



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

# MOTHER AND CHILD PROTECTION CARD



paste photo of child here

Is the pregnancy  
high risk?



## FAMILY IDENTIFICATION

Mother's name \_\_\_\_\_ Age \_\_\_\_\_

Father's name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Number Mother \_\_\_\_\_ Father \_\_\_\_\_

MCTS/RCH ID \_\_\_\_\_

Bank & Branch Name \_\_\_\_\_

Account No. & IFSC Code \_\_\_\_\_

## PREGNANCY RECORD

Date of last menstrual period \_\_\_\_\_

Expected date of delivery \_\_\_\_\_

No. of pregnancies / previous live births \_\_\_\_\_

Last delivery conducted at \_\_\_\_\_

Current delivery \_\_\_\_\_

## BIRTH RECORD

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Weight \_\_\_\_\_

☐ Male ☐ Female Birth Registration No. \_\_\_\_\_

MCTS/RCH ID (Child) \_\_\_\_\_

## INSTITUTIONAL IDENTIFICATION

AWW No. \_\_\_\_\_ Block/Village/Ward \_\_\_\_\_

ASHA \_\_\_\_\_ ANM \_\_\_\_\_

SHC / Clinic \_\_\_\_\_

PHC / Town \_\_\_\_\_ Hospital / FRU \_\_\_\_\_

ANM Contact No. \_\_\_\_\_

Hospital Contact No. \_\_\_\_\_

AWC Reg No. \_\_\_\_\_ Date \_\_\_\_\_

Sub-center Reg. No. \_\_\_\_\_ Date \_\_\_\_\_

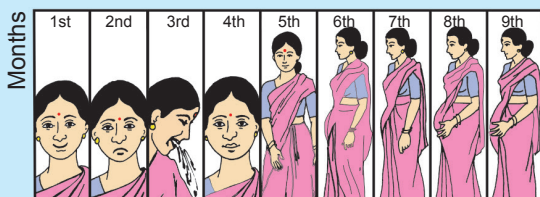
Referred to \_\_\_\_\_

Child's Aadhaar No. \_\_\_\_\_

Mother's Aadhaar No. \_\_\_\_\_

Ambulance Toll Free Number:- \_\_\_\_\_

# Regular checkpoint is essential during pregnancy



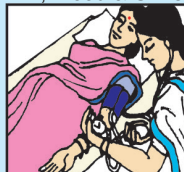
Register with the health centre in the 1<sup>st</sup> trimester.



ANC



BP, Blood & Urine



Weight



T.T. Injection



Iron Tablets



Have at least 3 antenatal checkups, after registration.

Have blood pressure (BP) checked and blood and urine examined at each visit.

Have weight checkup at each visit. Gain at least **10-12 kg.** during pregnancy. Gain at least **1 kg** every month during the last **6 months** of pregnancy.

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

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

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

Take single dose of tablet albendazole (400 mg) after 1<sup>st</sup> trimester

## Care During Pregnancy



- ◆ Consume a variety of foods
- ◆ Consume more foods-around  $\frac{1}{4}$  times extra than the normal diet
- ◆ Consume SNP from the AWC regularly
- ◆ Rinse the mouth after every meals brush the teeth atleast twice a day



- ◆ Take at least two hours of rest during the day.
- ◆ In addition to 8 hours of rest at night.
- ◆ Use only adequately iodised salt

**Ensure nutrition counselling at every ANC**

# ANTENATAL CARE

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

- A. APH ☐ B. Eclampsia ☐ C. PIH ☐  
D. Anaemia ☐ E. Obstructed labor ☐ F. PPH ☐  
G. LSCS ☐ H. Congenital anomaly in baby ☐ I. Others ☐

## PAST HISTORY

(Please tick (✓) the box of the appropriate response/s)

- A. Tuberculosis ☐ B. Hypertension ☐ C. Heart Disease ☐  
D. Diabetes ☐ E. Asthma ☐ F. Others ☐

## EXAMINATION

| Heart | Lungs | Breasts<br>(check for inverted nipple) |
|-------|-------|----------------------------------------|
|       |       |                                        |

## ANTENATAL VISITS

|                | 1 | 2 | 3 | 4 | 5<br>(under PMSMA) |
|----------------|---|---|---|---|--------------------|
| Date           |   |   |   |   |                    |
| Any complaints |   |   |   |   |                    |
| POG (Weeks)    |   |   |   |   |                    |
| Weights(Kg)    |   |   |   |   |                    |
| Pulse rate     |   |   |   |   |                    |
| Blood Pressure |   |   |   |   |                    |
| Pallor         |   |   |   |   |                    |
| Oedema         |   |   |   |   |                    |
| Jaundice       |   |   |   |   |                    |

## ABDOMINAL EXAMINATION

|                                |                               |                               |                               |                               |
|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Fundal height Weeks/<br>cm     |                               |                               |                               |                               |
| Lie/Presentation               |                               |                               |                               |                               |
| Fetal movements                | Normal/<br>Reduced/<br>Absent | Normal/<br>Reduced/<br>Absent | Normal/<br>Reduced/<br>Absent | Normal/<br>Reduced/<br>Absent |
| Fetal heart rate per<br>minute |                               |                               |                               |                               |
| P/V if done                    |                               |                               |                               |                               |

## ESSENTIAL INVESTIGATIONS

|                               |  |  |  |  |
|-------------------------------|--|--|--|--|
| Hemoglobin                    |  |  |  |  |
| Urine albumin                 |  |  |  |  |
| Urine sugar                   |  |  |  |  |
| Urine Pregnancy Test          |  |  |  |  |
| HIV Screening                 |  |  |  |  |
| Syphilis                      |  |  |  |  |
| Ultrasonography               |  |  |  |  |
| Gestational diabetes Mellitus |  |  |  |  |

