



Instruction Manual for ANM to Record Information in Reproductive and Child Health (RCH) Register Version - 1.1



**Ministry of Health and Family Welfare
Government of India**



Instruction Manual for ANM to Record Information in

**Reproductive and Child Health (RCH) Register
Version - 1.1**

2014



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FOREWORD

The ANMs / MPW (F) have been collecting and maintaining information on various aspects of Reproductive and Child Health (RCH) like family planning, maternal health, child health, immunization, etc. They have been doing this in multiple registers. This has not only been cumbersome and unwieldy but in many cases, similar information has had to be entered in many registers, resulting in duplication of ANM's efforts.

It was in the light of above that Government of India designed an Integrated RCH Register which captures all information on family planning, maternal health, child health and immunization in a single register. The Integrated RCH Register has already been circulated to the States with the request to implement the new Register,

Various State Governments have expressed the need for an instruction manual that would help the ANMs in filling the different formats of Integrated RCH Register. Accordingly, Government of India has developed this instruction manual which will help ANMs to understand the relevance of various RMNCH services and correctly record all the RCH related information in the Register. The manual would also be useful for trainers to train ANMs.

I am sure that this instruction manual will help the ANMs in correctly capturing the appropriate information and providing answers to most of their questions.

(Anuradha Gupta)

8th May, 2014



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PREFACE

MoHFW has been collecting information on various aspects of Reproductive and Child Health (RCH) like family planning, maternal health, child health, immunization, adolescent health. The ANM, who is the field worker responsible for collecting this information, has had to carry a multitude of registers wherein similar information had to be entered in many registers, resulting in duplication of ANM's efforts.

To effectively address the problem, the MoHFW designed an Integrated RCH Register that captures information on all RCH related services including family planning, maternal health, child health and immunization. Many States have got the new Integrated RCH Register printed and distributed to ANMs while others are in the process of doing so.

This instruction manual has been prepared on the request of State / UT Governments in order to guide the ANMs in filling the different formats of Integrated RCH Register. In addition, this instruction manual contains most of the RMNCH related information required by ANMs like working definitions of many terms used in providing RMNCH services, brief write-up on Antenatal and Postnatal Care at Sub-Centre level, management of Anaemia at Sub-Centre level, measurement of Fundal Height during pregnancy, calculation of expected number of beneficiaries, ready reckoner calendar for calculation of Expected Date of Delivery, National Immunization Schedule for pregnant women, Infants and children and formats for monthly reporting of immunization sessions etc. With such exhaustive information, the manual would also be useful in training of ANMs.

I request the State / UT Governments to print and distribute the Integrated RCH Register and this instruction manual to ANMs so that they correctly capture the information in the Integrated RCH Register. The ANMs should be imparted a short training on use of instruction manual and on how to correctly fill up information in Integrated RCH Register.

I thank officers and officials of RCH Division, including my colleague Dr Rakesh Kumar, JS (RCH), for providing the necessary inputs and support. I thank NHSRC for customising the instruction manual in printable book format. I appreciate the efforts of officers and officials of MMP Cell, particularly Dr Uma Chawla, Public Health Specialist, in preparing this instruction manual. I would be grateful to users for providing their valuable suggestions for further improvement in the instruction manual.

(Manoj Jhalani)

May, 2014



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PROLOGUE

A lot of efforts have been spent on ensuring quality of services in health facilities which is one of the important mandates under the National Health Mission (NHM). However, correctly capturing this information in an integrated reporting system is equally important for evidence-based decision making. A multitude of registers are being maintained by ANMs for collecting information on various aspects of Reproductive and Child Health (RCH) which has not only meant duplication of the ANM's efforts, but has also resulted in the lack of an integrated reporting system.

Integrated RCH Register was designed by Department of Health and Family Welfare (DoHFW) as a first step in the direction of evolving an integrated reporting system for RCH. The Mission Mode Project (MMP) Cell of DoHFW closely coordinated with various officers and officials of RCH Division and States / UTs to prepare the Register. The Integrated RCH Register has been already circulated to States for implementation. However, on the request of various State Governments, the DoHFW has prepared an instruction manual that will help the ANMs in filling the different formats of Integrated RCH Register.

I appreciate the efforts of the MMP Cell in coordinating the efforts for designing this instruction manual. I request the State / UT Governments to ensure distribution of this instruction manual to the ANMs and data managers so that RCH related information may be correctly captured in the Integrated RCH Register.

Dr. Rakesh Kumar
May, 2014

Abbreviations

AEFI	Adverse Events Following Immunization	gm	Gram
ANC	Ante Natal Care	Hb	Haemoglobin
ANM	Auxiliary Nurse Midwife	HBNC	Home Based Newborn Care
APH	Ante Partum Haemorrhage	HEP B	Hepatitis B
APL	Above Poverty Line	Hg	Mercury
ASHA	Accredited Social Health Activist	HIV	Human-Immuno-deficiency Virus
AWW	Anganwadi Worker	H/O	History of
BCG	Bacillus Calmette -Guerin	HOSP	Hospital
BP	Blood Pressure	ICTC	Integrated Counseling and Testing Centre
BPL	Below Poverty Line	ID.	Identification
CH	Child	IFA	Iron Folic Acid
CHC	Community Health Centre	Inj.	Injection
CU	Copper	IUCD	Intra Uterine Cervical Device
DOB	Date of Birth	IUGR	Intra Uterine Growth Retardation
DPT	Diphtheria Pertussis Tetanus	JE	Japanese Encephalitis
EC	Eligible Couple	JSY	Janani Suraksha Yojana
ECP	Emergency Contraceptive Pills	Kg	Kilogram
EDD	Expected Date of Delivery	LMP	Last Menstrual Period
F	Female	MCP	Mother & Child Protection
FH	Fundal Height	mg	Milligram
FHR	Foetal Heart Rate	mm	Millimeter
FP	Family Planning	MPW	Multi-Purpose Worker
FRU	First Referral Unit	NR	Not required

OC	Oral Contraceptive	RR	Respiratory Rate
OPV	Oral Polio Vaccine	RTI	Reproductive Tract Infections
PHC	Primary Health Centre	SC	Scheduled Caste
PNC	Post Natal Care	SDH	Sub-District Hospital
PPH	Post-Partum Haemorrhage	Sr	Serial
PREG	Pregnancy	ST	Scheduled Tribe
P/V	Per Vagina	STI	Sexually Transmitted Infections
PVT.	Private	TB	Tuberculosis
PW	Pregnant Woman	TT	Tetanus Toxoid
RCH	Reproductive and Child Health	VHND	Village Health and Nutrition Day
REG	Registration	VDRL	Venereal Disease Research Laboratory
RPR	Rapid Plasma Reagin	Wt.	Weight

Introduction

1. Need for Integrated RCH Register

In public health system the primary data is being collected in registers with the objectives to (i) record services delivered (ii) follow up (tracking) of beneficiary (iii) compile monthly reports and (iv) analyze the data to improve public health services at local level. The formats of registers are determined by the changing requirements of National health programmes and in this regard several attempts have been made to improve them.

At the Sub-Centre level, Auxiliary Nurse Midwife (ANM), a frontline worker is keeping records of Reproductive and Child Health (RCH) services delivered in multiple large sized bulky registers and it is not feasible to carry them for outreach services. Therefore, ANM often does informal noting of services delivered in a rough notebook or unofficial diary, thereafter, transfer them to main registers. In this process, some columns of data are forgotten or have to be recalled from memory, thus affecting the quality of data and consequently, the key functions of primary registers are seldom achieved.

Keeping this in view, an integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village/field level. This register will replace four existing registers viz; (i) Eligible Couple Register (ii) Family Welfare–Family Planning Register (iii) MCH and Immunization Register and (iv) MCTS Register at Sub-Centre level. The usage of this RCH register will optimize the workload of ANM, remove the redundancy of duplication of records and registers and simplify business process at field level.

It is envisaged that ANM will keep one RCH register for two financial years for 1000 population.

The register has been designed for recording the services provided to 200 Eligible Couples, 80 Pregnant Women and 60 Children. If numbers of beneficiaries are more for recording their data in the existing register, another register can be opened for the same year. However, the register will be continued till all the services due to those beneficiaries are being provided to them.

It is expected that ANM will enter the 'real time' data in the field which will improve coverage and quality of services and she will use these information for early identification and management of basic complications of pregnancy, childbirth and post-partum period at field level.

2 Brief of RCH Register

The RCH register is divided into Cover page and four Sections, viz; Section –I Tracking of Eligible Couples (EC) and use of contraceptives, Section-II Tracking of Pregnant Women (PW), Section-III Tracking of Children (CH) and Section - IV Annexures. Formats of 'RCH Register - Version 1.1' is appended at the end of the Chapter - 3 for ready reference.

The brief of each section of RCH Register is as follows:

Cover Page of the Register

The **Cover Page** is designed to record details of the geographical area including the name of the village/area, contact details of service providers, nearest health facility, transport availability and toll free number of National Call Centre etc. for ready reference.

Section - I: Tracking of Eligible Couples and use of Contraceptives

Section-I has an Index and 3 formats (EC-1, EC-2 and EC-2A). The line-list of each eligible couple with their names, contact details and MCTS/RCH ID number of the woman etc. are being recorded in the Index. **EC-1** format has columns for recording details of each eligible couple including the number of children born, age and sex of the youngest child etc. **EC-2** format is for recording details of monthly visits to enquire about the method of contraceptive being used for family planning by the eligible couples. Since the register is to be maintained for two years, **EC-2A** format is for recording the same information as given in EC-2 format for the subsequent year.

Section - II: Tracking of Pregnant Women

Section-II has an index and 5 formats (PW-1, PW-2, PW-3, PW-4 and PW-4A). The line-list of each pregnant woman with her name, MCTS/RCH ID number, contact details, etc. are being recorded in the Index. **PW-1 format** has columns for recording PW's date of registration, LMP, EDD, past history of general illness, complication during last pregnancies etc., including the laboratory reports of VDRL and HIV screening test for the current pregnancy. **PW-2 format** is for recording details of services provided to pregnant woman during Antenatal Care (ANC) visits. **PW-3 format** is for recording the brief of delivery outcome including the date, time, weight and vaccination given to the newborn at birth. After delivery of the child, seven PNC visits are to be made. **PW-4 format** is for recording details of services provided to mother and newborn during four Postnatal Care (PNC) visits and **PW-4A format** is for recording details of services provided to mother and newborn during remaining three PNC visits.

Section - III: Tracking of Children

Section-III has Index and three formats (CH-1, CH-2 and CH-3). The line-list of each newborn with his/her name, sex, date of registration, MCTS/RCH ID number of newborn, name of parents including their contact number etc. are being recorded in the Index. The details of newborn such as date, place and weight at birth, address and MCTS/RCH ID number of mother are being recorded in **CH-1 format**. Primary as well as booster doses of vaccines including Vitamin A doses are to be recorded in **CH-2 format**. **CH-3 format** has columns for recording the (i) status of exclusive breastfeeding and initiation of complementary feeding of the newborn and (ii) two-week episode of diarrhoea and pneumonia and their management etc.

Section - IV: Annexures

Section –IV has four annexures for ready reference, viz; (i) Ready Reckoner calendar for calculation of expected date of delivery (EDD) from the date of last menstrual period (LMP) (ii) National Immunization Schedule for pregnant women, infants and children and (iii) Formats for monthly reporting of immunization sessions by the ANM and (iv) List of abbreviations used in the RCH register.

3 Brief of Instruction Manual for ANM

An instruction manual has been developed to facilitate the ANM to record details of each beneficiary including services provided to them in the RCH register. This will improve the skills of ANMs in recording the information as well as the quality of data.

The instruction manual has been divided into following three chapters:

Chapter -1 Section and Column-Wise Instruction for RCH Register

Chapter -2 Working Definitions of Terms Used

Chapter -3 Brief of Antenatal and Postnatal Care at Sub-Centre Level

Chapter -1 Section and Column-Wise Instruction for RCH Register

The serial number-wise instructions of each column to record information in different sections of RCH register (as mentioned above) have been described in Chapter -1 of the instruction manual. However, five additional annexures, viz; (i) Management of anaemia at Sub-Centre Level (ii) Measurement of fundal height during pregnancy (iii) Calculation of Expected Number of Beneficiaries (iv) Case definitions of some reportable Adverse Events Following Immunization (AEFI) and (v) Visit of Pregnant Women to Health Facility for ANC Check-Up with Respect to Weeks of Pregnancy have been added in the instruction manual for ready reference.

Chapter-2- Working Definitions of Terms Used

To facilitate the ANM and to have uniformity in recording the columns / data fields of the register, the working definitions of some of the terms used in the RCH register/ instruction manual have been provided in **Chapter -2**.

Chapter-3- Brief of Antenatal and Postnatal Care at Sub-Centre Level

Obstetric care services are important for early identification of complications and their management during pregnancy, childbirth and post-partum period. ANM provides comprehensive Antenatal Care (ANC) and Postnatal Care (PNC) at field level. To facilitate ANM, some of the important steps/ activities to be performed by her during antenatal and postnatal checkups have been described briefly in **Chapter-3**.

4. General Instructions for RCH Register and Instruction Manual

I General Instructions for Register

1. Each RCH Register has a provision for recording data of 200 Eligible Couples, 80 Pregnant Women and 60 Children which is sufficient to cover beneficiaries **for 2 years in a population of 1000**. If number of beneficiaries are more for the existing register, another register can be opened. However, the register will be continued to be used till all the services are being provided to all the beneficiaries as per the National Programmes.
2. ANM will use one RCH register for each VHND Site/Immunization Site/Session.
3. If more than one VHND site/Immunization site/Session is being held in a village/area, depending on the number of sites, ANM will use that much number of register and keep record of all the beneficiaries including the beneficiaries from the adjoining hamlets, if they are also attending the particular session.
4. If there is a separate VHND site/Immunization Site/ Session for hamlets, a separate RCH register can be used for each site for those beneficiaries.
5. ANM has to calculate estimated number of beneficiaries of her village/area and write on the cover page. Since register is meant for 2 years, if there is any change in the number of beneficiaries in the subsequent year this can be edited in the same column.
6. MCTS/RCH ID No. will be generated by the portal only for the woman/ wife of the eligible couple and this ID number will remain the same, throughout her span of reproductive period.
7. When the woman registered for any number of pregnancies, the MCTS/RCH ID number which was already been generated for the woman/ wife under eligible couple registration will remain the same. However, a new serial number in the Index of 'Tracking of pregnant women' will be assigned to her in the RCH register.
8. After the delivery, a separate MCTS/RCH ID. No for the newborn will be generated after the registration of the child in the portal.
9. **Health services shall not be denied to any beneficiary, if the woman/child is not having MCTS/RCH ID number.**
10. The date on which the beneficiary is being registered first time in the RCH register, may be different from the date on which this beneficiary's details are being uploaded on the MCTS/RCH portal. This may be due to the time lag in service delivery and data entry in the portal.
11. Index of each section of the RCH register is for line-listing of beneficiaries.
12. Services rendered to each beneficiary have to be recorded in the row against the serial number of the respective beneficiary.
13. Wherever multiple options are given in the footnote, to enter the suggested option(s) in the column, write the option (answer) in 'text' in the respective column and not the codes i.e. a, b and c etc. Wherever the option (answer) is 'Any other/ other' please specify the reason for 'Any other/ other' and write in the respective column.
14. Write date (wherever applicable) in dd/mm/yyyy format.
15. Refer Chapter -2 for working definitions of terms used in this manual.
16. ANM should read **Chapter -3** for important activities to be performed by her during antenatal and postnatal checkups.

II General Instructions for Eligible Couples Format

1. The first year details of monthly follow up visits of the eligible couples for use of contraceptives are to be recorded in the EC-2 format, and for the second year in the EC-2A format. The columns and their serial numbers of EC-2 & EC-2A formats are same; therefore, instructions to record the information are also the same for both EC- 2 & EC-2A formats.
2. If the woman is planning to conceive, advise her to take one tablet of Folic Acid (400 µg) daily till she is 12 weeks pregnant. This will help in preventing Neural Tube defect of the newborn.
3. **In case of 'male sterilization', the eligible couple (EC) is considered as sterilized after 3 months (after receiving certification for sterilization from medical officer). In case of 'female sterilization', EC is considered as sterilized after 2 months (after receiving certification for sterilization from medical officer). Thereafter, further monthly visits to enquire about the use of contraceptives are not required for those permanent sterilized couples.**

III General Instructions for Pregnant Women Format

1. In any given month, records of approximately half the number of estimated pregnancies in a given population should have been registered in the RCH register. Some women may be receiving ANC services from the private sector, ensure that their names including the names of the facilities where they have been registered are recorded in the RCH register.
2. If beneficiaries have taken 'services' from private hospital/facility, ANM should register those beneficiaries and record all the details of the services provided on the basis of medical records/ card available with beneficiaries or information provided by the beneficiaries.
3. If the marital status of the woman or name of the husband is not disclosed by the pregnant woman, write 'Not applicable' in the respective columns (and do not insist for disclosing the name of the husband). However, as per the ANC schedule, provide all the services 'due' to the pregnant woman.
4. Provide ANC services and capture information whenever a pregnant woman comes for check-up or any pregnancy is being identified during field visit, irrespective of the number of weeks of pregnancy.
5. The standard protocol (scheduled period) for antenatal check-ups during pregnancy will be applicable for all those pregnant women also who are tracked/arriving for their ANC services/**visits in 13th week, 27th week or 35th week of their pregnancy.** For example, if a pregnant woman comes first time for antenatal check-up during 13th week of pregnancy, her details of ANC check-up will be treated as ANC 1st and entered in ANC first visit. Subsequently, if the same pregnant woman comes during 27th week of pregnancy, her details of ANC check-up will be treated as ANC 2nd and entered in ANC 2nd visit. Similarly, if the same pregnant woman comes during 35th week of pregnancy her details of ANC check-up will be treated as ANC 3rd and entered in ANC 3rd visit. However, a minimum period (gap) of 4 weeks should be kept between any two antenatal check-ups.
6. In case of high risk pregnancy, PW may make more than four visits to health facility for ANC check-ups; provide her all the necessary services as per her complication(s) status. However, enter the details of ANC check-ups, minimum four times in the RCH register as per the standard protocol (scheduled period) i.e. within 12 weeks, 13-26 weeks, 28-34 weeks and 36 weeks to EDD.

7. Give only one dose of Inj. TT, if pregnant woman was already been vaccinated during her last pregnancy (within last three years) with two doses of Inj. TT (i.e. TT1 and TT2) indicate this dose of TT as 'Booster Dose'.
8. Screening of pregnant and lactating women for anaemia is to be done by the ANM during all the visits for ANC/PNC check-up at Sub-Centre level. **If the Hb level is between 9-11 gm percent, anaemia can be managed by ANM at Sub-Centre level.**
9. Iron Folic Acid (IFA) tablets should be taken empty stomach for better absorption and not to be consumed with tea, coffee, milk or calcium tablets. If gastritis, nausea, vomiting etc. developed, give IFA tablet one hour after meal or at night.
10. Abortion data can be entered only after registration of the PW. Write details of abortion (spontaneous/induced) and period of gestation/pregnancy in completed number of weeks in the respective column.
11. Make seven postnatal visits on 1st day, 3rd day, 7th day, 14th day, 21st day, 28th day and 42nd day after home delivery. In case of institutional delivery (woman discharged after 48 hours), make six visits on 3rd day, 7th day, 14th day, 21st day, 28th day and 42nd day. Postnatal Care (PNC) is to be done for both mother and newborn. If the baby was born dead (stillbirth) or baby died within 42 days of birth, even then, make PNC visits for mother.

IV General Instructions for Children Format

1. In case where parents name is not available (e.g. orphans children) write 'Father of (Baby name)' / 'Mother of (Baby name)' / Caretaker of (Baby name).
2. If after vaccination, any type of Adverse Events Following Immunization (AEFI) is reported (Serious or Non-serious); write the details of the particular vaccine given such as name of vaccine, expiry date, batch number and name of the manufacturer.
3. The column numbers 29-31 of CH -3 format are to be filled up only once, when child comes for first dose of measles/JE vaccine (if applicable)/Vitamin A between 9-12 months. In subsequent visit, no further information are to be recorded in these columns (Nos. 29-31)
4. The column number 32 of CH-3 format is to be filled up only once, on the same day, whenever child comes for first dose of measles/JE vaccine (if applicable)/Vitamin A between 9-12 months. Give the due vaccine and Vitamin A also take the weight of the child and ask the mother if child had diarrhoea and or pneumonia (fever and fast breathing/chest-in-drawing) in last 15 days from the date of visit and write accordingly in column No. 32.
5. The column number 33 of CH-3 format is to be filled up only once, on the same day, whenever child comes for any of the 'Due' booster dose of vaccine (i.e. OPV-Booster, DPT-Booster 1, Measles 2, JE 2 (if applicable), second dose of Vitamin A) between 16-24 months. Give 'Due' vaccines and also take the weight of the child and ask the mother if child had diarrhoea and or pneumonia (fever and fast breathing/chest-in-drawing) in last 15 days from the date of visit and write accordingly in column No. 33.

Chapter-1

Section and Column-wise Instructions for RCH Register

The **Chapter-1** has been divided into **Cover Page** of the register and three Sections, namely; **Section-I** Tracking of eligible couples (EC) and use of contraceptives, **Section-II** Tracking of pregnant women (PW) and **Section III** Tracking of children (CH). The section and column-wise instructions for the ANM to record the information have been given in this chapter.

1.1 Cover Page of the Register

The instructions to record the information for the cover page are as follows:

Table-1: Cover page of the register

Heading	Instructions to record the information
State	Write name of the State
District	Write name of the District
Block ⁽¹⁾	Write name of the Block
CHC ⁽¹⁾	Write name of the CHC
PHC ⁽¹⁾	Write name of the PHC
Sub-Centre ⁽¹⁾	Write name of the Sub- Centre
Village/area ⁽¹⁾	Write name of the village/area
Population of the village/area	Write total population of the village/area
Total No. of eligible couples ⁽²⁾	Write total number of eligible couples in the village/area
Estimated No. of pregnant women in a year ⁽²⁾	Write estimated number of pregnant women in a year
Estimated No. of infants in a year ⁽²⁾	Write estimated number of infants in a year. Refer annexure 4.3 for calculation of estimated number of infants
Name of ANM	Write name of the ANM
Mobile No. of ANM	Write mobile number of the ANM
Aadhaar No. of ANM	Write Aadhaar number of ANM
Name of associated ASHA	Write name of the associated ASHA
Mobile No. of ASHA	Write mobile number of the associated ASHA
Aadhaar No. of ASHA	Write Aadhaar number of ASHA

Heading	Instructions to record the information
Name of anganwadi worker (AWW)	Write name of anganwadi worker (AWW)
Mobile No. of AWW	Write mobile number of anganwadi worker (AWW)
Name of MPW	Write name of MPW (Multipurpose Worker)
Mobile No. of MPW	Write mobile number of MPW (Multipurpose Worker)
Name, address and phone No. of the nearest PHC (24x7)	Write name, address and phone number of the nearest PHC (24x7)
Name, address and phone No. of First Referral Unit (FRU)	Write name, address and phone number of the first referral unit (FRU) of the area
Phone No. for Ambulance / Transport	Write phone number for the nearest area's Ambulance / Transport
Toll free phone No. of National Call Centre	Write toll free number (10588) of the National Call Centre, Government of India established at New Delhi.

1. Write equivalent type of health facilities for urban area.
2. Refer Annexure-4.3 for calculating/ estimating the number of eligible couples, pregnant women and infants.

