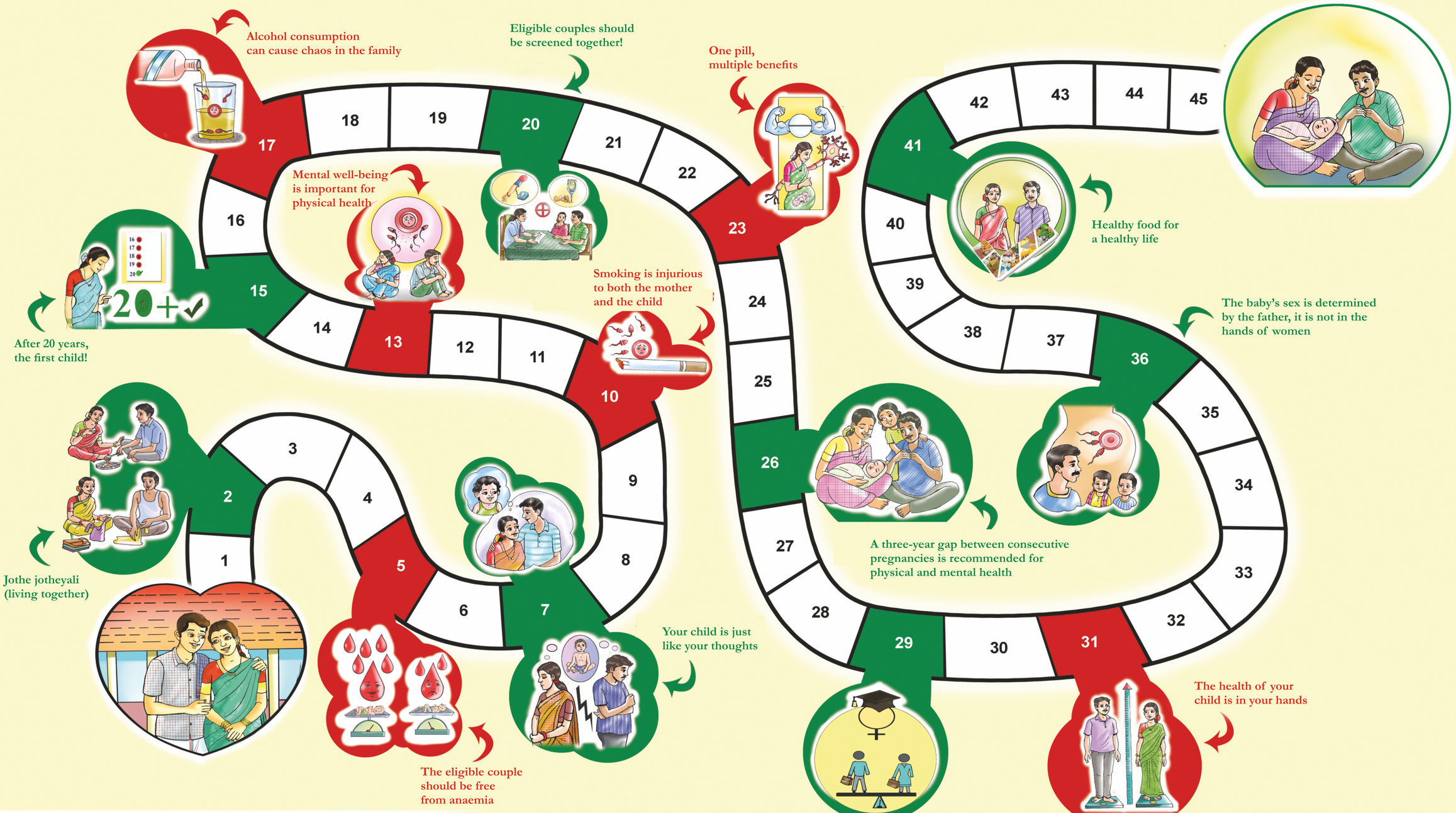
GAME BOARD



KHPT
engage, innovate, empower

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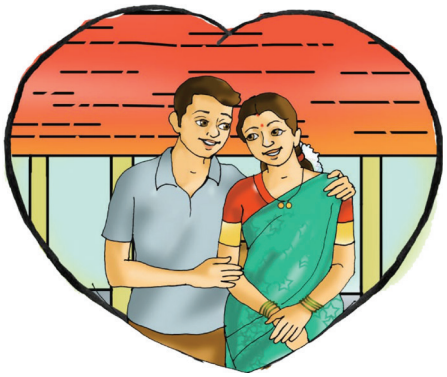
engage, innovate, empower

Eligible Couple (EC) Card

Date of issue: / /



Couple's photograph here

ABHA ID No:_____ **EC Number:**_____

Name of the Beneficiary:_____ Age of the woman:_____

Woman's Education:_____ Husband's name:_____

Husband's age:_____ Husband's Education:_____ Date of marriage: __ /__ / ____

BPL card: ☐ Yes ☐ No Caste: ☐ SC ☐ ST ☐ General ☐ Others

Address:_____

_____ Ph:_____

This card is for the purpose of tracking the couple's health status as they plan for their parenthood. This card should be carried to all health chec- ups so that the doctor can provide treatment efficiently.

