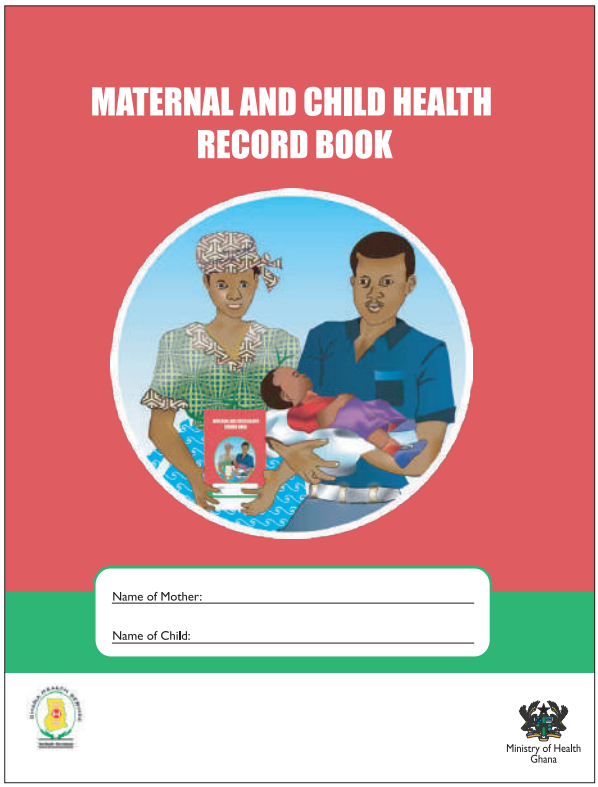
USER GUIDE

FOR

MATERNAL AND CHILD HEALTH RECORD BOOK



September 2021

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Finally, the Ministry of Health/ Ghana Health Service deeply appreciates and acknowledges all who in one way or another contributed to the development of the User Guide.

Table of Contents

1. INTRODUCTION

1-1. USER GUIDE FOR THE MCH RECORD BOOK

To ensure the effective use and appropriate and timely completion of the Maternal and Child Health Record Book (MCH RB), a User guide has been developed for service providers.

This Guide will enable service providers to understand the content of the MCH Record Book and build their capacity to record appropriately the health status of pregnant women, newborns, postpartum women and children under 5 years. The Guide will also enable service providers to effectively engage caregivers to learn and apply the various messages in the book. It also emphasizes the critical role of health providers and caregivers in ensuring continuum of care.

I. OBJECTIVES OF THE GUIDE

- To serve as an instructional material for service providers on the use of the MCH Record Book
- To serve as a reference document for obtaining appropriate client information, complete recording of client information and service provision
- To equip service providers to promote the continuum of care among clients

II. TARGET USERS OF THE GUIDE

- Health care providers, Health managers
- Other potential users like health training institutions

1-2. WHAT IS THE MCH RECORD BOOK

The Maternal and Child Health Record Book (MCH Record Book) is a home-based health record of mothers, newborns and children which contains essential information to promote and maintain their health and their family's health. The book aims to promote Maternal, Newborn and Child Health (MNCH) through the Continuum of Care (CoC). CoC refers to continuity of individual care on time from pregnancy to childhood and continuity on space between service delivery points. Evidence from various sources shows that an improved continuum of key packages of interventions for MNCH is the pathway to reduce maternal and neonatal mortality and morbidity. For example, the evidence presented by Ensure Mothers and Babies Regular Access to Care (EMBRACE) Implementation Research Project (June 2012 to March 2016) which showed increased completion of all the CoC after introduction of CoC Card and CoC orientation for health workers was incorporated into the development of the MCH Record Book.

The new combined book intends to address a current gap in the uptake of care between delivery and postnatal care in the country and encourage completion of all the components of CoC. It was also developed with a strong focus for mothers and other family members to enhance understanding of the CoC services as well as important health and nutrition information.

The Ministry of Health and the Ghana Health Service have developed the Integrated "Maternal and Child Health Record Book" with technical and financial support from Japan International Cooperation

Agency (JICA). The work to develop the book started in early 2016 followed by a pretest of the draft book, and a pilot test was carried out in three regions (Upper West, Ashanti and Central) in 2017 to assess the impact of the effective utilization of the book in all the different service delivery points. The book was launched for national distribution in March 2018, followed by National Roll-out including the training for health care provides as well as the monitoring and supervision.

1-3. OBJECTIVES OF THE MCH RECORD BOOK

Ghana MCH Record Book intends to directly address the needs of reproductive, maternal, newborn and child health (RMNCH) in Ghana. The specific objectives of the combined MCH Record Book are

1) To promote Continuum of Care (CoC)
2) To empower mothers (Empowerment tool)
3) To increase knowledge and skills of mothers, fathers, families and other caregivers on MNCH and Nutrition (Health Education tool)
4) To improve communication between health providers, clients, and clients' family members. (Communication tool)
5) To link maternal and child health, nutrition, EPI, PMTCT, TB and Malaria control, and Early Childhood Development for Integrated Quality services, (Integrated tool)
6) To share information for referral and counter referral (Referral tool)
7) To improve work efficiency of health workers

1-4. TARGET USERS OF THE MCH RECORD BOOK

1) Pregnant women, Mothers and Children
2) Family members (including fathers)
3) Health care providers and other childcare providers
4) SDHMT, DHMT, RHMT, Health Care Providers' Training Institutions
5) Other potential users: Ministry of Education, Civil/Birth Registry

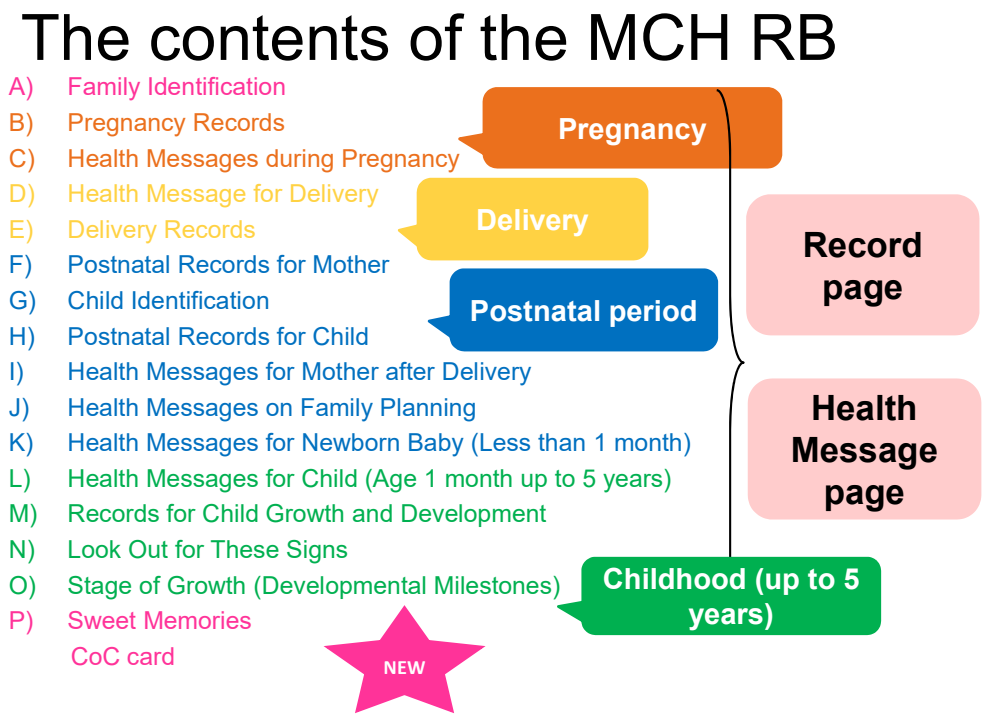
1-5. ORGANIZATION AND CHARACTERISTICS OF THE GHANA MCH RECORD BOOK

a) Organization of the MCH Record Book:

The Book is organized in sections and in the following sequence: Family Identification, Pregnancy Records, Delivery Records, Postnatal Records for Mother, Child Identification, Postnatal Records for Child, Records of Child Growth and Development (Developmental Milestones), Sweet Memories (note for mothers and family members to fill for their memories) and Maternal and Child Continuum of Care (CoC) Card.

b) Characteristics of the MCH Record Book are

1) One book to cover all services and health records of mother and child
2) "Dear Mother "(messages for mothers)
3) CoC card to motivate and remind mothers on completion of CoC
4) Nutrition messages and Nutrition counseling tables
5) Early Childhood Development, Malaria, PMTCT and Immunization records and messages in one book
6) Illustrations to meet the needs of both the literate and illiterate
7) Health, nutrition and hygiene messages for family members, including males
8) Space to be filled by parents (sweet memories))
9) Color cording of sections for efficiency



c. What is CoC (Continuum of Care)

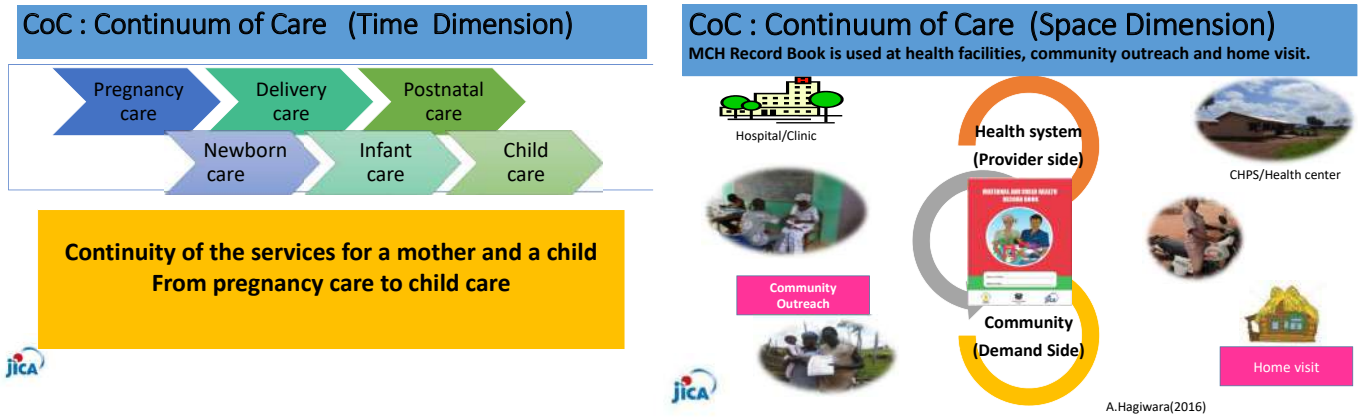
Continuum of Care (CoC) is the continuity of maternal and child health care with the following three dimensions:

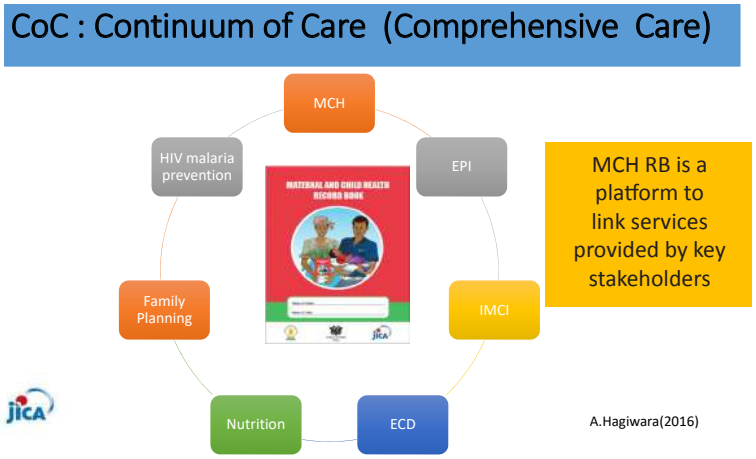
1. TIME: From Pregnancy to Child Care, all services are provided on time with continuity
2. SPACE: MCH services are provided by various health care providers at all levels of health

facilities in the communities and homes.

3. COMPREHENSIVE SERVICES: MCH, Nutrition, EPI, FP, Malaria and IMCI are provided as integrated services.

Mothers and children need comprehensive and continuous care and support at any time and anywhere. The MCH Record book is expected to ensure CoC for all mothers and children.





1-6. MANAGEMENT GUIDE

A Guide has also been prepared for management to provide criteria and guidance to make decisions related to the management of the MCH Record Book. It covers contents such as Authorization and Copy Right, Specifications, Print and reprints, Logistic management, and others.

Target users of the MANAGEMENT GUIDE are Managers at GHS Headquarters, Regional Health Teams, District Health Teams and other stakeholders, such as Christian Health Association of Ghana (CHAG), Quasi Government Health Institutions (GAQHI), Private health facilities and others.

2. HOW TO USE THE MCH RECORD BOOK

2-1. WHEN AND WHERE TO RECEIVE THE MCH RECORD BOOK

Every pregnant woman shall receive one MCH Record Book when she visits ANC for the first time regardless of the gestation of the pregnancy or the service delivery point (public and private). Women and family members will use the same MCH Record Book from pregnancy till the child is 5 years old. In

cases of multiple gestations such as twins, triplets, or more birth, the mother will receive additional books for each newborn. A new MCH Record Book will be provided again if a pregnant woman or mother reports a missing book. Pregnant women and families should be reminded to bring the book along anytime they visit the health facility for ANC, delivery and/or for "weighing" (Child welfare) and sick child visits. It is an important property of the pregnant woman, mother and child, containing essential health records and should be kept safe and clean to last a lifetime. The benefit of using the book in the future for school enrollment and other requirements should be highlighted as an incentive for keeping the book safe and for continuous uptake of services till the child is 5 years.

2-2. USE BY HEALTH CARE PROVIDERS

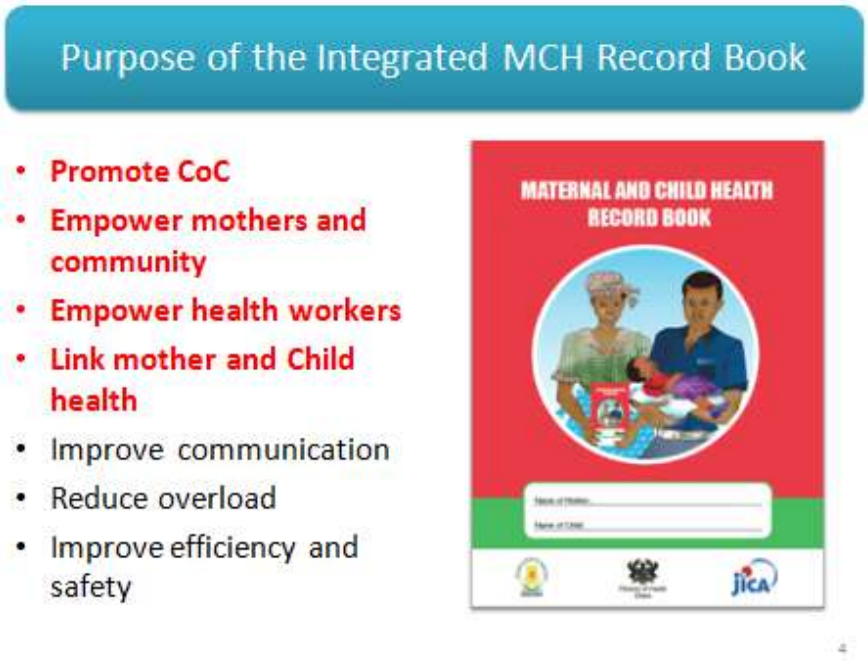
Steps in the usage of book by service providers

1. Issue the book to pregnant women at their first ANC visit regardless of their gestation, and if a woman comes during or after delivery, the MCH Record Book should be given at that time.
2. Use the MCH Record Book to document all records of pregnant women and children as appropriate. Indicate dates for the following visits by pregnant women, mothers and children.
3. Use the MCH Record Book as a tool to initiate effective interaction between the health care provider, pregnant woman and caregivers whether they are met at the health facility or home.
4. Use the book to counsel women and the caregiver appropriately. Impress upon the pregnant woman, family and caregivers the need to keep, study and apply the health actions recommended in the book to ensure a steady healthy pregnancy as well as growth and development of the child up to 5 years of age.

2-3. USE BY THE FAMILY

Use by the family

- Families and caregivers should keep the MCH Record Book carefully in order to preserve health records for both mother and child.
- The MCH Record Book should be carried along each time they visit antenatal or child welfare clinics.
- It should also be carried along anytime a sick mother or a child is sent to the health facility.
- Families should refer to the book for information on how to care for pregnant women and children.
- Families should refer to dates for scheduled visits indicated in the MCH Record Book for pregnant women, mothers and children.
- The MCH RB should be made available whenever required for other purposes e.g. school enrolment, travel requirement, etc.



2-4. How to introduce MCH Record Book ("DEAR MOTHER")

This section provides step-by-step instructions on how to introduce the book when it is given to a client. It is expected that the first time the book is given to a mother (a pregnant woman), the health staff tells the mother what the book is for, how to use it and how to keep it safe. This process is named 'Dear Mother' which is outlined in the following steps. (Refer to the MCH RB page 1)

Congratulate the woman on her pregnancy or delivery.

Tell her about the Book when she is about to receive.

- The Maternal and Child Health Record Book (MCH RB) contains records of your pregnancy, childbirth as well as your child's health, growth and development up to five years of age.
- It has information on how to maintain and care for yourself and your child.
- If you have questions and anxieties about your pregnancy, delivery and childcare, please feel free to ask me any questions you have.

Receive MCH Record book

- You will be given an MCH Record Book.
- The book is for you, your baby, and your family.
- If you deliver twins, triplets or more, you will receive additional books for each child.

Bring the MCH Record Book

- Please take the MCH Record Book along with you any time you visit the health facility and take it along when you are traveling.
- Health workers need it to review your personal health records and your baby's records.

Complete Continuum of Care (CoC)

- The CoC card will help you to receive all the essential services at the right time. You will receive a star stamp on the CoC card upon completion of each service and health education.
- It is important to receive all services, health education and counseling for you and for your baby to maintain good health.

Use the MCH Record Book at home

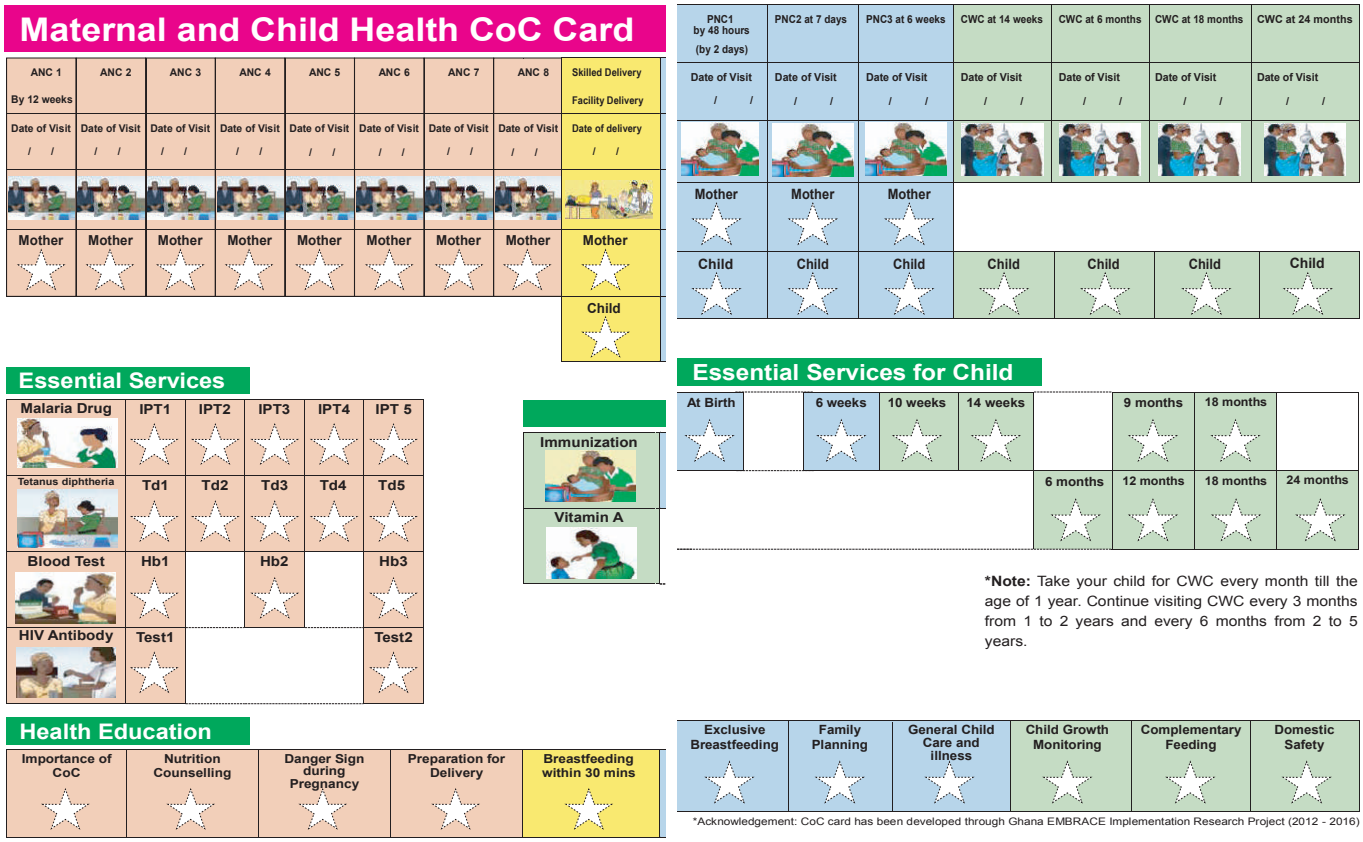
- Please read the MCH RB with your partner and family members. It contains health information for the entire family. Feel free to ask health care providers if you have any questions.

Visit the Health facility immediately if you notice any danger signs.

- The MCH RB tells you about danger signs and risks for you and your baby. Please lookout for these signs and report immediately to your health providers.

Take good care of it and keep it in a safe place.

- Please keep the MCH RB well and safe because it contains important information on you and your child. You will need it in the future for the next pregnancy for review. You will also need it when you or your child is unwell, for your child's schooling, or use for travel purposes.



3. HOW TO FILL IN THE MCH RECORD BOOK

3-1. Family Identification

This section contains personal information about the family. It is important to complete every field accurately for the health care provider to have continuing contact and meaningful interaction throughout the pregnancy and childbirth continuum. Refer to the table below for instructions for completing the fields.

All dates should be written as dd/mm/yyyy. If some information is not available, record a dash (-); such as birth weight of previous children and fill it in anytime it becomes available.

Page 3

Serial No. for Mother: 705

Registration No. for Mother: 501/16

Name of Health Facility: Kotoku Health Centre

Date of Issue of this MCH Record Book: 17/05/2016

NHIS No.: 12345678

Serial No. for Mother	Write the serial number of the mother as recorded in the antenatal register. (e.g. 705)
Registration No. for Mother	Write the mother's facility registration number as given by records department. Record with a red pen. (e.g. 501/16)
Name of Health Facility	Record the full name of the place where the MCH Record Book was issued. (e.g. Mamprobi Polyclinic, Kotoku Health Centre)
Date of Issue of MCH Record Book	Record the date of the MCH Record Book was issued to the parents. (e.g. 17/05/2016)
NHIS No.	Write the NHIS number as indicated in the NHIS ID card.

Mother's Name: Nancy Mensah

Date of Birth: 22 / 02 / 1987 Age: 29

Address: House number A5, Dansoman

Landmark: Near the Control market Sub District: -

District: Ablekuma south Region: Greater Accra

Telephone No: -

Marital Status: Single (Married) Other

Educational Status: None / Primary School / (Junior High School) / Senior High School / Tertiary

Occupation: housewife

Mother's Name	Record the full name of the mother.
Date of Birth	Record the date of birth of the mother. (e.g. 22/02/1987)
Age	Record the age of the mother. (e.g. 29 years old)
Address	Record the house number, town and prominent land mark of mother's residence. (e.g. House number A5, Dansoman, near the Control market, Ablekuma south district, Greater Accra)
Telephone No	Write the telephone number of the mother. This could be land line or mobile phone number of the mother. If the mother does not have her own telephone, record the number of any one closely associated with her.
Marital status	Circle or write down the marital status of the mother. (e.g. married, single, divorced, widowed, separated, cohabitation)
Educational status	Circle the highest level of education.
Occupation	Write clearly the main income earning activity of the mother. (e.g. farmer, trader, seamstress, hairdresser, teacher, tutor, lecturer, driver, nurse, medical doctor, housewife etc.)

Spouse's Name: Felix Mensah

Date of Birth: 05/10/1982 Age: 34

Address: House number A5, Dansoman

Landmark: near the Control market Sub District:

District: Ablekuma south Region: Greater Accra

Telephone No: 0200111222

Educational Status: None / Primary School / Junior High School (Senior High School) Tertiary

Occupation: driver

Spouse's Name	Record the full name of the father.
Date of birth	Record the date the father was born. (e.g. 05/10/1982) If they do not know the date of birth, record a dash (-).
Age	Record the age of the father of the baby. (e.g. 34 years old)
Address	Record the house number, town and prominent land mark of father's residence. (e.g. House number A5, Dansoman, near the Control market, Ablekuma south district, Greater Accra)
Telephone No	Write the telephone number of the father. This could be land line or mobile phone number of the father. If the father does not have his own telephone, record the number of any one closely associated with him.
Educational status	Circle the highest level of education.
Occupation	Write clearly the main income earning activity of the father. (e.g. farmer, trader, tailor, barber, teacher, tutor, lecturer, driver, nurse, medical doctor, etc.)