Section - I

Tracking of Eligible Couples and use of Contraceptives



1.2 Section-1 Tracking of Eligible Couples and use of Contraceptives

1.2.1 Index of Tracking of Eligible Couples and use of Contraceptives

Table-2: Column-wise instructions for Index of EC

No.	Heading	Instructions to record the information
1	Serial Number	Serial number denotes the running serial number (e.g. 1,2,3,4 & so on) of the register for each woman/EC being registered. The services rendered to each woman/EC have to be recorded in the row against the serial number of the respective woman/EC.
2	MCTS/RCH ID.No. of woman *	When the woman/ couple is contacted first time, write their details in Section-I, and get them registered in the MCTS/RCH portal, automatic MCTS/RCH ID No. will be generated only for the woman from the MCTS/RCH portal. Note down this ID No. and write in this column.
3	Name of woman	Write name of the woman/wife of eligible couple
	Name of husband**	Write name of the husband of eligible couple. If name of the husband is not disclosed, write "Not applicable".
4	Aadhaar No. and	Bank details of woman
	Aadhaar No./ Not Available	Write Aadhaar number of the woman. If she has not registered for Aadhaar number, write 'Not Available'(NA)
	Bank Account No/ NA	Write Bank account number of the woman. If she does not have any bank account, write 'NA' (Not available).
	Name of Bank and Branch / NA	Write name and branch of the Bank in which the woman has her saving account. If she does not have any bank account, write 'NA' (Not available).
5	Aadhaar No. and	Bank details of husband**
	Aadhaar No./ Not Available	Write Aadhaar number of the husband. If he has not registered for Aadhaar number, write 'Not Available' (NA). If name of the husband is not disclosed, write 'Not Applicable' and write in all the three columns of the serial number 5.
	Bank Account No / NA	Write Bank account number of the husband. If he does not have any bank account, write 'NA' (Not available).
	Name of Bank and its Branch / NA	Write name and branch of the Bank in which the husband has his saving account. If he does not have any bank account, write 'NA' (Not available).
6	Mobile No. of the Husband/ Woman/Family (Specify)	Write mobile number of husband/woman or any family member. If the mobile number given is one of the family members, specify the relation and write it in the bracket. Please do not keep this column blank. It is mandatory to write the mobile number.
7	Page number***	Write page number of the register, wherein the details of the respective woman / eligible couple are being recorded. Example- If a woman/an eligible couple is at serial number 12 of the index and their detailed information is recorded on page number 15 of this register, write 15 in this column.

* From MCTS/RCH portal, after it is operational for eligible couples. This MCTS/RCH ID No. of the woman will remain the same throughout her span of reproductive period up to the age of 49 years.

** If name of the husband is not disclosed, write 'Not Applicable'

*** Page number of this register (on which details of woman / EC are being recorded)

NA- Not available

1.2.2 Tracking of Eligible Couples and use of Contraceptives (EC-1)

Table-3: Column-wise instructions for EC-1 format

No.	Heading	Instructions to record the information
1	Sr. No.	Write the same serial number of the respective woman / EC as written in the Index of this Section –I. Example- If the serial number allotted to a woman / EC is 5 under Index of Section-I, it should be '5' under 'EC-1' also. Record details of each woman / EC in the row against the serial number of the respective woman / EC.
2	MCTS/RCH ID No of woman*	Write the same MCTS/RCH ID number of the respective woman as indicated in the Index of the Section –I
3	Date of registration#	Write the date (dd/mm/yyyy) on which the eligible couple is being registered first time in this RCH register.
4	Woman's details	
	Name	Write name of the woman
	Current age (in years)	Write the current age(in complete years) at the time of registration of the woman / wife
	Age at marriage (in years)**	Write the age (in complete years) at the time of marriage. If marital status is not disclosed, write 'Not Applicable'. Example- If age at marriage of the woman / wife was 19 years and presently she is 20 years old, record 20 and 19 respectively at appropriate places.
5	Husband's details	
	Name of Husband**	Write name of the husband. If name of the husband is not disclosed, write 'Not Applicable' and write in all the three columns of the serial number 5.
	Current age (in years)	Write the current age (in complete years) at the time of registration of the husband
	Age at marriage (in years)**	Write the age (in complete years) at the time of marriage. If marital status is not disclosed, write 'Not Applicable'. Example- If age at marriage of the husband was 21years and presently he is 22 years old, record 22 and 21 respectively at appropriate places.
6	Address	Write complete residential address of the eligible couple/ woman
7	Religion	Write the religion of the EC (Hindu or Muslim or Sikh or Christian). If the religion is other than these, please write as 'Other' and specify.
8	Caste SC/ST/ Others	Write the caste of the EC in this column. If the caste is other than Scheduled Caste (SC) or Scheduled Tribe (ST), write 'Other'. Note: If the option is other, specify; OBC (Other Backward Class), General category etc.
9	BPL/APL	As per the criteria of the respective state, write the category whether the woman belongs to Below Poverty Line (BPL) or Above Poverty Line (APL).

No.	Heading	Instructions to record the information
10	Total No. of children born	Write total number of children (both male & female) already born to the woman including stillbirth (before the date of registration).
	M	Write number of male children born
	F	Write number of female children born Example- If the woman is already having two children (one male and one female) before registration, write Male-1 and Female-1. If no child was born before registration, write M-0 and F-0.
11	No. of live children	Write total number and Sex (Male and Female) of the living child/children. Example- If the woman is having one female child, write Male – 0 and Female- 1. If one male and one female child, write M-1, F-1
	M	Write number of live male children
	F	Write number of live female children
12	Details of youngest child	Age and Sex (Male / Female) of the youngest living child.
	Age of youngest child	Write age in completed years/months of youngest child
	Sex (M/F)	Write sex of the live youngest child Example- If the youngest live child is female 2 years old, write Female-2 years
13	If EC is infertile, refer to FRU/ District Hospital	If the eligible couple is infertile (refer Chapter-2 - Serial number 34 for definition of infertility), refer the EC to District Hospital/ First Referral Unit / Medical College Hospital for management of infertility. Write accordingly, the place of referral

* From MCTS/RCH portal, after it is operational for eligible couples. This MCTS/RCH ID No. of the woman will remain the same throughout her span of reproductive period up to the age of 49 years.

** If marital status is not disclosed, write 'Not Applicable'

** If name of the husband is not disclosed, write 'Not Applicable'

Write date as dd/mm/yyyy, wherever applicable

Note: RCH Register is to be maintained for two consecutive financial years, the first year details of monthly follow up visits of the eligible couples for use of contraceptives are to be recorded in EC-2 format and for the second year, the details of monthly follow up visits of the eligible couples for use of contraceptives are to be recorded in EC 2A format. The heading of column and column numbers of EC-2 & EC-2A formats are same, therefore, instructions to record the information are also same for both EC- 2 & EC-2A formats.

1.2.3 Tracking of Eligible Couples and use of Contraceptives (EC-2 & EC-2A)

Table-4: Column-wise instructions for EC-2 and EC-2A Formats

No.	Heading	Instructions to record the information
Monthly Visit (12 visits in a financial year from April to March)		After registration and filling the details of eligible couples in EC-1 Format, ANM/ ASHA will visit the house of the eligible couple every month and record information in column numbers 14 &15
14	Use of family planning method	<p>At every visit, write the date (dd/mm/yyyy) of the visit and ask about the method of contraceptive being used by the couple for family planning. From the following options given, write the method(s) being used. If the couple is using more than one method, write all of them.</p> <p>(a) Condom (b) OC pills (c) Cu IUCD 380A (10 years) (d) Cu IUCD 375 (5 years) (e) Female sterilization (f) Male sterilization (g) Emergency pills ** (h) None (i) Any other specify e.g. PP IUCD, PPS, Natural method etc.</p> <p>Write the name of the contraceptive in 'Text' and not the code i.e. a, b, c etc.</p> <p>Example-1 If EC is using 'Condom' and 'Emergency pills', write both of them in this column- Condom & Emergency pills</p> <p>Example-2 If the wife has adopted permanent method of sterilization, write 'Female sterilization'.</p>
15	Pregnancy test* +/-/ Not done	<p>At every visit, ask, if the woman/wife is pregnant, If she says 'Yes' she is pregnant or suspect to be pregnant, conduct 'Rapid Pregnancy Test' and write the result (+ve/-ve). Pregnancy test is to be done only in "suspected pregnancy" cases. If the pregnancy test is positive, write the result (+ve) in this column and write details of the pregnant woman in Section -II (Tracking of Pregnant Women) of this register.</p> <p>If the pregnancy test is negative (-ve), continue the monthly follow up visits and write details of contraceptives being used by the eligible couple in column No.14 of the Format (EC - 2 /EC - 2 A).</p> <p>If 'Pregnancy test kit' is not available, try to get it and conduct the pregnancy test of the woman.</p> <p>If the woman is planning to have 'Baby', advise her to take one tablet of Folic Acid (400 µg) daily, till she is 12 weeks pregnant. This will help in preventing Neural Tube defect of the newborn.</p>

* If pregnancy test is -ve, continue the monthly follow up visits, if pregnant, write details in section II of this register

** ECP is not a regular contraceptive, it is to be used only in emergency

RCH Register is to be maintained for two consecutive financial years, the first year details of monthly follow up visits of the eligible couples for use of contraceptives are to be recorded in EC-2 format and for the second year, the details of monthly follow up visits of the eligible couples for use of contraceptives are to be recorded in EC 2A format. The heading of column and column numbers of EC-2 & EC-2A formats are same, therefore, instructions to record the information are also same for both EC- 2 & EC-2A formats.

Note: In case of 'male sterilization', the eligible couple (EC) is considered as sterilized after 3 months (after receiving certification for sterilization from medical officer) and in case of 'female sterilization', EC is considered as sterilized after 2 months (after receiving certification for sterilization from medical officer). Thereafter, further monthly visits to enquire about the use of contraceptives are not required for those permanent sterilized couples.

Section - II

Tracking of Pregnant Women



1.3 Section-II Tracking of Pregnant Women

1.3.1 Index of Tracking of Pregnant Women (PW)

Table-5: Column-wise instructions for Index of PW

No.	Heading	Instructions to record the information
1	Serial No	<p>Serial number denotes the running serial number (e.g. 1,2,3,4 & so on) in this register for each pregnant woman registered. The serial number of the pregnant woman (PW) may be different from the serial number allotted to this pregnant woman as EC under Index of Section –I (Tracking of EC) of the register.</p> <p>Record each PW details in the row against the serial number of the respective PW.</p> <p>Whenever a woman gets pregnant, a new serial number in this register will be assigned to her, even if she had already been registered earlier for previous pregnancy.</p>
2	MCTS/RCH ID No. of Pregnant Woman ¹	Write the same MCTS/RCH ID number allotted to 'this' pregnant woman as EC in the Index of the Section –I (Tracking of EC) of the register. The MCTS/RCH ID number will remain the same, even if she is registering for 2 nd or 3 rd pregnancy.
3	Name of Pregnant Woman	Write name of the pregnant woman.
4	Name of Husband ²	Write name of the husband of the pregnant woman. If name of the husband is not disclosed, write 'Not Applicable'
5	Aadhaar No. and Bank details of pregnant woman	
	Aadhaar No./ Not Available	Write Aadhaar number of the pregnant woman. If she has not registered for Aadhaar number, write 'Not Available'.
	Bank Account No./ NA	Write Bank account number of the pregnant woman. If she does not have any bank account, write 'NA' (Not available).
	Name of Bank and branch / NA	Write name and branch of the Bank in which the pregnant woman has her saving account. If she does not have any bank account, write 'NA' (Not available).
JSY beneficiary details		
6	JSY beneficiary (Yes / No)	As per the state specific criteria, if the pregnant woman is eligible for JSY benefits, write 'Yes' otherwise write 'No'.
	Payment received ³ (Yes/ No)	<p>If pregnant woman is a JSY beneficiary and received JSY payment, write 'Yes'; if she has not received the payment, write 'No'.</p> <p>Also write the date of JSY payment made.</p>
7	Page number ⁴	<p>Write the page number of this register, wherein the details of the respective pregnant woman are being recorded.</p> <p>Example-If serial number of a pregnant woman is 20 and her detailed information may be recorded on page number 25 of the register, write 25 in this column.</p>

1 ID number of pregnant woman will be the same as respective MCTS/RCH ID No. of the woman under Section- I (Tracking of EC) of this register. However, health services shall not be denied to any beneficiary, if she is not having MCTS/RCH ID number.

2 If name of the husband is not disclosed, writes 'Not Applicable'.

3 Applicable only for the JSY beneficiary

4 Page number of this register on which details of the pregnant women are being recorded

1.3.2 Tracking of Pregnant Women (PW-1)

Table-6: Column-wise instructions for PW-1 format

No.	Heading	Instructions to record the information
1	Sr. No.	Write the same serial number of the respective pregnant woman as written in the Index of this Section –II. Example- If the serial number allotted to a pregnant woman is 15 under Index of this Section –II, it should be '15' under 'PW -1' also. Record details of each pregnant woman in the row against the serial number of the respective pregnant woman.
2	MCTS/RCH ID No. of pregnant woman*	Write the same MCTS/RCH ID number allotted to this pregnant woman as indicated in the Index of the Section –I (Tracking of EC).
3	Name of pregnant woman	Write name of the pregnant woman.
4	Address	Write complete postal address of the pregnant woman.
5	Name of the Husband**	Write the name of the husband. If name of the husband is not disclosed, write 'Not Applicable'
6	Mobile No. of self/ husband/ neighbour/family (specify)	Write mobile number of PW/ husband/ neighbour or any other family member. If it is a family member, please specify the relation. Please do not keep this column blank. It is mandatory to write the mobile number.
7	Religion	Write the religion of the pregnant woman (Hindu/ Muslim/ Sikh / Christian). If the religion is other than these, please write 'Other' and specify it.
8	Caste SC/ST Other	Write the caste of the pregnant woman in this column, if the caste is other than Scheduled Caste (SC) or Scheduled Tribe (ST), this will come under the category of 'Other'. Note: If the option is other, specify; OBC (Other Backward Class), General category etc.
9	BPL / APL	As per the criteria of the respective state, write the category to which pregnant woman belongs to i.e. Below Poverty Line (BPL) or Above Poverty Line (APL).
10	Age of PW (DOB)	Write the date of birth (DOB) (dd/mm/yyyy) of the pregnant woman, if DOB is not known, write the age in complete years at the time of registration. If she is 21 years and 3 months, write 21 years.
11	Date of LMP	Write the date (dd/mm/yyyy) of the first day of the last menstrual period (LMP) of the pregnant woman.
12	Date of Registration	Write the date (dd/mm/yyyy) on which you have registered and recorded the details of the pregnant woman for the first time in this register. This date may be different from the date on which 'this pregnant woman' details are uploaded on MCTS/RCH portal.

No.	Heading	Instructions to record the information
13	No. of weeks of pregnancy at the time of registration	<p>As per the date of LMP, calculate the number of completed weeks of pregnancy on the day of registration.</p> <p>Example: If the first day of the LMP was 15/05/2013, she will complete 12 weeks on 07/08/2013. If this PW registered herself on 19/08/2013 (i.e. 14th week of pregnancy as per the LMP, write 14 weeks in this column).</p>
14	Registered within 12 Weeks of pregnancy (Yes/ No)	If pregnant woman has registered within or before 12 weeks of pregnancy (as per her date of LMP), write Yes; if registered after completion of 12 weeks of pregnancy, write 'No'.
15	Weight of PW (Kg) at the time of registration	Take the weight of the pregnant woman at the time of registration and write in Kg (Kilogram).
16	EDD ⁽¹⁾	<p>Write expected date of delivery (EDD). To calculate (EDD), refer ready reckoner calendar (Annexure-4.4 of Section-IV), which is self-explanatory. The first row of the calendar indicates month and dates of LMP and second row indicates month and EDD as per the referred LMP. Similarly, 3rd row is for LMP and 4th row is for EDD and so on....</p> <p>Example-If the first day of the LMP is 10/07/2013, then her EDD from the referred calendar (Annexure-4.4) would be 16/04/2014.</p>
17	Blood group of the pregnant woman (Done (Result)/ Not Done	<p>Refer the pregnant woman to the nearest facility where the blood group testing facilities are available, and write the result from among these options in this column: O+ve/A+ve /B+ve /AB+ve/ O-ve / A-ve / B-ve /AB-ve.</p> <p>If blood group is not tested, write 'Not Done'.</p>
18	Past H/O Illness ⁽²⁾	<p>Ask pregnant woman if she is suffering from any general illness; write the appropriate option in this column. If there is a history of more than one general illness, write all the illnesses. As per the footnote number 2, the options available are:</p> <p>(a) TB (b) Diabetes (c) Hypertension (d) Heart disease (e) Epileptic (convulsions) (f) STI/ RTI (g) HIV +ve (h) Hepatitis B (i) Asthma (j) Any other (specify) (k) None</p> <p>If PW is HIV +ve, don't write the HIV +ve in this column, (since this information is confidential) mark her as "High Risk" pregnancy and refer her to Integrated Counseling and Testing Centre (ICTC) for confirmation.</p> <p>Example- If PW is suffering from Tuberculosis and Diabetes, do not write codes i.e. a, b, write 'Tuberculosis and Diabetes' in this column.</p> <p>If there is no past history of any illness, write 'None'</p>

No.	Heading	Instructions to record the information
19	Past Obstetrics History	
	Total number of pregnancies	<p>Ask pregnant woman, the number of times she was pregnant earlier / before the current pregnancy and write accordingly. If this is the first time pregnancy, write 'Not Applicable' in all the three columns of serial number 19.</p> <p>If she was pregnant only once before the current pregnancy, write details of only one past pregnancy.</p> <p>Example: If she was pregnant three times before the current pregnancy, write '3.'</p>
	Details of last two pregnancies	Details of last two pregnancies i.e. last and last to last pregnancy.
	Complication(s) ⁽³⁾	<p>Enquire the pregnant woman if she had any complication(s) during last and last to last pregnancy. Write all the complication(s) separately for each pregnancy (last and last to last pregnancy). As per footnote number 3, the options available are:</p> <p>(a) Convulsions (b) APH (c) Pregnancy induced hypertension (PIH) (d) Repeated abortion (e) Stillbirth (f) Congenital anomaly (g) Caesarean-section (h) Blood transfusion (i) Twins (j) Obstructed labour (k) PPH (l) Any other (specify) (m) None</p>
	Outcome of Pregnancies ⁽⁴⁾	<p>Write outcome of each pregnancy (i.e. last and last to last) separately. Footnote number 4 lists the following options:</p> <p>(a) Live Birth (b) Abortion (c) Stillbirth.</p>
20	Indicate expected place and name of facility for delivery ⁽⁵⁾	<p>Ask pregnant woman where she wants to deliver the child. From the following options, write the expected place for delivery:</p> <p>District Hospital, CHC, PHC, Sub-Centre, other public facility, Accredited Private hospital, other Private hospital, Home.</p> <p>If any other, specify; e.g. Medical college hospital / SDH etc.</p> <p>Also write the name or area of the facility.</p> <p>Example: If she chose the nearest PHC named Kishangard, write "PHC Kishangard". If she chose a private hospital (not accredited) in Gandhi Nagar area, write 'Other private hospital in Gandhi Nagar'</p>
21	VDRL/ (RPR) Test Done (Date) +ve/-ve / Not Done	<p>Refer the pregnant woman to the nearest facility where the VDRL/ (RPR) test is being done and write the date on which the test was done and its result (+ve or -ve) in this column.</p> <p>If VDRL test is not done, write 'Not Done'.</p> <p>If the status of VDRL test is not known, write 'Don't know'</p>

No.	Heading	Instructions to record the information
22	HIV Screening test done ⁽⁶⁾ (date) / Test-ve /Not done	Refer the pregnant woman to the nearest facility where HIV screening test is being done. If the test was found to be -ve, write -ve with date (dd/mm/yyyy) in this column. If the HIV test is +ve, don't write the +ve result in the register (since this information is confidential). Write as 'High Risk' pregnancy and refer the pregnant woman to Integrated Counseling and Testing Centre (ICTC) for confirmation. If HIV test is not done, write 'Not Done'.

* Same as respective MCTS/RCH ID number under Section -1 (Tracking of Eligible Couples). **Health services shall not be denied to any beneficiary, if she is not having MCTS/RCH ID number.**

** If name of the husband is not disclosed, write 'Not Applicable'

(1) For calculating Expected Date of Delivery (EDD)–Refer Ready Reckoner Table (Annexure-4.4 of Section-IV)

(2) (a) TB (b) Diabetes (c) Hypertension (d)Heart disease (e)Epileptic (convulsions) (f) STI/ RTI (g) HIV +ve (h) Hepatitis B (i) Asthma (j) Any other (specify) (k) None

(3) (a) Convulsions (b) APH (c) Pregnancy induced hypertension (PIH) (d) Repeated abortion (e) Stillbirth (f) Congenital anomaly (g) Caesarean-Section (h) Blood transfusion (i) Twins (j) Obstructed labour (k) PPH (l) Any other (specify) (m) None

(4) (a) Live birth (b) Abortion (c) Stillbirth

(5) District hospital /CHC/PHC / Sub-Center/Other public facility/Accredited private hospital / other Private hospital / Home

(6) If HIV test is positive, do not write the positive result in this column; refer her to ICTC for confirmation.

1.3.3 Tracking of Pregnant Women (PW-2)

Table-7: Column-wise instructions for PW-2 format

No.	Heading	Instructions to record the information
23	Sr. No.	Write the same serial number of the respective pregnant woman as written in PW-1 format of this section (Section-II)
24	Name of Pregnant woman	Write the same name of the pregnant woman as written under PW-1 at the respective serial number.
25	Serial No. of ANC Visit ⁽¹⁾	<p>Write the number of the ANC visit (e.g. 1st/ 2nd/ 3rd/ 4th) of the pregnant woman. Refer footnote number 1 for appropriate time of visit for ANC check- up. Ideally ANC visits as per scheduled period of pregnancy should be as follows:</p> <p>1st visit - within 12 weeks of pregnancy</p> <p>2nd visit - within 14 to 26 weeks of pregnancy</p> <p>3rd visit -within 28-34 weeks of pregnancy (by the Medical Officer)</p> <p>4th visit -between 36 weeks and full term</p> <p>ANC given to the pregnant woman for the first time will be entered as first visit, irrespective of the number of weeks of pregnancy.</p> <p>If the first visit of the PW is anytime during her pregnancy, she should be entered in first visit column. Give her all the services “due” to her as per the period of pregnancy.</p> <p>Example- If a pregnant woman with 20 weeks of pregnancy visits for the first time for ante-natal check-ups, consider this as 1st visit and write detailed information in front of 1st visit and not 2nd visit, although at 20 weeks she is due for 2nd visit. Give her all the services ‘due’ to her as per the period of pregnancy. Thereafter, put her back on the track, and call her for the next visit for ANC checkups between 28-34 weeks of pregnancy and enter the details in column of 2nd visit and not 3rd visit, and call her again for ante-natal check-up between 36 weeks and full term. In this case, PW will receive ante-natal check-ups for 3 times.</p> <p>However, if the pregnancy is in the ‘High Risk’ category, PW may visit more than 4 times for ante-natal checkups. But enter ANC details four times at appropriate interval of number of weeks as per the schedule stated above.</p> <p>Provide ANC services and capture information whenever a woman comes for check-up (irrespective of the number of weeks of pregnancy).</p>
26	Date of ANC	Write date (dd/mm/yyyy) on which the respective ANC was conducted.