Are we ready for parenthood?

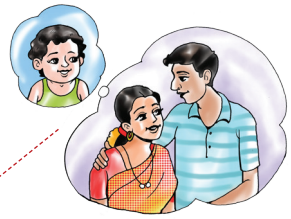
20+✓

I am over the age of 20 years and my body is ready for my first pregnancy

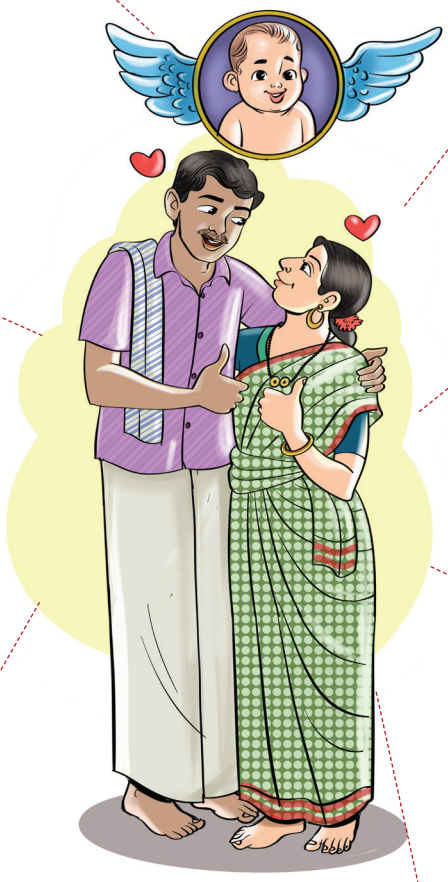
We have been married for 2 years or more now

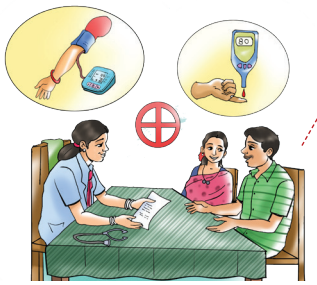
Our last child was born 3 years ago

I have not had a miscarriage/abortion in the last 6 months



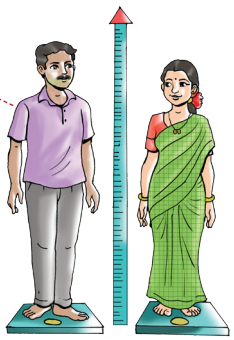
We are mentally prepared to become parents





We have been screened for the following health conditions

- ✓ Diabetes
- ✓ Hypertension
- ✓ Anaemia
- ✓ Sexually Transmitted Infections
- ✓ Reproductive Tract Infections
- ✓ Thyroid disorders



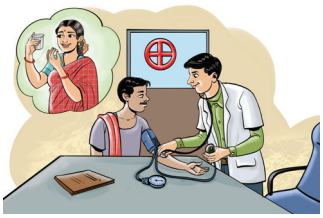
Our weight is normal for our height

We know the risks of consuming alcohol, tobacco and other substances

Screening guide for healthcare staff

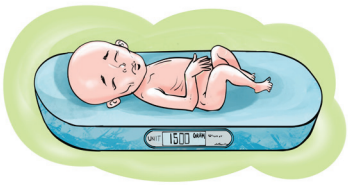
Screening for health & nutritional status	Normal status	When to refer?
BMI	18.5 - 22.9	less than 18.5 more than 23
Anaemia among Non-Pregnant Women	more than /=12gm/dL	less than 11.9 gm/dL
Anaemia among Men	more than /=13gm/dL	less than 12.9 gm/dl
Diabetes (Random Blood Sugar)	less than 140mg/dL	more than /=140 mg/dL
Hypertension	120/80 mm Hg	more than /=140/90 mm/Hg
Oral examination	For any gum problems or infections	
Verbal screening	Sexually Transmitted Infections, thyroid disorders and mental health	

Why is it important to know our health status before planning for pregnancy?