Name of contact person: Felix Mensah

Telephone No. for Emergency: 0200111222

Telephone No. for Emergency Transportation: 020333444 (ABC taxi)

Name of Midwife/Doctor: Margaret Awuni

Telephone No. of Midwife/Doctor: 0540111222

Name of contact person	Record name of the contact person
Telephone No. for Emergency	Record the telephone number of person to be reached in case of emergency.
Telephone No. for Emergency Transportation	Record the Telephone number for emergency transportation such as taxi or neighbors who have a vehicle.
Name of Midwife/Doctor	Write full name of service provider who regularly attends to client at the antenatal clinic
Telephone No of Midwife/Doctor	Write cell phone number of service provider who regularly attends to the client.

3-2. Pregnancy Records

This section consists of three parts; obstetric history, pregnancy record and counseling.
The first part outlines information of client's obstetric and medical/surgical histories. Completing this part enables the identification of possible risk factors that should be looked out for while providing care for the pregnant woman. The second part is dedicated to detailed information about the current pregnancy and the woman's health status as well as record of investigations that should be carried out and how often these should be done. The last part highlights topics of counseling in each trimester.
It is important to take note of all instructions given under the various tables that are marked with asterisks (*) and act accordingly.

Page 4

1) Obstetric History / Previous Pregnancies

Obstetric History

No. of Pregnancies: 3 No. of Births: 1 No. of Abortions (Spontaneous: 1 / Induced: 0)

Previous Pregnancies (Including miscarriages)

No.	Date of Delivery / Pregnancy Loss	Place of Birth	Problems during Pregnancy	Gestational Age at Birth	Mode of Delivery	Outcome of Delivery	Labour / Postpartum Complications	Child		
								Sex	Birth Weight (kg)	Child's Present Health
1	/ /	Hospital / (HC) / MH / CHPS / Home / Other	None	38 weeks	SVD / (AVD) / CS	(Live Birth) / Still Birth / Miscarriage	Prolonged labour	(M)/F	3.0 kg	(Good)/Poor/Died
2	/ /	Hospital / HC / MH / CHPS / (Home) / Other		12 weeks	(SVD) / AVD / CS	Live Birth / Still Birth / (Miscarriage)		M/F		Good/Poor/Died
3	/ /	Hospital / HC / MH / CHPS /			SVD / AVD / CS	Live Birth / Still Birth /		M/F		Good/Poor/Died

No. of Pregnancies	Write the number of pregnancies including current pregnancy.
No. of Births	Write the number of births and record the details of births below.

No. of Abortions	Write the number of abortions (spontaneous / induced) and record the details of abortion below. The date, place, and gestational age should be recorded.
Problems during Pregnancy	Record any complications on previous pregnancies, specify what they are. (e.g. PIH, APH, etc.)
Labour / Postpartum Complications	Record any complications of previous deliveries, specify what they are. (e.g. Prolonged labour, PPH, etc.)
Child	In case of twins, triplets, or more, recording should be divided into plural rows.

Case of multiple delivery

Previous Pregnancies (Including miscarriages)

No.	Date of Delivery / Pregnancy Loss	Place of Birth	Problems during Pregnancy	Gestational Age at Birth	Mode of Delivery	Outcome of Delivery	Labour / Postpartum Complications	Child		
								Sex	Birth Weight (kg)	Child's Present Health
1	13 / 02 / 16	(Hospital) / HC / MH / CHPS / Home / Other	Twin	37	(SVD) / AVD / CS	(Live Birth) / Still Birth / Miscarriage	None	(M)/F	2.5	(Good)/Poor/Died
2	13 / 02 / 16	(Hospital) / HC / MH / CHPS / Home / Other	Twin	37	(SVD) / AVD / CS	(Live Birth) / Still Birth / Miscarriage	None	M/(F)	2.7	(Good)/Poor/Died
3	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died

Page 5

2) Infant Feeding / Medical and Surgical History / Social Risk Factors / Family History / Physical Examination at First Visit

Infant Feeding		
Did you breastfeed your last child?	(Yes)	No
Did you exclusively Breastfeed your last child?	(Yes)	No
If Yes, how long? 6 months **If less than 6 months, what was the reason?** **If No, what was the reason?**		
Duration of Breastfeeding 1 year 10 months		

Medical and Surgical History					
Hypertension	(No)	Yes	**Respiratory disease**	(No)	Yes
Heart disease	(No)	Yes	**TB**	(No)	Yes
Sickle cell disease	(No)	Yes	**Mental illness**	(No)	Yes
Diabetes	(No)	Yes	**Other (specify)**		
Epilepsy	(No)	Yes	**Previous Surgery:** none		
HIV infection	280				
Asthma	(No)	Yes			
Allergies (Drug/Food)	(No)	Yes:			
Medication history	(No)	Yes:			

Social Risk Factors		
Alcohol	(No)	Yes:
Smoking	(No)	Yes:

Family History					
Hypertension	(No)	Yes	**Multiple pregnancies**	(No)	Yes
Heart disease	(No)	Yes	**Birth defects**	(No)	Yes
Sickle cell disease	(No)	Yes	**Mental health disorder**	(No)	Yes
Diabetes	(No)	Yes	**Other**		

Physical Examination at First Visit		
General condition	(Normal)	Abnormal:
Face	(Normal)	Abnormal:
Head & Neck	(Normal)	Abnormal:
Breasts	(Normal)	Abnormal:
Abdomen	(Normal)	Abnormal:
Heart	(Normal)	Abnormal:
Lung	(Normal)	Abnormal:
Other	N.A.D	

Infant Feeding	Circle the appropriate response.
Medical and Surgical History	Circle the appropriate response.
HIV infection	Indicate 280 (negative) or 279 (positive).
Previous Surgery	Indicate type of surgery done. If no surgery, write “none”.
Social Risk Factors	Circle the appropriate response.
Alcohol	If the answer is Yes, find out the quantity per day/week.
Smoking	If the answer is Yes, find out how many sticks per day/week.
Family History	Circle the appropriate response.
Physical Examination at First Visit	Circle the appropriate response.
Other	If there is no abnormality detected, record “N.A.D.”.

Page 6

3) Records of current pregnancy

Records of current pregnancy

First day of the last menstural period (L.M.P.)	**Date:** 20 / 3 / 2016
Estimated Date of Delivery (EDD)	**By SCAN or (LMP)** **Date:** 27 / 12 / 2017
Height 152.6 **cm**	**Weight at ANC1 (Before 12 weeks)** 50 **kg**
BMI at ANC1 (Before 12 weeks) 21.5	**Estimated desired weight at EDD** 61.5 – 66.0 **kg**
Type of contraception used before this pregnancy (If any)	Depo

First day of the last menstrual period (LMP)	Indicate the first day of the last menstruation.
Estimated Date of Delivery (EDD)	Calculate the EDD by the last menstrual period (LMP). The due date may be estimated by adding 280 days (9 months and 7 days) to the first day of the last menstrual period. Example: LMP is on 12 September 2018 Day: 12+7=19 Month: September + 9 months= June EDD will be 19 June 2019 If the pregnant woman does not remember the last menstruation, estimate the date of delivery by SCAN. Ultrasound measurement of the embryo or fetus before 20 weeks is a more accurate method to establish or confirm gestational age. Circle the used method for EDD; SCAN or LMP.
Height	Measure pregnant woman's height and record appropriately
Weight at ANC1 (Before 12 weeks)	Measure pregnant woman's weight at the first visit and record it. If she comes before 12 weeks, calculate BMI and estimate the desired weight at EDD.
BMI at ANC1 (Before 12 weeks)	**Determine BMI for all women who come to ANC before 12 weeks and use that to estimate desired weight gain at delivery:** Calculate BMI **BMI=Weight (Kg) / Height (m)²** A much simpler way to calculate BMI using the calculator = Weight (kg)/Height (m)/Height(m) OR: Use the BMI Chart (Annex2)

<table>
<tr>
<td>Estimated desired weight at EDD</td>
<td>Indicate an appropriate range of estimated desired weight (minimum to maximum) at the end of the pregnancy.
To determine estimated desired weight at delivery,
Step1: Classify BMI as Normal, Underweight, Overweight or Obese (see table below)
Step 2: According to the classification, determine the range of weight. Each BMI result has a different range of figure to be added to weight at ANC 1.
Weight at ANC 1+ Min. weight gain
Weight at ANC 1 + Max. weight gain

<table>
<tr><th>BMI at ANC1 (by 12 weeks)
= Weight (kg) / Height (m)^2</th><th>Estimated desired weight
at EDD (range)</th></tr>
<tr><td>< 18.5
Underweight</td><td>From weight at ANC 1 + 12.5kg
to weight at ANC 1 + 18kg</td></tr>
<tr><td>18.5 - 24.9
Normal</td><td>From weight at ANC 1 + 11.5kg
to weight at ANC 1 +16kg</td></tr>
<tr><td>25 - 29.9
Overweight</td><td>From weight at ANC 1 + 7 kg
to weight at ANC 1 + 11.5kg</td></tr>
<tr><td>≧ 30
Obese</td><td>From weight at ANC 1 + 5kg
to weight at ANC 1 + 9 kg</td></tr>
</table>
</td>
</tr>
<tr>
<td>Type of contraception used before this pregnancy</td>
<td>Indicate type of contraception used before current pregnancy. (e.g. Depo, Implants, Pills)</td>
</tr>
</table>

BMI and Estimated desired weight at EDD calculation 1

1. Faustina, 11 weeks: Weight =55 kg, Height 167 cm

To calculate BMI **BMI = Weight (kg)/Height (m)^2**

Height is usually measured in centimetres (cm). To convert to metres (m), divide by 100.

Therefore, Height 167cm = 1.67m

BMI = 55 / (1.67*1.67)

Equals 55/2.789

BMI = 19.7kg/m^2

The minimum and maximum weight gain for this BMI is 11.5kg and 16kg.

Therefore, estimated desired weight at the end of pregnancy

(55+11.5) and (55+16).

Estimated desired range is between 66.5kg and 71kg.

If you have a mobile phone or a calculator, you can easily calculate the BMI. You should divide weight by height twice. For example, weight 55 kg and height 167. The calculation will be 55÷1.67 ÷1.67= 19.7kg/ m^2.

The minimum and maximum weight gain for this BMI is 11.5kg and 16kg

Therefore, estimated desired weight at the end of pregnancy

(55+11.5) and (55+16)

Estimated desired range is 66.5kg and 71kg

OR

Classify BMI using the BMI Table (ANNEX 2)

Try your hands on these: calculate BMI and estimated desired weight with the following information,

- Question A: 21 year old, 9 weeks pregnancy, height 156cm, weight 44kg
- Question B: 23 year old, 10 weeks pregnancy, height 151cm, weight 58kg
- Question C: 29 year old, 8 weeks pregnancy, height 167cm, weight 68kg
- Question D: 35 year old, 11 weeks pregnancy, height 162 cm, weight 72kg
- Question E: 31 year old, 8 weeks pregnancy, height 169 cm, weight 90kg
- Question F: 36 year old, 10 weeks pregnancy, height 165cm, weight 85kg
- Question G: 27 year old, 12 weeks pregnancy, height 163cm, weight 40kg

The answers are at ANNEX 2.

Investigations					
Tests	**Date**	**Results**	**Tests**	**Date**	**Results**
Blood Group	17/ 05/ 16	(A) B / O / AB	**Hb* (first visit)**	17 / 05 / 16	12.0 g/dl
Rh typing	17/ 05/ 16	(Positive) / Negative	**Repeat Hb***	/ /	
HBsAg	17/ 05/ 16	(Negative) / Positive	**Repeat Hb* (at 28 weeks)**	04 / 10 / 16	11.0 g/dl
Sickling	17/ 05/ 16	Negative / (Positive (AS/SS/SC/AC/Other))	**Repeat Hb***	/ /	
G6PD	17/ 05/ 16	(No Defect) / Full Defect / Partial Defect	**Repeat Hb* (at 36 weeks)**	29 / 11 / 16	10.5 g/dl
VDRL/Syphilis	17/ 05/ 16	(Negative) / Positive	**Repeat Hb***	/ /	
HIV Antibody	17/ 05/ 16	280	**Urine RE**	17 / 05 / 16	N.A.D.
Repeat HIV Antibody (before 34weeks)	15/ 11/ 16	280	**Repeat Urine RE**	/ /	
BF for Malaria	17/ 05/ 16	(Negative) / Positive	**Stool RE**	17 / 05 / 16	N.A.D.

*** If Hb is below 11g/dl, refer to protocol.**
All laboratory / investigation results must be reviewed before next routine visit is scheduled.
If the result is abnormal, please write with red pen.

** BF for Malaria: Test only if malaria is suspected; Treat if positive and Track.

Investigations	Record the date of samples taken and circle the corresponding result. If the result is abnormal, write with red pen and take appropriate action.
HIV infection	Indicate 280 (negative) or 279 (positive).
Hb	Indicate results in **g/dl** of the Hb test. (e.g 12 g/dl)
Urine RE / Stool RE	State what the results of the RE says. (e.g. No Abnormality Detected (N.A.D.))
BF for Malaria	BF for Malaria is not a routine test. But if the pregnant woman complains, test, indicate the results and take appropriate action.

If abnormalities are detected, proper actions should be taken and recorded in the progress notes;
for example, Rh (-), HBsAg (+), VDRL (+), HIV 279 and anemia.

5) Ultrasound Scan

Ultrasound Scan Results						
	Date	Placenta location	Amniotic Fluid Volume	Gestational Age	Presentation	Any Abnormality (specify)
First Scan (before 20 weeks)	28/06/16	(Posterior/) Anterior/ Low	(Normal/) Abnormal	14w0d	-	N.A.D
Second Scan (after 32 weeks)	10/11/16	(Posterior/) Anterior/ Low	(Normal/) Abnormal	33w2d	Cephalic	N.A.D
Other	/ /	Posterior/ Anterior/ Low	Normal/ Abnormal			

First Scan Second Scan	Ultrasound Scan should be done at least twice during pregnancy. Record the Placenta location, Amniotic Fluid Volume, Gestational Age, Presentation, and Any Abnormality according to the report.
Other	A third row has been provided for additional scan that may be required.

Page 7

6)Antenatal Follow-Up

Antenatal Records												
Date	Weight (kg)	BP (mmHg)	Urine (−/+/++/+++) Protein / Sugar	Gest. Age in weeks	Fundal Height (cm)	Presentation	Descent	Fetal Heart Rate (/bpm)	Number of days IFA* supplied	Complaints/ Remarks**	Name & Signature	Date of Next Visit
17/05/16	50	110/72	− / −	8	-	-	-	-	28 days	morning sickness, NC	Margaret Awini	14/06/16
14/06/16	51.5	118/65	− / (+)	12	-	-	-	-	28 days	Feels well	Margaret Awini	13/07/16
20/07/16	53	116/74	− / −	17	13	-	-	140	28 days	Feels well	Margaret Awini	17/08/16
17/08/16	55	120/76	− / −	21	19	-	-	120	28 days	Feels well	Margaret Awini	21/09/16
21/09/16	56.5	110/74	− / −	26	23	-	-	130	28 days	Feels well	Margaret Awini	19/10/16
19/10/16	58	116/72	− / −	30	26	Cephalic	5/5th	140	28 days	Feels well, NC	Margaret Awini	01/11/16
/ /												/ /

Urine (Protein and Sugar)	Indicate whether negative (−), trace, or positive by (+), (++) or (+++).
Presentation	Indicate the fetal presentation on palpation. (e.g. Cephalic, Breech)
Descent	Indicate the descent on palpation. (e.g. 5/5th, 4/5th)
Number of IFA Supplied	Indicate the number of days Iron Folic Acid supplied. (e.g. 28 days)
Complaints / Remarks	Always check for complains to rule out danger signs such as bleeding, contractions, edema and put comments. If the mother has any complaints, please write the details on the progress note and take appropriate action.
Name & Signature	Write full name and signature of service provider.

If abnormalities are detected, the details and proper actions should be taken and recorded in the progress notes; for example, high blood pressure.

Page 8

7) Tetanus-diphtheria

Tetanus–Diphtheria Immunization Schedule

Tetanus–Diphtheria Dose	Date Given	Batch Number
Tetanus-diphtheria 1	23 / 12 / 2009	AB 12345
Tetanus-diphtheria 2	27 / 1 / 2010	AB 13562
Tetanus-diphtheria 3	/ /	
Tetanus-diphtheria 4	/ /	
Tetanus-diphtheria 5	/ /	
Tetanus-diphtheria 5+ (received up to five doses. Vaccine not required. Record date seen at facility)		

Tetanus-diphtheria	Td1- At first ANC visit Td2- At least 4 weeks after Td1 Td3- At least 6 months after Td2 Td4- At least 1 year after Td3 Td5- At least 1 year after Td4 Collect information on previous vaccination history from pregnant woman or previous MCH Record Book and record the batch number for each dose given, in addition to the date. If the pregnant woman have received 5 doses of vaccination, no more vaccine is required. Record the date seen at the facility.

8) Malaria Prevention / Intermittent Preventive Treatment (IPTp) For Malaria

Malaria Prevention	
Long Lasting Insecticide Treated Net (LLIN)	Date Supplied 17 / 05 / 16
G6PD status	(No Defect) / Full Defect / Partial Defect

Intermittent Preventive Treatment (IPTp) For Malaria	Date Given	Gestational Age in Weeks
IPT 1	26/07/16	18 weeks
IPT 2	23/08/16	22 weeks
IPT 3	04/10/16	28 weeks
IPT 4		

Intermittent Preventive Treatment (IPTp) For Malaria	SP (Sulfadoxine Pyrimethamine) should be given to the pregnant women after 16 weeks or after she starts feeling baby's movement till delivery. Give subsequent doses at least 1 month after the previous dose up to a maximum of 7 doses. Record the gestational age and date of IPT given. SP should be administered through a Directly Observed Treatment (DOT) method.

9) Deworming

Deworming : Give after 16 weeks						
Date	04	/	10	/	2016	

Deworming	Deworming Tablet should be given to the pregnant women after 16 weeks. Write the date when the mother receives deworming treatment.

Case study

Madam Akosua Mensah 29 years old with her second pregnancy. She is attending her third Antenatal visit today at 22 weeks of gestation. She received Tetanus/ Diphtheria (TD) vaccination at ANC 1 (11 weeks) and Sulfadoxine Pyrimethamine (SP) at ANC 2 (17 weeks).

Assignment

1. What services will be offered her during this visit?
2. Complete the MCHRB with key documentation required after providing those services

Page 9

10) Topics for Client Counselling

Topics for Client Counselling	* Write the date of the counselling		
1st Trimester			
How to use the MCH Record Book	17 / 05 / 16	Personal hygiene	17/ 05 / 16
Importance of CoC, How to use CoC card	17 / 05 / 16	Mother to Child Transmission of HIV	17/ 05 / 16
Purpose of antenatal care	17 / 05 / 16	Danger signs in pregnancy	17/ 05 / 16
Diet and Nutrition / Anaemia / IFA Sup.	17 / 05 / 16	Drugs and substance abuse	17/ 05 / 16
Malaria prevention	17 / 05 / 16	Additional Topics	/ /
Rest and exercise	17 / 05 / 16		
2nd Trimester			
Pregnancy Induced Hypertension	04 / 10 / 16	Birth preparedness, complication readiness and support person	04/ 10 / 16
Diet and Nutrition / Anaemia / IFA Sup.	04 / 10 / 16	Additional Topics	04/ 10 / 16
Sexual activity and Safe sex	04 / 10 / 16	Gestational diabetes	
3rd Trimester			
Signs for labour and progress of delivery	/ /	Importance of postnatal care	/ /
Neonatal care and danger signs in newborn	/ /	Breastfeeding and breast care	/ /
Immunization schedule for baby	/ /	Additional Topics	/ /
Diet and Nutrition / Anaemia / IFA Sup.	/ /		

Relevant information should be given to the mother timely. After counseling on each topic, the date should be recorded in the table. This counselling session can be conducted in several ways; individual or group counselling. It is important to provide interactive counselling rather than just information provision. Listen to the mother's needs, concerns and interests and provide necessary information in a friendly atmosphere. Practical advice is preferable.

If problems or concerns are identified during the Client Counselling, it should be recorded on the progress note in addition to appropriate action taken.

Topics for counseling can be referred to on the following pages of the MCH Record Book.

How to use the MCH Record Book	Page 1	Personal hygiene	Page 16
Importance of CoC, How to use CoC card	Page 1	Mother to Child Transmission of HIV	PMTCT guideline
Purpose of antenatal care	Page 15	Danger signs in pregnancy	Page 18
Diet and Nutrition/Anemia/IFA Sup.	Page 17	Drugs and substance abuse	Page 16
Malaria prevention	Page 15	Rest and exercise	Page 16
Pregnancy Induced Hypertension	*SM Protocol	Birth preparedness, complication readiness and support person	Page 19
Sexual activity and Safe sex	Page 16	Signs for labour and progress of delivery	Page 20
Importance of postnatal care	Page 28 and 32	Neonatal care and danger signs in new born	Page 30 – 32
Breastfeeding and breast care	Page 30-31	Immunization schedule for baby	Page 51

* SM Protocol: National Safe Motherhood Service Protocol

Page 9

11) Nutrition Counselling for Pregnant Woman

The purpose of Nutrition counselling for the pregnant woman is to maintain/improve her nutritional health and promote optimum foetal growth. The output of each counselling is the agreed plan of action to be taken by the woman. A minimum of three counselling sessions will be conducted by health care providers at 1st trimester, 2nd trimester and 3rd trimesters of pregnancy respectively when ANC visits are made. The first nutrition counselling should be done in the first trimester. Additional sessions will be conducted if necessary. The nutrition counselling table outlines three major steps (Assessment, Analysis, Action) of the counselling process.

Assessment - evaluation of an individual/specific sub-groups or the entire population's nutritional status. At the individual level, assessment means ask about age appropriate feeding and condition of mother/father/caregiver and child: ask, listen and observe. Note causes related to recurrent illness or other social and environmental factors, thus, learn about the pregnant woman/mother's current practices, problems and challenges

Analysis - the process of scrutinizing information available to understand why an individual/community's nutritional status is compromised. On the personal/individual level, analysis means looking or identifying the gaps in practice as against expected or recommended and prioritizing, thus, look at the current behaviors and match against recommended behaviors, prioritized gaps

Action - putting in place a plan or intervention to address the identified gap or problem associated with the compromised nutritional status. At the individual level, action means discuss, suggest small amount of relevant information, and agree on feasible doable options that mother/father/caregiver can try, thus, discuss/suggest few doable actions based on priorities.

:

Health workers need to listen and observe the pregnant woman carefully and in a friendly manner, encourage her to decide on doable actions that are relevant to her situation, and document them appropriately in the nutrition counselling table. For the details of counselling skills, see ANNEX 1.

The woman needs to be referred for further care if she is;

- severely anaemic
- severely wasted
- obese

Note: Overweight woman's weight gain needs to be watched closely through additional counselling sessions, and if the weight gain is not under control in continuous two counselling, refer for further care.

The counselling can be kept brief if the pregnant woman's nutritional status is good.

Nutrition Counselling				
Date of counselling		12 / 11 / 2017	15 / 03 / 2018	/ /
Assessment	**Hemoglobin**	☐ Normal (11g/dl or above) ☑ Moderate anaemia (7 – 11 g/dl) ☐ Severe anaemia (less than 7g/dl)	☐ Normal (11g/dl or above) ☑ Moderate anaemia (7 – 11 g/dl) ☐ Severe anaemia (less than 7g/dl)	☐ Normal (11g/dl or above) ☐ Moderate anaemia (7 – 11 g/dl) ☐ Severe anaemia (less than 7g/dl)
	Feeding history and hygiene practices **a) Meal frequency** **b) Variety**	Drinks a soft drink. Has nausea. Does not take IFA.	Eats twice a day, mainly staples and legumes. Takes IFA.	
Analysis (Record actual gaps)		Not 4-star diet Does not take her IFA	2-star diet, not enough animal source food and vegetable	
Actions (1-2 recommended actions)		Begin to eat 1-2 small meals with combination from the 4-star diet group. Take IFA.	Try small fish available in market. Eat vitamin rich vegetable such as Kontomire.	
Remarks		Follow-up intake of IFA on the next visit.		
Name and signature		Gloria Adu	Gloria Adu	

Below is the Nutrition counselling table for pregnant woman and how to fill it using the following questions.