No.	Heading	Instructions to record the information
27	Facility/ Place/ Site of ANC done	Write the place and its name where the ANC check- up was done e.g. village/area/SC/ PHC/ CHC / District Hospital /Urban Health Centre/ Other (specify).
28	No. of weeks of pregnancy	Write number of completed weeks of pregnancy at the time of respective ANC check-up.
29	Abortion (if any) ⁽²⁾	
	No	If the pregnancy is continued, write 'No' in this column.
	I /S	<p>If pregnant women aborted during any time of the pregnancy, indicate whether the abortion was spontaneous(S) or induced (I) and number of completed weeks of pregnancy at the time of abortion.</p> <p>Write 'S' for spontaneous and 'I' for induced in this column.</p> <p>Note:</p> <p>Abortion data can be entered only after registration of the PW. If abortion is conducted in the hospital, get details from her and write in the respective column.</p>
30	if induced abortion, Indicate facility (Govt. / Pvt.)	If the abortion is induced and conducted at the facility, write whether it was government or private organization.
31	Wt. of PW (Kg)	During every ANC visit, take the weight of the PW and write in Kg (Kilogram). If the date of registration and date of first visit is same, write the same weight of the PW in both the columns, i.e. Column No. 15 of PW 1 and in this column. Refer Chapter-3 (Para No. 3.8.7) for normal/average weight gain during pregnancy.
32	BP mm Hg	During every ANC visit, measure the blood pressure of the PW.
	Systolic	Write systolic reading in mmHg
	Diastolic	<p>Write diastolic reading in mmHg</p> <p>Example- If systolic pressure is 120 mmHg and diastolic 80 mmHg, write, respectively, 120 under systolic and 80 under diastolic column</p>
33	Hb (gm%)	<p>During every ANC visit, check the blood for haemoglobin (Hb) level by haemoglobinometer. Write the actual reading in this column.</p> <p>Example- If the haemoglobin is 11.5 gm. %, write 11.5 gm. %.</p>

No.	Heading	Instructions to record the information
34	Urine Test (Done/ Not Done)	During every ANC visit, test urine for presence of albumin and sugar.
	Albumin(P/ A)	If urine test is not done, write "Not Done". If urine is tested, write the result: 'A' if albumin is absent and 'P' if it is present. If albumin is present in the urine (2+), co-relate with the value / reading of blood pressure (BP) for diagnosing 'pre-eclampsia' status during pregnancy.
	Sugar (P/A) ⁽³⁾	If urine test is not done, write "Not Done". If urine is tested, write the result: 'A' if sugar is absent and 'P' if sugar is present.
35	Blood sugar Test (Done / Not Done)	If sugar is present in the urine, refer her to the nearest facility for testing blood sugar level, to rule out diabetes. If blood sugar test is not done, write 'Not Done' in both the columns under serial number 35.
	If Done- Fasting	If the blood is tested, write the reading of fasting blood sugar level.
	If Done - Post prandial	If the blood is tested, write the reading of post prandial blood sugar level.
36	Inj. TT Dose (Date)	During first visit of the pregnant woman, give first dose of Injection Tetanus Toxoid (TT), and second dose after one month interval. If the woman skips one antenatal visit, give the injection whenever she comes back for the next visit. Give only one dose of Inj. TT, if pregnant woman was vaccinated during her last pregnancy (within last 3 years) with 2 doses of Inj. TT (i.e. TT1 and TT2) indicate this dose as 'Booster Dose'.
	Inj. TT 1	Write the date on which first dose of Inj. TT was given. If only one dose is given as 'Booster dose', write 'Not Applicable' in this column.
	Inj. TT2 /Booster	Write the date on which second dose of Inj. TT or 'Booster dose' was given.
37	No. of Folic Acid Tabs*(within 12 weeks of pregnancy) given ⁽⁴⁾ / Nil/ Not applicable	Give Folic Acid tablet within 12 weeks of pregnancy, one tablet once a day up to 12 weeks of pregnancy. Write number of tablets of Folic Acid given to pregnant woman. If no tablet is given, write 'Nil'. If pregnant woman is registered after 12 weeks of pregnancy, do not give Tab Folic Acid. Write 'Not Applicable'.

No.	Heading	Instructions to record the information
38	No of IFA Tabs given* (after 12 weeks of pregnancy) ⁽⁵⁾ /Nil	<p>Write number of tablet of IFA given to pregnant woman. Give 100 tablets of IFA (one tablet once a day for 100 days) after 12 weeks of pregnancy. If the course of 100 tablets of IFA is completed, in subsequent ANC visits, 'write the course of 100 IFA tablets is completed'. If no tablet is given, write 'Nil'.</p> <p>If Hb level is between 9 -11 gm%, (i.e. she is anaemic), give 200 tablets (one tablet twice a day) for 100 days.</p> <p>Refer Annexure-4.1 of Section-IV for management of anaemia at Sub-Centre level.</p>
39	Fundal /Abdomen Examination	After completion of 12 weeks of pregnancy, examine the abdomen for following:
	Fundal height / size of the uterus	<p>Palpate the abdomen and write the approximate size of the uterus with respect to the number of completed weeks of pregnancy /gestation period. Refer Annexure-4.2 of Section-IV for defining the size of the uterus by abdominal examination during pregnancy.</p> <p>Example- Write fundal height as 14 weeks, 24 weeks, and 32 weeks and so on...</p>
	Foetal Heart Rate	<p>After 24 weeks of pregnancy, check for the foetal heart sounds and count the foetal heart rate for one minute and write foetal heart rate in terms of number of beats per minute.</p> <p>Example- Write 130 beat/minute, 150 beat/minute, etc. Refer Chapter 2 (Serial No. 25) for normal foetal heart rates.</p>
	Foetal presentation/ Position	<p>After 32 completed weeks of pregnancy, do the abdominal examination/ palpation and determine the foetal position / presentation and write the finding as Normal (longitudinal) / Abnormal (transverse) presentation.</p> <p>The normal presentation at full term is longitudinal with a cephalic (head) presentation. Any other presentation is abnormal. If abnormal presentation is diagnosed before 36 weeks of pregnancy, refer her to FRU for delivery.</p>
	Foetal movements (Normal/ Increased/ Decreased/ Absent)	<p>Foetal movements (quickening) begin at around 18–22 weeks of pregnancy and felt by pregnant woman earlier in a multigravida and later in a primigravida. These are reliable signs of foetal well-being. Since foetal movements are subjective in nature and don't have any benchmark, so ask mother what she feels about foetal movements (Normal /Increased / Decreased/Absent), and write her reply accordingly.</p> <p>Decreased movements is an indication of foetal distress.</p>

No.	Heading	Instructions to record the information
40	Any symptom of high risk pregnancy ⁽⁶⁾ please indicate	<p>As per the footnote number 6, if pregnant woman has any high risk symptom(s), write the particular symptoms(s) among following and mark her as 'High Risk' pregnancy' :</p> <p>(a) High BP (systolic \geq 140 and or diastolic \geq 90 mm Hg) (b) Convulsions (c) Vaginal bleeding (d) Foul smelling vaginal discharge (e) Severe anaemia (Hb level < 7 gms. %) (f) Diabetes (g) Twins (h) Any other- specify (i) None.</p> <p>Example 1- If pregnant woman has symptoms of high blood pressure and foul smelling vaginal discharge, write both symptoms as 'high blood pressure and foul smelling vaginal discharge' for 'high risk pregnancy' in this column.</p> <p>Example 2- If pregnant woman is having 'Twins', write 'High Risk' pregnancy due to 'Twins' pregnancy.</p>
41	Date type & name of referral facility ⁽⁷⁾	<p>If pregnant woman is referred, write the reason for referral (High Risk / Other Services (Specify)), and also write date and type of health facility where she is being referred.</p> <p>Refer footnote number 7 for different types of facilities:</p> <p>PHC/ CHC / District Hospital / Private hospital/ Other (Specify).</p> <p>Write the date (dd/mm/yyyy) on which she was being referred to health facility.</p> <p>Example 1- Write PW is referred for vaginal bleeding to District hospital on 05/12/2013.</p> <p>Example 2- Write PW is being referred for HIV Screening test or blood sugar tests to CHC on 28/11/2013.</p>
42	Indicate which contraceptive method you would prefer to use after this delivery ⁽⁹⁾	<p>Ask every pregnant woman only during the period of 3rd ANC visit i.e. between 28-34 weeks of pregnancy regarding adoption of post-partum method of contraception. Various options of contraceptive methods given to the pregnant woman are as follows:</p> <p>(a) Post-Partum IUCD (PP IUCD) (b) Post-Partum Sterilization (PPS) (c) Sterilization (Male) (d) Condom (e) Any traditional method (f) Any other (specify) (g) Can't decide now (h) None.</p> <p>The method of contraception selected by the pregnant woman will facilitate the ANM to suggest appropriate health facility to the pregnant woman for seeking such services. This will also help ANM in micro-planning for family planning of the eligible couple during post-partum period.</p>

No.	Heading	Instructions to record the information
43	Maternal Death (No/ Yes)	If pregnant woman died any time during pregnancy, write 'Yes', otherwise write 'No'.
	if died, date, place & probable cause ⁽⁸⁾	<p>Write the date (dd/mm/yyyy), the place where she died (type of facility, i.e. Sub Centre/PHC/ CHC / District Hospital / Private hospital/ Accredited private hospital /Home/Other (Specify).</p> <p>Also write the probable cause of death, refer footnote number 8 for options:</p> <p>Eclampsia, Haemorrhage, High Fever, Abortion, Other (Specify).</p> <p>Example 1- If PW died due to excessive bleeding during 32nd week of pregnancy, write 'Haemorrhage' as probable cause of death. Died on 05/10/2013 in Rajgard PHC.</p> <p>Example 2- If PW died due to road accident, write the probable cause of death 'other' (severe injuries) due to road accident. Died on 02/08/2013 in Raipur District hospital.</p> <p>If the pregnancy is continued, write 'Not Applicable' in this column.</p>

(1) Ideally ANC visits should be: 1st visit –within 12 weeks of pregnancy; 2nd visit - within 14 to 26 weeks of pregnancy; 3rd visit -within 28-34 weeks of pregnancy (to be done by the Medical Officer), 4th visit -between 36 weeks and full term. If mother comes first time, anytime during her pregnancy, she should be entered in first visit column. Give her all the services 'due' to her as per the period of pregnancy.

(2) I= induced, S= spontaneous

(3) If sugar Present in urine, advise blood sugar test from nearest health facility

(4) Tab. Folic Acid (400 µgm) within 12 weeks of pregnancy

(5) Give Tab IFA after 12 weeks of pregnancy. If anaemic give double dose of IFA. If Tab. IFA is not given, write 'Nil'

(6) (a) High BP(systolic ≥ 140 and or diastolic ≥ 90 mm Hg) (b) Convulsions (c) Vaginal bleeding (d) Foul smelling vaginal discharge (e) Severe anaemia (Hb level < 7 gms%) (f) Diabetes (g) Twins (h) Any other (specify) (i) None

(7) (a) Indicate reason for referral (high risk / other services (specify)) (b) Indicate name of referral facility (PHC/ CHC / District hospital / Private hospital/ other (specify) and write name of facility (e.g. PHC-Ramgarh, CHC – Shamnagar etc.)

(8) Probable cause of maternal death (eclampsia, haemorrhage, high fever, abortion, other- specify)

(9) (a) Post-Partum IUCD (PP IUCD) (b) Post-Partum Sterilization (PPS) (c) Sterilization (Male) (d) Condom (e) Any traditional method (f) Any other (specify) (g) Can't decide now (h) None.

* In case of "sickle cell anaemia", do not give Folic Acid / IFA tablets to pregnant woman; refer her to higher facility for management.

Foetal Presentation (Normal / Transverse).

P: Present, A: Absent

Note: Health services shall not be denied to any beneficiary, if she is not having MCTS/RCH ID number.

1.3.4 Tracking of Pregnant Women (PW-3)

Table-8: Column-wise instructions for PW-3 format

No.	Heading	Instructions to record the information
44	Sr. No.	Write the same serial number of the respective pregnant woman as indicated in previous format (PW-2).
45	Name of PW	Write the same name of the pregnant woman as written under PW-2 of the respective serial number.
Delivery outcome		Write details of outcome of delivery in column Nos. 46-52
46	Date & time (HH:MM) of Delivery	Write date (dd/mm/yyyy) and time (HH:MM) of delivery.
47	Place of delivery ⁽¹⁾	<p>Write the place where delivery took place (type of the facility). Refer footnote number 1 for options: PHC/CHC/District Hospital /Private Hospital/Accredited private hospital / Sub Centre / Home/ Other (Specify)</p> <p>Note: If place of delivery is other than these, specify e.g. Medical college hospital, Sub District Hospital, In-transit etc.</p> <p>Example- If PW delivered at district hospital, write 'District hospital'. If it was at home, write 'Home'.</p>
48	Who conducted delivery ⁽²⁾	<p>Write the designation of the person who conducted the delivery. Refer footnote number 2: (ANM /LHV/ Doctor / Staff Nurse / Relative/ Other (Specify)).</p> <p>Example- If delivery is conducted by a relative / trained birth attendant (TBA) at home, write relative/ TBA (Non-Skilled Birth Attendant). Refer Chapter 2 (Serial No. 60) for definition of Skilled Birth Attendant (SBA)</p>
49	Type of Delivery ⁽³⁾	<p>Indicate the type of the delivery, options are : Normal / Assisted /Caesarean</p> <p>Example- If it is 'Ventouse/Forceps delivery', write Assisted (Ventouse /Forceps delivery).</p>
50	Complication during Delivery ⁽⁴⁾	<p>If any complication(s) occurred during delivery, write accordingly, refer footnote number 4 for options: a. PPH, b. Retained placenta, c. Obstructed delivery, Prolapsed cord, e. Death. Any other (specify).</p> <p>If pregnant woman has more than one complication during delivery, write all the complications.</p> <p>Example 1- If pregnant woman had retained placenta and excessive bleeding during delivery, write both the complications, viz; retained placenta and excessive bleeding.</p> <p>If pregnant woman died during the process of delivery, indicate probable cause of maternal death (Eclampsia, Haemorrhage, Obstructed labour, Prolonged labour, Other (Specify)).</p> <p>Example 2- If pregnant woman died during delivery due to 'Obstructed' labour, write probable cause of death as 'Obstructed labour'.</p>

No.	Heading	Instructions to record the information
51	Outcome of delivery Live birth(1/2)/ Stillbirth (1/2)	<p>Indicate the outcome of delivery: Number of live births or Stillbirth. Refer Chapter 2 for definitions.</p> <p>Example 1- If twins delivered, write 2 live births.</p> <p>Example 2- If a dead child was born, write one 'Stillbirth'.</p>
52	Date & time of Discharge (if Institutional Delivery)	In case of institutional delivery, write time (HH:MM) and date (dd/mm/yyyy) on which she was discharged from the institute.
	Date	(dd/mm/yyyy)
	Time	(HH:MM)
Infant Details		Write details of infant(s) born, in the column Nos. 53-61.If stillbirth, do not write these details, write 'Not applicable'.
53	Sr. No. of the baby	If more than one child was born, indicate details of each child (1 st Baby, 2 nd Baby).
54	Full-term/ Preterm	Write whether the baby born is 'Full term' or 'Preterm'. Refer Chapter 2 for definitions.
55	If preterm delivery, (>24 weeks & < 34 weeks), Inj. corticosteroid given to mother (Yes/ No/ Don't Know)	<p>This column is not valid if child was born preterm (premature) after 34 weeks of gestation.</p> <p>If the newborn was delivered between completed 24 weeks to less than 34 weeks of gestation, the ANM should check the Referral Slip /Discharge Slip (if available) to ascertain whether Inj. Corticosteroid was given to the mother during pre-term labour or not?</p> <p>Accordingly, write Yes/ No/ Don't know.</p>
56	Sex of infant	Write the sex of the infant as 'M' for male and 'F' for female.
57	Baby cried immediately at birth (Yes/No)	If baby cried immediately after birth, write 'Yes'. If not, write 'No'
58	Referred to higher facility for further management (Yes/ No/ NA)	<p>If child did not cry immediately after birth, refer the child to higher facility for management. Write accordingly, 'Yes' or 'No'</p> <p>If child cried immediately, referral to health facility is not required. Write 'NA' (not applicable).</p>
59	Any defect seen at birth ⁽⁵⁾	<p>Examine the child for any birth defect, refer footnote No.5 for options.</p> <p>(a) Cleft Lip/ Cleft Palate (b) Neural Tube Defect (Spina Bifida) (c) Club Foot (d) Hydrocephalus (e) Imperforate Anus (f) Down's Syndrome (g) Any Other (Specify) (h) Nil</p>
60	Weight at birth (Kilogram)	<p>Take the weight of the newborn as early as possible after birth, and write in Kilogram.</p> <p>Example-If weight of the newborn at birth is 2.2 Kg, write 2.2 Kg.</p>

No.	Heading	Instructions to record the information
61	Breast feeding started within one hour of birth (Yes/ No)	Ask the mother if breast feeding was initiated within one hour of birth of the newborn. Write 'Yes' or 'No' accordingly.
Birth Dose ⁽⁶⁾ (Given / Not Given) –Write in Column Nos. 62-65		
62	OPV (Date)	Write the date (dd/mm/yyyy) on which birth dose of OPV (Zero dose) was given. OPV dose given during Pulse Polio rounds is NOT to be counted.
63	BCG (Date)	Write the date (dd/mm/yyyy) on which BCG vaccine was given.
64	Hepatitis B vaccine (Date)	Write the date (dd/mm/yyyy) on which birth dose of Hepatitis B vaccine (Zero dose) was given. Hepatitis B vaccine should be given within 24 hours of birth.
65	Vit K ⁽⁷⁾ (Date)	Give Injection Vitamin K intramuscular within 24 hours of birth and write the date (dd/mm/yyyy). Refer footnote number 7 for doses of injection of Vitamin K: If birth weight is > 1000 gm., the dose is 1.0 mg and if birth weight is < 1000 gm, the dose is 0.5 mg.

- (1) District Hospital /CHC/PHC/ Sub-Center/Other Public Facility/Accredited Private Hospital /Other Private Hospital / Home/Other (Specify)
- (2) ANM /LHV/ Doctor/ Staff Nurse / Relative/ Other (Specify)
- (3) Normal / Caesarean / Assisted
- (4) (a) PPH (b) Retained Placenta (c) Obstructed Labour (d) Prolapsed Cord (e) Twins Pregnancy (f) Convulsions (g) Death (If died, indicate probable cause of maternal death -Eclampsia, High Fever, Haemorrhage, Obstructed labour, Prolonged labour, Other (Specify)
- (5) (a) Cleft Lip/ Cleft Palate (b) Neural Tube Defect (Spina Bifida) (c) Club Foot (d) Hydrocephalus (e) Imperforate Anus (f) Down's Syndrome (g) Any Other (Specify) (h) Nil
- (6) At the time of birth
- (7) Inj. Vit K- Intramuscular- If birth weight of the newborn is \geq 1000 gm (Dose-1.0 mg) & if birth weight is \leq 1000 gm (Dose- 0.5 mg).

NA- Not Applicable

Note: Health services shall not be denied to any beneficiary, if she is not having MCTS/RCH ID number.

1.3.5 Tracking of Pregnant Women (PW-4)

Table-9: Column-wise instructions for PW-4 format

No.	Heading	Instructions to record the information
66	Sr. No.	Write the same serial number of the respective pregnant woman as indicated in previous format (PW-3).
67	Name of mother	Write the same name of the mother as written under PW-3 of the respective serial number.
Write details of four post natal care (PNC) visits in column numbers 68-76. PNC is to be done for both mother and newborn. If the baby was born dead (stillbirth) or baby died within 42 days of birth, even then, make all PNC visits for mother.		
68	PNC Visit after delivery ⁽¹⁾	Make four postnatal visits on 1 st day, 3 rd day, 7 th day and 42 nd day after home delivery. If institutional delivery (woman discharged after 48 hours), make three visits on 3 rd day, 7 th day and 42 nd day (refer footnote number 1).
69	Date of PNC visit	Write the date (dd/mm/yyyy) on which PNC visit was made.
70	No. of IFA tabs given to mother/Nil	Give 100 tablets of IFA (one tablet once a day for 100 days) to the mother. Write number of tablet of IFA given in this column. If Tab. IFA is not given, write '0'.
71	Indicate danger signs (if any) in mother ⁽²⁾	Examine the mother and look for any danger sign(s) noticed during each PNC visit in mother. Refer footnote number 2 for options: a. PPH, b. Fever, c. Sepsis, d. Other (Specify). If more than one danger sign is noticed, write all the signs and refer her to appropriate health facility. If no danger sign was present, write 'Nil'.
72	Indicate danger signs (if any) in infant ⁽³⁾	During each visit, examine the infant for any danger sign (s) and also ask the mother if she has noticed any danger sign(s) in the infant , Refer footnote number 3 for options: a. Jaundice, b. Diarrhoea, c. Fever, d. Convulsions, e. Chest-in-Drawing (Fast Breathing), f. Other (Specify). If more than one danger sign is noticed, write all the signs and refer the infant to appropriate health facility. If no danger sign was present, write 'Nil'
73	Weight of Infant ⁽⁴⁾ (Kg)	During each visit, take the weight of the infant and write in Kilogram (Kg). Keep the track of the weight, If there is no gain in weight (See para 3.12.2.4 of Chapter -3 for weight gain after birth) or infant loses weight as compared to the previous records; refer the infant to appropriate health facility.
	If danger sign (s) present for mother or infant, indicate place and name of referral facility ⁽⁵⁾	

No.	Heading	Instructions to record the information
74	Mother	If any danger sign(s) was (were) observed / noticed for mother, refer her to higher facility and write the place (type of facility) and name of the facility. Refer footnote number 5 for type of facility. a. PHC b. CHC c. District Hospital d. Private Hospital e. Any other (Specify).
75	Infant	If any danger sign(s) was/were present/ noticed in the infant, refer the infant to the facility and write the place (type of facility) and name of the facility. Refer footnote number 5 for type of facility referred: a. PHC b. CHC c. District Hospital d. Private Hospital e. Any other (specify)
76	Indicate post-partum contraceptive method being used ⁽⁶⁾	During each visit, ask the mother if any contraceptive method is being used for family planning during post-partum period. Refer footnote number 6 for options: a. IUCD b. Condom c. Sterilization (Male) d. Sterilization (Female) e. None, f. Other (specify).
If infant or mother died, write date and probable cause of death		
77	Cause of infant death ⁽⁷⁾	If infant died during post natal period, write the probable cause of death. Refer footnote number 7 for probable cause of death: a. Asphyxia b. Low birth weight c. Fever d. Diarrhoea e. Pneumonia f. Premature baby g. Any other (Specify).
78	Date of infant death	Write the date (dd/mm/yyyy) of death of the infant. Note: Write the age of infant (in months) at the time of death
79	Cause of mother death ⁽⁸⁾	If mother died during post natal period, write the probable cause of death. Refer footnote number 8 for probable cause of death: a. Eclampsia b. Haemorrhage (PPH) c. Anaemia d. High Fever e. Other (Specify).
80	Date of mother death	Write the date (dd/mm/yyyy) of death of the mother.
81	Place of death (Home/ Hospital/ In Transit)	If mother or/and infant died, write the place (Home/ Hospital/in-transit to hospital) where death took place.
82	Remarks (if any)	This column is for additional important information (if any) related to this beneficiary; otherwise this column may be kept blank.

