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Guideline for Community Maternal and Newborn Health Services

Handbook for RANMs



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Fertility Awareness
for Community
Transformation

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TABLE OF CONTENTS

Table of contents	i
Introduction:	1
Chapter 1	2
Antenatal care (ANC)	2
Chapter 2	20
Postnatal care (PNC)	20
Reference materials for ANC Chapter:	47
Reference materials PNC Chapter	60

Introduction

By bringing health services to the community and household levels the RANM has a unique opportunity to both increase access to essential services and to offer services in a more comprehensive and “family-oriented” way. This guideline is prepared to serve as a guide for RANMs to provide maternal and newborn health including nutrition (MNH/Nutrition) services at household level in their clusters with a focus on marginalized groups. This guideline summarizes the key tasks that should be completed in order to provide quality of care at the community level.

The major role of RANMs is concentrated on enhancing family planning access and use including:

1. Increasing fertility awareness and people's understanding of when a woman is, or is not fertile.
2. Promoting, delivering, and referring for family planning services.
3. Raising awareness around social norms that inhibit family planning use including the importance of male engagement in family planning decision making
4. Focusing on bridging the service gaps for marginalized groups in their working area.

She will also reach out to influential people and groups in the wider community to address family planning and relevant social norms, with the support from local health facility/ Health Facility Operation and Management Committees and Female Community Health Volunteers (FCHVs)/ health mothers groups.

The RANMS' expanded roles include:

1. Providing home level postnatal mothers and newborn care including postnatal family planning
2. Providing antenatal counseling involving husbands/in-laws and making referrals for health facility antenatal care checkups.

The role of RANMs is expanded based on the community people's expectation, the need to address social barriers to service utilization, and the need to increase access to quality services by trained personnel like RANM. Given that the expectations around the family planning role have already been well-developed, this guideline is concentrated on the expanded role including services and counseling, for the MNH components. This expanded scope of work of RANMs is endorsed by Family Health Division, Ministry of Health.

While men may traditionally not consider themselves to be directly involved with “women's issues” such as pregnancy and childbirth, they can make a big difference through provision of emotional and physical support throughout this time. In order to maximize the opportunity offered through provision of health services at the household level, the RANM seeks to integrate male and extended family inclusion and discussions as part of her routine counseling and services. Because this is new to the approach of pregnancy care, this guide particularly focuses on integrating these discussions during each household visit. Such discussions become part of the standard of care for service provision at the community level.

It is also important to note that, even if the husband may be absent during much of the prenatal period, it is important to involve him in services as much as possible. This might be through encouraging regular phone conversations about his wife's pregnancy or care, negotiating when and how he might be present during the perinatal period, or considering where emotional or decision-making support may come from in his absence.

The content of the guideline is adapted from National Medical Standard for Reproductive Health, Volume III: Maternal and Neonatal care, government endorsed Birth Preparedness, Maternal and Newborn care: Trainers/participants handbook and Complication Readiness Plan (BPP), Facilitator guide on Maternal Infant and Young Child Nutrition (MIYCN), and Community-based Integrated Management of Neonatal and Childhood Illness (IMNCI) and referred to Basic Maternal and Newborn care: a guide for skilled provider, MNH and a program brief by USAID on Focused Antenatal Care: Planning and Providing Care during Pregnancy, MNH.

Purpose:

Provide instructional guideline to RANMs to provide quality of MNH care and counseling.

Chapter 1: Antenatal Care (ANC)

ANC is the care provided throughout the pregnancy period that helps to ensure healthy outcomes for women and newborns. Its focus should be on improving maternal health and survival of the fetus. The emphasis is on focused ANC that encompasses assessment of maternal and fetal well-being, preventive measures such as immunizations and iron supplementation, preparation for birth planning and complication readiness and health messages and counseling around pregnancy and preparation for the newborn phase, which also includes resuming family planning.

The antenatal period clearly presents opportunities for reaching pregnant women as well as her family members like husbands, in-laws etc. offering opportunities for interactions that may be vital to the health and well-being of the mother and fetus.