Date of Counselling		Write the date of counselling done.
Assessment	Haemoglobin	Tick the response that applies depending on the HB results for the client
	Weight	Compare clients' weight on visit to the expected desired range.
	Feeding History and Hygiene practices	1. Ask the women about all foods, beverages and supplements she had the previous day using 'Eat well during pregnancy' page in MCH RB (page 17). 2. Ask how often she eats in a day. 3. Ask if she includes extra meal or snacks. 4. Ask the woman if that is her usual dietary pattern. 5. Record remarks on; ● food group (4 groups) usually included in the diet ● meal frequency

		● If client is not gaining enough weight refer. If she is gaining too much weight, especially over the highest end of the estimated range, ask her about intake of added sugars and solid fats. ● intake of non-nutritive foods e.g. clay. 6. Ask about handwashing practices and when it is done. 7. Ask if taking iron and folic acid tablets regularly.
Analysis (record actual gap)		1. Record gaps identified in meal frequency. 2. Record the food group(s) not regularly eaten i.e. the star that is missing. 3. In case of woman gaining excessive weight during pregnancy, record the food groups taken excessively, and also record if the woman takes large amount of added sugars, salt and fats (e.g. sugar sweetened beverages, fried food and fatty meat) 4. Record gaps identified in hygiene practices. 5. Record gaps identified in iron and folic acid intake 6. Record intake of non-nutritive food substances e.g. clay
Action (1-2 recommended actions)		1. Build confidence of pregnant woman 2. Discuss one or two doable options (time bound) that would try to address the dietary and/or hygiene challenges using the page of the 4-star diet (page17) in the MCH RB and agree on what to do. 3. Record the agreed actions. 4. Agree on a date/time for a follow-up visit.
Remarks		If there are additional notes, write here.

Note: The agreed actions should be followed up in the next counselling session.

Below is the bridge in Nutrition and Nursing/Midwifery counselling terminology.

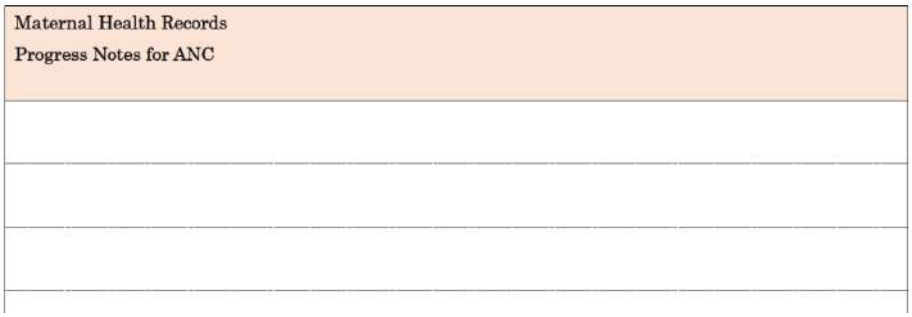
Nutrition counseling	**Nursing/midwifery process**
Assessment	History taking, examinations and observations identification of nursing problems
Analysis	Nursing/midwifery diagnosis
Action	Nursing/midwifery interventions
Follow up and remarks	Nursing/midwifery evaluation

Case study samples

- Laura
  - Visit 1: Laura is 10weeks pregnant. On her visit to the counselling clinic, her Hb is 10.1g/dl and she looked very tired and weak. On interacting with her, Laura revealed that she drank a bottle of soft drink and some biscuits the day before. She indicated that this has been the pattern for 1 week as she does not have appetite to eat. She has not been taking her iron and folic acid because it makes her stools dark
  - Visit 2: Laura visits 1 month later. Her Hb is now 10.5g/dl, and she eats once a day in addition to her soft drink. In the previous 24-hours, she ate banku with okro soup and some fish.
- Madam Felicia
  - Madam Felicia Asem is a 9-week old pregnant woman. On her first visit to the ANC, her Hb was 9.6g/dl8. Madam Felicia eats once a day, a meal of boiled plantain with plain hot pepper. She complains of nausea and vomits once to twice every day.
  - Visit 2: Felicia returns the next month. She is 3months old pregnant now and is able to eat better. She reports that she ate porridge with some bread and koose (a local snack made from beans) in the morning; rice with beans stew in the afternoon and drank orange; ate banku and okro soup in the evening. She is taking her IFA and feels better. Her Hb is 10.1g/dl
- Faustina
  - Faustina was 10 weeks pregnant when she visited ANC for the first time. Her weight was 82.0kg and her height was 165.0cm. She was told that her desired weight at EDD is between 87.0kg - 91.0kg. Faustina is now in 28th week of pregnancy. Her weight is already 90.2kg. Her ANC tests revealed that her blood pressure is normal, her urine sugar is + and haemoglobin level is 13.4g/dl. She eats 5 slices of white bread with butter and tea in morning, fried chicken with sugar-sweetened beverage in afternoon, and eat pastries and fried plantains for rest of the day. She says that she has a lot of appetite. She does not have any complaint.

Page 10

12) Progress Notes



Progress Notes	There are Progress Notes for ANC, for Mother after Delivery, and for Child in each page. Client's complaints and management given should be documented here with dates, name of health facility, and name of health care provider and signature. Progress notes should be reviewed regularly. Please do not fill in any blanks.

3-3. Delivery Records

Section E is a summary of the delivery outcome for the current pregnancy and mother's condition at discharge. The baby's condition at birth and at discharge are also recorded here. Accurate documentation of all the information required is necessary and it is important to take particular note of the condition of the baby for timely intervention.

Page 21

1) Delivery Outcome

Delivery Outcome	
Weeks of Pregnancy	38 Weeks
Date of Delivery	13 / 12 / 2016
Time of Delivery	9 : 00 (am) / pm
Time of Placenta Delivery	9 : 10 (am) / pm
Duration of Labour & Delivery	11 Hours 30 Minutes
Type of Delivery	(Normal) / Vacuum / Caesarean Section / Other:
Indication for Vacuum / CS	
Anesthesia	No / Yes: Epidural Anesthesia / Spinal Anesthesia / General Anesthesia
Estimated Blood Loss	100 ml
Blood Transfusion	(No) / Yes
State of Placenta and Membranes	(Complete) / Incomplete / Other (Specify): Manual Removal of Placenta (No) / Yes
State of Perineum	Intact / (Tear) / Episiotomy
Labour & Delivery Complications	
Birth Attendant	Doctor / (Midwife) / Nurse / TBA / Relative / Other:
Name of Birth Attendant	
Place of Delivery	Hospital / (Health Centre) / CHPS / Home / Other:
Name of Health Facility	
Did breastfeeding start within 30 minutes after delivery?	(Yes) / No
Was infant placed in skin-to-skin contact with mother?	(Yes) / No If no, why? ( )

Duration of Labour & Delivery	Indicate the time interval between the onset of labour and delivery.
Indication for Vacuum / CS	If Vacuum or CS is done, indicate the reason. (e.g. Prolonged second stage, Fetal distress, PIH, Previous CS, etc.)
Estimated Blood Loss	Indicate the estimated amount of blood loss (e.g. 100ml)
State of Perineum	State whether the perineum is intact, gave episiotomy or there was a tear.
Labour & Delivery Complications	If there are additional notes on labour and delivery, write here.

2) Mother's Condition at Discharge

Mother's Condition at Discharge	
Date	13 / 12 / 2016
General Examination	BP: 126/60 mm/Hg Pulse: 80 b/min Temp: 36.6 °C
Condition of Uterus	(Contracted) / Not Contracted Fundal Height: ..... cm
Lochia	Colour: Rubra Odour: non-offensive
Incision Perineum / CS	(Clean) / Infected / Other: .....
Condition of Breast:	(Lactating) / Not Lactating / Engorged
Number of days IFA Supplied	42 days
Date of Next Visit	20 / 12 / 2016

Condition of Uterus	Circle contracted/not contracted and record the fundal height.
Lochia	Record by stating the colour and odour of lochia. For colour, Rubra (Bright Red), Serosa (Pinkish Brown), Alba (Whitish Yellow). For odour, state if offensive or not.
Incision Perineum / CS	State whether the incision perineum or CS is clean or infected. If there are any additional notes, record the details (other).
Condition of Breast	Examine the breasts and record the findings.
Number of IFA Supplied	Indicate the number of days Iron Folic Acid was supplied. (e.g. 7 days)

If there are abnormalities, record the treatment and recommendations on the progress notes in detail. Health care provider should check the record of the progress note in PNC.

Planned dates for PNC	
PNC1 (24 – 48hrs)	15 / 12 / 2016
PNC2 (6th / 7th day)	20 / 12 / 2016
PNC3 (at 6 weeks)	24 / 1 / 2017

Planned dates for PNC	Write planned dates for PNC; 24-48 hrs for PNC1, 6th/7th day for PNC2 and at 6 weeks for PNC3. Explain importance of PNC for mother and baby and advice them to come to health facilities on the planned dates with the MCH RB.

3) Baby's Condition at Birth

Baby's Condition at Birth		
Delivery Outcome	(Live Birth) / Stillbirth / Early Neonatal Death	
Sex of Babies	(Male) / Female / Unidentified	
Number of Babies	(Single) / Multiple: Twin / Triplet / Other	
Baby's Body Measurements	Weight	3.2 kg
	Length	50.0 cm
	Head Circumference	34.0 cm
APGAR Score	1min 9 / 10	5min 10 / 10
Resuscitation	(No) / Yes (Specify):	
Congenital Malformation	(No) / Yes (Specify):	
Complications at Birth	(No) / Yes: Diagnosis ..... Referred to:	

Resuscitation	If Yes, indicate the type of resuscitation done. (e.g. Bag and mask, Suction, Oxygen)
Congenital Malformation	If Yes, indicate the diagnosis (e.g. Exomphalos, Cleft Palate/Lip, Talipes, Extra digits)
Complications at Birth	If Yes, indicate the diagnosis (e.g. Asphyxia) and the referral place (e.g. Korle-bu Teaching Hospital)

4) Baby's Condition at Discharge

Discharge Summary	
Date	13 / 12 / 2016
General Examination	Heart Rate: 130 b/min Respiratory Rate: 42 c/min Temperature: 37.1 ℃ Weight: ..... kg (For the baby discharged from NICU)
Brest Feeding/Breast Milk Initiation	(Yes) / No
Baby Suckling established	(Yes) / No
Meconium passed	(Yes) / No
Urine passed	(Yes) / No
Chloramphenicol/Tetracycline for eye care	(Yes) / No
Cord care	(Yes) / No
Vitamin K	Date : 13 / 12 / 2016
BCG	Date : 13 / 12 / 2016
Hepatitis B	Date : 13 / 12 / 2016
Oral Polio	Date : 13 / 12 / 2016
Baby's condition at discharge	(Normal) Abnormal: .....

Discharge Summary	If there is any abnormal sign, indicate the details. (e.g. Jaundice, Discharging eyes, Fever, Low birth weight)
BCG Hepatitis B Oral Polio	BCG, Hepatitis B and Oral Polio vaccinations should be given soon after delivery, before the baby is discharged and they should be recorded. These records should later be transferred to the **Immunization and Vitamin A section** on **Page 51.**

If there are abnormalities, record the treatment and recommendations on the progress notes in detail. Refer all such babies to a doctor. Health care providers should check the record of the progress note in PNC.

3-4. Postnatal Records for Mother

Page 23

1) Postnatal Follow-Up

F. Postnatal Records for Mother

Name of Health Facility: Kotobu Health Center

Contact No.: 0540111222 Margaret Awuni

Postnatal Records

Date of Visit	Weight (kg)	BP (mmHg)	Pulse (b/min)	Temp (℃)	Urine* Protein / Sugar	Fundal Height (cm)	Lochia Colour / Odour	Incision Perineum/ CS	Condition of Breast and Nipple	Mood Changes**	Number of days IFA*** supplied	Complaints / Remarks	Name& Signature
15/ 12 /16	55	118/70	78	36.5	– / –	14	Rubra/ no offensive	(Clean)/ Infected	Engorged breast, normal nipple	(No) Yes	30 days	Feel well	Margaret Awini
/ /								Clean / Infected		No / Yes			

Name of Health Facility	Record the name of health facility which provides PNC.
Contact No.	Record the phone number of facility or service provider.
Urine (Protein and Sugar)	Indicate whether negative (–) or positive, by (+), (++) or (+++).
Fundal Height	Measure the fundal height and record in centimeters (cm) in the space provided.
Lochia	Record by stating the colour and odour of lochia. For colour, Rubra (Bright Red), Serosa (Pinkish Brown), Alba (Whitish Yellow). For odour, state if offensive or not.
Incision Perineum / CS	State whether the incision perineum or CS is clean or infected.
Condition of Breast and Nipple	Examine the breasts and nipples and record the findings; example, engorged breast, plugged milk duct, mastitis, cracked nipple, inverted nipple, flat nipple, sore nipple etc.
Mood Changes	Circle the correct response. Example of questions to be asked: ● Have you observed any unusual change in your mood? ● How is your sleep pattern now? ● Do you feel tired easily? If yes, ask further questions (probe).
Number of days IFA Supplied	Indicate the number of days Iron Folic Acid was supplied. (e.g. 30 days, 42 days)
Complains / Remarks	If there are any additional notes, write here.

If there are abnormalities, record the treatment and recommendations on the progress notes in detail. Health care provider should check the record of the progress note in PNC so that they can provide adequate continual care.

2) Investigation for Mother after Delivery

Investigations for Mother after Delivery				
Date	20 / 12 / 2016	/ /	/ /	/ /
Hb	9.7 g/dl	g/dl	g/dl	g/dl
HIV Antibody (offer if not done)				
Other				

Date	If the additional sample is taken after delivery, record the date.
Hb	Record in **g/dl.**
HIV Antibody	Test should be done and recorded (Positive or Negative) if not already done.

3) Family Planning Service for Mother after Delivery

Family Planning Service for Mother after Delivery		
Date	20 / 12 / 2016	/ /
Family Planning Counselling	(Yes) / No	Yes / No
Method of Choice	She prefers Depo because she used it before.	
Remarks	Recommended to have Depo IM at PNC 3.	

Family Planning Counselling	Indicate Yes / No whether family planning counselling was offered, and if a method has been accepted. Family planning counselling should be offered after delivery as soon as possible.

3-5. Child Identification

Page 27

Serial No. for Child: 343

Registration No. for Child: 5/17

Name of Health Facility: Kotoku Health Center

Date First Seen: 24/02/2017

Birth Registration No.: 1234

Serial No. for Child	Record the child's serial number from the Child Welfare Clinic register. (e.g. 34)
Registration No. for Child	Record the child's registration number from the Child Welfare Clinic register. Record with a red pen. (e.g. 5/17)
Name of Health Facility	Record the full name of the place where the child attends the PNC and CWC. (e.g. Mamprobi Polyclinic, Kotoku Health Centre)
Date First Seen	Record the date the child was first seen.
Birth Registration No.	Write the birth registration number as on the child's birth certificate.

Child's Name: Samuel Osei Addo

Date of Birth: 13 / 12 / 2016

Gestational Age at Delivery: 38 Weeks

Birth Weight: 3.2 kg Length: 50.0 cm Head Circumference: 34.0 cm

Sex: Male / Female / Unidentified

Sickle Cell Status: Negative

G6PD Status: -

NHIS Number: 23456789

Child's Name	Write the child's full name as on the birth certificate.
Date of Birth	Write the date the child was born. (e.g. 13/12/2016)
Gestational Age at Delivery	Record the gestation at delivery in weeks.
Birth Weight	Record the weight of the child at birth in kilograms(kg) as recorded in the delivery notes on **Page 20.**
Birth Length	Record length at birth in centimeters (cm) as in the delivery notes on **Page 20.**
Birth Head Circumference	Record head circumference at birth in centimeters (cm) as recorded in the delivery notes on **Page 20.**
Sex	Check for sex of child and circle appropriately.
Sickle Cell Status	Write if positive or negative.
G6PD Status	Write if no defect, partial defect, or full defect.

3-6. Postnatal Records for Child

Page 28

1) First Visit 24-48 Hours, Follow Up Visit 6-7 Days and 6 Weeks

Name of Facility: Kotobu Health Center

Contact No.: 0540111222 Margaret Awuni

Postnatal Care	First Visit 24 - 48 Hours	Follow Up Visit 6 - 7 Days	Follow Up Visit 6 Weeks
Date	15 / 12 /2016	/ /	/ /
Weight (kg)	3.0		
Length (cm)			
Head Circumference (cm)			
Heart Rate (b/min)	126		
Respiratory Rate(c/min)	40		
Temperature (℃)	36.8		
Feeding	Breastfeeding / Other	Breastfeeding / Other	Breastfeeding / Other
Activities	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Pallor	No / Yes	No / Yes	No / Yes
Jaundice	No / Yes	No / Yes	No / Yes
Head	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Eyes	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Abdomen	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Limbs	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Back	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Skin	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Passing Urine	Yes / No	Yes / No	Yes / No
Passing Stools	Yes / No	Yes / No	Yes / No
Condition of Umbilical Cord	Clean		
Remarks	Well		
Name & Signature	Margaret Awuni		
Date of Next Visit	20/12/2016		

Name of Health Facility	Record the name of health facility which provides PNC.
Contact No.	Record the phone number of facility or service provider.
Date	Write the date of visit. (e.g. 15/02/2016)
Weight	Weigh and record weight at time of visit in kilogram (kg) with one decimal point. (e.g. 3.0 kg)
Length	Measure and record length in centimeters (cm) at postnatal first visit if not measured at birth.
Head Circumference	Measure and record head circumference in centimeters (cm) at first postnatal visit, if not measured at birth.
Heart Rate	Take the heart rate at the time of visit and record as appropriate. (bpm)
Respiratory Rate	Check and record respiratory rate at the time of visit as appropriate. (cycles)

Temperature	Check temperature at time of visit and record in degrees Celsius.
Feeding	Enquire from mother if baby has started breastfeeding and if not state other forms of feeding. State other forms of feeding if baby is not breast feeding. Encourage and support mother to initiate breastfeeding if not contraindicated.
Activities Pallor Jaundice Head Eyes Abdomen Limbs Back Skin Passing Urine Passing Stools	For these variables, circle the correct option as observed from your examination and mother's responses.
Condition of Umbilical Cord	Examine for the condition of the umbilical cord and record the result of observation. (e.g. clean, blood, pus, infected)
Remarks	Write any additional relevant information.
Name & Signature	The health care giver who examined the baby should write his/her full name and sign.
Date of Next Visit	Write the next scheduled date for postnatal care.

If there are abnormalities, record the treatment and recommendations on the progress notes in detail. Health care provider should check the record of the progress note in PNC.

2) Early Infant Diagnosis for HIV Exposed Babies

6-7 Days	Sample for Dried Blood Spot (DBS) should be taken and sent to the Regional Laboratory and record the results.
6 Weeks	Sample for Dried Blood Spot (DBS) should be taken and sent to the Regional Laboratory and record the results.
18 Months	HIV antibody test should be done and record the results.

3-7. Health Messages for Mother after Delivery, on Family Planning, for Newborn Baby (Less than 1 month) and for child (Age 1 month up to 5 years)

Health Messages should be discussed with mother in a timely manner.

Timing	Page	Topics
After delivery	29	How to maintain the health of mother after delivery
After delivery	29	How to eat well during breastfeeding
After delivery	29	Danger signs and disorders in mother after delivery
	30	When can you use Family Planning methods? Different types of contraception
	31	Birth Registration
	31	Signs of healthy newborn baby
	31	How to breastfeed your baby
	32	How to take care of newborn baby
	33	Signs of a serious illness in baby
PNC	34	Child Welfare Clinic
	34	National Immunization and Vitamin A Schedule
PNC/CWC	36-38	Feeding your child
	39	How to maintain personal hygiene to prevent illness
	39	How to take care of your child's teeth
	40	Signs of serious illness in children
	40-42	How to treat common childhood illnesses at home

At the timing of PNC and CWC, health workers should communicate the messages repeatedly so that mother can understand each topic well. Especially at nutrition counseling, 'Feeding your child' (page 36-38)' should be referred as needed. Health messages can be provided either individually or in group session.

3-8. Records of Child Growth and Development

The child welfare clinic (CWC) is a routine scheduled health visit for children from 6weeks (1month) up to 5 years. The visit offers opportunity for the child to receive his/her immunizations, have his/her growth monitored and the mother receive information that will support the optimal growth of the child. In some cases, the mother's own health needs are taken care of e.g. for family planning and counselling on good nutrition practices. Activities that occur during the CWC include but is not limited to

- Growth Monitoring, including assessment of growth milestones
- Immunization
- Counselling

➢ Growth Monitoring and Promotion is a **prevention activity** that **uses growth monitoring to facilitate communication and interaction with caregivers and to generate adequate action to promote child growth through:**

  - Increased caregiver's awareness about child growth.

- Improved caring practices.
- Increased demand for other services as needed.
- Appropriate actions base on correct interpretation, counseling and follow-up achieve adoption of recommended behaviors that support optimal growth of the child, but also the entire household.

The child's size measurements must then be plotted on a growth chart. This is extremely important as it can detect early changes in a child's growth. Both growing too slowly or too fast may indicate a nutritional or other health problem. Growth monitoring is an essential part of primary health care in children, and measuring a child's size is of very little value unless it is used for growth monitoring. Information from growth monitoring should be used for nutrition counselling.

The schedule for measurement of weight and length/height, and the timings for recording and plotting of these parameters are shown in the table below:

Schedule/timing for measurement, recording and plotting of the parameters

Activity/parameters	Weight	Length/height
Scheduled Measurement	Monthly (0-1 year) Every 3 months (1-2 year) Every 6 months (2-5 year)	At birth or first contact if not taken at birth and Every 3 months (0-2 year) of child's age (e.g. 3 months, 6 months, 9 months) Every 6 months (2-5 year)
Recording the results of measurement in Growth Parameter table	Record weight and length/height measurements in the Growth Parameters table as and when the measurement is taken	
Plotting in Growth Chart	Plot weight and length/height for complete month according to the schedule above	

Page 43 to 44

1) Growth Parameters

Growth Parameters

Date	Age (month)	Weight * (kg)	Length/Height ** (cm)	Remarks ***	Name & Signature	Date of Next Visit
14 / 06 / 2017	3	5.0	59.2	NC	David Addo	18/ 07 /2017
18/ 07 / 2017	4	6.0		Growing well	David Addo	20/ 08 / 2017
20 / 08 / 2017	5	6.8			David Addo	19 / 09 2017
19/ 09 / 2017	6	7.2	63.0	NC	David Addo	21/ 12 /2017
21/ 12 / 2017	9	7.2	68.8	NC	David Addo	21/ 1 /2018

Age	Determine and write the completed months from the child's date of birth.
Weight Length/Height	Record the weight and length/height for all children according to the approved schedule as the measurements are taken
Remarks	Write any additional relevant information here. 1) If development problem is suspected, record what the child can and/or cannot do and actions provided.

	2) If any trend towards abnormal growth is detected, indicate here to proceed to nutrition counselling for detailed assessment and specified action (page. 49-50). In the event that acute malnutrition is suspected and the Mid-Upper Arm Circumference (MUAC) is taken, please record values in the 'remarks' column. If MUAC is less than 11.5 cm (severe acute malnutrition), indicate action to be taken.
Name & Signature	The health care giver who examined the child should write his/her name and sign.
Date of Next Visit	Write the next scheduled date for Child Welfare Clinic.

Page 45 to 48

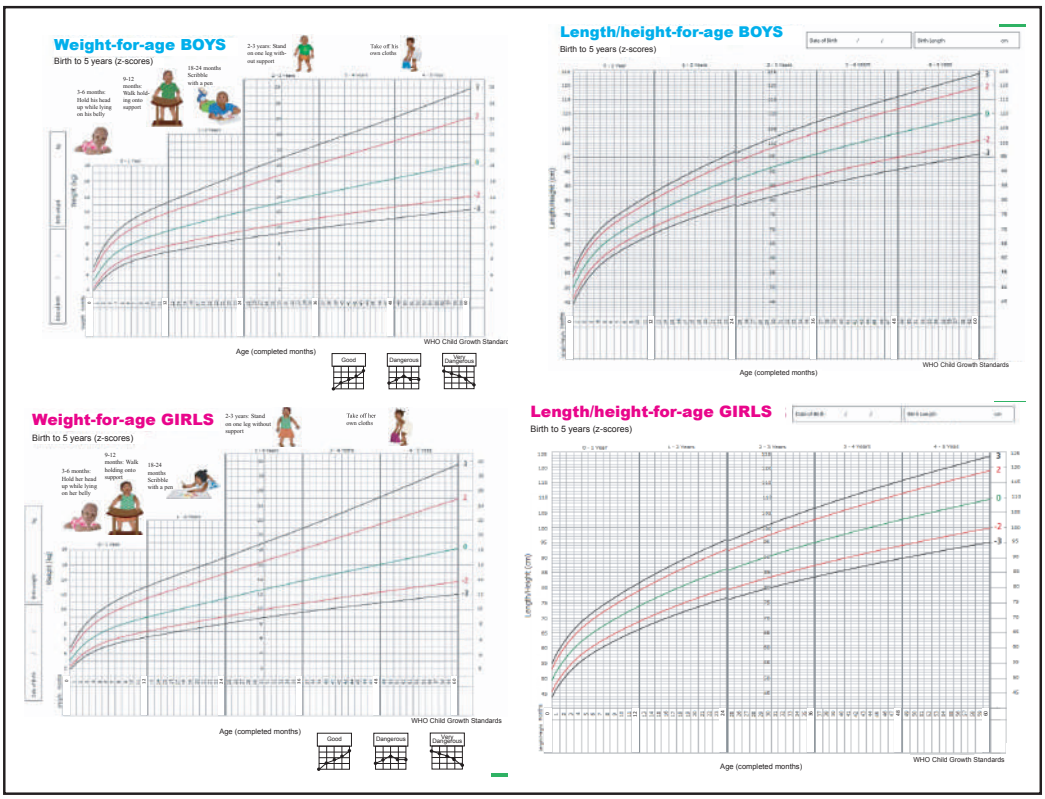
2) Growth Charts

These are simple tools used to assess whether children are growing and developing as they should. The information generated is used to counsel caregivers on feeding and child care practices. It also guides health workers in taking decisions for appropriate action which may include further investigation or referral for treatment.

a) Description of Growth Charts

The Growth Charts used in Ghana were derived from the WHO Multicentre Growth Reference study. These new standards show the optimum growth can be achieved with recommended feeding and health care (e.g. immunization). The standards establish breastfed infants as a model for normal growth and development. There are four different growth charts in the book; two for boys and the other two for girls because they have different growth patterns. The growth charts used in Ghana are;

- Weight-for-age BOYS
- Length/Height-for-age BOYS
- Weight-for-age GIRLS
- Length/Height-for-age GIRLS



Growth charts in the MCH Record Book are in two colours; blue for boys and pink for girls. Before recording information on the chart, ensure that the correct chart is selected for the child's sex and the parameter (e.g. height, weight).

