery	
No. of pregnancies/ previous	us live births /
Last delivery conducted at	: Institution Home
Current delivery:	Institution Home
JSY Registration No.	
JSY payment Amount	Date / /
B Child's Name	irth Record
	Birth
Date of Birth / /	Weight
O' I	kgs gms
Girl Boy	Birth Registration No:
Institut	tional Identification
	_AWC/Block
	ANM
SHC / Clinic	
	pital / FRU
Contact Nos. ANM	
Transport Arrangement	· -
AWC Date	Sub-centre Date
Reg. No Late Late	Reg. No
Referral	

Ministry of Health and Family Welfare, Government of India

### Regular checkup is essential during pregnancy

Supplied with the supplied wit	1st 2nd 3rd 4th 5th 6th 7th 8th 9th
	Register with the health centre in the
	first trimester.
ANC	Have at least 3 antenatal checkups, after
	registration
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

Iron Tablets	Та
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ake one tablet of iron and folic acid a day or at least 3 months. Take at least 100 ablets. (Fill in quantity and date issued)

# **Care During Pregnancy**

**Ensure nutrition counselling at every ANC** 



Consume a variety of foods

◆ Consume more food – around 1/4th times extra than the normal diet

Consume SNP from the AWC regularly

rest during the day. In addition to 8 hours of rest at night.

Use only adequately iodised salt

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

ANTENATAL CARE

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 ( $\checkmark$ ) the box of the appropriate response/s)

A. Tuberculosis B. Hypertension C. Heart Disease D. Diabetes

#### **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				
Urine pregnancy test.	Date	/ /	7	

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2. Hbs Ag.	Date / /
3. Blood sugar.	Date / /

Participate in monthly fixed village Mother Child Health & Nutrition Day

Arrange Transport



Yes No.

Ensure early and exclusive breastfeeding 0-6 months

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



eeding during pregnancy excessive bleeding during delivery or after delivery



High fever during pregnancy or Headache, blurring of within one month of delivery vision, fits and swelling



Obtain Benefits

Ensure 48 hours

of stay after delivery

**Ensure Family Care** & Support

under JSY

Severe Anaemia with or

without breathlessness

Labour pain for more Bursting of water bag than 12 hours without labour pains

#### **Ensure Institutional Delivery**









Arrange for Transport in Advance

#### **Preparation in case of Home Delivery**



Identify Hospital

Clean surface & surroundings Clean blade

✓ Clean umbilical cord Clean thread to tie the cord

### **After Delivery**



Initiated Breastfeeding within 1 Hour of Birth

**POST NATAL CARE** 

Date of delivery Place of delivery	Type of Delivery
	N. Instr. CS
	tution period of stay very
Complications, if any (Specify)	
Sex of baby M F *Weight of	
Cried immediately after birth Y N	kg. gms

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

#### POST PARTUM CARE

Initiated exclusive breast feeding within 1 hour of birth Y N

	1 <sup>st</sup> Day	3 <sup>rd</sup> Day	7 <sup>th</sup> Day	6 <sup>th</sup> 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				

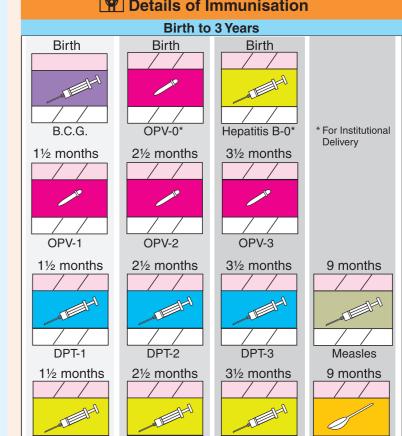
#### **CARE OF BABY**

	1 <sup>st</sup> Day	3 <sup>rd</sup> Day	7 <sup>th</sup> Day	6 <sup>th</sup> 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 **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 stoolsConvulsions
- ♦ Lethargic or unconscious

# Details of Immunisation



	1" Day	3° Day	/™ Day	6 Week	
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arrhea					
miting					
onvulsions					
tivity (good /lethargic)					
cking (good/ poor)					
eathing (fast/difficult)					
nest indrawing esent/absent					
mperature					
undice					
ondition of umbilical stump					
in pustules esent/absent					
y other complications					

Hepatitis B-3 16 to 24 months

# DPT Booster Polio Booster 24 to 36 months

Vitamin A Vitamin A

children over 6 months as prescribed

Remember

Vitamin A

Deworm children over 1 vear biannually as prescribed

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

Give Iron & Folic Acid syrup to

2

and

