



ROLE OF ASHA, ANM & AWW HEALTH WORKERS FOR DEVELOPMENT OF PREGNANT WOMEN AND CHILDREN IN INDIA

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Abstract: *The AWW and ASHA and ANM are in constant touch with the women, children and adolescent girls of the society. The pregnant mothers and small children, are exposed to various health hazards. The children and pregnant mothers should know about their health status and the role of immunization. The mothers who are pregnant if they are able to know about the health condition by way of teaching by ANM, ASHA and AWW. The Use of mother and child card will able to teach them in proper way. The natural resistance of the body of children to fight diseases is in low order with the result that children fall an easy prey to diseases. From the time of conception till the delivery the mothers should be aware of all the things taking place and what all development are taking place. So in order for the mothers in villages and rural India should use the Anganwari worker, ANM and ASHA for their health and development of their children in the. The role of health worker to teach the pregnant mother in Anganwari about their all question can be solved. This papers will explain how the teaching helps to answers the question and make them fit for delivery. The immunization and growth of children from zero to six years.*

Keywords: ASHA, AWW, ANM, Pregnant women development, children development

INTRODUCTION

The asha worker, the ANM and the anganwari workers are the backbone of our health workers. The mother and child protection card question which are placed after the text will be able to answer the question ask, this way we will be able to study the pregnant mothers and their whole development of the new born child, their development and the role of asha and anm and aww. The villages have skill birth attendant or Dhai. We in India like to have institutional delivery, for this the role of asha, aww are very much in need, The whole pattern of question will be able to solve the problem of unawareness among the mothers and health worker. If these things are told to the village level anganwari, health center, PHC and the local panchayat and local sarpanch and Mahila pradhan look after this then we can have a new India. Immunization prevents the child from developing six fatal diseases and one



disabling disease. These diseases can cause death and disability in the children. .
Immunization increases the fighting power of the body. It is a process of production of immunity (i.e. resistance) to an infectious disease by artificial means i.e. other than by an attack of disease itself. In this immunizing agents like either antigens or immunoglobulin's are administered. When vaccine (a preparation of an antigen) is administered it stimulates specific antibody formation in the body and is known as Active immunization. Whereas administration of immunoglobulins does not stimulate antibody formation in the body but it itself act against disease and is known as passive immunization. Active immunization (i.e. administration of vaccine) is the most effective means of controlling communicable disease. Immunizations against certain infections have to be repeated over a period of time. These repeated doses are known as "booster doses". They further strengthen the resistance of the body against the particular disease for which the body has been immunized. Immunization should be done early in life and repeated periodically. Active immunization by live vaccines (e.g. oral polio) killed vaccine (e.g. whooping cough) and toxoid (e.g. tetanus) prove better resistance to the respective diseases than by passive immunization e.g. with anti-toxins or gamma globulins.

Vaccines that are administered to prevent these diseases are as under;

BCG	:	Tuberculosis
Hepatitis B	:	Hepatitis B
OPV	:	Polio
DPT	:	Diphtheria, Pertussis (Whooping Cough) and Tetanus
Measles	:	Measles

The immunization is to be carried out by the PHC/Urban Health Unit and its subordinate health infrastructure.

Immunization Schedule

A baby should be taken to sub center /AWC at 1½, 2½, 3½ and 9 months of age for immunization. The following national schedule of immunization will be followed in ICDS project areas:

Age of Children	Vaccination
At the time of Birth	<ul style="list-style-type: none">• BCG• OPV-0*• Hepatitis-B*



1 and half months	<ul style="list-style-type: none">• OPV-1• DPT-1• Hepatitis-B1
2 and half months	<ul style="list-style-type: none">• OPV-2• DPT-2• Hepatitis-B2
3 and half months	<ul style="list-style-type: none">• OPV-3• DPT-3• Hepatitis-B3
9 months	<ul style="list-style-type: none">• Measles• Vitamin A
16 – 24 Months	
16 months	<ul style="list-style-type: none">• Vitamin A
24 months	<ul style="list-style-type: none">• Vitamin A
16-24 months	<ul style="list-style-type: none">• DPT Booster• Polio Booster
24 - 36 months	
30 months	<ul style="list-style-type: none">• Vitamin A
36 months	<ul style="list-style-type: none">• Vitamin A
<ul style="list-style-type: none">• IFA syrup to children every six months• Deworming over one year biannually as prescribed	

The AWW has to ensure that every child is taken for immunization four times in the first year of life apart from immunization given at birth. The AWW has to advise the family to ensure that full course is completed for each vaccine. However, if for any reason, a date is missed for any vaccination, child has to be brought as soon as possible after that for vaccination. A child may be taken for immunization even if there is mild fever, cough, cold and diarrhea. Every child has to be deworming over 1 year or 2 years biannually.

A pregnant woman must take at least 2 Tetanus Toxoid (T.T.) injections. The TT Immunization protects the mother and the baby against tetanus which is a life threatening disease. The first T.T. injection should be taken during the first visit, even if it is the first trimester, and the second T.T. injection should be taken at least one month later. If the woman has been previously immunized with two doses during a previous pregnancy within the past three years, then give her only one booster dose as early as possible in this pregnancy. If the woman skips one antenatal visit, give the TT injection whenever she comes back for the next visit. If the woman receives the first dose after 38 weeks of pregnancy, then the second dose may be given in the postnatal period, after a gap of four weeks. The dosage of the TT injection to be given is 0.5 ml. Tetanus toxoid is to be administered by deep



intramuscular injection. It should be given in the upper arm, and not in the buttocks as this might injure the sciatic nerve. It has to be informed to the woman that there may be a slight swelling, pain and/or redness at the site of the injection for a day or two.

What should be the plan for Immunization

The annual plan for immunization should be drawn up keeping in view the number of new-born and other eligible population for vaccination. While in urban project areas routine immunization through mothers and children's clinics and attached hospitals may be conducted, for rural project areas a *campaign approach* may be adopted. The eligible children and mothers in the project villages may be collected at convenient places (say market days) according to a predetermined schedule and immunization may be carried out involving all the qualified persons, namely the LHV's. Basic Health Workers, Family Planning Assistants, BCG vaccinators, Health Inspectors and ANMs All such workers should be involved in the immunization campaign. The Anganwadi workers and ANMs should jointly educate and prepare the local community for total coverage of the target group population under various immunization and prophylaxis programmers. Local groups, village committees, Panchayat and Mahila Mandals can play a very useful supportive role in this programme. The visit has to be repeated till three doses of DPT and polio are administered as per schedule. Incomplete immunization and lesser than the required number of doses is not an effective immunization. It may be worthwhile to consider working out specific project by project priorities and differential sequence of immunization schedule depending on the local situation of severity and incidence of childhood and maternal diseases.

What should be the plan for health Check-up

This service includes ante-natal care of expectant mothers, post-natal care of nursing mothers and care of newborns and care of children under 6 years of age. The entire population of expectant and nursing women and of children under 6 years of age of the project area is required to be covered under this service. It is therefore to be ensured that this service is not limited to or monopolized by children who are present at the Anganwadi at the time of the visits of the ANMs/LHVs and MOs. It is also to be seen that the more needy mothers and children of poor and marginal families who mostly remain in homes and are generally deprived of the service of health check-up and medical care are covered under this service in the ICDS project areas. The health check-up and medical care has to be



rendered by the ANMs and LHV under the guidance of the PHC, MOs during the Village health and Nutrition day (VHND). Primary health care of a simple nature is also supposed to be rendered by the Anganwadi worker. For this purpose, Anganwadi workers have been given a medicine kit which needs to be replenished at regular intervals after checking the expenditure register.