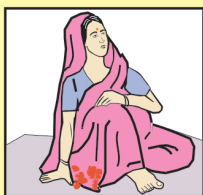
Blood Group & Rh Typing  Date

## OPTIONAL INVESTIGATIONS

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



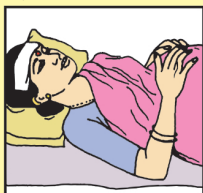
**If you or anyone in your family sees any of these danger signs, take the pregnant woman to the hospital immediately**



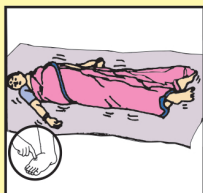
- Bleeding during pregnancy
- Excessive bleeding during delivery or after delivery



Severe Anemia with or without breathlessness



High fever during pregnancy or within one month of delivery



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

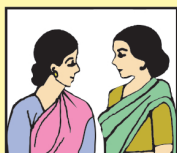


Labour pain for more than 12 hours



Bursting of water bag without labour pains

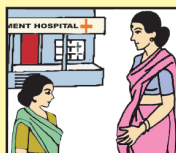
## Ensure Institutional Delivery



Contact ASHA/  
ANM/AWW



Register under Janani  
Suraksha Yojna (JSY)



Obtain Benefits  
under JSY



Identify hospital  
in advance



Arrange for transport  
in advance



Ensure 48 hours of  
stay after delivery

## Preparation in case of Home Delivery



Ensure safe  
delivery by ANM

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



Ensure family care  
& support

## In case of Emergency



Arrange transport  
to hospital

## After Delivery



Initiate Breastfeeding  
within 1 Hour of Birth

Yes ☐ No ☐



Family planning  
counselling

**Ensure early and exclusive breastfeeding  
0-6 months**



## POST NATAL CARE

Date of delivery

## Place of delivery

### Type of delivery

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

N.

Assisted

9

CS

1

Term/Preterm/Spontaneous abortion \_\_\_\_\_

If at institution period of stay post delivery \_\_\_\_\_

**Complications, if any (Specify)** \_\_\_\_\_

Sex of baby

|   |   |
|---|---|
| M | F |
|---|---|

\*Weight of baby

1

kg.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

gms

**Cried immediately after birth**

|   |   |
|---|---|
| Y | N |
|---|---|

Initiated exclusive breast feeding within 1 hour of birth

|   |   |
|---|---|
| Y | N |
|---|---|

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

## Injection Vitamin K

|   |   |
|---|---|
| Y | N |
|---|---|

## POST PARTUM CARE

|                                         | 1 <sup>st</sup><br>Day | 3 <sup>rd</sup><br>Day | 7 <sup>th</sup><br>Day | 6 <sup>th</sup><br>Week |
|-----------------------------------------|------------------------|------------------------|------------------------|-------------------------|
| Any complaints                          |                        |                        |                        |                         |
| Pallor                                  |                        |                        |                        |                         |
| Pulse rate                              |                        |                        |                        |                         |
| Blood pressure                          |                        |                        |                        |                         |
| Temperature                             |                        |                        |                        |                         |
| Breasts Soft/engorged                   |                        |                        |                        |                         |
| Nipples Cracked/normal                  |                        |                        |                        |                         |
| Uterus Tenderness Present/<br>absent    |                        |                        |                        |                         |
| Bleeding P/V Excessive/normal           |                        |                        |                        |                         |
| Lochia Healthy/foul smelling            |                        |                        |                        |                         |
| Episiotomy/Tear Healthy/<br>injected    |                        |                        |                        |                         |
| Family planning Counselling             |                        |                        |                        |                         |
| Any other complications and<br>referral |                        |                        |                        |                         |

## CARE OF BABY

|                                | 1 <sup>st</sup><br>Day | 3 <sup>rd</sup><br>Day | 7 <sup>th</sup><br>Day | 6 <sup>th</sup><br>Week |
|--------------------------------|------------------------|------------------------|------------------------|-------------------------|
| Urine passed                   |                        |                        |                        |                         |
| Stool passed                   |                        |                        |                        |                         |
| Diarrhoea                      |                        |                        |                        |                         |
| Vomiting                       |                        |                        |                        |                         |
| Convulsions                    |                        |                        |                        |                         |
| Activity (good/lethargic)      |                        |                        |                        |                         |
| Sucking (good/poor)            |                        |                        |                        |                         |
| Breathing (fast/difficult)     |                        |                        |                        |                         |
| Chest indrawing Present/absent |                        |                        |                        |                         |
| Temperature                    |                        |                        |                        |                         |
| Jaundice                       |                        |                        |                        |                         |
| Condition of umbilical stump   |                        |                        |                        |                         |
| Skin pustules present/absent   |                        |                        |                        |                         |
| Any other complications        |                        |                        |                        |                         |

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



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



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



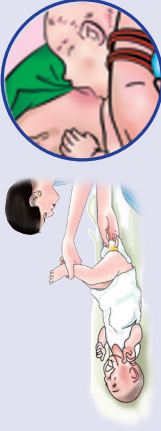
Mother's first yellow milk protects the baby



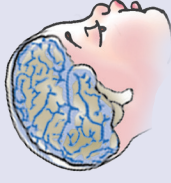
Your baby should be breastfed on demand both during the day and night. Frequent feeding increases breast milk flow.