Write the child's date of birth and birth weight/length in the left side or the upper right corner of the page.

Categorization

Using Weight and Z-score or Standard Deviation

Classification	Chart/Z-score
Normal	From -2 SD to +2 SD and above
Moderate underweight	Below -2 SD to -3 SD
Severe underweight	Below -3SD

Using Height and Z-score or Standard Deviation

Classification	Chart/Z-score
Normal	From -2 SD to +2 SD
Moderate stunting	Below -2 SD to -3 SD
Severe stunting	Below -3SD
Tall	Above +2 SD to +3 SD
Very tall	Above +3 SD

b) How to plot on the Growth Charts

The numbers on the X-axis indicate age in completed months from the child's date of birth, (e.g. a child who is 6 weeks old has 1 completed (full) month and the child who is 7 months 3 weeks old has 7 completed (full) months).

Plot the weight or height on the y-axis

- Plot the child's weight or height against his/her age in completed (full) months. Make sure the dot is placed as close to the actual value of the weight or height as possible e.g. for a weight of 6.3 kg, plot a little below the line for 6.5kg). Do not round off the figures.
- Plot the weight or height close to the point in the weight or height column.

Draw a line to join the consecutive points (weights or heights) plotted at the periodical measurement visits. If a child misses one or more visits, do not join the dots.

Example of the Growth Chart

The diagram below shows the growth curve for Samira for six (6) completed months. Samira was born on 8th December 2015. Her birth weight was 3.5 kg, and length was 49.0 cm. At 6 weeks, her weight for one completed month was 4.2 kg. In February 2016, Samira's weight at 2 completed months was 5.5 kg. In March 2016, her weight at 3 completed months was 5.9 kg, and length was 57.0 cm. In April 2016, her weight at 4 completed months was 6.4 kg. In May, her weight at 5 completed months was 6.8 kg. She weighed 7.0kg after completing 6 months and length was 65.0 cm. These are shown below;

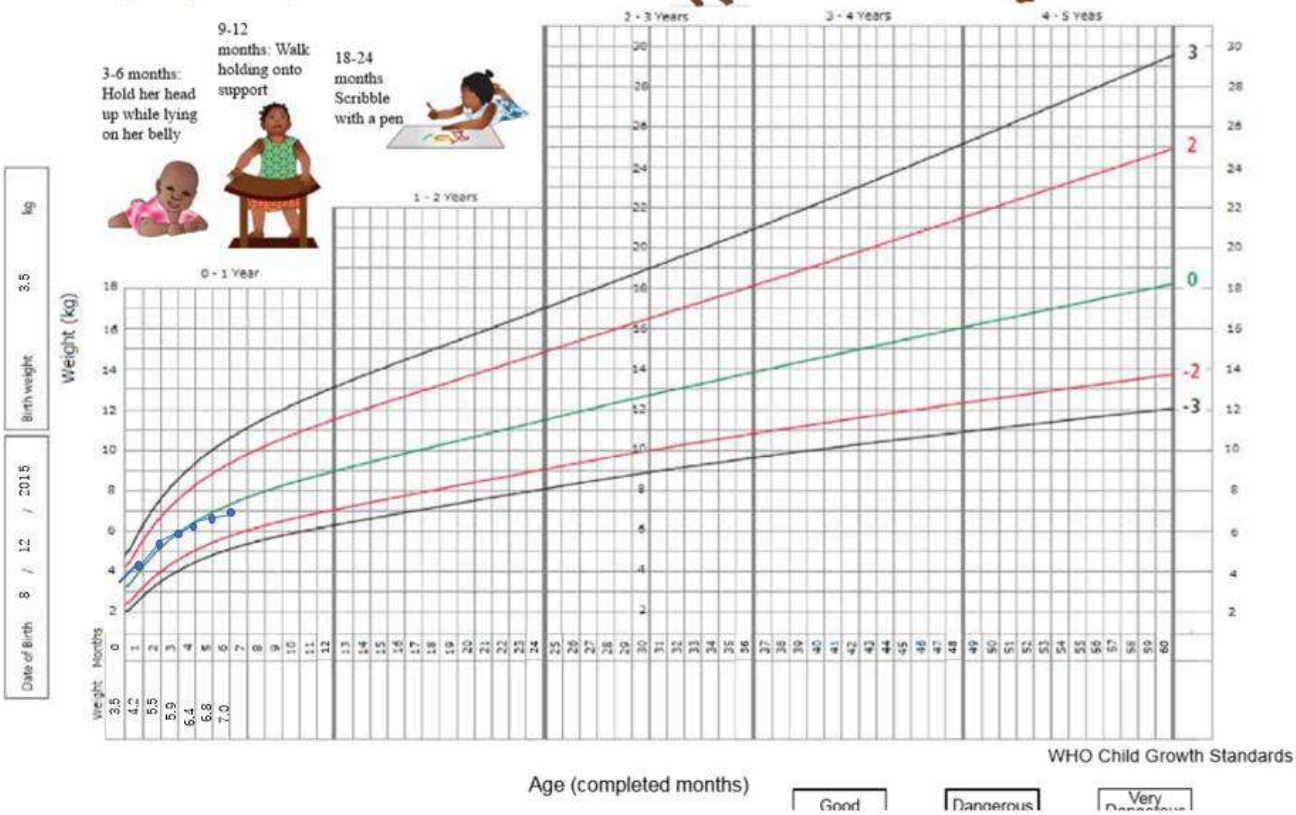
Date	Age (months)	Weight (kg)	Length/Height (cm)
8th Dec-15	0	3.5	49.0
19th Jan-16	1	4.2	
9th Feb-16	2	5.5	
8th Mar-16	3	5.9	57.0
14th Apr-16	4	6.4	
10th May-16	5	6.8	
12th Jun-16	6	7.0	65.0

NOTE: Use a pen to make all recordings on the Growth Chart.

47

Weight-for-age GIRLS

Birth to 5 years (z-scores)

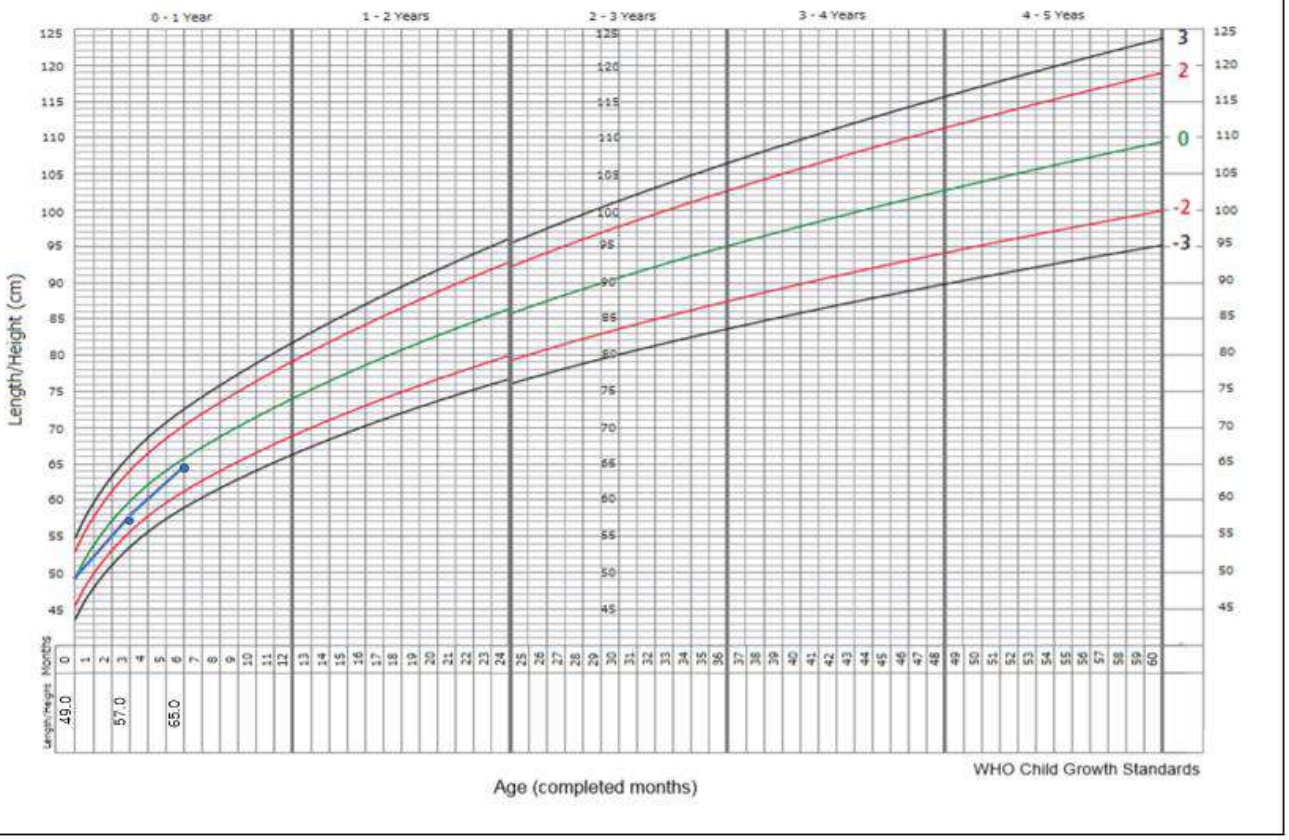


48

Length/height-for-age GIRLS

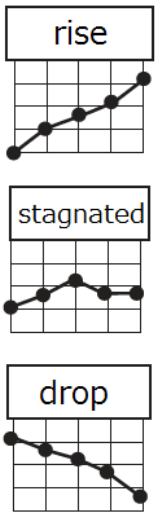
Date of Birth 8 / 12 / 2015 Birth Length 49.0 cm

Birth to 5 years (z-scores)



c) Interpretation of the Plotted Points for Growth Chart Indicators

The curved lines (references) printed on the Growth Chart will help you interpret the plotted points that represent a child's growth pattern. The line labelled '0' on each chart represents the median, which generally speaking, is the average. Z-score lines on the Growth Charts are numbered positively (2, 3) or negatively (-2, -3). In general, a plotted point that is far from the median in either direction (for example, close to the 3 or -3 z-score line) may represent a growth problem, although other factors must be considered, such as the growth pattern, and the health condition of the child.



The following situations may indicate a problem or suggest risk should be noted;

- A sharp incline (rise) in the child's growth curve: If a child has been ill or severely undernourished, a sharp incline (rise) is expected during the recovery period as the child experiences "catch-up" growth. Otherwise, a sharp incline (rise) may signal an inappropriate change in feeding practices that may result in overweight or obesity, if not checked.
- The child's growth line remains flat (stagnated): A flat line indicates that the child is not growing. This is called stagnation and also needs to be investigated. If the child's weight stays the same over time as age increases, the child most likely has a problem. The exception is when an overweight child is losing weight over time, bringing the child to a healthier weight for age.
- A sharp decline (drop) in the child's growth curve: A sharp decline (drop) in the growth curve of a normal or well-nourished child indicates a growth problem and this needs to be investigated and remedied. Even over-weight children are not supposed to lose weight rapidly.

NOTE: The direction of the curve is more important than the actual weight gained. If weight gained is adequate the child's curve will remain parallel to one of the standard curves printed on the chart.

Act promptly when weight gain is not adequate. Such children may need to be referred or seen more frequently.

Refer all children who are trending towards a growth problem to nutrition counselling (indicate it in Remarks section of the Growth Parameters table).

d) Measuring Weight

WEIGHING A CHILD USING AN ELECTRONIC TARE SCALE

- Be sure that the scale is placed on a flat, hard, even surface. Ensure that the batteries are in good working condition. If the scale is solar-powered, there must be enough light to operate it.
- Explain all procedures to the mother and enlist her help. Babies should be weighed naked; wrap them in a blanket or other covering until weighing. Older children should be weighed with minimal clothing.
- If it is socially unacceptable to undress the child, remove as much clothing as possible.

Note: There are many types of electronic scales available. Familiarize yourself with what is available to be used during the training

If the child is less than 2 years old, do tared weighing.

- Turn on the scale. When the number 0.0 appears, the scale is ready.
- The mother will remove her shoes and step on the scale to be weighed first alone. Have someone else hold the undressed baby wrapped in a blanket/cloth.
- Ask the mother to stand in the middle of the scale, feet slightly apart (on the footprints, if marked), and to remain still. The mother's clothing must not cover the display or the solar panel (if solar-powered scale). Remind her to stay on the scale even after her weight appears, until the baby has been weighed in her arms.
- With the mother still on the scale and her weight displayed, tare the scale. The number 0.0 will appear
- Hand the undressed baby to the mother and ask her to remain still.
- The baby's weight will appear on the display (shown to the nearest 0.1 kg). Record this weight.

Note: If a mother is very heavy (e.g. more than 100 kg) and the baby's weight is relatively low (e.g. less than 2.5 kg), the baby's weight may not register on the scale. In such cases, have a lighter person hold the baby on the scale.

If the child is 2 years or older and will stand still, weigh the child alone. If the child jumps on the scale or will not stand still, use the tared weighing procedure instead.

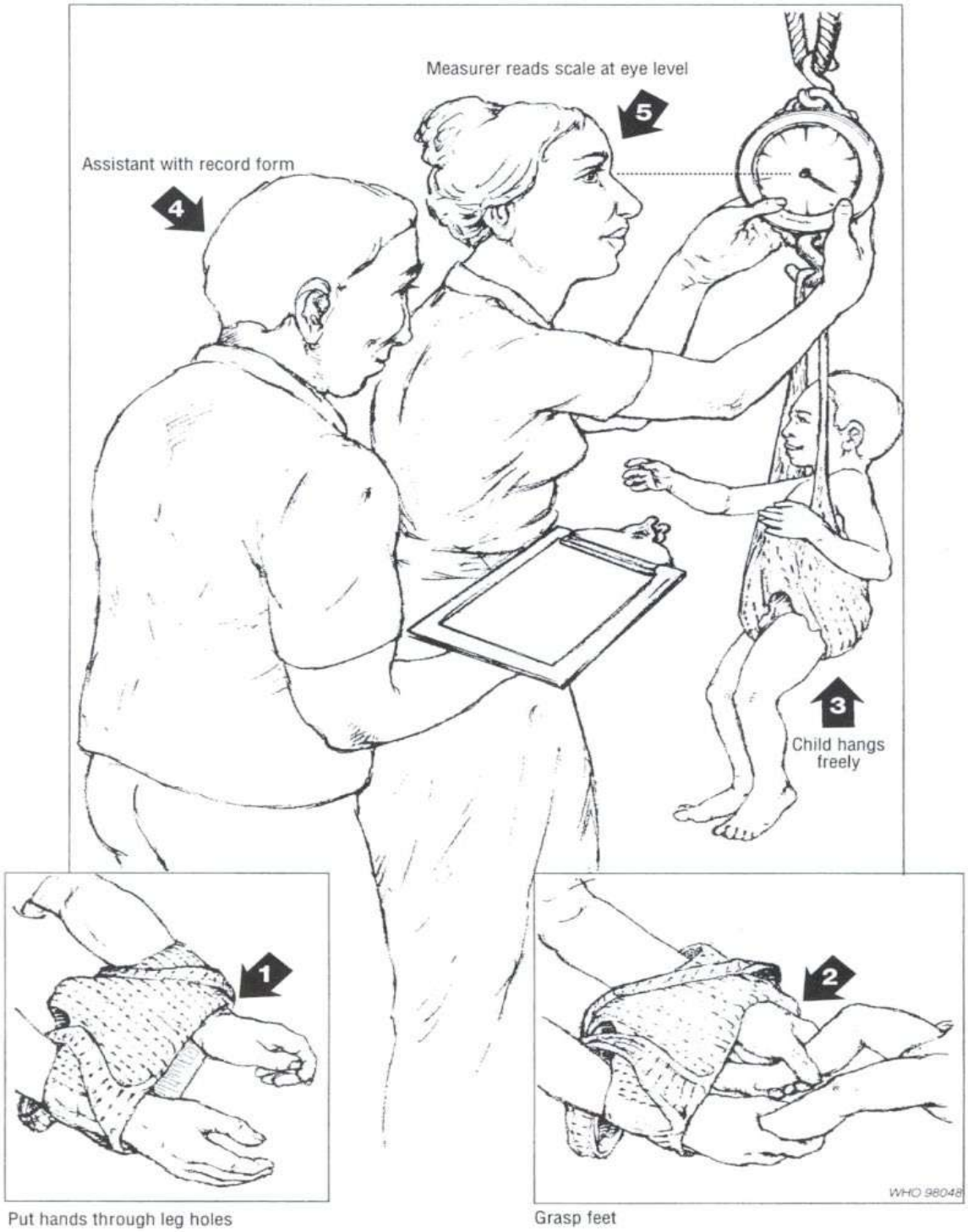
- Ask the mother to help the child remove shoes and outer clothing. Talk with the child about the need to stand still.
- To turn on the scale. When the number 0.0 appears, the scale is ready.
- Ask the child to stand in the middle of the scale, feet slightly apart (on the footprints, if marked), and to remain still until the weight appears on the display.
- Record the child's weight to the nearest 0.1 kg.

WEIGHING A CHILD USING THE SALTER SCALE

Weight should be measured to the nearest 100 g (0.1 kg).

- To set up the scale, get a strong support. Make several knots with the twine on the support and attach the scale with the upper hook. At the beginning of each day, hang a weighing pant on the scale and re-set to zero. Repeat zeroing after every 20-30 weighing.
- Have the caregiver remove the child's clothing and put on the weighing pant. Help the caregiver if necessary.
- Receive the child and hang him/her gently on the lower hook of the scale. Involve the caregiver in calming the child. Have her remain close to the child.
- Wait until pointer stops before taking the exact reading.
- Take the reading at eye level.
- Do not round the measurement

Fig. A3.1 Use of the hanging spring balance for weighing infants[1]



Put hands through leg holes

Grasp feet

[1] Adapted, with permission, from *Assessing the nutritional status of young children: preliminary version*. New York, United Nations Department of Technical Co-operation for Development and Statistical Office, 1990.

d) Measuring Length or Height

A child's length is measured lying down (recumbent). Height is measured standing upright.

- If a child is less than 2 years old, measure recumbent length.
- If the child is aged 2 years or older and able to stand, measure standing height.

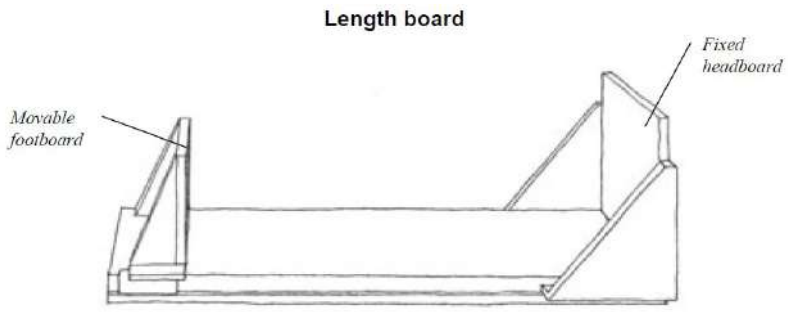
Additional information

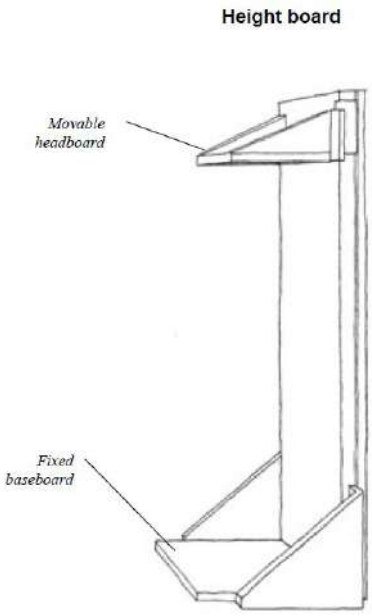
In general, standing height is about 0.7 cm less than recumbent length. This difference was taken into account in developing the WHO growth standards used to make the charts in the Growth Record. Therefore, it is important to adjust the measurements if length is taken instead of height, and vice versa.

- If a child less than 2-year-old will not lie down for measurement of length, measure standing height and **add 0.7 cm** to convert it to length.
- If a child aged 2 years or older cannot stand, measure recumbent length and **subtract 0.7 cm** to convert it to height.

  *These formulas for adjustment will not be used in regular CWC. It will be applied only when the necessary e.g. during a counseling session.

Equipment needed to measure length is a length board (sometimes called an infant meter) which should be placed on a flat, stable surface such as a table. To measure height, use a height board (sometimes called a stadiometer) mounted at a right angle between a level floor and against a straight, vertical surface such as a wall or pillar.





Whether measuring length or height, the mother is needed to help with measurement and to soothe and comfort the child. Explain to the mother the reasons for the measurement and the steps in the procedure. Answer any questions that she may have. Show her and tell her how she can help you. Explain that it is important to keep the child still and calm to obtain a good measurement.

e) How to measure Length

Cover the length board with a thin cloth for hygiene and for the baby's comfort.

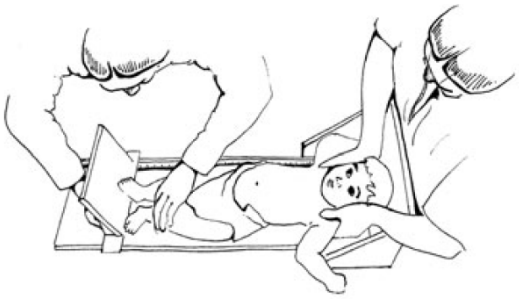
Explain to the mother that she will need to place the baby on the length board herself and then help to hold the baby's head in place while you take the measurement. Show her where to stand when placing the baby down, i.e. opposite you, on the side of the length board away from the tape. Also show her where to place the baby's head (against the fixed headboard) so that she can move quickly and surely without distressing the baby.

When the mother understands your instructions and is ready to assist:

- Ask her to lay the child on his back with his head against the fixed headboard, compressing the hair.
- Quickly position the head so that an imaginary vertical line from the ear canal to the lower border of the eye socket is perpendicular to the board. (The child's eyes should be looking straight up.) Ask the mother to move behind the headboard and hold the head in this position.

Speed is important. Stand on the side of the length board where you can see the measuring tape and move the footboard:

- Check that the child lies straight along the board and does not change position.
  Shoulders should touch the board, and the spine should not be arched. Ask the mother to inform you if the child arches the back or moves out of position.
- Hold down the child's legs with one hand and move the footboard with the other. Apply gentle pressure to the knees to straighten the legs as far as they can go without causing injury.
  Note: it is not possible to straighten the knees of newborns to the same degree as older children. Their knees are fragile and could be injured easily, so apply minimum pressure.
  If a child is extremely agitated and both legs cannot be held in position, measure with one leg in position.
- While holding the knees, pull the footboard against the child's feet. The soles of the feet should be flat against the footboard, toes pointing upwards. If the child bends the toes and prevents the footboard from touching the soles, scratch the soles slightly and slide in the footboard quickly when the child straightens the toes.



- Place the eye vertically above the mark to be read, read the measurement and record the child's length in centimeters to the last **completed** 0.1 cm on the Growth Chart. This is the last line that you can actually see. (0.1 cm = 1 mm)
  Remember: If the child whose length you measured is 2 years old or more, subtract 0.7 cm from the length and record the result as height in the Visit Notes.

f) How to measure Height

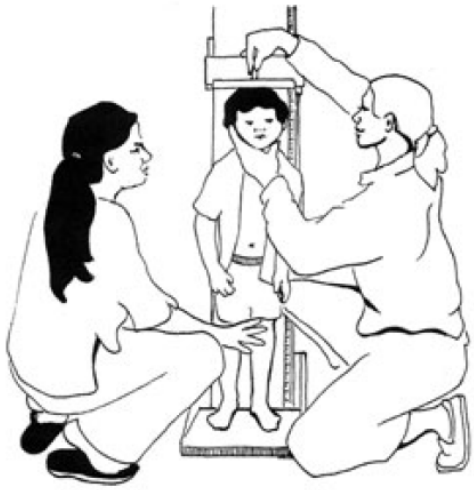
Ensure that the height board is on level ground. Check that shoes, socks and hair ornaments have been removed.

Working with the mother, and kneeling in order to get down to the level of the child:

- Help the child to stand on the baseboard with feet slightly apart. The back of the head, shoulder blades, buttocks, calves, and heels should all touch the vertical board. This alignment may be impossible for an obese child, in which case, help the child to stand on the board with one or more contact points touching

the board. The trunk should be balanced over the waist, i.e., not leaning back or forward.

