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

HOME BASED
MATERNAL AND
NEWBORN CARE

Community Level Interventions for Improving Maternal, Neonatal and Child Health Training Tool Kit: Home Based Maternal and Newborn Care, is the sixth module of the tool kit in a series of seven on enhancing community engagement for improving outreach, shaping demand and strengthening accountability to improve maternal, neonatal and child health outcomes in Karnataka.

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HOME BASED MATERNAL AND NEWBORN CARE



PREFACE



CONTENTS

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.

Process

- 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.



INFORMATION 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.

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.



- 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.
- 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 2' to wrap-up all the presentations.
- Consolidate the session:
 - Understanding the stages of service delivery stages and the available services at those stages will ensure the FLW is able to perform effectively and efficiently.

INFORMATION GUIDE FOR SESSION 2

ANTENATAL CARE		
LEVEL 1 Skilled Birth Attendant (SBA) Level	LEVEL 2 Institutional (Basic Level)	LEVEL 3 Institutional (Comprehensive Level)
Delivery by SBAs (Sub centre, PHCs not functioning as 24x7 and home deliveries conducted by SBA	PHC – Basic Obstetric and Neonatal care (24X7 PHCs, CHCs other than FRUs)	FRU – comprehensive Obstetric and Neonatal care (DH,SDH,RH,CeMNC, selected CHCs)
ANC session should include: <ul style="list-style-type: none"> • 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 in Level 1 and the following: <ul style="list-style-type: none"> • Blood grouping & Rh typing, Wet mount(saline/KOH), RPR/ VDRL • Management and provision of all emergency obstetric and new born care for complications other than these requiring blood transfusion or surgery • Linkages with nearest ICTC/ PPTCT centre for voluntary counselling and testing for HIV and PPTCT services 	All services mentioned under in Level 1 and the following: <ul style="list-style-type: none"> • Blood cross matching + management of severe anaemia • Management of complications in pregnancy referred from Levels 1 and 2
INTRANATAL CARE		
LEVEL 1 SBA Level	LEVEL 2 Institutional (Basic Level)	LEVEL 3 Institutional (Comprehensive Level)
Delivery by SBAs (Sub centre, PHCs not functioning as 24x7 and home deliveries conducted by SBA	PHC – Basic Obstetric and Neonatal care (24X7 PHCs, CHCs other than FRUs)	FRU – comprehensive Obstetric and Neonatal care (DH, SDH, RH, CeMNC, selected CHCs)

<ul style="list-style-type: none"> • Normal delivery with the use of partograph • Active management of third stage of labour • Infection prevention • Identification of danger signs and appropriate higher care referrals • Pre – referral management for obstetric emergencies, e.g. eclampsia, PPH, shock • Assured referral linkages with higher facilities • Essential new born care will include: <ul style="list-style-type: none"> • Neonatal resuscitation • Warmth • Infection prevention • Initiation of breast feeding within an hour of birth and exclusive breast feeding there after • Screening for congenital anomalies • Weighing of newborns 	All in Level 1 and Availability of following services round the clock <ul style="list-style-type: none"> • 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 • Essential new born care as in level 1 + • Antenatal Corticosteroids to the mother in case of pre-term babies to prevent Respiratory Distress Syndrome (RDS) • Immediate care of LBW newborns (>1800gm) 	All in Level 2 and <ul style="list-style-type: none"> • Availability of following services round the clock • Management of obstructed labour • Surgical intervention like Caesarean section • Comprehensive management of all obstetric emergencies, e.g. PIH/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
POSTNATAL AND NEWBORN CARE		
LEVEL 1 SBA Level	LEVEL 2 Institutional (Basic Level)	LEVEL 3 Institutional (Comprehensive Level)
Delivery by SBAs (Sub centre, PHCs not functioning as 24x7 and home deliveries conducted by SBA	PHC – Basic Obstetric and Neonatal care (24X7 PHCs, CHCs other than FRUs)	FRU – comprehensive Obstetric and Neonatal care (DH,SDH,RH,CeMNC, selected CHCs)
<ul style="list-style-type: none"> • 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 new born 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 New born care <ul style="list-style-type: none"> • Warmth • Hygiene and cord care • Identification, management and referral of sick neonates, low birth weight(LBW) and pre-term newborns • Referral linkages for management of complications • Care of LBW newborns <2500gm • Zero day immunisation OPV,BCG, Hepatitis B 	All mentioned in Level 1 and the following: <ul style="list-style-type: none"> • 48 hours of stay post delivery and all the postnatal services for zero and third day to mother and baby • Timely referral for woman with postnatal complications • Stabilisation of mother with postnatal emergencies,e.g.PPH,sepsis, shock, retained placenta • Referral linkages with higher facilities New born care as in Level 1 and the following: <ul style="list-style-type: none"> • Stabilisation of complications and referral • Care of LBW newborns >1800gm • Referral services for newborns <1800 gm and other newborn complications • Management of Sepsis 	All mentioned in Level 2 and the following: <ul style="list-style-type: none"> • 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 New born care as in Level 2 and the following: <ul style="list-style-type: none"> • In district hospitals through Sick Newborn Care Unit (SNCU) • Management of complications • Care of LBW newborns <1800 gm • Establish referral linkages with higher facilities

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. Enrolment of the 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. Imparting 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 information about the government schemes available like JSY, Prasoothi Aarika and Madilu Kit.
7. Explain the immunisation process to new mothers
8. Refer pregnant women with complications to higher care centres.
9. Educate the family about home based care needed for the new born baby especially with low birth weight.
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

• 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. Encourage and motivate people to seek institutional delivery and adopt family planning methods
8. Identify the children with sickness and refer for higher treatment under the "Bala Sanjeevini" program
9. 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
10. Mobilize pregnant women for immunisation camps
11. Register the child post delivery

SESSION 4: THE HBMNC TOOL: PROVIDING QUALITY MNCH CONTINUUM OF CARE SERVICES



SESSION 5: USING THE HBMNC TOOL – SECTION 1 IDENTIFICATION

↕ 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 ASHAs lack 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.

🎯 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.

🎯 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 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 visits is crucial.

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 so 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 anaemia, 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:

- Anaemic – 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.

Process

- Ask participants what hinders them from making their home visits more effective.
- Note their responses on a flip chart.
- Tell them that the HBMNC Tool supports their efforts to overcome home visit challenges.
- Now tell them to look at Section 2 of the HBMNC Tool.
- Read through each of the components in Section 2 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 2 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 2.
- Consolidate the session:
 - Understanding how to correctly fill the information in Section 2 of the HBMNC Tool is crucial.

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

INFORMATION GUIDE FOR SESSION 8

Why is delivery care important?

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 starting of labour pain 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 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)
- Bleeding 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, excreta 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':

- Clean space /place: The delivery room should have sufficient ventilation and light. This helps in infection prevention and keeps the child warm and clean
- Clean hands: Helps in infection prevention
- Clean/sterile blade: Prevents sepsis
- Clean/sterile thread: Prevents infection and pus formation
- Clean cord - Do not apply anything on the umbilical cord to prevent infection/septic/pus and bleeding

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 before, during and after delivery? Why is this important?
- Allow 15 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 and the pre-prepared chart 'Information Guide for Session 8' to wrap-up all the presentations and provide a complete picture of delivery care to the participants. Use pictures of danger signs to confirm the awareness levels of the participants. (Refer to Module 2)
- Consolidate the session:
 - Delivery care takes prominence as the risk of mortality for both mother and child are the highest during and after delivery.
 - It is very important to have the baby delivered by a skilled doctors and assistants.
 - As soon as a woman knows she is pregnant she should start preparing for delivery.

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 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 3.
- Consolidate the session:
 - Understanding how to correctly fill the information in Section 3 of the HBMNC Tool is crucial.

SESSION 10: PROVIDING PNC SERVICES

Objective

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

Methodology

PPP/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 new born 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 danger signs and symptoms in a nursing mother?
 - What are detailed steps to take to address these signs and symptoms?
 - What are danger signs and symptoms in the newborn?
 - What are detailed steps to take to address these signs and symptoms?
 - How many times should an ASHA conduct a home visit to a nursing mother and newborn?
 - What are the key things she should observe during these visits?
- 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' 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)

- 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

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 post natal 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 with foul smell lochia discharge
- Sepsis and infection of the nursing mother
- Fever/shivering with or without the swelling of face and limbs, severe head ache 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
- Belly 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

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



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, 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.



Process

- Give one of the role plays to each of the two groups.

Role Play Scenario 1:

Radha is 25 yrs old and is pregnant for the 2nd time. She is in the 8th month of pregnancy. Her first child is 2 years old and was delivered at home. She with her husband had gone to Bangalore for work and returned to the ASHA's area just one week ago. During her first ANC check-up she was diagnosed with severe anaemia. Today is your second home visit to Radha's house. Perform a role play of your home visit.

Role Play Scenario 2:

Pavithra is 28 years old. She delivered a baby girl 3 days ago in a PHC. Delivery was normal and the baby weighed 2.5 kg. She stayed in the PHC for 48 hours after which she got discharged and went back home. Today the ASHA is planning to do the first PNC visit to Pavithra's place. Perform a role play of your home visit.

- Allow 15 minutes for the group members to read it, discuss and prepare the play.
- Ask each group to perform their role play.
- Ask the participants to think about the role play that they watched and share what they felt about the way the ASHA conducted the home visit.

- Ask the participants if they saw any gaps in the interaction between the ASHA and the new mother or her family.
- Note their responses on a flip chart.
- Ask the participants if the ASHA could have done anything else to make the counselling more effective and focused?
- Note their responses on a flip chart.
- Ask the participants what skills does the ASHA need to identify problems and offer solutions or corrective measures through counselling?
- Note their responses on a flip chart.
- Use the pre-prepared chart 'Information Guide for Session 12' to review tips for successful PNC counselling during home visits.
- Consolidate the session:
 - Delivery and child birth related beliefs and customs and lack of access to correct information stop nursing mothers and their families from adopting good health practices.
 - Challenging these beliefs becomes a key focus of most of the counselling sessions that the ASHA has during her PNC home visits.
 - Education and awareness among families and mothers through the ASHA is the only way to put an end to such practices.