- (1) Make four postnatal visits on 1st day, 3rd day, 7th day and 42nd day after home delivery. If institutional delivery (woman discharged after 48 hours), make three visits on 3rd day, 7th day and 42nd day. Under Home Based Newborn Care (HBNC) Scheme, conduct three more visits on 14th day, 21st day & 28th day of delivery, and undertake PNC for newborn as well as for mother at the same time (write details in PW-4A format).
- (2) (a) PPH (b) Fever (c) Sepsis (d) Severe abdominal pain (e) Severe headache or blurred vision (f) Difficult breathing (g) Fever/ chills (h) Other—specify. (i) Nil. If yes—refer to facility
- (3) (a) Jaundice (b) Diarrhoea (c) Vomiting (d) Fever (e) Hypothermia (cold body) (f) Convulsions (g) Chest-in-drawing (fast breathing) (h) Difficulty in feeding /unable to suck/ decreased movements (i) Nil. If anyone is yes, refer to health facility
- (4) During each PNC visit, take weight of the infant, if no gain in weight/ loss in weight, refer to health facility

- (5) (a) PHC (b) CHC (c) District hospital (d) Private hospital / other (specify)
- (6) (a) Post-partum IUCD (PP-IUCD-within 48 hours of delivery) (b) Condom (c) Sterilization (Male) (d) Post-partum sterilization (PPS-within 7 days of delivery) (e) None (f) any other (specify)
- (7) Probable cause of infant death (Asphyxia, low birth weight, fever, diarrhoea, pneumonia, any other –specify)
- (8) Probable cause of maternal death (Eclampsia, haemorrhage (PPH), anaemia, high fever, other (specify)

Note:

- After 42 days of delivery, shift back the mother to EC -2 Format and track the eligible couple for use of contraceptives.
- In case of male sterilization, the eligible couple (EC) is considered as sterilized after 3 months (after receiving certification for sterilization from medical officer). And in case of female sterilization, EC is considered as sterilized after 2 months (after receiving certification for sterilization from medical officer). Thereafter, further monthly visits to enquire about the use of contraceptives are not required for those permanent sterilized couples.
- **Health services shall not be denied to any beneficiary, if she is not having MCTS/RCH ID number.**

1.3.6 Tracking of Pregnant Women (PW-4 A)

Table-10: Column-wise instructions for PW- 4 A format

No.	Heading	Instructions to record the information
83	Sr. No.	Write the same serial number of the respective pregnant woman as indicated in previous format (PW-4).
84	Name of mother	Write the same name of the mother as written under PW-4 of the respective serial number.
Write details of post-natal care (PNC) visits in column Nos. 85-90		
85	PNC Visit after delivery ⁽¹⁾	Under home based newborn care (HBNC) Scheme, conduct three more visits on 14 th , 21 st & 28 th day of delivery and undertake PNC for newborn as well as for mother at the same time.
86	Date of PNC visit	Write the date (dd/mm/yyyy) on which the visit was made.
87	No. of IFA tabs given to mother/Nil	Give 100 tablets of IFA (one tablet once a day for 100 days) to the mother. Write number of tablet of IFA given in this column. If Tab. IFA is not given, write 'Nil'.
88	Indicate danger signs (if any) in mother ⁽²⁾	During each visit, examine the newborn for any danger sign (s) and also ask the mother if she has noticed any danger sign(s) in the newborn Refer footnote number 2 for options: a. PPH, b. Fever, c. Sepsis, d. Other (Specify). If more than one danger sign is noticed, write all the signs and refer her to appropriate health facility. If no danger sign was present, write 'Nil'.
	Indicate danger signs (if any) in infant ⁽³⁾	Examine the infant for any danger sign (s) during each visit and also ask the mother if she has noticed any danger sign(s) in the infant. Refer footnote number 3 for options: a Jaundice, b. Diarrhoea, c. Fever, d. Convulsion, e. Chest-in–Drawing (Fast Breathing), f. Other (Specify). If one or more than one danger sign is noticed, write all the signs and refer her to appropriate health facility. If no danger sign was present, write 'Nil'.
	Weight of Infant ⁽⁴⁾ (Kg)	During each visit, take the weight of the infant and write in Kilogram (Kg). Keep the track of the weight, If there is no gain in weight (See para 3.12.2.4 of Chapter -3 for weight gain after birth) or infant loses weight as compared to the previous records; refer the infant to appropriate health facility.
If danger sign (s) present for mother or infant, indicate place and name of referral facility ⁽⁵⁾		
89	Mother	If any danger sign(s) was (were) observed / noticed for mother, refer her to higher facility and write the place (type of facility) and name of the facility. Refer footnote number 5 for type of facility. a. PHC, b. CHC, c. District Hospital, d. Private Hospital, e. Any other (Specify).

No.	Heading	Instructions to record the information
	Infant	If any danger sign(s) were present / noticed in the infant. Refer the infant to the facility and write the place (type of facility) and name of the facility. Refer footnote number 5 for type of facility: a. PHC, b. CHC, c. District Hospital, d. Private Hospital, e. Any other (Specify).
90	Indicate post-partum contraceptive method being used ⁽⁶⁾	During each visit, ask the mother if any contraceptive method is being used for family planning during post-partum period. Refer footnote number 6 for options: a. IUCD b. Condom c. Sterilization (Male) d. Sterilization (Female) e. None f. Other (specify).
If infant or/and mother died, write date and probable cause of death		
91	Date and probable cause of death of infant ⁽⁷⁾	If infant died during post natal period, write the date (dd/mm/yyyy) and probable cause of death. Refer footnote number 7 for probable cause of death: a. Asphyxia b. Low birth weight c. Fever d. Diarrhoea e. Pneumonia f. Any other (Specify). Note: Write the age of infant (in months) at the time of death.
92	Date and probable cause of death of mother ⁽⁸⁾	If mother died during post natal period, write the date (dd/mm/yyyy) and probable cause of death. Refer footnote number 8 for probable cause of death: a. Eclampsia, b. Haemorrhage (PPH), c. Anaemia, d. High Fever, e. Other (Specify).
93	Place of death (Home/ Hospital/In Transit)	If mother or/and infant died, write the place (Home/ Hospital/ In-transit to hospital) where death took place.
94	Remarks (if any)	This column is for additional important information (if any) related to this beneficiary; otherwise this column may be kept blank.

- (1) Under home based newborn care (HBNC) Scheme, conduct three more visits on 14th, 21st & 28th day of delivery and conduct PNC for newborn as well as for mother at the same time.
- (2) (a) PPH (b) Fever (c) Sepsis (d) Severe abdominal pain (e) Severe headache or blurred vision (f) Difficult breathing (g) Fever/ chills (h) Other-specify. (i) Nil. If yes-refer to facility
- (3) (a) Jaundice (b) Diarrhoea (c) Vomiting (d) Fever (e) Hypothermia (cold body) (f) Convulsions (g) Chest-in-drawing (fast breathing) (h) Difficulty in feeding /unable to suck/ decreased movements (i) Nil. If anyone is yes, refer to health facility
- (4) During each PNC visit, take weight of the infant, if no gain in weight/ loss in weight, refer to health facility
- (5) (a) PHC (b) CHC (c) District hospital (d) Private hosp./ other (specify)
- (6) (a) Post-partum IUCD (PP-IUCD-within 48 hours of delivery) (b) Condom (c) Sterilization (Male) (d) Post-partum sterilization (PPS-within 7 days of delivery) (e) None (f) any other (specify)
- (7) Probable cause of infant death (Asphyxia, low birth weight, fever, diarrhoea, pneumonia, any other -specify)
- (8) Probable cause of maternal death (Eclampsia, haemorrhage (PPH), anaemia, high fever, other (specify))

Note:

- After 42 days of delivery, shift back the mother to EC -2 Format and track the eligible couple for use of contraceptives.
- In case of male sterilization, the eligible couple (EC) is considered as sterilized after 3 months (after receiving certification for sterilization from medical officer). And in case of female sterilization, EC is considered as sterilized after 2 months (after receiving certification for sterilization from medical officer). Thereafter, further monthly visits to enquire about the use of contraceptives are not required for those permanent sterilized couples.
- Health services shall not be denied to any beneficiary, if she is not having MCTS/RCH ID number.

Section - III

Tracking of Children



1.4 Section-III Tracking of Children

1.4.1 Index of Tracking of Children (CH)

Table-11: Column-wise instructions for Index of tracking of children

No.	Heading	Instructions to record the information
1	Serial No.	Serial number denotes the running serial number (e.g. 1, 2, and 3, 4 & so on) in the register for each child registered. Record each child details in the row against the serial number of the respective child.
2	MCTS/RCH ID No. of child	Write computer generated MCTS/RCH ID number for the child after registration in the MCTS/RCH portal.
3	Date of Registration	Write the date (dd/mm/yyyy) on which the details of child has been written in the RCH Register.
4	Name of child	Write name of the child. If name of the child is not decided by the family, write Male or Female child of the mother's name. Example- If the name of the child has not been decided and the child is a female and mother's name is Padma Vati, write 'Female child of Padma Vati.'
	Sex of Child (M/F)	Write the sex of the child. Write 'M' for male and 'F' for female child.
5	Name of Mother	Write name of the mother of the child. In case where mother's name is not available (e.g. Orphans children) write 'Mother of Baby name'/ Caretaker of Baby Name.
	Name of Father	Write name of the father of the child. In case where father's name is not available (e.g. Orphans children) write 'Father of Baby name' / Caretaker of Baby Name.
6	Mobile No. of mother/ father/ Any other contact No. (specify)	Write the mobile number of mother/ father/ any contact number (specify). Please do not keep this column blank. It is mandatory to write the mobile number.
7	Page number*	Write the page number of this register wherein the details of the respective child are being recorded. Example- If serial number of a child is 18 and his / her detailed information is recorded on page number 80 of this register, write 80 in this column.

* Page number of this register (on which details of the child are being recorded)

Note: Health services shall not be denied to any child, if child is not having MCTS/RCH ID number.

1.4.2 Tracking of Children (CH-1)

Table-12: Column-wise instructions for CH-1 format

No.	Heading	Instructions to record the information
1	Serial No.	Write the same serial number of the respective child as written in the Index of Section –III. Example- If the serial number allotted to a child is 16 under Index of Section –III, it should be '16' under 'CH -1' also. Record each child details in the row against the serial number of the respective child.
2	MCTS/RCH ID No. of child	Write the same MCTS/RCH ID number allotted to the child as indicated in the Index of the Section III (Tracking of Children). Write this ID number of the child on the beneficiary card (Mother and Child Protection Card) also. Note: Services 'Due' to the child should not be denied even if the child does not have MCTS/RCH ID number. Give the 'Due' services to the child and write her/ his details in the register. Thereafter, get the ID number through MCTS/RCH portal.
3	Child Name	Write name of the child. If name of the child is not decided by the family, write Male or Female child of the mother's name. Example- If the name of the child has not been decided and the child is a female and mother's name is Padma Vati, write 'Female child of Padma Vati.'.
4	Sex M/F	Write sex of the child as male or female.
5	Mother's Name	Write name of the mother. In case where mother's name is not available (e.g. Orphans children) write 'Mother of Baby name'/ Caretaker of Baby Name.
6	MCTS/RCH ID No. of Mother	Write the same MCTS/RCH ID number of the mother, which was allotted to this woman under eligible couple (EC) ID number in Section -1. This MCTS/RCH ID No. of the woman will remain the same throughout her span of reproductive period up to the age of 49 years.
7	Address	Write complete address of the child
8	Date of birth of child	Write the date of birth of the child. This should be the same as date of delivery.
9	Weight at birth (kg)	Write the birth weight of the child in kilogram.
10	Place of birth	Indicate the place where the child was born: a. PHC, b. CHC, c. District Hospital d. Private Hospital e. Accredited private hospital f. Sub Centre g. Home h. Any other (specify).
11	Religion	Write the religion to which the child belongs (Hindu/ Muslim/ Sikh/ Christian /other (specify)). If the religion is other than these, please write 'Other' and specify it.
12	Caste SC/ST/ others	Write the caste to which the child belongs (Scheduled Caste / Scheduled Tribe / Others). Note: If the option is other, specify; OBC (Other Backward Class), General category etc.

Note: Health services shall not be denied to any child, if child is not having MCTS/RCH ID number.

1.4.3 Tracking of Children (CH-2)

Table-13: Column-wise instructions for CH-2 format

No.	Heading	Instructions to record the information
13	Sr. No.	Write the same serial number of the respective child as written in CH -1 format.
14	Child name	Write the same name of the child as written under CH-1 of the respective serial number.
15	BCG ⁽¹⁾	Write date on which BCG vaccine was given. Refer National Immunization Schedule for all the vaccines for children (Annexure-4.5 of Section-IV).
16	OPV 1	Write date on which the first dose of OPV vaccine was given.
	DPT 1	Write date on which the first dose of DPT vaccine was given.
	Hepatitis B 1	Write date on which the first dose of Hepatitis B vaccine was given.
	Pentavalent 1*	If Pentavalent vaccine is introduced in the district, do not give DPT 1 and Hep B 1, give Pentavalent vaccine in place of DPT and Hep B. Write date on which the first dose of Pentavalent vaccine was given.
17	OPV 2	Write date on which the second dose of OPV vaccine was given.
	DPT 2	Write date on which the second dose of DPT vaccine was given.
	Hep B 2	Write date on which the second dose of Hep B vaccine was given
	Pentavalent 2*	If Pentavalent vaccine is introduced in the district, do not give DPT 2 and Hep B 2, give Pentavalent vaccine in place of DPT and Hep B. Write date on which the second dose of Pentavalent vaccine was given.
18	OPV 3	Write date on which the third dose of OPV vaccine was given.
	DPT 3	Write date on which the third dose of DPT vaccine was given.
	Hep B 3	Write date on which the third dose of Hep B vaccine was given
	Pentavalent 3*	If Pentavalent vaccine is introduced in the district, do not give DPT 3 and Hep B 3, give Pentavalent vaccine in place of DPT and Hep B. Write date on which the third dose of Pentavalent vaccine was given.
19	Measles 1**	Write date on which first dose of Measles vaccine was given. Also fill up the CH-3 Format of the register on the same day. Note: Measles vaccine given to children during an outbreak setting should not be counted here.
	Vitamin A 1	When child comes for the first dose of Measles vaccine, on the same day, give first dose of Vitamin A also, and write the date.
	JE 1	If JE vaccine is introduced in the district give first dose of JE vaccine on the same day when first dose of Measles vaccine and Vitamin A were given, write the date (dd/mm/yyyy).

No.	Heading	Instructions to record the information
20	Fully immunized within 12 months of age ⁽²⁾ (Yes/No)	<p>Write 'Yes' if the child has received all the vaccines (fully immunized) before completing 12 months of age (his / her first birthday).</p> <p>Refer footnote number 2 for definition: Fully immunized child (within 12 months of age)= BCG+DPT 1, 2, 3, OPV 1, 2, 3 + Hepatitis B 1,2,3 + Measles 1</p> <p>If Pentavalent vaccine was given the definition of fully immunized child (within 12 months of age)= BCG+, OPV 1, 2, 3 + Pentavalent 1,2,3 + Measles 1</p> <p>As per this definition, if the child was not fully immunized, write 'No'.</p>
Whenever child comes for any of the following vaccines during 16-24 months, fill up CH-3 Format on the same day. This format is to be filled only once.		
21	OPV Booster#	Write the date (dd/mm/yyyy) when booster dose of OPV was given.
	DPT–Booster1#	Write the date (dd/mm/yyyy) when first booster dose of DPT vaccine was given.
	Measles 2#	Write the date (dd/mm/yyyy) on which second dose of Measles vaccine was given.
	Vitamin A 2#	Write the date (dd/mm/yyyy) when second dose of Vitamin A was given.
	JE 2#	Write the date (dd/mm/yyyy) when second dose of JE vaccine was given.
22	Received all vaccines required by 2 years of age ⁽³⁾ (Yes/No)	<p>Write 'Yes' if the child has received all the vaccines required by two years of age. Refer footnote number 3 for definition:</p> <p>Fully immunized child by two years of age =</p> <p>Received all the vaccine by 12 months of age as per the 'National Immunization Schedule'+ OPV Booster +DPT Booster 1 + Measles 2</p> <p>As per this definition, if the child was not fully immunized, write 'No'.</p>
23	Vit. A 3	Write date (dd/mm/yyyy) on which third dose of Vit.A was given.
	Vit. A 4	Write date (dd/mm/yyyy) on which fourth dose of Vit.A was given.
	Vit A 5	Write date (dd/mm/yyyy) on which fifth dose of Vit.A was given.
	Vit A 6	Write date (dd/mm/yyyy) on which sixth dose of Vit.A was given.
	Vit.A 7	Write date (dd/mm/yyyy) on which seventh dose of Vit.A was given.
	Vit. A 8	Write date (dd/mm/yyyy) on which eighth dose of Vit.A was given.
	Vit.A 9	Write date (dd/mm/yyyy) on which ninth dose of Vit.A was given.
24	DPT Booster- 2	Write date (dd/mm/yyyy) on which 2 nd booster dose of DPT was given.

No.	Heading	Instructions to record the information
25	Adverse Events Following Immunization (AEFI) reported (if any)	
	Non-serious/ serious ⁽⁴⁾ / Nil	If any adverse event following immunization (AEFI) was reported, indicate as 'non-serious' or 'serious'. 'Serious AEFI' is to be reported as per the guidelines issued by the Ministry of Health & Family Welfare, Government of India. Refer footnote numbers 4 for definition of AEFI: Serious AEFI (Hospitalization, Clustering of cases, Disability, Death) and all other adverse events are 'Non-serious'. Refer Annexure 4.7 for case definitions of some reportable AEFI If no AEFI, write 'Nil'
	Details of vaccine ⁽⁵⁾	Write details of vaccine that causes AEFI such as name, batch number, date of expiry and name of manufacturer of vaccine If no AEFI, write 'Not applicable'
26	Reason for closure of case (child migrated out / died) if died, date, place & probable cause of death ⁽⁶⁾	If child has shifted out from the area or child died any time during the course of immunization, delete the child from the register and write the reason for deletion accordingly. If child died, write the date (dd/mm/yyyy) of death, probable cause of death. Refer footnote number 6 for probable cause of death: Asphyxia, Low birth weight, Fever, Diarrhoea, Pneumonia, Any other (Specify). Also write the place where death took place (Home/ Hospital/in transit to hospital).
27	Remarks (if any)	This column is for additional important information (if any) related to this child; otherwise this column may be kept blank.

(1) Refer National Immunization Schedule (Annexure-4.5 of Section-IV)

(2) Fully immunized (within 12 months of age) : BCG + DPT 1,2,3, + OPV 1,2,3+HEP B 1,2,3 + Measles 1st Dose). If Pentavalent vaccine given-fully immunized (within 12 months) - BCG+OPV1,2,3+ Pentavalent 1,2,3+ Measles 1st Dose)

(3) Fully immunized child by two years of age = Received all the vaccine by 12 months of age as per the 'National Immunization Schedule' + OPV Booster +DPT Booster 1 + Measles 2

(4) Serious AEFI (Hospitalization, Clustering of cases, Disability, Death). All other adverse events are 'Non-serious'. If no AEFI, write 'Nil'

(5) Name, Batch number, date of expiry & name of manufacturer of vaccine (which causes AEFI). If no AEFI, write 'Not applicable'

(6) If died, write date and place (Hospital/ Home/ In-transit to hospital) of death and Probable cause of death (Low birth weight, Pneumonia, Diarrhoea, Measles, High Fever, Any Other (Specify)

(7) Total 9 doses of VIT A- 1st AT 9 months ,2nd at 18 months ,subsequently, one dose each at 6 months interval up to the age of five years

Whenever child comes for any of the vaccines during 16-24 months, fill up CH-3 Format on the same day. This format is to be filled only once

* If applicable

** Also fill up CH-3 format of the register

Note:

Health services shall not be denied to any child, if child is not having MCTS/RCH ID number.

After each immunization session, fill up summary format Nos. 1 & 2 as given at Annexure-4.6 of Section-IV and write the details.

1.4.4 Tracking of Children (CH-3)

Table-14: Column-wise instructions for CH-3 format

No.	Heading	Instructions to record the information
28	Sr. No. of the child	Write the same serial number of the respective child as written in CH -2 format
	When child comes for the first dose of measles/JE/ Vitamin A (between 9-12 months), fill up the column numbers 29-31 only once, in subsequent visits, it is not required to fill up column numbers 29-31.	
29	Only (exclusive) breastfeeding was given up to 6 months of age (Yes/ No)	When child comes for first dose of measles/JE/ Vitamin A (between 9-12 months), ask the mother whether the child was exclusively breast fed up to 6 months of age. Accordingly write the answer 'Yes' or 'No'.
30	Complementary feeding initiated after 6 months (Yes/ No)	On the same day, asks the mother, whether complementary feeding to the child was initiated after 6 months of age (in addition to the breast feeding) Accordingly write the answer 'Yes' or 'No'.
31	If No, at what age (in months) complementary feeding was initiated	If the answer is 'No', asks the mother at what age of the child (in months), the complementary feeding (in addition to breastfeeding) was started? Write the age of the child in months.
32	When child comes for the first dose of measles/JE/Vitamin A (between 9-12 months), give due vaccine/Vitamin A and take the weight of the child & ask the mother if child had diarrhoea and or pneumonia (fever and fast breathing/ chest-in-drawing) in last 15 days from the date of visit?	
	Date of visit	Write the date (dd/mm/yyyy) of visit
	Weight of the child (Kg)	Take the weight of the child and write in kilogram (Kg)
	Diarrhoea (Yes/No)	If child had history of diarrhoea within last 15 days from the date of visit. Write accordingly. 'Yes' or 'No'
	If yes, ORS given (Yes/ No)	If history of diarrhoea is 'Yes', ask the mother that 'ORS' solution was given to the child during this episode of diarrhoea? Write accordingly. 'Yes' or 'No' Note: If mother does not know/ not aware, write 'Don't Know'.
	Pneumonia (fever and fast breathing/chest-in drawing) (Yes/No)	If the child had history of pneumonia (fever and fast breathing/chest-in drawing) within last 15 days from the date of visit. Write accordingly. 'Yes' or 'No'
	If yes, antibiotics given (Yes / No/ Don't know)	If history of pneumonia is 'Yes', ask the mother that 'antibiotics 'was given (check from the Treatment Card or Referral Slip) to the child during this episode of illness? Write accordingly, 'Yes', 'No' or 'Don't know'.

No.	Heading	Instructions to record the information
33	This column is to be filled only once, on the same day, whenever child comes for any of the 'Due' vaccine during 16-24 months. Take the weight of the child and ask the mother if child had diarrhoea and / or pneumonia (fever and fast breathing/ chest-in-drawing) in last 15 days from the date of visit?	
	Date of visit	Write the date (dd/mm/yyyy) of visit
	Weight of the child (Kg)	Take the weight of the child and write in kilogram (Kg)
	Diarrhoea (Yes/No)	If child had history of diarrhoea within last 15 days from the date of visit. Write accordingly, 'Yes' or 'No'
	If yes, ORS given (Yes/ No)	If history of diarrhoea is 'Yes', ask the mother whether 'ORS' solution was given to the child during this episode of diarrhoea ? Write accordingly. 'Yes' or 'No' Note: If mother does not know/ not aware, write 'Don't Know'.
	Pneumonia (fever and fast breathing /chest-in drawing) (Yes/No)	If the child had history of pneumonia (fever and fast breathing /chest-in drawing) within last 15 days from the date of visit. Write accordingly. 'Yes' or 'No'
	If yes, antibiotics given (Yes / No/ Don't know)	If history of pneumonia is 'Yes', ask the mother that 'antibiotics' was given (check from the Treatment Card or Referral Slip) to the child during this episode of illness? Write accordingly, 'Yes', 'No' or 'Don't know'.
34	Remarks (If any)	This column is for additional important information (if any) related to this child; otherwise this column may be kept blank.