What should be the plan for the ante-Natal Care of Expectant Mothers

Each pregnant woman should get at least 4 antenatal check-ups (1st visit within 12 weeks, 2nd visit between 14-26 weeks, 3rd visit between 28-34 weeks and 4th visit after 36 weeks) including registration during pregnancy. It is important as many of the complications can be detected and managed on time. During each antenatal visit, all the parameters need to be checked and recorded. The check-ups may be conducted as under:

1st Visit (within before 12 weeks) Registration History taking Give tetanus toxoid (1st dose)

2nd Visit (14 - 26 weeks) Screen for risk factors and medical conditions Record BP, weight and height Haemoglobin estimation/Screen for anaemia Urine examination for albumin Breast examination Give tetanus toxoid first/second dose Provide health and nutrition education Develop individualized birth plan

3rd Visit (28 – 34 weeks) Record BP, weight abdominal examination to assess for intrauterine growth retardation (IUGR), twins etc. Haemoglobin estimation Urine for albumin Give tetanus toxoid (2nd dose) Anaemia prophylaxis /treatment Health education Nutrition counselling Danger signs during pregnancy

4th Visit (after 36 weeks) Record BP, weight Detect –Pregnancy induced hypertension Abdominal examination to identify foetal lie / presentation to detect IUGR Check for pelvic adequacy to rule out if head is bigger than pelvis in primigravida (first pregnancy) after 37 weeks. Update individualized birth plan with the trained birth attendant and family. Health and nutrition counselling, diet, rest, IFA tablet consumption, danger signs and where to go when any complication arises.

A properly maintained MCP card helps in tracking progress of the baby and mother's condition. During VHND, special effort should be made to do a complete antenatal check-up for all the pregnant women who are due for it. The observation on the fundal height, presentation of fetus, fetal movement, and fetal heart rate has to be taken on each visit. The AWW has to take record of the date and observation during each antenatal visit. ANM



also records observations in her register. All pregnant women should be asked to produce MCP card during their antenatal visits. While conducting ante natal check-ups, the risk factors during pregnancy may be kept in mind. These risk factors includes Short statured women (less than 145 cm or 4 feet 10 inches), age less than 18 years or more than 35 years, history of any medical problem such as heart disease, diabetes, T.B., Malaria, anaemia and another medical problem, weight less than 38 kgs at first trimester, problems in previous pregnancy (bad obstetric history or previous caesarean section), Operative delivery-Still birth/ neonatal death in previous pregnancy, complicated delivery such as prolonged labour, retained placenta, antepartum and post-partum haemorrhage and sepsis. History of more than four deliveries, History of repeated abortions, Problems in present pregnancy like: Bleeding anytime during pregnancy, Abnormal presentation, Pregnancy induced hypertension, Severe anaemia, Twins, over-distended uterus, Floating head in primigravida at 38th week or later, very big or very small baby, Pre-term labour (earlier than 37 weeks), Height of uterus not corresponding to period of gestation, Sluggish/loss of foetal movement, Malaria in pregnancy

In order to take care of pregnant women, the AWW has to identify all pregnant women of the village. She has to ensure that all pregnant women are registered at the AWC. She has to facilitate in getting their four ante-natal check-ups. The AWW has to assist the ANM/ ASHA in the ANC check-ups. She has to ensure that all the women are registered under IGMSY to avail all ANC services. The AWW has to provide NHE to all pregnant women. She has to ensure that all pregnant women receive supplementary nutrition from AWC. The AWW has to ensure immunization of all pregnant women in coordination with ANM/ASHA. She has to mobilize all pregnant for the Village Nutrition and Health Day through SHGs, Mothers Committee, beneficiaries of the ICDS Scheme. She has to make home visits during pregnancy. The AWW has to counsel/advise the pregnant women and their families for institutional delivery and for promoting breastfeeding and Infant & Young Child Feeding Practices.

If there is no functioning health center or hospital within reach, or the family prefers a home delivery, the AWW has to advise the pregnant woman and her family to have the delivery conducted at home by a skilled birth attendant (SBA) such as ANM, staff nurse or doctor. However, in case a skilled birth attendant is not available, the delivery can be conducted by



a trained TBA. In case of home delivery, it has to be ensured that that five cleans are practiced during delivery i.e. clean hands, clean surface, clean new blade, clean cord tie and clean cord stump (do not apply anything on the stump) and place of delivery to be kept warm and free from dust. The mother has to initiate breastfeeding within one hour of birth. The ASHA has many roles and responsibilities to take care of pregnant women. She has to identify all pregnant women of the village and to help them in getting registered before 12 weeks of pregnancy and in getting the next three ante-natal check-ups. The ASHA has to ensure all requisite examinations/investigations are done for all pregnant women. She should know the date and time of availability of ANM in Anganwadi Centre (AWC) in the village during VHNDs and inform all pregnant women about the same. The ASHA has to advise all pregnant women regarding importance of balanced diet and ensure that all pregnant women receive supplementary food from AWC. The ASHA has to track the drop-out pregnant women especially those who live in remote areas, are below poverty line, schedule caste/schedule tribe/migrants etc. and help them in accessing health services. She has to help eligible pregnant women to get benefits under Janani Suraksha Yojana. The ASHA should know the location of nearest FRU/hospital with obstetrician, anesthetist, pediatrician, nursery, Operation Theatre (OT) and blood bank, the mode of transport to reach facility should there in emergency and the approximate cost for caesarean section, blood transfusion and hospital stay, if it is a private hospital. In case, it is second pregnancy, when a couple already has a daughter, ASHA needs to be alert on the possibility that the family may reject another daughter and counsel accordingly. The ASHA has to counsel/advise the pregnant women and their families for institutional delivery and she has to escort/accompany the pregnant woman to the hospital for institutional delivery. If there is no functioning health center or hospital within reach, or the family prefers a home delivery, she should advise the pregnant woman and her family to have the delivery conducted at home by a skilled birth attendant (SBA) such as ANM, staff nurse or doctor. In case a skilled birth attendant is not available, the delivery can be conducted by a trained TBA. In case of home delivery, the ASHA has to ensure that five cleans are practiced during delivery i.e. clean hands, clean surface, clean new blade, clean cord tie and clean cord stump (do not apply anything on the stump), place of delivery to be kept warm and free from dust. She has to help the mother initiate breastfeeding within one hour of birth Pregnant women



should be advised to register themselves for IGMSY benefits, if she resides in IGMSY districts. All pregnant women are at risk of developing complications. In some women these complications can occur without warning. It is important that the pregnant woman and her family be aware of the danger signs and be able to recognize these signs. Pregnant woman must also bring it to the notice of the family members, in case she develops any of the danger signs. If timely treatment is not sought, it can result in death or disability of the woman or child or both. A pregnant woman with danger signs should be taken to the FRU/hospital immediately. The identified first referral unit (FRU)/hospital means that it must have A gynecologist, facilities for blood transfusion, operation theatre and anesthetist, oxygen and life-saving medicines, X-Ray and laboratory diagnosis. One of the danger sign is any bleeding during pregnancy or excessive bleeding during/after delivery. Other danger sign is anemia during pregnancy, which leads to many other complications like heart failure at the time of childbirth, pre-term labour and infections during pregnancy). Women with severe anaemia have pale eyelids, nails and palms. They may or may not have breathlessness. High fever is an indication of some infection in the woman. It can be harmful for the growing baby. Convulsions or fits, blurring of vision, severe headache, sudden swelling of feet can occur during pregnancy, delivery or after delivery. A woman with these symptoms should be immediately taken to the hospital. If the woman has been in labour pain for more than 12 hours, she should immediately be taken to the hospital and should deliver in the presence of a doctor. In case the pregnant woman has bursting of water bag without labour pain, she should be immediately taken to the hospital and the delivery should be conducted in the presence of a doctor.