Frequency of ANC home visits: in order to ensure the healthy outcomes for women and newborns, the RANM is to provide at least two ANC home visits preferably visit one in between 4 to 6 months of pregnancy and visit two in between 7 – 8 months of pregnancy, e.g. if you are home visiting/doing visit one in month five then you should be doing visit two either in the month of 7 or 8.

Suggested steps for ANC home visit, the approach is *focused ANC care visits*:

1. Pre-visit preparation:

- Identify the total number of pregnant women in your cluster with support from the FCHVs.
- Prepare plan for home visit using RANM Client Logbook or review the follow up plan if you have already one.
- May need to inform the pregnant women and her husband, if he is around at home, about your visit in advance through FCHVs if feasible.
- Prepare necessary materials for counseling and service e.g. information sheets, birth preparedness and complication readiness Plan (BPP) flip chart, Jeevan Surakshya Card for mother, family planning method cards and Family Planning Method Cheat Sheet, fetal development cards, care and husband/family members' support cards including discussion guide, client log, and Blood Pressure (BP) instrument for in case you may need to checkup on request of woman.

Visit at home: Meet & Greet

- Greet them in a manner appropriate to their culture. Introduce yourself.
- Explain the purpose of your visit (say that you are here to provide ANC counseling) with the woman, her husband, and even her extended family, as appropriate.
- Encourage and facilitate involvement of the husband when appropriate and as the husband and wife desires, especially during in-planning for birth preparedness and complication readiness.
- Understand who makes family decision and invite other decision making family members like –in-laws during the preparation of BPP.
- Help husband to feel comfortable e.g. while counseling, participating in preparing BPP etc. Appreciate even when he does the little things and also reemphasize that his role is very important for the wellbeing of the mother and baby.
- Be familiar with her cultural appropriateness – show respects.
- Create comfortable environment - see for seating arrangement for all of them.

Culturally appropriate counseling and care:

Pregnancy and childbirth are individual, family, and community events, rich in spiritual significance and power. If your advices does not fit within their cultural context, they may not consider to them to be important, valuable and dismiss them. You can demonstrate cultural sensitivity when interacting with woman and her family members by doing following:

- Speaking in their language.
- Observing appropriate rules and norms of cultures e.g. naming ceremony.
- Understanding who makes family decision.
- Showing sensitivity and acknowledge that change can be a difficult process when the elimination of traditional practices is necessary.

Make couple-friendly counseling and care

- Ensure the acceptability of the woman and her family member about care and counseling e.g. family members are included in the care of woman and newborn, as the woman desires.
- Give full information to empower women and her husband & family members e.g. information about BPP so that they can prepare a plan.

1.1. **Ask** about the pregnant woman's health status:

Steps to ask and observe are:

1. **Do basic assessment:** explain what you are going to do and collect or take history on followings:
 - 1.1. **Collect** the personal information – name, age etc.
 - 1.2. **Do quick check for danger signs** – to ensure woman needs any immediate attention or not, if yes, then arrange for transfer based on severity using referral slip.
 - 1.3. **Ask** about daily habits and menstruation history of the woman.
 - 1.4. **Take history** of obstetrical, medical, surgical and contraceptive use.
 - 1.5. **Record findings** including the concerns of woman.
2. **And provide counseling and care.** Encourage husband to stay or accompany his wife during this time period.

ANC – Summary of ANC Home visits and counseling by RANM:

Visit 1	
What to collect	What is the use or purpose of the information
I. Collect following information during first visit:	
1. Personal information ASK and Record: <ul style="list-style-type: none"> • Full name, age, marital status. • Name of husband • Address, contact # 	<ul style="list-style-type: none"> ○ Identify and contact the woman ○ Help establish rapport ○ Guide development of birth preparedness and complication readiness plan ○ Guide individualized care and counseling.
2. Do quick check for pregnancy danger signs	To ensure woman needs any immediate attention or not, if yes, then arrange for transfer based on severity.
How and what to do quick check: Perform following quick check to ensure any life-threatening conditions and to eliminate delay in transferring: Observe and ask: <ul style="list-style-type: none"> ✓ Danger signs of pregnancy. When danger signs are identified, immediately perform Rapid Initial Assessment to determine severity and need for emergency. It can be conducted simultaneously while asking and observing danger signs. If vaginal bleeding in early pregnancy: assess/ask for expulsion of tissue, fainting, cramping/lower abdominal pain, tender and soft uterus and presence of heavy bleeding – refer immediately. If vaginal bleeding later pregnancy – refer immediately. If high BP – refer immediately. ✓ Notify the health facility ✓ If none of danger signs are present, proceed to do ANC assessment. 	
3. Daily habits and lifestyle ASK: <ul style="list-style-type: none"> • Work load 	<ul style="list-style-type: none"> ○ Help guide individualization of health messages and counseling ○ Help address other concerns e.g.

<ul style="list-style-type: none"> • Dietary intake • Tobacco, alcohol, substance abuse • Presence of other members (any family member migrated) • Her relationship with husband & other family members. • Presence or not of husband in home 	<ul style="list-style-type: none"> ○ Daily workload, rest, dietary intake ○ Use of alcohol, tobacco etc. ○ Household members – help guide development of birth preparedness/complication plan (BPP). ○ Identify any violence. ○ Strategy for engaging the husband in care
<p>4. Menstruation history</p> <ul style="list-style-type: none"> • ASK: What was your last date of menstrual period (LMD)? • Calculate expected date of delivery (EDD). 	<ul style="list-style-type: none"> ○ Helps to calculate the gestational age of pregnancy and estimated date of delivery (EDD).
<p>5. History: Obstetrical, medical, and surgical.</p> <ul style="list-style-type: none"> • ASK: see textbox 1 	
<p>5.1. Present pregnancy:</p> <ul style="list-style-type: none"> • ASK: have you felt the baby move? <p>If yes, ask –</p> <ul style="list-style-type: none"> - When the bay first moved? - Whether you felt move on last day or not? <ul style="list-style-type: none"> • ASK: other pregnancy related concerns based on the trimester e.g. - Did you any pregnancy related problems such as morning sickness, heart burn, vaginal bleeding, cramping etc.? 	
<p>6. Contraceptive use</p> <ul style="list-style-type: none"> • ASK: Did you use family planning method? What was that method? How long did you use? What's your plan for future use? Any preferences? - Engage husband too. 	<ul style="list-style-type: none"> ○ Guide individualization of family planning messages and counseling about family planning. ○ Asking about previous family planning methods and plans for using family planning methods in the future.
<p>II. OBSERVE/EXAMINE: after completing the history taking, do observation/examination on following:</p>	
<ul style="list-style-type: none"> ✓ Check signs of anemia, edema, cyanosis, jaundice. ✓ Observe any edema – face, hands and feet. <p>(Complete Physical examination will be done at health facility)*</p> <ul style="list-style-type: none"> • Need for referral: Refer to health facility for <ul style="list-style-type: none"> ○ Complete physical examination. ○ Iron/folate, calcium and albendazole 400 mg (If you have tab. then provide otherwise refer). ○ TT first dose – if not yet received. ○ Laboratory tests. 	<p>Guides in further assessment, individualized care, health messages and counseling, e.g. if edema of feet – it helps provide to develop and implement plan to address the problem.</p> <p>Helps to assess –</p> <ul style="list-style-type: none"> ○ Fetal movement ○ Common discomfort – determine need for additional care and advise ○ Emotional distress/unwanted pregnancy <p>Helps for referral for ANC in addition to hemoglobin, blood grouping, urine testing, and VDRL.</p>
<p>* Note: RANM should be referring to health facility for complete physical examination however on the request of woman RANM will do quick physical examination. Counsel about complete physical examination and services she can receive at health facility.</p>	
<p>III. Counseling: counsel based on the findings and observation.</p>	
<p>DO/ACT:</p> <ul style="list-style-type: none"> • Request for participation of husband if it's feasible, if not other family members. 	<p>Individualized counseling based on your observation and the information you collected e.g.</p>

