Community Level Interventions For Improving Maternal, Neonatal And Child Health: A Training Tool Kit

HOME BASED MATERNAL AND NEWBORN CARE
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The photographs are by KV Balasubramanya. They have been used in the module with consent from the community.
The Community Level Interventions for Improving Maternal, Neonatal and Child Health Tool Kit is a series of seven modules:

Module 1: Design, Planning and Implementation of the Sukshema Project
Module 2: Core Concepts of Maternal, Neonatal and Child Health
Module 3: Sukshema’s Community Level Interventions
Module 4: Communication and Collaborative Skills for Front Line Health Workers
Module 5: Improving the Enumeration and Tracking Process
Module 6: Home Base Maternal and Newborn Care
Module 7: Supportive Community Monitoring

Module 6: Home Based Maternal and Newborn Care is a training module for Accredited Social Health Activists (ASHAs) developed to enhance their communication skills and quality of homes visits. Once the ASHAs complete the enumeration and tracking of their area, they have the responsibility to ensure that all services reach the beneficiaries. It is the ASHAs’ prerogative to reach out to the mother and child through home visits to deliver information, create awareness, identify symptoms of risk early and make timely referrals. In this context the quality of home visits conducted by the ASHAs need to result in bridging the information gap to a greater extent and bring about the expected results mentioned above. This module aims to specifically improve the capacities and the skills of the ASHA to conduct effective home visits by using the Home Based Maternal Newborn Care (HBMNC) Tool.

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ACRONYMS

ANC  Ante Natal Care
ARI  Acute Respiratory Infection
ARS  Arogya Raksha Samitis
ASHA  Accredited Social Health Activist
AWW  Anganwadi Worker
BCC  Behaviour Change Communication
BP  Blood Pressure
BPL  Below Poverty Line
CBO  Community Based Organization
CDL  Community Demand List (CDL1) Tool
CMR  Child mortality rate
DOH  Department of Health
EDD  Expected Date of Delivery
FLW  Frontline Health Worker
FP  Family Planning
FRU  First Response Unit
GoK  Government of Karnataka
HBMNC  Home Based Maternal Newborn Care
IEC  Information, Education, Communication
IFA  Iron and Folic Acid
IMR  Infant Mortality Rate
IPC  Inter Personal Communication
JHA  Junior Female Health Assistant
JSY  Janani Suraksha Yojana
KHPT  Karnataka Health Promotion Trust
MDG  UN Millennium Development Goals
MMR  Maternal Mortality Rate
MNCH  Maternal, Newborn and Child Health
NGO  Non-Government Organization
NRHM  National Rural Health Mission
PHC  Primary Health Centre
PNC  Post-natal Care
PRI  Panchayat Raj Institution
RP  Resource Person
SBA  Skilled Birth Attendant
SC  Sub Centre
SC/ST  Scheduled Caste/ Scheduled Tribe
SCM  Supportive Community Monitoring
TBA  Trained / Traditional Birth Attendant
TT  Tetanus Toxoid
VHW  Village Health Worker
VHSNC  Village Health and Sanitation Nutrition Committee

GETTING STARTED

The Doorway to Successful Training in Part 11 of Module 1 should always be used to start a training workshop; initially if covering all modules at one time, or as a refresher if modules are scheduled over a period of time. The Doorway to Successful Training contains a detailed plan of sessions that sets the stage for the workshop activities and logistics, covering welcome, introductions, objectives, hopes and fears, and ground rules.
SESSION 1: MATERNAL, INFANT AND CHILD MORTALITY

Objective

- To engage ASHAs in a discussion around the core issue of maternal, infant and child mortality and the root causes.

Methodology

Q & A and discussion

Duration

30 minutes

Training Materials

PPP, markers and brown sheets/ chart paper and copies of Information Guide for Session 1

Tips for facilitators

Encourage the participants to think critically about the issues and have them cite local examples from the field to increase their understanding.

Set the scene by sharing the current MNCH situation with respect to maternal, new born and the infant mortality in India and within the state/ region. Share data and other facts about the trends seen in MNCH.

Ask participants the following questions:

- What is abortion?
- What is still birth?
- What is maternal mortality?
- What is maternal mortality ratio (MMR)?
- What is infant mortality?
- What is infant mortality rate (IMR)?
- What is child mortality?
- What is child mortality rate (CMR)?

Use the pre-prepared chart ‘Information Guide for Session 1’ to correct definitions and provide explanation for the above questions.

Ask participants probing questions on the causes for maternal, infant and the child mortality to understand at what stages there are higher occurrences of mortality. For example, delivery at home, during shifting the woman to the hospital, during delivery and within 42 days post-delivery.

Use PPP/ posters to explain the medical and social causes for maternal, infant and child mortality.

Consolidate the session:

- Medical definitions of maternal, infant and child mortality are not sufficient.
- Unless the root causes of mortality and the circumstances that pose high risk to women and children are understood, FLWs will not be able to effectively address the problem of MMR, IMR and CMR.

SESSION 2: STAGES OF SERVICE DELIVERY

Objective

- To help ASHAs gain clarity about specific services available at different stages of the MNCH continuum of care.

Methodology

Group work and discussion

Duration

1 hour

Training Materials

Markers and brown sheets/ chart paper and copies of Information Guide for Session2

Tips for facilitators

Encourage participants to cover all the services, even those which might seem unimportant. Services could be available at multiple facilities. In that case, list all the probable facilities/ individuals from where services can be accessed.

INFOMATION GUIDE FOR SESSION 1

- Abortion: The termination of pregnancy by the removal or expulsion from the uterus of a foetus or embryo prior to viability i.e. < 20 weeks of pregnancy
- Still birth: Death of the foetus more than 20 weeks of pregnancy or death during the delivery, birth of life less foetus weighing 1000 grams and measuring over 35 cms.
- Maternal Mortality: Death of the mother during pregnancy/ during delivery/ during abortion/ or within 42 days of delivery, because of the complication during pregnancy and its management and NOT due to accident, trauma or any other reasons
- Maternal Mortality Ratio: Number of death of mothers per 100000 live births in a specific area, in a year
- Infant Mortality: The death of child within 28 days from the birth
- Infant Mortality Rate: Number of child deaths per 1000 live births in a year
- Child Mortality: The death of child within a year of birth
- Child Mortality Rate: The number of death of the child within a year of birth per 1000 live births

CAUSES AND INSTANCES OF RISK OF MATERNAL, INFANT AND CHILD MORTALITY

- Social causes: Attitudes in the society with respect to the woman’s status at home, religious, caste and creed based discrimination, the systems and customs followed at home, decision making/influencing authority regarding home based care and their information levels/beliefs, the education level of the family members. These are indirect causes that determine whether or not healthy practices are followed for the benefit of the woman and child.
- Service delivery systemic causes: Distance to hospital, shortage of medical staff and facilities, attitude and behaviour of medical staff, delay in service delivery.
- Medical causes: Causes for maternal mortality include excessive bleeding, infection, high blood pressure, repeated and unsafe abortions.
- Causes for child mortality include infection, Pneumonia, pre mature delivery, low body weight.
- Please note that there may be several other causes apart from the ones mentioned above.
- Most of the maternal and infant deaths occur during delivery and within 2 hours of delivery.
• In the MNCH continuum of care, ask them which stages they are responsible for.
• Note their responses on a flip chart.
• Divide the participants into three groups and distribute chart paper and markers to each group.
• Assign group 1 to report on ANC services; group 2 to report on delivery services; and group 3 to report on PNC services.
• Ask them to:
  – List all the services that need to be given to the women/new born under their group’s stage
  – Identify where/which facilities these services could be accessed.

INFORMATION GUIDE FOR SESSION 2

ANTENATAL CARE

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>Skilled Birth Attendant (SBA) Level</th>
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</thead>
<tbody>
<tr>
<td>Delivery by SBAs (Sub centre, PHCs not functioning as 24x7 and home deliveries conducted by SBA)</td>
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<table>
<thead>
<tr>
<th>LEVEL 2</th>
<th>Institutional (Basic Level)</th>
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<tbody>
<tr>
<td>PHC – Basic Obstetric and Neonatal care (24x7 PHCs, CHCs other than FRUs)</td>
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<tr>
<th>LEVEL 3</th>
<th>Institutional (Comprehensive Level)</th>
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<tbody>
<tr>
<td>FRU – comprehensive Obstetric and Neonatal care (DH, SDH, RH, CEmONC, selected CHCs)</td>
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ANC session should include:
• Registration (within 1st trimester)
• Physical examination – weight/ BP + abdominal examination
• Identification of danger signs and appropriate higher care referrals
• Ensuring consumption of at least 100 IFA tablets (for all pregnant women) 200 (for anaemic women). Severe anaemia needs referral
• Essential lab investigations (Hb%, urine for albumin/sugar, pregnancy test)
• TT immunisation (two doses at interval of one month)
• Counselling on nutrition, birth preparedness, safe abortion and institutional delivery
• Assured referral linkages for complicated pregnancies and deliveries

All services mentioned under Level 1 and the following:
• Blood grouping & Rh typing, Wet mount(saline/KOH), FPR/ VDRL
• Management and provision of all emergency obstetric and new born care for complications other than those requiring blood transfusion or surgery
• Linkages with nearest ICM/ PPTCT centre for voluntary counselling and testing for HIV and PPTCT services

POSTNATAL AND NEWBORN CARE

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</tbody>
</table>

New born care
• Newborns <1800gm
  – Immediate care of LBW newborns (>1800gm)

All mentioned in Level 1 and the following:
• Clinical management of all maternal emergencies such as PPH, Puerperal Sepsis, Eclampsia, Breast Abscess, post surgical complication, shock and any other postnatal complications such as RH incompatibility etc.colleges

