

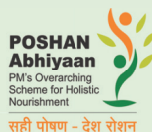


MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

MOTHER AND CHILD PROTECTION CARD (MCP CARD)



Be Wise!
**Get your child
fully immunized**



Keep this card safe and carry along with you during every visit to Village Health Sanitation and Nutrition Day, Anganwadi Centre, Health Centre and Hospital

2018 Version

Janani Suraksha Yojana (JSY)

Eligible mother gets cash assistance for giving birth in public health facilities and in private accredited hospitals

Benefits under Pradhan Mantri Matru Vandana Yojana (for the first live child in the family)

- 1st Installment given to beneficiaries after early registration of pregnancy at the Anganwadi Centre/approved Health facility
- 2nd Installment given to beneficiaries when at least one ANC received (can be claimed after 6 months pregnancy)
- 3rd Installment given to beneficiaries
 - i. After registration of child birth
 - ii. Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute

Pradhanmantri Surakshit Matritva Abhiyaan

During the 2nd/3rd trimester of your pregnancy, avail at least one Antenatal Checkup by a doctor on the 9th day of the month

Benefits under Janani-Shishu Suraksha Karyakram

For Pregnant Women

- Free and cashless delivery
- Free caesarean section
- Free drugs and consumables
- Free diagnostics (Blood, Urine tests and Ultrasonography, etc.)
- Free diet during stay (up to 3 days for normal delivery and 7 days for caesarean section)
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home
- All complications during ANC, PNC and sick infants also covered

For Sick Newborn till one year after birth

- Free treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home

It is illegal to select or determine the sex of a child before birth



MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

MOTHER AND CHILD PROTECTION CARD



paste photo of child here

Is the pregnancy
high risk?

Yes

No

FAMILY IDENTIFICATION

Mother's Name _____ Age _____

Father's Name _____

Address _____

Mobile No. Mother _____ Mobile No. Father _____

MCTS/RCH ID (Mother) _____

Eligible for PMMVY Yes No

Bank & Branch Name _____

Account No. _____ IFSC _____

PREGNANCY RECORD

No. of Pregnancies / Previous Live Births _____

Last Delivery Conducted at _____

Date of Last Menstrual Period _____

Expected Date of Delivery _____

Name of Identified Delivery Institution _____

Pregnancy Outcome Live Birth Still Birth

BIRTH RECORD

Child's Name _____

Date of Birth _____ Birth Weight _____

Current Place of Delivery _____

Male Female Birth Registration No. _____

MCTS/RCH ID (Child) _____

INSTITUTIONAL IDENTIFICATION

AWW _____ LGD Code _____

AWC No.

--	--	--	--	--	--	--	--	--	--

Village _____ Ward _____ Block _____

Postal Account _____ Postal Code _____

ASHA _____ ANM _____

Hospital Phone No. _____

SHC / Clinic _____ PHC / Town _____

Hospital / FRU _____ District _____

Sub-centre Reg. No. _____ Date _____

Fixed VHSND day _____

Referred to _____

Child's Aadhaar No. _____

Mother's Aadhaar No. _____

ASHA Mobile Number _____

ANM Mobile Number _____

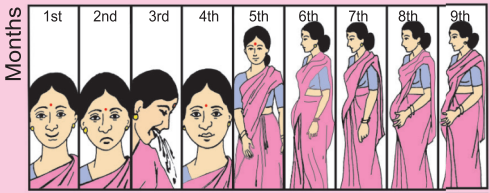
Ambulance Toll Free Phone Number _____

Regular checkup is essential during pregnancy

Urine Pregnancy Test

Yes No

Date: ___/___/___



Registration



Register with the Health Centre in the 1st 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 9-11 kg. during pregnancy. Gain at least 1 kg every month during the last 6 months of pregnancy.

--	--	--	--	--	--	--	--	--

T.d Injection



Take two T,d Injections. T,d 1 when pregnancy is confirmed and T,d 2 after 1 month. (Fill in the date)
*Give one dose of T.d if previously vaccinated within 3 years.

--	--	--	--	--	--	--	--	--

Iron Tablets



Take one tablet of iron folic acid a day for at least 6 months after first trimester. Take at least 180 tablets. (Fill in quantity and date issued)

--	--	--	--	--	--	--	--	--

Take two tablets of calcium per day for at least 6 months after 1st trimester

--	--	--	--	--	--	--	--	--

Take single dose of tablet albendazole (400 mg) after 1st trimester

___/___/___

Care During Pregnancy



- ◆ Consume a variety of food including fortified food items like wheat flour, edible oil etc.
- ◆ Consume more foods- around 1/4th times extra than the normal diet.
- ◆ Consume Supplementary Nutrition from the AWC regularly.
- ◆ Rinse the mouth after every meals brush the teeth atleast twice a day.



- ◆ Take at least two hours of rest during the day and in addition to 8 hours of rest at night.
- ◆ Use only adequately iodised/ double fortified salt.

Ensure nutrition counselling at every ANC

ANTENATAL CARE

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

- A. APH B. Eclampsia C. PIH
 D. Anaemia E. Obstructed Labor F. PPH
 G. LSCS H. Congenital Anomaly I. Abortion
 J. Other

PAST HISTORY

(Please tick (✓) appropriate response/s)

- A. Tuberculosis B. Hypertension C. Heart Disease
 D. Diabetes E. Asthma F. Others
 (Specify)

EXAMINATION

Height (cms)	Heart	Lungs	Breasts (check for inverted nipple)

ANTENATAL VISITS

	1	2	3	4	5 (Under PMSMA)
Date					
POG (Weeks)					
Weight(Kg)					
Pulse Rate					
Blood Pressure					
Pallor					
Oedema					
Jaundice					
Any Complaints					

ABDOMINAL EXAMINATION

Fundal Height Weeks in cm					
Lie/Presentation					
Fetal Movements	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent
Fetal Heart Rate per Minute					
P/V if Done					

ESSENTIAL INVESTIGATIONS

Hemoglobin (Gms)					
Urine Albumin					
Urine Sugar					
HIV Screening					
Syphilis					
Ultrasonography (Y/N)					
Gestational Diabetes Mellitus					

Blood Group & Rh Typing Date



OPTIONAL INVESTIGATIONS

1. Thyroid-Stimulating Hormone Date
 2. Hbs Ag. Date
 3. Blood sugar Date
 4. Others Date

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



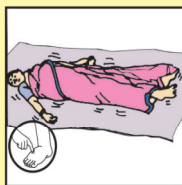
- Bleeding during pregnancy
- Excessive bleeding during delivery or after delivery



Severe Anemia with or without breathlessness



High fever during pregnancy or within one month of delivery



Headache, blurring of vision, fits and swelling all over the body



Labour pain before term/
Labour pain for more than 12 hours/Reduced fetal movement



Bursting of water bag without labour pains/Preterm labour pains (<37 weeks)

Ensure Institutional Delivery



Contact ASHA/
ANM/AWW



Register under Janani Suraksha Yojna (JSY)
Register under PMMVY (if applicable)



Obtain Benefits under JSY



Identify hospital in advance



Arrange for transport in advance



Ensure 48 hours of stay after delivery in the facility

Preparation in case of Home Delivery*

*It is advisable to conduct birth at health facility by skilled birth attendant



Ensure safe delivery by ANM

- ✓ Clean hands
- ✓ Clean surface & surroundings
- ✓ Clean blade
- ✓ Clean thread to tie the cord
- ✓ Clean set of clothes for newborn
- ✓ Clean perineum



Ensure family care & support

In case of Emergency



Arrange transport to hospital



Intiate Breastfeeding within 1 Hour of Birth



Family planning counselling

After Delivery

Early breastfeeding helps in sustaining breastfeeding so that mother can exclusively breastfeed for 6 months

POST NATAL CARE

Date of Delivery

Place of Delivery

Institution: Normal Assisted CS

Home: SBA Others

Live Birth Still Birth

Term/Preterm/Abortion _____

If at Institution, Period of Stay Post Delivery _____

Complications, if any (Specify) _____

Sex of baby M F *Weight of baby kg. gms

Cried immediately after birth Y N

Initiated exclusive breast feeding within 1 hour of birth Y N

Injection Vitamin K Y N

Take one tablet of iron folic acid per day for atleast 6 months after delivery

Take two tablets of calcium per day for atleast 6 months after delivery

POST PARTUM CARE

	1 st Day	3 rd Day	7 th Day	6 th 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 (Y/N)				
Any other Complications and Referral Requirements (Y/N)				