In order to prevent any complication, the pregnant women should be advised to contact ASHA/ANM/AWW, register under Janani Suraksha Yojna (JSY), obtain benefits under JSY and IGMSY., identify a nearest functional PHC, CHC, or a District Hospital in advance which has all the necessary facilities for safe delivery, take support from the ASHA/ANM/AWW and the community resources to identify fastest means of transportation to the health facility. Make the necessary arrangements in advance. For the safety of the Mother and Child ensure that the mother stays in hospital for 48 hrs after giving birth As far as possible, delivery should be conducted in a hospital. If delivery is conducted at home, it should only be conducted by a skilled birth attendant (SBA) or an ANM. Women and newborn child can easily get infected during and after delivery. Pregnant woman/family should also try to get a disposable delivery kit (DDK) before delivery. DDK is available at all Government hospitals and health



centers. If DDK is available, then it would contain clean blade and thread. The ANM has to follow five cleans. These are **Clean Hands** (Hands must be thoroughly washed with soap and water by the person before conducting the delivery. After washing, hands should be air dried and not wiped to avoid infection. Nails must be cut and bangles, rings etc. must be removed before washing hands), **Clean surface and surroundings (Clean Sheet**-The sheet on which woman plans to deliver must be washed with soap and water and dried in sun and **Clean Room**-The room in which delivery is planned should be freshly white-washed and cleaned thoroughly. Shoes/chappals should not be allowed inside) **Clean Blade** (The blade for cutting the cord must be new and unopened) **Clean umbilical cord** - Nothing should be applied to the cord to avoid risk of infection. And **Clean thread** (This must be washed with soap and water, then boiled for 20 minutes and dried in sun).

The family members of the pregnant women should be advised to ensure that the phone no. and contact details of the ANM are readily available with them. They have to contact the ANM as soon as possible to ensure safe delivery. The family members have to ensure that the hands of the ANM and helper are clean and washed with the soap and water. They have to ensure that the place where the delivery is to be carried out and its surrounding areas are clean. The family members of the pregnant women that the blade for cutting the cord should be new/clean (preferably wiped with a disinfectant) and the umbilical cord is clean, A clean, new thread should be tied to the cord before cutting it. The newborn should be wrapped in a clean (washed with soap and water and sundried) set of soft cotton clothes. Women will have vaginal discharge (bleeding) for few days after the delivery. Only clean pieces of cloth/sanitary pads (washed and dried in sun) should be used. The family members should be asked by AWW to ensure that the delivery is conducted by a skilled birth attendant/ ANM.

Just after delivery, the AWW/ANM /ASHA has to ensure that breastfeeding is initiated within one hour of delivery/birth in both hospital and home delivery. She has to take necessary steps for family planning counseling - planning to the mother at the time of discharge to ensure adequate birth spacing. She should make aware the mother about the contraceptive alternatives.

What should be the plan for post-Natal Care of Nursing Mothers



A very high rate of infant mortality in India is further characterized by the fact that maximum infant deaths take place in the first week of life. It is, therefore, obvious that post-natal care is also an important aspect of health care system particularly in rural and tribal areas.

The first 42 days (6 weeks) after the delivery are considered the postnatal period. However, the first 48 hours, followed by the first week are the most crucial for the health and survival of the mother and new-born. Evidence show that more than 60% of maternal deaths take place during the postpartum period.

In case of institutional delivery, the hospital stay should be at least 48 hours, which provides a chance for postnatal care on 1st and 3rd day. First postnatal visit has to be made on Day 1, second on Day 3, third on Day 7 and fourth at 6th week. In case of institutional delivery, first and second visit should ideally happen at the facility. All postnatal visits to be recorded as per the columns of the MCP card and appearance of danger signs in mother are mentioned in the relevant column. Baby must be kept warm and breastfeeding initiated with one hour of delivery. Proper cord care and perinatal hygiene is important to prevent infections in the mother and the baby. No diet restriction should be done for the mother. She should be provided with full and nutritious diet. Mother may need support for breast feeding; she should not hesitate to ask for it. Where and how to get benefits of the government scheme related to mother and child. If the child is less than 2.5 kg (low birth weight) three extra visits must be made as per protocol i.e., on 14th, 21st and 25th day. Danger signs for both mother and baby have to be explained to the mother and the family. In case of any abnormality/appearance of danger signs, ANM/MO must be consulted. Nutritious diet and IFA supplementation should be continued throughout the postnatal period. MCP card should be produced during each PNC visit for the ANM to help in recording the parameters each time. Mother must use clean sanitary pad to prevent infection.

Besides undertaking post-natal home visits, efforts are to be made to persuade the mother to come to the clinic for post-natal examination of herself as well as of her infant 6 to 8 weeks after the delivery. The post-natal clinic provides the following services: general physical examination of the mother with special reference to the conditions of her breast, abdomen, perineum and pelvic organs to ensure that she has regained her general health and is fit to resume her normal work; physical examination of the child and advice on his



health and nutrition requirements e.g. importance of breast feeding, infant care, immunization etc.; advice on family planning and motivating mothers to adopt suitable methods for spacing the next birth or for birth control if the size of the family is within norms; and Recording the findings of the post-natal examination and the acceptance of the family planning method on the ante-natal card of the mother.

Newborn Care Newborn care starts soon after the baby has been delivered. AWW has to explain it to the family to weigh the newborn baby at birth and start breast feeding within one hour after birth. AWW/ANM has to tell the mother to keep the new born baby warm. Do not bathe the new born baby for first 24 hours and low birth weight newborn babies for first 7 days because bathing can expose the baby to cold which can be fatal? Keep the cord of new born baby dry. AWW has to explain the importance of breast feeding for the first six months of life, the baby should be fed only mother's milk and nothing else, not even water. Do not give the baby prelacteals i.e., honey, gripe water, jaggery water, tea, cow's/goat's milk etc. to protect the new born from infections. Mother should keep away the baby from people who are sick and give special care if the baby weighs less than 2.5 kg. AWW/ANM must explain that immediately after delivery, newborn should be cleaned with a soft, moist cloth and then wiped with a soft dry cloth. The baby must be kept close to mother's chest and abdomen. Baby should be wrapped in clothing depending on the season. The room should be warm enough and should be free from strong wind as the newborn has lived in a warm and protected environment in the womb and needs to be protected from cold after delivery. AWW has to explain to the mother that if she see any danger signs like weak sucking or refuses to breastfeed, baby unable to cry/difficult breathing, yellow palms and soles, fever/cold to touch, blood in stools, convulsions and if the baby is lethargic or unconscious, then the mother should seek help of health worker. The AWW has to tell the mother that after Immunization the reaction of vaccination like mild rash, fever or redness and swelling at the local site may develop. If it does not subside in 24-48 hours and keep increasing, see the health worker.