All in Level 1 and the following:
• Availability of following services round the clock
  – Episiotomy and suturing cervical tear
  – Assisted vaginal deliveries like outlet forceps, vacuum
  – Stabilisation of patients with obstetric emergencies, e.g. eclampsia, PPH, shock
  – Referral linkages with higher facilities
  – Newborn as in level 1 +
  – Antenatal Corticosteroids to the mother in case of pre-term babies
  – Immediate care of LBW newborns (>1800gm)
  – Care of LBW newborns <1800gm

INTRANATAL CARE

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• Minimum 6 hours of stay post delivery
• Counselling for feeding, nutrition, family planning, hygiene, immunisation and PN check-up
• Home visits on 3rd, 7th and 42nd day, both for mother and baby are needed. Additional visits are needed for the newborn on day 14, 21 and 28. Further visits may be necessary for LBW and sick newborns
• Timely identification of danger signs and complications and referral of mother and baby

All in Level 1 and Availability of following services round the clock
• Episiotomy and suturing cervical tear
• Assisted vaginal deliveries like outlet forceps, vacuum
• Stabilisation of patients with obstetric emergencies, e.g. eclampsia, PPH, sepsis, shock
• Referral linkages with higher facilities
• Newborn care as in Level 2 +
• Management of complications

New born care as in Level 2 and the following:
• Management of all maternal emergencies such as PPH, Puerperal Sepsis, Eclampsia, Breast Abscess, post surgical complication, shock and any other postnatal complications such as RH incompatibility etc.colleges

All in Level 2 and the following:
• Availability of following services round the clock
• Management of obstructed labour
• Surgical intervention like Caesarean section
• Comprehensive management of all obstetric emergencies, e.g. PPH/Eclampsia, Sepsis, PPH retained placenta, shock etc.
• In-house blood bank/blood storage centre
• Referral linkages with higher facilities including medical colleges
• Essential new born care as in level 2 +
• Care of LBW newborns <1800gm
SESSION 3: FRONTLINE HEALTH WORKERS: PROVIDING MNCH CONTINUUM OF CARE SERVICES

Process

- Divide the participants into three groups and distribute chart paper and markers to each group.
- Ask the participants who are some of the most important FLWs related to the MNCH continuum of care?
- Note their responses on a flip chart.
- Assign group 1 to report on ASHAs; group 2 to report on JHAs; and group 3 to report on AWWs.
- Ask them to:
  - Discuss the respective roles and responsibilities in providing MNCH continuum of care services.
  - Allow 20 minutes to complete the exercise, then ask a representative from each group to take 5 minutes to share their responses.
- Ask other groups to contribute any other key information.
- Continue with the next 2 groups in the same manner.
- Use the pre-prepared chart ‘Information Guide for Session 3’ to wrap-up all the presentations.

Consolidate the session:

- Clarity of roles is essential to avoid confusion or overlapping of service delivery on the ground.
- Clearly understanding the roles and responsibility of other FLWs is crucial for mutual support in the field.
- There may be common responsibilities among the three. Let them know that some commonalities/overlaps are fine as long as there is shared work and cooperation to deliver services.

Objective

- To clarify the roles and responsibilities of frontline health workers (FLWs) such as Accredited Social Health Activist (ASHA), Junior Female Health Assistant (JHA), and Anganwadi Worker (AWW) in providing MNCH continuum of care services.
- To help participants know the importance of other FLW roles and responsibilities in improving MNCH services.

Methodology

Group discussion

Duration

1 hour

Training Materials

Markers and brown sheets/ chart paper and copies of Information Guide for Session 3

Tips for facilitators

Although the HBMNC Tool has been designed for use by the ASHA, as part of Sushema’s current training strategy all three FLWs are involved in the training. Understanding all of their responsibilities is important to ensure mutual support and role clarity.

INFORMATION GUIDE FOR SESSION 3

The roles and responsibilities of the three frontline health workers in HBMNC are as follows:

- **Accredited Social Health Activist (ASHA):**
  1. Conduct home visits and enlist expected pregnancies and children up to the age of 5.
  2. Meet a pregnant woman at least 3 times and conduct necessary health education or counselling sessions.
  3. Offer support to conduct the pregnant women’s meeting.
  4. Take the pregnant woman to the hospital for delivery and those with possible risks to higher centres well ahead of the due date.
  5. Conduct post-delivery follow up home visits and impart needed health messages.
  6. Identify the danger signs among the pregnant, nursing mother and newborns, providing first aid and referring to higher care.
  7. Provide care for the newborn-immunisation within 2 years.

- **Junior Female Health Assistant (JHA):**
  1. Enrollment of pregnant women
  2. Administration of TT injection and measuring BP of the pregnant woman, checking the weight of the child after delivery and administration of FS tablets after 5 months of delivery.
  3. Filling of “Thayi” card during the registration of the woman.
  4. Impart education on nutritious food, hygiene and institutional delivery to the woman.
  5. Provide Information to the pregnant woman on scanning and its benefits.
  6. For the 1st and 2nd delivery, provide immunisation within 2 years.
  7. Provide guidance and information to the pregnant woman on side effects of immunisation camps.
  8. Allow 20 minutes to complete the exercise, then ask a representative from each group to take 5 minutes to share their responses.
  9. Conduct the Balavikasa Samithi meetings
  10. Conduct home visits with the ASHA and examining the formats filled by the ASHA
  11. Train the ASHA at the PHC level

- **Anganwadi worker: (AWW)**
  1. Conduct the mother’s meeting and provide health education
  2. Conduct home visit to pregnant, nursing mothers & children between the age group of 6 months to 3 years. The purpose of this visit is to counsel women and families on the issues of nutrition.
  3. Keep track of the children’s weight and send the graded children to higher centres.
  4. Identify Grade children (malnutrition cases) and enrol for Bhagyalakshmi scheme (only for the BPL card holders)
  5. Identify healthy children and conduct baby shows
  6. Conduct the Balavikasa Samithi meetings
  7. Conduct Nutrition camps and distribute nutritious food for the children between the age groups of 6 months to 3 years and pregnant women and nursing mothers
  8. Mobilize pregnant women for immunisation camps
  9. Register the child post delivery
  10. Provide information to nursing mothers about precautions to be taken to avoid infection.
  11. Collection of blood samples for testing if the pregnant woman or the nursing mother runs fever
  12. Inform the women about the side effects of immunisation, importance of breast feeding, maternal and newborn care at home, permanent and temporary family planning options
  13. Conduct deliveries in case of emergencies in the sub centres
  14. Referral services for higher care
  15. Immunisation
  16. Conduct home visits with the ASHA and examining the formats filled by the ASHA
  17. Provide guidance and information to the ASHA on HBMNC
  18. Train the ASHA at the PHC level

- **Junior Female Health Assistant (JHA):**
  1. Conduct home visits with the ASHA and examining the formats filled by the ASHA
  2. Conduct the Balavikasa Samithi meetings
  3. Conduct Nutrition camps and distribute nutritious food for the children between the age groups of 6 months to 3 years
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  5. Register the child post delivery

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  2. Conduct the Balavikasa Samithi meetings
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  12. Conduct home visits with the ASHA and examining the formats filled by the ASHA
  13. Provide guidance and information to the ASHA on HBMNC
  14. Train the ASHA at the PHC level

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  1. Conduct home visits with the ASHA and examining the formats filled by the ASHA
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  9. Conduct deliveries in case of emergencies in the sub centres
  10. Referral services for higher care
  11. Immunisation
  12. Conduct home visits with the ASHA and examining the formats filled by the ASHA
  13. Provide guidance and information to the ASHA on HBMNC
  14. Train the ASHA at the PHC level
SESSION 4:
THE HBMNC TOOL: PROVIDING QUALITY MNCH CONTINUUM OF CARE SERVICES

Objective
- To enable ASHAs to see the gaps in home visits in the field
- To help ASHAs see the relevance of the HBMNC Tool in providing quality HBMNC

Methodology
Role play and discussion

Duration
1 hour

Training Materials
Markers and brown sheets/ chart paper, and copies of the HBMNC Tool (Annexure 1)

Tips for facilitators
The role plays will help the participants to explore all the necessary components that must be included in a home visit and ways to improve the content and communication skills will be explored together.

SESSION 5:
USING THE HBMNC TOOL – SECTION 1 IDENTIFICATION

Objective
- To help participants understand the importance of timely identification of pregnant women and nursing mothers.
- To introduce participants to Section 1 of the HBMNC Tool.

Methodology
Group discussion

Duration
1 hour

Training Materials
Markers and brown sheets/ chart paper, and copies of the HBMNC Tool (Annexure 1)

Tips for facilitators
Before this session, thoroughly review Annexure 1. The participants will have the opportunity to have guided hands-on experience to fill in Section 1 of the HBMNC Tool so be prepared for detailed questions about where to get the information and where to put the information.

Process
- Ask participants how to identify eligible pregnant women and nursing mothers.
- Note their responses on a flip chart.
- Ask them what is the basic information that they need to provide to nurses to ensure comprehensive ANC services?
- Note their responses on a flip chart.
- Now tell them to look at Section 1 of the HBMNC Tool.
- Read through each of the components in Section 1 aloud and explain how and why this section is important. Clarify any doubts that the participants may have.
- Tell each participant to use an example of the most recent home visit they conducted. They can refer to their registers to obtain the woman’s details if they cannot recollect it on their own.
- Allow 10 minutes to fill in Section 1 of the HBMNC Tool using that information.
- Verify if all the entries are correctly filled in by individually looking at formats randomly among the group.
- Select one filled format randomly from the group and discuss if it has been filled in correctly by going over each of the indicators in plenary.
- Ask if there are any questions about how to fill in Section 1.
- Consolidate the session:
  - The eliciting and recording of basic information of the woman during a home visit is crucial.