If baby is less than 2 kg, contact ANM for support, for continued breastfeeding and Kangaroo mother care

CARE OF BABY

	1 st Day	3 rd Day	7 th Day	6 th Week
Weight				
Urine passed				
Stool passed				
Diarrhoea				
Vomiting				
Convulsions				
Activity (Good/Lethargic)				
Sucking (Good/Poor)				
Breathing (Fast/Difficult)				
Chest Indrawing (Present/Absent)				
Temperature				
Jaundice				
Condition of Umbilical Stump				

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

Care of Newborn

Please Remember:

- Keep the baby warm.
- Start breastfeeding within 1 hr of birth
- Feed the baby only mother's milk
- Do not bathe the baby for the first 48 hours
- Keep the cord dry
- Keep the baby away from sick people
- Special care if baby < 2.5 kg at birth



⚠ Danger Signs:

Contact your Health Worker immediately if baby:

- Not able to feed
- Convulsion
- Fast breathing more than 60 breaths per minute
- Severe chest indrawing
- Axillary temperature 37.5° C or above (feels hot to touch)
- Axillary temperature less than 35.5° C (feels cold to touch)
- Movement only when stimulation or no movement at all

Home Based Child Care visits after 6 weeks (✓)

ASHA to verify at age	3 months	6 months	9 months	12 months	15 months
Whether child sick					
Breastfeeding continued					
Complementary food given	2-3 tsps of food at a time, 2-3 meals each day with 1-2 snacks between meals	×			
	½ cup serving at a time, 2-3 meals each day with 1-2 snacks between meals	×			
	¾ to 1 cup serving at a time, 3-4 times a day with 1-2 snacks between meals	×			
Weight recording by AWW					
Developmental delay checked					
Immunization status checked					
Measles vaccine given	×	×			
Vitamin A given	×	×		×	
ORS at home					
IFA syrup at home					
ASHA to provide services at age	3 months	6 months	9 months	12 months	15 months
Counsel for exclusive breastfeeding			×	×	×
Counsel for complementary feeding	×				
Counsel for hand washing					
Counsel on parenting					
Family planning counselling					
ORS given					
IFA syrup given	×				

Prevention of Diarrhoea



Wash both hands with soap before preparing food, feeding the child, after defecation and after cleaning child's excreta



Ensure drinking water is clean and stored in safe, covered container



Ensure that the child's surroundings are hygienic and wash hands of children frequently



Always use toilet, do not practice open defecation. Practice safe disposal of child's faeces

Treatment of Diarrhoea



Dissolve and mix 1 packet of ORS in 1 litre of potable water

Immediately give ORS solution to child as soon as diarrhoea begins and after each episode of diarrhoea

Mix Zinc tablet in one teaspoon of water or mother's milk and give it to the child once a day for 14 days

Continue feeding, including breastfeeding during and after episodes of diarrhoea

Prevention of Pneumonia



Keep children covered in warm woollen clothes during winters and do not let them walk barefoot



Do not keep new born without clothes



Use LPG gas stove for cooking to avoid smoke in the house

Identification of Pneumonia



Coughing gets worse



Fast breathing



Chest indrawing



Fever

Pneumonia can be identified by breath counts

For less than 2 month baby when breath count is more than 60 per minute

For 2 month to 1 year baby when breath count is more than 50 per minute

For 1 year to 5 year child when breath count is more than 40 per minute

**On seeing symptoms of Diarrhea or Pneumonia
Contact ASHA or ANM immediately**

Feeding, playing and communicating with children helps them to grow and develop physically and intellectually

Your baby has a small and tender stomach that only need mother's breast milk. Sometimes, your baby cries because he/she wants to be held close. Keep your baby in close contact with your skin. While breastfeeding, smile, talk and look into your baby's eyes, but don't rock him/her while feeding.



Put your baby to your breast immediately after birth, definitely within 1 hour. This helps in establishing lactation and bonding



Mother's first yellow milk provides immunity and protects the baby from diseases & infections



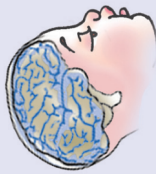
Your baby should be breastfed on demand both during the day and night. Frequent feeding increases breast milk flow. Don't forget to feed the baby at night



Breast milk provides all nutrients and contains sufficient water. Do not give your baby anything else to eat or drink, not even honey or water in the first 6 months. Your baby needs only breastfeeding till 6 months of age.



Even if your baby is ill, continue breastfeeding till 6 months
After 6 months, your baby requires small frequent meals, along with breast milk and other liquids during illness



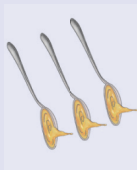
Breastfeeding improves intelligence

Consult the ANM, ASHA and AWW of your area in case you have any problem in breastfeeding your baby



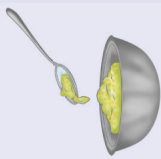
Birth to 6 months: Early and exclusive breastfeeding

6 months



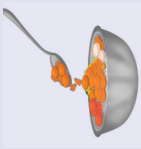
- ❖ Continue breastfeeding
- ❖ On completion of 6 months, start feeding baby with 2–3 table spoons of soft, well-mashed foods 2–3 times a day
- ❖ Introduce one food at a time, such as a small amount of vegetables, followed by fruits, dal and cereals
- ❖ Increase amount of the feed slowly
- ❖ Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

6–9 months



- ❖ Continue breastfeeding
- ❖ Change consistency to lumpy feeds given 3–4 times a day
- ❖ Feed 2–3 times and 1–2 snacks
- ❖ Increase quantity and diversity of the feeds
- ❖ Introduce one new food at a time such as khichri, dalia
- ❖ Include at least 4 food groups such as:
 - 1) cereals, 2) green vegetables and fruits,
 - 3) oil, ghee; 4) mashed dal/fish/egg (only hard-boiled)
- ❖ Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

9–12 months



- ❖ Continue breastfeeding
- ❖ After 9 months, feed at least half katori of food that requires chewing 3–4 times a day
- ❖ After 12 months, introduce family foods, give 3/4th–1 katori, 3–4 times each day along with 1–2 snacks
- ❖ Give finely chopped foods that baby can pick up using thumb and fingers. Allow children to eat with own hands, even if they mess up
- ❖ Give Vitamin A syrup for improving eyesight
- ❖ Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

General tips:



- ❖ Wash your hands with soap and water before preparing food and before feeding the baby.
- ❖ If feeding eggs, ensure they are well-cooked
- ❖ Thoroughly rinse raw fruits and vegetables under running water before cooking
- ❖ Cook thoroughly, use safe water, discard all leftovers on children's plates and do not save them for later
- ❖ Use only iodized salt for cooking; iodine improves intellect
- ❖ Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

6 months to 2 years:

Continue frequent on demand breastfeeding until 2 years and beyond. Also introduce soft foods

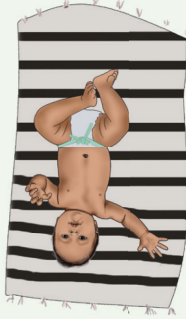
What most babies do (parents to ✓ tick as per age)



- Begin to recognize the mother's face
- Develop social smile
- Make eye contact



- Raise head at times, when on tummy



- Move both arms and both legs, when excited
- Keep hands open and relaxed

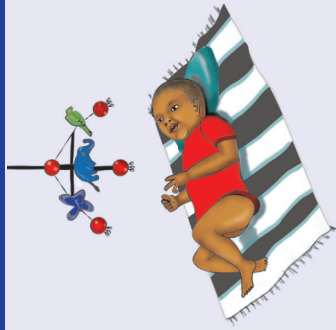
Parenting tips



- ❖ Massage gently, stretch and exercise arms and legs of babies
- ❖ Encourage babies to lie on tummy for some time every day



- ❖ Cuddle and play with babies daily. Cuddling or quickly responding to each cry does not spoil babies
- ❖ Talk to babies in your mother tongue daily



- ❖ Hang colourful moving objects 30cm (1 foot) away, for babies to focus on and follow
- ❖ Avoid use of digital media in children younger than 24 months

“Warning” signs : Contact ANM/AWW/health care provider immediately if you see any one of these