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



Even in your baby's illness, continue to breastfeed till 6 months  
After 6 months, your baby requires small frequent meals, along with breast milk and other liquids during illness



Breastfeeding improves intelligence



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

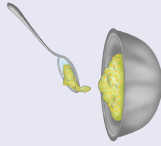
**Birth to 6 months:**  
**Early and exclusive breastfeeding**

## 6 months



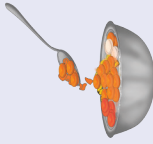
- ❖ Continue breastfeeding
- ❖ On completion of 6 months, start feeding baby with 2–3 table spoons of soft, well-mashed foods 2–3 times a day
- ❖ Introduce one food at a time, such as a small amount of vegetables, followed by fruits, dal and cereals
- ❖ Increase amount of the feed slowly
- ❖ Give iron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

## 6–9 months



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

## 9–12 months



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

## General tips:



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

## 6 months to 2 years:

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

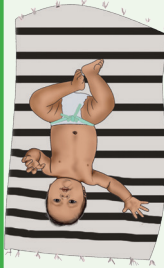
## What most babies do



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



- ☐ Raise head at times, when on tummy



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

☐ ANM please examine and mark ☒ or ☒ on the card as per the age of the child

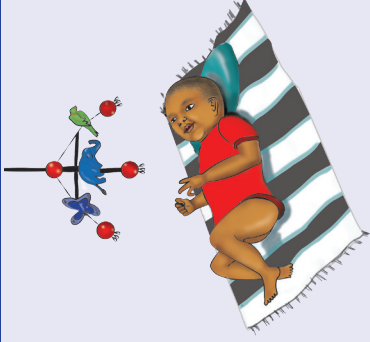
## Parenting tips



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



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



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

By **2–3** months

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

At **3** months



No social smile



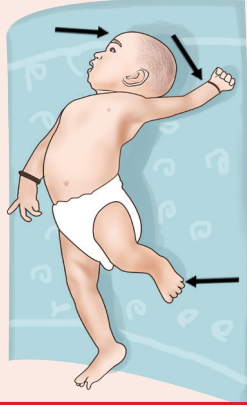
Does not make any eye contact when being fed, cuddled or spoken to



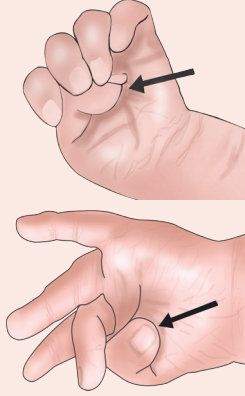
Persistent squinting after 2 months



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



Head pushed back, with stiff arms and legs



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

## What most babies do



☐ Keep head steady when held upright and can sit with support

☐ Turn head towards direction of sound



☐ Attempt to reach and grasp an object

☐ Laugh aloud or make squealing sounds

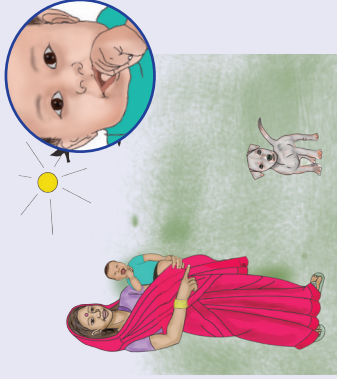


☐ Begin to babble "ah, ee, oo" other than when crying

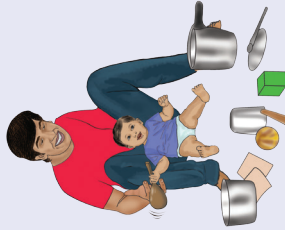
☐ Like to look at self in a mirror

☐ ANM please examine and mark ☒ or ☒ on the card as per the age of the child

## Parenting tips



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



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

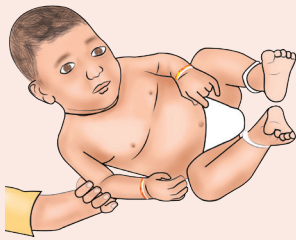
❖ Take children outdoors, and introduce them to the outside world

❖ Children suck on their fingers and thumb for comfort. It is not a cause for concern. Do not stop this at an early age

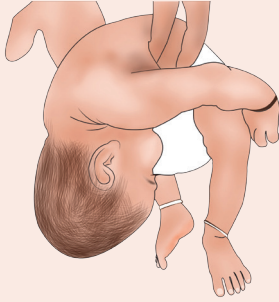
By 4–6 months

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

At 6 months



Lacks head control



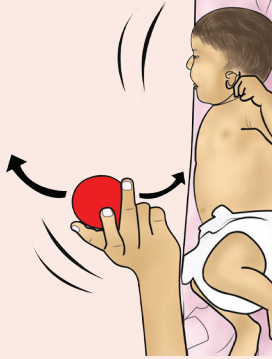
Cannot sit up even with help



Does not grasp things within reach



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



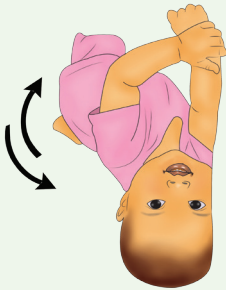
Head and eyes do not move to follow/track a moving object



Unable to raise head when on tummy



## What most babies do



☐ Roll over in both directions



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

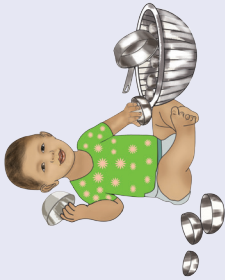


☐ Look for toys that have been hidden in front of them  
☐ Respond to name being called



☐ ANM please examine and mark ☒ or ☒ on the card as per the age of the child

## Parenting tips



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



Give children clean, safe household utensils to play and explore



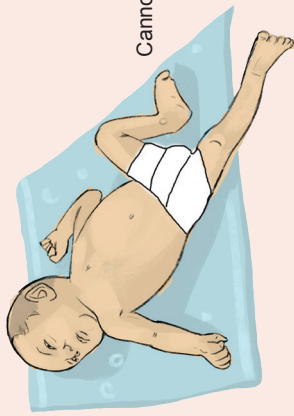
Play games like peek-a-boo. Hide the children's favourite toys under a cloth or box. See if children can find it