Process
- Divide participants into four groups to prepare role plays.
  - Group 1 to enact the 1st home visit with pregnant woman
  - Group 2 to enact the 2nd home visit with high risk pregnant woman
  - Group 3 to enact the 3rd home visit with healthy baby born at PHC
  - Group 4 to enact the 4th home visit with sick baby born at home
- Ask them to first discuss key aspects of their home visits and to emphasise key messages that need to be given during the home visit.
- Allow 15 minutes to prepare their role play.
- After each group has performed their role play, ask participants to recall different messages that were given. Ask spectators if there were components that the ASHA missed out during the home visit, for example, identifying danger signs, or counselling, etc.
- After all groups have performed, ask how home based care can be given without missing any components and providing all messages.
- Note their responses on a flip chart.
- Tell them that the HBMNC Tool attempts to help the ASHA make her home visits very specific and guide her through important indicators to look for during the home visits.
- Distribute copies of the HBMNC Tool to all the participants (Annexure 1). Tell them to keep their copy of the HBMNC Tool available for use during all the sessions of Module 6.
- Briefly go over the key sections of the HBMNC Tool and some of the important indicators.
- Tell participants that in future sessions they will learn more details of the HBMNC Tool.
- Consolidate the session:
  - Home visits lack direction and critical messages are often forgotten if the ASHA lacks a job aid or tool to help them remember everything that need to do or say during a home visit.
  - A job aid or tool can make home visits more effective.
**SESSION 6: PROVIDING ANC SERVICES**

**Process**
- Divide the participants into four groups and distribute chart paper and markers to each group.
- Ask them to answer these questions:
  - What are components of care that needs to be provided to pregnant woman?
  - What are the symptoms of a complicated pregnancy?
  - What is the impact on the woman and child if these symptoms are not identified in time?
  - What are the danger signs that are observed during pregnancy?
- What is the role of the ASHA in providing ANC services?
- Allow 20 minutes for discussion, and then ask a representative from each group to take 5 minutes to share their responses.
- Ask other groups to share any other key information.
- Continue with the next 3 groups in the same manner.
- Use PPP and the pre-prepared chart ‘Information Guide for Session 6’ to wrap up all the presentations and provide a complete picture of ANC services to the participants.

- Consolidate the session:
  - Continuous ANC services provided by the ASHA from pregnancy to delivery is crucial.

**Objective**
- To help participants identify ANC services that can be accessed during pregnancy to delivery.
- To understand the importance of identifying pregnant women with danger signs and possible complications and referring them to the next level of care.

**Methodology**
PPP and group discussion

**Duration**
1 hour

**Training Materials**
Markers and brown sheets/ chart paper and copies of Information Guide for Session 6

**Tips for facilitators**
Medical terminology may not be always understood by the participants to clarify the difference between terms such as complicated pregnancy and danger signs during pregnancy. Use suitable examples and local alternative words.

**Information Guide for Session 6**

Maternal mortality occurs during pregnancy, delivery and post-delivery due to excessive bleeding, infection/sepsis, obstructed delivery, BP, unsafe abortions and also due to anemia, heart ailments, malaria and hepatitis. The infant mortality mainly occurs due to Pneumonia/infection, breathing difficulty, and pre mature delivery.

But by providing correct health education/counselling on the necessary care to be availed during the MNCH continuum of care, paying special attention to any danger signs and taking needed actions, most of the problems above can be prevented.

**Necessary care to be given to pregnant women in the ANC period covers the following:**
- ANC registration (Thayi card)
- Information on ANC testing facility at PHC or higher centre
- Providing TT immunisation
- Pre delivery / birth preparation
- Testing of blood and urine
- Weight, abdominal testing, foetal heart beat examination
- Information on nutrition
- Supplements of iron and folic acid tablets
- Promotion of breast feeding and importance of feeding colostrums immediately after birth
- Information on personal hygiene
- HIV testing and counselling on family planning
- Information on VHND and mothers meeting
- Information on birth gap
- Information on facilities provided by the government

**Information on a complicated pregnancy and impact of unidentified symptoms:**
- Anaemia – HB lower than 7gm
- First pregnancy within 18 years of age and after 30 years of age
- First time pregnancy and the dwarf (lesser than 140cms) - Short primi gravida (First pregnancy and height <4’10’’)
- Displacement of baby in the womb
- Bleeding during pregnancy
- Undergone more than 3 deliveries
- Swelling in the face/hands, seizures, High blood pressure during/because of pregnancy
- Pre-Eclampsia/Eclampsia
- RH incompatibility
- Previous surgery use of IUD/prolonged delivery/still birth/ death of foetus in womb/ artificial removal of placenta/PPH

All the above components are very crucial and even a slight negligence can lead to death of the mother or child. In such cases, immediate further investigation in higher centres is needed.

**Information on the danger signs in pregnancy:**
- Fever
- Head ache and blurred vision
- Excessive vomiting
- Fits / seizures / Epilepsy
- Difficulty in urination or less urine output
- Pain in the stomach
- Pre mature (within 37 weeks) labour pain
- Watery vaginal discharge / rupture of membrane
- Vaginal bleeding
- Vaginal discharge with foul smell
- Weak or no foetal movements
- Breathing difficulty even while resting or while conducting smaller day to day activities
- Severe weakness/ tiredness
- Palpitations

These symptoms may be visible at any stage in pregnancy. Even if at least one of these symptoms is observed one must consider it seriously and refer to the nearest health care centre. Educate the pregnant woman and the family members on how to identify these signs and ask them to be prepared to visit the nearest hospital if any of these signs are observed.

**Pre delivery/ birth preparedness (plan) :**
The pregnant woman and the family members must make a plan and be prepared for a safe and comfortable delivery as well as for post-delivery care. ASHAs should counsel the pregnant woman and the family members during the ANC follow up visits to:
- Choose a centre and a doctor who is able to provide quality service and care to the pregnant woman.
- Ensure that the pregnant woman is registered in the first trimester
- Have information on the EDD date
- Complete a minimum of 3 check-ups at the health centre
- Ensure that sufficient finances are arranged for the delivery time
- Choose the appropriate mode of travel to the hospital (Not to use bicycle, bullock cart) well ahead of the EDD date and ensure that prior discussions are done with the concerned so that vehicle reaches the house well on time
- Prepare and keep the necessary clothes clean and ready to be used for the nursing mother and baby
- Knowledge of danger signs during pregnancy and referral opportunities to higher care centres
SESSION 7: USING THE HBMNC TOOL – SECTION 2 ANC

Objective
- To introduce participants to Section 2 of the HBMNC Tool.

Methodology
Group discussion and presentation

Duration
1 hour

Training Materials
Markers and brown sheets/chart paper, and copies of the HBMNC Tool (Annexure 1) and HBMNC Tool filling guidelines (Annexure 2)

Tips for facilitators
Encourage the participants to clarify any misinformation or doubts at this stage of the training.

SESSION 8: PROVIDING INTRA-NATAL (DELIVERY) CARE SERVICES

Objective
- To help participants understand the care needed during delivery and the complications that may arise.

Methodology
PPP and discussion

Duration
1 hour

Training Materials
Markers and brown sheets/chart paper, and copies of Information Guide for Session 8

Tips for facilitators
This is a crucial session as correct information given by FLWs regarding delivery care, and problems that may arise during and after delivery, could motivate the pregnant woman and family members to seek institutional delivery.

Process
- Divide participants into three groups and ask them to answer each of these questions:
  - What are the stages in delivery?
  - What are the danger signs during the delivery?
  - What is the 5 things that must be clean? (Annexure 4)

Background
- Delivery care takes prominence as the risk of mortality is the highest during and after delivery for both mother and child.

How many stages are there in delivery and what are they?
- There are 4 stages of delivery. They are:
  1st stage: From the time of the baby has come out of the womb till the complete opening of the mouth of the womb (10cm dilation)
  2nd stage: From the opening of the mouth of the womb till the baby comes out
  3rd stage: From the time of the baby has come out of the womb till the placenta is discharged.
  4th stage: First two hours after the delivery

What are the danger signs during the delivery?
- Prolonged and obstructed delivery (More than the regular time required for a normal delivery, taking more than 12 hours)
- Inconsistent/ very fast/ very slow heartbeat of the foetus (stressed foetus/foetal distress)
- Inability of the child to push the head and shoulders way out (obstructed labour)
- Bleding during pregnancy/ rupture of membrane in premature delivery/ or non-ruptured membrane
- Infection/sepsis
- Umbilical cord comes out first (Cord Prolapse)
- Yellowish or foul smelled, escreta mixed womb water oozing out (Meconium stained liquor)
- Partial or non-discharge of placenta (incomplete/ retained placenta)
- Fever, Fits, Excessive bleeding

Key things to observe during delivery care:
- It is very important to have the baby delivered by a skilled doctors and assistants.

The '5 Cleans':
1. Clean space/place: The delivery room should have sufficient ventilation and light. This helps in infection prevention and keeps the child warm and clean
2. Clean hands: Helps in infection prevention
3. Clean/sterile blade: Prevents sepsis
4. Clean/sterile thread: Prevents infection and pus formation
5. Clean cord - Do not apply anything on the umbilical cord to prevent infection/septic/pus and bleeding
SESSION 9: USING THE HBMNC TOOL – SECTION 3 DELIVERY

Objective
To introduce participants to Section 3 of the HBMNC Tool.

Methodology
Discussion and presentation

Duration
1 hour

Training Materials
Markers and brown sheets/ chart paper, and copies of the HBMNC Tool (Annexure 1) and HBMNC Tool filling guidelines (Annexure 2)

Tips for facilitators
Encourage the participants to clarify any misinformation or doubts at this stage of the training.