- Ask the mother to hold the child's knees and ankles to help keep the legs straight and feet flat, with heels and calves touching the vertical board. Ask her to focus the child's attention, soothe the child as needed, and inform you if the child moves out of position.
- Position the child's head so that a horizontal line from the ear canal to the lower border of the eye socket runs parallel to the baseboard. To keep the head in this position, hold the bridge between your thumb and forefinger over the child's chin.
- If necessary, push gently on the tummy to help the child stand to full height.
- Still keeping the head in position, use your other hand to pull down the headboard to rest firmly on top of the head and compress the hair.
- Read the measurement and record the child's height in centimeters to the last completed 0.1 cm in the Growth Chart. This is the last line that you can actually see. (0.1 cm = 1 mm)
  Remember: If the child whose height you measured is less than 2 years old, add 0.7 cm to the height and record the result as length in the Visit Notes.



(Reference: WHO Child Growth Standards, 2008)

3-9. Nutrition Counselling for care giver of child (6-59 months)

Nutrition counselling for a child is for early detection and prevention of malnutrition and promotion of optimum growth of infant and young child. Caregivers and mothers of infants and young children often rely on information from health care providers s to enable them to adopt appropriate nutrition behaviours to ensure optimum feeding and health.

Nutrition counselling would be conducted for caregivers/mothers by health care providers during PNC and CWC visits are made at 6weeks (1month), 14weeks (3months), 6months, 9months, 12months, 18months, 24 months and every 6months thereafter to discuss the infant or young child's feeding, nutritional status and health. Additional counselling sessions should be conducted if abnormal growth is detected during growth monitoring.

The 3As (Steps): Assess, Analyze and Act process should be employed to counsel the mother.

Assessment involves the evaluation of an individual/specific sub-groups or the entire population's nutritional status. At the individual level, assessment means ask about age appropriate feeding and

condition of mother/father/caregiver and child: ask, listen and observe. Note causes related to recurrent illness or other social and environmental factors.

Analysis is the process of scrutinizing information available to understand why an individual/community's nutritional status is compromised. On the personal/individual level, analysis means looking or identifying the gaps in practice as against expected or recommended and prioritizing.

Action is the process of putting in place a plan or intervention to address the identified gap or problem associated with the compromised nutritional status. At the individual level, Action means discuss, suggest small amount of relevant information and agree on feasible doable options that mother/father/caregiver can try.

Health workers should use all the Listening and Learning Skills and Confidence Building and Support Giving Skills during the counselling process (refer to Participant Materials 5.1 and 9.1 of .C-IYCF Counselling Package). When growth of the child is normal, the counselling session can be kept brief.

Nutrition Counseling Table

Date	Assessment of Growth					Analysis	Action	Remarks	Name & Signature
	Weight (kg) / Z-score*	Height (cm) / Z-score*	Interpretation of Chart or Curve	Recent History of Illness	Recent History of Feeding	List Identified Gaps in Feeding and Care	Recommended Actions (Doable options agreed with Client)	(Additional notes on Assessment, Analysis and Actions)	
14/06 2017 3 months	5.0 =-2	59.2 normal	Around -2SD but growing steady	Diarrhea a week ago, now recovered	Exclusive breastfeeding, 8-9 times	Frequency of breastfeeding not enough	Responsive breastfeeding whenever child wants, come next scheduled visit	Follow up at 4 months visit	David Addo
19 9 2017 6 months	7.2 Normal	63.0 Normal	Normal growth	none	Exclusive breastfeeding	Need to start complementary feeding	Start with porridges like koko and others, gradually add some vegetables e.g. mushed pumpkin		David Addo
21/12 2017 9 months	7.2 Normal	68.8 Normal	Stagnant Weight gain	none	Breastfeeding porridge, fish, nuts, okro 1ce a day, +Banana biscuit, good appetite	No CWC visits for 3 months, Frequency of feeding need to improve	Try responsive feeding when child is showing hungry sign. Ask family to help with feeding when mother is busy	Need follow up in next visit (21/1/2018)	David Addo

Date	Assessment of Growth					Analysis	Action	Remarks	Name & Signature
	Weight (kg) / Z-score*	Height (cm) / Z-score*	Interpretation of Chart or Curve	Recent History of Illness	Recent History of Feeding	List Identified Gaps in Feeding and Care	Recommended Actions (Doable options agreed with Client)	(Additional notes on Assessment, Analysis and Actions)	
1 Jan/16 5 months	5.8 Less than -2sd	60.3 Normal	Growth Curve is stagnated	None	Breastfeeding, giving water with bottle	Giving water with bottle	Breastfeed when you feel baby is thirsty. Avoid bottle.	Follow up in 2 weeks.	Catherine Obbu

Date	Assessment of Growth					Analysis	Action	Remarks	Name & Signature
	Weight (kg) / Z-score*	Height (cm) / Z-score*	Interpretation of Chart or Curve	Recent History of Illness	Recent History of Feeding	List Identified Gaps in Feeding and Care	Recommended Actions (Doable options agreed with Client)	(Additional notes on Assessment, Analysis and Actions)	
1 Jan/16 20 months	8.8 Less than -2sd	79.0 Normal	Child losing weight for 2 months now	Malaria	Breastfeeding, refusing food.	Not enough food intake, not sleeping under net.	Feed child with smaller amount of food, increase frequency and sleep under net.	Follow up in 2 weeks.	Akua Brakatuo

Date/Age of child		Indicate the date that the counselling is being done and the age of the child
ASSESSMENT	Weight/Z-score	Indicate the weight of the child on the day of visit and write the z-score when the weight is plotted on the growth chart. Use red pen if the z-score is below -2. If z-score is below -3, measure MUAC and treat the child accordingly. If z-score is way above +3, plot weight-for-height/length on WHO growth standard chart and treat the child accordingly.
	Height/Z-sore	Indicate the length/height of the child on the visit day and write the z-score when it is plotted on the growth chart. Use red pen if the z-score is below -2
	Interpretation of chart/growth curve	Look at the child's growth chart and identify the growth pattern. Indicate in this column the pattern of growth e.g. stagnating weight, losing weight or growing normally. Also take note of sharp increases or declines in weight and record.
	Recent history of illness	Ask and record if child has been ill (diarrhoea, fever, malaria, and other infectious diseases) in the past two weeks
	Recent history of feeding	[0-6months] 1. Ask caregiver about how breastfeeding is going, including frequency of breastfeeding in 24 hours (refer to C-IYCF Participant Materials 5.2 – Recommended breastfeeding practices) 2. Ask about intake of other fluids and foods, especially water 3. Ask about use of feeding bottle. 4. Observe breastfeeding for correct positioning and attachment (see Page 30 and Page 31 of MCHRB) 5. Record remarks on exclusive breastfeeding, and how to breastfeed the baby. [6-24 months] 1. Ask whether the child has been introduced to family foods. 2. Ask if breastfeeding is continued. Ask about all foods and beverages the child has eaten in the past 24hours (refer to 4-star diet on Page 17 of MCHRB; Page C-IYCF Counselling Package Participant Materials 7.2: Different Types of Locally available foods; Essential Nutrition Action session 11) Ask how many times the child is fed, including snacks Ask how much food is served at a meal (ref: 250 ml bowl) Ask about how the food is presented (texture/consistency) Find out if the response is the usual meal pattern 3. Ask who assists the child when eating (responsive feeding) 4. Ask whether mother washes hands before food preparation, before eating, before feeding child and whether mother washes child's

		hands before feeding, after visiting the toilet, after changing diaper? 5. Ask about use of feeding bottle 6. Record remarks on food variety (4 food groups), frequency, portion size and texture. Also record remarks on responsive feeding and hygiene practices.
ANALYSIS	List identified gaps in feeding and care	List identified gaps in feeding (breastfeeding, food variety, feeding frequency, portion size and texture) and care (how to breastfeed, responsive feeding and hygiene practices) and prioritize by comparing what the mother/caregiver is doing to the recommended feeding practices for that age.
ACTION	Recommended actions	1. Build confidence of the mother (using Building Confidence and Support Giving skills) 2. Discuss one or two doable options (time bound) that would try to address the challenges in feeding and/or care and agree on what to do. Record the agreed actions 3. Agree on a date/time for a follow-up visit
REMARKS	Additional notes	Indicate any additional information here
NAME AND SIGNATURE		Write your name and sign

Note: The agreed actions should be followed up in the next counselling session.

NOTE: Below is the bridge in Nutrition and Nursing/Midwifery counselling terminology.

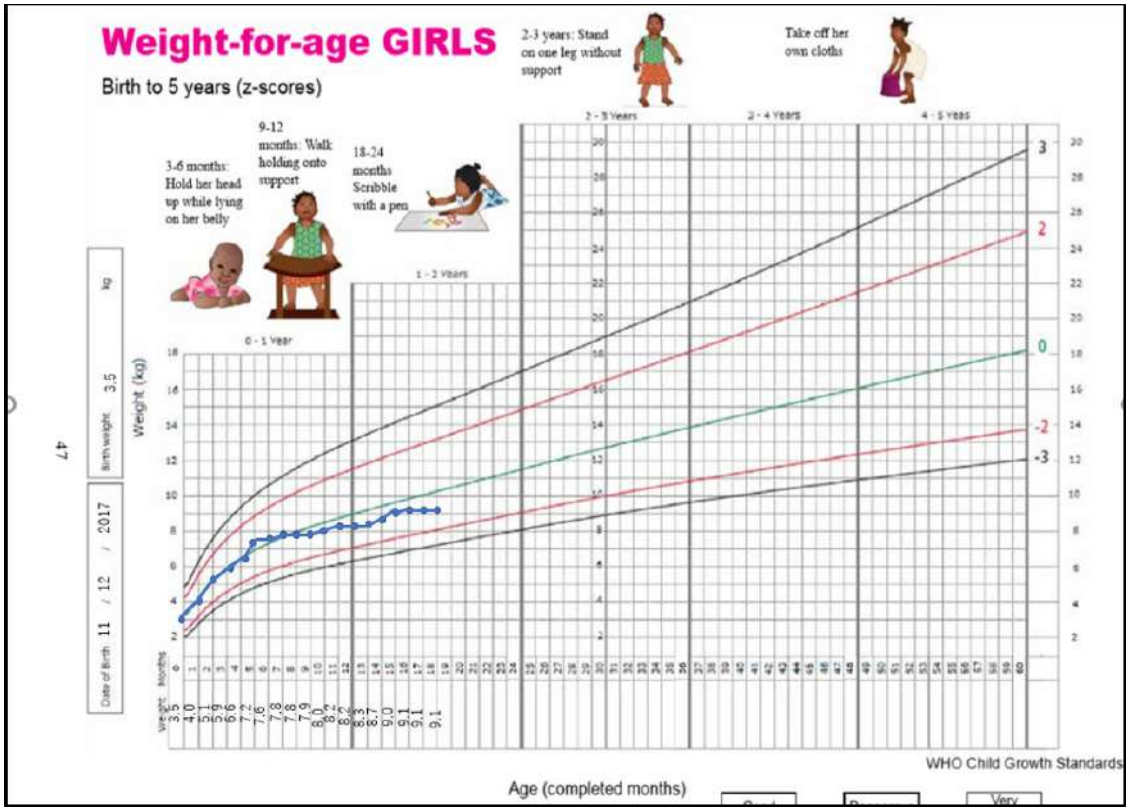
Nutrition Counseling	Nursing/midwifery process
Assessment	History taking, examinations and observations identification of nursing problems
Analysis	Nursing/midwifery diagnosis
Action	Nursing/midwifery interventions
Follow up and remarks	Nursing/midwifery evaluation

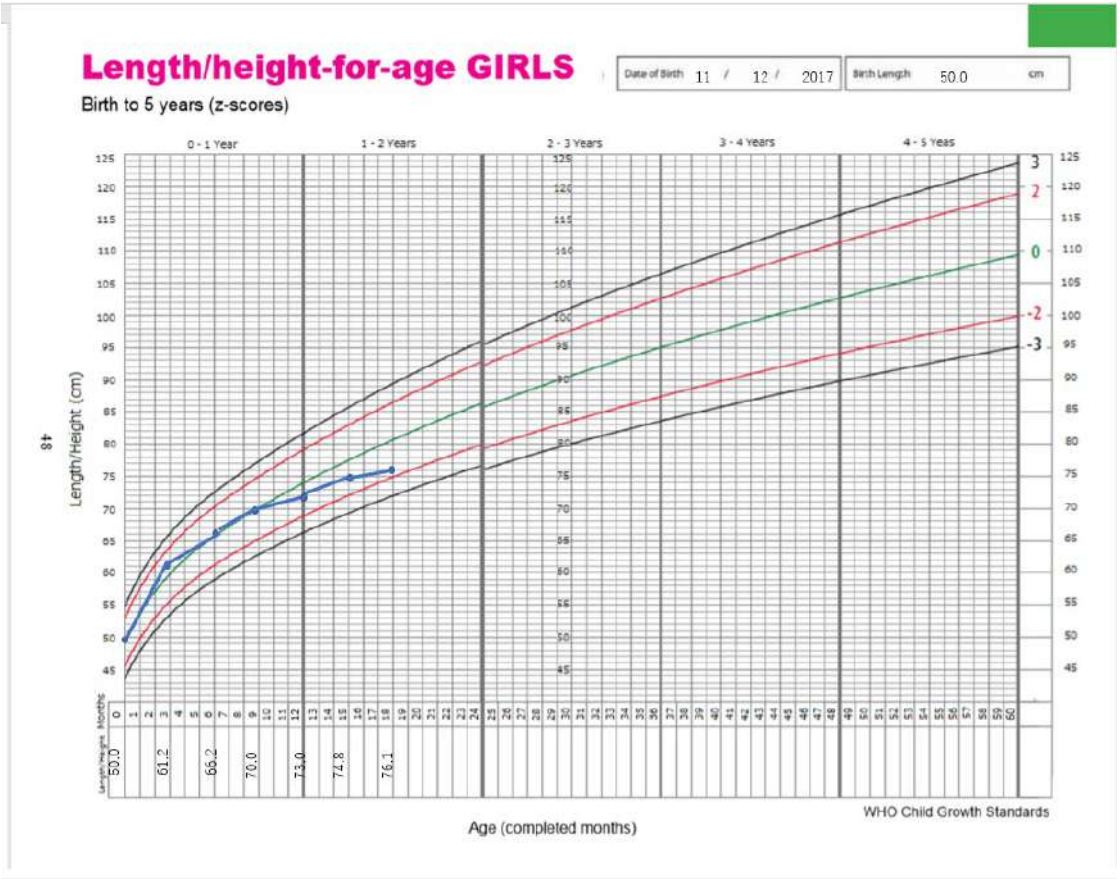
Case studies

- Mrs Safo says she does not have enough milk. Her baby is one month old and crying “all the time”. Her baby’s birth weight was 3.8kgs but now weighs 3.0kgs. Mrs Safo manages the family farm by herself, so she is very busy. She breastfeeds her baby about 2-3 times at night, and about twice during the day when she has the time. She gives her baby water and honey in a bottle.
- Gift is a 61/2month old baby. She weighs 7kgs and her length is 64cm. Yaa Kobi, Gifts mother, gives only breastmilk to her and thinks she is too young to start complementary foods.
- Miriam is 10months old. She has lost weight for 2months and is now weighing 6.2kgs. Her length is 67.3cm. Her mother is feeding her only thin porridge made of maize 3 times a day. She has diarrhoea. Her mother says that she does not wash her hands before she cooks and before she feeds Mariam, although soap and water is available at home. Miriam is still breastfeeding
- Mrs Obolo’s 18month old has malaria. He is refusing food but breastfeeds often. His weight and length are 9kgs and 79cm. has been losing weight for 3 months now. The family owns a mosquito net,

but the mother and child do not sleep under the net.

- Valeria is 18 months old. The below tables show her weight-for-age and length-for-age curves.





Her parents eat banku and Ayoyo soup twice a day. Her mother has been feeding him 3-4 times a day with the same food since he started complementary feeding at 6 months. She completely stopped breastfeeding the child at 10 months.

Page 51 to 52

3) Immunization and Vitamin A Supplementation

Immunization and Vitamin A Supplementation

Age	Vaccine	Date Given	Batch Number	Place Given	Name & Signature	Date of Next Visit
At Birth	BCG	13/ 12 /16	V: 0000 D: 1111	Kotoku H/C	Margret Awuni	24 /01 /17
	OPV 0	13/ 12 /16	V: KL111			24 /01 /17
	Hepatitis B	13/ 12 /16	V: M102			24 /01 /17
6 Weeks	OPV 1	24/ 01 /17	V: KL887	Kotoku H/C	David Addo	21 /02 /17
	DPT/ Hep B/ Hib 1	24/ 01 /17	V: 555GH06-4			21 /02 /17
	Pneumococcal 1	24/ 01 /17	V: PMN3333			21 /02 /17
	Rotavirus 1	24/ 01 /17	V: 7777			21 /02 /17
10 Weeks	OPV 2	21/ 02/ 17	V: KL412	Kotoku H/C	Samuel Opuni	21 /03 /17
	DPT/ Hep B/ Hib 2	21/ 02/ 17	V: 555GH01-3			21 03 17
	Pneumococcal 2	21/ 02/ 17	V: PMN9999			21 /03 /17
	Rotavirus 2	21 02/ 17	V: 7766			21 03 17
14 Weeks	OPV 3	24 03/ 17	V: KL312	Kotoku H/C	David Addo	21 /04 17
	DPT/ Hep B/ Hib 3	24 03/ 17	V: 555GH01-7			21 /04 /17
	Pneumococcal 3	24 03/ 17	V: PMN3399			21 /04 /17
	IPV	24/ 03/ 17	V: CDEFG			21 04 17
9 Months	Measles-Rubella 1	19 09/ 17	V: AAAA D: 2222	Kotoku H/C	David Addo	17 /10 /17
	Yellow Fever	19 09/ 17	V: BBBB D: 3333			17 /10 17
18 Months	Measles-Rubella 2	/ /	V: D:			/ /
	Meningitis A	/ /	V: D:			/ /
	LLIN	/ /				/ /

Date Given	Indicate the date (dd/mm/yyyy) on which each of the vaccines was given. The date should be antigen specific even if all antigens were provided on the same day. NB: Never provide one date to cover all antigens.
Batch Number	Write clearly the batch number for vaccines as indicated on the vaccine vial. Also, provide the batch number of diluents where applicable.
Place Given	Indicate the name of the health facility or outreach point where the vaccine was administered.
Name & Signature	Write clearly the name and signature of vaccinator.
Date of Next Visit	Indicate the date the caregiver should bring the child for the next set of immunization services. NB: refer to immunization schedule.
Vitamin A Supplementation	A table is provided to record the date of Vitamin A supplied at each age. Record the date in the corresponding box.

Special Notes for EPI

BCG	One dose of BCG vaccine is given intra-dermally at birth or within two weeks of delivery on the right upper arm. If a child misses the vaccine at birth or within two weeks of delivery the vaccine can still be given before the child turns one year. The vaccine should not be given after one year of age.

OPV IPV	A birth dose of OPV (Polio 0) should be provided to children within two weeks of delivery. OPV-0 should not be given when the child is more than two weeks. The primary series (6 weeks, 10 weeks and 14 weeks) should be given orally per the immunization schedule. Inactivated Polio Vaccine (IPV) should be given by injection at 14 weeks on the right thigh. Since the pneumococcal conjugate vaccine (PCV) is given also on the right thigh on the same day the two vaccines should be administered at 2.5 cm apart. The PCV shall be injected last because it is the most painful. If any doses of polio vaccine are missed, they can be administered to children before age five years.
DPT / HepB / Hib	The pentavalent vaccine (DPT/HepB/Hib) should be given at 6, 10 and 14 weeks on the left thigh. If any doses are missed, pentavalent vaccine can be administered to children before age five.
PCV	The Pneumococcal Conjugate Vaccine (PCV) should be provided to infants at 6, 10 and 14 weeks. The last dose of PCV should be given on the same thigh (i.e. right) as IPV. The two vaccines shall be administered 2.5 cm apart. The PCV should be injected last because it is the most painful. If any doses are missed, PCV can be administered to children before age five.
Rotavirus	The rotavirus vaccine should be administered at 6 and 10 weeks. The vaccine should not be used in children over 24 weeks of age. The first dose, therefore, should not be administered to children who are older than 20 weeks of age to allow for the minimum interval of 4 weeks before the second dose by 24 weeks.
Measles-Rubella	Measles-Rubella (MR) vaccine should be provided at 9 and 18 months on the left upper arm. Any child who does not receive the first dose of MR vaccine at 9 months shall be given the vaccine at first contact and the second dose shall be provided at 18 months. However, if the first contact is at 18 months or beyond, the first dose shall be provided, and the second dose shall be given after 4 weeks. If any doses are missed, MR vaccine can be administered to children before age five.
Yellow Fever	One dose of Yellow Fever vaccine is administered at 9 months on the right upper arm. If the dose is missed, yellow fever vaccine can be administered to children before age five.
Meningitis A	One dose of Meningococcal A Conjugate (Men A) vaccine should be administered at 18 months on the right upper arm, the same time as the second dose measles-rubella vaccination. If the dose is missed, Men A vaccine can be administered to children before age five.

Vitamin A	Starting from 6 months, every child should be given a dose of Vitamin A at 6 monthly intervals until he/she is 5 years old. Vitamin A is essential for building immunity, important for child survival and for good eye sight. Children aged 6 months to 11 months should be given 100,000 IU (one blue capsule); children aged 12 to 59 months should be given 200,000 IU (one red capsule or two blue ones). Discuss with the caregiver to always give Vitamin A-rich food to the child. Examples of such foods can be found in the MCH Record Book (Page 17).

※Continue to educate and explain to the caregiver the benefits and the possible side effects of vaccines. Remind the caregiver to continue to attend Child Welfare Clinic regularly, even after completing immunization, for growth monitoring and Vitamin A supplementation until the child is 5 years old.

3-10. Nutrition Counselling Services and Respectful Care

Concept of Nutrition Counseling Service

- Nutrition Counseling Services is the provision of comprehensive nutrition care through effective communication and counselling, targeting caregivers, pregnant and lactating women.

- **The Goal is to equip and empower caregivers and the entire population to adopt optimal nutrition practices and other nutrition-related behaviours to ensure the optimal health, survival and wellbeing of pregnant women and children**.

- The focus is on

✧ Pregnant and Lactating Women

- Promoting a healthy diet by increasing the diversity and amount of foods consumed
- Promoting adequate weight gain through sufficient protein and energy intake
- Promoting consistent and continued use of micronutrient supplements, food supplements or fortified foods where needed.

✧ Children under five years

- Promoting appropriate, adequate and safe feeding.
- Promoting optimal growth and development of children and prevent malnutrition through Growth and feeding assessment and identification of risk/provision of guidance on feeding and care.

- Nutrition counseling activities can be conducted at both the Individual (pregnant woman/caregiver) and Community level

Approach and organization of the NCS

- The nutrition counseling services should be integrated into routine antenatal, post-natal and child welfare clinic services and where required, as a stand-alone service. Special emphasis will be put on those with conditions requiring special care such as anaemic and malnourished women and children.
- Individual counseling sessions should be conducted at the service delivery points or as a standalone

clinic (referrals)

- Community engagements for nutrition counseling services can also be conducted in the communities
- All cadre of staff can conduct NCS e.g. Community Health Nurses, Midwives, Enrolled Nurses, Nutrition Officers, Public Health Nurses, Physicians, Dietitians and Health Promotion Officers

Revised Schedule

- Pregnant women

  Once in each trimester: Additional follow-up sessions if required (See ANNEX3-1 for algorithm for Nutrition Counseling at ANC)
- Caregivers of children under 5 years

All caregivers at every visit, On Schedule for 6 weeks, 3 months as per original plan: Additional follow-up sessions if required. (See ANNEX3-2 for Algorithm for Nutrition Counselling Services At CWC)

Concept of Respectful Care

- Respectful Care refers to care organized for and provided to all clients in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support. (adapted from WHO recommendation 2018)
- Respectful maternity care (RMC) is a universal human right that is due to every childbearing woman in every health system. Women's experiences with maternity caregivers can empower and comfort them, or inflict lasting damage and emotional trauma. (White Ribbon Alliance 2017)
- WHO 'Standard for improving quality of maternal and newborn care in health facility' and 'Standards for improving the quality of care for children and young adolescents in health facility', components related to Respectful Care include 'Effective communication', 'Respect and Preservation of dignity' and 'Emotional support'.
- All service personnel shall
  - be competent, dedicated, honest, client-focused and operate within the laws of the land
  - respect the right of patients/clients, colleagues and other persons and shall safeguard patient/clients' confidence.
  - work together as a team to best serve patients'/clients' interest, recognizing and respecting the contributions of others within the team.
  - respect confidential information obtained in the course of their duties.
  - provide information regarding patients' condition and management.
  - no discrimination against any patient/client's illness, political affiliation, occupation, disability, culture, ethnicity, language, race, age, gender, religion etc

3-11. Look Out for these Signs

Page 58

Use the information on page58 to educate caregivers on how to identify and respond to physical signs of hearing and seeing problems and prevent home accidents in children. These physical signs may indicate the presence of severe illness. Early detection of these signs and response and prevention of home accidents enhances management and saves lives and prevents disability.

3-12. Stages of Growth (Developmental Milestones)

Pages 58 and 59

This section provides information on specific developmental stages in children that both the caregiver and the health worker can use to monitor if the child is growing optimally or not. It also provides care and support needed for the child at each milestone. The information here can also be used to reassure caregivers who are anxious about their children's development and growth. It helps to detect developmental problems early for prompt referral.