Note: Health services shall not be denied to any child, if child is not having MCTS/RCH ID number.

Section-IV

Description of Annexures



Section-IV

Description of Annexures

The **Section-IV** has eight annexures for ready reference. The annexure-wise description is given below:

Table-16: Annexure-wise description

No.	Heading of the Annexure	Description of the Annexure
4.1	Management of anaemia at Sub-Centre level	If a pregnant or lactating woman is anaemic i.e. haemoglobin level is between 9-11 gm %, this can be managed by ANM at Sub-Centre level. Therapeutic and prophylactic oral therapy / regime for management of anaemia during antenatal and postnatal care of women and precautions for oral therapy of IFA tablets have been described.
4.2	Measurement of fundal height during pregnancy	The fundal height is different at different weeks of pregnancy and can be measured by palpating abdomen after 12 weeks of pregnancy. To facilitate the ANM to ascertain the progress of pregnancy and foetal growth by abdominal examination, fundal height in terms of number of weeks of pregnancy has been given.
4.3	Calculation for expected number of beneficiaries	Micro planning for delivering health services at field level, the ANM should have the expected number of beneficiaries of her area. The calculations for expected number of live births, pregnancies and eligible couples in a given population have been explained with examples.
4.4	Ready reckoner calendar for calculation of expected date of delivery (EDD)	Expected date of delivery (EDD) can be calculated directly from the Ready Reckoner table, on the basis of first day of the LMP date of the pregnant woman. The first row of the table indicates month and dates of LMP and second row indicates EDD as per the referred LMP. Similarly, 3 rd row is for LMP and 4 th row is for EDD and so on.... Example- If the first day of the LMP is 10 /07/ 2013, then her EDD from the referred table would be 16/04/ 2014.
4.5	National immunization schedule for pregnant women, infants and children	National immunization schedule for pregnant women, infants and children including the details such as type of vaccine, time, dose, route and site of vaccination etc. have been given.

No.	Heading of the Annexure	Description of the Annexure
4.6	Formats for monthly reporting of Immunization Session by the ANM	
	Format -1 Logistics used during immunization session	At the end of each immunization session, make a summary of logistics used in the session. Write the quantity, batch number, name of manufacturer and date of expiry of each antigen, diluents and syringes used during the session in Format-1
	Format-2 Antigen-wise number of beneficiaries	At the end of each immunization session, make a summary of the type of antigen and number of doses of the respective antigen (e.g. 1st/ 2nd/ 3rd/ booster dose) given to the beneficiary. Write these details in Format-2.
4.7	Case definitions of some reportable Adverse Events Following Immunization (AEFI)	Definitions of some of the reportable AEFI have been given.
4.8	Visit of pregnant women to health facility for ANC check-up with respect to weeks of pregnancy	As per the standard protocol, ANC visits to be made by the pregnant woman for ANC check-ups has been explained with examples.

Annexure-4.1 Management of Anaemia at Sub-Centre Level

To detect anaemia, screening of all pregnant and lactating women is to be done by Sahli's haemoglobino meter or by Standard Hb Color Scale by ANM at Sub-Centre level.

Diagnosis of Anaemia

If a pregnant or lactating woman has (i) generalized weakness, giddiness and breathlessness, (ii) on clinical examination found to have pallor eyelids, tongue, nail beds, palm etc. and (iii) has Hb level between 9-11 gm percent by laboratory testing, treat her at Sub-Centre level. **If haemoglobin level is less than 9 gm% refer her to higher health facility for management of anaemia.**

(i) Prophylactic Regime during Antenatal and Postnatal Period

- If Hb level of the woman is >11 gm% during antenatal and post-natal period; Prophylactic Regime of complete course of 100 tablets of Iron Folic Acid (100 mg of elemental iron and 500 mcg of folic acid) is to be given, i.e. one IFA tablet per day for 100 days during antenatal as well as 100 days during post-natal period.

(ii) Therapeutic Regime during Antenatal and Postnatal Period

- If Hb level of the woman is between 9-11 gm% during antenatal and post-natal period; Therapeutic Regime of complete course of 200 tablets of Iron Folic Acid (100 mg of elemental iron and 500 mcg of folic acid) is to be given, i.e. two IFA tablets per day for 100 days during antenatal as well as 100 days during post-natal period.
- Reassess Hb level at monthly intervals, If Hb level does not rise in spite of administration of two tablets of IFA (Iron Folic Acid) daily and dietary supplementation; refer the woman to the next higher facility for further management.

(iii) Therapeutic Regime during Antenatal and Postnatal Period (on the basis of clinical signs)

- Therapeutic dose of Iron Folic Acid (IFA- 100 mg of elemental iron and 500 mcg of folic acid) i.e. 2 tablets of IFA per day can be initiated even on clinical signs and symptoms. However, such cases must be referred for confirmation of degree of anaemia through Hb testing and for further management.

Precautions for Oral Therapy of IFA Tablets

- IFA tablets as per regime should be taken regularly and must complete the treatment.
- **For better absorption IFA tablets should be taken in empty stomach.** In case of gastritis, nausea, vomiting etc., advice to take tablet one hour after meal or at night.
- **IFA tablets should not be consumed with tea, coffee, milk or calcium tablets.**
- IFA tablets should always be supplemented with diet rich in iron, vitamins particularly Vitamin C, protein, minerals and other nutrients e.g. green leafy vegetables, whole pulses, jaggery, meat, poultry, fish, fruits, black gram, groundnuts, ragi, whole grains, milk, eggs etc
- In case of constipation, advice to drink more water and add roughage in diet.
- Counseling of woman on the (i) common side effects of IFA tablets and (ii) related risk if complete regime is not followed for treatment of anaemia.

Annexure -4.2 Measurement of Fundal Height during Pregnancy

Table-17: Fundal height during different weeks of pregnancy

Abdominal Examination	Fundal Height in terms of Number of Weeks of Pregnancy
Just palpable above the symphysis pubis	At 12 th week
At lower one-third of the distance between the symphysis pubis and umbilicus	At 16 th week
At two-thirds of the distance between the symphysis pubis and umbilicus	At 20 th week
At the level of the umbilicus	At 24 th week
At lower one-third of the distance between the umbilicus and xiphisternum	At 28 th week
At two-thirds of the distance between the umbilicus and xiphisternum	At 32 nd week
At the level of the xiphisternum	At 36 th week
Sinks back to the level of the 32 nd week, but the flanks are full, unlike that in the 32 nd week	At 40 th week

If there is any disparity between the fundal height and the gestational age as calculated from the LMP or if there is no growth compared to the previous check-up, then it should be considered significant. Refer the pregnant woman to higher facility for further investigations.

Annexure-4.3 Calculation for Expected Number of Beneficiaries

To calculate the expected number of live births, pregnancies and eligible couples in a given population, use the following methodology /formula:

(i) Estimation of Live Births

- For calculation of live birth, it is essential to have birth rate and total population of the area.
- Formula for calculation of expected number of live births (Y) per year is as follows: = Birth Rate (per 1000 population) X total population of the village/area ÷ 1000
- For correct estimation of live birth, use the available local figures for birth rate.

(ii) Estimation of Pregnancies

Due to abortion or stillbirths, some of the pregnancies may not result in live birth; therefore, expected number of live births would be an under-estimation of the total number of pregnancies. Hence, a correction factor of 10 % is required, i.e. add 10% of the figure obtained above, i.e. 'Y'. Therefore, the formula for the expected number of pregnancies (Z) = Y+10% of Y

Example

- Birth Rate = 25/1000 population
- Population of the village/area = 1000
- Expected number of live birth = $25 \times 1000/1000$
= 25 live births
- Correction factor (pregnancy wastage) = 10% of 25 (i.e. $\{10/100\} \times 25$) = 2.5 or 03

Therefore, total number of expected pregnancies in a year = $25 + 03 = 28$ approximate

- As a thumb rule, in any given month, approximately half the number of estimated number of pregnancies of the area should have been in the record of the register.** Therefore, as per the example given above, ANM should have about 14 pregnancies registered with her at any given point of time for a population of 1000 with birth rate of 25/ 1000 population.
- If the number of women registered is less than expected number, communicate the matter to ASHA/ Link worker to visit every house in her area and ensure that all pregnant women are being registered.
- Some pregnant women may be receiving ANC from the private sector, ensure that their names including the name of the facilities where they have been registered are mentioned in the RCH register of the ANM.

(iii) Expected Number of Eligible Couples

- Expected number of eligible couples (EC) in 1000 population at any point of time will be around 160-170, and about 8-10 EC may be added per year (marriage/ migrated in) and about 8-10 EC will be deleted (permanent sterilization/ migrated out/ menopause, other reasons etc.).

Annexure 4.4 : Ready Reckoner Calendar for Calculation of Expected Date of Delivery

LMP	January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	January	LMP	
EDD	October	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	LMP	5	7	November	EDD	
LMP	February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	-	-	-	February	LMP	
EDD	November	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	EDD	-	-	-	December	EDD
LMP	March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	March	LMP	
EDD	December	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	January	EDD	
LMP	April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	April	LMP	
EDD	January	6	7	8	9	10	11	12	13	14	LMP	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	-	February	EDD	
LMP	May	1	2	3	4	5	6	7	EDD	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	May	LMP	
EDD	February	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	March	EDD	
LMP	June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	June	LMP	
EDD	March	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	-	April	EDD	
LMP	July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	July	LMP	
EDD	April	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	May	EDD	
LMP	August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	August	LMP	
EDD	May	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	June	EDD	
LMP	September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	September	LMP	
EDD	June	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	LMP	3	4	5	6	7	-	July	EDD	
LMP	October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	EDD	24	25	26	27	28	29	30	31	October	LMP	
EDD	July	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	August	EDD	
LMP	November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	November	LMP	
EDD	August	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	-	September	EDD	
LMP	December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	December	LMP	
EDD	September	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	October	EDD	

Annexure – 4.5 : National Immunization Schedule (NIS) for Pregnant Women, Infants and Children

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT- Booster	If two doses of TT received during pregnancy within the last 3 Years*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml/(0.05ml until 1 month of age)	Intra-dermal	Left Upper Arm
Hepatitis B -0	At birth or as early as possible within 24 hours of birth	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days of birth	2 drops	Oral	Oral
OPV 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Hepatitis B 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Pentavalent Vaccine** 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles 1	At 9 completed months to 12 months.	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin A (1st dose)	At 9 completed months with measles	1 ml (1 lakh IU)	Oral	Oral
Japanese Encephalitis (1st Dose)***	At 9 completed months	0.5 ml	Sub-cutaneous	Left Upper Arm
For Children				
DPT Booster-1	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV Booster	16-24 months	2 drops	Oral	Oral
Measles- 2nd Dose	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
Japanese Encephalitis (2nd Dose)***	16-24 months	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin A (2nd to 9th dose)	18 months (2 nd dose). Thereafter, one dose at every 6 months up to the age of 5 years.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

* Give TT-2 or booster dose before 36 weeks of pregnancy. However, give TT even if more than 36 weeks have passed. Give inj. TT to a woman in labour, if she has not previously received inj. TT.

** Pentavalent Vaccine 1, 2 & 3 is introduced in place of DPT 1, 2 & 3 and Hepatitis B 1, 2 & 3 in selected States.

*** JE vaccine, in selected endemic districts.

Annexure-4.6 : Formats for Monthly Reporting of Immunization Session by the ANM (Sample)

Write the Details of Each Immunization Session in Format Nos. 1 & 2 (to be Used for Monthly Reporting)

Format - 1					Format-2										
Name of Village/Area		Date (DD/MM/YYYY)			Name of Village/Area		Summary of Each Immunization Session (Antigen-Wise Number of Beneficiary)					Date (DD/MM/YYYY)			
Records of Logistic used for Each Immunization Session															
	Quantity in Doses Received	Quantity in Doses Returned	Batch No.	Name of Manufacturer	Date of Expiry	Antigen and Dose Wise Number of Beneficiary									
	Antigen Used					Antigen	0	1	2	3	Booster-1	Booster-2			
BCG						BCG									
OPV						OPV									
DPT						DPT									
Measles															
Hepatitis B															
TT															
Pentavalent Vaccine						Hepatitis B									
JE															
Vit A						Measles									
Diluent Used						TT (PW)*					BOOSTER (IF APPLICABLE)				
BCG Diluent						JE									
JE Diluent						Pentavalent Vaccine									
Measles Diluent						Vit A Dose (1-9)**									
Size of Syringes used						Vitamin A Syrup	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose	6 th Dose	7 th Dose	8 th Dose	9 th Dose
0.1 ML						* 2 nd or Booster Dose									
0.2 ML						** Total 9 Doses- 1 st at 9 months, 2 nd at 18 months, 3 rd at 24 months. Subsequently, One dose each at 6 months interval up to 5 Years of age									
0.5 ML															
5 ML															

Annexure-4.7: Case Definitions of Some Reportable Adverse Events Following Immunization (AEFI)

No.	AEFI	Case definition	Vaccine
1	Vaccine associated paralytic poliomyelitis (presenting as AFP)	An acute flaccid paralysis 4–30 days following receipt of oral polio vaccine (OPV), or within 4–75 days after contact with a recipient of OPV with neurological deficits remained 60 days after onset of illness.	OPV
2	Anaphylactoid reaction (acute hypersensitivity reaction)	Exaggerated acute allergic reaction, occurring within 2 hours after immunization, characterized by one or more of the following: <ul style="list-style-type: none"> ▪ Wheezing and shortness of breath due to bronchospasm ▪ Laryngospasm /laryngeal oedema ▪ One or more skin manifestations, e.g. hives, facial oedema, or generalized oedema. 	All
3	Anaphylaxis	Severe immediate (within 1 hour) allergic reaction leading to circulatory failure with or without bronchospasm and/or laryngospasm/laryngeal oedema.	All
4	Disseminated BCG infections	Widespread infection occurring within 1 to 12 months after BCG vaccination and confirmed by isolation of Mycobacterium bovis BCG strain. Usually occurred in immunocompromised individuals.	BCG
5	Encephalopathy	Acute onset of major illness characterized by any two of the following three conditions: <ul style="list-style-type: none"> ▪ Seizures ▪ Severe alteration in level of consciousness lasting for one or more days ▪ Distinct change in behaviour lasting for one or more days <p>Relate to immunization, if any two of the above illnesses occurred within 48 hours of DPT vaccine or from 7 to 12 days after measles vaccine,</p>	Measles Pertussis
6	Fever	Fever can be classified (based on temperature) as follows: Mild fever: 100.4°F to 102°F (38° to 38.9°C), High fever: 102°F to 104.7°F (39° to 40.4°C) and Extreme fever: 104.7°F or higher (>40.5°C).	All

No.	AEFI	Case definition	Vaccine
7	Hypotonic, hypo responsive episode (HHE) or shock/collapse	Event of sudden onset occurring within 48 [usually less than 12] hours of vaccination and lasting from one minute to several hours in children younger than 10 years of age. All of the following must be present: <ul style="list-style-type: none"> ▪ Limpness (hypotonic) ▪ Reduced responsiveness (hypo responsive) ▪ Pallor or cyanosis or failure to observe/ recall 	Mainly DPT, rarely others
8	Injection site abscess	Fluctuant or draining fluid filled lesion at the site of injection. Bacterial if evidence of infection (e.g. purulent, inflammatory signs, fever, culture), Sterile abscess if no evidence of bacterial infection on culture. Sterile abscesses are usually due to the inherent properties of the vaccine.	All injectable vaccines
9	Lymphadenitis (includes Suppurative lymphadenitis)	Either at least one lymph node enlarged to >1.5 cm in size (one adult finger width) or a draining sinus over a lymph node. Almost exclusively caused by BCG and then occurring within 2 to 6 months after receipt of BCG vaccine, on the same side as inoculated (mostly axillary lymph nodes).	BCG
10	Osteitis/ Osteomyelitis	Inflammation of the bone with isolation of Mycobacterium bovis BCG strain.	BCG
11	Persistent inconsolable screaming	Inconsolable continuous crying lasting for 3 hours or longer accompanied by high pitched screaming.	DPT, Pertussis
12	Seizures	Occurrence of generalized convulsions that are not accompanied by focal neurological signs or symptoms. Febrile seizures: if temperature elevated >100.4°F or 38°C (rectal) Afebrile seizures: if temperature is normal	All, especially Pertussis, Measles
13	Sepsis	Acute onset of severe generalized illness due to bacterial infection and confirmed (if possible) by positive blood culture. This needs to be reported (an indicator of Programme error).	All injectable vaccines
14	Severe local reaction	Redness and/or swelling centered at the site of injection and one or more of the following: <ul style="list-style-type: none"> ▪ Swelling beyond the nearest joint ▪ Pain, redness, and swelling of more than 3 days ▪ Requires hospitalization. Local reactions of lesser intensity occur commonly and are trivial.	All injectable vaccines
15	Toxic shock syndrome (TSS)	Abrupt onset of fever, vomiting and watery diarrhoea within a few hours of immunization. Often leading to death within 24 to 48 hours. Report as a possible indicator of program error	All injectable vaccines

Annexure-4.8: Visit of Pregnant Women to Health Facility for ANC Check-Up with Respect to Weeks of Pregnancy

1. ANC Schedule for Pregnant Women

A pregnant woman should make at least four visits to health facility for ANC check-ups. The schedule (standard protocol) for antenatal visits during pregnancy is as follows:

1 st visit	within 12 weeks of pregnancy
2 nd visit	within 14 to 26 weeks of pregnancy
3 rd visit	within 28-34 weeks of pregnancy
4 th visit	between 36 weeks and full term / expected date of delivery (EDD)

However, if a pregnant woman (PW) comes to health facility other than the above mentioned period for antenatal check-up, she should not be denied any services.

2. Number of Visits for ANC Check-ups

To facilitate ANM to record the details of pregnant woman as per her visit to health facility for ANC check-up, an example of 4 pregnant women who have come in different period of gestation (pregnancy) to health facility for antenatal check-up is described below:

2.1. First Visit for ANC Check-Up

- PW 1 (Anita): First time Anita has come to health facility for antenatal check-up **within 12 weeks of pregnancy**
- PW 2 (Sunita): First time Sunita has come to health facility for antenatal check-up **within 14-26 weeks of pregnancy**
- PW 3 (Bimla) : First time Bimla has come to health facility for antenatal check-up **within 28-34 weeks of pregnancy**
- PW 4 (Suman): First time Suman has come to health facility for antenatal check-up **within 36 weeks of pregnancy to EDD**

The details of all the four pregnant women (Anita, Sunita, Bimla & Suman) should be entered in the RCH register in front of the 1st visit row for ANC check-up.

2.2. Second Visit for ANC Check-Up

- PW 1 (Anita): Second time Anita comes to health facility for antenatal check-up **within 14-26 weeks** of pregnancy, Anita's details should be entered in the RCH register in front of the 2nd visit row for ANC check-up.
- PW 2 (Sunita): Second time Sunita comes to health facility for antenatal check-up **within 28-34 weeks** of pregnancy, Sunita's details should be entered in the RCH register in front of the 2nd visit row for ANC check-up.

PW 3 (Bimla) : Second time Bimla comes to health facility for antenatal check-up **within 36 weeks** of pregnancy to EDD, Bimla's details should be entered in the RCH register in front of the 2nd visit row for ANC check-up.

The details of all the three pregnant women (Anita, Sunita & Bimla) should be entered in the RCH register in front of the 2nd visit row for ANC check-up. However, PW 4 (Suman) may have delivered after her 1st visit check-up.

2.3. Third Visit for ANC Check-Up

PW 1 (Anita): Third time Anita comes to health facility for antenatal check-up **within 28-34 weeks of pregnancy**, Anita's details should be entered in the RCH register in front of the 3rd visit row for ANC check-up.

PW 2 (Sunita): Third time Sunita comes to health facility for antenatal check-up **within 36 weeks of pregnancy to EDD**, Sunita's details should be entered in the RCH register in front of the 3rd visit row for ANC check-up.

The details of these two pregnant women (Anita & Sunita) should be entered in the RCH register in front of the 3rd visit row for ANC check-up. PW 3 (Bimla) may have delivered after her 2nd visit check-up.

2.4. Fourth Visit for ANC Check-Up

PW 1 (Anita): Fourth time Anita comes to health facility for antenatal check-up **within 36 weeks of pregnancy to EDD**, Anita's details should be entered in the RCH register in front of the 4th visit row for ANC check-up.

The details of pregnant woman (Anita) should be entered in the RCH register in front of the 4th visit row for ANC check-up. PW 2 (Sunita) may have delivered after her 3rd visit check up.

2.5 Summary of Number of ANC Check-Ups of Pregnant Women

In the above said example, number of ANC check-ups for each pregnant woman will be as follows:

PW 1 (Anita): Since Anita has come to health facility **first time within 12 weeks of pregnancy; she will receive ANC check-up four times**

PW 2 (Sunita): Since Sunita has come to health facility **first time within 14-26 weeks of pregnancy; she will receive ANC check-up three times**

PW 3(Bimla) : Since Bimla has come to health facility **first time within 28-34 weeks of pregnancy, she will receive ANC check-up two times**




PW 4 (Suman): Since Suman has come to health facility **first time within 36 weeks of pregnancy to EDD; she will receive ANC check-up only one time**

The example of the above mentioned four pregnant women (Anita, Sunita, Bimla & Suman) is illustrated below in the table format.

3. Visit of Pregnant Women to Health Facility for ANC Check-Up with Respect to Weeks of Pregnancy

Scheduled period of pregnancy (Services)*➔	Within 12 Weeks (ANC-1)*	14-26 Weeks (ANC-2)*	28-34 Weeks (ANC-3)*	36 Weeks up to EDD (ANC-4)*	No. of times ANC check-up required as per scheduled period	Remarks
Column No. of the table ➔	1	2	3	4	5	6
1st Visit (PW is coming first time for ANC Check –up)	PW 1 (Anita)	✕	✕	✕	PW 1 (Anita) requires three additional visits for ANC check-up	Give due services and write the details of PW 1 (Anita), PW 2 (Sunita), PW 3 (Bimla) & PW 4 (Suman) in the RCH register in front of the 1 st visit row for ANC check-up.
	✕	PW 2 (Sunita)	✕	✕	PW 2 (Sunita) requires two additional visits for ANC check-up	
	✕	✕	PW 3 (Bimla)	✕	PW 3 (Bimla) requires one additional visit for ANC check-up	
	✕	✕	✕	PW 4 (Suman)	PW 4 (Suman) does not require any additional visit for ANC check-up	
2nd Visit (PW is coming second time for ANC Check –up)	✕	PW 1 (Anita)	✕	✕	PW 1 (Anita) requires two additional visits for ANC check-up	Give due services and write the details of PW 1 (Anita), PW 2 (Sunita) & PW 3 (Bimla) in the RCH register in front of the 2 nd visit row for ANC check-up.
	✕	✕	PW 2 (Sunita)	✕	PW 2 (Sunita) requires one additional visit for ANC check-up	
	✕	✕	✕	PW 3 (Bimla)	PW 3 (Bimla) does not require any additional visit for ANC check-up	
PW 4 (Suman) may have delivered after her 1st visit check-up					PW 4 (Suman) has received ANC check-up one time	
3rd Visit (PW is coming third time for ANC Check–up)	✕	✕	PW 1 (Anita)	✕	PW 1 (Anita) requires one additional visit for ANC check-up	Give due services and write the details of PW 1 (Anita) & PW 2 (Sunita) in the RCH register in front of the 3 rd visit row for ANC check-up.
	✕	✕	✕	PW 2 (Sunita)	PW 2 (Sunita) does not require any additional visit for ANC check-up	
PW 3 (Bimla) may have delivered after her 2nd visit check-up					PW 3 (Bimla) has received ANC check-up two times	

Contd...