Process
Ask the participants to look at Section 3 of the HBMNC Tool.
Read through each of the components in Section 3 aloud and explain how and why this section is important. Clarify any doubts that the participants may have.
Tell each participant to use an example of the most recent home visit they conducted. They can refer to their registers to obtain the woman’s details if they cannot recollect it on their own.
Allow 10 minutes to fill in Section 3 of the HBMNC Tool using that information.
Verify if all the entries are correctly filled in by individually looking at formats randomly among the group.
Select one filled format randomly from the group.
Divide participants into three groups and ask them to answer each of these questions:
What are the danger signs and symptoms in a nursing mother?
What are the danger signs and symptoms in the newborn?
What are the key things she should observe during this visit?
Allow 20 minutes to discuss, and then ask a representative from each group to take 5 minutes to share their responses.
Ask other groups to share any other key information.
Continue with the next 2 groups in the same manner.
Use PPP/posters and the pre-prepared chart

SESSION 10: PROVIDING PNC SERVICES

Objective
To help participants identify postnatal and newborn care services and the danger signs possible during this stage

Methodology
PPPs/posters and group discussion

Duration
1 hour

Training Materials
Markers and brown sheets/ chart paper and copies of Information Guide for Session 10

Tips for facilitators
This is a crucial session as it deals with the vital components of maternal and newborn care. ASHAs need to be very clear the information and the message they give at this stage to ensure the home visits are effective.

Process
Divide participants into three groups and ask them to answer each of these questions:
What are the danger signs and symptoms in the nursing mother?
What are the danger signs and symptoms in the newborn?
Allow 20 minutes to discuss, and then ask a representative from each group to take 5 minutes to share their responses.
Ask other groups to share any other key information.
Continue with the next 2 groups in the same manner.
Use PPP/posters and the pre-prepared chart

INFORMATION GUIDE FOR SESSION 10

What do we mean by nursing mother and newborn baby care? What is its importance?
Once the placenta is discharged from the body during delivery the next 6 weeks is termed the postnatal care or PNC stage. Since there is an increased risk of mortality of mother and infant during this stage it is important that they receive PNC services.

What are the necessary services that should be provided during the PNC? When and at what frequency should the ASHAs make home visits?
From the time of delivery till the 6th week, i.e. on the 3rd, 7th, 14th, 21st, 28th and 42nd day after the delivery ASHAs should make home visits. The purpose is to observe any danger signs, counsel the woman and family, and if necessary make referrals to higher care.

Danger signs in the nursing mother:
• Excessive bleeding and tenderness in the womb
• Painful and foul smell lochia discharge
• Septis and infection of the nursing mother
• Fever/shivering with or without the swelling of face and limbs, severe headache and blurred vision
• Difficulty in breathing or heavy breathing
• Breast abscess and infection
• Swelling and infection in the space between vagina and anus
• Sense of burning during urination

Danger signs in the newborn:
• Poor appetite for breast milk or unable to properly breastfeed
• Limited activity of the child
• Child suffering from fever or cold skin
• Difficulty in breathing or chest in-drawing/grunting
• Child doesn’t cry or makes a feeble cry

Swelling in the stomach
Limbs hanging or weak
Bubbles filled with pus all over the body
Child’s armpits and skin folding in the thighs turning red
Eyes swollen and filled with pus
Bell button turns reddish and pus formed
Seizures and fits
Blood contaminated excreta
Limbs turned yellowish

These signs and symptoms may quickly manifest in the nursing mother or the newborn. Even if there is only one sign visible this should be considered serious and the mother or newborn taken to a health facility.

PNC services include:
• Registering the child
• Providing home visits for regular care for the nursing mother and the newborn
• Counselling the nursing mother on nutrition (suggest intake of food with higher calorie and iron content)
• Identifying danger signs in both mother and newborn and immediate referral for higher care
• Promoting exclusive breast feeding in the first 6 months
• Immunising newborn
• Providing family planning information and services

Consolidate the session:
• The first 42 days after delivery is a very crucial stage for both mother and child.
• There is an increased risk for both mother and newborn in the first week that may lead to death.
• Many mothers and newborn among the rural poor in the eight priority districts in northern Karnataka do not have access to PNC services.

“Information Guide for Session 10” to wrap-up all the presentations and provide a complete picture of PNC care to the participants. Use pictures of danger signs to confirm the awareness levels of the participants.
(Refer to Module 2)
SESSION 11: USING THE HBMNC TOOL – SECTION 4 PNC

Objective

- To introduce participants to Section 4 of the HBMNC Tool.

Methodology

Group Discussion and presentation

Training Materials

Markers and brown sheets/ chart paper, and copies of the HBMNC Tool (Annexure 1) and HBMNC Tool filling guidelines (Annexure 2)

Tips for facilitators

Encourage the participants to clarify any misinformation or doubts at this stage of the training, especially related to the terminology used in Section 4 of the HBMNC Tool.

Process

- Ask the participants to look at Section 4 of the HBMNC Tool.
- Read through each of the components in Section 4 aloud and explain how and why this section is important. Clarify any doubts that the participants may have.
- Tell each participant to use an example of the most recent home visit they conducted. They can refer to their registers to obtain the woman’s details if they cannot recollect it on their own.
- Allow 10 minutes to fill in Section 4 of the HBMNC Tool using that information.
- Verify if all the entries are correctly filled in by individually looking at formats randomly among the group.
- Select one filled format randomly from the group and discuss if it has been filled in correctly by going over each of the indicators in plenary.
- Ask if there are any questions about how to fill in Section 4.
- Consolidate the session:
  - Section 4 was designed to facilitate early detection of danger signs and symptoms among the nursing mother and newborn by the ASHAs in the designated area.
  - Early detection enables speedy and effective referral linkages to higher care.
  - Understanding how to correctly fill the information in Section 4 of the HBMNC Tool is crucial.

SESSION 12: PNC HOME VISITS: HEALTH EDUCATION AND COUNSELLING

Objective

- To help the ASHA understand where, when and how counselling should be done during PNC home visits.

Methodology

Role plays, question and answer session and discussion

Training Materials

Markers and brown sheets/ chart paper, copies of Information Guide for Session 12

Tips for facilitators

Encourage ASHAs not to be discouraged if they have had unsuccessful attempts trying to change behaviour among families of pregnant or newly delivered mothers. Tell them to share their experiences, but to listen to suggestions from other participants on how to successfully counsel that family. Create opportunities through the session for cross sharing and learning among the participants.

Process

1. Rapport / relationship building
   - This is the foundation for a good relationship between the ASHA and the pregnant woman.
   - Always try to make the pregnant women comfortable by greeting her with appreciating words, motivational gestures such as a smile on your face, patting on the hand, etc. Any home visit has to begin with exchanging greetings between the ASHA, woman and any other family members present.

2. Assessing the knowledge of the pregnant women family members
   - In every home visit (1st visit or follow up visits, it is important to assess what the woman knows. For example, what does she knows about having nutritious food during pregnancy? What did she understand from the ASHA’s last visit. For example, did she follow any of the advice given? Based on this understanding, the ASHA can plan to provide additional messages.

3. Screen for danger signs
   - It is important to quickly screen the woman or newborn during every home visit for any of the danger signs. Always observe, examine and inquire if everything is OK. "See", "Touch" & "Ask" are the three key words in home visits to identify any danger signs or complications.

4. Dialogue/ asking open ended questions
   - By initiating dialogue you can elicit or gather the information using open ended questions. Open ended means not just a simple ‘yes’ or ‘no’ question, but asks ‘who’, ‘where’, ‘when’, ‘why’, ‘what’ or ‘how’. By asking open ended questions you will be able to gather information in more than one or more sentences.

5. Using right IEC materials
   - To make your communication more effective it is important to use appropriate IEC materials in every home visit and as needed. Try to use pictures,
SESSION 13: INTRODUCING IEC MATERIALS

**Objective**
- To help the participants understand the importance of IEC materials for effective communication during home visits.

**Methodology**
- **Demonstration of reminder cards**
  - **Duration**: 30 minutes

**Training Materials**
- ASHA reminder cards (Annexure 3)

**Tips for facilitators**
- Demonstrate the use of these cards by giving examples. The cards should assist the ASHA to be a more effective communicator, and not hinder her communication during home visits.

**Process**
- Ask the participants how they could make their communication more effective during home visits.
- Note their responses on a flip chart.
- Highlight any responses related to using appropriate IEC materials to be more effective.
- Ask them for some examples of IEC materials.
- Give one set of reminder cards each to the participants (Annexure 3).
- Tell the participants:
  - These illustrated reminder cards were developed based on the messages given in the HBMNC checklist.
  - The HBMNC checklist will help an ASHA to identify the issues, and the reminder cards will help an ASHA to communicate the correct message.
  - ASHA should always carry the reminder cards with her, which is easy as they are the size of visiting cards.

**Duration**
- 30 minutes

**Tips for facilitators**
- Illustrations were developed based on 8 themes and linked with the messages provided in the HBMNC checklist, including birth planning & preparedness, danger signs in pregnancy, anaemia, danger signs during delivery, danger signs in newly delivered mother, danger signs in newborn, newborn care and family planning.
- Cards are colour-coded based on the 8 themes. An ASHA can easily find the correct cards depending on what she wants to communicate. For example, if she identifies the need for counselling women on family planning, she will use the green coloured cards.
- The cards can be used like a flip chart if there is a small group of people she is counselling.

**Introducing IEC materials**

- Posters, pamphlets to make people curious and to start a dialogue. See Session 13 in Module 6.

**Counselling**
- Provide correct information, breaking down difficult tasks or ideas, into smaller steps that can be easily understood or followed.

**Focusing on the family**
- Each family has a different structure. By developing a rapport with the woman and with other family members you will be able to identify who is the decision maker in the family, or possibly find there are several people that have the power to make judgments about social and financial issues. These decisions or judgments could influence the woman's health seeking behaviour. Through your dialogue with the woman and her family members identify the decision makers. Then focus your messages on these family members. For example, if a woman's grandmother is the reason for taking decision to have a home delivery, have dialogue with the grandmother to convince her about the benefits of an institutional delivery. Home visits can be more effective if you join up with an AWW, JHA or a VHSNC member.