No social smile



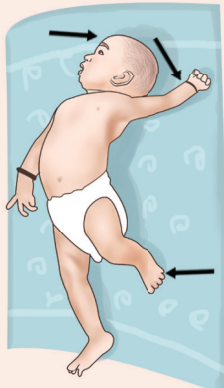
Does not make any eye contact when being fed, cuddled or spoken to



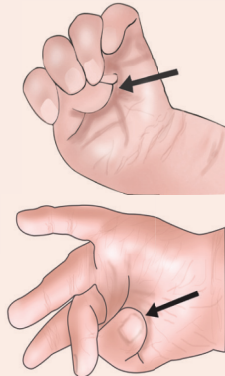
Persistent squinting after 2 months



Does not startle/ wake up/ cry in response to sudden loud sound



Head pushed back, with stiff arms and legs



Persistently hold thumb inside the palm, with hands kept open or fisted

What most babies do (parents to ✓ tick as per age)



- Keep head steady when held upright and can sit with support
- Turn head towards direction of sound

ASHA/AWW please examine and mark or on the card as per the age of the child

- Attempt to reach and grasp an object
- Laugh aloud or make squealing sounds



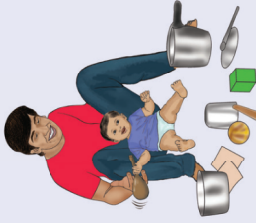
- Begin to babble "ah, ee, oo" other than when crying
- Like to look at self in a mirror

Parenting tips

Communicate with babies; imitate their sounds and praise them when they imitate yours



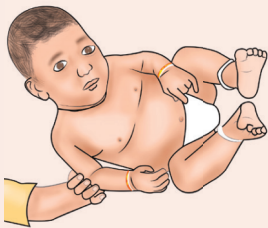
Put interesting things on the floor for babies to reach out and explore



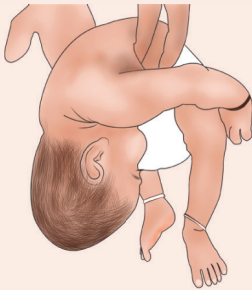
- ❖ Take children outdoors, and introduce them to the outside world
- ❖ Children suck on their fingers and thumb for comfort. It is not a cause for concern. Do not stop this at an early age



“Warning” signs : Contact ANM/AWW/health care provider immediately if you see any one of these



Lacks head control



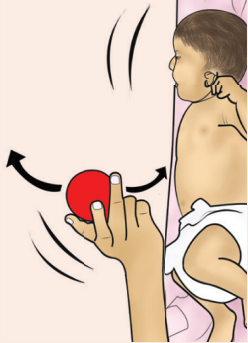
Cannot sit up even with help



Does not grasp things within reach



Does not vocalize by making different sounds such as “ah”, “eh”, “oo”

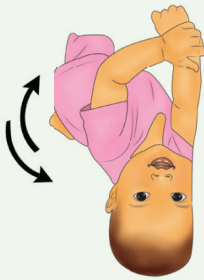


Head and eyes do not move to follow/track a moving object



Unable to raise head when on tummy

What most babies do (parents do ✓ tick as per age)



Roll over in both directions



Grasp a toy by using all fingers
 Turn head to visually follow familiar faces or toys



Look for toys that have been hidden in front of them
 Respond to name being called



ASHA/AWW please examine and mark or on the card as per the age of the child

Parenting tips



Let children drop, bang and throw things repeatedly. Respond to the noise that children make in a gentle and patient manner

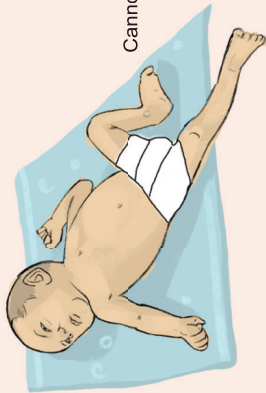


Give children clean, safe household utensils to play and explore



Play games like peek-a-boo. Hide the children's favourite toys under a cloth or box. See if children can find it

“Warning” signs : Contact ANM/AWW/health care provider immediately if you see any one of these



Cannot roll over



Needs support to sit



Does not turn towards a sound (out of sight)



Does not utter pa.. pa..pa, ma.. ma, ba.. ba..ba, etc

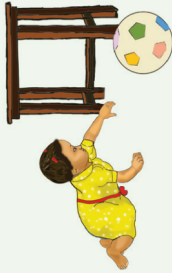


Tilts head always to one side each time when looking at objects

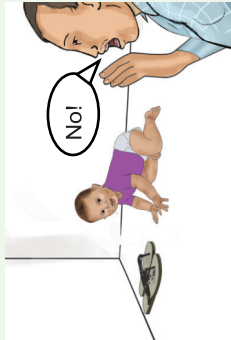
What most babies do (parents to ✓ tick as per age)



- Sit without support and reach for toys without falling
- Raise arms to be picked up



- Crawl to get desired toys without bumping into any objects



- Use one or two commonwords in mother tongue
- Respond to simple requests like “no/ come here”

ASHA/AWW please examine and mark or on the card as per the age of the child

Parenting tips



Place a toy slightly out of reach to encourage standing and walking while using support



Tell your babies stories and read picture books aloud. Show and name things in their environment



While exploring, babies might hurt others accidentally. Show them how to touch gently. Do not shout at them

“Warning” signs : Contact ANM/AWW/health care provider immediately if you see any one of these



Cannot pick small objects with finger and thumb



Does not stretch hands to be picked up



Does not respond to own name



Does not search for half hidden toys that the child sees you hide



Does not play social games like peek-a-boo (jhalak/ anakh-michauli)

What most babies do (parents to ✓ tick as per age)



- Stand and take several independent steps
- Use a variety of familiar gestures like waving, clapping, etc.



- Put pebbles/ small objects in a container

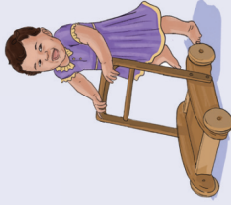


- Name and identify common objects and their pictures in a book



ASHA/AWW please examine and mark or on the card as per the age of the child

Parenting tips



Provide push toy for babies to learn walking



Ask your children simple questions. Encourage them to talk

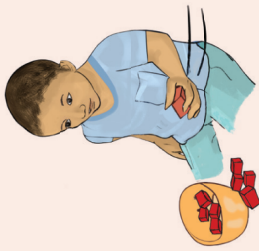


Give some fruits, toys, etc. to children. Ask them to identify the objects, put them in and take them out of containers

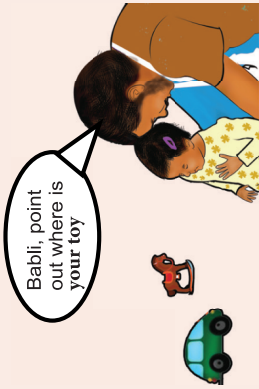
“Warning” signs : Contact ANM/AWW/health care provider immediately if you see any one of these



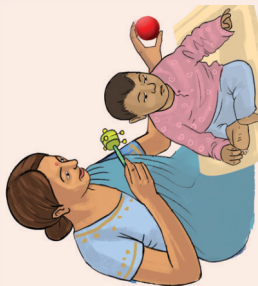
Cannot stand on his/her own without support



Cannot put small objects in a container



Does not point finger at an object when named



Does not respond to mother's gestures and seems to be in his/her own world



Does not use both hands for everyday activities (shows preference for one hand)

Amma, papa, dada

Does not say single words like “mama” or “dada”

What most babies do (parents to ✓ tick as per age)



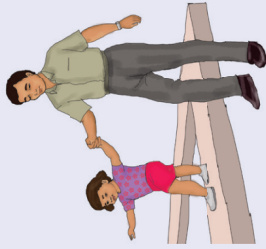
Walk steadily, even while pulling a toy



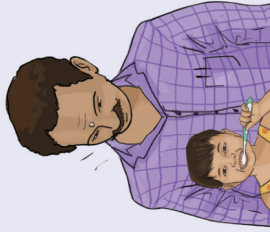
Imitate household chores

By **24** months

Parenting tips



Provide opportunities for children to walk, run and climb in safe environments



- ❖ Encourage children to follow a daily routine such as sleeping and waking up at a fixed time
- ❖ Read aloud to children, often repeating stories. Provide books and paper, chalk, colours, etc. for scribbling



Allow children to imitate you and master their skills. Be patient with them if they make a mess



Correctly point out and name one or more body parts in person or in books

ASHA/AWW please examine and mark or on the card as per the age of the child

“Warning” signs : Contact ANM/AWW/health care provider immediately if you see any one of these



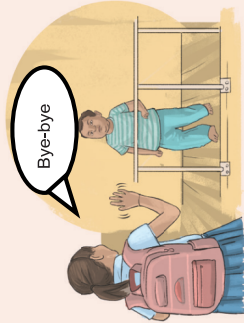
Does not walk steadily while pulling a toy



Cannot scribble

Give milk, amma come...