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



Duration
1 hour



Training Materials

Markers and brown sheets/ chart paper, copies of case studies and 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.

INFORMATION GUIDE FOR SESSION 12

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 know 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,

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

6. Counselling

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

7. 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 or financial issues. These decisions or judgments could influence the woman's health seeking behavior. 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 dialogues 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.

8. 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 reinstate the messages given by you in her own words. This will help you to assess that she has understood.

9. 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.

10. 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.

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.

- 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.
- Demonstrate how to handle the cards. Ask the participants to hold the card so the information is available and to flip the card over without dropping it.
- Ask if there are any questions about using the cards.
- Consolidate the session:
 - Reminder cards can make home visits more effective and interesting.

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.
- 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 affect 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

Reflection

Duration
30 minutes

Training Materials

Training evaluation and feedback form

Tips for facilitators

The training evaluation and feedback form will assess what affect the module had on the participants’ attitudes, knowledge and practice levels and obtain feedback on the usefulness of the training and suggestions for enhancing future effectiveness.

Process

- 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:

KARNATAKA HEALTH PROMOTION TRUST
Training Evaluation and Feedback Form

Name: _____ Designation: _____ Place of training: _____
Training dates: _____ Name of the PHC: _____

S.No.	Subject	Excellent	Good	Poor
1	Training content and sessions			
2	Training methodology and activities used			
3	Training skills of the facilitators			
4	Logistics at the training (Food, stay and comfort)			
5	Relevance and usefulness of training			

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 42days after 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 Thai card. If you have not filled all the information in the first visit, fill 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 ☐ N ☐ Caste/Tribe SC ☐ ST ☐ Other ☐

12Permanent 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 months

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 ☐

SECTION 2: ANTENATAL HOME VISITS

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)

	ANC home visit number				
	1	2	3	4	5
1.Visit date (dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.Gestational age (in months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Home visit number

1

2

3

4

5

C. TESTS (Ask or check the Thai 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)

20.Haemoglobin	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
21.Blood group/Rh	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
22.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
23.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
24.HbsAg	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
25.Urine for protein	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
26.Urine for detection of infection	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
27.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
28.Other(Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

D. ANC CHECKUPS (Check the Thai 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 \checkmark on Y box if received and a \checkmark on N box if not received)

29.ANC check up done? If yes record the date	Y <input type="checkbox"/> N <input type="checkbox"/> Date __/__/__	Y <input type="checkbox"/> N <input type="checkbox"/> Date __/__/__	Y <input type="checkbox"/> N <input type="checkbox"/> Date __/__/__	Y <input type="checkbox"/> N <input type="checkbox"/> Date __/__/__	Y <input type="checkbox"/> N <input type="checkbox"/> Date __/__/__
30.Place of ANC check done (Tick the place)	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	<input type="checkbox"/> PHC	<input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	
31.TT injection dose	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
32.TT injection booster	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
33.IFA tablets	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
34.Was weight recorded?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
35.Was BP recorded?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
36.Was abdominal examination recorded?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
37.Was foetal heart rate recorded?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

E. RISKS DURING PREGNANCY (Check the Thai 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 <input type="checkbox"/> N <input type="checkbox"/>				
39.Severe anaemia (<7gms%)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
40.Pregnancy induced hypertension/ eclampsia	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
41.Previous caesarean section/still birth/ abortion/ preterm birth	Y <input type="checkbox"/> N <input type="checkbox"/>				
42.Grand multi parity (3+)	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>				
43.					
44.Ante partum haemorrhage	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>
45.					
46.					
47.Pregnancy with HIV/ diabetes/heart disease/ other health complaints	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/>

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 Thai 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 <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
49.Antenatal checkups in a facility	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
50.Blood and urine tests	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
51.Nutrition and rest during pregnancy	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
52.Signs and symptoms of anaemia	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
53.Prevention and treatment of anaemia including consumption of IFA tablets, Side-effects of IFA tabletsV	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

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)

[illegible]

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)

3. Record her temperature in Celsius. If the temperature >37.5 degrees Celsius, administer the first dose of paracetamol and refer to a health facility	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
--	-------------	-------------	-------------	-------------	-------------	-------------

	PNC home visit number					
	1	2	3	4	5	6
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	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5.Does she experience difficulty in breathing?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7.Does she have pain and foul-smelling lochia discharge from the vagina?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8.Is she experiencing fits?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
9.Is she experiencing severe abdominal pain?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
10.Does she have burning micturition? If YES, advise more fluids before referring to health facility	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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. 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)						
11.Record the baby's temperature in Celsius. If the temperature >37.5 degree Celsius or <36.5 degrees Celsius, refer to a health facility	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
12.Does the baby have fits?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
13.Is the baby passing urine less than 6 times a day?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
14.Is the baby having diarrhoea?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
15.Is there blood in baby's stools?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

16.Is the baby in-active?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
17.Are the baby's eyes swollen and discharging pus?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
18.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
19.Are the baby's skin folds in arms and thighs red?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
20.Does the child have boils filled with pus?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
21.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
22.Is the baby not crying at all or has a feeble cry?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
23.Is the baby's tummy bloated/ distended?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
24.Is the baby vomiting?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
25.Does the baby have difficulty in breathing and chest in-drawing?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
27.Is there redness or pus at the cord stump?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	Home visit number					
	1	2	3	4	5	6
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.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
29.Does the mother avoid any food and fluids? If YES, counsel her on balanced diet	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

30.# of times the baby breastfed in the past 24 hours. If <7-8 times, advise her on the importance of breastfeeding discuss the reasons and advise her accordingly.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31.Is she feeding the baby anything other than breast milk, including water, honey, sugar etc.?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
32.Has something been applied to the cord stump?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
33.Is the baby kept warm?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
34.Has the baby been given BCG?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
35.Has the baby been given Polio 0?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
36.Has the baby been given Hep B 0?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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 Thai card for information on most items)						
38.Keeping the baby warm	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
39.Cord care	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
40.Cleaning/bathing the baby	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
41.Care for baby's eyes and ears	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
42.Maternal danger signs	a.Fever	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	b.Convulsions	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	c.Blurred vision/severe headache	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	d.Increased bleeding	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	e.Foul discharge or odour	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	f.Breathing difficulty	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	g.Swollen/ red/ tender breasts	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	h.Pain/ difficulty in passing urine	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	i.Worsening abdominal pain	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	j.Worsening perineal pain	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	a.Breathing difficulty	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	b.Feeding problems	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	c.Convulsions	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	d.Diarrhoea/vomiting	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

43.Newborn danger signs	e.Hypo/hyperthermia	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	f.Icterus/ yellow skin	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	g.Stiff (body arched) or sloppy	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	h.Irritability/ lethargy	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	i.Pustules on skin or boil	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	j.Not passing urine at least 6 times a day	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	k.Pus/ inflamed red umbilicus	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	l.Blood in stool	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	44.Childhood immunizations	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	45.Breastfeeding - right positioning and attachment of the baby to the breast	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	46.Breastfeeding - exclusive breastfeeding	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		PNC home visit number					
		1	2	3	4	5	6
	47.Breastfeeding - timely complementary feeding	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	48.Nutrition – increased calorie uptake, iron supplementation and plenty to drink	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	49.Counselling on care of the newborn during ARI/ breathing problems/ fever	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	50.Counselling on care of the newborn during diarrhoea and vomiting	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	51.Family planning	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
F. REFERRAL							
	52.Woman/child referred to a health facility?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	53.Facility referred to	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> Pvt <input type="checkbox"/> Other
	54.Reasons for referral						
	55.Next follow-up visit date (dd/mm/yy)						

ANNEXURE 2 - HBMNC Tool filling guidelines

Project Sukshema

Department of Health, Government of Karnataka

National Rural Health Mission



INSTRUCTIONS FOR FILLING UP HBMNC TOOL

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

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)

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

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	<ul style="list-style-type: none"> 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
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 vagina/ rupture of membranes	
16.Bleeding per vagina	
17.Foul discharge per vagina	
18.Decreased/no foetal movement	
19.Any other (specify)	

C. TESTS (Ask or check the Thai 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 "thayai 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	This test is done to check if the woman is anaemic
21.Blood group/Rh	If you know the blood group and RH beforehand, it becomes easy to arrange for blood in case of urgent necessity. RH tells us if the blood group is either negative or positive
22.	
23.	
24.HbsAg	This helps to identify presence of jaundice
25.Urine for protein	If there is presence of higher levels of protein, there is possibility of issues eclampsia / pre eclampsia / fits. understand the status and take treatment if needed
26.Urine for detection of infection	This test is done to find out if there any Urinary tract infection
27.	
28.Other(Specify)	Apart from the problems mentioned here if there any other tests are done (sputum , malaria, bilirubin) record in "Others" column

D. ANC CHECKUPS (Check the Thai 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> This is administered to prevent Tetanus infection
32.TT injection booster	
33.IFA tablets	<ul style="list-style-type: none"> There can be excessive bleeding because of being anaemic Tell her about the importance of taking IFA tablets Ensure that she takes these tablets. If NOT discuss the reasons and counsel accordingly Give attention in this regard in every visit
34.Was weight recorded?	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> This is very crucial to know the health status of the child

E. RISKS DURING PREGNANCY (Check the Thai 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")		<ul style="list-style-type: none">Educate on the symptoms of obstruction / complicationsIf there are any symptoms educate her on the need of in time check-ups, additional examinations and care. Ensure that that these are done and followed upIn 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 Thai 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 tabletsV						
		ANC home visit number				
		1	2	3	4	5
54. Danger signs during pregnancy	a.Severe anaemia					
	b.Fever					
	c.Bleeding					
	d.Headache/ blurred vision/ vomiting/ fits					
	e.Water discharge/ leaking membrane					
	f.Labour pain >12 hours					

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					
G. REFERRAL					
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 <input type="checkbox"/> Delivery <input type="checkbox"/>					
SECTION 3: DELIVERY DETAILS					
A: DELIVERY DETAILS (Record delivery details during the first postnatal home visit)					
1.Delivery date day <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/>					
2. Place of delivery SC <input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> TH <input type="checkbox"/> DH <input type="checkbox"/> PVT <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>					
3.Name of institution _____					
4.Delivery outcome Live birth <input type="checkbox"/> Still birth <input type="checkbox"/> Newborn died <input type="checkbox"/>					
5.Delivery type Normal <input type="checkbox"/> C-section <input type="checkbox"/> Assisted <input type="checkbox"/> 6.Sex of the child Male <input type="checkbox"/> Female <input type="checkbox"/>					
7.Birth weight <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gms 8. Date returned home day <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/>					
9.Complications during delivery and postpartum period None <input type="checkbox"/> Mother died <input type="checkbox"/> Obstructed labour <input type="checkbox"/> Postpartum haemorrhage <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> Mother developed infection <input type="checkbox"/> Child died <input type="checkbox"/> Child developed infection <input type="checkbox"/> Preterm birth <input type="checkbox"/> LBW (<2500 gms) <input type="checkbox"/> Asphyxia <input type="checkbox"/> Other <input type="checkbox"/> (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)					
<ul style="list-style-type: none">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.					