<ul style="list-style-type: none"> • Do counseling on: <ul style="list-style-type: none"> ✓ Nutrition, rest and hygiene. ✓ Importance of ANC – emphasis on next visit. ✓ Take iron very day (it should be taken from 4th of pregnancy to until 6 weeks after delivery) ✓ Health habits (based on individual needs) ✓ BPP: facilitate to prepare BPP engaging husband and family members, mainly the decision makers. Refer textbox 2. ✓ Danger signs of pregnancy, labor, delivery and postpartum ✓ Safer sex ✓ Postpartum Family Planning ✓ Ama program and 4 ANC visits - emphasize on ANC visits at health facility. <ul style="list-style-type: none"> - Counsel and educate both wife and husband-conduct session using <i>husband involvement cards and discussion guide</i>. Refer Textbox 3 and 3.1. ○ Fetal growth- ○ Father/husband role. ○ Managing in case the father is absent 	<ul style="list-style-type: none"> ○ If she does heavy work – talking about rest.
Visit 2	
I. Review and assess	
<p>ASK & LISTEN:</p> <ol style="list-style-type: none"> 1. Review the finding of first visit to prioritize on what you want to ask for this visit – as a follow up. 2. Listen to woman's concerns/ problems <ul style="list-style-type: none"> ○ Enquire about how she is doing – any concerns. ○ Did she visit the health facility for ANC? When? What services did she receive? ○ Check whether she is taking iron/folate and calcium. ○ Ask feeling of fetal movement. ○ Look for edema of hand, face and feet. ○ Look for danger signs and do immediate referral as per need. 3. Referral using referral slip for: <ul style="list-style-type: none"> ○ If any danger signs – immediately refer ○ TT second dose ○ Lab test 	<ul style="list-style-type: none"> • Help to assess current health status – ensure normal progress of the childbearing cycle and newborn period and for individualized care. • Give opportunity on build on what she received from health facility. And also ensure she is taking iron/folate & calcium. • Facilitates early detection of complication/danger signs. • Help for complete care including Hb and urine test.
II. Counseling: based observation and findings from visit 1	
<p>DO/ACT:</p> <ol style="list-style-type: none"> 1. Provide counseling on <ul style="list-style-type: none"> • Request for participation of husband and other family members as much as possible. <ul style="list-style-type: none"> • Review BPP and add on other 	<p>Help prepare to prevent/alleviate the unfavorable outcomes or to ensure health outcomes for women and newborn.</p> <p>Do individualized counseling based on observation and the information you collected e.g.</p>

<p>information to have updated and complete BPP. Refer textbox 4 and 5.</p> <ul style="list-style-type: none"> • Work with family to determine whether woman is going to her family home or not and ways the husband might still be involved. • Using the BPP flip chart, husband engagement cards, counsel on: <ul style="list-style-type: none"> ✓ Nutrition ✓ Rest and hygiene ✓ Health habits – no drink, smoking, chew tobacco. ✓ Educate on symptoms like contraction, show, leaking so that she goes to health facility on time. ✓ Essential newborn care and reemphasis on immediate and exclusive feeding. ✓ Postpartum family planning ✓ Importance of postnatal care and make appointment/arrangement for PNC visits at home by you. ✓ Check whether she received misoprostol and Navi malam (chlorhexidine gel) or not – if not work with FCHV for provision. See ANC Annex 1 for reference. ✓ Emphasis on visit to health facility 	<ul style="list-style-type: none"> ○ If she avoids some foods – talk about rest
<p>Next visits: individualized visits</p> <p>Plan for next visits for women who have problems:</p> <ul style="list-style-type: none"> • Based on your finding, discussion and observation, plan for next visit. You may need to plan for next visits if woman has any sort of problems/concerns e.g. <ul style="list-style-type: none"> - Not supportive family members - Not visiting health facility regularly - Malnutrition etc. <p>Reporting & recording: keep complete information as per the recording sheet – see Annex 8.</p>	

Textboxes for detailed steps:

Textbox 1: ANC Assessment: History taking

What to collect	What is the use or purpose of the information
<p>1. Obstetric history</p> <p>ASK:</p> <ul style="list-style-type: none"> • Previous pregnancies and deliveries outcomes. • Past history of complications during pregnancy, labor, delivery, postnatal and neonatal. <ul style="list-style-type: none"> ○ You should be asking followings: <p>Mother</p> <ul style="list-style-type: none"> ○ Convulsions ○ Caesarean section ○ Uterine rupture 	<ul style="list-style-type: none"> ○ A woman with previous pregnancy, labor, postpartum complications may require additional care, even if it involves nothing, more than emotional; support and reassurances. Similar complications or problem any occur during this time depending on the underlying cause and some previous complication or problems may require referral.

<ul style="list-style-type: none"> ○ Postpartum hemorrhage ○ Perineal tear ○ 3 or more spontaneous abortions ○ Pre-eclampsia/eclampsia <p>Baby</p> <ul style="list-style-type: none"> ○ Stillbirths ○ Preterm or low birthweight baby ○ Babies who die before 1 month of age ○ Problem with breast feeding <p>2. Medical history</p> <ul style="list-style-type: none"> • ASK: do you have any health problems like hypertension, diabetes, heart disease, TB, HIV/STI if status known, hepatitis, malaria etc., <p>3. Surgical history</p> <p>ASK: did you have any surgery like uterus prolapse repair?</p>	
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Textbox 2: Birth Preparedness and Complication Readiness Plan (BPP): Pregnancy (use in visit 1)

<p>Pregnancy and care:</p> <p>Pregnancy is a special condition. This is happy movement for family. If special care and services are not provided during pregnancy then both mother and fetus could be at risk. To prevent the risks, mother should receive regular ANC services from health facility.</p> <p>Importance of ANC Checkups:</p> <p>A woman (with her husband if possible) should go for ANC checkups at least 4 times in the health facility.</p> <ul style="list-style-type: none"> ○ First visit- 4th month ○ Second visit- 6th month ○ Third visit- 8th month ○ Fourth visit- 9th month <p>Regular ANC checkup helps to find out the health condition of mother and fetus. It helps for timely identification and management of danger signs if any.</p> <ol style="list-style-type: none"> 1. Iron & deworming tablets prevent mother from anemia and help for growth and development of the fetus. 2. TT injection prevents mothers and newborns from tetanus. 3. Regular blood pressure examination helps for timely recognition and management of danger signs like convulsions. 4. Abdominal examination helps to find out the position, lie and movement of fetus. <p>Self-care during pregnancy:</p> <ol style="list-style-type: none"> 1. Pregnant woman should take nutritious food more frequently than usual. She should take
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iodized salt. This will make mother healthy and will help for proper growth and development of the fetus. There is no need for food restriction during pregnancy.

2. Woman should brush her teeth, keep her hands, nails, body and genital organs clean to prevent from infection.
3. Woman should take enough rest even in the day time. This helps mother to become healthy. She should not carry heavy loads. Carrying heavy loads may cause abortion.
4. Woman should not drink alcohol and smoke cigarette or chew tobacco during pregnancy. Consumption of these may result in abortion/miscarriage, intra-uterine growth retardation or low birth weight babies.

Danger signs in pregnancy:

1. Severe headache
2. Convulsions or unconsciousness
3. a. Blurred vision
- b. Swelling of hand and face
4. Severe lower abdominal pain
5. Any amount of vaginal bleeding

Preparedness during pregnancy:



Card # 5: Pregnant woman with her family members making BPP. **Card # 6:** Danger signs during pregnancy.

Discussion guide given below: Using the discussion guide and talk about cards related with BPP while working with woman & her family members.