Look at the pictures above the Growth Chart. They indicate average ages at which healthy children can do certain activities such as sit unsupported, stand with assistance, crawl on hands-and-knees, stand and walk alone. These are only guides; some children will reach the milestones earlier than others while others a little later. It is important to recognize that every child is unique and may not necessarily follow the same pattern of development as those of other children or older siblings.

A simple developmental screening tool can be found on Pages 59. In case you are in doubt about a particular child's development, refer promptly for expert advice. Please do not delay.

Developmental Milestones	Recommendations for Child Care
At the age of 1month ☐ Stare at his / her mother ☐ Utter small sounds ☐ Smile 	**Play & Communicate** • Provide ways for your child to see, hear, feel, move freely, and touch you. • Smile and laugh with your child. Talk to your child. 
At the age of 3 months ☐ Support his / her head upward while lying on his/ her belly ☐ Laugh ☐ Move head to left and right side	
At the age of 6 months ☐ Imitate sounds ☐ Reach the nearest object ☐ Roll over on its own ☐ Turn his / her head to follow a sound 	**Play & Communicate** • Give your child clean, safe object like toys to handle, bang, and drop. • Respond to your child's sounds and interests. Tell your child the names of things and people. 
At the age of 9 months ☐ Sit on unsupported ☐ Say ma..ma..ma.., da..da..da.. ☐ Enjoy playing alone and clapping hands ☐ Hold a biscuit	
At the age of 12 months ☐ Pinch a small object ☐ Imitate simple words, papa, mama ☐ Stand and walk while holding on 	**Play & Communicate** • Ask your child simple questions. Respond to your child's attempts to talk. 
At the age of 2 years ☐ Point and identify body parts ☐ Climb a ladder and run ☐ Imitate chores such as sweeping the floor, moping ☐ Scribble things on paper	
At the age of 3 years ☐ Stand on one foot without holding on ☐ Talk in understandable words ☐ Identify colours and numbers ☐ Eat without assistance ☐ Throw a ball 	**Play & Communicate** • Help your child count, name and compare things. • Teach your child stories, songs and games. 
At the age of 5 years ☐ Jump ☐ Draw a person with three body parts (head, body, arm/legs) ☐ Describe his / her experiences ☐ Play together with others ☐ Answer simple questions ☐ Count to ten ☐ Wash and dry his / her hands. Put on his / her own clothes	

3-13. Sweet Memories

Page 60 to 61

This page is free space for mother, father and family. They can keep a record of their child's growth and development as they like.

3-14. Maternal and Child Health Continuum of Care (CoC) Card

Page 62 to 63

This section presents the maternal and child health continuum of care card (CoC Card). In CoC card,

essential Maternal, Newborn and Child Health (MNCH) services are listed at a glance. When a mother or a child receives a necessary service at appropriate time, she/he receives a star/stamp. CoC cards are expected to motivate mothers to complete MNCH services and to improve MNCH.

Structure of the CoC Card

The CoC Card is composed of three sections:

1)CoC Services

2)Essential Services

3)Health Education

In addition, there are four different colors representing the stages namely, orange for pregnancy, yellow for delivery, blue for postnatal period, and green for childhood up to 24 months.

Star Stamps

Star stamps are applied in the CoC card in order to encourage mothers to receive MNCH services on time as recommended in the national protocol. A star stamp given by a health care provider is a small award for the mother's timely visit for MNCH services. According to the national protocol, mothers should

(1) Receive ANC at least eight times

(2) Deliver with assistance of skilled birth attendant

(3) Receive PNC with their infants three times within 6 weeks of delivery

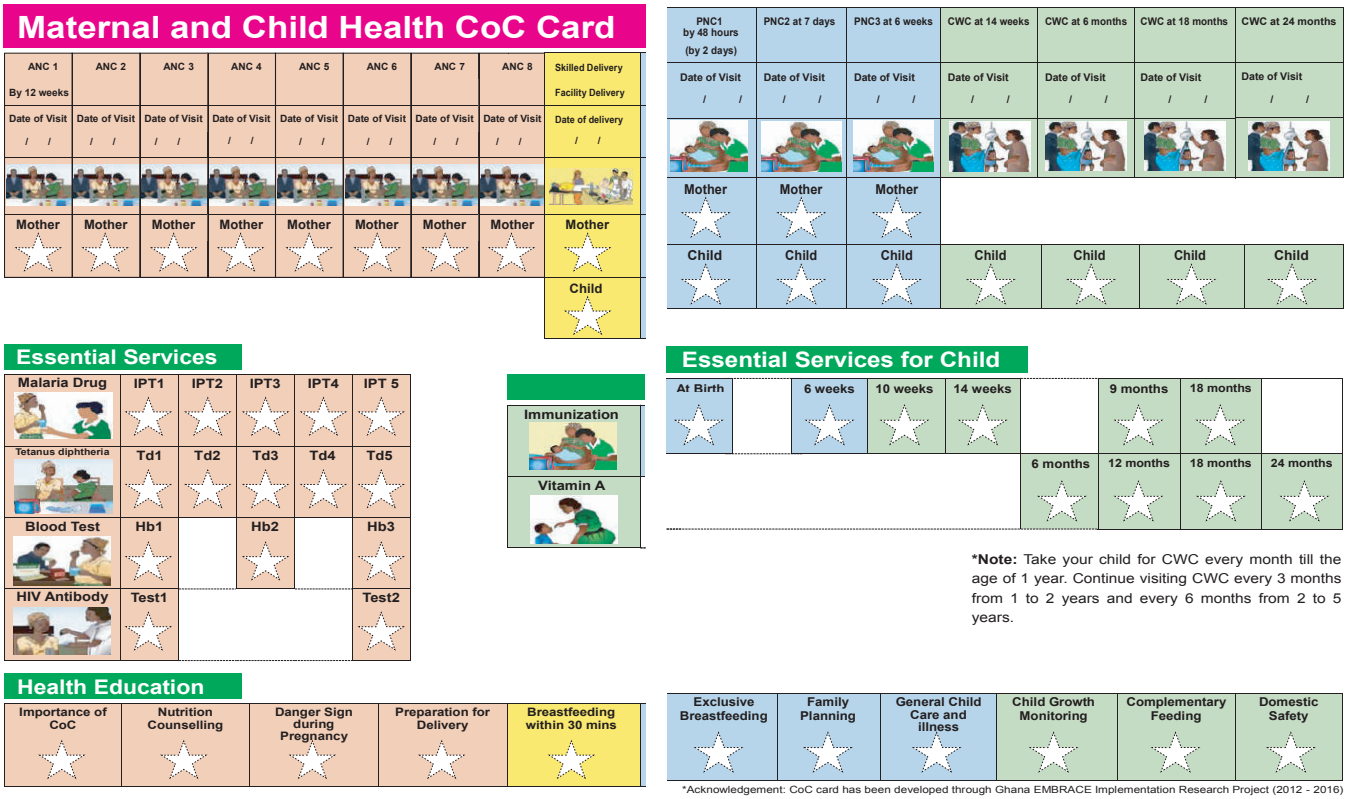
(4) Take their children to CWC regularly and complete immunization by 18 months

For each stage of MNCH services, there are "recommended timing" and "acceptable periods" as shown below.

MNCH service attendance	Recommended Timing
ANC 1	By 12 weeks of gestation
ANC 2-8	The second trimester: minimum of three visits The third trimester: minimum of four visits
Skilled delivery	Skilled delivery refers to a birth assisted/attended by skilled birth attendants: which includes Obstetrician, Midwife, and Nurse/CHO under supervision of midwife, regardless of the place of delivery. Facility delivery is strongly recommended.
PNC 1	Within 48 hours after delivery. If mother and infant stay for at least 24 hours after delivery, and receive check-up at discharge, it counts as the first PNC.
PNC 2	At 7 days after delivery
PNC 3	At 6 weeks after delivery
CWC	Take a child for CWC every month till the age of 1 year. Continue visiting CWC every 3 months from 1 to 2 years and every 6 months from 2 to 5 years. Immunization schedule is set at birth, 6 weeks, 10 weeks, 14 weeks, 9 months, 18 months and vitamin A is given every 6 months from the age of 6 months. (Refer to 'Schedule of Immunization and Vitamin A' on page 35)

If a mother does not receive a service within the acceptable period, she would not receive any star stamp for that stage.

When you give a star stamp, do not forget to acknowledge her effort to seek the services on time and encourage her to continue for the next visit.



Date of Visit	Indicate an actual date of visit.
Star for each visit	Stamp a star or keep blank.
Essential Services	Stamp a star if essential service is provided.
Health Education	Stamp a star if health education is provided. Topics and timing of health education can be referred to page 22 and 35 of the User Guide.
Exception	Stamp a star if mother or child did not receive star when they receive services at other health facilities and came back to this facility.

4. EXERCISE ON RECORDING

Exercise1: First ANC

Ms. Nancy Mensah was born on February 22, 1987 (age 29), she is a housewife, and her educational background is junior high school. She came to Kotoku Health Centre on May 17, 2016 for pregnancy confirmation. When asked by Midwife Margaret Awuni, Nancy answered that her husband's name is Felix Mensah born on October 5, 1982 (age 34), a driver of public transport, with senior high school background. They live near the Control market, house number A5, in the village of Dansoman, sub- district of ○, district of ○.

Nancy does not have cell phone, so that her husband is key person for emergency. Felix's phone number is 0200111222. Midwife Margaret told Nancy how to use the MCH Record Book and the importance of antenatal care and Continuum of Care (CoC). Midwife Margaret also gave her phone number 0540111222 for emergency.

According to Nancy, her first child is a son of 6 years old (date of birth: May 12, 2010) and was delivered by vacuum because of prolonged labour at 38 weeks at health centre. Her first child's birth weight was 3.0 kilograms and he is growing well. Three years ago (October 20, 2013), Nancy had a miscarriage at 12 weeks at home.

Now in her third pregnancy, Nancy is registered in the antenatal register with the serial number of 705 and the registration number of 501/16. The result of the observation of Midwife Margaret; Nancy got pregnant and she is now 8 weeks of gestation. Nancy has complaint of nausea (morning sickness), the blood pressure is 110/72mmHg, weight is 50 kilograms, height is 152.6 cm and there is no protein or sugar in urine. Midwife Margaret gave her 28 days of iron and folic acid (IFA). Blood test (Hb) and HIV antibody is checked, and the results are Hb 12.0 g/dl and HIV antibody negative.

Assignment:

1. Fill in completely the part of the page on family identification and pregnancy records in the MCH Record Book
2. Fill in completely the page on Antenatal Follow-Up with the health service given by Midwife Margaret.
3. Give one star to the mother at ANC 1 by 12 weeks on CoC card. Essential services (Blood test and HIV antibody) and Health Education (Importance of CoC) are also provided.

A. Family Identification

Serial No. for Mother: _____

Registration No. for Mother: _____

Name of Health Facility: _____

Date of Issue of this MCH Record Book: _____

NHIS No.: _____

Mother's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Landmark: _____ Sub District: _____

District: _____ Region: _____

Telephone No: _____

Marital Status: _____ Single _____ Married _____ Other _____

Educational Status: None / Primary School / Junior High School / Senior High School / Tertiary

Occupation: _____

Spouse's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Landmark: _____ Sub District: _____

District: _____ Region: _____

Telephone No: _____

Educational Status: None / Primary School / Junior High School / Senior High School / Tertiary

Occupation: _____

Name of contact person: _____

Telephone No. for Emergency: _____

Telephone No. for Emergency Transportation: _____

Name of Midwife/Doctor: _____

Telephone No. of Midwife/Doctor: _____

B. Pregnancy Records

Obstetric History

No. of Pregnancies:_____ No. of Births:_____ No. of Abortions (Spontaneous:_____ / Induced:_____)

Previous Pregnancies (Including miscarriages)

No.	Date of Delivery / Pregnancy Loss	Place of Birth	Problems during Pregnancy	Gestational Age at Birth	Mode of Delivery	Outcome of Delivery	Labour / Postpartum Complications	Child		
								Sex	Birth Weight (kg)	Child's Present Health
1	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
2	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
3	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
4	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
5	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
6	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
7	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
8	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died

HC; Health Centre / MH; Maternity Home / SVD; Spontaneous Vaginal Delivery / AVD; Assisted Vaginal Delivery / CS; Cesarean Section.

Investigations					
Tests	Date	Results	Tests	Date	Results
Blood Group	/ /	A / B / O / AB	Hb* (first visit)	/ /	
Rh typing	/ /	Positive / Negative	Repeat Hb*	/ /	
HBsAg	/ /	Negative / Positive	Repeat Hb* (at 28 weeks)	/ /	
Sickling	/ /	Negative / Positive (AS/SS/SC/AC/Other)	Repeat Hb*	/ /	
G6PD	/ /	No Defect / Full Defect / Partial Defect	Repeat Hb* (at 36 weeks)	/ /	
VDRL/Syphilis	/ /	Negative / Positive	Repeat Hb*	/ /	
HIV Antibody	/ /		Urine RE	/ /	
Repeat HIV Antibody (before 34weeks)	/ /		Repeat Urine RE	/ /	
BF for Malaria	/ /	Negative / Positive	Stool RE	/ /	

* If Hb is below 11g/dl, refer to protocol.
All laboratory / investigation results must be reviewed before next routine visit is scheduled.
If the result is abnormal, please write with red pen.

Antenatal Records

Date	Weight (kg)	BP (mmHg)	Urine (−/+/++/+++) Protein / Sugar	Gest. Age in weeks	Fundal Height (cm)	Presentation	Descent	Fetal Heart Rate (/bpm)	Number of days IFA* supplied	Complaints/ Remarks**	Name & Signature	Date of Next Visit
/ /												/ /
/ /												/ /
/ /												/ /
/ /												/ /
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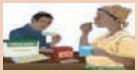
Maternal and Child Health CoC Card

ANC 1 By 12 weeks	ANC 2	ANC 3	ANC 4	ANC 5	ANC 6	ANC 7	ANC 8	Skilled Delivery Facility Delivery
Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of delivery / /
								
Mother	Mother	Mother	Mother	Mother	Mother	Mother	Mother	Mother
								Child

Essential Services

Malaria Drug	IPT1	IPT2	IPT3	IPT4	IPT 5
					
Tetanus diphtheria 	Td1	Td2	Td3	Td4	Td5
Blood Test 	Hb1		Hb2		Hb3
HIV Antibody 	Test1				Test2

Immunization 
Vitamin A 

Health Education

Importance of CoC	Nutrition Counselling	Danger Sign during Pregnancy	Preparation for Delivery	Breastfeeding within 30 mins

Exercise 2: Delivery

On December 13, 2016 at 9:00 a.m., Ms. Nancy Mensah gave birth at 38 weeks of gestation at Kotoku Health Centre assisted by Midwife Margaret Awuni. Placenta was delivered spontaneously and completely at 9:10 a.m. Duration of labour and delivery was 12 hours. Estimated blood loss was 100 ml. She has a perineum tear slightly. Midwife Margaret assisted with the delivery.

A baby boy was delivered spontaneously with the weight of 3.2 kilograms, body length of 50.0 cm, head circumference of 34.0 cm. The baby immediately cried out loudly with no signs of asphyxia and deficiency and his APGAR score is 9 (1min) / 10 (5min). The baby was breastfed immediately without problems. Nancy has no complication after delivery, not so much bleeding and no fever.

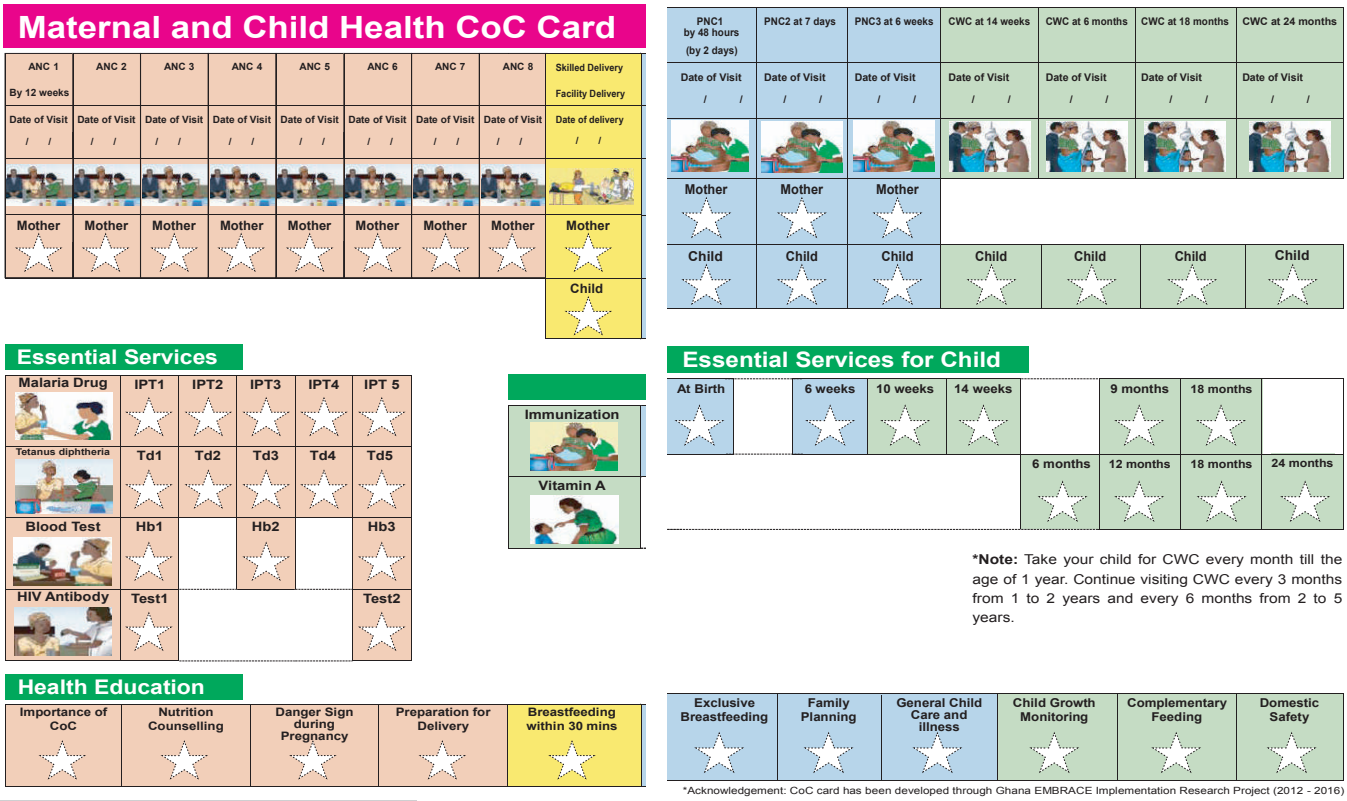
After a while, Midwife Margaret gave the vaccines of BCG, Oral Polio and Vitamin K^1 to the baby before discharge.

Assignment:

1. Fill in completely the page of Delivery Records with the observation result of Nancy (delivering mother) and her baby.
2. Give stars to the mother and the child at Skilled Delivery on the CoC card. Essential services (Immunization) and Health Education (Breastfeeding within 30 mins) are also provided.

Delivery Outcome	
Weeks of Pregnancy	.....Weeks
Date of Delivery	/ /
Time of Delivery	..... am / pm
Time of Placenta Delivery	..... am / pm
Duration of Labour & Delivery	..... Hours ..... Minutes
Type of Delivery	Normal / Vacuum / Caesarean Section / Other:.....
Indication for Vacuum / CS	.....
Anesthesia	No / Yes: Epidural Anesthesia / Spinal Anesthesia / General Anesthesia
Estimated Blood Loss	.....ml
Blood Transfusion	No / Yes
State of Placenta and Membranes	Complete / Incomplete / Other (Specify): ..... Manual Removal of Placenta: No / Yes
State of Perineum	Intact / Tear / Episiotomy
Labour & Delivery Complications	.....
Birth Attendant	Doctor / Midwife / Nurse / TBA / Relative / Other:.....
Name of Birth Attendant	.....
Place of Delivery	Hospital / Health Centre / CHPS / Home / Other:.....
Name of Health Facility	.....
Did breastfeeding start within 30 minutes after delivery?	Yes / No
Was infant placed in skin-to-skin contact with mother?	Yes / No If no, why? ( )

Baby's Condition at Birth		
Delivery Outcome	Live Birth / Stillbirth / Early Neonatal Death	
Sex of Babies	Male / Female / Unidentified	
Number of Babies	Single / Multiple: Twin / Triplet / Other.....	
Baby's Body Measurements	Weight	.....kg
	Length	.....cm
	Head Circumference	.....cm
APGAR Score	1min ..... / 10	5min ..... / 10
Resuscitation	No / Yes (Specify):.....	
Congenital Malformation	No / Yes (Specify):.....	
Complications at Birth	No: Yes: Diagnosis..... Referred to:.....	



Exercise 3: PNC 1

On December 15, 2016, Midwife Margaret Awuni visited the house of Mensah's family to know the health condition of Nancy and her baby.

Upon the midwife's observation, Nancy has the weight of 55 kilograms, the blood pressure of 118/70mmHg, pulse of 78 bpm/min, and temperature of 36.5℃. Good uterus contraction, fundal height of 18 cm, slight vaginal bleeding (color: rubra), discharge with no smell, clean perineum, no problems with urination and no problems with breastfeeding. Nancy does not complain of anything and feels well. Midwife Margaret gave her 7 days of IFA.

The result of the observation of Nancy's baby: the weight of the baby is 3.0 kilograms, heart rate is 126 bpm/min, respiratory frequency is 40 times/min, temperature is 36.8℃. The baby sucks the breast strongly, no signs of breathing problems, diarrhoea, possible underweight and breastfeeding problems. The baby moves actively and cries loudly. The condition of the umbilical cord is dry and clean

Assignment:

1. Fill in completely Postnatal Records in the MCH Record Book with the observation result of Nancy and her baby.
2. Give two stars to the mother and the child at PNC 1 by 48 hours on the CoC card.

F. Postnatal Records for Mother

Name of Health Facility:

Contact No.:

Postnatal Records													
Date of Visit	Weight (kg)	BP (mmHg)	Pulse (b/min)	Temp (℃)	Urine* Protein / Sugar	Fundal Height (cm)	Lochia Colour / Odour	Incision Perineum/ CS	Condition of Breast and Nipple	Mood Changes**	Number of days IFA*** supplied	Complaints / Remarks	Name& Signature
/ /								Clean / Infected		No / Yes			
/ /								Clean / Infected		No / Yes			
/ /								Clean / Infected		No / Yes			
/ /								Clean / Infected		No / Yes			

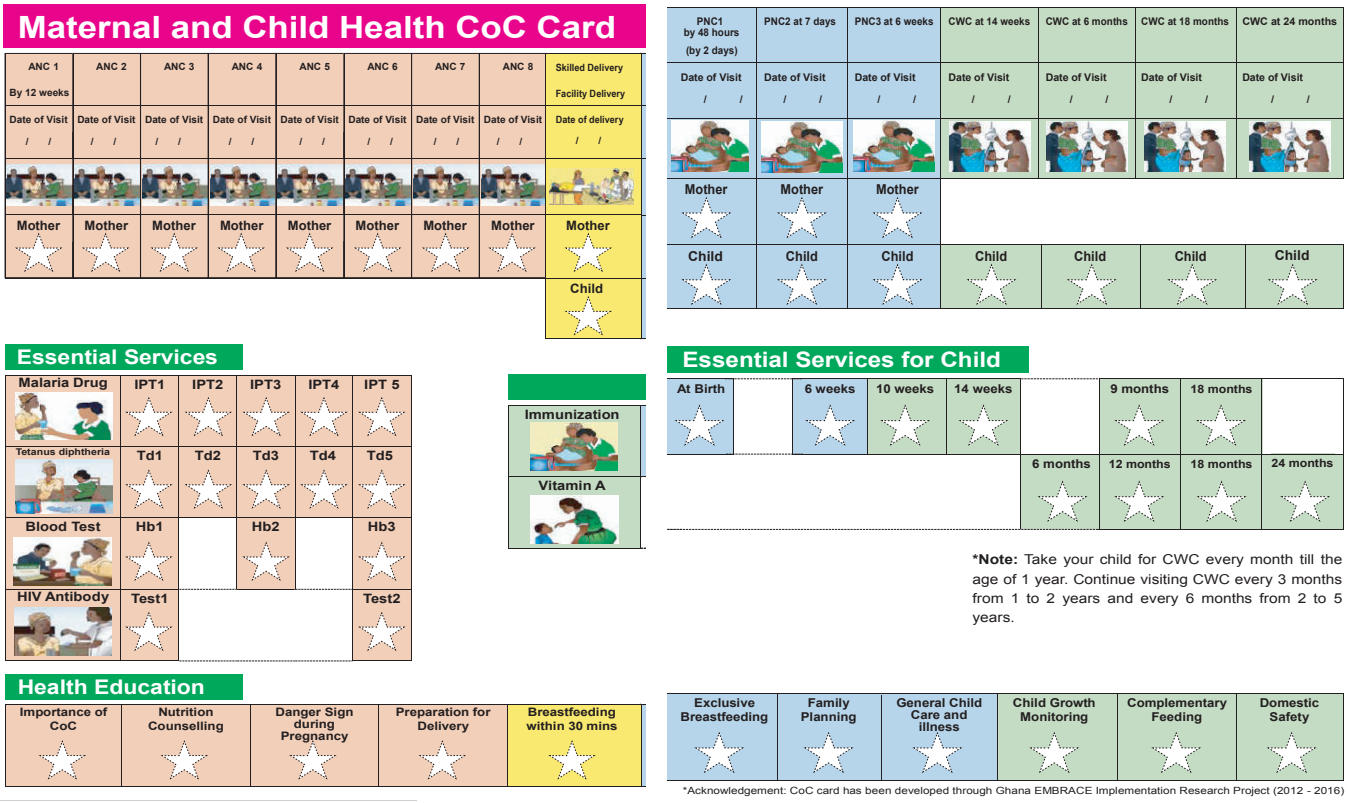
* Urine Protein / Urine Sugar; Please write −/ + / ++ / +++

** Mood changes; Health worker should ask the mother that "Have you observed any unusual change in your mood?" If the mother says "Yes", please consult the doctor or midwife concerning these matters.