By **7–9** months



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

At **9** months



Cannot roll over



Needs support to sit



Does not turn towards a sound (out of sight)



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



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

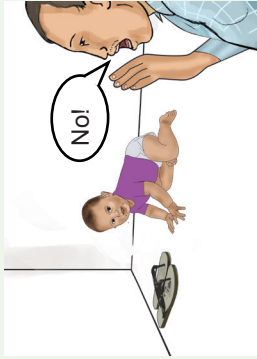
## What most babies do



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



- ☐ Crawl to get desired toys without bumping into any objects



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

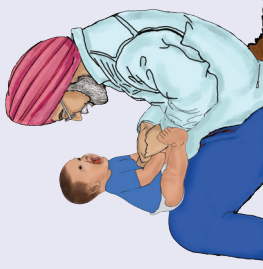
## Parenting tips



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



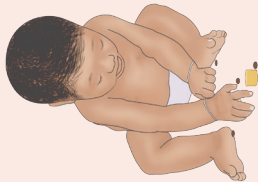
While exploring, babies might hurt others accidentally. Show them how to touch gently. Do not shout at them



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

By **10–12** months

☐ ANM please examine and mark ☒ or ☒ on the card as per the age of the child



Cannot pick small objects with finger and thumb



Does not stretch hands to be picked up



Does not respond to own name



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



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

## What most babies do



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



- ☐ Put pebbles/ small objects in a container



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

☐ ANM please examine and mark ☒ or ☒ on the card as per the age of the child

## Parenting tips



Provide push toy for babies to learn walking

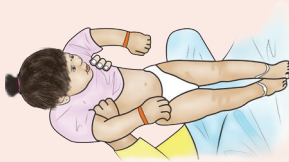


Ask your children simple questions. Encourage them to talk



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

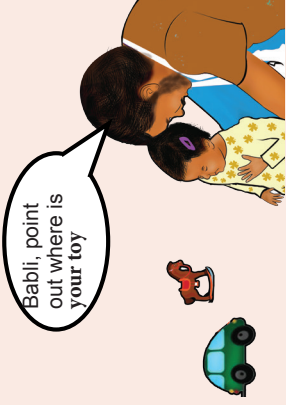
By 18 months



Cannot stand on his/her own without support



Cannot put small objects in a container



Does not point finger at an object when named



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

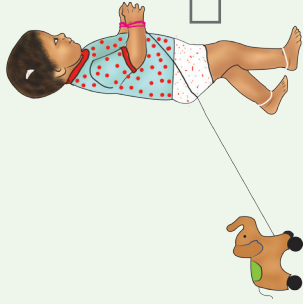


Does not use both hands for everyday activities (shows preference for one hand)

**Amma, papa, dada**

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

## What most babies do



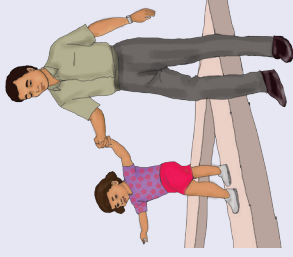
☐ Walk steadily, even while pulling a toy



☐ Imitate household chores

By **24** months

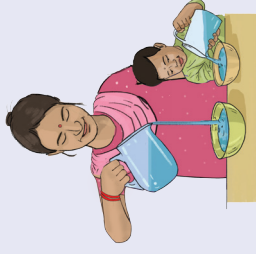
## Parenting tips



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



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



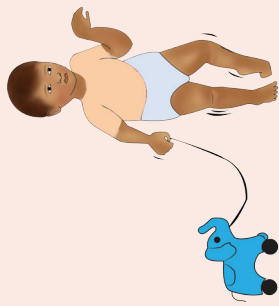
Allow children to imitate you and master their skills. Be patient with them if they make a mess



❖ Encourage children to follow a daily routine such as sleeping and waking up at a fixed time

❖ Read aloud to children, often repeating stories. Provide books and paper, chalk, colours, etc. for scribbling

☐ ANM please examine and mark ☒ or ☒ on the card as per the age of the child



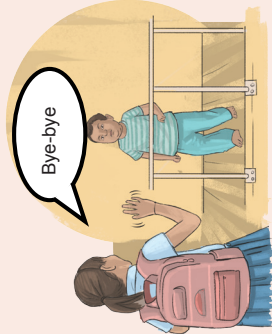
Does not walk steadily while pulling a toy