**Communication skills**
- Probing, listening, paraphrasing/summarizing are all important skills to use while communicating with the woman and her family members. Paraphrasing means that after you gather information you then re-state the words said by the person. For example, you might say, ‘I think you said that you are afraid of having a home delivery because if something went wrong there is no transportation available to take you to a health facility. Is this correct?’ This will help her to understand that you were listening and want to continue the conversation. You can also ask the woman to restate the messages given by you in her own words. This will help you to assess that she has understood.

**Follow up**
- Always give a follow-up date and time for your next home visit. If the woman has to make a follow-up visit to a health facility, always make sure that the date and time is convenient for her and that there is no misunderstanding about the purpose. Ask her to repeat what she understood by the details of the follow-up appointment and to recollect any action she needs to take. This is critical and will help you to see any trend in behaviours over time so you can plan your home visits accordingly.

**Filling the results of the home visit in the HBMNC checklist**
- Once you completed the home visit, record the results in the checklist while you are still at the house. This should help you to remember any messages if you have forgotten during the interaction. If you wait too long to fill in the HBMNC form, you might forget some critical information.

**IEC MATERIALS**
- To help the participants understand the importance of IEC materials for effective communication during home visits.

**Methodology**
- **Demonstration of reminder cards**
  - **Duration**: 30 minutes

**Training Materials**
- ASHA reminder cards (Annexure 3)

**Tips for facilitators**
- Demonstrate the use of these cards by giving examples. The cards should assist the ASHA to be a more effective communicator, and not hinder her communication during home visits.

**Process**
- Ask the participants how they could make their communication more effective during home visits.
- Note their responses on a flip chart.
- Highlight any responses related to using appropriate IEC materials to be more effective.
- Ask them for some examples of IEC materials.
- Give one set of reminder cards each to the participants (Annexure 3).
- Tell the participants:
  - These illustrated reminder cards were developed based on the messages given in the HBMNC checklist.
  - The HBMNC checklist will help an ASHA to identify the issues, and the reminder cards will help an ASHA to communicate the correct message.
  - ASHA should always carry the reminder cards with her, which is easy as they are the size of visiting cards.

**Design, Planning and Implementation of the Sukshema Project**
- 25
SESSION 14: PRACTICAL USE OF THE HBMNC TOOL

Objective
- To provide hands-on experience in filling in the HBMNC Tool

Methodology
Field work and home visits and group work and discussion

Duration
2 hours

Training Materials
Markers and brown sheets/ chart paper, and copies of the HBMNC Tool (Annexure 1) and HBMNC Tool filling guidelines (Annexure 2)

Tips for facilitators
Make plans for the field work and home visits in advance and ensure that there is no confusion during the home visit or any kind of inconvenience to the mother, baby or other family members. Encourage every participant to fill in the Tool during the visit.

Process
- Plan a short field visit in the nearby village/ SC or PHC area.
- Identify three houses that either have a pregnant woman, a recently delivered mother and newborn, or a PNC case available.
- Make prior arrangements so the visit is planned at a suitable time with the family's approval and cooperation. Confirm the arrangements close to the date and time.
- Divide the participants into 3 groups and distribute one copy of the HBMNC Tool and one copy of the guidelines to each person.
- Arrange for one project staff to accompany each of the three groups to each of the three houses.
- On reaching the house, the ASHA will introduce the purpose of this exercise to the woman and her family.
- Then the ASHA will conduct the home visits as per the guidelines.
- The participants in the group will fill the HBMNC format while listening to the conversation between the woman and the ASHA.
- On returning the house, the ASHA will introduce the purpose of this exercise to the woman and her family.
- At the end of the home visit each group will return to the training site.
- On returning, ask them about their experience in the field.
  - Was the home visit a positive experience? If yes, why? If no, why not?
  - Did the HBMNC Tool assist them during the home visit?
  - Were there any sections that they could not fill in?
- Let everyone have a chance to share.
- Select one filled format randomly from the group and discuss if it has been filled correctly by going over each of the indicators in plenary.
- Collect all the filled formats and verify some of them. Make the needed corrections.
- Consolidate the session:
  - Participants will gain hands-on experience in using/filling the HBMNC Tool during their home visit.
SESSION 15: TRAINING EVALUATION AND FEEDBACK

Objective

- To assess what effect the module had on the participants’ attitudes, knowledge and practice levels.
- To obtain feedback from the participants on the usefulness of the training and suggestions for enhancing future effectiveness.

Methodology

Duration 30 minutes

Tips for facilitators

- Distribute the training evaluation and feedback form.
- Go over all the areas that the participants will need to think about while filling it in.
- Allow 20 minutes to complete it.
- Collect the training evaluation and feedback forms from the participants.
- Before the closing ceremony begins, ask the participants to share their feelings about the training; encourage anyone who is keen to orally share two positive aspects and two areas that need improvement.
- At the closing ceremony thank all the participants for their enthusiastic participation, congratulate them and wish them the best as they go back to their own field areas and begin to initiate the intervention on ground.
- Thank everyone else who contributed to the training program. This might have included administrative staff, venue owners, facilitators, guest speakers and the organizers.

Training evaluation and feedback form

List the three aspects of the training that you found most useful.
1.
2.
3.

Name any session during the training that you did not understand properly or that was not communicated well.
1.
2.
3.

What are the three most important lessons that you can take back to your work place from this training?
1.
2.
3.

Please list suggestions for improved facilitation in future trainings.
1.
2.
3.

TRAINING EVALUATION AND FEEDBACK FORM:

KARNATAKA HEALTH PROMOTION TRUST
Training Evaluation and Feedback Form

Name: ____________________ Designation: ________________ Place of training: _______________
Training dates: ________________ Name of the PHC: ________________

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<th>Subject</th>
<th>Excellent</th>
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<th>Poor</th>
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<td>Training content and sessions</td>
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<tr>
<td>2</td>
<td>Training methodology and activities used</td>
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<td>3</td>
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<td>5</td>
<td>Relevance and usefulness of training</td>
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List the three aspects of the training that you found most useful.
1.
2.
3.

Name any session during the training that you did not understand properly or that was not communicated well.
1.
2.
3.

What are the three most important lessons that you can take back to your work place from this training?
1.
2.
3.

Please list suggestions for improved facilitation in future trainings.
1.
2.
3.
ANNEXURE 1 - HBMNC Tool

HOME-BASED MATERNAL AND NEWBORN CARE TOOL FOR ASHAs

(Use one Form for each mother contacted during pregnancy and for EACH home visit within 42 days of delivery) If you meet the
woman outside her home, do not consider that as a home visit)

SECTION 1: IDENTIFICATION

A. ASHA IDENTIFICATION (Complete this section at your first home visit to the pregnant woman)

1. District ________________ 2. Taluka __________________ 3. PHC Location ______

4. Subcentre Location________________________ 5. Village Name ______________________

6. ASHA Name__________________________ 7. ASHA Area Name _____________________

B. WOMAN'S BACKGROUND INFORMATION (Complete this section at your first home visit to the pregnant woman. Ask the woman and/or refer to the Thayi card. If you have not collected all the information in the first visit, fill in the remaining information in the subsequent visits. If you are meeting the woman for the first time after delivery, complete this section and skip to Section 3)

8. Name_________________________________

9. Husband's name________________________)__

10. Age ______ yrs

11. BPL Y N Caste/Tribe SC ST Other □

12. Permanent address Same village □

Other village within PHC area □

Other village outside PHC area □

13. Phone number __________________________

14. Thayi card number _______________________

15. Date of registration Day ___________ Month ___________ Year ___________ 

16. Place of registration Within PHC area □

Outside PHC area □

18. Total pregnancies □

19. Total live births □

20. Total abortions □

21. Total living children □

22. Age of the last child □

23. Any complications in previous pregnancies? Y □ N □

24. Any previous C-sections/assisted delivery? Y □ N □

25. Any of the previous home deliveries? Y □ N □

26. LMP Day ___________ Month ___________ Year ___________ 

27. EDD Day ___________ Month ___________ Year ___________

28. Gestational type Single pregnancy □

Multiples □

C. TESTS (Ask or check the Thayi Card and record if the woman has completed the following tests. Put a ‘Y’ on Y box if present and a ‘N’ on N box if not present. Refer her to the nearest PHC/Health facility. If any test is not done during pregnancy, refer her to the nearest PHC/Health facility for these tests. Note that the test need not be done during every visit. Ensure the test at least once during pregnancy)

20. Haemoglobin Y □ N □

21. Blood group/Rh Y □ N □

22. HbA1c Y □ N □

23. HbA1c Y □ N □

24. HbA1c Y □ N □

25. Urine for protein Y □ N □

26. Urine for detection of infection Y □ N □

27. Urine for pregnancy Y □ N □

28. Other( Specify) Y □ N □

B. COMPLAINTS (During each visit, ask the woman if she has any of the following complaints. Put a ‘Y’ on Y box if present and a ‘N’ on N box if not present. If any complaint is present, refer her immediately to the nearest PHC/Health facility)

3. Fever Y □ N □

5. Swelling of face Y □ N □

6. Headache Y □ N □

7. Blurred vision Y □ N □

8. Vomiting Y □ N □

9. Difficulty in passing urine/ less urine Y □ N □

10. Palpitations Y □ N □

11. Severe weakness/tiredness Y □ N □

12. Breathlessness at rest or on mild exertion Y □ N □

13. Pain in abdomen Y □ N □

14. Contractions Y □ N □

15. Watery discharge per vagina/ rupture of membranes Y □ N □

16. Bleeding per vagina Y □ N □

17. Foul discharge per vagina Y □ N □

18. Decreased/no foetal movement Y □ N □

19. Any other (specify)
### D. ANC CHECKUPS (Check the Thayi Card or ask the woman and record if she has received the following anytime before your first home visit or between your home visits. Put a √ on Y box if received and a √ on N box if not received):