- 3rd visit: The second visit to be conducted on the 14th day of delivery. Even if you are making the home visit anywhere between 11th to 17th day of delivery, mention the same in the 3rd visit column.
- 4th visit: The second visit to be conducted on the 21st day of delivery. Even if you are making the home visit anywhere between 18th to 24th day of delivery, mention the same in the 4th visit column.
- 5th visit: The second visit to be conducted on the 28th day of delivery. Even if you are making the home visit anywhere between 25th to 35th day of delivery, mention the same in the 5th visit column.
- 6th visit: The second visit to be conducted on the 42nd day of delivery. Even if you are making the home visit anywhere between 36th to 42nd day of delivery, mention the same in the 6th visit column.

	PNC home visit number					
	1st visit (0-5)	2nd visit (6-10)	3rd visit (11-17)	4th visit (18-24)	5th visit (25-35)	6th visit (36-42)
1.Visit date (dd/mm/yy)	<ul style="list-style-type: none"> • Mark the date of every home visit at the respective space Eg: 13.11.11 					
2.# of days since delivery	<ul style="list-style-type: none"> • Please write the details of every post natal care home visit in the respective space provided. • Count the number of days since delivery till the home visit and mark the same Eg: 3 					

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)

- 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

3.Record her temperature in Celsius.	<ul style="list-style-type: none"> • If the temperature >37.5 degrees Celsius, administer the first dose of paracetamol and refer to a health facility
4.Are her breasts hard/ nipples hard or broken/ experiencing pain in the breasts or the nipples?	<ul style="list-style-type: none"> • If YES, counsel her on right positioning and attachment of baby to the breasts, before referring to a health facility
5.Does she experience difficulty in breathing?	
6.Is her uterus soft and does she have excessive bleeding?	<ul style="list-style-type: none"> • If YES, provide uterine massage and advise breastfeeding before referring to a health facility
7.Does she have pain and foul-smelling lochia discharge from the vagina?	
8.Is she experiencing fits?	
9.Is she experiencing severe abdominal pain?	
10.Does she have burning micturition?	<ul style="list-style-type: none"> • If YES, advise more fluids before referring to health facility

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.** 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)

11.Record the baby’s temperature in Celsius.	<ul style="list-style-type: none"> • 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 (lesser 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
12.Does the baby have fits?	
13.Is the baby passing urine less than 6 times a day?	
14.Is the baby having diarrhoea?	
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.	
19.Are the baby’s skin folds in arms and thighs red?	
20.Does the child have boils filled with pus?	
21.	
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?	


	Home visit number					
	1	2	3	4	5	6
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.	<ul style="list-style-type: none">Enquire how frequently in a day the nursing mother takes full mealsEducate on the importance of intake of nutrition food by the nursing motherIf the nursing mother is taking food less than thrice a day , enquire the reason and counsel on the sameIf there any lack of finance for availing nutrition food, ensure that they receive support from VHNSC or other organisationsGive attention in this regard in every visit					
29.Does the mother avoid any food and fluids? If YES, counsel her on balanced diet	<ul style="list-style-type: none">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 membersGive 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 the importance of breastfeeding discuss the reasons and advise her accordingly.	<ul style="list-style-type: none">Discuss how many times in a day the mother is breast feeding the babyIf it is lesser than 7-8 times per day, discuss the reasons and educate on the importance breast feeding 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.?	<ul style="list-style-type: none">Explain the importance of breast feeding. Stress on the fact that nothing else should be given other than breast milkGive attention in this regard in every visit					
32.Has something been applied to the cord stump?	<ul style="list-style-type: none">Examine if anything is been applied on the umbilical cordLet them be known about the problems arising out of applying oil or other thingsEnsure nothing is applied / motivate not toGive attention in this regard in every visit					
33.Is the baby kept warm?	<ul style="list-style-type: none">Check if the baby is been kept warm during your visitIf NOT discuss the reasons and advice appropriatelyGive 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 Thaiyi card for information on most items)						
38.Keeping the baby warm						
39.Cord care						

40.Cleaning/bathing the baby		<ul style="list-style-type: none">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		<ul style="list-style-type: none">Make it very clear during counselling that nothing should be applied or no drops be put without doctors' advice					
42.Maternal danger signs	a.Fever						
	b.Convulsions						
	c.Blurred vision/severe headache						
	d.Increased bleeding						
	e.Foul discharge or odour						
	f.Breathing difficulty						
	g.Swollen/ red/ tender breasts						
	h.Pain/ difficulty in passing urine						
	i.Worsening abdominal pain						
	j.Worsening perineal pain						
43.Newborn danger signs	a.Breathing difficulty						
	b.Feeding problems						
	c.Convulsions						
	d.Diarrhoea/vomiting						
	e.Hypo/hyperthermia						
	f.Icterus/ yellow skin						
	g.Stiff (body arched) or sloppy						
	h.Irritability/ lethargy						
	i.Pustules on skin or boil						
	j.Not passing urine at least 6 times a day						
k.Pus/ inflamed red umbilicus							
l.Blood in stool							
44.Childhood immunizations							
45.Breastfeeding - right positioning and attachment of the baby to the breast							
46.Breastfeeding - exclusive breastfeeding							
		PNC home visit number					
		1	2	3	4	5	6
47.Breastfeeding - timely complementary feeding							


48.Nutrition – increased calorie uptake, iron supplementation and plenty to drink	
49.Counselling on care of the newborn during ARI/ breathing problems/ fever	
50.Counselling on care of the newborn during diarrhoea and vomiting	
51.Family planning	
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


Preparation for delivery



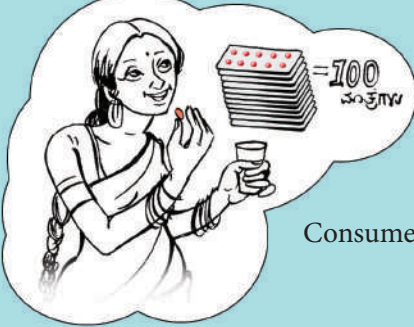
Avoid strenuous work



Consume nutritious food at least four or five times in a day




Get enough rest

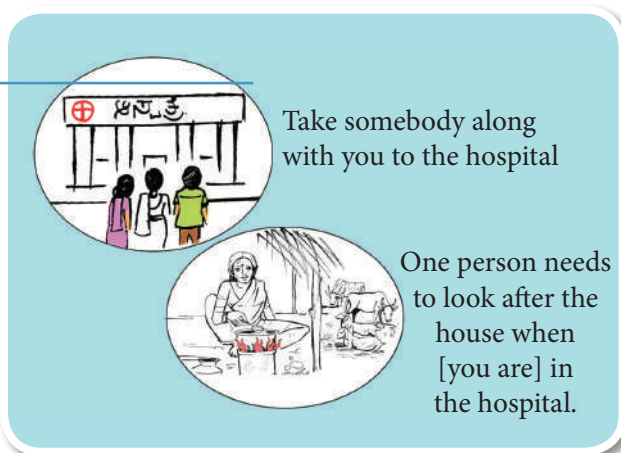
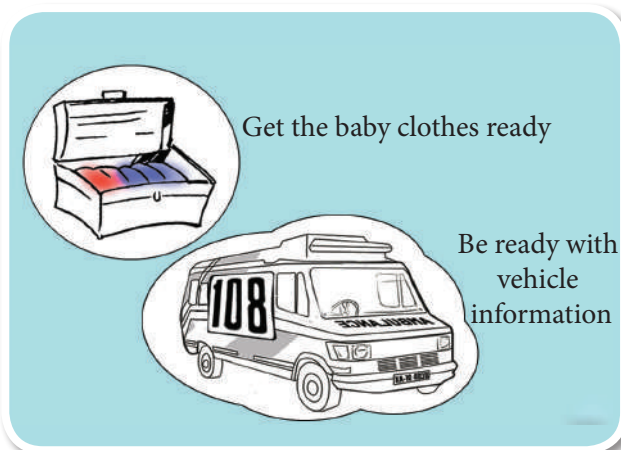
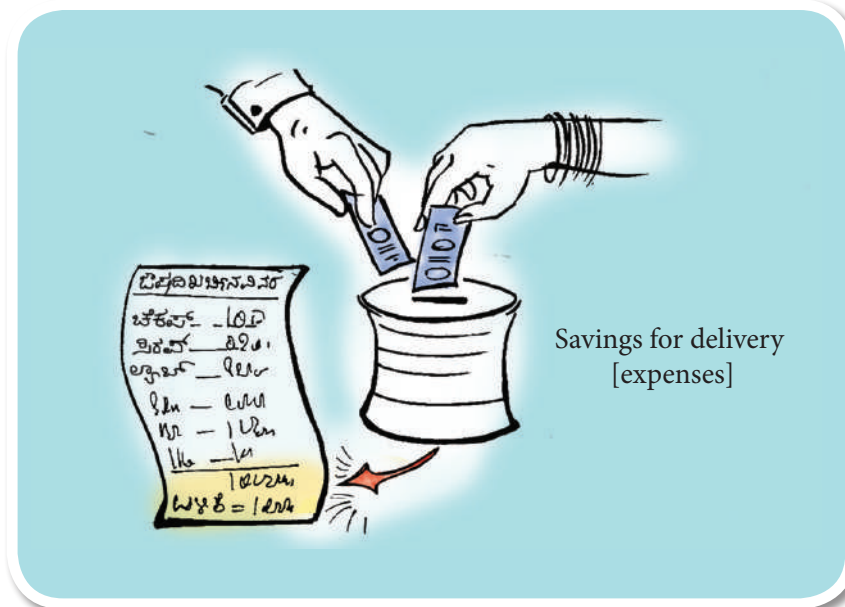