Does not use two word phrases such as “give milk”



Does not make appropriate response to gestures such as responding to bye-bye/ namaste



Does not point to body parts



Does not seem to understand and follow simple instructions

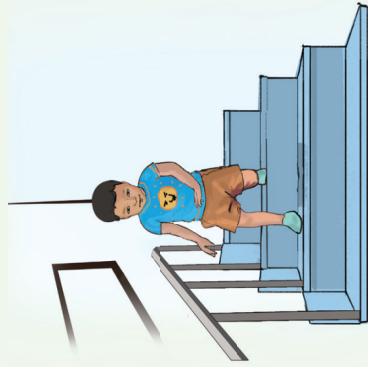
What most babies do (parents to ✓ tick as per age)



Drink from a cup without spilling

Cat
Dog
Bird

- Name most familiar things consistently.
Identify colours, shapes, etc.
- Make a sentence by joining 3 or more words



Climb up and down the stairs

ASHA/AWW please examine and mark or on the card as per the age of the child

Parenting tips



Play outdoor games with your children which require movement and physical activity



Give variety of materials (including blocks, puzzles, rings, etc.) to children



Allow children to use their hands and fingers in different ways to improve their skills

“Warning” signs : Contact ANM/AWW/health care provider immediately if you see any one of these



Has trouble climbing up and climbing down stairs



Cannot eat without help



Does not communicate meaningfully and frequently repeats others' speech



Babloo, let's feed the baby

Does not play "Pretend" games



Continuous drooling, unclear speech

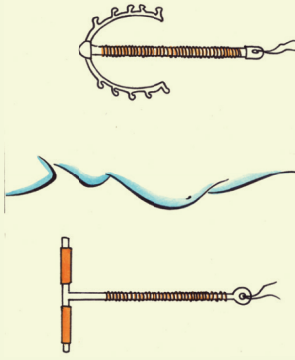
Mummy give milk

Does not speak in simple and three word sentences such as "mummy give milk"

Maintaining spacing of 3 years between two children has a healthy impact on both the mother and baby's health. You can avail any spacing method from the wide basket of choices offered under the Family Planning Programme such as:



Injectable Contraceptive
(Antara Programme)



IUCD 380A
(effective for 10 years)

IUCD 375
(effective for 5 years)

IUCD can be inserted as:

- **Interval IUCD:** after 6 weeks of delivery
- **Post partum IUCD:** within 48 hours of delivery



- **Mala N-Combined Oral Contraceptive Pills**
- **Chhaya-Centchroman Progesterone only Pills**



Nirodh- Condom

If your family is complete, you/your spouse can opt for a permanent method of contraception



Female Sterilization



Male Sterilization

Bi-weekly Iron-Folic Acid Supplementation and bi-annual deworming for children aged 6 months to 5 years (Compliance Card)

Mention date of provision of IFA bottle to mother	Bottle 1	Bottle 2	Bottle 3	Bottle 4	Bottle 5
	Bottle 6	Bottle 7	Bottle 8	Bottle 9	Bottle 10

Month-wise Bi-weekly IFA syrup supplementation	Dec																									
	Nov																									
	Oct																									
	Sep																									
	Aug																									
	Jul																									
	Jun																									
	May																									
	Apr																									
	Mar																									
	Feb																									
	Jan																									
Week	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
Age	6-12 month					1-2 Year					2-3 Year					3-4 Year					4-5 Year					

Albendazole (write date)

Age	1-2 Year	2-3 Year	3-4 Year	4-5 Year
Dose - 1				
Dose - 2				

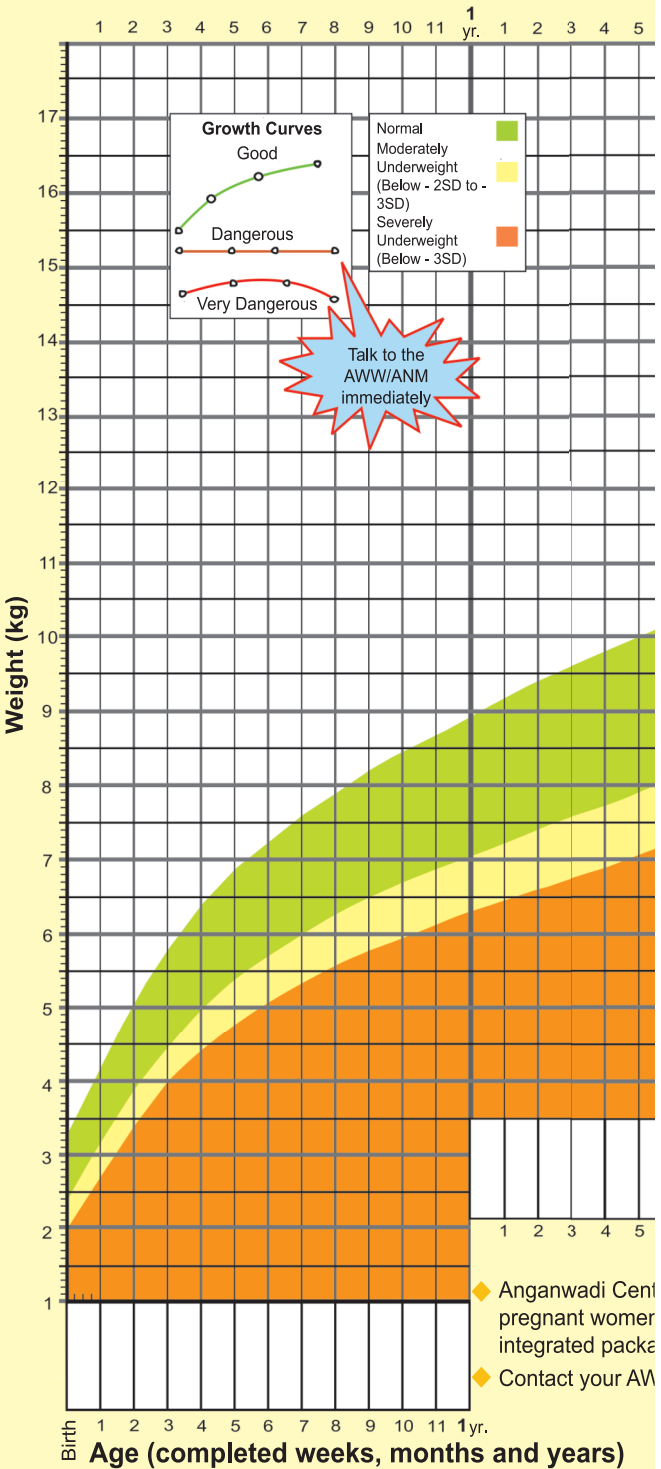
Important things to remember:

1. Provide iron folic acid (IFA) syrup every Wednesday and Saturday
2. Give 1 ml of Iron folic acid syrup using the auto-dispenser
3. Don't give iron folic acid syrup to a child when s/he is sick or severely undernourished
4. Always give iron folic acid syrup to the child after consumption of food
5. One 50-ml iron folic acid syrup bottle lasts for six months and once its finished, contact your ASHA/ANM didi for a new bottle
6. After giving a dose of iron folic acid syrup, mark a ✓ tick in the card
7. In case of any problem after consumption of iron folic acid syrup, contact your ANM immediately



GIRL: Weight-for-age

(As per WHO Child Growth Standards)