*** IFA: Iron and Folic Acid

H. Postnatal Records for Child

Postnatal Care	First Visit 24 - 48 Hours	Follow Up Visit 6 - 7 Days	Follow Up Visit 6 Weeks
Date	/ /	/ /	/ /
Weight (kg)			
Length (cm)			
Head Circumference (cm)			
Heart Rate (b/min)			
Respiratory Rate(c/min)			
Temperature (℃)			
Feeding	Breastfeeding / Other	Breastfeeding / Other	Breastfeeding / Other
Activities	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Pallor	No / Yes	No / Yes	No / Yes
Jaundice	No / Yes	No / Yes	No / Yes
Head	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Eyes	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Abdomen	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Limbs	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Back	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Skin	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Passing Urine	Yes / No	Yes / No	Yes / No
Passing Stools	Yes / No	Yes / No	Yes / No
Condition of Umbilical Cord			
Remarks			
Name & Signature			
Date of Next Visit			



Exercise 4: CWC at 9 months

On September 19, 2017, George Mensah 6 months was brought to Kotoku Health Centre for CWC. George was born on 12th March 2017 with a weight of 3.0kg and length of 50.0cm. Health Officer (CHO) David Addo observed George; his weight is 7.2 kilograms and his length is 63.0 cm. At his previous visits on 14th June, 18th July and 20th August, George weighed 5.2kgs, 6.0kgs, 6.8kgs and measured 59.2cm, 60.4cm and 62.6cm. The result of observation on immunization status of George showed that he had received necessary immunizations by 14 weeks and had taken Vitamin A at 6 months. Today, December 21st, George weighed 7.2kg and length was 68.8cm. CHO David gives the vaccine of Measles-Rubella 1 (Batch Number V:AAAA, D:2222) and Yellow Fever (Batch Number V:BBBB, D:3333) to George. When his mother Ms. Nancy Mensah was asked by CHO David, she responded that George was breastfeeding and ate rice porridge plus small fish, groundnuts, and okro once a day. George also consumes banana biscuit once a day. She added that George had a good appetite. When CHO David asked about the growth of George, Nancy said that George already can sit by himself without being held and shouts cheerfully on seeing interesting toys.

- Assignment:

1. Fill in completely Records of Child Growth and Development, namely: Growth Parameters, Growth Chart (Weight and Length), Immunization.
2. Counsel on feeding, growth stimulation and notes on any growth problems.
3. Give one star to the child at 9 months on the CoC card.

M. Records of Child Growth and Development

Date of birth / /

Growth Parameters

Date	Age (month)	Weight * (kg)	Length/Height ** (cm)	Remarks ***	Name & Signature	Date of Next Visit
/ /						/ /
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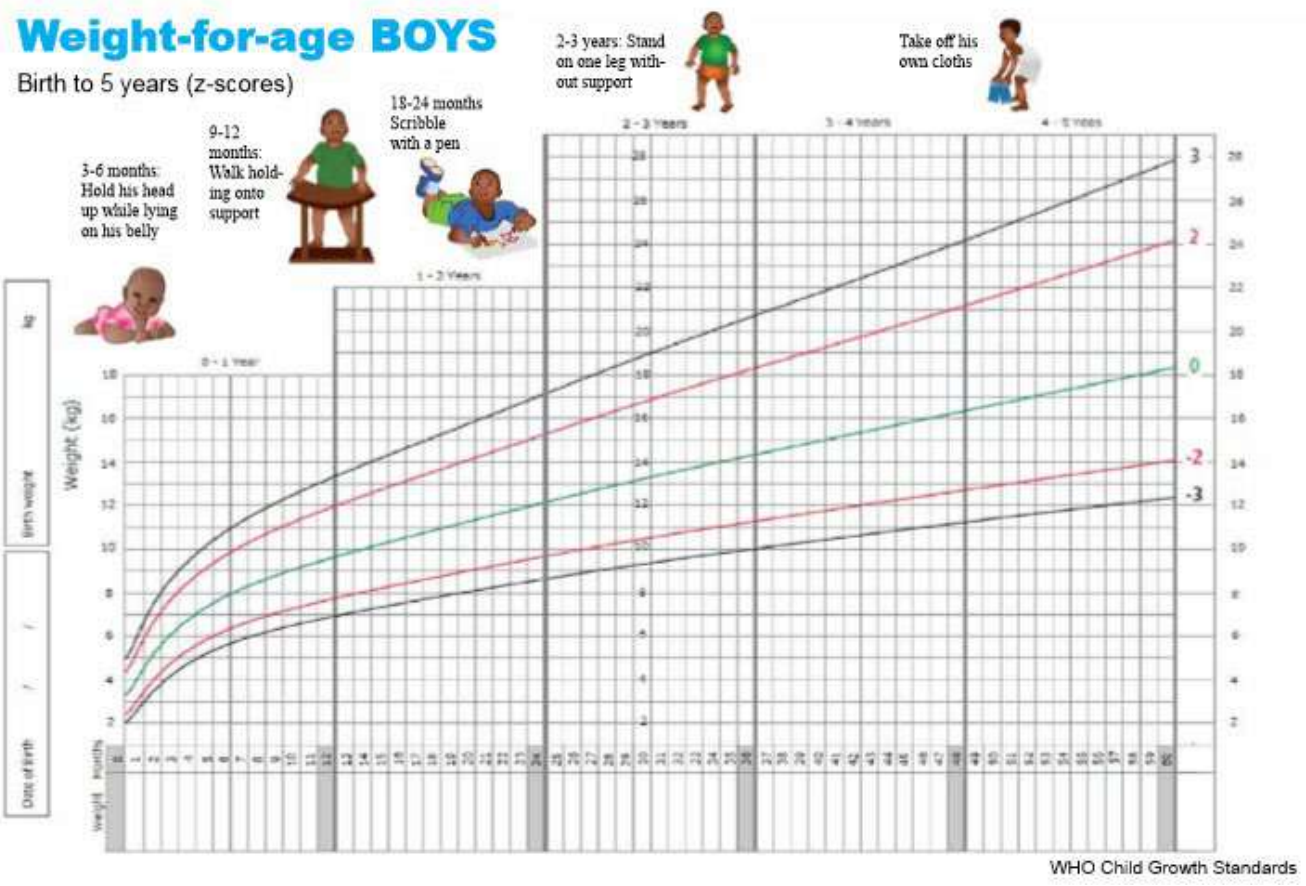
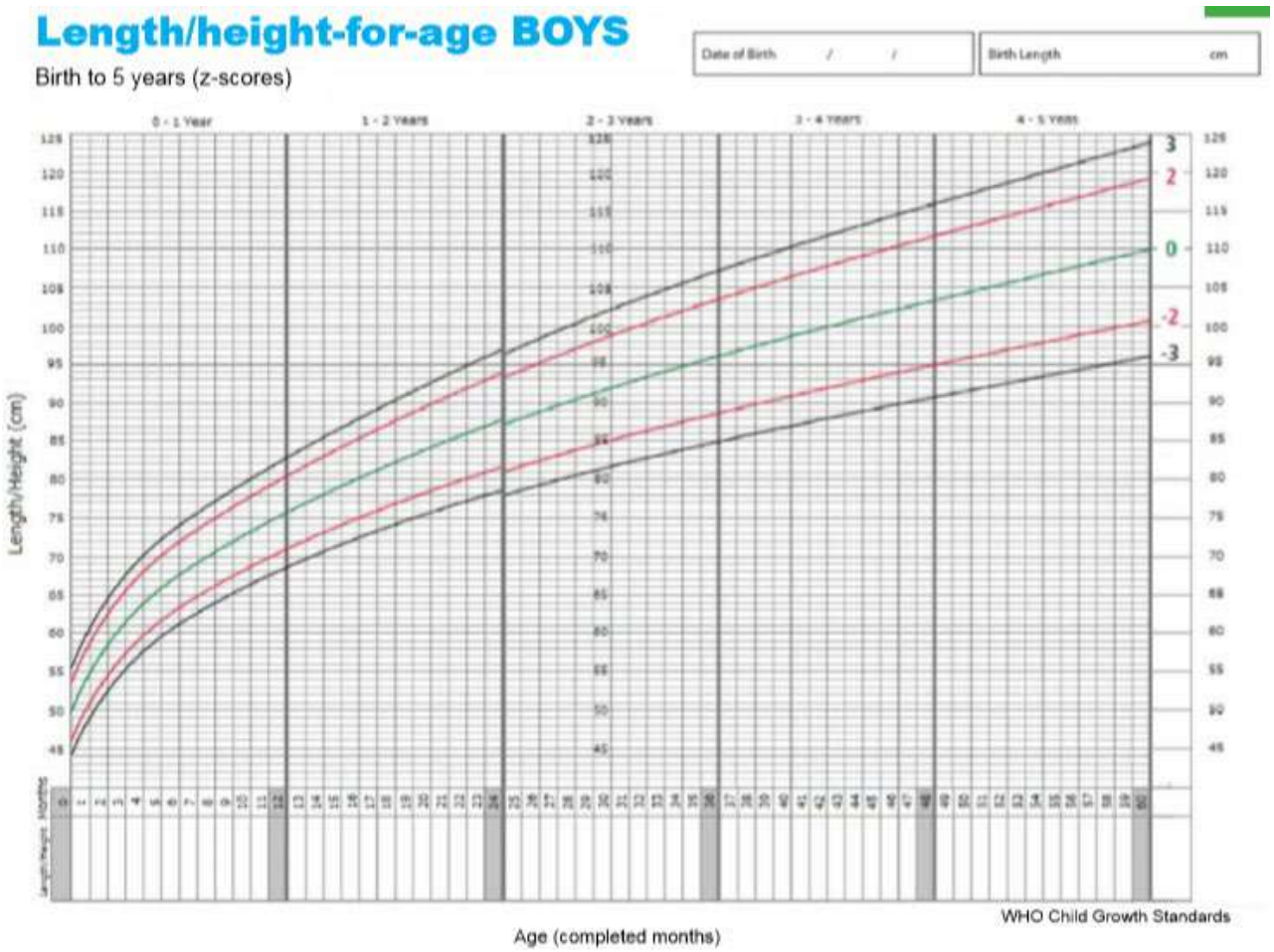




Immunization and Vitamin A

Age	Vaccine	Date Given	Batch Number	Place Given	Name & Signature	Date of Next Visit
At Birth	BCG		V: D:			
	OPV 0		V:			
	Hepatitis B		V:			
6 Weeks	OPV 1		V:			
	DPT / Hep B/ Hib 1		V:			
	Pneumococcal 1		V:			
	Rotavirus 1		V:			
10 Weeks	OPV 2		V:			
	DPT / Hep B/ Hib 2		V:			
	Pneumococcal 2		V:			
	Rotavirus 2		V:			
14 Weeks	OPV 3		V:			
	DPT / Hep B/ Hib 3		V:			
	Pneumococcal 3		V:			
	IPV		V:			
9 Months	Measles-Rubella 1		V: D:			
	Yellow Fever		V: D:			
18 Months	Measles-Rubella 2		V: D:			
	Meningitis A		V: D:			
	LLIN					

Nutrition Counseling Table

Date	Assessment of Growth					Analysis	Action	Remarks	Name & Signature
	Weight (kg) / Z-score*	Height (cm) / Z-score*	Interpretation of Chart or Curve	Recent History of Illness	Recent History of Feeding	List Identified Gaps in Feeding and Care	Recommended Actions (Doable options agreed with Client)	(Additional notes on Assessment, Analysis and Actions)	
/ /									
/ /									
/ /									
/ /									

PNC1 by 48 hours (by 2 days)	PNC2 at 7 days	PNC3 at 6 weeks	CWC at 14 weeks	CWC at 6 months	CWC at 18 months	CWC at 24 months
Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /
						
Mother	Mother	Mother				
Child	Child	Child	Child	Child	Child	Child

Essential Services for Child

At Birth		6 weeks	10 weeks	14 weeks		9 months	18 months	
					6 months	12 months	18 months	24 months

***Note:** Take your child for CWC every month till the age of 1 year. Continue visiting CWC every 3 months from 1 to 2 years and every 6 months from 2 to 5 years.

Exclusive Breastfeeding	Family Planning	General Child Care and illness	Child Growth Monitoring	Complementary Feeding	Domestic Safety

*Acknowledgement: CoC card has been developed through Ghana EMBRACE Implementation Research Project (2012 - 2016)

5. FREQUENTLY ASKED QUESTIONS AND ANSWERS

Questions	Answers
1. When I become pregnant again right after the delivery, what should I do? Do I need to continue to use the same MCH RB for the next pregnancy as well?	You will receive another MCH RB and use a new book for the next pregnancy. You will receive a new MCH RB every time a new pregnancy is confirmed. One book for one pregnancy.
2. What to do if the babies are twins/triplets, and more?	All children should receive one book. You will receive extra books upon the confirmation of your multiple pregnancy.
3. What to do in case of miscarriage?	You will keep the MCH RB as the history of your past pregnancy. You will receive a new MCH RB when you become pregnant in future. You will bring the old MCH RB to health workers to share the past history of your pregnancy,
4. How can we support illiterate women?	Health worker needs to explain what is written in the MCH RB and remind women to ask their family members or friends to read it for them. Encourage entire community to support illiterate women to understand information in the MCH RB.
5. Do you plan to develop MCH RB in local languages?	No. We will keep this MCH RB as standard. All mothers and babies in Ghana should use the same book. We will develop some supplementary IEC materials in specific areas with local languages.
6. Is father allowed to write on sweet memories?	Yes, both mother and father are allowed to write comments on sweet memories.
7. How to avoid damage of the book?	Take good care of it at home and keep it in safe place. The book may be needed for school entries.
8. How can I receive MCH RB?	Come to the health facility for the confirmation of your pregnancy. We will give you a MCH RB at your first ANC.
9. Can I receive extra book just in case of losing it?	Yes, you can. But please keep the book safely at home. One book for one pregnancy. You will receive extra books upon the confirmation of multiple pregnancies.
10. How much do I need to pay for MCH RB?	You can receive MCH RB free of charge. You are not allowed to sell it anywhere.

6. TIPS AND QUES

1. Filling the same data in different places

   It is necessary to fill the same record such as date of birth, birth weight in different pages and different tables for different purposes. Health care provider should try to fill all the information at one time as much as possible so that you can avoid to fill the same record for the next time or the next health care provider can smoothly provide proper health service based upon the record that you filled.

Timing	Necessary records	Educational points
Registration and ANC 1	- Family Identification (Page 3) - Pregnancy Record ➢ Obstetric History (Page 4) ➢ Infant Feeding, Medical and Surgical History, Social Risk Factors, Family History and Physical Examination (Page 5) ➢ Records of current pregnancy (Page 6) ➢ Antenatal Follow-Up (Page 7 and 8) ➢ Client Counselling (Page 9) ➢ Nutrition Counselling (Page 9) ➢ Progress Notes for ANC - CoC Card (Page 62-63)	- General Explanation (Page 1) - Health Messages during Pregnancy (Page 15-19)
ANC 2-8	- Pregnancy Record ➢ Antenatal Follow-Up (Page 7) ➢ Client Counselling (Page 9) ➢ Nutrition counselling (Page 9) ➢ Progress Notes for ANC - CoC Card (Page 62-63)	- Health Messages during Pregnancy (Page 15-19) - Health Messages for Delivery (Page 20)
After delivery	- Delivery Record (Page21-22) - Child Identification (Page 27) - CoC Card (Page 62-63)	-
PNC 1-3	- Postnatal Records for Mother (Page 23) - Postnatal Records for Child (Page 28) - CoC Card (Page 62-63)	- Health Messages for Mother after Delivery (Page 29) - Health Message on Family Planning (Page 30) - Health Messages for Newborn Baby (Less than 1 month) (Page 31-33) - Health Message for Child (Age 1 month up to 5 years) (Page 34-42)
CWC	- Record of Child Growth and Development ➢ Growth Parameter (Page 43-44)	- Health Message for Child (Age 1 month up to 5 years) (Page 34-42)

	➢ Weight-for-age, Length/Height-for-age (Page 45-48) ➢ Nutrition counseling (Page 49-50) ➢ Immunization and Vitamin A supplementation (Page 51-52) ➢ Development Milestones (Page 59) - CoC Card (Page 62-63)	

2. How to provide necessary information in an efficient way

   All relevant information should be given to mothers timely. However, you probably have to attend many mothers in a limited time. How do you manage it?

   You may hold parent classes to provide necessary information to the group in an efficient way.

   You may emphasize some important points so that mothers easily can get points.

   Just reading all necessary information gets mothers bored.

   According to mother condition and risk-level, you need to arrange the counseling to attend individual needs.

3. Ideas

   If you have innovative ideas to utilize the MCH RB effectively and efficiently, please kindly share them with your colleagues and Regional/District facilitators.

ANNEX 1: Counseling Skills

NON-VERBAL SKILLS

Skill 1. Helpful Non-verbal communication skills

Non-verbal communication means showing your attitude through your posture, your expression, everything except through speaking. Helpful non-verbal communication makes a mother feel that you are interested in her, so it helps her to talk to you. Below is the list of helpful non-verbal communication skills. Examples of non-helpful (hinders) and helpful (helps) ways of expressing these skills have been provided

1. Posture: KEEP YOUR HEAD LEVEL'

Sit so that your head is level with hers.

2. Eye contact: 'PAY ATTENTION'

Helps: Look at her and pay attention as she speaks

3. Barriers: 'REMOVE BARRIERS'

Sitting behine a table, writing copious notes or using your mobile phone during a counselling session is considered distractive. Ask permission to write and write as few as possible, only salient points to help you track the conversation. behind a table, or write notes while you talk Helps: Remove the table or the notes

4. Taking time: 'TAKE TIME'

Sit down and greet her without hurrying; then just stay quietly smiling at her, watching her breastfeed, and waiting for her to answer. If you appear to be in a hurry, greet her quickly, show signs of impatience e.g. look at your watch, the woman feels she is wasting your time and that you have better things to do

5. **Touch:** 'TOUCH APPROPRIATELY'

Touch the mother appropriately. Rub her back or touch her baby

VERBAL COMMUNICATION SKILLS

Skill 2: Ask Open questions

Open questions usually give the caregiver the opportunity to open up and give more information. A very general open question is useful to start a conversation. This gives the mother an opportunity to say what is important to her. Asking questions with how, why, what made you, helps you to get as much information. If you ask questions that give you yes or no answers, you can get frustrated.

For example, you might ask a mother of a nine-month-old baby: "How is your child feeding?" What foods do you usually eat? What made you decide to feed twice a day? What made you decide to give water to your 3month old baby?

Ask class for more and discuss

Skill 3: Use responses and gestures that show interest

If you want a mother to continue talking, you must show that you are listening, and that you are interested in what she is saying. Important ways to show that you are listening and interested are:

With gestures, for example, look at her, nod and smile

With simple responses, for example, you say 'Aha', 'Mmm', 'Oh dear!' Oh I see! Wow!, you can help a woman relax and share more.

Skill 4: Reflect back what the mother/caregiver says

Health workers sometimes ask mothers a lot of factual questions. However, the answers to factual questions are often not helpful. The mother may say less and less in reply to each question.

It is more useful to repeat back or reflect what a mother says. This is another way to show you are listening and encourages the mother or caregiver to continue talking and to say what is important to her. It is best to

say it in a slightly different way, so that it does not sound as though you are copying her. It is almost as if you are paraphrasing what she said

Demonstrate the skill

Health worker: “Good morning, (name). How are you and (child’s name) today?”

Mother: “He wants to feed too much - he is taking my breast all the time!”

Health worker: “(Child’s name) is feeding very often?”

Mother: “Yes. This week he is so hungry. I think that my milk is drying up.”

Health worker: “He seems more hungry this week?”

Mother: “Yes, and my sister is telling me that I should give him some bottle feeds as well.”

Health worker: “Your sister says that he needs something more?”

Mother: “Yes. Which formula is best?”

Skill 5: Empathize

Empathy is a difficult skill to learn. It is difficult for people to talk about feelings. It is easier to talk about facts.

When a mother says something which shows how she feels, it is helpful to respond in a way which shows that you heard what she said, and that you understand her feelings from her point of view.

For example, if a mother says: “My baby wants to feed very often and it makes me feel so tired!” you respond to what she feels, perhaps like this: “You are feeling very tired all the time then?” Empathy is different from sympathy. When you sympathize you are sorry for a person, but you look at it from your point of view.

Empathy is reflecting emotions and not just facts.

Skill 6: Avoid words which sound judging

Judging words’ are words like: right, wrong, well, badly, good, enough, properly.

If you use judging words when you talk to a mother about feeding, especially when you ask questions, you may make her feel that she is wrong, or that there is something wrong with the baby. A breastfeeding mother may feel there is something wrong with her breast milk.

For example: Do not say: “Are you feeding your child properly?” Instead say: “How are you feeding your child?”

Do not say: “Do you give her enough milk?” Instead say: “How often do you give your child milk?”

Building Confidence and Giving Support

Skill 1: Accept what a mother thinks and feels

Sometimes we habor certain thoughts or beliefs that others may not agree with. Sometimes a mother feels very upset about something that you know is not a serious problem.

Ask: How would you feel if others disagree with you, criticize you or tell you that it is nothing to be upset or to worry about? **Wait for a few replies and then continue. Ask: How do you think a mother seeking care would feel if you disagree with an idea or a thought she has, even if she is mistaken?**

You may make her feel that she is wrong. This reduces her confidence and she may not want to say any more to you. So it is important not to disagree with a mother.

At the same time, it is also important not to agree with a mistaken idea. You may want to suggest something quite different. That can be difficult if you have already agreed with her.

Instead, you just accept what she thinks or feels. Accepting means responding in a neutral way, and not agreeing or disagreeing.

Skill 2: Recognize and praise what mother and baby are doing right

As health workers, we are trained to look for problems. Often, this means that we see only what we think people are doing wrong, and try to correct them.

Ask: How do you think it would feel if you are made think that you are doing something wrong? **Wait for a few replies and then continue. If this is a mother,**

It may make her feel bad, and this can reduce her confidence.

As counsellors, we must look for what mothers and babies are doing right. We must first recognize what they do right; and then we should praise or show approval of the good practices. **Praising good practices:**

- ✓ It builds a mother's confidence
- ✓ It encourages her to continue those good practices
- ✓ It makes it easier for her to accept suggestions later.

In some situations it can be difficult to recognize what a mother is doing right. But any mother whose child is living must be doing some things right, whatever her socioeconomic status or education.

Skill 3: Give practical help

Some ways to give practical help are these:

- ✓ Help to make her clean and comfortable.
- ✓ Give her a drink, or something to eat, where possible.
- ✓ Hold the baby yourself, while she gets comfortable, or washes, or goes to the toilet.
- ✓ It also includes practical help with feeding – such as helping a mother with positioning and attachment, expressing breast milk, relieving engorgement or preparing complementary feeds.

Skill 4: Give a little relevant information

Mothers often need information about feeding. It is important to share your knowledge with them. It may also be important to correct mistaken ideas. However, sometimes health workers know so much information that they think they need to tell it all to the mother. It is a skill to be able to listen to the mother and choose just two or three pieces of the most relevant information to give at this time.

Try to give information that is relevant to her situation now. Tell her things that she can use today, not in a few weeks' time. Explaining the reason for a difficulty is often the most relevant information when it helps a mother to understand what is happening.

Give information in a positive way, so that it does not sound critical, or make the mother think that she has been doing something wrong. This is especially important if you want to correct a mistaken idea. *For example, instead of saying "Thin porridge is not good for your baby", you could say: "Thick foods help the baby to grow".*

Before you give information to a mother build her confidence. Accept what she says, and praise what she does well. You do not need to give new information or to correct a mistaken idea immediately.

Skill 5: Use simple language

Health workers learn about diseases and treatments using technical or scientific terms. When these terms become familiar, it is easy to forget that people who are not health workers may not understand them. It is important to use simple, familiar terms, to explain things to mothers.

Skill 6: Make one or two suggestions, not commands

You may decide that it would help a mother if she does something differently – for example, if she feeds the baby more often, or holds him in a different way. However, you must be careful not to tell or command her to do something. This does not help her to feel confident. When you counsel a mother, you suggest what she could do. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident.

ANNEX 2: BMI Chart

A. How to use the BMI Chart

1. Find the client's height in the left-hand column (1 meter=100cm).
2. Find the client's weight in the corresponding height row.
3. Read off the corresponding BMI value.