Consume Iron tablets

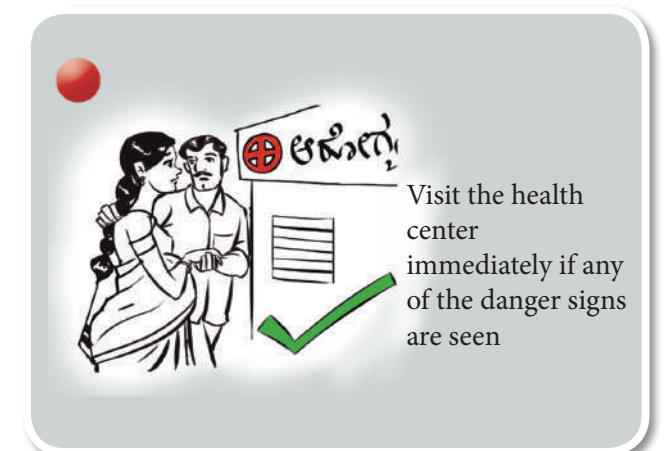
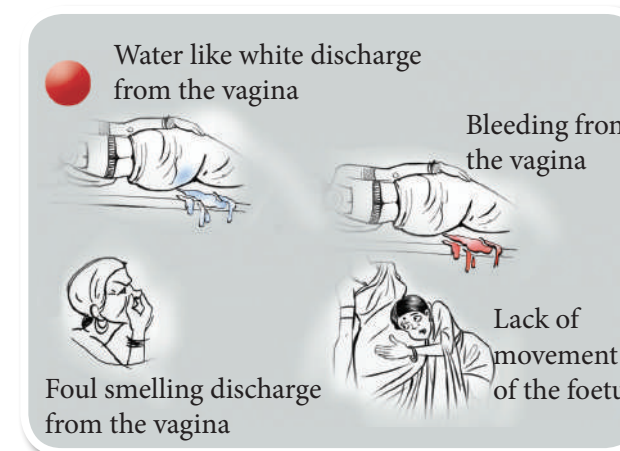
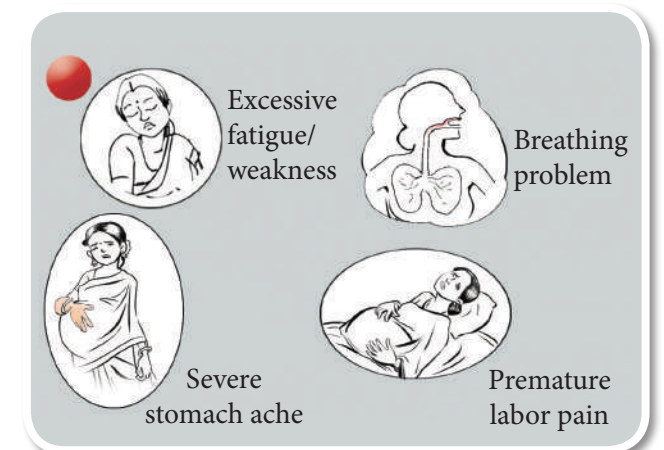
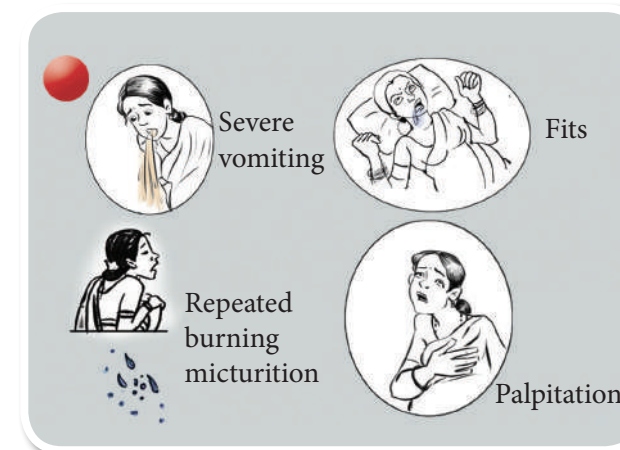
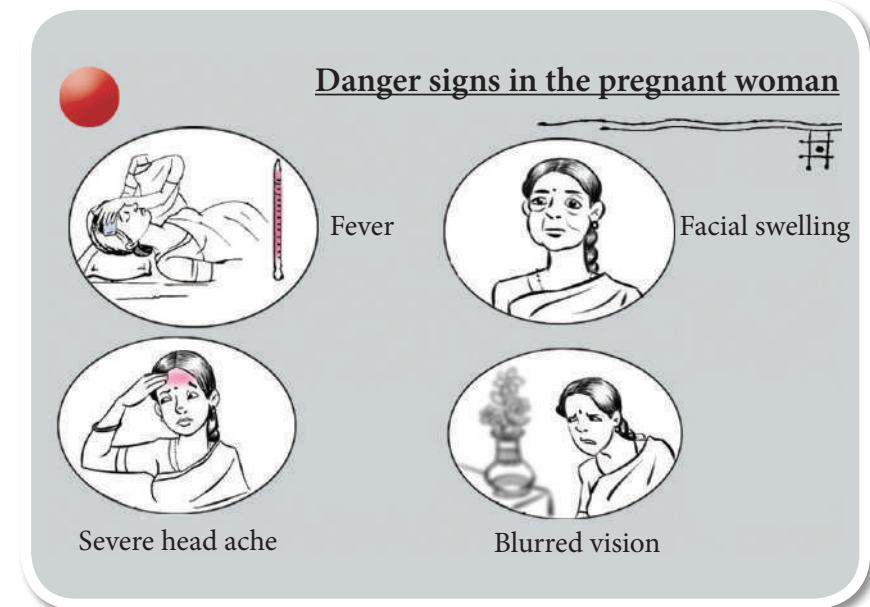
Know about Schemes