<table>
<thead>
<tr>
<th>29. ANC check up done? If yes record the date</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Place of ANC check done (Tick the place)</td>
<td>PHC</td>
<td>CHC</td>
<td>PHC</td>
<td>CHC</td>
<td>PHC</td>
<td>CHC</td>
<td>PHC</td>
<td>CHC</td>
<td>PHC</td>
<td>CHC</td>
</tr>
<tr>
<td>TH</td>
<td>DH</td>
<td>Dh</td>
<td>Dh</td>
<td>Dh</td>
<td>Dh</td>
<td>Dh</td>
<td>Dh</td>
<td>Dh</td>
<td>Dh</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### E. RISKS DURING PREGNANCY (Check the Thayi Card or other available test results and record if she has the following pregnancy complications. Put a √ on Y box if the complication is present and refer the woman to the nearest PHC/Health facility. Put a √ on N box if not present. Put a √ on DK box if the condition cannot be determined)

| 38. Short primigravida (First pregnancy and height <'4'10") | Y | N |
| 39. Severe anaemia (<7gms%) | Y | N | DK | Y | N | DK | Y | N | DK | Y | N | DK |
| 40. Pregnancy induced hypertension/ eclampsia | Y | N | DK | Y | N | DK | Y | N | DK | Y | N | DK |
| 41. Previous caesarean section/still birth/ abortion/ preterm birth | Y | N |
| 42. Grand multiparity (3+) | Y | N | DK |
| 43. |
| 44. Ante partum haemorrhage | Y | N | DK | Y | N | DK | Y | N | DK | Y | N | DK |
| 45. |
| 46. |
| 47. Pregnancy with HIV/ diabetes/heart disease/ other health complaints | Y | N | DK | Y | N | DK | Y | N | DK | Y | N | DK |

### F. COUNSELING (Put a √ if provided counselling on the following topics at some points during the ANC home visits, not necessarily at one time. Refer Thayi card for information on most items. For the same item, counselling may be done in more than 1 visit)

| 48. Birth planning and preparedness - Promotion of delivery in a facility | Y | N | Y | N | Y | N | Y | N | Y | N |
| 49. Antenatal checkups in a facility | Y | N | Y | N | Y | N | Y | N | Y | N |
| 50. Blood and urine tests | Y | N | Y | N | Y | N | Y | N | Y | N |
| 51. Nutrition and rest during pregnancy | Y | N | Y | N | Y | N | Y | N | Y | N |
| 52. Signs and symptoms of anaemia | Y | N | Y | N | Y | N | Y | N | Y | N |
| 53. Prevention and treatment of anaemia including consumption of IFA tablets, Side-effects of IFA tablets | Y | N | Y | N | Y | N | Y | N | Y | N |

### A: DELIVERY DETAILS (Record delivery details during the first postnatal home visit)

| 1. Delivery date | day | month | year |
| 2. Place of delivery | SC | PHC | CHC | TH | DH | Pvt | Home | Other |
| 3. Name of institution | ________________________________________________________________ |
| 4. Delivery outcome | Live birth | Still birth | Newborn died |
| 5. Delivery type | Normal | C-section | Assisted |
| 6. Sex of the child | Male | Female |
| 7. Birth weight | __________ gms | 8. Date returned home | day | month | year |
| 9. Complications during delivery and postpartum period | None | Mother died | Obstructed labour |
| Postpartum haemorrhage | Pre-eclampsia | Eclampsia | Mother developed infection |
| Child died | Child developed infection | Preterm birth | LBW (<2500 gms) | Asphyxia |
| Other | Specify |

### B. COMPLAINTS - MATERNAL (During each visit, ask the woman or observe if she has any of the following complaints. Put a √ on Y box if present and a √ on N box if not present, for each complaint. If any complaint is present, refer her immediately to the nearest PHC/Health facility. Note that some may have additional steps/ initial management before referring to the facility)

| 1. Record her temperature in Celsius | __________ |
| 2. # of days since delivery | __________ |

### SECTION 3: DELIVERY DETAILS

### SECTION 4: POSTNATAL HOME VISITS

<table>
<thead>
<tr>
<th>1. PNC home visit number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Visit date (dd/mm/yy)</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
</tr>
<tr>
<td>2. # of days since delivery</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
<td>/ / /</td>
</tr>
</tbody>
</table>
### C: COMPLAINTS – NEWBORN
During each visit, ask the woman about the newborn. If she has any of the following complaints about the child, put a ‘Y’ on Y box if present and a ‘N’ on N box if not present, for each complaint. If any of these symptoms are present, the infant may have a serious infection. Refer urgently to the nearest PHC or a health facility. Note that some may require additional steps/initial management before referring to the facility (listed below symptom). You need to advise the mother to warm the infant by skin to skin contact if the infant is cold (body temperature <36.5 degrees Celsius). Advise mother to continue breastfeeding and how to keep infant warm on the way to the health facility.

<table>
<thead>
<tr>
<th>PNC home visit number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Are her breasts hard/ nipples hard or broken/ experiencing pain in the breasts or the nipples? If YES, counsel her on right positioning and attachment of baby to the breasts, before referring to a health facility</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5. Does she experience difficulty in breathing?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6. Is her uterus soft and does she have excessive bleeding? If YES, provide uterine massage and advise breastfeeding before referring to a health facility</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7. Does she have pain and foul-smelling lochia discharge from the vagina?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8. Is she experiencing fits?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>9. Is she experiencing severe abdominal pain?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>10. Does she have burning misurition? If YES, advise more fluids before referring to health facility</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### D. BEHAVIOURS
Ask the mother and put a ‘Y’ on Y box if followed and a ‘N’ on N box if not present, for each behaviour. If any of these behaviours are not appropriate, counsel her on positive behaviours.

<table>
<thead>
<tr>
<th>Home visit number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Record the baby’s temperature in Celsius. If the temperature &gt;37.5 degree Celsius or &lt;36.5 degrees Celsius, refer to a health facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does the baby have fits?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>13. Is the baby passing urine less than 6 times a day?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>14. Is the baby having diarrhoea?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>15. Is there blood in baby’s stools?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>16. Is the baby in-active?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>17. Are the baby’s eyes swollen and discharging pus?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>18.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>19. Are the baby’s skin folds in arms and thighs red?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>20. Does the child have boils filled with pus?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>21.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>22. Is the baby not crying at all or has a feely cry?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>23. Is the baby’s tummy bloated/ distended?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>24. Is the baby vomiting?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>25. Does the baby have difficulty in breathing and chest in-drawing?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>26. Is the baby breastfeeding poorly. If YES, determine if the issue is positioning and attachment and provide counselling. If breastfeeding does not improve with counselling, refer to a health facility for further assessment. Although poor breastfeeding can be due to latch/attachment, it can also be a sign of sepsis.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>27. Is there redness or pus at the cord stump?</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>28. # of full meals (and drinks) she had in the past 24 hours. If &lt;3, discuss with her the reasons, and advise her or link her to other schemes/ facilities as required.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Does the mother avoid any food and fluids? If YES, counsel her on balanced diet</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
### E. COUNSELING

Put a ✓ if provided counselling on the following topics at some points during the PNC home visits, not necessarily at one time. Refer to Thyap card for information on most items.

<table>
<thead>
<tr>
<th>Topic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. Keeping the baby warm</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>39. Cord care</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>40. Cleaning/bathing the baby</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>41. Care for baby’s eyes and ears</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>a. Fever</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b. Convulsions</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c. Blurred vision/severe headache</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>d. Increased bleeding</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>e. Foul discharge or odour</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>f. Breathing difficulty</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>g. Swollen/ red/ tender breasts</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>h. Pain/ difficulty in passing urine</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>i. Worsening abdominal pain</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>j. Worsening perineal pain</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>a. Breathing difficulty</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b. Feeding problems</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c. Convulsions</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>d. Diarrhoeas/vomiting</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### 42. Newborn danger signs

<table>
<thead>
<tr>
<th>Sign</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Convulsions</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b. Convulsions</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c. Blurred vision/severe headache</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>d. Increased bleeding</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>e. Foul discharge or odour</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>f. Breathing difficulty</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>g. Swollen/ red/ tender breasts</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>h. Pain/ difficulty in passing urine</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>i. Worsening abdominal pain</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>j. Worsening perineal pain</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>a. Breathing difficulty</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b. Feeding problems</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c. Convulsions</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>d. Diarrhoeas/vomiting</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### 43. Childhood immunizations

<table>
<thead>
<tr>
<th>Disease</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hepatitis B</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2. Polio</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3. BCG</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4. Diphtheria</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5. Tetanus</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6. Measles</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7. Meningitis</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8. Rubella</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>9. Influenza</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>10. Tuberculosis</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### 44. Nutrition – increased calorie uptake, iron supplementation and plenty to drink

<table>
<thead>
<tr>
<th>Topic</th>
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<th>4</th>
<th>5</th>
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</tr>
</thead>
<tbody>
<tr>
<td>46. Breastfeeding - exclusive breastfeeding</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### 45. Breastfeeding - right positioning and attachment of the baby to the breast

<table>
<thead>
<tr>
<th>Topic</th>
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<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>47. Breastfeeding - timely complementary feeding</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>48. Nutrition – increased calorie uptake, iron supplementation and plenty to drink</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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</table>

### 49. Counselling on care of the newborn during ARIs/ breathing problems/ fever

<table>
<thead>
<tr>
<th>Topic</th>
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<td>N</td>
<td>Y</td>
<td>N</td>
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<td>N</td>
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</tbody>
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### 50. Counselling on care of the newborn during diarrhoeas and vomiting

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<td>Y</td>
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<td>N</td>
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</tbody>
</table>

### 51. Family planning

<table>
<thead>
<tr>
<th>Topic</th>
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<th>3</th>
<th>4</th>
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</tr>
</thead>
<tbody>
<tr>
<td>51. Family planning</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### 46. Breastfeeding - exclusive breastfeeding

<table>
<thead>
<tr>
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### 47. Breastfeeding - timely complementary feeding

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### 48. Nutrition – increased calorie uptake, iron supplementation and plenty to drink

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### 51. Family planning

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<tr>
<td>Y</td>
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</tbody>
</table>
**INSTRUCTIONS FOR FILLING UP HBMNC TOOL**

**A. VISIT DETAILS** (Record details of each ANC home visit in the corresponding column. The first visit corresponds to the day on which you meet the pregnant woman. You are advised to make subsequent home visits at 4th, 8th, and 9th months of pregnancy. Additional visits are necessary for high-risk pregnant women. There is provision for documenting 5 visit details. If additional visits are made, use additional form.)