Plan for children 0-6 Months

ANM/AWW has to explain to the mother to start breast feeding within one hour of birth. Do not discard the 'first milk' from the breast because it is very important and feeding first milk (colostrum) is rich in nutrients and protective factors that protect the baby from diseases. It



is good for both baby and mother. The early skin to skin contact with the mother gives warmth to the baby and it helps in early secretion of breast milk. Breastfeed has to be done as often as the child wants, day and night, at least eight times in 24 hours. The baby should be held in correct position and be put to breast correctly to ensure optimal breast feeding and avoid feeding problems for the baby and the mother. ANM/AWW must tell the benefits of breast feeding to the mother that it helps womb to contract and the placenta is expelled easily and reduces the risk of excessive bleeding after delivery. AWW/ANM explains the family if the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor. AWW should educate the father to spend time with the child and plays with her/him and show his love. Feeding, playing and communicating with the children helps them grow and develop well.

Plan for children 6 - 12 Months AWW/ANM has to describe the family about the importance of complementary feeding, which has to be started at the age of 6 months (180 days). The child should be given small amounts of soft mashed cereal, dal, vegetables and seasonal fruits, as breast milk alone is not enough to meet the nutritional needs of the child for growth and development. The complementary feeding has to be started with the small amount of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding. Give variety of complementary foods in addition to breast milk, initially 2-3 times a day between the ages of 6-8 months, increasing the frequency to 3-4 times daily between 9-24 months with additional nutritious snacks offered 1-2 times per day as desired. Increase the amount of food gradually with 2-3 tablespoon of food at one time, increasing it to ½ katori (125 ml) at a time by 9-11 months and to 1 katori (250ml) by the end of 24 months. AWW/ANM must explain about feeding the child a variety of foods after 6 months of age for eg: Gruels made from roasted whole wheat flour, or flour of other cereals, or suji and milk., mashed potatoes, soft fruits like banana, mango and papaya and Soft cooked and mashed rice and dal etc. Tell the mother of the baby to Introduce one type of food at a time to allow the baby to develop taste for it. If the child develops an allergic reaction to a specific type of food, it can be stopped. She has to educate the mother or family about Good complementary foods that are: rich in nutrients food which are not too spicy or salty, easy for child to eat, liked by the child and locally available and affordable .Increase the quantity, frequency and thickness of food gradually. Foods rich in micronutrients especially



iron and Vitamin A must be given to the child. AWW/ANM describe that how to feed the baby safe food: by cleaning the food before cooking and feeding ,cooking the food thoroughly, Use safe water & fresh ingredients ,feed freshly prepared food and Store food in cool temperature. Mother should understand child's signals for hunger and respond accordingly Mother must continue breastfeeding during illness. The child needs extra food after illness so feed enough to the recovering baby .Always use iodized salt for the family and in baby's food.

Plan for children 1 – 2 Years AWW and ANM has to explain to the mothers that they should continue to offer a wide variety of foods such as rice/chapatti, pulses, green leafy and other vegetables, yellow and other foods, milk and milk products, meat, fish and eggs. The child needs be given Iron rich foods and Vitamin A rich foods. The child should be given complementary nutritious foods that s/he can hold and eat. This helps the child remain interested in food. Good complementary foods are Nutritious, rich in energy, proteins, vitamins & minerals, not spicy, not salty, easy for child to eat, liked by the child, locally available and affordable. The Anganwadi worker has to explain to the mothers that they should feed the child about five times a day (3-4 meals + 1-2 extra snacks/day). Feeding the child from a separate bowl should be advised so that mother/caregiver can watch how much food the child actually eats. The child should be offered food from the family pot. Mothers need to give at least 1 katori (250 ml) at each serving (5-7 times per day) of: Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichdi with added oil/ghee. Add cooked vegetables also in the serving Or Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk Or Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk Or Mashed boiled/vegetables like pumpkins, green leafy vegetables etc. Fruits like banana/ chikoo/mango/papaya, which can be easily mashed.

The AWW must explain to the mothers that the child should also be allowed by the mother/caregiver to feed himself/herself using a spoon. However, children at this age still need help to eat. They eat slowly and easily get distracted. Caregiver should continue to sit with the child and actively feed the child. The child should be continued to be breast fed as long as s/he wants. Breastfeeding should be continued during illness. The child needs extra food after illness. It should be suggested to always use iodized salt for the family. If the child is given animal milk or any other drinks including water, it



should only be given by cup, not by bottle. The AWW and ANM should also give tips about hygienic practices that mother/Caregiver should wash the hands before handling and serving child's food. The child's hands should also be thoroughly washed with soap and water before meals. Caregiver should wash hands with soap or ash after washing the baby who has defecated, and after the baby's excreta has been disposed. Caregiver should keep the floor and play area of children clean by keeping it free of urine and excrement of farm animals and humans.

AWW/ANM should explain to the mother or caregiver that feeding, playing, and communicating with the children helps them grow and develop well and should encourage activities that they can do for the development of their child. Like give your child things to stack up and put into containers and take out. The child likes to put things into cans and boxes, and then take them out. S/he also likes to stack things up until they fall down. Mothers can give the child safe things to play with and encourage him/her to learn new skills by playing with the child and offering help. Give your child things to stack up, and to put into containers and take out: Sample toys: Nesting and stacking objects, container and cloth clips. Mothers/caregivers should use every opportunity (e.g. while feeding or bathing the child) to make conversations with the child.

Plan for children 2 - 3 Years

AWW/ANM should tell mother/caregiver to give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as: Banana/ biscuit/ chikoo/ mango/ papaya/kheer/pakora as snacks. Give 3/4 to 1 katori (250 ml) in each meal. It has to be explained that children at this age like some foods and dislike others. This may be a problem because children need a variety of foods for good nutrition. Caregiver should encourage the child to try new foods by showing that s/he likes the food. If a new food is refused, small amounts as "tastes" should be repeatedly offered over several days. The child may eventually start accepting the new food. Forcing a child to eat is never a good idea. Mother should be encouraged to supervise the child's feeding. The child should be encouraged to eat at the same time every day as it helps the child have a good appetite and eat more, eat in the same place to avoid distractions and eat herself/himself. AWW and ANM should also give tips about hygienic practices to mother/Caregiver that the child's hands should also be thoroughly washed with soap and water before meals before s/he sits to eat, caregiver



should guide the baby to defecate in one place, preferably in a safe latrine or in a small dug pit and the excreta is covered with ash or soil to prevent odor and flies. Caregiver should wash hands with soap or ash after washing the baby who has defecated, and after the baby's excreta has been disposed and caregiver should keep the floor and play area of children clean by keeping it free of urine and excrement of farm animals and humans. AWW/ANM should explain to the mother or caregiver that feeding, playing, and communicating with the children helps them grow and develop well and should encourage activities that they can do for the development of their child.