Card # 5 : Extended Family participates in the development of a Birth Plan :

Theme: Involving the extended family in preparing the birth plan helps assure the woman has the resources and support she needs to follow through on her preferences for the plan

Image Description: In this family, the extended family is getting together to work with the pregnant couple to agree on a birth plan and to make preparations. The discussions address the different elements of the plan:

- Plan for who will accompany the woman during delivery, including the husband's role
- The presence of the husband during consultations and delivery in order to understand the medical information and results, in addition to supporting his wife.
- Planning for transport to the health center or the hospital.
- Identify skilled birth attendant (SBA) and health facility for delivery
- Lightening the pregnant woman's work load through help from the husband or the family.
- Saving money for routine care expenses or in case of unexpected expenses during delivery.
- The pregnant woman's nutritional needs and the importance of support from the husband and family to meet them.

- Plans for blood donation in case of need for a transfusion.

Instructions :

1. Show the card and ask participants to explain what they see in the picture.
2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.
3. Pose the following questions :
 - Make sure that each participant is asked at least one question in order to encourage participation.
 - Ask probing questions, or questions that request additional explanation to expand participation. For example: "Who has something to add?" or "Anything else?"
 - At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

Card 6: Danger signs in a Pregnant Woman:

Theme: Recognizing danger signs during pregnancy and encouraging the family to take responsibility for care.

Image description:

During pregnancy, a woman can experience complications. It is important to recognize complications or danger signs in time to take action. A woman experiencing danger signs should go to the health center. She may need help or support from her husband or extended family to do so. Following are the danger signs that need attention:

1. Severe headache
2. Convulsions or unconsciousness
3. Blurred vision
4. Swelling of hand and face
5. Severe lower abdominal pain
6. Any amount of vaginal bleeding

Instructions :

1. Show the card and ask participants to explain what they see in the picture.
2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.
3. Pose the following questions :

What actions could you take to prepare for the delivery or for other complications in a pregnant woman in your family?

What is the role of the extended family if complications arise? What about the role of other members in the community?

What might make it difficult or challenging for a woman with complications to get the care she needs?

 - Make sure that each participant is asked at least one question in order to encourage participation.
 - Ask probing questions, or questions that request additional explanation to expand participation. For example: "Who has something to add?" or "Anything else?"
 - At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

Women and her family members, particularly the family decisions makers should prepare for the following things for normal or any emergency situation during pregnancy. Participation of husband is

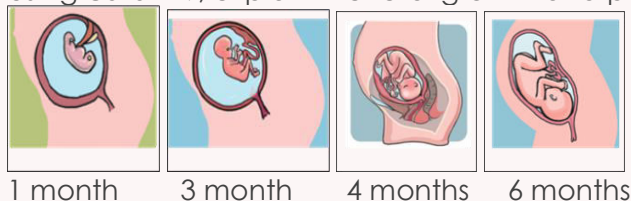
important in preparation of BPP and also identify the family decision makers who should be involved in the planning. Without their participation, it may not be appropriate and functional.

1. **Should prepare for money** for emergency, transport, treatment and care of mother and newborn.
2. **Should prepare transport** to take the pregnant woman immediately to health facility during emergency. Preparedness in transport helps to receive services from health facility in time. This can [prevent maternal deaths at home or the way to health facility.
3. a. **Should identify skilled birth attendant and health facility** for delivery. She should discuss for delivery issues during pregnancy for e.g. where to give birth, with whom to take assistance. This will be help for timely recognition and management of complications.
b. Family also should identify 3 potential blood donors some women may need blood transfusion during delivery.

Textbox 3: Husband engagement (use this during visit 1)

Introduction to the Anatomy of Pregnancy: illustrations/cards of pregnancy given below

Using **card # 9**, explain the fetal growth and physical changes information given below:



Card # 9:

Purpose: offer the opportunity to further explain to the pregnant woman about the changes occurring in her body and to the baby, as well as to help the husband understand and be more involved.

- Explain to the couple about the changes occurring with the woman and the baby using a picture card (fetal growth cards; 1 month, 3 month, 4 month, 6 months, 8 months and 9 months). Couples may be encouraged feeling the woman's belly and seeing if they can identify the head? A foot? A bottom?
- Use the guidance to explain some of the symptoms that woman may be experiencing and use these as a way to encourage the husband to think of ways to be helpful. If the husband is absent or working elsewhere, they may explore ways the woman herself can inform him during their conversations and/or explore ways to involve the extended family in support.
 - First trimester:
 - Tired, feeling dizzy, headaches
 - Breasts changing-becoming bigger, feeling sore and sensitive. The area around the nipple may become darker or develop small harmless bumps.
 - Morning sickness- Feeling sick to your stomach mostly in the mornings, but some girls can feel sick to their stomach all day.