PREPARATIONS FOR HOSPITAL DELIVERY

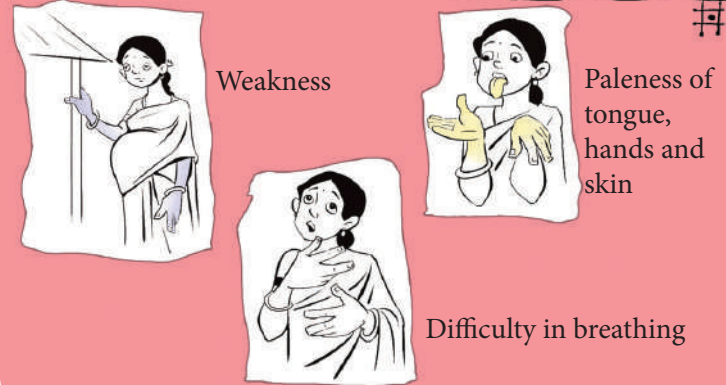


DANGER SIGNS IN THE PREGNANT WOMAN

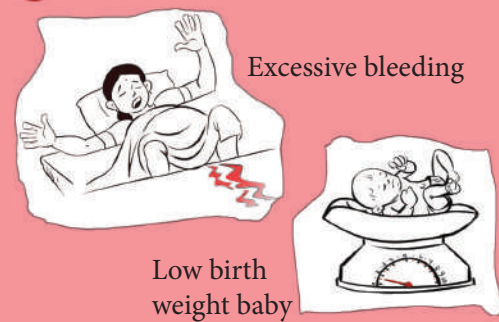


SYMPTOMS OF ANAEMIA

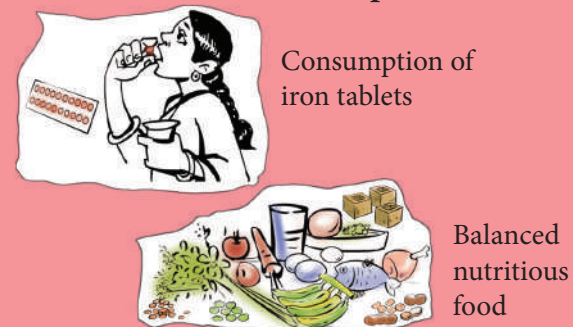
Symptoms of Anaemia



Effects of Anaemia

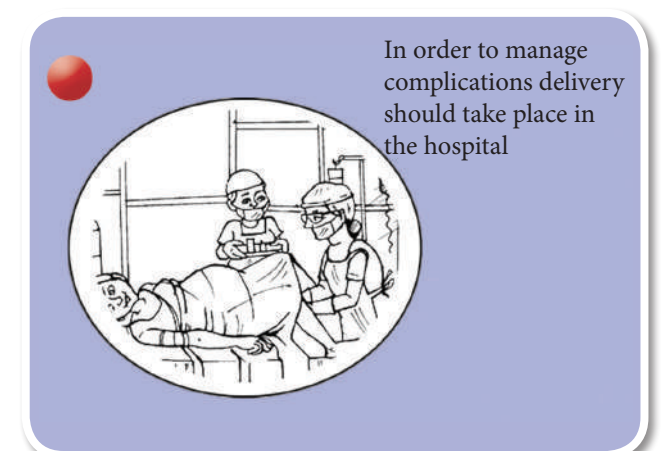
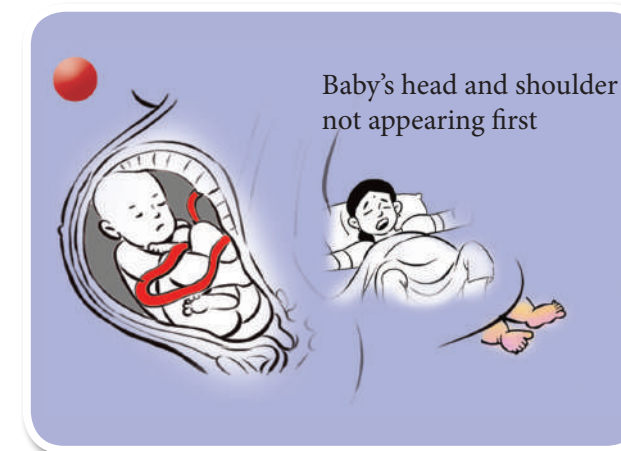
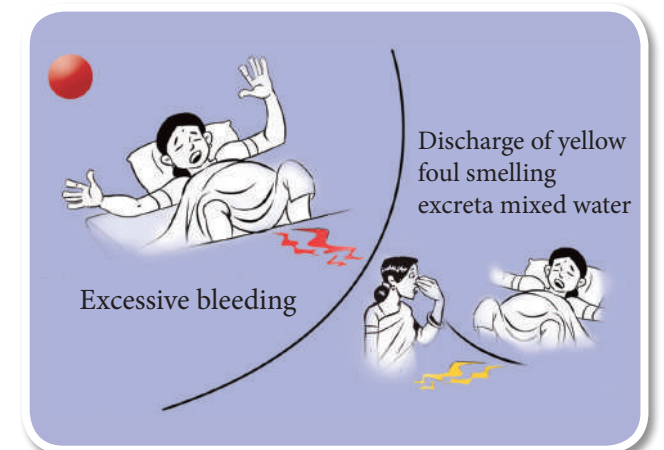
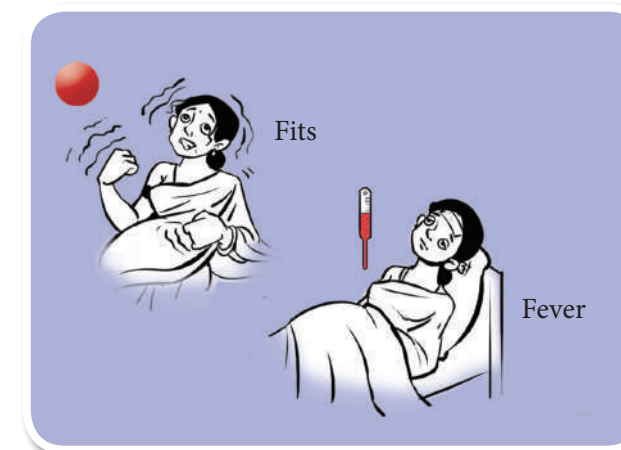


How to prevent anemia



COMPLICATIONS DURING DELIVERY

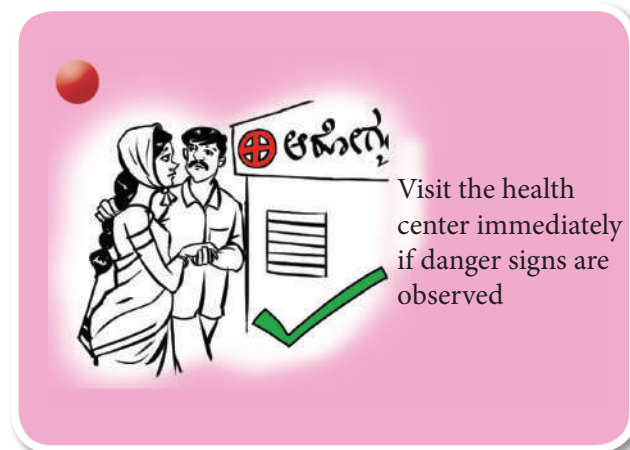
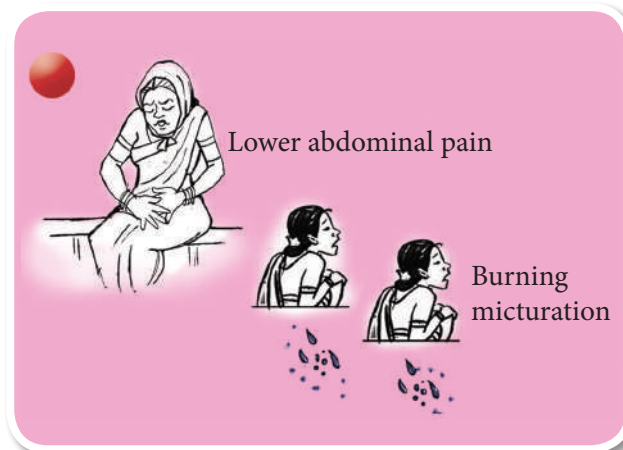
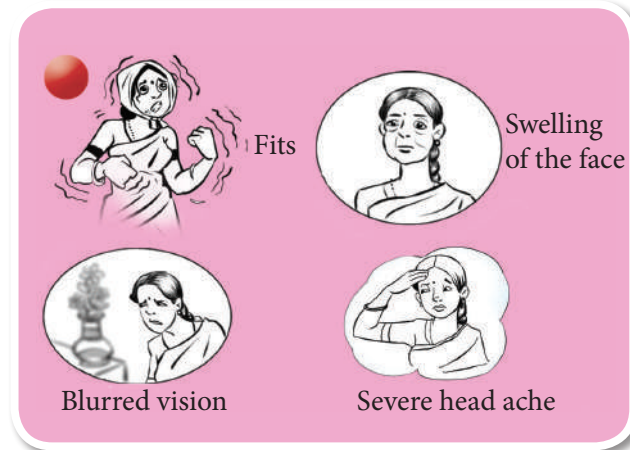
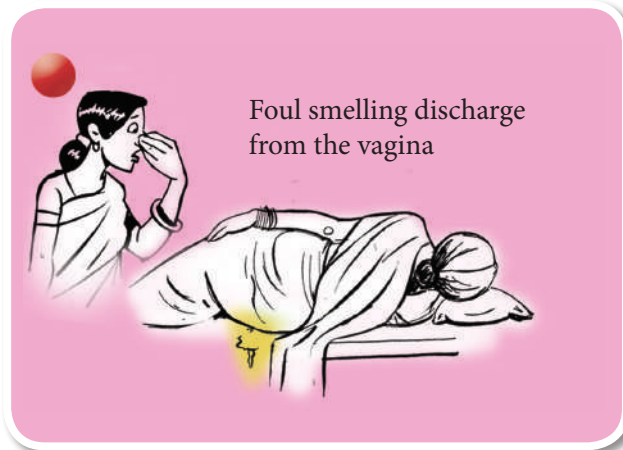
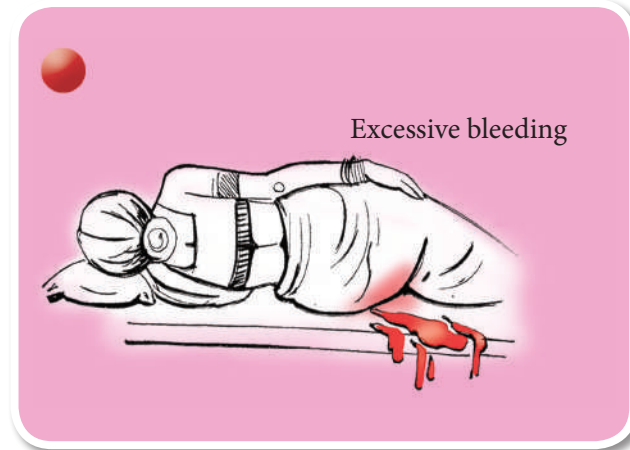
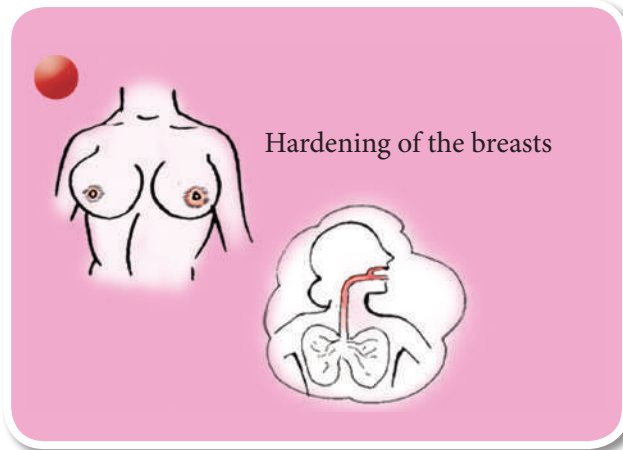
Complications during delivery