Scheduled period of pregnancy (Services)*→	Within 12 Weeks (ANC-1)*	14-26 Weeks (ANC-2)*	28-34 Weeks (ANC-3)*	36 Weeks up to EDD (ANC-4)*	No. of times ANC check-up required as per scheduled period	Remarks
Column No. of the table →	1	2	3	4	5	6
4 th Visit (PW is coming fourth time for ANC Check –up)				PW 1 (Anita)	PW 1 (Anita) has received ANC check ups four times	Give due services and write the details of PW 1 (Anita) in the RCH register in front of the 4 th visit row for ANC check-up.
PW 2 (Sunita) may have delivered after her 3 rd visit check-up					PW 2 (Sunita) has received ANC check- up three times	

* Above indicates the standard protocol (scheduled period) for antenatal check-ups during pregnancy. This protocol will be applicable for all those pregnant women also who are tracked/arriving for their ANC services/ visits in 13th week, 27th week or 35th week of their pregnancy. For example, if a pregnant woman comes first time for antenatal check-up during 13th week of pregnancy, her details of ANC check-up will be treated as ANC 1st and entered in ANC first visit. Subsequently, if the same pregnant woman comes during 27th week of pregnancy, her details of ANC check-up will be treated as ANC 2nd and entered in ANC 2nd visit. Similarly, if the same pregnant woman comes during 35th week of pregnancy her details of ANC check-up will be treated as ANC 3rd and entered in ANC 3rd visit. However, a minimum period (gap) of 4 weeks should be kept between any two antenatal check-ups.

Note:

In case of high risk pregnancy, PW may make more than four visits to health facility for ANC check-ups; provide her all the necessary services as per her complication(s) status. However, enter the details of ANC check-ups, minimum four times in the RCH register as per the standard protocol (scheduled period) i.e. within 12 weeks, 13-26 weeks, 28-34 weeks and 36 weeks to EDD.

Chapter-2

Working Definitions of Terms Used



Chapter-2

Working Definitions of Terms Used

The working definitions of terms used in this manual are as follows:

Table-15: Working definitions of terms used in the manual

No.	Term used	Working Definition
1	Abortion	Abortion is a complete expulsion or extraction of the product of conception of a pregnant woman of less than 20 weeks of gestation. An abortion can occur spontaneously due to complications during pregnancy or can be induced.
2	Abortion (Induced)	Induced abortion is the removal of an embryo or foetus from the uterus through medical or surgical means.
3	Abortion (Spontaneous)	Spontaneous abortions (miscarriages) occur when an embryo or foetus is lost or expelled due to natural causes/ accident before completion of 20 weeks of gestation.
4	Anaemia	Anaemia is defined as a haemoglobin level of less than 11 gm% at any time during pregnancy or post-partum period. The initial haemoglobin level serves as a baseline with which the later results, obtained during subsequent ANC/ PNC visits, can be compared.
5	ANC	Antenatal care is the systematic supervision of women during pregnancy to monitor the progress of foetal growth and to ascertain the well- being of the mother and the foetus.
6	APH (Ante-partum haemorrhage)	The vaginal bleeding any time after 20 weeks of pregnancy is considered as APH (Ante-partum haemorrhage).
7	Asphyxia	A newborn is said to have suffered from birth asphyxia, if after birth, she/he has absent or weak cry or had absent / slow gasping respiration or any newborn that needed resuscitation measures.
8	Asthma	Asthma is a chronic respiratory disease, often arising from allergies and is characterized by difficulty in breathing, wheezing, a sense of constriction in the chest and coughing.
9	Birth Weight	Measuring weight of the new-born, as early as possible after birth.
10	Condom	Condom is a contraceptive barrier device used as spacing method for family planning.
11	Convulsions	Convulsions are sudden uncontrollable contractions of muscles.
12	Delivery- Normal	Birth of a foetus through the vagina.
13	Delivery-Assisted	Any device / instrument (ventouse / forceps) used for delivering a child through vagina is termed as assisted delivery.

No.	Term used	Working Definition
14	Delivery-Caesarean	The delivery of a baby by surgical incision through the abdominal wall and uterus.
15	Diabetes	Diabetes is characterized by excess of glucose level in blood or increased blood sugar level (hyperglycemia) and presence of sugar in urine.
16	ECPs (Emergency Contraception) pills	Emergency Contraception Pills (ECPs) is a contraceptive method for family planning and can be used within 72 hours following unprotected sexual intercourse. ECPs have to be used for emergency purposes only and not as a regular form of contraception.
17	Eclampsia	Eclampsia is a sign of high risk pregnancy characterized by (i) Convulsions, (ii) High blood pressure and (iii) Proteinuria (presence of albumin in urine; 2+ or more). High blood pressure (a systolic blood pressure of 140 mmHg or more and/or diastolic blood pressure of 90 mmHg or more) on two consecutive readings taken four hours or more apart.
18	EDD (Expected date of delivery)	Expected date of delivery is the date, when a child is expected to be born and it is based on the first day of the Last Menstrual Period (LMP) of the woman. For calculating EDD on the basis of first day of the LMP date, refer ready reckoner calendar placed at Annexure-4.4. OR Calculate EDD by using the following formula: EDD= First day of the LMP (Date) +9 months +7 days.
19	Eligible couple	An 'eligible couple' refers to a currently married couple wherein the wife is in the reproductive age, i.e. between 15 to 49 years.
20	Foetal distress	Foetal distress indicates foetal hypoxia (lack of oxygen in the blood). can be diagnosed by (i) Abnormal foetal heart rate (FHR) (<120 or >160 beats / minute), and/or (ii) Meconium-stained amniotic fluid (during labour).
21	Foetal death	Death of the foetus prior to its complete expulsion or extraction of a product of conception from its mother, irrespective of the duration of pregnancy. When the foetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, it is said to be foetal death.
22	Foetal movements	Foetal movements (also called 'quickening') are a reliable sign of foetal well-being. Foetal movements begin at around 18–22 weeks of pregnancy and felt earlier in a multigravida and later in a primigravida. Decreased movements are an indication of foetal distress.

No.	Term used	Working Definition
23	Epileptic	Convulsions accompanied by impaired consciousness.
24	Fundal Height(FH)	<p>During pregnancy the uterus becomes an abdominal organ after 12 weeks of gestation, the measured height of uterus is known as fundal height and can be determined by abdominal examination.</p> <p>The uterine fundal height is different at different weeks of pregnancy and indicates the progress of the pregnancy and foetal growth (Refer Annexure 4.2).</p>
25	FHS (Foetal heart sounds) or Foetal Heart Rate	<p>Heart beats of the foetus heard through abdomen are known as foetal heart sounds (FHS). Before 24 weeks of pregnancy, FHS cannot be heard through abdomen with the help of a stethoscope or foetoscope.</p> <p>The Foetal Heart Rate (FHR) is normal between 120 and 160 beats per minute. If it is less than 120 beats per minute or more than 160 beats per minute, the pregnant woman should be referred to the higher facility.</p>
26	Foul smelling discharge	Foul-smelling vaginal discharge accompanied with fever (temperature of above 38°C) indicates infection of the reproductive tract.
27	FP (Foetal presentation)	<p>The position / lie of the foetus in the uterus is known as foetal presentation. This can be determined in late pregnancy i.e. 32 weeks onwards.</p> <p>The normal presentation at full term is longitudinal with a cephalic (head) presentation. Any other presentation /lie is abnormal and the woman must be referred to an FRU / higher facility for delivery.</p>
28	Full Term baby	Baby born from 37 completed weeks to less than 42 completed weeks of gestation is defined as full term baby.
29	HIV	<p>HIV is a type of virus (retrovirus) known as the human immune-deficiency virus (HIV). Once infected with this virus, person will be infected for life and it is a life-threatening infection.</p> <p>The last stage of HIV infection is AIDS (Acquired Immune Deficiency Syndrome).</p>
30	Hypertension (High Blood Pressure)	Hypertension is diagnosed when two consecutive readings taken four hours or more apart, show the systolic blood pressure to be 140 mmHg or more and/or the diastolic blood pressure to be 90 mmHg or more.
31	Hypertension (Pregnancy-induced hypertension)	<p>High blood pressure during pregnancy is known as pregnancy induced hypertension (PIH).</p> <p>There could be three conditions of PIH; (i) only hypertension, (ii) hypertension with proteinuria (pre-eclampsia), and (iii) hypertension with proteinuria and convulsions (eclampsia).</p>

No.	Term used	Working Definition
32	IFA Prophylactic Regime (complete course)	If Hb level of the woman is >11 gm% during antenatal and post-natal period; Prophylactic Regime of complete course of 100 tablets of Iron Folic Acid (100 mg of elemental iron and 500 mcg of folic acid) is to be given, i.e. one IFA tablet per day for 100 days during antenatal as well as 100 days during post-natal period.
33	IFA Therapeutic Regime (complete course)	If Hb level of the woman is between 9-11 gm% during antenatal and post-natal period; Therapeutic Regime of complete course of 200 tablets of Iron Folic Acid (100 mg of elemental iron and 500 mcg of folic acid) is to be given, i.e. two IFA tablets per day for 100 days during antenatal as well as 100 days during post-natal period.
34	Infertility	Infertility is the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year.
35	IUCD (Intrauterine Contraceptive Device)	IUCD is a copper containing contraceptive device used by the woman for family planning. Two varieties of IUCD are available under family planning programme, viz; IUCD CU 375 and IUCD CU 380A, which provide protection for 5 and 10 years, respectively.
36	IUCD (Post-Partum IUCD i.e. PP IUCD)	Insertion of IUCD within 48 hours of delivery (vaginal or Cesarean) is known as Post-Partum IUCD (PP IUCD)
37	Jaundice	Jaundice is a yellowish discoloration/ staining of the skin and sclera (the white portion of the eyes).
38	Live birth	Complete expulsion or extraction of baby from its mother, irrespective of the duration of the pregnancy, which shows any sign of life, even for a short period (few seconds), such as crying, movement, breathing, heartbeat or pulsation of the umbilical cord is considered as 'Live birth'.
39	LMP	The Last Menstrual Period (LMP) refers to the FIRST day of the woman's LMP.
40	Low Birth weight	Low Birth weight is defined as a birth weight of the newborn less than 2.5 Kg (2500 gms), regardless of gestational age or period of pregnancy.
41	Low Birth Weight (LBW) death	If the weight of the newborn is less than 2.5 kg on the first day of birth, and newborn died after 24 hours but before 28 days of birth.
42	Maternal death	Maternal death is defined as the death of a woman while pregnant or within 42 days of the termination of pregnancy (delivery or abortion) from any cause related to or aggravated by pregnancy or its management, but not due to accidents, trauma or incidental causes.
43	MTP (Medical Termination of Pregnancy)	Medical Termination of Pregnancy (MTP), also called as induced abortion, is the removal or expulsion of the embryo or foetus from the uterus done medically/ surgically.
44	Multiple pregnancy	Multiple pregnancies (more than one foetus) is suspected if an unexpectedly large uterus for the estimated gestational age is detected on abdominal examination and multiple foetal parts are felt on abdominal palpation.

No.	Term used	Working Definition
45	Obstructed labour	When the foetus cannot be delivered via the natural passage due to mechanical obstruction, labour is said to be 'Obstructed'.
46	OCP (Oral Contraceptive Pills)	<p>Oral Contraceptive Pills (OCP) are hormone containing pills, to be used by the woman for preventing pregnancy.</p> <p>OC pills are not advisable during the post-partum period, but may be used after six months of delivery, once the menstrual cycle resumes.</p>
47	Oedema	<p>Oedema is a swelling in any part of the body.</p> <p>Pitting oedema: Swelling of feet which appears in the evening and disappears in the morning, could be normal manifestation of pregnancy. However, pitting oedema of face, hands, abdominal wall and vulva is abnormal. If oedema is associated with high blood pressure, heart disease, anaemia or proteinuria (albumin in urine), refer pregnant woman to higher facility for management.</p> <p>Non-pitting oedema: This indicates hypothyroidism or filariasis; refer her to higher facility for further investigations.</p>
48	PNC (postnatal care)	The care of the mother and the newborn after delivery is known as postnatal care (PNC).
49	PPH (Post-Partum Haemorrhage)	<p>Post-Partum Haemorrhage (PPH) is blood loss due to vaginal bleeding; 500 ml or more during or within 24 hours of delivery, or If the blood loss (vaginal bleeding) per day is 500 ml or more any day after delivery, until 42 days of post-partum period.</p> <p>PPH is of two types:</p> <p>(i) Immediate PPH/ Primary PPH i.e. during and within 24 hours of delivery</p> <p>(ii) Delayed PPH/Secondary PPH i.e. after 24 hours of delivery until 42 days of post-partum period.</p>
50	Post-Partum Period	The first 42 days (six weeks) after delivery is considered as the post-partum period.
51	Post-term baby	Baby born at 42 completed weeks or any time thereafter of gestation.
52	Pneumonia	<p>Pneumonia is a lung infection caused by different types of microorganisms, including bacteria, viruses, and fungi.</p> <p>Symptoms of pneumonia include cough, fever, difficult breathing and / or chest pain. Children and infants who developed pneumonia often do not have any specific signs of a chest infection but developed fever, look very ill, and become lethargic.</p>
53	Pre-eclampsia	Pre-eclampsia is a complication developed during pregnancy, wherein the pregnant woman will have high blood pressure and proteinuria (presence of protein/ albumin in urine).
54	Pre-term baby	Child born before the completion of 37 weeks of gestation.
55	Prolapsed cord	Prolapsed cord is the condition in which the umbilical cord lies in the birth canal below the foetal presenting part, or is visible at the vagina following rupture of the membranes during labour.

No.	Term used	Working Definition
56	Pre-term labour	Pre-term labour is defined as the onset of labour prior to the completion of 37 weeks of gestation. Inj. Corticosteroid is indicated if the onset of preterm labour is between 24 to 34 weeks of gestation.
57	Prolong labour	Active labour lasting longer than 12 hours in a primipara and more than 8 hours in a multipara is considered as prolong labour.
58	Puerperal sepsis	Puerperal sepsis is infection of the genital tract after delivery/ abortion, or any time between the onset of rupture of membranes till 42 days after delivery or abortion. Puerperal sepsis is accompanied by rise in temperature and pulse rate, foul-smelling vaginal discharge (lochia), pain and tenderness in lower abdomen. Puerperal sepsis can be prevented by taking aseptic precautions before and after delivery/ abortion.
59	Retained placenta	The placenta is said to be retained, if it is not delivered within half an hour of the birth of the baby.
60	SBA(Skilled Birth Attendant)	Skilled Birth Attendant (SBA) is a person who can handle common obstetric and neonatal emergencies and is able to detect and recognize well in time when a situation has reached a point beyond his/her capability of management and refers the woman/newborn to an appropriate facility without delay. All others are considered as 'Non-SBA'. TBAs (Traditional Birth Attendant) trained or untrained, do not fall into the category of SBAs.
61	Sepsis in newborn	Sepsis is a blood infection that occurs in a newborn and is caused by bacterial infection. Newborn may have one or more signs and symptoms due to sepsis such as fever, poor feeding, lethargy, abdominal distension, respiratory distress and weak cry etc.
62	Sterilization Male	Sterilization (Vasectomy) is the permanent method of contraception for male.
63	Sterilization Female	Sterilization (Tubectomy) is the permanent method of contraception for female.
64	PPS (Post-Partum Sterilization)	PPS is the sterilization of female, through 'Minilap' within 7 days of delivery.
65	STI/RTI	Sexually Transmitted Infections (STI): Infections caused by germs such as Bacteria, viruses or protozoa that are passed from one person to another mainly through sexual contact. Reproductive Tract Infections (RTI): Any infection of the reproductive tract in males and females.
66	Stillbirth	Complete expulsion or extraction of foetus from its mother, where the foetus does not breathe or show any evidence of life, such as beating of the heart or a cry or movement of the limbs. If the foetus dies in the uterus after 20 week of pregnancy or during labour/delivery, it will be considered / reported as stillbirth.

No.	Term used	Working Definition
67	TB (Tuberculosis)	<p>Tuberculosis (TB) is a contagious disease that can affect any part of the body but is mainly an infection of the lungs. It is caused by a bacterial microorganism. TB can be treated, cured and prevented.</p> <p>Common signs and symptoms of active TB are cough for a prolonged duration (more than three weeks), unexplained or unintended weight loss, fatigue, general feeling of tiredness or malaise, fever (usually low grade), sweating at night, chills and loss of appetite.</p>
68	Tetanus Toxoid (TT) for pregnant woman	<p>Injection tetanus toxoid (TT) is a vaccine that prevents tetanus in pregnant woman and neonatal tetanus in newborn.</p> <p>Two doses of Inj. TT are required during pregnancy; first dose should be administered as soon as possible during pregnancy and the second dose after one month interval or at least one month before the EDD. If the woman skips one antenatal visit, give the injection whenever she comes back for the next visit.</p>
69	Tetanus Toxoid (Booster Dose) for pregnant woman	<p>If a pregnant woman was vaccinated during her last pregnancy (within last 3 years) with 2 doses of Inj. TT (i.e. TT1 and TT2), only one dose is to be given as early as possible during her current pregnancy and indicate this dose as 'Booster Dose of TT'.</p>
70	Urinary tract infection (UTI)	<p>Infection of the urinary tract of the woman. If a pregnant woman complains of fever (above 38° C) and/ or burning on urination and / or pain in either of the flanks, UTI (Urinary Tract Infection) should be suspected.</p>
71	Weight gain during pregnancy	<p>A pregnant woman gains 9–11 Kg of weight during her pregnancy. After three months of pregnancy, she gains around 2 Kg every month.</p> <p>If weight gain is only 5-6 Kg or less than 2 Kg per month during her pregnancy, an inadequate dietary intake can be suspected which may lead to Intrauterine Growth Retardation (IUGR) and results in low birth weight baby.</p> <p>If there is an excessive weight gain (more than 3 kg in a month) during pregnancy, suspect pre-eclampsia, twins/multiple pregnancy) or diabetes.</p>

Chapter-3

Brief of Antenatal and Postnatal Care at Sub-Centre Level



Chapter-3

Brief of Antenatal and Postnatal Care at Sub-Centre Level

3.1 Introduction

Any pregnancy can develop complications at any stage, so timely provision of obstetric care services is extremely important for management of such cases and every pregnancy needs to be cared during pregnancy, childbirth and post-partum period.

Some of the important steps /activities to be performed by the ANM during antenatal and postnatal check-ups at Sub-Centre level are briefly described below.

3.2 Antenatal Care

Antenatal care is the systematic supervision of women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus. A proper antenatal check-up provides necessary care to the mother and helps identify any complication (s) of pregnancy (such as anaemia, pre-eclampsia, hypertension etc.) and slow/inadequate growth of the foetus.

3.3 Early Registration of Pregnant Women

The first visit or registration of a pregnant woman for ANC should be done as soon as the pregnancy is detected. Confirm pregnancy in the first trimester soon after her missed period by conducting a urine examination of the pregnant woman by using a pregnancy test kit. Ideally, the first visit should take place within 12 weeks of pregnancy. However, even if a woman comes later in her pregnancy, she should be registered and all health services should be provided according to the gestational stage of the pregnancy.

3.4 Antenatal Visits

Every pregnant woman should make at least four visits for ANC. The schedule for antenatal visits is as follows:

- ANC-1 Within 12 weeks of pregnancy
- ANC-2 Within 14 to 26 weeks of pregnancy
- ANC-3 Within 28 to 34 weeks of pregnancy (to be done by Medical Officer)
- ANC-4 Within 36 weeks and full term of pregnancy

3.5 Record-keeping

After registration, record the details of pregnant woman in the RCH register. Thereafter, fill up the 'Mother and Child Protection (MCP) Card' and give it to the woman with the instruction to bring this card during all subsequent check-ups/visits and also to carry it along with her to the hospital at the time of delivery.

3.6 Antenatal Check-Up

Before starting the antenatal check-up, ensure that all the required instruments and equipment are available and are in working condition. These include: stethoscope, blood pressure apparatus, weighing scale, measuring tape, foetoscope, thermometer, gloves, 0.5% chlorine solution, syringes, needles, hub cutter, spirit swab, IFA tablets, TT vaccine, and equipment for testing haemoglobin and urine and MCP Card including RCH register. After the check-up, record all findings accurately on real-time basis.

3.7 Components of Antenatal Check-Up

3.7.1 History-Taking

During the first visit, take a detailed history of the pregnant woman for the following:

3.7.2 Menstrual History

Ask the woman about the first day of her last menstrual period (LMP). Make sure that the woman is ***not referring to the date of the missed period i.e.*** the date when menstruation was expected to occur in the following month and failed to occur. This mistake will lead to a miscalculation of the gestational age and expected date of delivery (EDD) by about four weeks. **Refer Annexure 4.4** for calculation of EDD from the date of LMP.

3.7.3 History of Previous Pregnancies

It is essential to ask a woman about her previous pregnancies or obstetric history. This is important especially if she had any complications in previous pregnancies, as some complications may occur during the present pregnancy. Ask number of previous pregnancies, and their outcome whether they were live birth, stillbirth or abortion. Obtain information about obstetric complications in the previous pregnancies and inquire about the following:

- Recurrent early abortion
- Post-abortion complications
- Hypertension, pre-eclampsia or eclampsia
- Ante-partum haemorrhage (APH)
- Breach or transverse presentation
- Obstructed labour including dystocia
- Perineal injuries/tears

- Excessive bleeding after delivery
- Puerperal sepsis
- Caesarean section
- Assisted delivery
- Breech delivery
- Manual removal of placenta
- Blood transfusion

3.7.4 History of Current and Past Illness

Find out whether the woman has or is suffering from any of the following:

- High blood pressure (Hypertension)
- High blood sugar level (Diabetes)
- Breathlessness on exertion, palpitation (suspect Heart disease)
- Chronic cough, blood in the sputum, prolonged fever (suspect Tuberculosis)
- Renal (Kidney) disease
- Convulsions (Epilepsy)
- Attacks of breathlessness (suspect Asthma)
- Jaundice
- Malaria
- Reproductive Tract Infections (RTI)
- Sexually Transmitted Infections (STI)
- HIV/AIDS

3.7.5 Family History of Systemic Illness

Ask the pregnant woman, whether there is a family history of hypertension, diabetes, tuberculosis (since there is a tendency to develop these conditions during current pregnancy), thalassemia, or history of having twins or congenital malformed infant in the family (increase the chances of the woman giving birth to a child with the same condition).

3.7.6 Indications for Referral

Following are some of the indications for referral of pregnant woman based on previous obstetric history:

- Stillbirth or neonatal loss
- Three or more spontaneous consecutive abortions
- Obstructed labour
- Premature births, twins or multiple pregnancies
- Weight of the previous baby <2500 gm or >4500 gm

- Congenital anomaly
- Hospitalization for hypertension/ pre-eclampsia / eclampsia in the previous pregnancy
- Surgery on the reproductive tract
- Treatment for infertility
- Spinal deformities, such as scoliosis / kyphosis/polio
- Rh negative blood group of the pregnant woman

3.8 Physical Examination

The activity related to physical examination will be the same during all the ANC visits. The initial readings may be taken as a baseline with which the later / subsequent readings are to be compared.

3.8.1 Pallor

Examine for pallor at each visit, the presence of pallor indicates anaemia. Estimate the woman's haemoglobin using a haemoglobinometer during each ANC visit.