Cannot scribble

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

**Give milk, amma come...**



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



Does not point to body parts

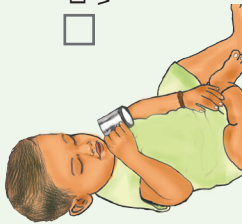
Bittoo, give me the block



Does not seem to understand and follow simple instructions



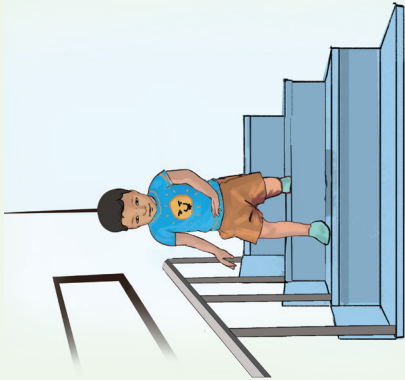
What most babies do



☐ Drink from a cup without spilling

Cat Dog  
Bird

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



☐ Climb up and down the stairs

☐ ANM please examine and mark ☒ or ☒ on the card as per the age of the child

Parenting tips



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



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



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

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

At **3** years



Has trouble climbing  
up and climbing down  
stairs



Cannot eat without  
help



Does not communicate  
meaningfully and  
frequently repeats others'  
speech



Does not play “Pretend”  
games



Continuous drooling/  
unclear speech

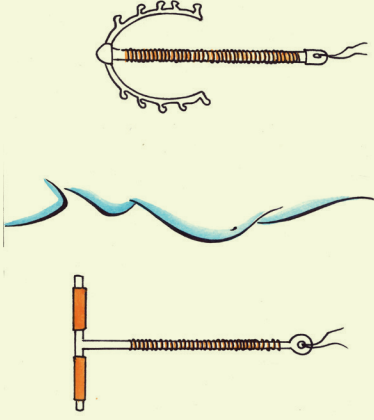
**Mummy  
give milk**

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

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



- ◆ Injectable MPA (Antara programme)



- ◆ IUCD (CU 380 A & 375)
- ◆ Post-partum IUCD (PPIUCD) (within 48 hours of delivery)



- ◆ Combined Oral contraceptive pills (Mala N, Mala D)
- ◆ Centchroman (Chhaya, Saheli)
- ◆ Progesterone-only pill



- ◆ Condoms

Iron-Folic Acid Supplementation for children  
aged 6 months to 5 years (Compliance Card)

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

| Months    | 6-12 months |  |  |  | 1-2 years |  |  |  | 2-3 years |  |  |  | 3-4 years |  |  |  | 4-5 years |  |  |  |
|-----------|-------------|--|--|--|-----------|--|--|--|-----------|--|--|--|-----------|--|--|--|-----------|--|--|--|
| January   |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| February  |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| March     |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| April     |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| May       |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| June      |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| July      |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| August    |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| September |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| October   |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| November  |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
| December  |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |
|           |             |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |           |  |  |  |

- Important things to remember:

1. Provide iron folic acid (IFA) syrup every Wednesday and Saturday

2. Give 1 ml of Iron folic acid syrup using the auto-dispenser

3. Don't give iron syrup to a child when s/he is sick or severely undernourished

4. Always give iron folic acid syrup to the child after consumption of food

5. One 50-ml iron folic syrup bottle lasts for six months and once its finished, contact your ASHA/ANM didi for a new bottle

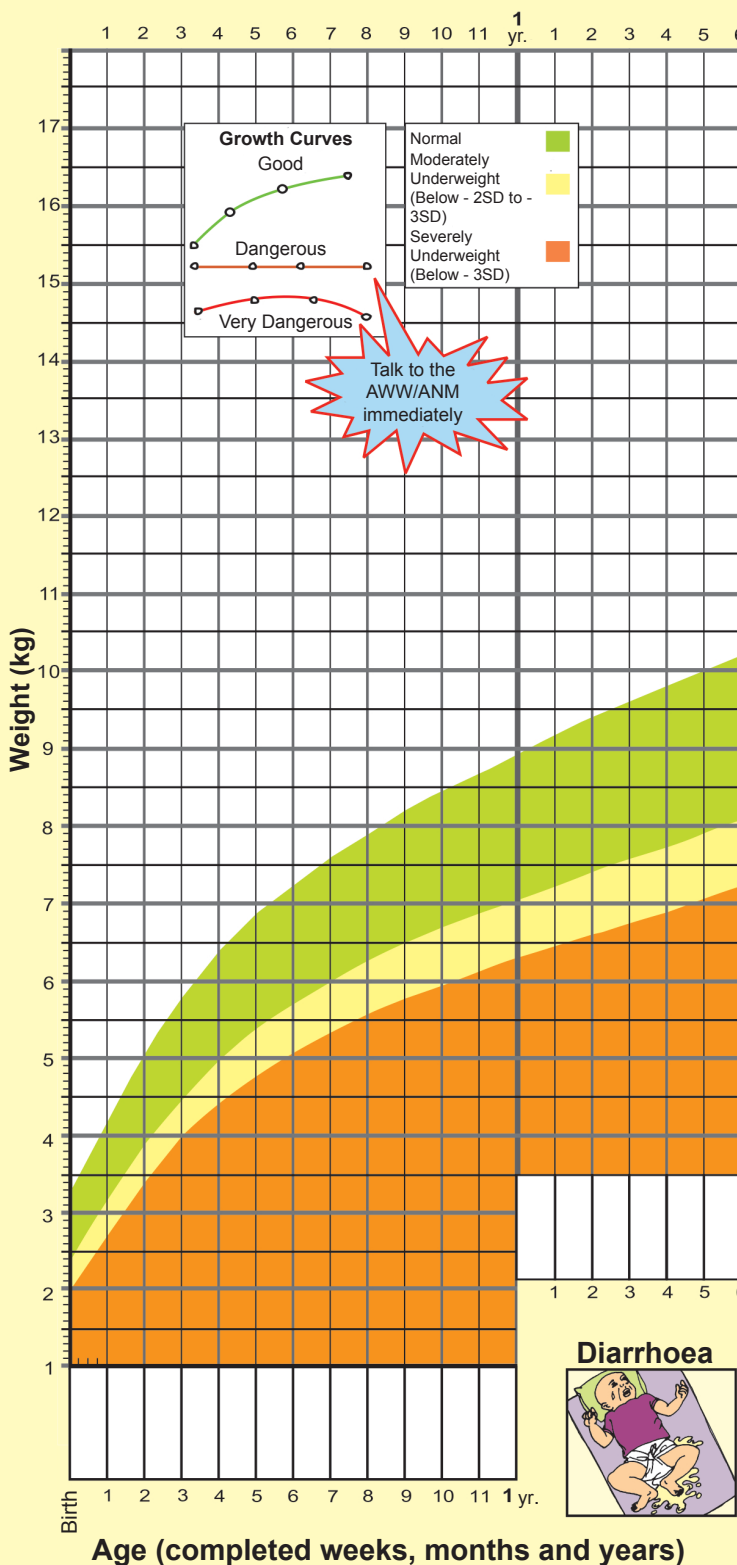
6. After providing a dose of iron folic acid syrup, mark a tick in the card