<table>
<thead>
<tr>
<th>ANC home visit number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Visit date (dd/mm/yy)</td>
<td>Ex. Each time record the date of home visits in the respective column Ex: 16/08/10</td>
<td></td>
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<tr>
<td>2. Gestational age (in months)</td>
<td>Record the completed months of pregnancy on the date of your visit Ex: 2, 4, 8 etc.</td>
<td></td>
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</table>

**B. COMPLAINTS** (During each visit, ask the woman if she has any of the following complaints. Put a √ on Y box if present and a √ on N box if not present, for each complaint. If any complaint is present, refer her immediately to the nearest PHC/Health facility)

- 3. Fever
- 4. Swelling of face
- 5. Headache
- 6. Blurred vision
- 7. Vomiting
- 8. Fits/seizures
- 9. Difficulty in passing urine/less urine
- 10. Palpitation
- 11. Severe weakness/tiredness
- 12. Breathlessness at rest or on mild exertion
- 13. Pain in abdomen
- 14. Contractions
- 15. Watery discharge per vaginal/ rupture of membranes
- 16. Bleeding per vagina
- 17. Foul discharge per vagina
- 18. Decreased/no foetal movement
- 19. Any other (specify)

- Use the BCC tool and educate on the danger signs that may be observed in pregnant. Also inform about the need for immediately go to the health centre and ensure that they go
- Ask/examine if any of the mentioned symptoms are present. Inform her/family members about the need to go to the health centre
- In case if the pregnant is tensed ensure that you instil courage to her/family members

**C. TESTS** (Ask or check the Thayi Card and record if the woman has completed the following tests. Put a √ on Y box if the test was already done and a √ on N box if not done, for each test. If any test is not done anytime during the pregnancy, refer her to the nearest PHC/Health facility for these tests. Note that the test need not be done during every visit. Ensure the test at least once during pregnancy)

- Every pregnant woman must have availed the major check-ups and examinations. If NOT find out the reasons
- Chart a plan for availing proper treatment if it is in accessible
- If the proper treatment has not been availed because of carelessness either of family members or the pregnant, discuss the reasons. Counsel them and ensure they seek treatment immediately
- Verify the “thayi card” or talk to the junior female health assistant to understand if the weight, BP and the foetal heart beat is normal. If NOT normal, then refer them for higher care at higher centres

- 20. Haemoglobin
- 21. Blood group/Rh
- 22.
- 23.
- 24. HbsAg
- 25. Urine for protein
- 26. Urine for detection of infection
- 27.
- 28. Other (Specify)

Apart from the problems mentioned here if there are any other tests are done (sputum, malaria, bilirubin) record in “Others” column

**D. ANC CHECKUPS** (Check the Thayi Card or ask the woman and record if she has received the following anytime before your first home visit or between your home visits. Put a √ on Y box if received and a √ on N box if not received)

- 29. ANC check up done?
  - If yes record the date
  - Educate about the pregnancy check ups
  - In case if the pregnant has not done any check-ups, explore reasons and counsel appropriately with the pregnant and family members
  - Ensure that the pregnant does in time pregnancy check ups
  - Knowing the place of check-up helps in following up with the health centre

- 30. Place of ANC check done (Tick the place)
  - 31. TT injection dose
  - 32. TT injection booster

- 33. IFA tablets

- 34. Was weight recorded?
  - The pregnant should check her weight in every visit. During pregnancy the body weight should increase at least by 10-12 Kgs

- 35. Was BP recorded?
  - There is a possibility of danger to the pregnant because of low or high blood pressure so it’s important have regular check-up and monitoring

- 36. Was abdominal examination recorded?
  - This helps understand the status of position (if it is slanted) in which the child is in the womb

- 37. Was foetal heart rate recorded?
  - This is very crucial to know the health status of the child
Community Level Interventions for Improving Maternal, Neonatal and Child Health: A Training Tool Kit

E. RISKS DURING PREGNANCY

(Check the Thayi Card or other available test results and record if she has the following pregnancy complications. Put a √ on Y box if the complication is present and refer the woman to the nearest PHC/Health facility. Put a √ on N box if not present. Put a √ on DK box if the condition cannot be determined)

38. Short primigravida (First pregnancy and height <4’10’’)
- Educate on the symptoms of obstruction / complications
- If there are any symptoms educate her on the need of in time check-ups, additional examinations and care. Ensure that these are done and followed up
- In case if the pregnant is tensed ensure that you instil courage to her/family members

39. Severe anaemia (<7gms%)

40. Pregnancy induced hypertension/ eclampsia

41. Previous caesarean section/still birth/ abortion/ preterm birth

42. Grand multi parity (3+)

43.

44. Ante partum haemorrhage

45.

46.

47. Pregnancy with HIV/ diabetes/heart disease/ other health complaints

F. COUNSELING

(Put a √ if provided counselling on the following topics at some points during the ANC home visits, not necessarily at one time. Refer Thayi card for information on most items. For the same item, counselling may be done in more than 1 visit)

48. Birth planning and preparedness- Promotion of delivery in a facility

49. Antenatal checkups in a facility

50. Blood and urine tests

51. Nutrition and rest during pregnancy

52. Signs and symptoms of anaemia

53. Prevention and treatment of anaemia including consumption of IFA tablets, Side-effects of IFA tablets

G. REFERRAL

62. If moving out of the area, how to remain in the care continuum

55. Breastfeeding – early initiation and colostrum feeding

56. Counselling to undergo HIV test

57. Contraceptive counselling

58. Government schemes

59. Danger signs during labour

60. VHND

61. Thayandira Sabhe

62. If moving out of the area, how to remain in the care continuum

63. Pregnant woman referred to a health facility?

64. Facility referred to

65. Reasons for referral

66. Next follow-up visit date (dd/mm/yy)

Pregnancy outcome: Abortion □ Delivery □

SECTION 3: DELIVERY DETAILS

A: DELIVERY DETAILS (Record delivery details during the first postnatal home visit)

1. Delivery date day __ month __ year __

2. Place of delivery SC □ PHC □ CHC □ TH □ DH □ PVT □ Home □ Other □

3. Name of institution _________________________________________________________________

4. Delivery outcome Live birth □ Still birth □ Newborn died □

5. Delivery type Normal □ C-section □ Assisted □ 6. Sex of the child Male □ Female □

7. Birth weight __ gms 8. Date returned home day __ month __ year __

9. Complications during delivery and postpartum period None □ Mother died □ Obstructed labour □ Postpartum haemorrhage □ Pre-eclampsia □ Eclampsia □ Mother developed infection □ Child died □ Child developed infection □ Preterm birth □ LBW (<2500 gms) □ Asphyxia □ Other □ (Specify) _________________________________________________________________

SECTION 4: POSTNATAL HOME VISITS

A: VISIT DETAILS (Record details of each PNC home visit in the corresponding column. The first visit corresponds to the day on which you first met the woman after her delivery. You are required to make 6 PNC home visits within 42 days after delivery – on 3rd, 7th, 14th, 21st, 28th and 42nd day)

- 1st visit: The first visit to be conducted on the 3rd day of the delivery. Even if you are making the 1st visit within 5th day of delivery, record the same in the 1st visit column.
- 2nd visit: The second visit to be conducted on the 7th day of delivery. Even if you are making the home visit anywhere between 6th to 10th day of delivery, mention the same in the 2nd visit column.

ANC home visit number

1 2 3 4 5

a. Severe anaemia
b. Fever
c. Bleeding
d. Headache/ blurred vision/ vomiting/ fits
e. Water discharge/ leaking membrane
f. Labour pain >12 hours
Community Level Interventions for Improving Maternal, Neonatal and Child Health: A Training Tool Kit

If there is affirmation of problem then mark (√) and if NO then mark (X). If YES, provide uterine massage and advise breastfeeding before referring to a health facility. If any of these symptoms are present, the infant may have a serious infection. Refer urgently to the nearest PHC or health facility. Note that some may require additional steps/initial management before referring to the facility (listed below symptom). You need to advise the mother to warm the infant by skin to skin contact if the infant is cold (body temperature <36.5 degrees Celsius). Advise mother to continue breastfeeding and how to keep infant warm on the way to the health facility.

B. COMPLAINTS - MATERNAL  (During each visit, ask the woman or observe if she has any of the following complaints. Put a √ on Y box if present and a √ on N box if not present, for each complaint. If any complaint is present, refer her immediately to the nearest PNC/Health facility. Note that some may have additional steps/initial management before referring to the facility)

- If there is any affirmation please mark (√) where YES is mentioned, if answered in negative mark (X) where NO is mentioned. Do the same to each of the above mentioned questions/observations. If there are any of the above observations are answered with YES, immediately refer her to the nearest PHC or health centres. In some occasions you may need to give instruction on first aid as well.
- Use the BCC Tool and educate on the danger signs that may be observed in a nursing mother. Also inform about the need for immediately go to the health centre and ensure that they go.
- Ask/examine if any of the mentioned symptoms are present. Inform her/family members about the need to go to the health centre.
- In case if the pregnant is tensed ensure that you instil courage to her/family members.