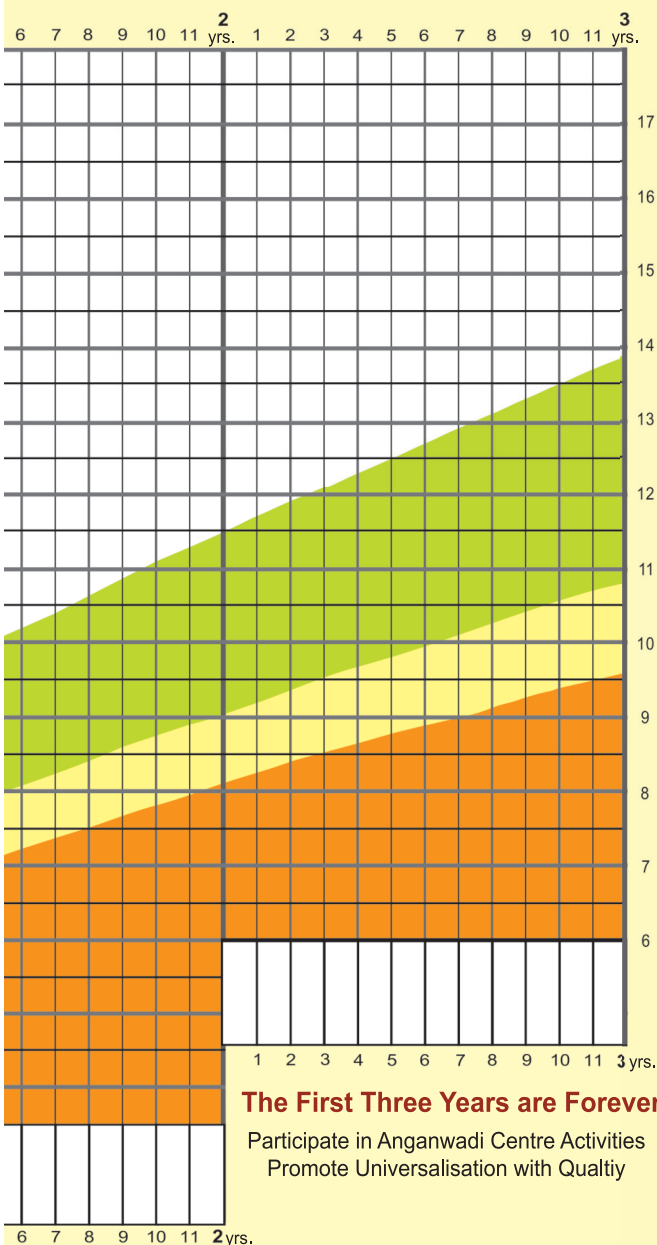


Services

- ◆ Supplementary nutritional support, growth monitoring and promotion
- ◆ Nutrition and health education

Ensure equal care

Age - Birth to 3 years (Growth Standards)



Anganwadi Centre

Centre of MWCD, GOI, reaches out to young children under 6 years, lactating and breastfeeding mothers and women 15-45 years with an array of services

Refer children for child care services at the nearest AWC

Services at Anganwadi Centre

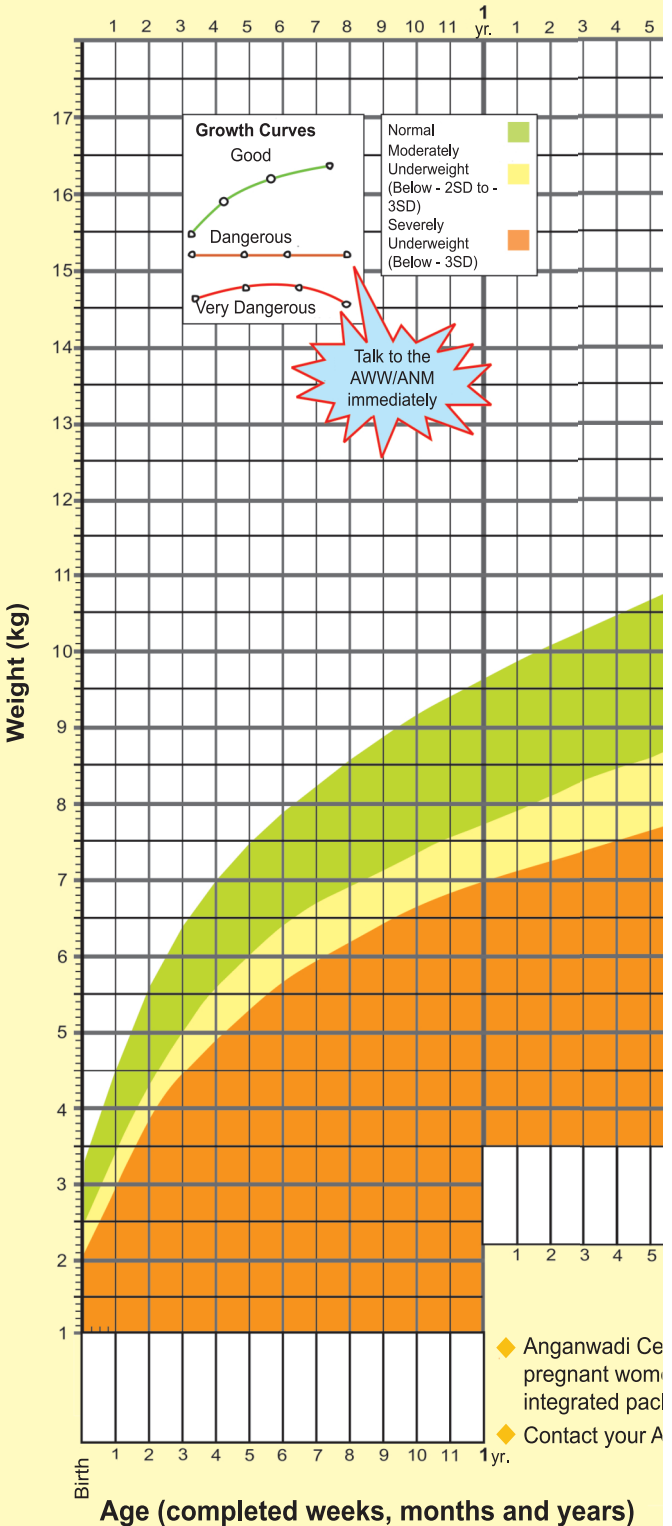
- ◆ Immunization
- ◆ Health check-up
- ◆ Referral services
- ◆ Early childhood care and preschool education

for the girl child



BOY: Weight-for-age

(As per WHO Child Growth Standards)



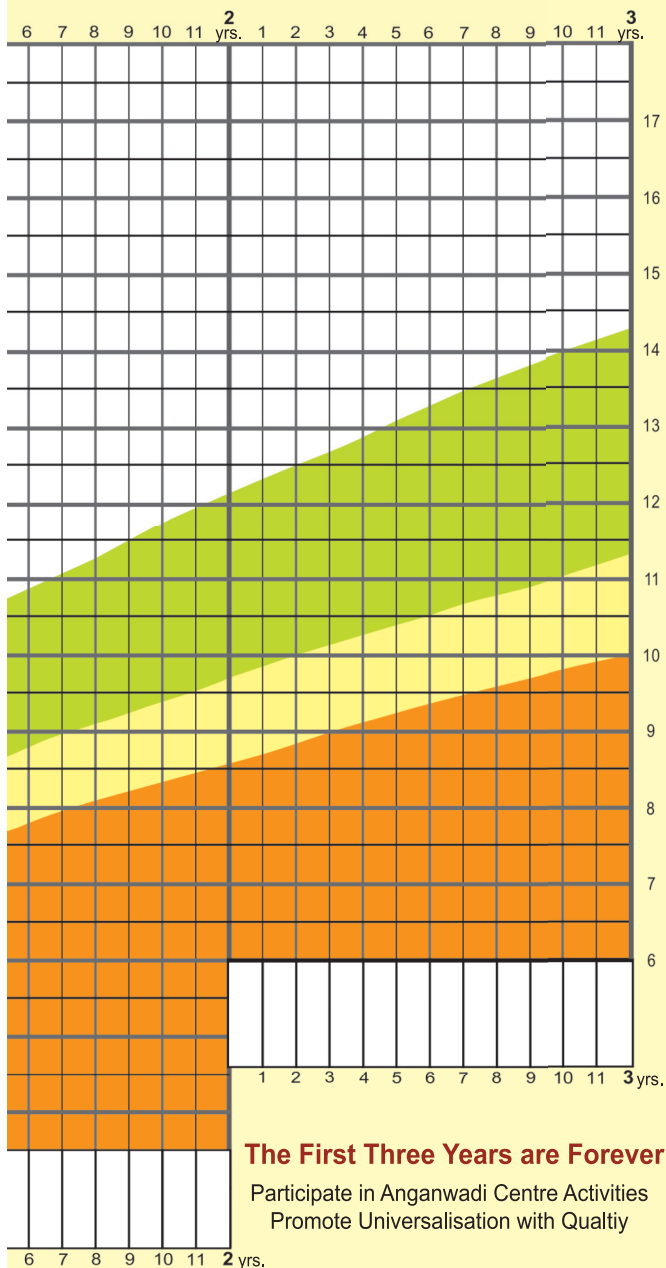
- ◆ Anganwadi Center for pregnant women and integrated package of services
- ◆ Contact your AWW/ANM