3.8.2 Jaundice

Jaundice is a yellowish staining of the skin and sclera (the white portion of the eyes). Look for yellowish discoloration of the skin and sclera.

3.8.3 Pulse

The normal pulse rate is 60-90 beats per minute. If the pulse rate is persistently high or low, refer her to higher facility for further investigations.

3.8.4 Respiratory Rate

Normal Respiratory Rate (RR) is 18-20 breaths per minute. If the RR is above 30 breaths per minute and pallor is present, this indicates that the woman may have anaemia, heart disease or associated medical problems. Refer her to higher facility.

3.8.5 Oedema

Pitting oedema (swelling) of feet, which appears in the evening and disappears in the morning, could be normal manifestation of pregnancy. Oedema of face, hands, abdominal wall and vulva is abnormal. If oedema is associated with high blood pressure, heart disease, anaemia or proteinuria (presence of albumin in urine), refer her to higher facility. **Non-pitting oedema indicates hypothyroidism or filariasis, refer her for further investigations.**

3.8.6 Blood pressure

To rule out hypertensive disorders during pregnancy, measure her blood pressure at every visit. Hypertension is diagnosed when two consecutive readings taken four hours or more apart, show

the systolic blood pressure to be 140 mmHg or more and/or the diastolic blood pressure to be 90 mmHg or more.

If the pregnant woman has high blood pressure, check her urine for the presence of albumin. The presence of albumin together with high blood pressure is the sign of pre-eclampsia. Refer her to higher facility for management. **If the diastolic blood pressure is above 110 mmHg, it is a danger sign that points towards eclampsia, the woman should be referred to the FRU.**

3.8.7 Weight of Pregnant Woman

Normally, a pregnant woman gains 9–11 Kg of weight during her pregnancy. After three months of pregnancy, she gains around 2 Kg every month. If she gains less than 2 Kg per month, an inadequate dietary intake can be suspected, which may lead to intrauterine growth retardation (IUGR) and results in low birth weight baby. Therefore, she needs to be put on food supplementation. If there is an excessive weight gains (more than 3 Kg in a month), suspect pre-eclampsia, twins (multiple pregnancy) or diabetes, and refer her to the higher facility for management.

3.9 Abdominal Examinations

To monitor the progress of the pregnancy, well-being and growth of the foetus, conduct following abdominal examination:

1. Measurement of fundal height (FH)
2. Determination of foetal lie and presentation by fundal palpation, lateral palpation and pelvic grips
3. Auscultation of the foetal heart sounds (FHS)

3.10 Laboratory investigations

The following laboratory investigations can be carried out at Sub-Centre level:

- Pregnancy detection test
- Haemoglobin estimation
- Urine test to assess the presence of sugar to diagnose gestational diabetes
- Urine test to assess the presence of albumin (proteins) for detection of pre-eclampsia
- Rapid malaria test

3.11 Administration of Injection Tetanus Toxoid

Administration of two doses of tetanus toxoid injection will prevent maternal and neonatal tetanus.

The first dose of Inj.TT should be administered as soon as possible during pregnancy and second dose after one month interval, or at least one month before the EDD. ***If the woman skips one antenatal visit, give injection TT whenever she comes back for the next visit.***

If the woman has been immunized with two doses of Inj. TT during the previous pregnancy within the past three years, then give only one dose of TT (considered as 'Booster Dose') as early as possible in the current pregnancy.

Salient Components of Antenatal Check Up of Pregnant Women

- ☑ Register every pregnancy within 12 weeks of gestation
- ☑ To monitor the progress of the pregnancy, track every pregnancy for four antenatal check-ups
- ☑ Take medical and obstetrics history of pregnant woman during her first visit for antenatal check-up and record baseline information on weight, blood pressure, haemoglobin level etc.
- ☑ Get pregnant woman tested for VDRL(RPR), blood sugar level and blood group including the Rh factor
- ☑ Get pregnant woman screened for HIV, if HIV test is +ve, refer to ICTC for counseling
- ☑ Administer two doses of TT injection
- ☑ Give 100 tablets of IFA (Iron Folic Acid) after 12 weeks of pregnancy
- ☑ Give FA (Folic Acid) tablets up to 12 weeks of pregnancy
- ☑ During each ANC visit, conduct blood test for haemoglobin and urine test for presence of sugar and protein
- ☑ During each ANC visit, conduct physical examination of pregnant woman, viz; check for pallor and oedema, take the weight, blood pressure and respiratory rate etc. and check for any complication(s) of pregnancy
- ☑ During each ANC visit, conduct abdominal palpation for foetal growth, foetal presentation and auscultation of foetal heart sounds (FHS) as per the gestational stage of the pregnancy
- ☑ Advise and encourage the pregnant woman to opt for institutional delivery
- ☑ During each visit, advise her for proper diet, rest, personal hygiene etc.
- ☑ Do not give any medication to pregnant woman within 12 weeks of pregnancy, unless advised by a physician.

3.12 Postnatal Care

The care of the mother and the newborn after delivery is known as postnatal care (PNC).

3.12.1 Postnatal Period

The first 42 days (six weeks) after delivery are considered as the post-natal period. The first 48 hours of the post-natal period, followed by the first one week, are the most crucial period for the health and survival of both mother and her newborn. Most of the fatal and near-fatal maternal and neonatal complications occur during this period.

3.12.2 Postnatal Visits

Number and timing of postnatal visits

Make seven postnatal visits on 1st day, 3rd day, 7th day, 14th day, 21st day, 28th day and 42nd day after home delivery. In case of institutional delivery (woman discharged after 48 hours), make

six visits on 3rd day, 7th day, 14th day, 21st day, 28th day and 42nd day. Postnatal Care (PNC) is to be done for both mother and newborn. If the baby was born dead (stillbirth) or baby died within 42 days of birth, even then, make PNC visits for mother.

3.12.2.1 First Visit for Mother

Examine both mother and her newborn on the same day during each PNC visit

History-Taking

History taking is important, if ANM was not present at the time of delivery. Review the events of labour and birth to identify any risk factor or events during the birth that may be important in the management of mother and the newborn. Ask following to the mother:

- Where did the delivery take place?
- Who conducted the delivery?
- Is there a history of :
 - a. Any complication (s) during delivery?
 - b. Excessive bleeding per vagina
 - c. Convulsions or loss of consciousness
 - d. Pain in the legs
 - e. Abdominal pain
 - f. Fever
 - g. Dribbling or retention of urine
 - h. Breast tenderness
- Has the mother started breastfeeding the baby?
- Has the mother started her regular diet?
- Are there any other complaints for mother / newborn?

Examination of Mother

- Check pulse, blood pressure, temperature and respiratory rate
- Check for the presence of pallor
- Conduct an abdominal examination
- Examine vulva and perineum for the presence of any tear, swelling/ discharge of pus
- Examine the sanitary pad to assess if the bleeding is heavy, and also see if the lochia is healthy and does not smell foul (to rule out puerperal sepsis)
- Examine the breasts for any lumps or tenderness, check condition of the nipples and observe breastfeeding

3.12.2.2 First Visit for Newborn

History-Taking

History taking is important, if ANM was not present at the time of delivery. Ask following to the mother:

- When did the newborn pass urine?
- When did the newborn pass meconium?
- Has the mother started breastfeeding the newborn within one hour of the delivery?
- Newborn is suckling well on breast
- Any difficulty in breathing (fast breathing / chest-in-drawing)
- Umbilical cord is red or swollen, or is discharging pus
- Movements of the newborn are less than normal (normally, newborns move their arms or legs or turn their head several times in a minute)
- Any skin infection (pustules)—red spots which contain pus or a big boil
- Any convulsions
- History of fever
- Any obvious congenital anomaly seen?
- Any other complaints?

If any of the above problems is present, refer the newborn to the FRU.

Examination of Newborn

Respiration

Count the respiratory rate for one minute. The normal respiratory rate is 30-60 breaths per minute. If it is less than 30 breaths per minute or more than 60 breaths per minute, refer the newborn.

Chest-in-Drawing

Mild chest-in-drawing is normal in a newborn because the chest wall is very soft. Severe chest-in-drawing (lower chest wall goes in, when the newborn breathes in) is a sign of pneumonia, refer the newborn.

Pallor

Check yellow discolouration of palms and soles for jaundice, it is abnormal, if appears within 24 hours after birth, refer the newborn.

Cyanosis

Blue discoloration of tongue and lips (cyanosis) is abnormal, refer the newborn.

Body Temperature

The body temperature can be assessed by recording the axillary temperature by thermometer or feeling the newborn's abdomen or axilla. If the temperature is less than 36.5° C or above 37.4°, refer the newborn.

Examine Umbilicus

Examine the umbilicus for any bleeding, redness or pus. If there is any, refer the newborn.

Examine for Skin Infection

Red rashes on the skin may be seen 2–3 days after birth. These are normal. If there are 10 or more pustules (red spots or blisters which contain pus) or a big boil / abscess, refer the newborn.

Examine for Cry and Activity

If the newborn is not alert and/or has a poor cry, excessive/ continuous (inconsolable) cry/high pitch cry, lethargic/unconscious or if the movements are less than normal, refer the newborn.

Examine Eyes for Discharge

Check eyes if they are red, watery, discharge or swollen eyelids, refer the newborn.

Examine for Congenital Malformations

Examine for congenital malformations and birth injury. If there are any, refer the newborn.

3.12.2.3 Subsequent visits for mother

History-Taking

Take similar history as taken during the first postnatal visit, and ask the following questions to the mother:

Is there continue bleeding per vagina (P/V)? i.e. delayed PPH (post-partum bleeding occurring 24 hours or more after delivery)

- Is there foul-smelling vaginal discharge? This could be indicative of puerperal sepsis.
- Has there been any fever?
- Is there any pain or problem while passing urine (dribbling or leaking)
- Is there fatigue and is 'not feeling well'?
- Does she feel unhappy or cry easily? This indicates post-partum depression, and usually occurs 4–7 days after delivery.
- Are there any other complaints?

Examination of Mother

This is similar to the examination conducted during the first postnatal visit. It includes the following:

- Check the pulse, blood pressure and temperature
- Check for pallor
- Conduct an abdominal examination to see if the uterus is well contracted (hard and round), and to rule out the presence of any uterine tenderness. If there is pain, refer the mother.
- Examine the vulva and perineum for the presence of any swelling or pus. If either of these is present, refer the mother.
- Examine the sanitary pad for bleeding and lochia. Assess if it is profuse and whether it is foul smelling, if so, refer the mother.
- Examine the breasts for the presence of lumps or tenderness. If either is present, refer the mother.
- Check the condition of the nipples. If they are cracked or sore, refer the mother.

3.12.2.4 Subsequent Visits for Newborn

History-Taking

Ask the same questions to the mother, as asked during the first postnatal visit.

Examination of Newborn

Observe the newborn and record the following:

- Whether he/she is sucking well
- If there is difficulty in breathing (fast or slow breathing and chest in-drawing). If there is fever or the newborn is cold to touch
- If there is jaundice (yellow palms and soles)
- Whether the umbilical cord is swollen or there is discharge from it
- If the newborn has diarrhoea with blood in the stools
- If there are convulsions or arching of the newborn's body

Refer the newborn, if any of the above is present.

Newborn's Weight Loss

- Loss of weight (about 10% of birth weight) within first 3 days is normal; the mother should not worry about it. If weight loss is more than 10%, breastfeeding should be assessed (and advise the mother accordingly). After the third day, the newborn start gaining weight and regains its birth weight by the first week.

3.12.2.5 Visit on 42nd Day for Mother

History-Taking

Ask the mother following:

- Has the vaginal bleeding stopped?
- Is there any foul-smelling vaginal discharge?
- Does she have any pain or problem while passing urine (dribbling or leaking)?
- Does she get easily fatigued and/or 'does not feel well'? Is she having any problem (s) with breastfeeding?
- Are there any other complaints?

Examination of Mother

- Check the woman's blood pressure
- Check for pallor
- Examine the vulva and perineum for the presence of any swelling or pus
- Examine the breasts for the presence of lumps or tenderness. If either is present, refer the mother

3.12.2.5 Visit on 42nd Day for Newborn

History-Taking

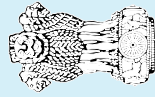
Ask the mother following:

- Has the baby received all the vaccines recommended so far?
- Is the baby being exclusively breastfed and taking breastfeeds well?
- How much weight has the baby gained?
- Does the baby have any of the following problems?
 - Not accepting breastfeeds
 - Looks sick (lethargic or irritable)
 - Fever or feels cold to touch
 - Convulsions
 - Fast or difficult breathing
 - Blood in stools
 - Loose motions /diarrhoea

Examination of Newborn

- Check the weight of the baby
- Check if the baby is active / lethargic
- Check for any congenital anomaly

By providing comprehensive antenatal care (ANC) and postnatal care (PNC), ANM is able to identify complications in a timely manner, and referring woman and newborn with complications after basic management to a higher facility for further management. This will help to reduce maternal, neonate and infant mortality rates.



MINISTRY OF HEALTH AND FAMILY WELFARE
Government of India

REVISED VERSION 1.1

REPRODUCTIVE AND CHILD HEALTH REGISTER (VILLAGE-WISE)



Section I

Tracking of Eligible Couples(EC) and use of Contraceptives



SECTION-I (INDEX)

Tracking of Eligible Couples (EC) and use of Contraceptives




1	2	3		4	
					
Sr. No.	MCTS ID No. of Woman*	Name of Woman	Name of Husband**	Aadhaar No. / NA	Aadhaar No. and Bank Details of Woman
				Aadhaar No. / NA	Bank Account No./NA
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

* FROM MCTS PORTAL, AFTER IT IS OPERATIONAL FOR ELIGIBLE COUPLES. THIS MCTS ID. NO. WILL REMAIN THE SAME THROUGHOUT HER SPAN OF REPRODUCTIVE PERIOD, UP TO THE AGE OF 49 YEARS.

** IF HUSBAND NAME IS NOT DISCLOSED, WRITE NOT APPLICABLE

NA - NOT AVAILABLE

SECTION-I




Tracking of Eligible Couples (EC) and use of Contraceptives						EC - 1
1	2	3	4	5		
						
Sr. No.	MCTS ID No. of Woman*	Date of Registration#	Woman		Husband**	
			Name	Current Age (in Years)	Age at Marriage (in Years)**	Name
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

*FROM MCTS PORTAL AFTER IT IS OPERATIONAL FOR ELIGIBLE COUPLES

**IF NAME OF HUSBAND IS NOT DISCLOSED, WRITE NOT APPLICABLE

WRITE DATE AS DD/MM/YYYY, WHEREVER APPLICABLE

SECTION-I

Tracking of Eligible Couples (EC) and use of Contraceptives										EC - 1	
6	7	8	9	10		11		12	13		
Address	Religion	Caste SC/ST/ Others	BPL/APL	Total No. of Children Born		No. of Live Children		Details of Youngest Child		If EC is infertile Refer to FRU/District Hospital	
				M	F	M	F	Age (Years)	Sex (M/F)		
											

NOTE: RCH REGISTER IS TO BE MAINTAINED FOR TWO CONSECUTIVE FINANCIAL YEARS. THE FIRST YEAR INFORMATION ARE TO BE RECORDED IN EC-2 FORMAT AND FOR THE SECOND YEAR, THE DETAILS OF MONTHLY FOLLOW UP VISITS OF THE ELIGIBLE COUPLES FOR USE OF CONTRACEPTIVES ARE TO BE RECORDED IN EC-2 A FORMAT.

SECTION-I

Tracking of Eligible Couples (EC) and use of Contraceptives

EC-2

14 Use of Family Planning Method

15

[illegible]

**ECP NOT A REGULAR CONTRACEPTIVE, TO BE USED ONLY IN EMERGENCY
 **NOTE: IN CASE OF MALE STERILIZATION, EC IS CONSIDERED AS 'INACTIVE' AFTER 4 MONTHS AND IN CASE OF FEMALE STERILIZATION, EC IS CONSIDERED AS 'INACTIVE' AFTER 2 MONTHS. THEREAFTER, MONTHLY VISITS TO ENQUIRE ABOUT THE USE OF CONTRACEPTIVES ARE NOT REQUIRED.

SECTION-I

Tracking of Eligible Couples (EC) and use of Contraceptives

EC-2A

14

Use of Family Planning Method

15

[illegible]

IF PREGNANCY TEST IS -VE, CONTINUE THE MONTHLY FOLLOW UP VISITS. IF PREGNANT, WRITE DETAILS IN SECTION- II **ECP NOT A REGULAR CONTRACEPTIVE, TO BE USED ONLY IN NOTE: IN CASE OF MALE STERILIZATION, EC IS CONSIDERED AS 'INACTIVE' AFTER 4 MONTHS AND IN CASE OF FEMALE STERILIZATION, EC IS CONSIDERED AS 'INACTIVE' AFTER 2 MONTHS. THEREAFTER, MONTHLY VISITS TO ENQUIRE ABOUT THE USE OF CONTRACEPTIVES ARE NOT REQUIRED.






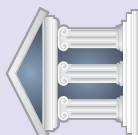
Section II

Tracking of Pregnant Women



SECTION-II (INDEX)

Tracking of Pregnant Women

1	2	3	4	5			6		7
									
Sr. No.	MCTS ID No. of Pregnant Woman ⁽¹⁾	Name of Pregnant Woman	Name of Husband*	Aadhaar No. and Bank Details of Pregnant Woman			JSY Beneficiary Details		Page Number ⁽³⁾
				Aadhaar No. / NA	Bank Account No. / NA	Name of Bank & Branch / NA	JSY Beneficiary Yes/No.	Payment Received (Yes/No) ⁽²⁾	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

(1) ID NO. OF PREGNANT WOMAN WILL BE SAME AS RESPECTIVE MCTS ID NO. OF THE WOMAN UNDER SECTION- I OF THIS REGISTER

(2) APPLICABLE ONLY FOR THE JSY BENEFICIARY

(3) PAGE NUMBER OF THIS REGISTER (ON WHICH DETAILS OF PREGNANT WOMEN ARE RECORDED)

*IF NAME OF HUSBAND IS NOT DISCLOSED, WRITE NOT APPLICABLE







NA- NOT AVAILABLE

SECTION-II

Tracking of Pregnant Women

PW - 1





General Information

										
	2	3	4	5	6	7	8	9	10	11
	MCTS ID No of Pregnant Woman*	Name of Pregnant Woman	Address	Name of Husband**	Mobile. No (Self/husband/ neighbor/ family) (specify)	Religion	Caste SC/ST/ other	BPL/ APL	Age of PW (DOB)	Date of LMP
1										12
Sr. No.										Date of Registration
1.										
2.										
3.										
4.										

*SAME AS RESPECTIVE MCTS ID NO. UNDER SECTION-I

**IF NAME OF HUSBAND IS NOT DISCLOSED, WRITE NOT APPLICABLE

SECTION-II

Tracking of Pregnant Women										PW - 1	
General Information											
											
13	14	15	16	17	18	19			20	21	22
No. of weeks of pregnancy at the time of registration	Registered within 12 weeks of pregnancy (Yes/No)	Weight of PW (KG) at the time of registration	EDD ⁽¹⁾	Blood Group of PW [Done (Result)/ Not Done]	Past H/O Illness ⁽²⁾	Past Obstetrics History			Indicate expected place and name of facility for delivery ⁽⁵⁾	VDRL / (RPR) test done (date) + VE/- VE / Not done	HIV screening test done (date) test - VE / not done ⁽⁶⁾
						Total No. of Pregnancy	Details of last two Pregnancy	Complications ⁽³⁾			
							Last Preg				
							Last to Last Preg				
							Last Preg				
							Last to Last Preg				
							Last Preg				
							Last to Last Preg				
							Last Preg				
							Last to Last Preg				

(1) FOR CALCULATING EXPECTED DATE OF DELIVERY – REFER READY RECKONER TABLE (ANNEXURE-1 OF THIS REGISTER),

(2) (A) TB, (B) DIABETES, (C) HYPERTENSION, (D) HEART DISEASE, (E) EPILEPTIC (CONVULSIONS), (F) STI / RTI, (G) HIV+VE, (H) HEPATITIS B, (I) ASTHMA, (J) ANY OTHER (SPECIFY) (K) NONE

(3) ANY COMPLICATION DURING PAST PREGNANCY : (A) CONVULSIONS, (B) APH, (C) PREGNANCY INDUCED HYPERTENSION (PIH), (D) REPEATED ABORTION, (E) STILLBIRTH, (F) CONGENITAL ANOMALY, (G) CAESAREAN -SECTION, (H) BLOOD TRANSFUSION, (I) TWINS, (J) OBSTRUCTED LABOUR, (K) PPH, (L) ANY OTHER (SPECIFY), (M) NONE,

(4) OUTCOME OF EACH PREGNANCY: (A) LIVE BIRTH, (B) ABORTION, (C) STILLBIRTH,

(5) DISTRICT HOSP/CHC/PHC/ SUB-CENTER/OTHER PUBLIC FACILITY/ACCREDITED PRIVATE HOSP/ OTHER PRIVATE HOSP/ HOME,

(6) IF HIV TEST IS POSITIVE, DO NOT WRITE THE +VE RESULT IN THIS COLUMN (BECAUSE IT IS CONFIDENTIAL) REFER HER TO ICTC (INTEGRATED COUNSELLING & TESTING CENTRE)

SECTION-II

Tracking of Pregnant Women

PW - 2

Ante Natal Care (ANC) Details

23	24	25	26	27	28	29	30	31	32		33
									Systolic	Diastolic	
Sr. No.	Name of Pregnant Woman	Serial No. of ANC Visit ⁽¹⁾	Date of ANC	Facility/ Place/Site of ANC done	No. of weeks of pregnancy	Abortion (if any) ⁽²⁾		Wt. of PW (Kg)	BP mm Hg	Hb (gm%)	
		1st visit				If Yes, (I/S) No. of weeks of pregnancy	If induced, abortion indicate facility (Govt./Pvt.)				
		2nd visit									
		3rd visit									
		4th visit									
		1st visit									
		2nd visit									
		3rd visit									
		4th visit									
		1st visit									
		2nd visit									
		3rd visit									
		4th visit									
		1st visit									
		2nd visit									
		3rd visit									
		4th visit									
		1st visit									
		2nd visit									
		3rd visit									
		4th visit									

(1) IDEALLY ANC VISITS SHOULD BE -1ST VISIT - WITHIN 12 WEEKS OF PREGNANCY; 2ND VISIT - WITHIN 14 TO 26 WEEKS OF PREGNANCY; 3RD VISIT - WITHIN 28-34 WEEKS OF PREGNANCY, (PREFERABLY TO BE DONE BY THE MEDICAL OFFICER) 4TH VISIT BETWEEN 36 WEEKS AND FULL TERM . IF MOTHER COMES FIRST TIME, ANYTIME DURING HER PREGNANCY, SHE SHOULD BE ENTERED IN FIRST VISIT COLUMN. GIVE HER ALL THE SERVICES DUE TO HER AS PER THE PERIOD OF PREGNANCY INCLUDING SERVICES OF FIRST ANC.