7. In case of any problem after consumption of iron folic acid syrup, contact your ANM immediately



# GIRL: Weight-for-age

(As per WHO)

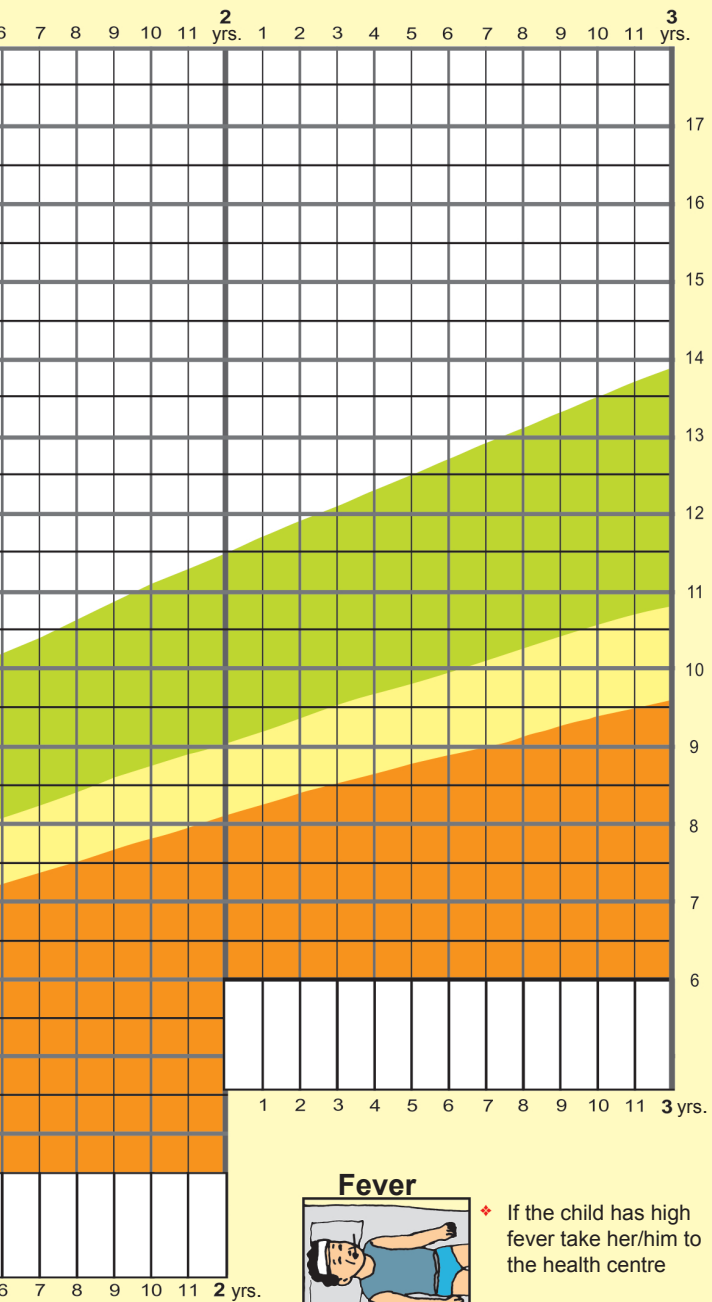


+ Care

Ensure equal care

# Age - Birth to 3 years

## (Child Growth Standards)

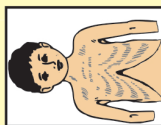


### Fever



- ♦ If the child has high fever take her/him to the health centre

### ARI



- ♦ If the child has rapid and/or difficult breathing, take her/him to the health centre