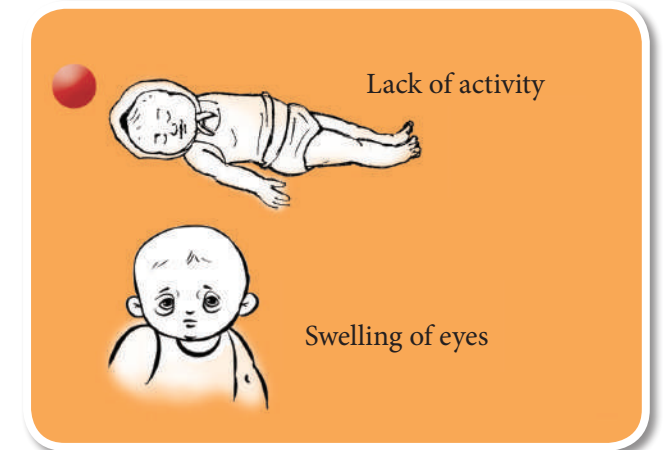
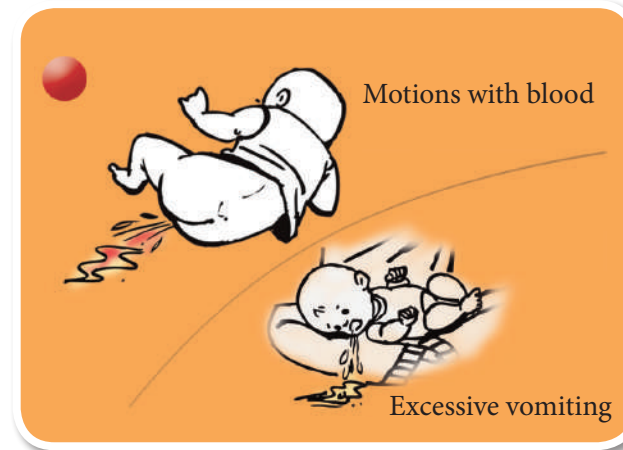
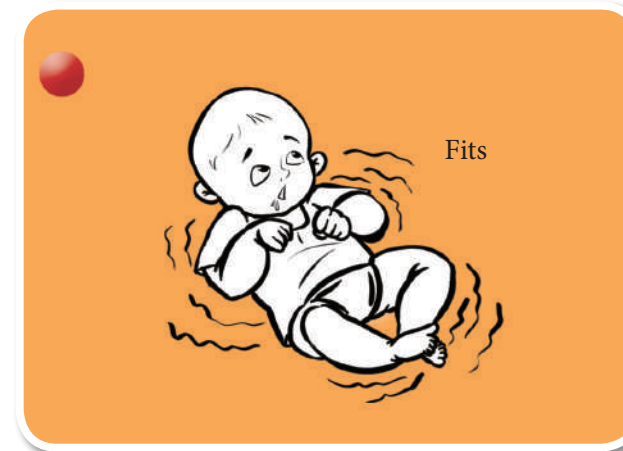
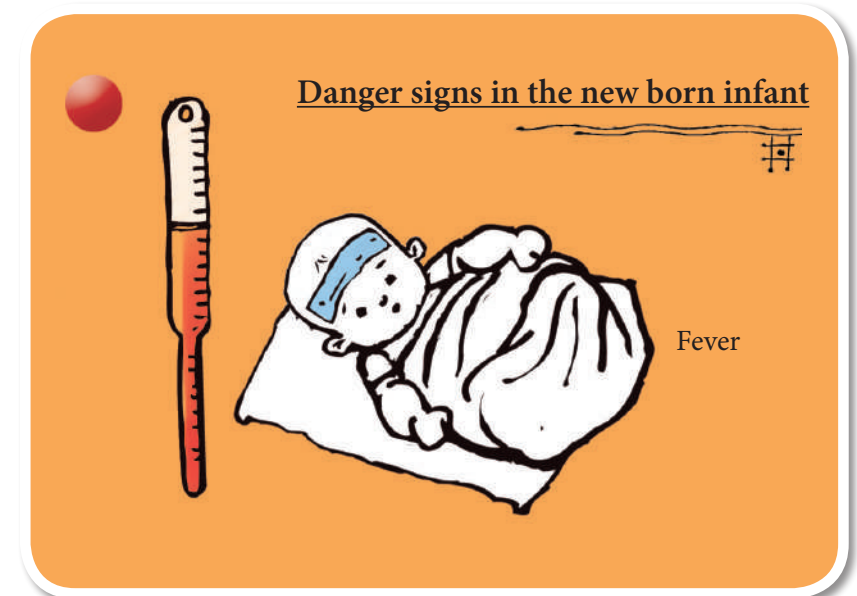
COMPLICATIONS DURING DELIVERY

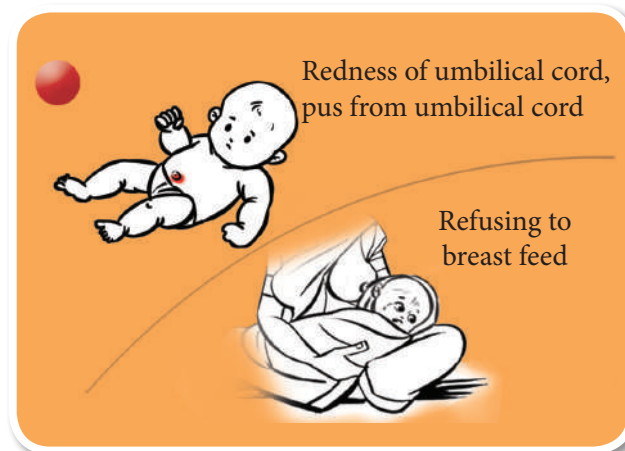
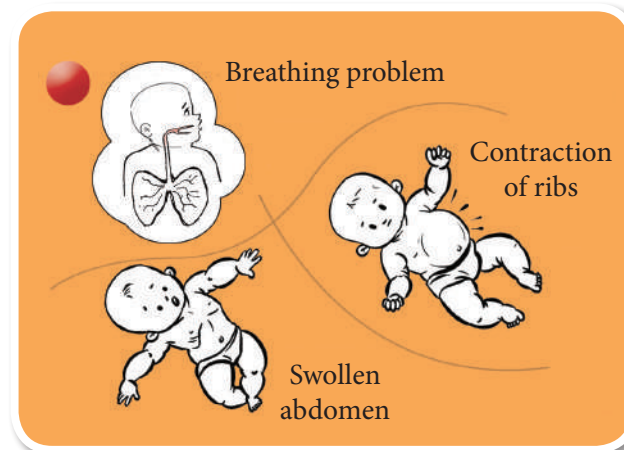
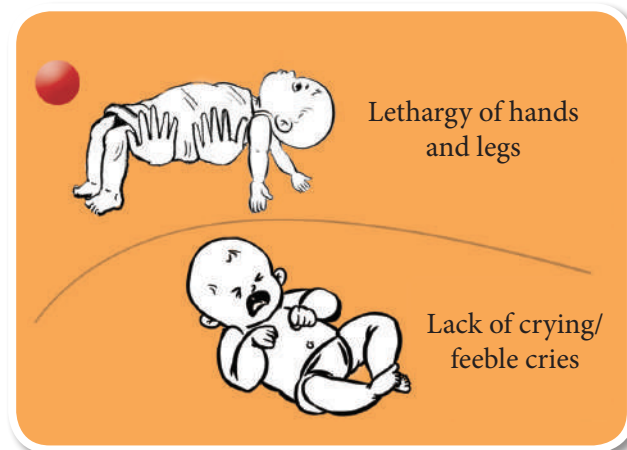
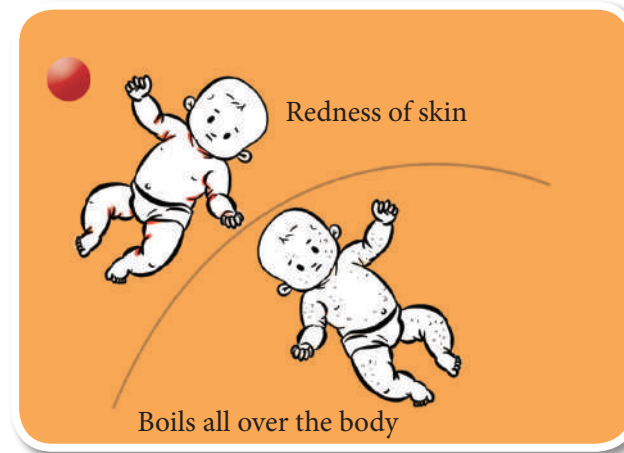
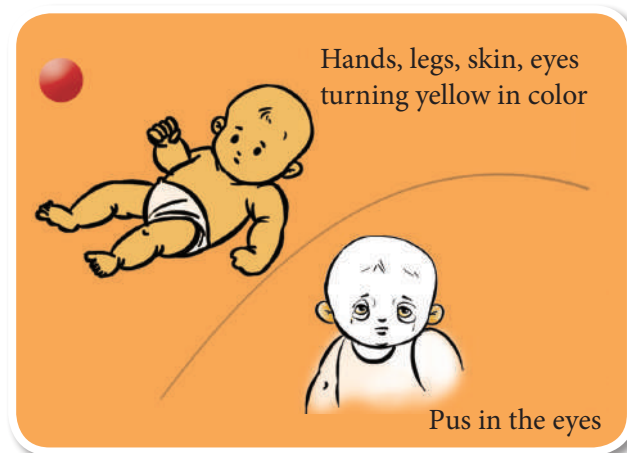
Danger signs in the newborn mother



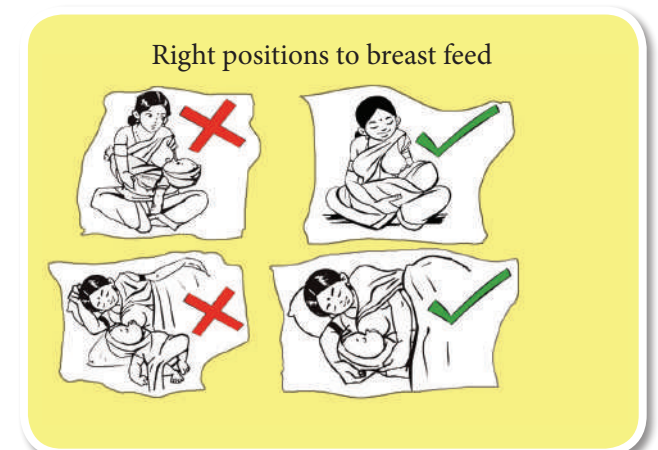
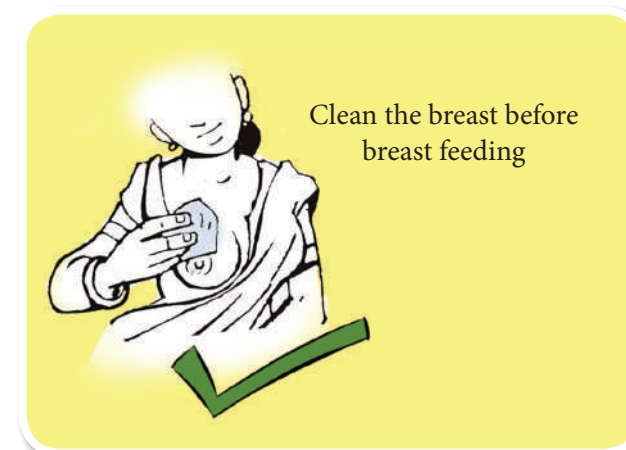
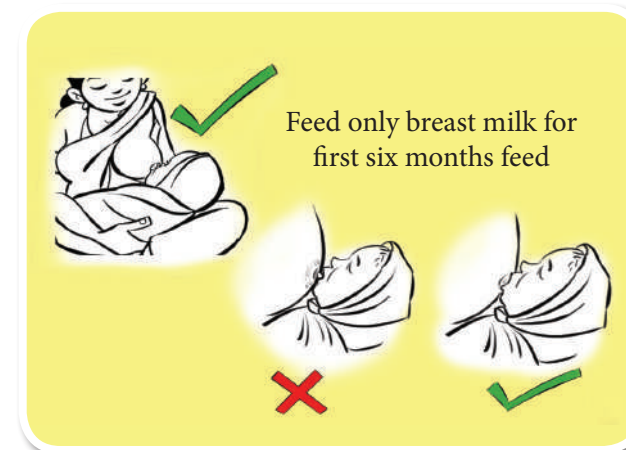
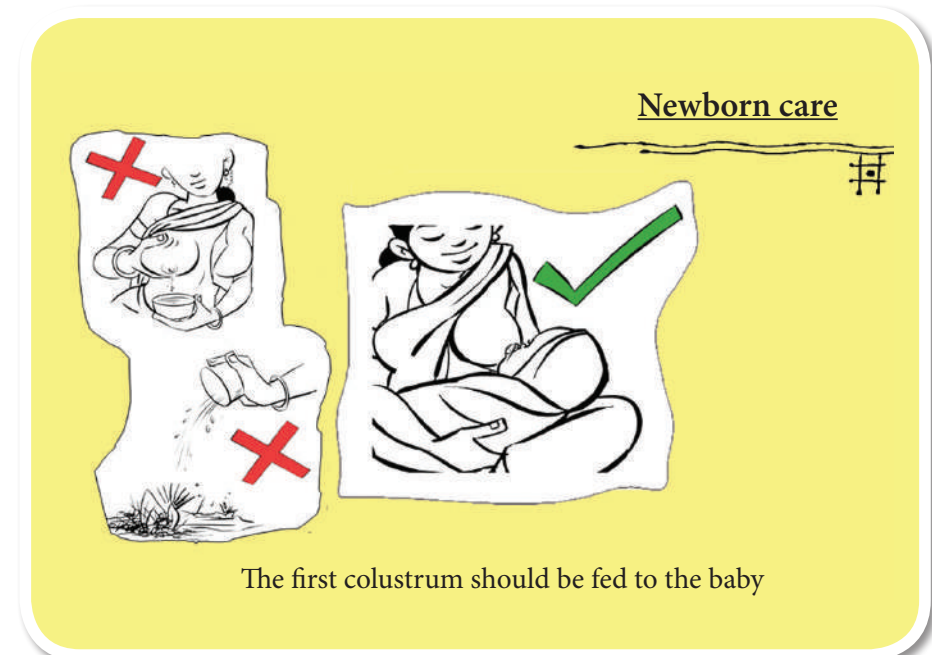