Blue shows underweight (BMI <18.5)

Green shows normal (BMI 18.5-24.9)

Yellow shows overweight (BMI 25 – 29.9)

Red shows obese (BMI ≧30)

The Body Mass Index (BMI) Chart

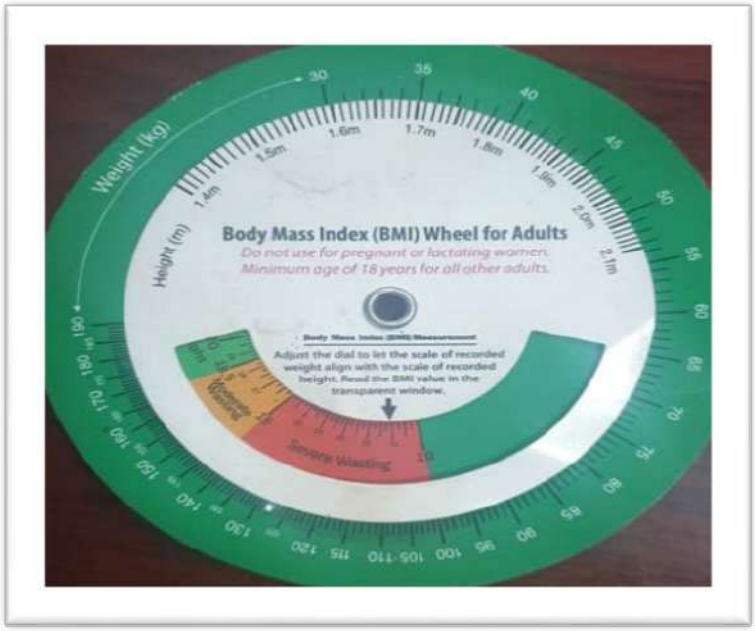
BMI Values Corresponding to Height (cm) and Weight (kg)

BMI	16.0	17.0	18.5	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0	28.0	29.0	30.0
							(kg/m^2)								
	Underweight		Normal							Overweight					Obese
Height (cm)	Weight (kg)														
140.0	31.4	33.3	36.3	37.2	39.2	41.2	43.1	45.1	47.0	49.0	51.0	52.9	54.9	56.8	58.8
141.0	31.8	33.8	36.8	37.8	39.8	41.8	43.7	45.7	47.7	49.7	51.7	53.7	55.7	57.7	59.6
142.0	32.3	34.3	37.3	38.3	40.3	42.3	44.4	46.4	48.4	50.4	52.4	54.4	56.5	58.5	60.5
143.0	32.7	34.8	37.8	38.9	40.9	42.9	45.0	47.0	49.1	51.1	53.2	55.2	57.3	59.3	61.3
144.0	33.2	35.3	38.4	39.4	41.5	43.5	45.6	47.7	49.8	51.8	53.9	56.0	58.1	60.1	62.2
145.0	33.6	35.7	38.9	39.9	42.1	44.2	46.3	48.4	50.5	52.6	54.7	56.8	58.9	61.0	63.1
146.0	34.1	36.2	39.4	40.5	42.6	44.8	46.9	49.0	51.2	53.3	55.4	57.6	59.7	61.8	63.9
147.0	34.6	36.7	40.0	41.1	43.2	45.4	47.5	49.7	51.9	54.0	56.2	58.3	60.5	62.7	64.8
148.0	35.0	37.2	40.5	41.6	43.8	46.0	48.2	50.4	52.6	54.8	57.0	59.1	61.3	63.5	65.7
149.0	35.5	37.7	41.1	42.2	44.4	46.6	48.8	51.1	53.3	55.5	57.7	59.9	62.2	64.4	66.6
150.0	36.0	38.3	41.6	42.8	45.0	47.3	49.5	51.8	54.0	56.3	58.5	60.8	63.0	65.3	67.5
151.0	36.5	38.8	42.2	43.3	45.6	47.9	50.2	52.4	54.7	57.0	59.3	61.6	63.8	66.1	68.4
152.0	37.0	39.3	42.7	43.9	46.2	48.5	50.8	53.1	55.4	57.8	60.1	62.4	64.7	67.0	69.3
153.0	37.5	39.8	43.3	44.5	46.8	49.2	51.5	53.8	56.2	58.5	60.9	63.2	65.5	67.9	70.2
154.0	37.9	40.3	43.9	45.1	47.4	49.8	52.2	54.5	56.9	59.3	61.7	64.0	66.4	68.8	71.1
155.0	38.4	40.8	44.4	45.6	48.1	50.5	52.9	55.3	57.7	60.1	62.5	64.9	67.3	69.7	72.1
156.0	38.9	41.4	45.0	46.2	48.7	51.1	53.5	56.0	58.4	60.8	63.3	65.7	68.1	70.6	73.0
157.0	39.4	41.9	45.6	46.8	49.3	51.8	54.2	56.7	59.2	61.6	64.1	66.6	69.0	71.5	73.9
158.0	39.9	42.4	46.2	47.4	49.9	52.4	54.9	57.4	59.9	62.4	64.9	67.4	69.9	72.4	74.9

159.0	40.4	43.0	46.8	48.0	50.6	53.1	55.6	58.1	60.7	63.2	65.7	68.3	70.8	73.3	75.8
160.0	41.0	43.5	47.4	48.6	51.2	53.8	56.3	58.9	61.4	64.0	66.6	69.1	71.7	74.2	76.8
161.0	41.5	44.1	48.0	49.2	51.8	54.4	57.0	59.6	62.2	64.8	67.4	70.0	72.6	75.2	77.8
162.0	42.0	44.6	48.6	49.9	52.5	55.1	57.7	60.4	63.0	65.6	68.2	70.9	73.5	76.1	78.7
163.0	42.5	45.2	49.2	50.5	53.1	55.8	58.5	61.1	63.8	66.4	69.1	71.7	74.4	77.1	79.7
164.0	43.0	45.7	49.8	51.1	53.8	56.5	59.2	61.9	64.6	67.2	69.9	72.6	75.3	78.0	80.7
165.0	43.6	46.3	50.4	51.7	54.5	57.2	59.9	62.6	65.3	68.1	70.8	73.5	76.2	79.0	81.7
166.0	44.1	46.8	51.0	52.4	55.1	57.9	60.6	63.4	66.1	68.9	71.6	74.4	77.2	79.9	82.7
167.0	44.6	47.4	51.6	53.0	55.8	58.6	61.4	64.1	66.9	69.7	72.5	75.3	78.1	80.9	83.7
168.0	45.2	48.0	52.2	53.6	56.4	59.3	62.1	64.9	67.7	70.6	73.4	76.2	79.0	81.8	84.7
169.0	45.7	48.6	52.8	54.3	57.1	60.0	62.8	65.7	68.5	71.4	74.3	77.1	80.0	82.8	85.7
170.0	46.2	49.1	53.5	54.9	57.8	60.7	63.6	66.5	69.4	72.3	75.1	78.0	80.9	83.8	86.7
171.0	46.8	49.7	54.1	55.6	58.5	61.4	64.3	67.3	70.2	73.1	76.0	79.0	81.9	84.8	87.7
172.0	47.3	50.3	54.7	56.2	59.2	62.1	65.1	68.0	71.0	74.0	76.9	79.9	82.8	85.8	88.8
173.0	47.9	50.9	55.4	56.9	59.9	62.9	65.8	68.8	71.8	74.8	77.8	80.8	83.8	86.8	89.8
174.0	48.4	51.5	56.0	57.5	60.6	63.6	66.6	69.6	72.7	75.7	78.7	81.7	84.8	87.8	90.8
175.0	49.0	52.1	56.7	58.2	61.3	64.3	67.4	70.4	73.5	76.6	79.6	82.7	85.8	88.8	91.9
176.0	49.6	52.7	57.3	58.9	62.0	65.0	68.1	71.2	74.3	77.4	80.5	83.6	86.7	89.8	92.9
177.0	50.1	53.3	58.0	59.5	62.7	65.8	68.9	72.1	75.2	78.3	81.5	84.6	87.7	90.9	94.0
178.0	50.7	53.9	58.6	60.2	63.4	66.5	69.7	72.9	76.0	79.2	82.4	85.5	88.7	91.9	95.1
179.0	51.3	54.5	59.3	60.9	64.1	67.3	70.5	73.7	76.9	80.1	83.3	86.5	89.7	92.9	96.1
180.0	51.8	55.1	59.9	61.6	64.8	68.0	71.3	74.5	77.8	81.0	84.2	87.5	90.7	94.0	97.2
181.0	52.4	55.7	60.6	62.2	65.5	68.8	72.1	75.4	78.6	81.9	85.2	88.5	91.7	95.0	98.3
182.0	53.0	56.3	61.3	62.9	66.2	69.6	72.9	76.2	79.5	82.8	86.1	89.4	92.7	96.1	99.4
183.0	53.6	56.9	62.0	63.6	67.0	70.3	73.7	77.0	80.4	83.7	87.1	90.4	93.8	97.1	100.5
184.0	54.2	57.6	62.6	64.3	67.7	71.1	74.5	77.9	81.3	84.6	88.0	91.4	94.8	98.2	101.6
185.0	54.8	58.2	63.3	65.0	68.5	71.9	75.3	78.7	82.1	85.6	89.0	92.4	95.8	99.3	102.7
186.0	55.4	58.8	64.0	65.7	69.2	72.7	76.1	79.6	83.0	86.5	89.9	93.4	96.9	100.3	103.8
187.0	56.0	59.4	64.7	66.4	69.9	73.4	76.9	80.4	83.9	87.4	90.9	94.4	97.9	101.4	104.9
188.0	56.6	60.1	65.4	67.2	70.7	74.2	77.8	81.3	84.8	88.4	91.9	95.4	99.0	102.5	106.0
189.0	57.2	60.7	66.1	67.9	71.4	75.0	78.6	82.2	85.7	89.3	92.9	96.4	100.0	103.6	107.2
190.0	57.8	61.4	66.8	68.6	72.2	75.8	79.4	83.0	86.6	90.3	93.9	97.5	101.1	104.7	108.3
191.0	58.4	62.0	67.5	69.3	73.0	76.6	80.3	83.9	87.6	91.2	94.9	98.5	102.1	105.8	109.4
192.0	59.0	62.7	68.2	70.0	73.7	77.4	81.1	84.8	88.5	92.2	95.8	99.5	103.2	106.9	110.6
193.0	59.6	63.3	68.9	70.8	74.5	78.2	81.9	85.7	89.4	93.1	96.8	100.6	104.3	108.0	111.7
194.0	60.2	64.0	69.6	71.5	75.3	79.0	82.8	86.6	90.3	94.1	97.9	101.6	105.4	109.1	112.9
195.0	60.8	64.6	70.3	72.2	76.1	79.9	83.7	87.5	91.3	95.1	98.9	102.7	106.5	110.3	114.1
196.0	61.5	65.3	71.1	73.0	76.8	80.7	84.5	88.4	92.2	96.0	99.9	103.7	107.6	111.4	115.2
197.0	62.1	66.0	71.8	73.7	77.6	81.5	85.4	89.3	93.1	97.0	100.9	104.8	108.7	112.5	116.4
198.0	62.7	66.6	72.5	74.5	78.4	82.3	86.2	90.2	94.1	98.0	101.9	105.9	109.8	113.7	117.6
199.0	63.4	67.3	73.3	75.2	79.2	83.2	87.1	91.1	95.0	99.0	103.0	106.9	110.9	114.8	118.8

200.0	64.0	68.0	74.0	76.0	80.0	84.0	88.0	92.0	96.0	100.0	104.0	108.0	112.0	116.0	120.0
201.0	64.6	68.7	74.7	76.8	80.8	84.8	88.9	92.9	97.0	101.0	105.0	109.1	113.1	117.2	121.2
202.0	65.3	69.4	75.5	77.5	81.6	85.7	89.8	93.8	97.9	102.0	106.1	110.2	114.3	118.3	122.4
203.0	65.9	70.1	76.2	78.3	82.4	86.5	90.7	94.8	98.9	103.0	107.1	111.3	115.4	119.5	123.6
204.0	66.6	70.7	77.0	79.1	83.2	87.4	91.6	95.7	99.9	104.0	108.2	112.4	116.5	120.7	124.8
205.0	67.2	71.4	77.7	79.8	84.1	88.3	92.5	96.7	100.9	105.1	109.3	113.5	117.7	121.9	126.1
206.0	67.9	72.1	78.5	80.6	84.9	89.1	93.4	97.6	101.8	106.1	110.3	114.6	118.8	123.1	127.3
207.0	68.6	72.8	79.3	81.4	85.7	90.0	94.3	98.6	102.8	107.1	111.4	115.7	120.0	124.3	128.5
208.0	69.2	73.5	80.0	82.2	86.5	90.9	95.2	99.5	103.8	108.2	112.5	116.8	121.1	125.5	129.8
209.0	69.9	74.3	80.8	83.0	87.4	91.7	96.1	100.5	104.8	109.2	113.6	117.9	122.3	126.7	131.0
210.0	70.6	75.0	81.6	83.8	88.2	92.6	97.0	101.4	105.8	110.3	114.7	119.1	123.5	127.9	132.3

B. How to use a BMI wheel



- The BMI wheel is a tool to help health workers to quickly determine the Body Mass Index (BMI) of the pregnant woman. The outer disk shows weight in kilo grams and inner disk shows height in meters.
- After measuring weight and height of the client, you will match her weight and height on the wheel and determine her BMI category.
- Classify: Flip the wheel. The table at the backside of the wheel shows BMI categories. After determination of the BMI of the woman, compare the value obtained to the standard values at the back of the wheel.

Example: if a woman's weight is 50 kg and height is 153 cm, find 50 kgs gridline of the outer disk, and move inner disk until 1.53 m is aligned with 50 kgs. Then look at the BMI category pointed by the arrow. It points at "ideal body weight" category, which means her BMI is "normal".

C. Determine Desired weight at delivery

❑ **Use the next Table to determine the EDD at delivery.**

- Add the weight measured at ANC1 at or before 12 weeks to the minimum and maximum weight gain expected.
- Record the weight range: minimum and maximum on Page 6 at the Estimated weight at EDD section
- Remember to compare weight measured during all ANC visits to the EDD range. A weight below the minimum recorded near term requires intervention. Similarly, a weight above or close to the maximum before term should be investigated and appropriate action(s) taken.

Table: BMI classification and estimated desired weight at EDD

BMI at ANC1 (by 12 weeks) = Weight (kg) / Height (m)^2	**Estimated desired weight at EDD (range)**
< 18.5 Underweight	From weight at ANC 1 + **12.5kg** to weight at ANC 1 + **18kg**
18.5 - 24.9 Normal	From weight at ANC 1 + **11.5kg** to weight at ANC 1 +**16kg**
25 - 29.9 Overweight	From weight at ANC 1 + **7 kg** to weight at ANC 1 + **11.5kg**
≧ 30 Obese	From weight at ANC 1 + **5kg** to weight at ANC 1 + **9 kg**

Answers to Practice of BMI calculation and EDD (Page19)

	BMI	**Estimated desired weight**
Question A	18.08 Underweight	56.5kg - 62kg
Question B	25.44 Overweight	65kg - 69.5kg
Question C	24.38 Normal	79.5 - 84kg
Question D	27.43 Overweight	79 - 83.5kg
Question E	31.51 Obese	95 - 99kg
Question F	31.22 Obese	90 - 94kg
Question G	15.05 Underweight	52.5 – 58kg

ANNEX 3-1: Algorithm for Nutrition Counseling services at ANC

ALGORITHM FOR NUTRITION COUNSELLING SERVICES AT ANC

ASSESSMENT	ANALYSIS/SIGNS	ACTION	FOLLOW UP
At first visit			
For Registrants in first trimester ➢ Check record for Body Mass Index (Refer to MCHRB page 6) **For all** ➢ Check record for Hb level and/or Pallor,Sickling and blood film for malarial parasites (Refer to MCH RB page 6 and 7) ➢ Check record for complaints of nausea, vomiting, constipation, diarrhea, loss of appetite (Refer to MCH RB page 7) ➢ Conduct a dietary assessment (see MCHRB page 9, Nutrition Counseling for Pregnant women)	**For Registrants in first trimester** ➢ Normal: BMI 18.5~24.9 (Only for registrants in first trimester) **For all** ➢ Hb> 11.0 g/dl ➢ No pallor ➢ Sickling negative ➢ BF(-) ➢ No vomiting, diarrhea or constipation ➢ No Identified gaps in dietary practice ➢ Identified gaps in dietary practice	✓ Conduct scheduled nutrition counseling including estimated desired weight ✓ Conduct scheduled nutrition counseling with encouragement to comply with IFA regimen ✓ Conduct scheduled nutrition counseling ✓ Conduct scheduled nutrition counseling ✓ Conduct nutrition counseling based on identified gaps	

	For Registrants in first trimester ➢ Underweight: BMI <18.5 or ➢ Overweight: BMI 25~29.9 **For all** ➢ Moderate anaemia HB (7-10.9 g/dl) **and/or** ➢ Moderate pallor ➢ Mild vomiting, diarrhea or constipation	✓ Conduct nutrition counseling based on nutritional status ✓ Treat anaemia; iron 60mg bd, Folic acid (1 tablet daily) ✓ Agree on a next counseling session in 2 weeks ✓ Prescribe ORS ✓ Conduct nutrition counseling ✓ Agree on next counseling session in 2 weeks	● If Hb improved, continue with treatment until Hb is 11g/dl or more ● If Hb is 11g/dl or more move onto IFA maintenance dose ● If no change in Hb after two weeks, **refer to the next level**
	For Registrants in first trimester ➢ Obese BMI ≧ 30 **For All**	✓ Conduct nutrition counseling based on nutritional status ✓ Treat anaemia; iron 60mg	● Link client to community

	➢ Severe anaemia HB< 7.0 g/dl) ➢ Sickling positive ➢ BF(+) ➢ Severe vomiting or constipation or diarrhea loss of appetite	bd, Folic acid (1 tablet daily) ✓ **Refer to the next level** ✓ Prescribe ORS ✓ **Accompany the client to the next level**	health nurse for regular home visits and another follow-up.
For subsequent visits			
For all ➢ Check record for Hb level and/or Pallor, Sickling and blood film for malarial parasites	➢ Hb≥ 11.0 g/dl and or ➢ No pallor ➢ Sickling negative ➢ BF(-)	✓ Conduct scheduled nutrition counseling	
➢ Check record for results of stool RE	➢ Stool RE (+)	✓ Deworming	
➢ Check record for complaints of nausea, vomiting, constipation, diarrhea, loss of appetite (Refer to MCH RB page 7)	➢ No vomiting, diarrhoea or constipation	✓ Conduct scheduled nutrition counseling	
➢ Check weight today to determine adequate or inadequate weight gain *For clients with record of desired weight gain on Page ---, check for change in weight by comparing*	➢ Slow/Rapid Weight gain ➢ Weight gain is in line with	✓ Conduct nutrition counseling ✓ Conduct scheduled	● Review weight gain and discuss

current weight in line with desired weight gain ➢ Review previous nutrition counseling session and conduct a dietary assessment for 2nd/3rd Trimester (see MCHRB page 9, Nutrition Counseling for Pregnant women)	desired weight gain ➢ No identified gaps in dietary practices ➢ Identified gaps in dietary practices	nutrition counseling ✓ Conduct scheduled nutrition counseling as appropriate ✓ Conduct nutrition counseling based on gaps	
	➢ Moderate anaemia HB (7-10.9 g/dl) ➢ Mild vomiting, constipation, diarrhea	✓ Treat anaemia; iron 60mg bd, Folic acid (1 tablet daily) ✓ Agree on a next counseling session in 2 weeks ✓ Prescribe ORS ✓ Conduct nutrition counseling ✓ Agree on next counseling session in 2 weeks	● If Hb improved, continue with treatment until Hb is 11g/dl or more ● If Hb is 11g/dl or more move onto IFA maintenance dose ● If no change in Hb after two weeks, **refer to the next level**
	➢ Severe anaemia HB<7.0g/dl ➢ Sickling positive ➢ BF(+) ➢ Severe vomiting or constipation or diarrhea	✓ Treat anaemia; iron 60mg bd, Folic acid (1 tablet daily) ✓ **Refer to the next level** ✓ Prescribe ORS	● Link client to community health nurse for regular home visits and another follow-up.

		✓ **Accompany the client to the next level** ✓ **Refer to the next**	

ANNEX 3-2: Algorithm for Nutrition Counseling Services at CWC

ALGORITHM FOR NUTRITION COUNSELLING SERVICES AT CWC

<table>
<tr><th>ASSESSMENT</th><th>ANALYSIS/SIGNS</th><th>ACTION</th><th>FOLLOW UP</th></tr>
<tr><td rowspan="4">For all children
➢ Measure weight and determine Weight-for-Age

For eligible children
➢ Measure length/height and determine Length/height-for-Age

For all children
➢ Ask mother/caregiver is presently ill or has been ill within the past two weeks

For all children
➢ Conduct a dietary assessment</td><td>➢ Normal weight for age (z score SD to +2 SD and above -2)
➢ Normal length/height for age (z score SD to +2 SD and above -2)
➢ Growth curve going up
➢ Child is not ill
➢ Identified dietary gaps</td><td>✓ Conduct nutrition counseling based on gaps identified</td><td></td></tr>
<tr><td>➢ Child has normal W/A and L/H for age and child is ill
➢ Identified dietary gaps</td><td>✓ Counsel and refer child for treatment
✓ Counsel on feeding the sick child
✓ Agree on next visit</td><td></td></tr>
<tr><td colspan="3">6-59-month-child</td></tr>
<tr><td>➢ Moderate underweight (W/A -z score SD Below -2 SD to -3 SD)
➢ Moderate stunting (L/A -z score SD Below -2 SD to -3 SD)
➢ Static weight
➢ Weight loss
and
➢ Child is not ill</td><td>✓ Conduct nutrition counseling session based on gaps identified
✓ Agree on follow-up contact in 14 days
✓ Schedule targeted home visit</td><td>● If child has gained weight, congratulate mother. Conduct a quick assessment of mother’s practices (feeding and care practices)
● Ask mother to come back for the next CWC session
● If child has not gained weight, counsel mother.</td></tr>
</table>

	➢ Identified dietary gaps		● Agree on a follow-on home visit
	➢ Static weight for 3 continuous visits or ➢ Weight loss for two continuous visits	✓ **Refer to the next level**	● Conduct a home visit when child returns from referral level ● If child has gained weight, congratulate mother. Conduct a quick assessment of mother's practices (feeding and care practices) and counsel appropriately ● Agree on a follow-up visit at the facility in 14 days
For children 6-59 months with severe underweight (W/A -z sore Below -3SD) ➢ Measure MUAC ➢ Check for oedema of both feet	➢ Severe underweight (W/A -z score SD Below-3SD) and ➢ MUAC greater than or equal to 11.5cm	✓ Conduct nutrition counseling based on gaps identified ✓ Follow-up every two weeks ✓ Conduct home visit	● If child has gained weight at follow-up visit, counsel the mother ● Follow-up in 14 days. If there is progress, repeat 14-day visits for 2 times. ● Discharge to join normal CWC if w/a >-2SD ● If the child does not gain weight, re-assess MUAC and oedema. If condition is same, **counsel and refer to the next level** ● **Refer if child is getting worse**
	➢ MUAC less than 11.5cm or ➢ Bilateral pitting oedema + or ++ and	✓ **Refer to CMAM OPC if available** ✓ **Refer to higher level if CMAM OPC is not available**	● Follow-up in 2 days

For child less than 6 months and underweight (W/A z score SD Below -2 SD to below -3 SD) ➢ Check for visible severe wasting ➢ Check for bilateral pitting oedema ➢ Assess breastfeeding (frequency, demand feeding, positioning and attachment, intake of other fluids/foods etc)	➢ Child has no other illness		
	➢ Bilateral pitting oedema +++	✓ **Refer to hospital (IPC)**	
	➢ MUAC less than 11.5 and ➢ Any grade of oedema		
	➢ MUAC less than 11.5cm or ➢ Bilateral pitting oedema + or ++ and ➢ Medical complication		
	Less than 6-month-baby		
	➢ No visible severe wasting and ➢ No oedema ➢ Identify gaps in breastfeeding practice	✓ Conduct breastfeeding counseling based on gaps identified ✓ Correct positioning and attachment ✓ Follow-up every two weeks ✓ Conduct home visit	● If child has gained weight at follow-up visit, counsel the mother on breastfeeding ● If child has no prospects of breastfeeding, counsel on other milk intake ● Follow-up in 14 days. If there is progress, repeat 14-day visits for 2 times. ● Discharge to join normal CWC if W/A >-2SD ● If the child does not gain weight, **counsel and refer to the next level** ● **Refer if child is getting worse**
	➢ Visible wasting	✓ Correct positioning and	

	or ➢ Bilateral pitting oedema present ➢ Identified breastfeeding difficulties	attachment ✓ **Review and teach mother how to express breastmilk and feed with a cup** ✓ **Refer urgently to hospital (IPC)**	

*At the timing of scheduled nutrition counseling (6 weeks, 14 weeks, 6 months, 9 months, 12 months, 18 months and 24 months) and when nutritional issue(s) are identified during assessment, fill the nutrition counseling table

This guideline is correspondent to Maternal and Child Health Record Book version 1.2.2018.A, 1.2.2019.A, 1.2.2020.A and 1.2.2021.A and revised on 1st April 2021.

However, it can be used for the version 1.1.2018. A