What should be done for the Diarrhea

AWW/ANM has to explain to mothers that during diarrhea they should breast feed more frequently and for longer time at each feed, give increased amounts of fluids during diarrhea. If the child is less than 6 months old, exclusively breast fed, give ORS in addition to breast milk. If the child is over 6 months of age, give ORS as well as home available fluids like rice kanji (mand), Buttermilk (lassi), lemon water with sugar and salt (shikanji), dal soup, vegetable soup, fresh fruit juice (unsweetened) plain clean water or other locally available fluids. Give as much fluids as the child can take. Extra fluids prevent dehydration due to diarrhoea. Always feed from a cup or spoon. Never use a bottle. Child should be given an extra amount of fluid each time s/he passes stools, in addition to the usual fluid intake. Continue to give normal diet to the child. In case the child is not able to take the normal quantities of food, s/he should be given small quantities of food at frequent intervals. Child can also be given foods of thicker consistency such as Khichdi, Dalia, suji or rice in milk, idli etc. If loose motions do not stop, take the child to the health center.

What should be done for the Acute Respiratory Infection

AWW/ANM has to explain to mothers that during respiratory infection they should keep the young child warm and away from the dust, If the child's nose is blocked and interferes with feeding, clean the nose by putting in nose drops (boiled and cooled water mixed with salt) and by cleaning the nose with a soft cotton wick. Breastfeed frequently and for longer period, at each feed, exclusively breastfeed for six months Continue to give normal diet to the child. In case the child is not able to take the normal quantities of food, s/he should be given small quantities of foods frequently. Child can also be given foods of thicker consistency such as Khichdi, Dalia, sooji or rice in milk, idli etc.)Small quantities of oil/ghee



should be added to the food to provide extra energy. After the illness, at least one extra meal should be given to the child for at least a week to help the child in speedy recovery. Give increased amounts of fluids. Give extra fluids (as much as the child will take) such as: dal soup, vegetable soup, plain clean water or other locally available fluids. Always feed from a cup or spoon. Never use a bottle. For babies over six months of age, soothe the throat and relieve the cough with a safe homemade cough remedy (made into a tea) such as- Sugar, ginger, lemon, tulsi leaves- Sugar, ginger, lemon, mint- Saunf, elaichi, ginger.

Pregnant mothers and children with problems requiring specialized treatment has to be referred by the Anganwadi worker, ANM or LHV to the PHC/upgraded referral hospitals. A bad obstetric history in previous pregnancy is an indication for referral to a higher health facility, where further antenatal check-ups and the delivery can be conducted. The cases needing further attention or treatment have to be referred by the Medical Officer of PHC/Referral Hospitals to the Taluk/City/District Hospital as the case may be. The MO In charge PHC will refer such cases with a referral card prescribed for the purpose. In case of an urban project the MO In charge of project health unit has to refer cases to the appropriate health clinic/hospital. The hospital after completing the treatment has to refer the mother/child back to the PHC/Urban Health Unit with notes of the treatment given and further treatment/advice to be followed. The flow of referral thus, , therefore, be both up and down the hierarchical ladder consisting of the Anganwadi Centre, ANM Sub-center, PHC/Urban Health Clinic, District/City Hospital. Depending on seriousness of the disease or sickness the referral may jump over intermediate steps in the ladder.

During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-center. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-center. For example, need for referral might arise when: a child develops severe diarrhea, passes more than 10 stools a day, does not pass urine for 6 hours and pulse is rapid and breathing rate is more than 50 per minute; a patient has high fever (104° F) for more than 4 hours in spite of treatment or has fever with fits; a patient has skin infections or scabies and starts getting fever or when boil starts growing big with spreading



of fed area around it and forming of pus; a patient has malaria and is not responding to treatment;

A child has whooping cough with fever and loss of weight continues in spite of the treatment;

A child is severely malnourished and refuses to eat; and a child with severely wrinkled eyes and other manifestation of Vitamin 'A' deficiency. When a woman is identified as a case of high risk pregnancy and develops complication like toxemia characterized by swelling of legs and feet and high blood pressure; pain in abdomen continues with vomiting; a woman or a child has met with a serious accident; a child discovered with congenital defect or residual chronic disabilities. If child has sore eyes and the eyes do not start getting better in 2 days of treatment.

The scheme of referral has to function effectively to be purposeful. The State / Union Territory Health Department has to identify the district/Taluk's city hospital which has to function as the first referral hospital for the ICDS project area. At the PHC level it is suggested that the day and time for attending to referral cases should be fixed and communicated to the staff. It is also necessary that sufficient stock of therapeutic food is available with the PHC / Urban Health Centers to treat cases of severely underweight children. There should also be an adequate follow up of cases given specific treatment. Referral services should be so developed as to elicit good response from the community. The difficulties, procedural or otherwise, faced in referring the cases should be listed so that these are brought to the notice of higher level authorities and resolved.

For availing referral services the funds available with NRHM may be utilized. It is suggested that where the family is indigent and not in a position to meet the expenses for taking the patient to the PHC or referral hospital, the Panchayats or other local bodies or local organizations may bear the cost of transportation and such other expenditure. At the same time efforts should be made to motivate concerned parents to take children or pregnant women to such centers despite difficulties faced by them.

All pregnant women are at risk of developing complications. In some women these complications can occur without warning. It is important that the pregnant woman and her family be aware of the danger signs and be able to recognize these signs. Pregnant woman must also bring it to the notice of the family members, in case she develops any of the



danger signs. If timely treatment is not sought, it can result in death or disability of the woman or child or both. A pregnant woman with danger signs should be taken to the FRU/hospital immediately. The identified first referral unit (FRU)/hospital means that it must have A gynecologist, facilities for blood transfusion, operation theatre and anesthetist, oxygen and life-saving medicines, X-Ray and laboratory diagnosis.

One of the danger sign is any bleeding during pregnancy or excessive bleeding during/after delivery. Other danger sign is anemia during pregnancy, which leads to many other complications like heart failure at the time of childbirth, pre-term labour and infections during pregnancy). Women with severe anaemia have pale eyelids, nails and palms. They may or may not have breathlessness. High fever is an indication of some infection in the woman. It can be harmful for the growing baby. Convulsions or fits, blurring of vision, severe headache, sudden swelling of feet can occur during pregnancy, delivery or after delivery. A woman with these symptoms should be immediately taken to the hospital. If the woman has been in labour pain for more than 12 hours, she should immediately be taken to the hospital and should deliver in the presence of a doctor. In case the pregnant woman has bursting of water bag without labour pain, she should be immediately taken to the hospital and the delivery should be conducted in the presence of a doctor. After reading all the above documents the mother and health worker should be able to answer these questions so that the health worker and mother can take care of new born.

The question set up in this format will be able to get the knowledge in better way and this can be used as mother and child protection card.

This card is having whole data about pregnant mother and the child immunization and new WHO growth chart.

If we are able to maintain this format the

The asha worker, the ANM and the anganwari workers are the backbone of our health workers. The mother and child protection card questions which are placed after the text will be able to answer the questions asked, this way we will be able to study the pregnant mothers and their whole development of the new born child, their development and the role of asha and anm and aww. The villages have skill birth attendant or Dhai. We in India like to have institutional delivery, for this the role of asha, aww are very much in need,

Information required about the pregnant women



Name of the respondent
Age (year)
Address
Mobile No.
Cell number
Adhar number
Bank name with address
Bank account number
Number of live child
Government job
Private job
Health insurance covered or not

Educational Status of the pregnant mother

Primary (Standard 1-5)
Middle school (upto 8th)
High school (upto 10th)
Intermediate (upto 12th)
Graduate
Post Graduate
Illiterate

Awareness
About MCP
Card
Do you know
what MCP
card is?

Yes /No

Have you
been issued
a Mother
and Child
Protection
Card?