- ◆ Supplementary nutritional support, growth monitoring and promotion
- ◆ Nutrition and health education

Services

Have your child weighed

Age - Birth to 3 years (Growth Standards)



Anganwadi Centre

Centre of MWCD, GOI, reaches out to young children under 6 years, pregnant and breastfeeding mothers and women 15-45 years with a package of services

Refer to AWW for child care services at the nearest AWC

Services at Anganwadi Centre

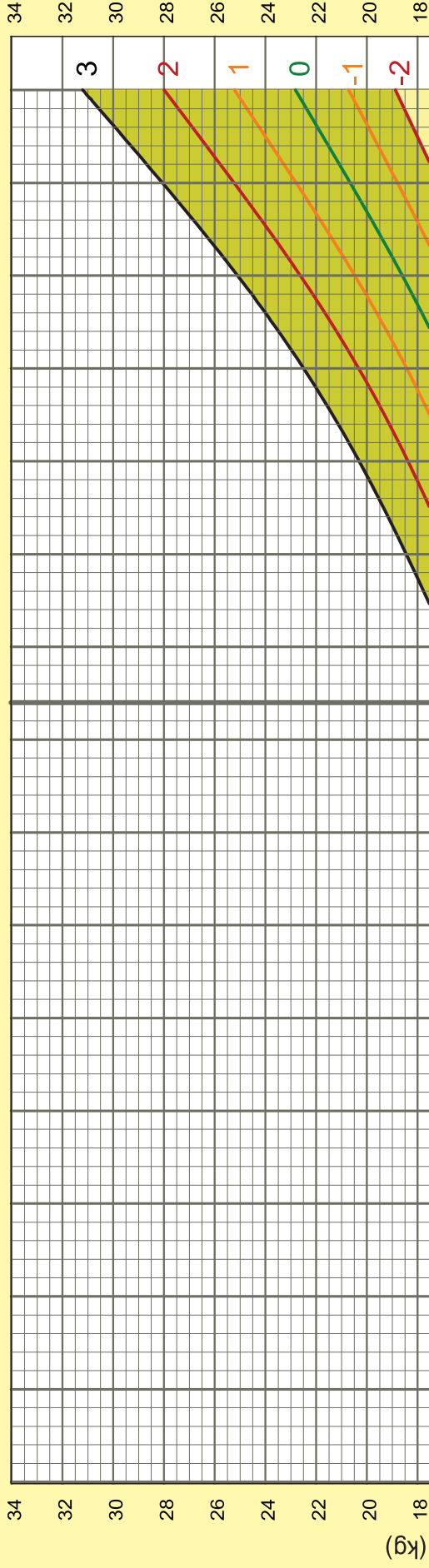
- ◆ Immunization
- ◆ Health check-up
- ◆ Referral services
- ◆ Early childhood care and preschool education

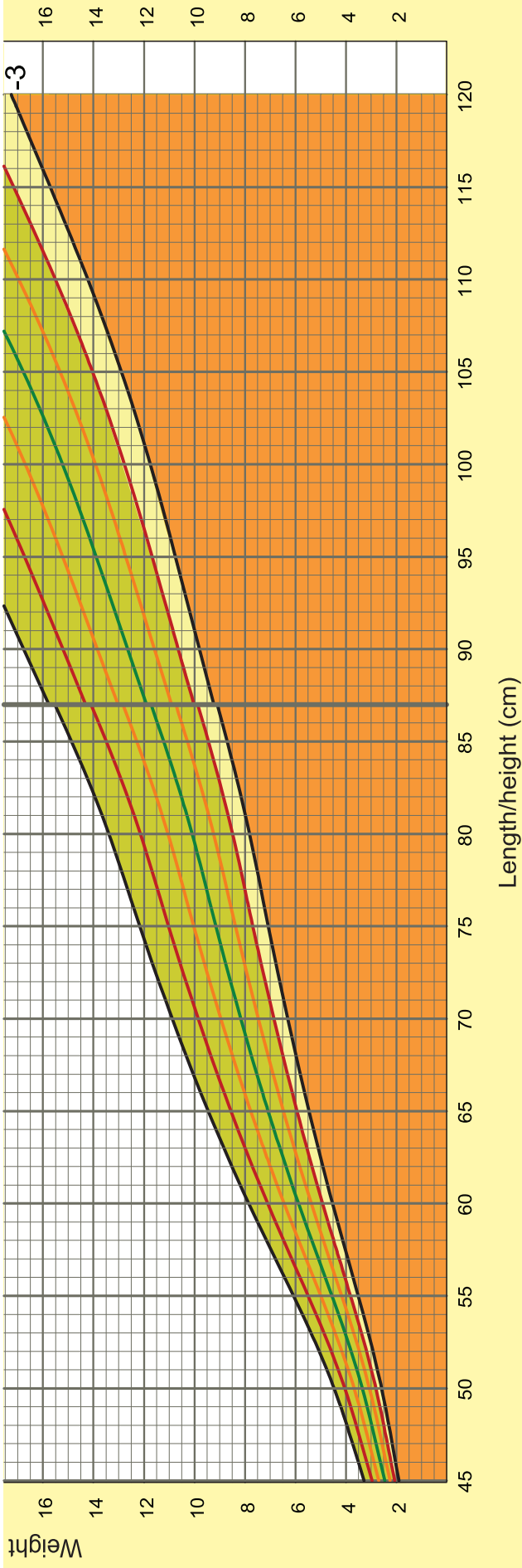
Participate in activities at the AWC every month



Weight-for-length/height Girls

(As per WHO Child Growth Standards)