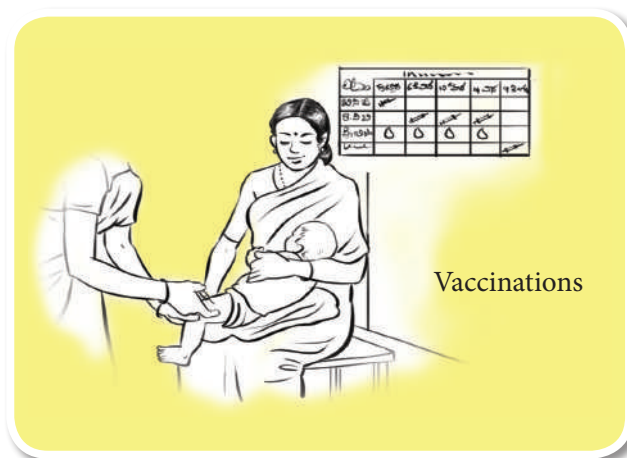
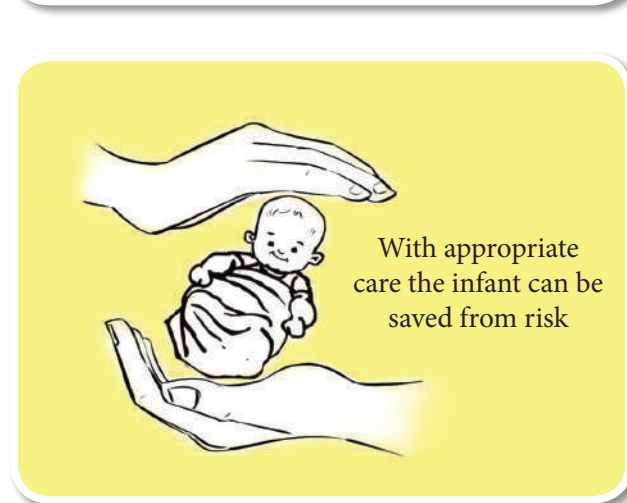
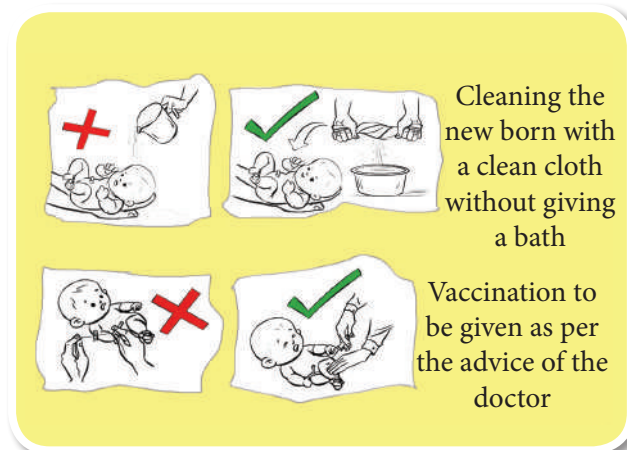
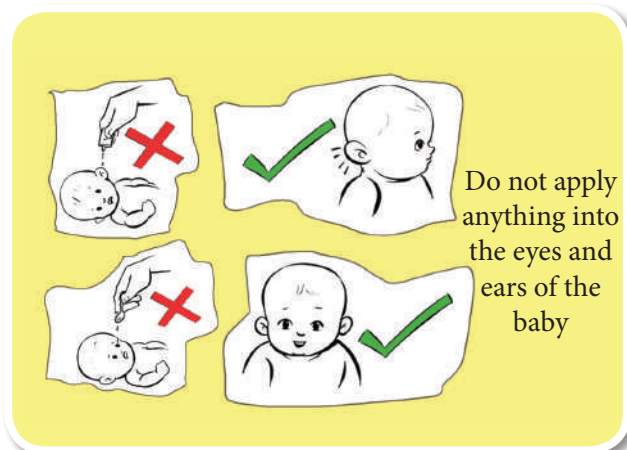
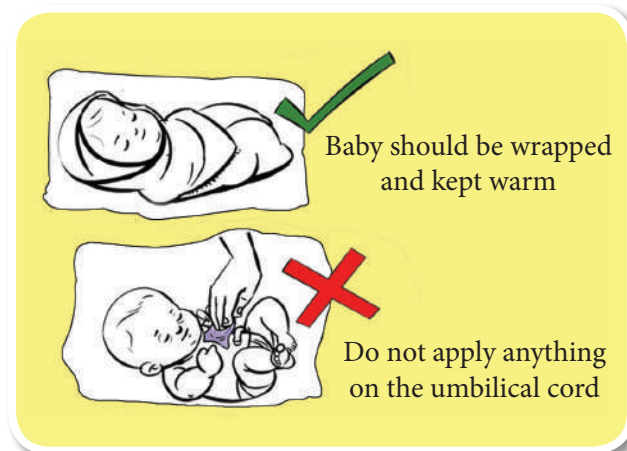
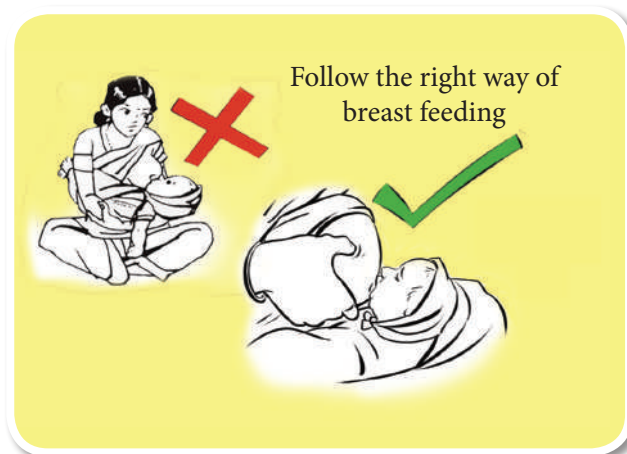
DANGER SIGNS IN THE NEW BORN INFANT