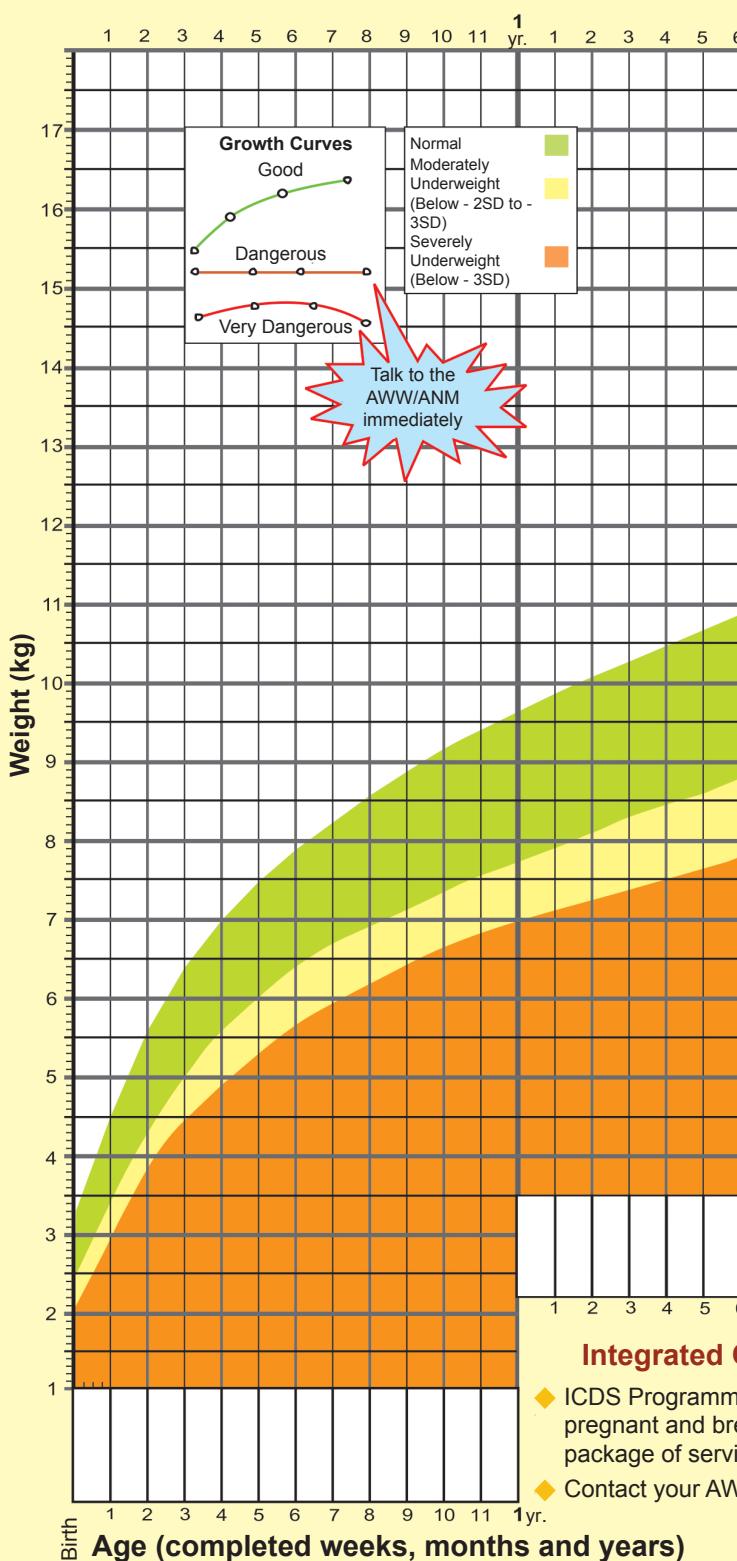
During Illness +

e for the girl child



# BOY: Weight-for-age

(As per WHO)



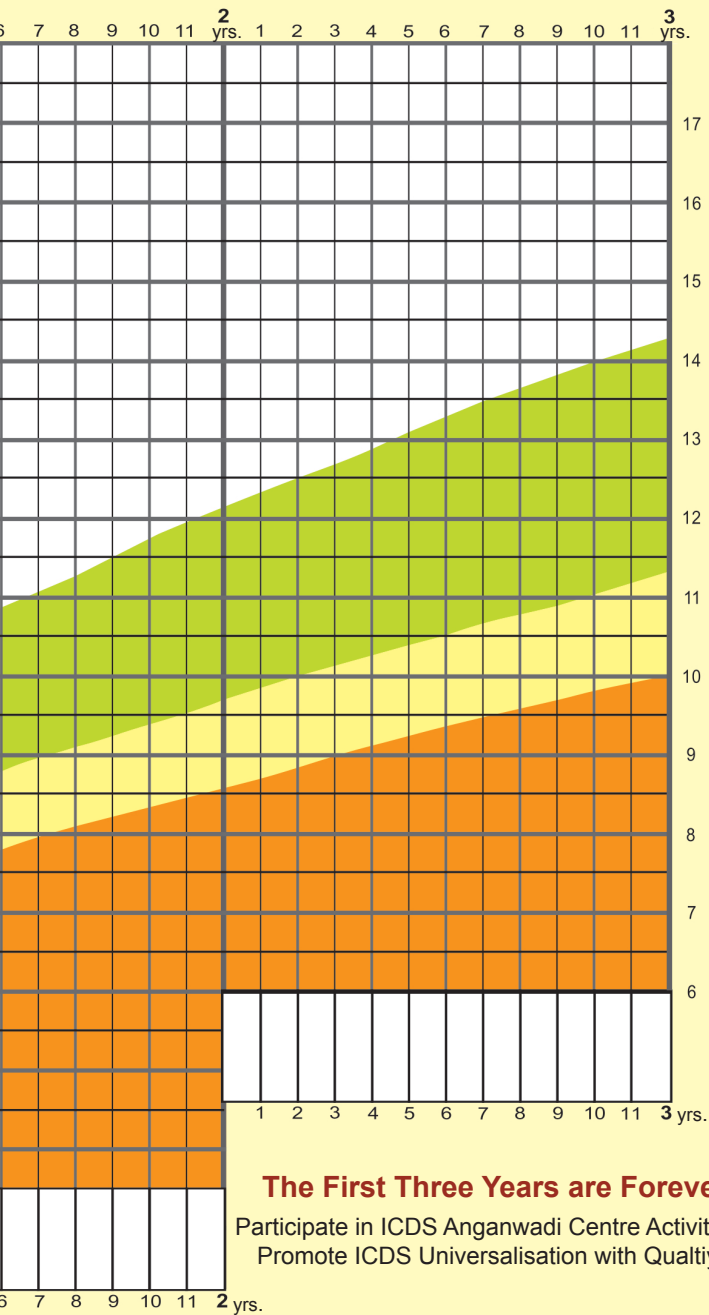
- Supplementary nutritional support, growth monitoring and promotion
- Nutrition and health education

Have your child weighed



# Age - Birth to 3 years

## (Child Growth Standards)



### The First Three Years are Forever

Participate in ICDS Anganwadi Centre Activities  
Promote ICDS Universalisation with Quality