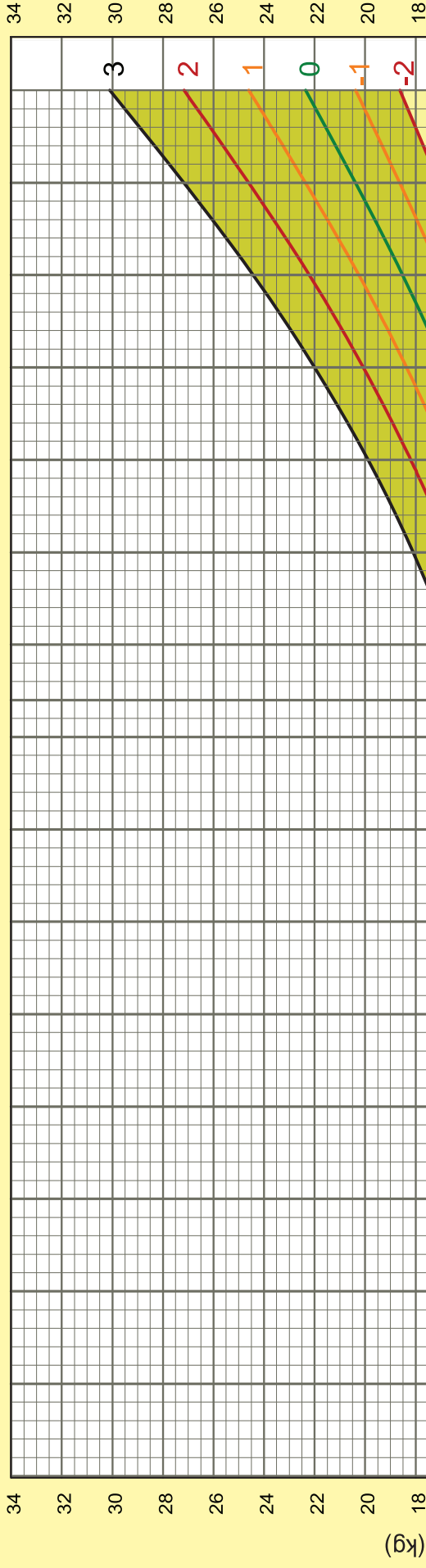


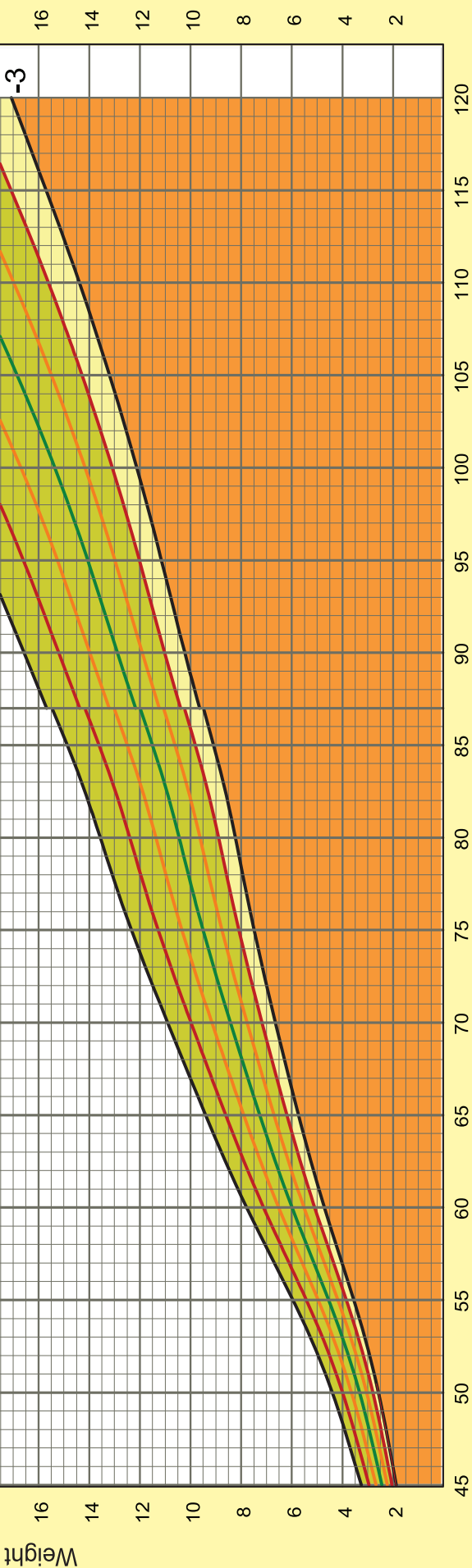




Weight-for-length/height Boy

(As per WHO Child Growth Standards)





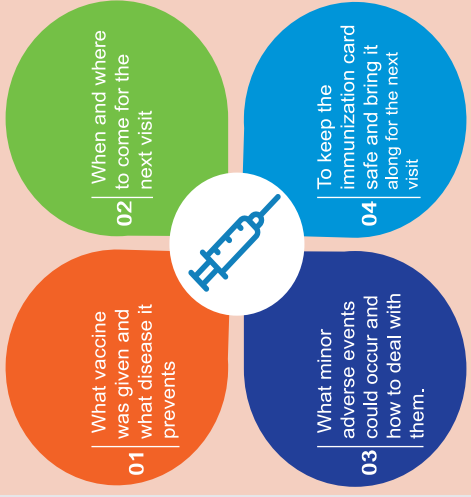
Length/height (cm)



Be Wise! Get your child fully immunized
Congratulations! Your child is vaccinated for the 1st year of life.



FOUR KEY MESSAGES ON IMMUNIZATION



BIRTH	1 1/2 MONTHS	2 1/2 MONTHS	3 1/2 MONTHS	9 MONTHS
Date of Delivery / /	Next Vaccination Date: / /	Next Vaccination Date: / /	Next Vaccination Date: / /	Next Vaccination Date: / /
DATE OF VACCINATION (mm/dd/yyyy): OPV-0 / /	DATE OF VACCINATION (mm/dd/yyyy): OPV-1 / /	DATE OF VACCINATION (mm/dd/yyyy): OPV-2 / /	DATE OF VACCINATION (mm/dd/yyyy): OPV-3 / /	DATE OF VACCINATION (mm/dd/yyyy): MR-1 / /
Hep B give within 24h of birth / /	Penta-1 / /	Penta-2 / /	Penta-3 / /	JE-1 / /
BCG / /	Rota-1 / /	Rota-2 / /	Rota-3 / /	Vitamin A-1 / /
/ /	PCV-1 / /	/ /	PCV-2 / /	PCV booster / /
/ /	IPV-1 / /	/ /	IPV-2 / /	/ /
/ /	/ /	/ /	/ /	/ /

16-24 MONTHS

Next Vaccination Date: / /

DPT Booster-1

DATE OF VACCINATION (mm/dd/yyyy): / /

Vitamin A-2

/ /

MR-2

/ /

JE-2

/ /

OPV Booster

/ /

5-6 YEARS

Next Vaccination Date: / /

DPT Booster-2

DATE OF VACCINATION (mm/dd/yyyy): / /

/ /

/ /

/ /

/ /

10 YEARS

Next Vaccination Date: / /

T.d

DATE OF VACCINATION (mm/dd/yyyy): / /

/ /

/ /

/ /

/ /

16 YEARS

/ /

T.d

DATE OF VACCINATION (mm/dd/yyyy): / /

/ /

/ /

/ /

/ /

SIA / OTHER

VACCINE NAME

DATE OF VACCINATION (mm/dd/yyyy):

VITAMIN A

CHILD AGE DATE OF ADMINISTRATION (mm/dd/yyyy):

Vit-A-3 2 years / /

Vit-A-4 2.5 years / /

Vit-A-5 3 years / /

Vit-A-6 3.5 years / /

Vit-A-7 4 years / /

Vit-A-8 4.5 years / /

Vit-A-9 5 years / /

MISSED DOSE TRACKING

NAME & DOSE OF MISSED VACCINE	DATE OF VACCINE DOSE MISSED	REASON WHY VACCINE DOSE MISSED	NEXT SESSION DATE FOR MISSED DOSE	SIGN OF ANM

Congratulations! Your child is vaccinated for the 2nd year of life.



Immunization Essentials

VACCINATION NAME	BIRTH	1 ^{1/2} Months	2 ^{1/2} Months	3 ^{1/2} Months	9 Months	1 ^{1/2} Years
BCG prevents tuberculosis	✓					
HepB prevents liver disease	✓					
OPV prevents polio	✓	✓	✓	✓		✓
IPV prevents polio		✓		✓		
Penta prevents whooping cough, diphtheria, tetanus Hep B and Hib infections		✓	✓	✓		
PCV prevents pneumonia		✓		✓	✓	
Rota prevents diarrhoea		✓	✓	✓		
MR prevents measles, rubella					✓	✓
JE Prevents brain fever					✓	✓
DPT prevents whooping cough, diphtheria and tetanus						✓



With your help, we have eradicated polio and eliminated maternal and neonatal tetanus!



Be Wise!
Get your child fully immunized

Continue vaccinating your child. Thank You!