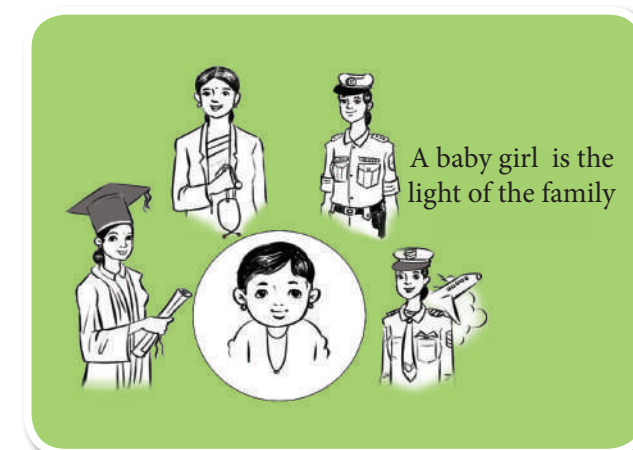
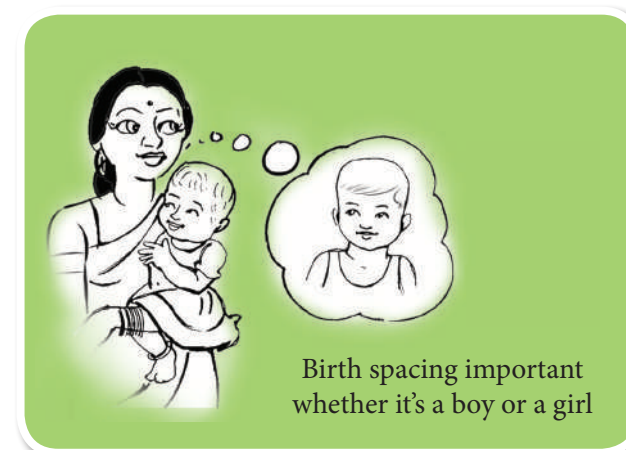
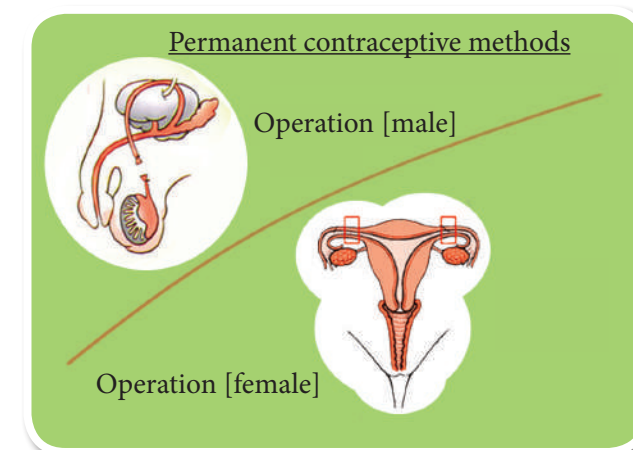
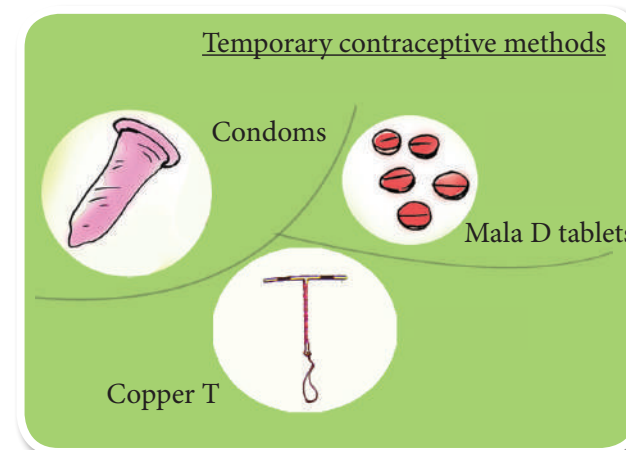
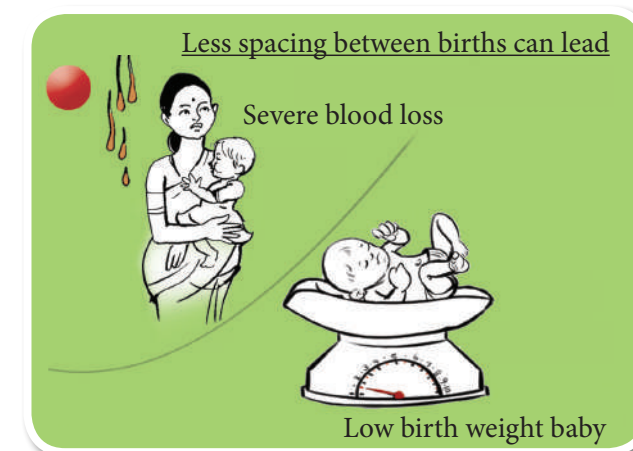
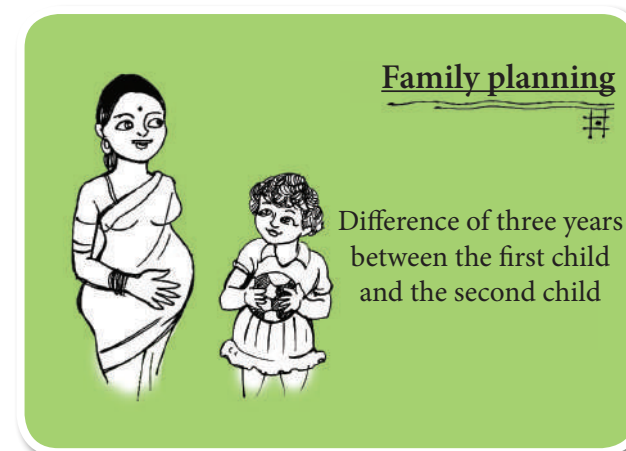


NEWBORN CARE





FAMILY PLANNING



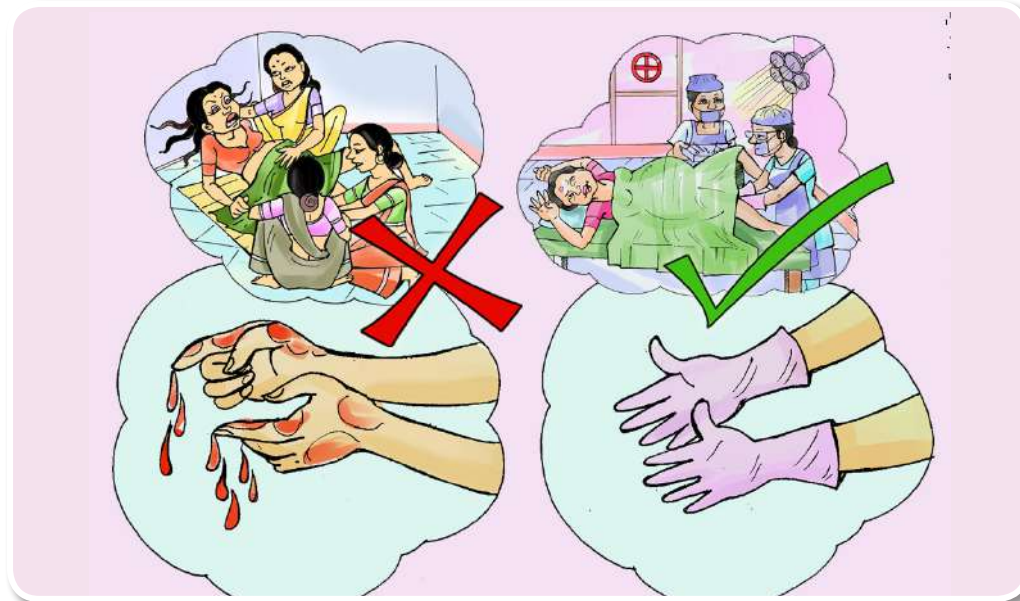
IMPORTANCE OF HOSPITAL DELIVERY



*Why like this?
Home delivery*



*Let it be like this
Hospital delivery*

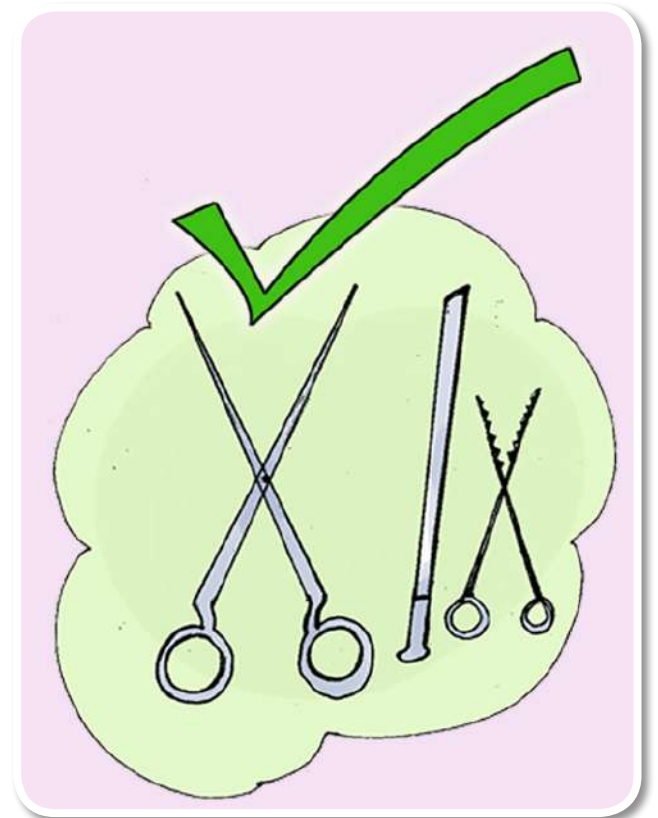


*Hands could be dirty in home delivery
In a hospital delivery hands are covered with gloves*

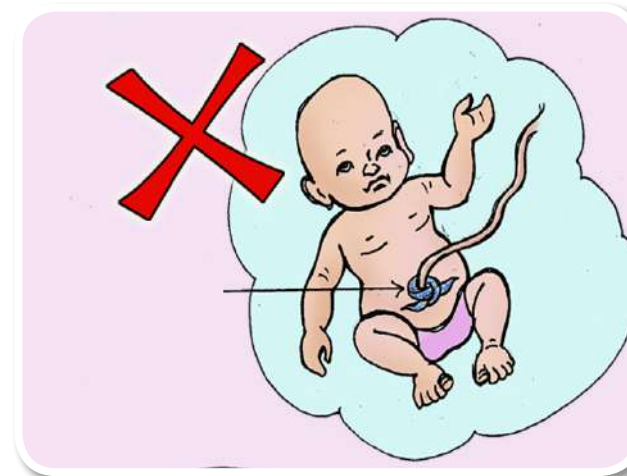
IMPORTANCE OF HOSPITAL DELIVERY



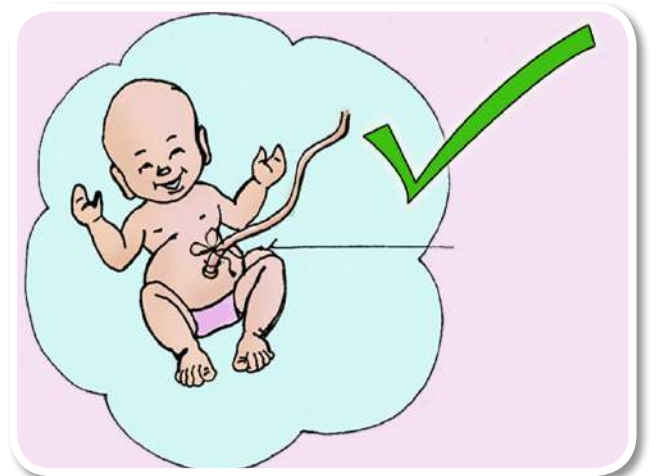
Rusted blade or scissors



Sanitized blade and scissors



*Dirty cloth
Tying the umbilical cord with dirty thread*



*Clean thread
Tying the umbilical cord with clean thread*