Yes/no

If yes, then who issued the card to you ?

You
AWW
ASHA
ANM

Who keeps the MCP card?

You
AWW
ASHA
ANM

If the mother keeps the card with herself then ask,
How do you keep your MCP card?

Have you gone through the card?

Yes
No

What is the purpose of MCP card?

To monitor the health
and nutrition status
To know about various



	health services To learn, understand and follow positive practices for achieving good health Empowers family to make decision for improved health and nutrition status
For how long MCP card is valid?	1year 2 years 3 years 4 years Don't know Any other, specify
D. Knowledge And Practice Of Pregnant Women TO BE ASKED ONLY FROM PREGNANT WOMEN	
Care during pregnancy	
What is your order of pregnancy?	1st 2nd 3rd 4th 5th Any other, specify
When did you get registered at AWC?	_____
Do you know about LMP?	Yes No
Are you aware about your EDD?	Yes No
What are the minimum number of antenatal checkups required during the pregnancy?	1 ANC 3 ANC 7 ANC 9 ANC
How many checkups have you undergone so far during your pregnancy?	1 2 3 4 More than 4
Do you carry the MCP card along or is your card available at the centre during the regular checkups ?	Yes No
What all investigations are done during antenatal checkups and you have undergone? (Encourage	Blood pressure



participants to give multiple response and tick them, do not read the list)

Blood and urine
examination
Immunization during
pregnancy
Weight check
up
Abdominal examination
ultrasound
Distribution of iron and
folic acid tablets
All of the above

Have you been informed about the findings of the
following investigations:

YES NO DON'T
KNOW

- a Weight
- b Blood pressure
- c Abdominal examination
- d Blood and urine examination
- e Ultrasound

Are you aware why abdominal examination is done
during pregnancy?

Yes
No

If yes, then give reason?

How many TT doses are given during pregnancy?

1
2

Don't know
Any Other ,
specify_____

How many doses did you receive?

Have you been given IFA tablets for consumption
during pregnancy?

Yes
No

If yes, then Why?

What is your frequency of taking IFA tablets?

Daily
Once in a week
Every alternate days

How many tablets need to be given and for how
many days

50 tablets Days
100 tablets
150 tablets
Don't know

What according to you should be the normal
weight gain during the pregnancy?

5-8 kg
8-10 kg



	10-12 kg 12-15 kg Any other, specify
According to the MCPC for how many hours you are supposed to take rest during pregnancy?	2 hours rest in day and 8 hours at night 1 hour rest in day and 9 hours at night 3 hours rest in day and 7 hours at night None of the above
Do you know whether, findings of ante natal checkups are recorded in MCP card?	Yes No
If no, then proceed to	
Are the following recorded in the MCP card?	Yes No
a Date of birth	
b Blood pressure	
c Date when TT injections was administered	
d IFA tablets issued	
e About diet and rest during pregnancy	
f Danger signs during pregnancy	
Danger Signs During Pregnancy	
Do you know that MCP card provides information on danger signs during pregnancy?	Yes No Don't know
What does red coloured box/ words written in red indicate?	
Are you aware about the danger signs during pregnancy, listed in MCP card requiring the consultations of ANM/AWW/ASHA?	Excessive bleeding during and after the pregnancy Severe anemia with or without breathlessness High fever during pregnancy High fever within 30 days of pregnancy Headache Fits Blurring of vision and swelling all over the body Labour pain for more than 12 hours Bursting of water bag



	Do you know whom to go in case any danger sign appears?	with labour pain AWW ASHA ANM Doctor Any other, specify _____
	Have you ever experienced any danger signs during this or previous pregnancies?	Yes No
a	If yes, were you referred to a higher health facility during this or your previous pregnancies?	Yes No
b	If yes, who referred you to a higher facility?	AWW ASHA ANM
c	Did you visit the facility?	Yes No
d	Was the referral history recorded in the MCP card?	Yes No Don't Know
Delivery		
	What was your place of delivery	Government (hospital/PHC/CHC) Private hospital Home
	Does the card provide any information related to delivery and related preparations?	Yes No
	What preparation should be done in case of institutional delivery? (Encourage multiple response but do not read the list) TO BE ASKED IN CASE OF INSTITUTIONAL DELIVERY	Contact ASHA/ANM/AWW Register under JSY and obtain benefit under it Advance identification of the hospital and arrangement for transportation Ensure family care and support All of the above Any other, specify_____
	What cleans to be followed in case of home delivery? TO BE ASKED IN CASE OF HOME DELIVERY	Clean hands



Clean surface and
surroundings
Clean blade
Clean umbilical cord
Clean thread
All of the above

Post Partum Care

TO BE ASKED FROM MOTHERS OF CHILDREN AGED 0-6 MONTHS AND 6 TO 3 YEARS

Were you and your child visited by the
functionaries after child birth at home?

Yes

No

Who visited?

AWW

ASHA

ANM

Any other,
specify _____

Number of times and days you were visited after delivery by:

a AWW

b ANM

c ASHA

Were you informed about the weight of your child
at the time of birth?

Yes

No

Are you registered under JSY

If yes, have you received cash incentive under JSY?

Alone AWW
visited

What was the modality of home visit conducted?

AWW along with ANM
AWW along with ASHA
AWW along with ANM
and ASHA
AWW along with
Supervisor/CDPO

Are the details of the Post natal care recorded in
the MCP card?

Yes

No

If yes, then what details are recorded?

E. New Born And Child Care

Does the MCP card contain/ elicit information
regarding the care of a new born baby?

Yes

No

a If yes, then list them (Tick the options reported by participants)

a Keep the child warm

b Start breast feeding within 1 hour

c Do not bath the child for 1st seven days



- d Keep the cord dry
- e Keep the child away from people who are sick
- f Weigh your child at birth
- g Give special care if the child is less than 2.5 kg

Danger Signs

Does the MCP card contain/ elicit information
regarding danger signs in newborn?

Yes

No

What of the following are considered as danger signs in a newborn?

- a Weak sucking or refusal to breastfed
- b Baby unable to cry
- c Baby having difficulty in breathing
- d Yellow palms and soles
- e Fever
- f Cold to touch
- g Blood in stools
- h Convulsions
- i Lethargic or unconsciousness

Do you know whom to go in case if you find any
danger sign in new born?

AWW

ASHA

ANM

Supervisor

Any other, please specify

Did you observe any danger sign in your child

Yes

No

If no then proceed to Q58

- a Was your child referred to higher facility?

Yes

No

- b Did you visit the higher facility?

Yes

No

- c Were the referral history recorded in the MCPC?

Yes

No

Don't know

Does MCPC contains information regarding care of
child during illness

Yes

No

- a If yes, what all conditions are mentioned in MCP
card?

Diarrhoea

Acute respiratory
infection

Fever

Any other, specify

Immunization



What vaccines are given to the child at Birth ?	BCG, DPT, OPV BCG, HEPATITIS-B, OPV BCG & OPV BCG, MEASLES
In which month vitamin A syrup is given to the child for the first time?	1 month 3 month 6 month 9 month
How often a child should be dewormed after 1 year of age?	Once a year Twice a year Thrice a year Any other please specify

F. Feeding, Playing And Communication

Child Feeding

Do you know if MCP card contains information regarding feeding, playing and communication section?

Yes
No

Has AWW explained the feeding section?

Yes
No

When did you start breast feeding after the birth of the baby?