- Some girls feel that they need to vomit. This is a normal part of early pregnancy and it won't last much longer. Drinking ginger tea or chewing on a ginger root can help.
- If there is a lot of vomiting that lasts for more than 24 hours, if you are feeling faint, dizzy or weak, or have a high fever, strong headache or abdominal pain or bleeding, you will need see a health provider right away.
- Later in pregnancy:
 - The baby moving.
 - White discharge from your vagina that does not smell or itch.
 - Feeling hungrier.
 - Feeling out of breath.
 - Stuffy nose or nose bleeds.
 - Swollen ankles, feet, veins in your legs.
 - Backaches.
 - Difficulty falling asleep.
- Later in pregnancy:
 - Illustration of pregnancy danger and delivery signs – husband instrumental to help recognize and support referral along with extended family
 - Refer to birth planning card (see below)
- Postpartum
 - Emphasize that a woman CAN get pregnant within 4- 6 weeks of delivery, particularly if she is not exclusively breast feeding. Use family planning illustration card to identify those methods appropriate to postpartum period and the husband's role to support family planning use.

Husbands' / fathers' roles:

Purpose:

- Identify ways for husband to become involved with the care of his wife and his baby during pregnancy, delivery and postpartum.
- Offer an opportunity for husband to think differently about how he relate to his wife, how his responsibilities might shift according to the kind of emotional and physical support she might like, and how they interact with their new babies.

Start encouraging their active presence and/or participation during her household visits.

- If either the woman or her husband is uncomfortable with his participation, this might need to be explored. It should not be forced if the couple can't recognize the benefits.
- If the husband is absent or working elsewhere, the RANM can explore with the woman ways she, herself, might be able to encourage his involvement during times they talk together and/or explore ways to involve the extended family in support.

- How can the husband share the experience of the pregnancy and provide support for his wife
 - Look at work load issues and limitations – ways a husband (or extended family) can help lighten the pregnant woman's work load
 - Discuss good nutrition, and the importance of quantity as well as quality of food. Also, use of mosquito nets, and not smoking or drinking.
 - Help watch for danger signs
 - Attend ante-natal care with his wife
 - Work with his family to help develop a woman-driven birth plan
 - Refer to danger sign card

Illustration cards:



Card # 1: The husband helps out with household chores and encourages the pregnant woman



Card # 2: The husband is bathing his newborn baby while his wife lovingly looks on



Card 3: A pregnant woman goes to pre-natal care with her husband



Card 4: The husband helps his wife to prepare and eat healthy food

Using the given below discussion guide facilitate the session:

Discussion guide:

Card # 1: The husband helps out with household chores and encourages the pregnant woman to rest.

Would you accept that the husband can help out this way? Why?
 What will the husbands friends or other community members say if he is seen doing "women's" work?
 Why might this be a problem? How might shared household chores become more acceptable?
 What are the actual responsibilities of the extended family, and even the whole community, with respect to a pregnant woman?

Theme: Lightening the work load of the pregnant woman and the husband can help with "women's" work.

Image Description: In this family, when the woman reaches 7 months of pregnancy or when she isn't healthy, her husband helps with the house work. For example, he can help carry water, help bring in the harvest, or help with food preparation in the kitchen. Everyone accepts that the pregnant woman needs to rest.

Instructions:

1. Show the card and ask participants to explain what they see in the picture.
2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.
3. Pose the following questions:

- Make sure that each participant is asked at least one question in order to encourage participation.
- Ask probing questions, or questions that request additional explanation to expand participation. For example: "Who has something to add?" or "Anything else?"