To act early if we have any health issues

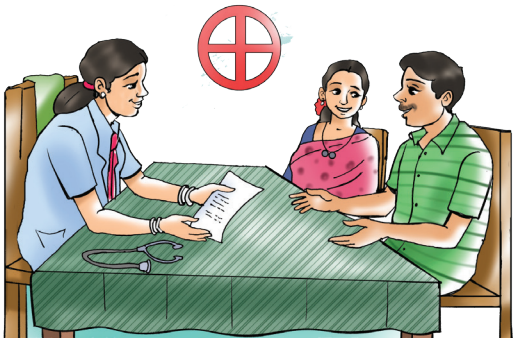
To have a safe pregnancy and avoid complications during pregnancy, delivery and post-delivery



To have a healthy baby and to avoid complications including low birth weight

It is advisable to postpone your pregnancy until you are physically & mentally fit!

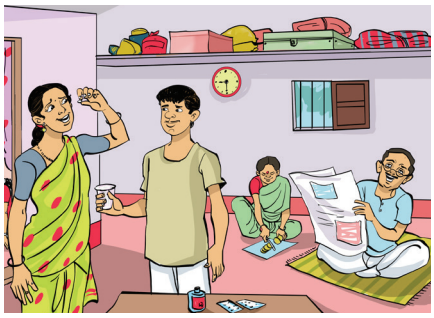
How can we support each other while preparing for pregnancy?



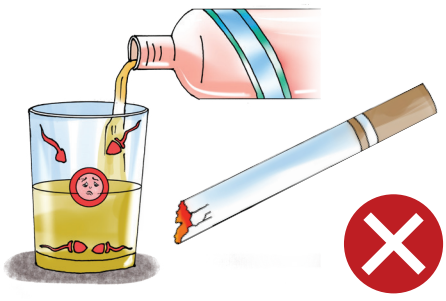
Accompanying each other to Eligible Couple Day/health camps/health care facilities

Ensuring that each partner eats an adequate and balanced diet

Sharing and caring through spending time together, supporting each other's aspirations



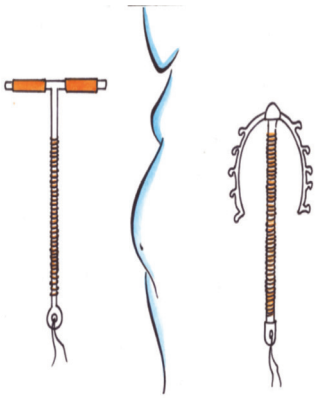
Reminding each other to take required supplements or adhere to treatment



Cutting down on alcohol and tobacco consumption as substance use can affect conception, as well as foetal health

Avoid exposure to :
- Fumes from burning plastic and garbage
- Strong chemicals such as paint, varnish, bleaching products and pesticides

Newlyweds can prevent unplanned pregnancies with contraception. A 3-year gap between two children ensures better health for both mother and baby. Choose from a range of available temporary family planning methods

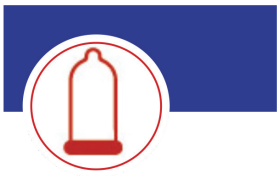


IUCD 380A (effective for 10 years)	IUCD 375 (effective for 5 years)

IUCD can be inserted as:

1. **Interval IUCD:** after 6 weeks of delivery
2. **Post partum IUCD:** within 48 hours of delivery

Injectable Contraceptive
(Antara Programme)



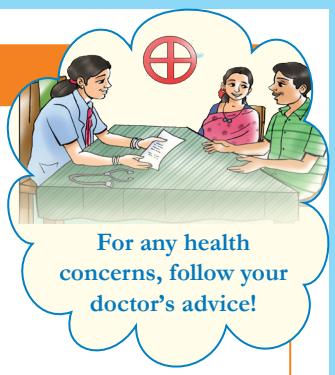
Nirodh - Condom

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

Wife's and Husband's Medical History

Date		
Medical history/ Pre-existing conditions	☐ Epilepsy ☐ Asthma ☐ Heart disease ☐ Prior pregnancy complications ☐ Abortion ☐ Depression or anxiety ☐ Diabetes ☐ Hypertension ☐ Thyroid disorders ☐ Any other _____	☐ Epilepsy ☐ Asthma ☐ Depression or anxiety ☐ Diabetes ☐ Hypertension ☐ Any other _____
Menstrual History	☐ Irregular cycles (monthly periods shorter than 21 day and longer than 35 days) ☐ Heavy or prolonged bleeding ☐ Pain during menstruation	
Family history	☐ Genetic disorders ☐ Mental retardation ☐ Bleeding disorders ☐ Deafness ☐ Blindness ☐ Sickle cell anemia ☐ Thalassemia ☐ Chromosomal disorders – Down's Syndrome ☐ Diabetes ☐ Hypertension ☐ Birth Defects	☐ Genetic disorders ☐ Mental retardation ☐ Bleeding disorders ☐ Deafness ☐ Blindness ☐ Sickle cell anemia ☐ Thalassemia ☐ Chromosomal disorders – Down's Syndrome ☐ Diabetes ☐ Hypertension ☐ Birth Defects
Consanguineous marriage: Yes ☐ No ☐ G (Gravida) ☐ P(Parity) ☐ A(Abortion) ☐ No of living Children: # Boy ☐ #Girl ☐ History of Alcohol consumption: Yes ☐ No ☐ History of Tobacco consumption: Yes ☐ No ☐		History of Alcohol consumption: Yes ☐ No ☐ History of Tobacco consumption: Yes ☐ No ☐