1. Visit date (dd/mm/yy)
- Mark the date of every home visit at the respective space Eg: 13.11.11.

2. # of days since delivery
- Please write the details of every post natal care home visit in the respective space provided.

C. COMPLAINTS – NEWBORN  (During each visit, ask the woman about the newborn. If she has any of the following complaints about the child, put a √ on Y box if present and a √ on N box if not present, for each complaint. If any of these symptoms are present, the infant may have a serious infection. Refer urgently to the nearest PHC or a health facility.)

- In each of the follow up visits kindly mark the following either through questioning or through observations.
- If there is affirmation of problem then mark (√) and if NO then mark (X). If you notice any one of the symptom/problem, then think that there may be any infection and immediately refer to the nearest PHC or other health centres.
- Instruct the care takers on first aid if needed. If the child’s body temperature is cold (less than 36.5 degree Celsius) instruct the how the child can be kept warm by skin to skin contact with mothers body. Also suggest on the need to keep the baby warm en route to hospital.

PNC home visit number

<table>
<thead>
<tr>
<th>1st visit</th>
<th>2nd visit</th>
<th>3rd visit</th>
<th>4th visit</th>
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<th>6th visit</th>
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<tr>
<td>0-5</td>
<td>6-10</td>
<td>11-17</td>
<td>18-24</td>
<td>25-35</td>
<td>36-42</td>
</tr>
</tbody>
</table>

- 11. Record the baby’s temperature in Celsius.
- 12. Does the baby have fits?
- 13. Is the baby passing urine less than 6 times a day?
- 14. Is the baby having diarrhoeas?
- 15. Is there blood in baby’s stools?
- 16. Is the baby in-active?
- 17. Are the baby’s eyes swollen and discharging pus?
- 18. Is the baby vomiting?
- 19. Are the baby’s skin folds in arms and thighs red?
- 20. Does the child have boils filled with pus?
- 21. Are the baby’s skin folds in arms and thighs red?
- 22. Is the baby not crying at all or has a feeble cry?
- 23. Is the baby’s tummy bloated/ distended?
- 24. Is the baby vomiting?
- 25. Does the baby have difficulty in breathing and chest in-drawing?
- 26. Is the baby breastfeeding poorly?
- 27. Is there redness or pus at the cord stump?
Community Level Interventions for Improving Maternal, Neonatal and Child Health: A Training Tool Kit

Design, Planning and Implementation of the Sukshema Project

D. BEHAVIOURS (Ask the mother and put a √ on Y box if followed and a √ on N box if not present, for each behaviour. If any of these behaviours are not appropriate, counsel her on positive behaviours)

28. # of full meals (and drinks) she had in the past 24 hours. If <3, discuss with her the reasons, and advise her or link her to other schemes/facilities as required.

- Enquire how frequently in a day the nursing mother takes full meals
- Educate on the importance of intake of nutrition food by the nursing mother
- If the nursing mother is taking food less than thrice a day, enquire the reason and counsel on the same
- If there is any lack of finance for availing nutrition food, ensure that they receive support from VHNFC or other organisations
- Give attention in this regard in every visit

29. Does the mother avoid any food and fluids? If YES, counsel her on balanced diet

- Nursing mother should intake have both solid and liquid from time to time. Enquire about the same and educate on the importance of doing so
- If you observe non adherence, discuss the reasons and deliberate on the same with mother and family members
- Give attention in this regard in every visit

30. # of times the baby breastfed in the past 24 hours. If <7-8 times, advise her on balanced diet

- Discuss how many times in a day the mother is breast feeding the baby
- If it is lesser than 7-8 times per day, discuss the reasons and educate on the importance breastfeeding and motivate them increase the frequency. Suggest according to the problems they have
- Give attention in this regard in every visit

31. Is she feeding the baby anything other than breast milk, including water, honey, sugar etc.? If YES, counsel her on balanced diet

- Explain the importance of breast feeding. Stress on the fact that nothing else should be given other than breast milk
- Give attention in this regard in every visit

32. Has something been applied to the cord stump?

- Examine if anything is been applied on the umbilical cord
- Let them be known about the problems arising out of applying oil or other things
- Ensure nothing is applied/motivate not to
- Give attention in this regard in every visit

33. Is the baby kept warm?

- Check if the baby is been kept warm during your visit
- If NOT discuss the reasons and advice appropriately
- Give attention in this regard in every visit

34. Has the baby been given BCG?

35. Has the baby been given Polio 0?

36. Has the baby been given Hep B 0?

E. COUNSELING (Put a √ if provided counselling on the following topics at some points during the PNC home visits, not necessarily at one time. Refer to Thayi card for information on most items)

38. Keeping the baby warm

39. Cord care

40. Cleaning/bathing the baby

- Give the following instruction during counselling: Do not give bath to baby for the first two days. If it’s necessary in summer give sponge bath. During winter do not even give sponge bath

41. Care for baby’s eyes and ears

- Make it very clear during counselling that nothing should be applied or no drops be put without doctor’s advice

42. Maternal danger signs

43. Newborn danger signs

44. Childhood immunizations

45. Breastfeeding - right positioning and attachment of the baby to the breast

46. Breastfeeding · exclusive breastfeeding

- Give attention in this regard in every visit

47. Breastfeeding - timely complementary feeding

PNC home visit number

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**F. REFERRAL**

| 52. Woman/child referred to a health facility? |
| 53. Facility referred to |
| 54. Reasons for referral |
| 55. Next follow-up visit date (dd/mm/yy) |

---

**ANNEXURE 3 - ASHA Reminder Cards**

**PREPARATION FOR DELIVERY**

- **Registration of name**
- **Urine test**
- **Blood test**
- **Avoid strenuous work**
- **Get enough rest**
- **Consume nutritious food at least four or five times in a day**
- **Consume Iron tablets**

**Know about Schemes**
**PREPARATIONS FOR HOSPITAL DELIVERY**

- Savings for delivery [expenses]
- Get the baby clothes ready
- Be ready with vehicle information
- Carry mother's card and other documents while visiting the hospital
- Take somebody along with you to the hospital
- One person needs to look after the house when you are in the hospital.

**DANGER SIGNS IN THE PREGNANT WOMAN**

- Fever
- Facial swelling
- Severe headache
- Blurred vision
- Severe vomiting
- Fits
- Premature labor pain
- Severe stomach ache
- Premature labor pain
- Excessive fatigue/weakness
- Breathing problem
- Water like white discharge from the vagina
- Bleeding from the vagina
- Lack of movement of the foetus
- Foul smelling discharge from the vagina

Visit the health center immediately if any of the danger signs are seen
**SYMPTOMS OF ANAEMIA**

**Symptoms of Anaemia**
- Weakness
- Paleness of tongue, hands and skin
- Difficulty in breathing

**Effects of Anaemia**
- Excessive bleeding
- Low birth weight baby

**How to prevent anemia**
- Consumption of iron tablets
- Balanced nutritious food

**COMPLICATIONS DURING DELIVERY**

**Complications during delivery**
- Labor pain for more than 12 hours

**Danger signs in the newborn mother**
- Fever
- Fits
- Excessive bleeding
- Discharge of yellow foul smelling excreta mixed water
- Baby’s head and shoulder not appearing first

In order to manage complications delivery should take place in the hospital.
DANGER SIGNS IN THE NEW BORN INFANT

- Hardening of the breasts
- Excessive bleeding
- Foul smelling discharge from the vagina
- Fits
- Swelling of the face
- Blurred vision
- Severe head ache
- Lower abdominal pain
- Burning micturation
- Visit the health center immediately if danger signs are observed
- Fever
- Passing urine less than six times in twenty four hours
- Severe diarrhea
- Fits
- Motions with blood
- Excessive vomiting
- Lack of activity
- Swelling of eyes
Hands, legs, skin, eyes turning yellow in color
Pus in the eyes

Redness of skin
Boils all over the body

Lethargy of hands and legs

Breathing problem
Contraction of ribs

Lack of crying/feeble cries

Swollen abdomen

Redness of umbilical cord, pus from umbilical cord

Refusing to breast feed

The first colostrum should be fed to the baby

Feed only breast milk for first six months feed

Breastfeed 8 to 10 times in 24 hours

Clean the breast before breast feeding

Right positions to breast feed
Follow the right way of breast feeding

Baby should sleep next to mother

Baby should be wrapped and kept warm

Kangaroo care

Do not apply anything on the umbilical cord

Do not apply anything into the eyes and ears of the baby

Cleaning the new born with a clean cloth without giving a bath

Vaccination to be given as per the advice of the doctor

Vaccinations

With appropriate care the infant can be saved from risk

FAMILY PLANNING

Less spacing between births can lead to:
- Severe blood loss
- Low birth weight baby

Difference of three years between the first child and the second child

Temporary contraceptive methods:
- Condoms
- Mala D tablets
- Copper T

Permanent contraceptive methods:
- Operation [male]
- Operation [female]

Birth spacing important whether it's a boy or a girl

FAMILY PLANNING

A baby girl is the light of the family
IMPORTANCE OF HOSPITAL DELIVERY

Why like this?
Home delivery

Let it be like this
Hospital delivery

Hands could be dirty in home delivery
In a hospital delivery hands are covered with gloves

Rusted blade or scissors
Sanitized blade and scissors

Dirty cloth
Tying the umbilical cord with dirty thread

Clean thread
Tying the umbilical cord with clean thread