Did you give colostrum (first yellow coloured thick fluid) to the baby?

Yes
No

Till what age the child only be fed breast milk?

3
months
6
months
1 year
2 year

How often the new born should be fed breast milk during a day?

Have you ever given any pre lacteal during first 6 months after the delivery of the child?

Yes
No

If yes, what all pre lacteal were fed to the child?

Gripe water
Holy water
Animal milk
Infant formula
Water
Honey
Ghutti
Jaggery water
Any other ,
specify_____

At what age did you start complementary feeding?



What type of food should be fed to 6-12 months?	Thin fluids Thick fluids Gradual progression from thin consistency to thick Solid food
What type of food should be fed to 1-2 year old child?	Thin fluids Thick fluids Gradual progression from thin consistency to thick Solid food
what should be the frequency of feeding per day for a child aged 2-3 years?	Atleast 2 times Atleast 3 times Atleast 5 times Atleast 8 times

Playing And Communication

Has AWW explained the play and communication section?	Yes No
---	-----------

Are you aware about what a child under six months can do? (Encourage participants to give multiple response and tick them, do not read the list)

- a Smile in response
- b Track a ribbon bow
- c Begin to make sound
- d Hold head steady when held upright
- e Reach out for objects
- f Turn to a voice

Are you aware what a child aged 6-12 months can do?(Encourage participants to give multiple response and tick them, do not read the list)

- a Sit up from lying position
- b Pick up with thumb and finger
- c Sit without support
- d Stand well without support
- e Wave out to people
- f Say papa/mama

Are you aware about what a child aged 1-2 years can do? (Encourage participants to give multiple response and tick them, do not read the list)

- a Express wants
- b Put three pebbles in a cup
- c Walk well
- d Stand on one foot with help
- e Say one other word
- f Initiate household work

Are you aware what a child aged 2-3 years can do? (Encourage participants to give multiple response and tick them, do not read the list)



- a Point to 4 body parts
- b Feed self, spilling little
- c Name one colour correctly
- d Copy and draw straight line
- f Wash hands by herself
- g Name 3 out of 4 objects

How can you promote development of children below six months?

Smile and laugh at your child, look into child's eyes and talk to your child
Provide ways for the child to see, hear, feel and move
Have large colourful objects for your child to see and reach for
Talk to and respond to your child
Respond to the child with sounds and gesture
Give child clean safe items to handle and things to make sounds with

How can you promote development of children 6-12 months?

Play games like peek-a-boo, etc.
Tell the child names of things and people

How can you promote development of children 1-2 years?

Give child things to stack up and to put into containers and take out

How can you promote development of children 2-3 years?

Ask simple questions
Respond to child's attempt to talk
Help child count and compare things
Make simple toys for child
Encourage child to talk and respond to child's questions
Teach child stories, songs, and games

G. Growth Monitoring And Promotion

How often the child till 1 month be weighed?

Every week
Once in a months



	Once in 15 days Don't know Yes No Once in a month Once in 3 month Once in 6 month
Did you get your child weighed at birth?	
Are you aware about how often should a child under 6 months be weighed?	
Does the MCP card contains growth chart for monitoring the growth of the child?	Yes No
Do you know about the color of growth chart to be used for girls and boys?	Yes No
If yes, then please specify the colours?	
Does AWW discuss the growth chart of your child with you?	Yes No
When was the growth chart discussed with you?	Immediately after weighing Few days after weighing During home visits Any other
On which band the weight of the normal and healthy children should fall?	Yellow band Orange band Green band Red band
If the weight of the child falls below yellow line it indicates.	Child is normal and healthy Child is severely underweight Child is moderately underweight None of the above
If the growth curve of the child is in downward direction it is considered as	Good Dangerous Very dangerous Normal
To whom you are supposed to talk if there is growth faltering in the chart?	ANM/AWW Health functionaries



		Both	
		Any other_____	
H.	Attitude/ Perception		
	Do you think an MCP card containing information related to maternal and child care is important?	Yes	
		No	
	What do you think about the information provided in the MCP card?	Too much information	
		Adequate information	
		Lack some information	
		Any other, please specify	
	According to you who should keep the MCP card?	AWW	
		ASHA	
		You	
		ANM	
	Do you think if this card is held by you, will equip you to take better care of you and your child?	Yes	
		No	
	Outreach and utilization of services		
	Do you think having MCP card helps you to avail and utilize better health services over other patients who do not have MCP card?	Yes	
		No	
		Don't know	
		Helped in timely treatment	
a	If yes, then how?	Facilitated better ANC	
		Helped in early identification of danger signs	
		Helped in timely action in case of at-risk cases	
		Helped in better understanding of self-care	
		Helped in saving life	
		Facilitated uptake of all services	
		Facilitated in maintaining records	
		Helped in saving money	
	Do you think the illustrations or pictorial presentation in the MCP card has helped you in improving your awareness?	Yes	
		No	
	Do you think this card provide adequate information regarding	yes/ No	Yes- No-



- a Care during pregnancy
b Danger signs during pregnancy
c Institutional delivery & home delivery
d Post-partum care
e New born care
f Immunization
g Milestones
h Infant and young child feeding
i Growth monitoring
- How has been your experience so far in using MCP card?
- Satisfied
Dissatisfied
Same as with other cards
Very informative
Good reminder for seeking services
Can monitor child's development

Give suggestions to ensure effective utilization of MCP card?

J. Observation (see the card and tick)

- Was the card in good condition? Yes No
- Ability of the participant to correctly identify the various details in the MCP card
- Details Yes No
- a LMP
b EDD
c Record of the ANC check ups
d Danger signs during pregnancy
e Preparation for institutional delivery
f Post natal care
g Date of delivery
h Term/preterm
i Sex of baby
j Weight of baby
k Post-partum care
l. New born care
m Immunization details
n Feeding practices
o Playing and Communication strategies
p Growth monitoring
- Check the card to see if the following information is filled in adequately
- | Component | Yes | No | Yes-No- |
|---|-----|----|---------|
| a Front of the card (check if details are correctly filled) | | | |



- i Family identification
- ii Pregnancy record
- iii Birth record
- iv Institutional identification
- b Record of the check ups
- i Registration
- ii ANC
- iii BP, Blood and Urine
- iv Weight
- v TT injections
- vi Iron tablets
- c Antenatal care
- i Obstetric complication in previous pregnancy
- ii Past history
- iii Examination of general condition
- iv Examination of heart
- v Examination of lung
- vi Examination of breast
- vii Anatenatal visit
- Date
- viii Weight
- ix Pulse rate
- x BP
- xi Abdominal examination
- Fundal height weeks/cm
- xii Lie/presentation
- xiii Fetal movement
- xiv Fetal heart rate per minute
- xv Essential investigation
- Hemoglobin
- xvi Urine albumin
- xvii Urine sugar
- xviii Signature of ANM
- xix Blood group and Rh typing
- xx. Optional investigation
- d. Post natal care
- i Date of delivery
- ii Place of delivery
- iii Type of delivery
- iv Term/preterm
- v Sex of baby
- vi Weight of baby
- vii Cried immediately after birth
- viii Initiated exclusive breastfeeding within 1 hour
- ix Post-partum care