Ayushman Arogya Mandir's Notes



For any health concerns, follow your doctor's advice!

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

Wife's and Husband's Health Status

Test	Screening on EC Day		Diagnosis at referral centre		Follow-up visits							
					1		2		3		4	
	W	H	W	H	W	H	W	H	W	H	W	H
Place of visit												
Date	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Weight (In Kgs)												
Height (in cms)												
BMI												
Haemoglobin (g/dl)												
Random Blood sugar (mg/dl)												
Blood pressure (mm/Hg)												
Oral examination												
Thyroid Symptoms												
RTI/STI												
Psychosocial well-being												
Status*	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal	☐ Normal
	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk	☐ At Risk
Place of referral												
Folic acid tablets provided												
Deworming tablets provided												
Contraceptives provided												

To fill the above information refer to the following code & fill accordingly

W-Wife
H-Husband

Confirmation of diagnosis - 1
Initiation of treatment - 2
Continuation of treatment - 3
Regular testing - 4

Dental caries - 5
Gum inflammation - 6
Treated - 7
Oral lesions - 8
Normal - 9

AAM - A
PHC - B
CHC - C
TH - D
DH - E
Telemanas - F
Sakhi Careline - G
Private - H

Yes - Y
No - N

*If any of the above indicators are abnormal (Refer to screening indicators table) or if there are symptoms of any of the above conditions, tick 'at risk'.

ASHA Home Visit

	Initial sensitization visit & mobilization		1st follow up visit		2nd follow up visit		3rd follow up vsiit		4th follow up visit	
	W	H	W	H	W	H	W	H	W	H
Date of visit	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
FFC services provided										
Place of Referral										
Reason for referral										

To fill the above information refer to the following code & fill accordingly

Family Focussed Communication (FFC) services provided on
Importance of Pre Conception Care (PCC - 10
Family planning services - 11
Psychosocial wellbeing of the couples -12
Invitation to participate in the EC day - 13
Adherence to treatment - 14
Lifestyle modifications - 15

Reason for referral
For management of risk factors - 16
For availing family planning services - 17

Place of Referral
AAM - A
PHC - B
CHC - C
TH - D
DH - E
Telemanas - F
Sakhi Careline - G
Private - H

W-Wife
H-Husband

For "At Risk EC": Conduct a home visit at least once every quarter for follow-up and necessary support.
For "No Risk EC": Conduct a home visit at least once every 6 months and encourage them to attend EC Day for continued guidance and services.

Doctor's Notes

Check with your doctor if you and your partner are healthy enough to conceive!

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

Doctor's Notes

When ready for parenthood, ask your doctor for folic acid tablets and take as prescribed

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

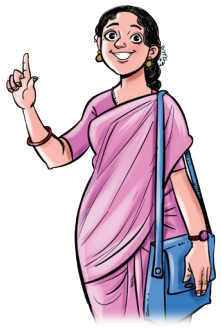
DD/MM/YYYY

If you have missed your monthly periods, please contact your ASHA

LMP: DD/MM/YYYY

Urine Pregnancy Test (Nishchay kit) result ☐ **Positive** ☐ **Negative**

If your Urine Pregnancy Test (Nishchay kit) is positive, please register your pregnancy with ASHA/AWW/PHCO and avail of the Thayi Card



Institution identification

Name and contact number of ASHA		Name and contact number of Primary Health Care Officer	
Name and contact number of Anganwadi Worker		Name and contact number of Community Health Officer	
Name and contact number of Primary Health Centre		Nearest referral hospital	
Name and contact number of Health and Wellness Centre			

If you are diagnosed with any of the health concerns mentioned here, don't panic! These conditions can be managed with medications and lifestyle changes.

If you need further information on any of these health conditions you can contact your ASHA/AWW

For free and confidential mental health support, contact **Telemanas (14416) or Sakhi Careline (9538392241),** a women's helpline, which are free of cost and ensures confidentiality

Please retain this card as it is an important record of your health as a couple and the steps you are taking towards positive parenthood!