## Child Development Services Programme (ICDS)

The Ministry of Women and Child Development, GOI, reaches out to young children under 6 years, lactating mothers and women 15-45 years with an integrated set of services

Encourage mothers to bring their children for child care services at the nearest AWC

### Services

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

Visit the AWC every month



# Neonatal Care



## Please remember:

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



## Danger signs:

### Contact your health worker if the baby:

- Is sucking weakly or refuses to breast feed
- Is unable to cry or has difficulty in breathing
- Has yellow palms and soles
- Has fever or is cold to touch
- Has blood in stools or convulsions,
- Is lethargic or unconscious



**Congratulations!** Your child is vaccinated for the 1<sup>st</sup> year of life.

| BIRTH                                |  | 1 1/2 MONTHS                       |  | 2 1/2 MONTHS                       |  | 3 1/2 MONTHS                       |  | 9 MONTHS                           |  |
|--------------------------------------|--|------------------------------------|--|------------------------------------|--|------------------------------------|--|------------------------------------|--|
| Expected date of delivery<br>/ /     |  | Next Vaccination Date:<br>/ /      |  | Next Vaccination Date:<br>/ /      |  | Next Vaccination Date:<br>/ /      |  | Next Vaccination Date:<br>/ /      |  |
| DATE GIVEN<br>(mm/dd/yyyy):<br>/ /   |  | DATE GIVEN<br>(mm/dd/yyyy):<br>/ / |  | DATE GIVEN<br>(mm/dd/yyyy):<br>/ / |  | DATE GIVEN<br>(mm/dd/yyyy):<br>/ / |  | DATE GIVEN<br>(mm/dd/yyyy):<br>/ / |  |
| OPV-0                                |  | OPV-1                              |  | OPV-2                              |  | OPV-3                              |  | MR-1                               |  |
| Hep B<br>give within<br>24h of birth |  | Penta-1                            |  | Penta-2                            |  | Penta-3                            |  | JE-1                               |  |
| BCG                                  |  | Rota-1                             |  | Rota-2                             |  | Rota-3                             |  | Vitamin A-1                        |  |
| / /                                  |  | / /                                |  | / /                                |  | / /                                |  | / /                                |  |
| / /                                  |  | / /                                |  | / /                                |  | / /                                |  | PCV booster                        |  |
| / /                                  |  | / /                                |  | / /                                |  | / /                                |  | / /                                |  |
| / /                                  |  | / /                                |  | / /                                |  | / /                                |  | / /                                |  |
| / /                                  |  | / /                                |  | / /                                |  | / /                                |  | / /                                |  |



# Immunization Essentials

| VACCINATION NAME                                                                | BIRTH | 1 <sup>1/2</sup> months | 2 <sup>1/2</sup> months | 3 <sup>1/2</sup> months | 9 months |
|---------------------------------------------------------------------------------|-------|-------------------------|-------------------------|-------------------------|----------|
| <b>BCG</b><br>prevents tuberculosis                                             | ✓     |                         |                         |                         |          |
| <b>HepB</b><br>prevents liver disease                                           | ✓     |                         |                         |                         |          |
| <b>OPV</b><br>prevents polio                                                    | ✓     | ✓                       | ✓                       | ✓                       |          |
| <b>Penta</b><br>prevents whooping cough, diphtheria, tetanus meningitis, & more |       | ✓                       | ✓                       | ✓                       |          |
| <b>PCV</b><br>prevents pneumonia                                                |       | ✓                       |                         | ✓                       | ✓        |
| <b>Rota</b><br>prevents diarrhoea                                               |       | ✓                       | ✓                       | ✓                       |          |
| <b>MR</b><br>prevents measles, rubella                                          |       |                         |                         |                         | ✓        |
| <b>JE</b><br>fights brain fever                                                 |       |                         |                         |                         | ✓        |



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

During the 2<sup>nd</sup>/3<sup>rd</sup> trimester of your pregnancy, avail at least one ANC checkup by a doctor on the 9<sup>th</sup> day of the month under the “Pradhanmantri Surakshit Matritva Abhiyaan”

Continue vaccinating your child. Thank You!

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

# Routine Immunization Counterfoil

## FAMILY IDENTIFICATION

Child's name \_\_\_\_\_  
Child's birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Father's name \_\_\_\_\_  
Mother's name \_\_\_\_\_  
Address \_\_\_\_\_  
MCTS No. \_\_\_\_\_  
ASHA Signature \_\_\_\_\_

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

ASHA INCENTIVE TRACKING

Full Immunization (FIC):

Completed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Incentive received? ☐ Yes ☐ No

If yes, date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Immunization (CIC):

Completed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Incentive received? ☐ Yes ☐ No

If yes, date received \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES

16-24 MONTHS

Next Vaccination Date:

DATE GIVEN  
(mm/dd/yyyy):

DPT  
Booster-1

Vitamin  
A-2

MR-2

JE-2

OPV  
Booster

5-6 YEARS

Next Vaccination Date:

DATE GIVEN  
(mm/dd/yyyy):

DPT  
Booster-2

10 YEARS

Next Vaccination Date:

DATE GIVEN  
(mm/dd/yyyy):

TT

16 YEARS

[Return Card to  
Ministry]

DATE GIVEN  
(mm/dd/yyyy):

TT

VITAMIN A 3-9

DATE GIVEN  
(mm/dd/yyyy):

Vit-A-3

Vit-A-4

Vit-A-5

Vit-A-6

Vit-A-7

Vit-A-8

Vit-A 9

MISSSED DOSE TRACKING

NAME      DATE GIVEN      REASON      NEXT VACCINATION DATE      ANM INITIAL



Be Wise!  
Get your child  
fully immunized