	Pallor
x	Pulse rate
xi	BP
xii	Temperature
xiii	Breast (soft/engorged)
xiv	Nipple (cracked/normal)
xv	Uterus tenderness (present/absent)
xvi	Bleeding P/V (excessive/normal)
xvii	Lochia (healthy/foul smelling)
xviii	Episiotomy (healthy/infected)
xix	Family planning counseling
xx.	Care of baby
	Urine passed
xxi.	Stool passed
xxii.	Diarrhea
xxiii.	Vomiting
xxiv.	Convulsion
xxv.	Activity (good/poor)
xxvi.	Sucking (good/poor)
xxvii.	Breathing (fast/difficult)
xxviii.	Chest indrawing (present/absent)
xxix.	Temperature
xxx.	Jaundice
xxxi.	Condition of umbilical stump
xxxii.	Skin pustules (present/absent)
c	New born care
i.	Initiated breastfeeding within 1 hour of birth
d	Immunization details
i	BCG
ii	OPV-0 (For institutional delivery)
iii	OPV-1
iv	OPV-2
v	OPV-3
vi	DPT-1
vii	DPT-2
viii	DPT-3
ix	Hepatitis B-0
x	Hepatitis B-1
xi	Hepatitis B-2
xii	Hepatitis B-3
	To be observed for mothers with children 6 month to 3 years
xiii	Measles
xiv	Vitamin A
xv	DPT booster



xvi	Polio booster
xvii	Vitamin A (16 months)
xviii	Vitamin A (24 months)
xix	Vitamin A (30 months)
xx	Vitamin A (36 months)
e	Growth monitoring
i	Does the growth chart reflects timely plotting
ii	Record of date of plotting
iii	Record of weight of the child at the time of plotting

The above question will be able to judge the knowledge of mothers who are pregnant and the health workers who are going to help them in preparing the pregnant mothers. The mothers who have delivered should know about the child care. The **Child Care Education are these They include:** Breast feed as long as possible. Introduce semi-solid food from 6 months. Feed young children 5 or 6 times a day. Do not reduce food in illness. Use the health services available. Get children immunized. Keep yourself and your surroundings clean, drink clean water. Have no more than two or three children, two to three years apart *Pregnant Mother* eat more than usual amount of cereal and pulse, plenty of dark green and yellow vegetables, milk; and Visit PHC doctor / ANM during last three months of pregnancy. *New Baby* Mother's milk is best – don't discard colostrum. If you feed additional liquid, use traditional feeding vessel instead of a bottle ensuring that it is cleaned properly. *Keep Breast feeding* the child as long as possible, but breast milk is not sufficient by itself from the age of 6 months. *Mothers breast feeding the child* Mother should eat more than usual amount of cereal, pulse, and plenty of dark green and yellow vegetables and fruits and milk; Visit the doctor / ANM for check-up. Start semi-solid food (local staple or mashed up ready food) from 6 months, and also undiluted milk, if you can. Food must be prepared carefully. Give what you would normally give later much earlier as raw vegetables and fruit. As the child grows the amount and variety of food should be increased. By the time he/ she is one year old he/ she should be given similar food as are given to the rest of the family-cereals, pulse, green vegetables. He/ She should be fed these solid food 3 or 4 times a day without spices. Do not use excessive water for cooking rice and vegetables; if you drain the water after cooking do not discard it; it is good for you and should be consumed. To prevent the child getting some diseases, he/she should be immunized. To prevent him/ her from getting other diseases he/ she should be clean and his/ her surrounding should be as clean as possible. Do not spit or



cough at or near him/ her. Do not let excreta lie around where your baby may be playing. Remove it quickly. After he defecates, wash him clean with soap and wash your hands. Your child may get sick if he/she puts dirty hands in his/ her mouth. Hands should be washed before eating and before preparing food, and before holding and feeding the baby. Kitchen and feeding utensils should be kept clean and should be washed with clean water. Flies mean dirt means disease. Food should be covered from flies and dust. A Child needs plenty of water. Only the safest available water should be drunk. Learn to recognize signs of common diseases: cough, dehydration, fever, running ear, skin diseases, sore eye, poor sight. Learn their management and how to deal with accidents in the house, and when to need advice from ANM. When the child is ill with fever or diarrhea continue feeding him/ her as before, but you may have to prepare the food more appetizingly. You may have to force him/ her a little. He/ She will get better quickly if he/ she eats plenty of cereal, pulse and vegetables (Give examples of particular cereals, pulses, vegetables and methods of their preparation) Encourage the child to play with simple household article and things he/ she can gather in the neighborhood. Children cared for in this way are likely to be alert, and would grow well.

The card gives information on the immunization schedule and the doses of Vitamin A to be given to the child during the first five years. Boxes in the chart indicate each type of vaccine, date to be given, date when it was given and age.

What is the uses of the MCP card. It functions as a record of the routine care and immunizations received by the mother and the child. As a tool to monitor the health and nutrition status of the pregnant woman and thereafter of the child till three years For educating families about: Various types of services which they should access for ensuring the overall health and well-being of women and children. About the practices for achieving good health of pregnant women, mothers and children For promoting birth preparedness. The counterfoil which is retained by the health worker helps in: Identifying the dropouts Estimating the number of beneficiaries for the next session Estimating the vaccine requirement for the next session, based on the above information Serving reminders for parents to report for the immunization on the due date The information on the counterfoil can be used to issue a duplicate immunization card if the beneficiary has lost the original card Administrative: The counterfoils retained at the health center along with the



beneficiaries' registers maintained by the health worker can be used to assess the immunization coverage in the area. For monitoring effective service delivery in the area As a discussion tool in village meetings like 'village health and sanitation committee' meetings.

What information is obtainable from the card? Immunization status of the child and the mother during pregnancy date of birth, name, and sex of the child name of the parents Address of the child. There are **some steps to improve immunization coverage in an area.**

Making complete entries in the immunization cards, counterfoils, and the registers by the health worker. Follow-up of the dropouts, i.e., those who do not report for the vaccination on the due date. • Giving clear instructions to the parents/ guardian regarding the due date for the child's next vaccination. **There should be mention the suggested schedule for the 4 antenatal visits.** Every pregnant woman should have at least 4 antenatal visits, including the first visit when registration is done. 1st visit: Within 12 weeks preferably as soon as pregnancy is known - for registration of pregnancy and first antenatal check-up 2nd visit: Between 14 and 26 weeks 3rd visit: Between 28 and 34 weeks 4th visit: Between 36 weeks and term

What kind of health education material is printed on the MCP card. Health education regarding the following is printed on the card for the benefit of the mother and family. Routine care during pregnancy (e.g. number of ANC visits, inj. TT, IFA tablets) Danger signs during pregnancy Importance of institutional delivery Birth preparedness care of the newborn: Initiation of breast feeding within 1 hour of deliver Regarding exclusive breast feeding for the first 6 months of life Regarding care of the newborn (e.g. keeping warm, avoiding contact with sick people) Danger signs in the child for which to seek help from the health worker record and details of immunization and vitamin A supplementation regarding normal development of the child till 3 years of age growth chart Correct feeding practices Normal developmental milestones care of the child during illness e.g. diarrhea, fever and acute respiratory infection ICDS services

So the children cared for in this way are likely to survive than those who are not. You may not then want so many children; the family planning can show you how to achieve this as also to space children. So we see that the asha, aww, anm plays a very important role in this society. This helps in the development of the modern society which can tackle the health



issue and we can march to the goals set by our PM. For a better tomorrow we must all work towards the ideas given by our prime minister of India

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