Additional information

MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

Routine Immunization Counterfoil

FAMILY IDENTIFICATION

Child's name _____

Child's birth date ____/____/____

Father's name _____

Mother's name _____

Parents Mobile Number _____

Address _____

MCTS/RCH No. _____

ANM Signature _____

BIRTH	1 1/2 MONTHS	2 1/2 MONTHS	3 1/2 MONTHS	9 MONTHS
Date of Delivery / /	Next Vaccination Date: / /	Next Vaccination Date: / /	Next Vaccination Date: / /	Next Vaccination Date: / /
DATE OF VACCINATION (mm/dd/yyyy):	DATE OF VACCINATION (mm/dd/yyyy):	DATE OF VACCINATION (mm/dd/yyyy):	DATE OF VACCINATION (mm/dd/yyyy):	DATE OF VACCINATION (mm/dd/yyyy):
OPV-0	OPV-1	OPV-2	OPV-3	MR-1
Hep B <i>give within 24hr of birth</i>	Penta-1	Penta-2	Penta-3	JE-1
BCG	Rota-1	Rota-2	Rota-3	Vitamin A-1
	PCV-1		PCV-2	PCV- Booster
	IPV-1		IPV-2	

ASHA INCENTIVE TRACKING

Full Immunization (FIC):

Completed on ____/____/____

Incentive received? Yes No

If yes, date received ____/____/____

Complete Immunization (CIC):

Completed on ____/____/____

Incentive received? Yes No

If yes, date received ____/____/____

NOTES

16-24 MONTHS

Next Vaccination Date:
 ____/____/____

DATE OF VACCINATION
 (mm/dd/yyyy):

**DPT
 Booster-1**
 ____/____/____

**Vitamin
 A-2**
 ____/____/____

MR-2
 ____/____/____

JE-2
 ____/____/____

**OPV
 Booster**
 ____/____/____

____/____/____

5-6 YEARS

Next Vaccination Date:
 ____/____/____

DATE OF VACCINATION
 (mm/dd/yyyy):

**DPT
 Booster-2**
 ____/____/____

____/____/____

____/____/____

10 YEARS

Next Vaccination Date:
 ____/____/____

DATE OF VACCINATION
 (mm/dd/yyyy):

TT
 ____/____/____

____/____/____

____/____/____

16 YEARS

[Return Card to ANM]

DATE OF VACCINATION
 (mm/dd/yyyy):

TT
 ____/____/____

____/____/____

____/____/____

MISSED DOSE TRACKING

NAME	DATE OF VACCINATION	REASON	NEXT VACCINATION DATE	ANM INITIAL
	____/____/____		____/____/____	
	____/____/____		____/____/____	
	____/____/____		____/____/____	
	____/____/____		____/____/____	

____/____/____

____/____/____

____/____/____

VITAMIN A 3-9

DATE OF ADMINISTRATION
 (mm/dd/yyyy):

Vit-A-3
 ____/____/____

Vit-A-4
 ____/____/____

Vit-A-5
 ____/____/____

Vit-A-6
 ____/____/____

Vit-A-7
 ____/____/____

Vit-A-8
 ____/____/____

Vit-A-9
 ____/____/____





MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

MOTHER AND CHILD PROTECTION CARD



paste photo of child here

Is the pregnancy
high risk?

Yes

No

FAMILY IDENTIFICATION

Mother's Name _____ Age _____

Father's Name _____

Address _____

Mobile No. Mother _____ Mobile No. Father _____

MCTS/RCH ID (Mother) _____

Eligible for PMMVY Yes No

Bank & Branch Name _____

Account No. _____ IFSC _____

PREGNANCY RECORD

No. of Pregnancies / Previous Live Births _____

Last Delivery Conducted at _____

Date of Last Menstrual Period _____

Expected Date of Delivery _____

Name of Identified Delivery Institution _____

Pregnancy Outcome Live Birth Still Birth

BIRTH RECORD

Child's Name _____

Date of Birth _____ Birth Weight _____

Current Place of Delivery _____

Male Female Birth Registration No. _____

MCTS/RCH ID (Child) _____

INSTITUTIONAL IDENTIFICATION

AWW _____ LGD Code _____

AWC No.

--	--	--	--	--	--	--	--	--	--

Village _____ Ward _____ Block _____

Postal Account _____ Postal Code _____

ASHA _____ ANM _____

Hospital Phone No. _____

SHC / Clinic _____ PHC / Town _____

Hospital / FRU _____ District _____

Sub-centre Reg. No. _____ Date _____

Fixed VHSND day _____

Referred to _____

Child's Aadhaar No. _____

Mother's Aadhaar No. _____

ASHA Mobile Number _____

ANM Mobile Number _____

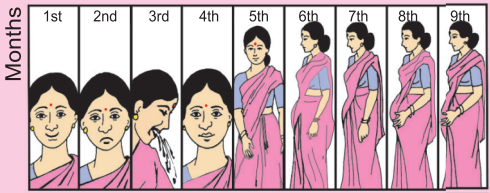
Ambulance Toll Free Phone Number _____

Regular checkup is essential during pregnancy

Urine Pregnancy Test

Yes No

Date: ___/___/___



Registration



Register with the Health Centre in the 1st trimester.

--	--	--	--	--	--	--	--	--

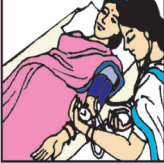
ANC



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 9-11 kg. during pregnancy. Gain at least 1 kg every month during the last 6 months of pregnancy.

--	--	--	--	--	--	--	--	--

T.d Injection



Take two T,d Injections. T,d 1 when pregnancy is confirmed and T,d 2 after 1 month. (Fill in the date)
*Give one dose of T.d if previously vaccinated within 3 years.

--	--	--	--	--	--	--	--	--

Iron Tablets



Take one tablet of iron folic acid a day for at least 6 months after first trimester. Take at least 180 tablets. (Fill in quantity and date issued)

--	--	--	--	--	--	--	--	--

Take two tablets of calcium per day for at least 6 months after 1st trimester

--	--	--	--	--	--	--	--	--

Take single dose of tablet albendazole (400 mg) after 1st trimester

___/___/___

Care During Pregnancy



- ◆ Consume a variety of food including fortified food items like wheat flour, edible oil etc.
- ◆ Consume more foods- around 1/4th times extra than the normal diet.
- ◆ Consume Supplementary Nutrition from the AWC regularly.
- ◆ Rinse the mouth after every meals brush the teeth atleast twice a day.



- ◆ Take at least two hours of rest during the day and in addition to 8 hours of rest at night.
- ◆ Use only adequately iodised/ double fortified salt.

Ensure nutrition counselling at every ANC

ANTENATAL CARE

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

- A. APH B. Eclampsia C. PIH
 D. Anaemia E. Obstructed Labor F. PPH
 G. LSCS H. Congenital Anomaly I. Abortion
 J. Other

PAST HISTORY (Please tick (✓) appropriate response/s)

- A. Tuberculosis B. Hypertension C. Heart Disease
 D. Diabetes E. Asthma F. Others
 (Specify)

EXAMINATION

Height (cms)	Heart	Lungs	Breasts (check for inverted nipple)

ANTENATAL VISITS

	1	2	3	4	5 (Under PMSMA)
Date					
POG (Weeks)					
Weight(Kg)					
Pulse Rate					
Blood Pressure					
Pallor					
Oedema					
Jaundice					
Any Complaints					

ABDOMINAL EXAMINATION

Fundal Height Weeks in cm					
Lie/Presentation					
Fetal Movements	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent	Normal/ Reduced/ Absent
Fetal Heart Rate per Minute					
P/V if Done					

ESSENTIAL INVESTIGATIONS

Hemoglobin (Gms)					
Urine Albumin					
Urine Sugar					
HIV Screening					
Syphilis					
Ultrasonography (Y/N)					
Gestational Diabetes Mellitus					

Blood Group & Rh Typing Date

OPTIONAL INVESTIGATIONS

1. Thyroid-Stimulating Hormone Date
 2. Hbs Ag. Date
 3. Blood sugar Date
 4. Others Date



POST NATAL CARE

Date of Delivery

Place of Delivery

Institution: Normal Assisted CS

Home: SBA Others

Live Birth Still Birth

Term/Preterm/Abortion _____

If at Institution, Period of Stay Post Delivery _____

Complications, if any (Specify) _____

Sex of baby M F *Weight of baby kg. gms

Cried immediately after birth Y N

Initiated exclusive breast feeding within 1 hour of birth Y N

Injection Vitamin K Y N

Take one tablet of iron folic acid per day for atleast 6 months after delivery

Take two tablets of calcium per day for atleast 6 months after delivery

POST PARTUM CARE

	1 st Day	3 rd Day	7 th Day	6 th 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 (Y/N)				
Any other Complications and Referral Requirements (Y/N)				

If baby is less than 2 kg, contact ANM for support, for continued breastfeeding and Kangaroo mother care

CARE OF BABY

	1 st Day	3 rd Day	7 th Day	6 th Week
Weight				
Urine passed				
Stool passed				
Diarrhoea				
Vomiting				
Convulsions				
Activity (Good/Lethargic)				
Sucking (Good/Poor)				
Breathing (Fast/Difficult)				
Chest Indrawing (Present/Absent)				
Temperature				
Jaundice				
Condition of Umbilical Stump				

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