(2) INDUCED /SPONTANEOUS (I= INDUCED, S= SPONTANEOUS)

SECTION-II

Tracking of Pregnant Women

PW - 2

Ante Natal Care (ANC) Details


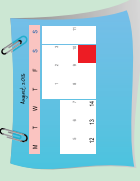


[illegible]

3) IF SUGAR PRESENT IN URINE, ADVISE BLOOD SUGAR TEST FROM NEAREST HEALTH FACILITY. (4) TAB. FOLIC ACID (400 µgm) (WITHIN 12 WEEKS OF PREGNANCY) (5) TAB IFA (AFTER 12 WEEKS OF PREGNANCY). IF ANAEMIC, GIVE DOUBLE DOSE OF IFA. IF TAB. IFA IS NOT GIVEN, WRITE 'NIL'. (6) (A) HIGH BP (SYSTOLIC \geq 140 AND/OR DIASTOLIC \geq 90 mmHg) (B) CONVULSIONS (C) VAGINAL BLEEDING (D.) FOUL SMELLING DISCHARGE (E) SEVERE ANAEMIA (Hb LEVEL $<$ 7 GMS%) (F) DIABETES (G) TWINS (H) ANY OTHER SPECIFY (I) NONE. (7) (A). INDICATE REASON FOR REFERRAL (HIGH RISK / OTHER SERVICES (SPECIFY), (B). AND ALSO INDICATE TYPE OF REFERRAL FACILITY (PHC/ CHC / DIST HOSPITAL / PRIVATE HOSPITAL/ OTHER (SPECIFY), AND WRITE NAME OF FACILITY (E.G. PHC- RAMGAR. CHC-SHYAMNAGAR ETC.). (8) PROBABLE CAUSE OF MATERNAL DEATH (ECLAMPSIA, HAEMORRHAGE, HIGH FEVER, ABORTION, OTHER (SPECIFY)

Note: a) ASK THIS QUESTION TO THE PREGNANT WOMEN ONLY DURING 3rd ANC VISIT i.e. WITHIN 28-34 WEEKS OF PREGNANCY

Tracking of Pregnant Women

PW - 3

									
44	45	46	47	48	49	50	51	52	
Sr. No.	Name of Mother	Date & Time (HH:MM) of Delivery	Place of Delivery ⁽¹⁾	Who Conducted Delivery ⁽²⁾	Type of Delivery ⁽³⁾	Complication During Delivery ⁽⁴⁾	Out come of delivery: Live birth (1/2) or Still birth (1/2)	Date & Time of Discharge (If Institutional Delivery)	
								(DD/MM/YYYY)	Time (HH:MM)

(1) DISTT. HOSP/CHC/PHC/ SUB-CENTER/OTHER PUBLIC FACILITY/ACCREDITED PVT. HOSP./ OTHER PVT. HOSP/ HOME
 (2) ANM /LHV/ DOCTOR/ STAFF NURSE / RELATIVE/ OTHER (SPECIFY)
 (3) NORMAL / CAESAREAN / ASSISTED
 (4) (A) PPH, (B) RETAINED PLACENTA, (C) OBSTRUCTED LABOUR, (D) PROLAPSED CORD, (E) TWINS PREGNANCY, (F) CONVULSIONS, (G) DEATH (IF DIED, INDICATE PROBABLE CAUSE OF MATERNAL DEATH (ECLAMPSIA, HIGH FEVER, HAEMORRHAGE, OBSTRUCTED LABOUR, PROLONGED LABOUR, OTHER (SPECIFY)

102






PW - 3

5) (A) CLEFT LIP/ CLEFT PALATE, (B) NEURAL TUBE DEFECT (SPINA BIFIDA), (C) CLUB FOOT, (D) HYDROCEPHALUS, (E) IMPERFORATE ANUS, (F) DOWN'S SYNDROME, (G) ANY OTHER(SPECIFY), (H) NIL
6) AT THE TIME OF BIRTH
7) INJ. VITAMIN K - INTRAMUSCULAR - (IF BIRTH WEIGHT ≥ 1000 gm (DOSE-1.0 mg) & IF BIRTH WEIGHT ≤ 1000 gm (DOSE- 0.5mg)
NA - NOT APPLICABLE

SECTION-II

Tracking of Pregnant Women

PW - 4

						
66	67	68	69	70	71	73
Sr. No.	Name of Mother	Post Natal Care (PNC)				
		PNC Visit after Delivery ⁽¹⁾	Date of PNC Visit	No. of IFA Tabs given to mother/Nil	Indicate danger Sign(s) (If any)	Weight of infant ⁽⁴⁾ (Kg)
		1 st Day			Mother ⁽²⁾	Infant ⁽³⁾
		3 rd Day				
		7 th Day				
		14 th Day				
		1 st Day				
		3 rd Day				
		7 th Day				
		14 th Day				
		1 st Day				
		3 rd Day				
		7 th Day				
		14 th Day				
		1 st Day				
		3 rd Day				
		7 th Day				
		14 th Day				

(1) ROUTINE 4 PNC VISITS on 1st, 3rd, 7th & 42nd DAY OF THE DELIVERY. UNDER HOME BASED NEWBORN CARE (HBNC) SCHEME THREE MORE PNC VISITS ON 14th, 21st & 28th DAY OF DELIVERY ARE REQUIRED (WRITE DETAILS OF 4 PNC VISITS IN PW-4 FORMAT & 3 VISITS IN PW 4 A FORMAT)

(2) (A) PPH, (B) FEVER, (C) SEPSIS, (D) SEVERE ABDOMINAL PAIN, (E) SEVERE HEADACHE OR BLURRED VISION, (F) DIFFICULT BREATHING, (G) FEVER/ CHILLS, (H) OTHER -SPECIFY, (I) NIL. IF YES - REFER TO FACILITY,

(3) (A) JAUNDICE, (B) DIARRHOEA, (C) VOMITING, (D) FEVER, (E) HYPOTHERMIA (COLD BODY), (F) CONVULSIONS, (G) CHEST - IN -DRAWING (FAST BREATHING), (H) DIFFICULTY IN FEEDING /UNABLE TO SUCK /DECREASED MOVEMENTS, (I) NIL. IF ANY ONE IS YES, REFER TO HEALTH FACILITY

(4) DURING EACH PNC VISIT, TAKE WEIGHT OF THE INFANT, IF NO GAIN IN WEIGHT/ LOSS IN WEIGHT, REFER TO HEALTH FACILITY

SECTION-II

Tracking of Pregnant Women

PW - 4

[illegible]

15) (A) PHC, (B) CHC, (C) DISTRICT HOSP., (D) PRIVATE HOSP./ OTHER (SPECIFY),

(A) POST PARTUM UTERUS - WITHIN 48 HOURS OF DELIVERY, (B) CONDOM, (C) STERILIZATION (MALE), (D) POST PARTUM STERILIZATION (PPS - WITHIN 7 DAYS OF DELIVERY), (E) NONE, (F) ANY OTHER (SPECIFY) _____

77) PROBABLE CAUSE OF INFANT DEATH (ASPHYXIA, LOW BIRTH WEIGHT, FEVER, DIARRHOEA, PNEUMONIA, ANY OTHER -SPECIFY)

PROBABLE CAUSE OF MATERNAL DEATH (ECLAMPSIA, HAEMORRHAGE (PPH), ANAEMIA, HIGH FEVER, OTHER (SPECIFY))






NOTE: AFTER 42 DAYS OF DELIVERY, SHIFT BACK TO EC -2 FORMAT AND TRACK THE ELIGIBLE COUPLE FOR USE OF CONTRACEPTIVE. IN CASE OF MALE STERILIZATION, EC IS CONSIDERED AS 'INACTIVE' AFTER 3 MONTHS AND IN CASE OF FEMALE STERILIZATION, EC IS CONSIDERED AS 'INACTIVE' AFTER 2 MONTHS. THEREAFTER, MONTHLY VISITS TO ENQUIRE ABOUT THE USE OF CONTRACEPTIVES ARE NOT REQUIRED

SECTION-II

Tracking of Pregnant Women

PW - 4 A

UNDER HOME BASED NEWBORN CARE (HBNC) THREE MORE VISITS ON 14TH, 21ST, & 28TH DAY OF DELIVERY ARE REQUIRED

83		84				
		85				
		86				
		87				
		88				
Sr. No.	Name of Mother	Post Natal Care (PNC)				
		PNC Visit ⁽¹⁾ After Delivery	Date of PNC Visit	No. of IFA Tabs given to mother/Nil	Indicate danger sign (s) (If any)	Weight of infant ⁽⁴⁾
		21 st Day			Mother ⁽²⁾	Infant ⁽³⁾
		28 th Day				
		42 th Day				
		21 st Day				
		28 th Day				
		42 th Day				
		21 st Day				
		28 th Day				
		42 th Day				
		21 st Day				
		28 th Day				
		42 th Day				

(1) UNDER HBNC THREE ADDITIONAL VISITS ON 14TH, 21ST, & 28TH DAY OF DELIVERY

(2) (A) PPH (B) FEVER (C) SEPSIS (D) SEVERE ABDOMINAL PAIN (E) SEVERE HEADACHE OR BLURRED VISION (F) DIFFICULT BREATHING (G) FEVER/ CHILLS (H) OTHER -SPECIFY, (I) NIL . IF YES – REFER TO FACILITY

(3) (A) JAUNDICE (B) DIARRHOEA (C) VOMITING (D) FEVER (E) HYPOTHERMIA (COLD BODY) (F) CONVULSIONS (G) CHEST -IN -DRAWING (FAST BREATHING) (H) DIFFICULTY IN FEEDING /UNABLE TO SUCK /DECREASED MOVEMENTS, (I) NIL . IF ANY ONE IS YES, REFER TO HEALTH FACILITY

(4) DURING EACH PNC VISIT, TAKE WEIGHT OF THE INFANT, IF NO GAIN IN WEIGHT/ LOSS IN WEIGHT, REFER TO HEALTH FACILITY

SECTION-II

Tracking of Pregnant Women

PW - 4 A

UNDER HOME BASED NEWBORN CARE (HBNC) THREE MORE VISITS ON 14TH, 21ST, & 28TH DAY OF DELIVERY ARE REQUIRED

[illegible]

- (5) (A) PHC (B) CHC (C) DISTRICT HOSP. (D), PRIVATE HOSP./ OTHER (SPECIFY)
- (6) (A) POST PARTUM IUCD (PPIUCD)- WITHIN 48 HOURS OF DELIVERY (B) CONDOM (C) STERILIZATION (MALE) (D) POST PARTUM STERILIZATION (PPS-WITHIN 7 DAYS OF DELIVERY) (E) NONE (F) ANY OTHER (SPECIFY)
- (7) PROBABLE CAUSE OF INFANT DEATH (ASPHYXIA, LOW BIRTH WEIGHT, FEVER, DIARRHOEA, PNEUMONIA, ANY OTHER -SPECIFY)
- (8) PROBABLE CAUSE OF MATERNAL DEATH (ECLAMPSIA, HAEMORRHAGE (PPH), ANAEMIA, HIGH FEVER, OTHER (SPECIFY) NOTE:-AFTER 42 DAYS OF DELIVERY, SHIFT BACK TO EC-2 FORMAT AND TRACK THE ELIGIBLE COUPLE FOR USE OF CONTRACEPTIVES.




Section III

Tracking of Children



SECTION-III (INDEX)

Tracking of Children

1	2	3	4	5	6	7	
							
Sr. No.	MCTS ID No. of Child	Date of Registration	Name of Child	Sex of Child (M/F)	Name	Mobile No. of mother / father/ any other contact No.	Page Number*
					<div>Mother</div> <div>Father</div>		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

*PAGE NUMBER OF THIS REGISTER (ON WHICH DETAILS OF THE CHILD ARE RECORDED)










SECTION-III

Tracking of Children										CH - 1	
1	2	3	4	5	6	7	8	9	10	11	12
Sr. No.	MCTS ID No. of Child	Child Name	Sex (M/F)	Mother's Name	MCTS ID No. of Mother	Address	Date of Birth of Child	Weight at birth (Kg)	Place of Birth	Religion	Caste SC/ST/Others
1.											
2.											
3.											
4.											
5.											

SECTION-III

Tracking of Children

CH - 2

13	14	15	16				17				18				19			20
																		
Sr. No.	Child Name	BCG ⁽¹⁾	OPV 1	DPT 1	HepB1	Penta valent 1*	OPV 2	DPT 2	HepB2	Penta valent 2*	OPV 3	DPT 3	HepB3	Penta valent 3*	Measles (1st Dose)**	Vitamin A (1st Dose)	JE (1st Dose)	Fully Immunized within 12 months of age ⁽²⁾ (Yes/No)
		Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	

(1) REFER IMMUNIZATION SCHEDULE (ANNEXURE-2) SECTION-IV

(2) FULLY IMMUNIZED (WITHIN 12 MONTHS OF AGE) : BCG + DPT 1,2,3 + OPV 1,2,3+HEP B 1,2,3 +MEASLES 1ST DOSE, IF PENTAVALENT VACCINE GIVEN-FULLY IMMUNIZED (WITHIN 12 MONTHS) - BCG+OPV1,2,3+ PENTAVALENT 1,2,3 + MEASLES 1ST DOSE)




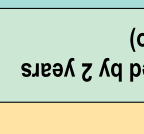




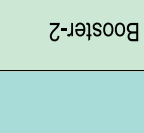









NOTE: AFTER EACH IMMUNIZATION SESSION, TAKE OUT SUMMARY TABLE NOS. 1 & 2 AS GIVEN AT ANNEXURE-3 (SECTION- IV) AND FILL UP THE DETAILS

*IF APPLICABLE **ALSO FILL-UP CH-3 FORMAT OF THE REGISTER.

SECTION-III

Tracking of Children

CH - 2



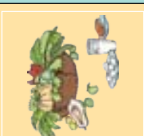


21					22	23								24	25		26	27
																		
																		OPV B
Date Given	Date Given	Date Given	Date Given	Date Given	Date Given	Vitamin A (3 rd to 9 th Dose) ⁽⁷⁾								DPT Booster-2	Adverse events following immunization (AEFI) reported if any		Reason for closure of case (child migrated out/ died) ⁽⁶⁾	Remarks (If any)
						3 rd Dose Date Given	4 th Dose Date Given	5 th Dose Date Given	6 th Dose Date Given	7 th Dose Date Given	8 th Dose Date Given	9 th Dose Date Given	Date Given	Non-serious/ serious ⁽⁴⁾ / Nil	Details of Vaccine ⁽⁵⁾			

(3) FULLY IMMUNIZED (BY 2 YEARS OF AGE)- BCG + DPT 1,2,3 & BOOSTER 1 + OPV 1,2,3 & BOOSTER 1 + PENTAVALENT VACCINE GIVEN-FULLY IMMUNIZED (BY 2 YEARS OF AGE) - BCG+OPV1,2,3 & BOOSTER+ PENTAVALENT 1,2,3 +DPT BOOSTER 1+MEASLES 1 & 2) (4) SERIOUS AEFI (HOSPITALIZATION, CLUSTERING OF CASES, DEATH), ALL OTHER ADVERSE EVENTS ARE 'NON SERIOUS'. IF NO "AEFI", WRITE NIL
 (5) NAME, BATCH NO., DATE OF EXPIRY & NAME OF MANUFACTURER OF VACCINE. IF NO "AEFI", WRITE DATE & PLACE (HOSPITAL/HOME) OF DEATH AND PROBABLE CAUSE OF DEATH (LOW BIRTH WEIGHT, PNEUMONIA, DIARRHOEA, MEASLES, HIGH FEVER, ANY OTHER (SPECIFY) (7) TOTAL 9 DOSES OF VIT A- 1ST AT 9 MONTHS, 2ND AT 18 MONTHS; SUBSEQUENTLY, ONE DOSE EACH AT 6 MONTHS INTERVAL UPTO FIVE YEARS
 NOTE: AFTER EACH IMMUNIZATION SESSION, TAKE OUT SUMMARY TABLE NOS. 1 & 2 AS GIVEN AT ANNEXURE-3 (SECTION- IV) AND FILL UP THE DETAILS, *IF APPLICABLE, **ALSO FILL-UP CH-3 FORMAT OF THE REGISTER, B-BOOSTER

SECTION-III

Tracking of Children

CH - 3

28	29	30	31	32	33	34
				 When child comes for first dose of measles (Between 9-12 months) take the weight of the child & ask the mother if child had diarrhoea and or pneumonia (fever and Fast breathing/ chest-in-drawing) in last 15 days?	 When child comes for first booster dose of DPT, (Between 16-24 months) take the weight of the child & ask the mother if child had diarrhoea and or pneumonia (Fever & Fast breathing/ chest-in-drawing) in last 15 days?	
Serial No. of the child	Only (exclusive) breastfeeding was given upto 6 months (Yes/ No)	Complementary feeding initiated after 6 months (Yes/No)	If No, which month complementary feeding was initiated?			Date of visit Weight of the Child (KG) Diarrhoea (Yes/No) If Yes, ORS given (Yes/No) Pneumonia (fever and fast breathing /Chest-in drawing) (Y/N) If Yes, Antibiotics given (Yes/No)/ Don't know

Section IV

Annexures

Annexure 1 for Section – II

Calendar for Calculation of Expected Date of Delivery (EDD) from the Date of LMP

LMP	January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	January	LMP
EDD	October	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	November	EDD
LMP	February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	-	-	-	February	LMP
EDD	November	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	-	-	-	December	EDD
LMP	March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	March	LMP
EDD	December	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	January	EDD
LMP	April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	April	LMP
EDD	January	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	-	February	EDD
LMP	May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	May	LMP
EDD	February	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	March	EDD
LMP	June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	June	LMP
EDD	March	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	-	April	EDD
LMP	July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	July	LMP
EDD	April	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	May	EDD
LMP	August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	August	LMP
EDD	May	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	June	EDD
LMP	September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	September	LMP
EDD	June	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	-	July	EDD
LMP	October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	October	LMP
EDD	July	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	August	EDD
LMP	November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	-	November	LMP
EDD	August	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	-	September	EDD
LMP	December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	December	LMP
EDD	September	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	October	EDD

National Immunization Schedule (NIS) for Infants, Children and Pregnant Women

Vaccine	When to give	Dose	Route	Site
FOR PREGNANT WOMEN				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT- Booster	If received 2 TT doses in a pregnancy within the last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
FOR INFANTS				
BCG	At birth or as early as possible till one year of age (0.05ml until 1 month age)	0.1ml	Intra-dermal	Left Upper Arm
Hepatitis B- BIRTH DOSE	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid thigh
Hepatitis B 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Pentavalent Vaccine** 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles 1	At 9 completed months to 12 months.	0.5 ml	Sub-cutaneous	Right upper Arm
Vitamin A (1st dose)	At 9 completed months with measles - First Dose	1 ml (1 lakh IU)	Oral	Oral
Japanese Encephalitis (1st Dose)***	At 9 completed months	0.5 ml	Sub-cutaneous	Left Upper Arm
FOR CHILDREN				
DPT Booster-1	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV Booster	16-24 months	2 drops	Oral	Oral
Measles- 2nd Dose	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
Japanese Encephalitis (2nd Dose)***	16-24 months	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin A (2nd to 9th dose)	18 months (2nd dose), thereafter, one dose each every 6 months up to the age of 5 years.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

*GIVE TT-2 OR BOOSTER DOSES BEFORE 36 WEEKS OF PREGNANCY. HOWEVER, GIVE TT EVEN IF MORE THAN 36 WEEKS HAVE PASSED. GIVE TT TO A WOMAN IN LABOUR, IF SHE HAS NOT PREVIOUSLY RECEIVED TT.

** PENTAVALENT VACCINES 1,2 & 3 IS INTRODUCED IN PLACE OF DPT 1,2 & 3 AND HEPATITIS B 1,2 & 3 IN SELECTED STATES.

*** JE VACCINE, IN SELECTED ENDEMIC DISTRICTS.

Annexure-3 for Section – IV

Summary Tables for ANM For Monthly Reporting (Sample)

Write the details of each immunization session in Table Nos. 1 & 2 (To be used for monthly reporting)

Table - 1

NAME OF VILLAGE RECORDS OF LOGISTIC USED	DATE (DD/MM/YYYY)		BATCH NO.	NAME OF MANUFACTURE	DATE OF EXPIRY
	QUANTITY IN DOSES RECEIVED	QUANTITY IN DOSES RETURNED			
ANTIGEN USED					
BCG					
OPV					
DPT					
HEPATITIS B					
TT					
PENTAVALENT VACCINE					
JE					
VIT A					
DILUENTS USED					
BCG DILUENTS					
JE DILUENTS					
MEASLES DILUENTS					
SIZE OF SYRINGES USED					
0.1 ML					
0.2 ML					
0.5 ML					
5 ML					

Table-2

NAME OF VILLAGE		DATE (DD/MM/YYYY)		DOSE				
SUMMARY OF EACH IMMUNIZATION SESSION (ANTIGEN-WISE NUMBER OF BENEFICIARY)								
ANTIGEN	0	1	2	3	BOOSTER-1	BOOSTER-2		
BCG								
OPV								
DPT								
HEPATITIS B								
MEASLES								
TT (PW)*					BOOSTER (IF APPLICABLE)			
JE								
PENTAVALENT VACCINE								
Vit A DOSE (1-9)**								
1	2	3	4	5	6	7	8	9
VITAMIN A SYRUP	DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)
** 2 nd /OR BOOSTER DOSE								
** TOTAL 9 DOSES- 1 st AT 9 MONTHS, 2 nd AT 18 MONTHS, 3 rd AT 24 MONTHS, SUBSEQUENTLY, ONE DOSE EACH AT 6 MONTHS INTERVAL UPTO 5 YEARS								

Abbreviations

Sr. No	Abbreviation	Description
1	AEFI	Adverse Events Following Immunization
2	ANC	Ante Natal Care
3	ANM	Auxiliary Nurse Midwife
4	APH	Ante Partum Haemorrhage
5	APL	Above Poverty Line
6	ASHA	Accredited Social Health Activist
7	AWW	Aangan Wadi Worker
8	BCG	Bacillus Calmette -Guerin
9	BP	Blood Pressure
10	BPL	Below Poverty Line
11	CH	Child
12	CHC	Community Health Centre
13	CU	Copper
14	DOB	Date of Birth
15	DPT	Diphtheria Pertussis Tetanus
16	EC	Eligible Couple
17	EDD	Expected Date of Delivery
18	ECP	Emergency Pills
19	F	Female
20	FH	Fundal Height
21	FHR	Foetal Heart Rate
22	FP	Family Planning
23	FRU	First Referral Unit
24	Govt.	Government
25	Gm	Gram
26	Hb	Haemoglobin
27	HEP B	Hepatitis B
28	HG	Mercury
29	HIV	Human-Immuno-deficiency Virus
30	H/O	History Of
31	HOSP	Hospital
32	ID.	Identification
33	IFA	Iron Folic Acid
34	IU	International Unit

Sr. No	Abbreviation	Description
35	IUCD	Intra Uterine Cervical Device
36	JE	Japanese Encephalitis
37	JSY	Janani Suraksha Yojana
38	KG	Kilogram
39	LMP	Last Menstrual Period
40	M	Male
41	MCTS	Mother & Child Tracking System
42	MG	Milligram
43	Mm	Millimeter
44	MPW	Multi Purpose Worker
45	NO.	Number
46	OBS	Obstetrics
47	OCP	Oral Contraceptive Pills
48	OPV	Oral Polio Vaccine
49	PHC	Primary Health Centre
50	PNC	Post Natal Care
51	PPH	Post Partum Haemorrhage
52	PREG	Pregnancy
53	PVT.	Private
54	PW	Pregnant Women
55	REG	Registration
56	RPR	Rapid Plasma Reagin
57	RTI	Reproductive Tract Infection
58	SC	Scheduled Caste
59	SR	Serial
60	ST	Scheduled Tribe
61	STI	Sexually Transmitted Infections
62	TB	Tuberculosis
63	TT	Tetanus Toxoid
64	VCTS	Voluntary Counseling and Testing Centre
65	VDRL	Veneral Disease Research Laboratory
66	WKS	Weeks
67	Wt.	Weight

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