At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

Card # 2. The husband is bathing his newborn baby while his wife lovingly looks on

Theme: Father helping with infant care and bonding with his newborn baby

Image description: The new father is helping to bathe his newborn baby. This offers a special opportunity to help his wife, as well as for him to get to know and bond with his baby.

Instructions :

1. Show the card and ask participants to explain what they see in the picture.
2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.
3. Pose the following questions:
Make sure that each participant is asked at least one question in order to encourage participation. Ask probing questions, or questions that request additional explanation to expand participation. For example: "Who has something to add?" or "Anything else?"
4. At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

Would you accept that a father can bathe his newborn baby? Why or why not? What could be the advantages? What could be the challenges?
What would the extended family or the community think if they know the father bathing his baby?
What would happen in your village if people see a father bathing his newborn while the wife is sitting nearby?

Card # 3: A pregnant woman goes to pre-natal care with her husband

Theme: The involvement of the husband in caring for his pregnant wife at the health center as well as at home.

Image description: Within a pregnant couple, the husband accompanies his wife to the health center for her pre-natal care appointments and delivery. His presence supports his wife, he has the opportunity to learn about the pregnancy, and he helps his wife to follow the advice of the health provider.

Instructions:

1. Show the card and ask participants to explain what they see in the picture.
2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.
3. Pose the following questions:

Do husbands accompany their wives within their pre-natal visits? Why or why not?
What might be the advantages to this kind of participation?
What might be the advantages or challenges for a husband to participate in the delivery room during birth?
What might the community think about this kind of participation by men, in something that has traditionally

Make sure that each participant is asked at least one question in order to encourage participation. Ask probing questions, or questions that request additional explanation to expand participation. For example: "Who has something to add?" or "Anything else?"

4. At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

Card 4: The husband helps his wife to prepare and eat healthy food

Theme: The importance of sharing household tasks and husbands being responsible in assuring their pregnant or lactating wives eat healthy food (food that is varied and high in nutrients).

Image Description: The husband is helping his wife prepare food. They eat the same food (eat together), and the wife does not wait to eat until after others have eaten.

Instructions :

1. Show the card and ask participants to explain what they see in the picture.

To men: Would you be willing to cook rice or dahl in the kitchen in the presence of your wife? Why or why not?

To women: Would you be willing to have your husband cooking rice or dahl in your kitchen? Doing other chores in the kitchen while you are there? Why or why not?

How would it feel to eat at the same time as your wife / husband? What difficulties might this create?

Would you be willing to have husbands cooking in the kitchen if your extended family knew about it? What about if your neighbors knew? What about if other people in the community knew? Why or why not?

What could be the advantages or challenges in sharing tasks like this?

2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.

3. Pose the following questions :

Make sure that each participant is asked at least one question in order to encourage participation. Ask probing questions, or questions that request additional explanation to expand participation. For example: "Who has something to add?" or "Anything else?"

At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

Textbox 3.1: Engaging Men / Fathers in Discussion - A discussion guide

We know that men, women, and whole families benefit when a husband / father is more involved with the people in his household – both his children and his wife. Pregnancy offers a unique opportunity to involve fathers in things that may otherwise be considered "women's domain" because everyone is interested in and cares about the baby. Often, the biggest challenge is that the father doesn't know HOW to be involved.

The goal is to involve the father at all three stages of care: during pregnancy, during delivery, and with the newborn baby. While the specific activities or roles may vary according to the stage of care, the proposed discussions offer an opportunity for men to think differently about how they relate to their wives, how their responsibilities might shift according to the kind of emotional and physical support she

might like, and how they interact with their new babies.

The RANM can use the cards illustrating the development of the pregnancy to help the father begin to connect with his baby by understanding how his baby is developing. She can also use the other illustration cards, showing men involved with the different stages of pregnancy and infant care, to help encourage families to consider new ways for men to care for their families. Even if the cards show men doing things they wouldn't normally do, the guidance questions on the back can help the RANM encourage them to consider these new possibilities. These questions generally ask:

1. Could you accept that a husband / father might do this?
2. What would other people in the family or community think if the husband/ father did this?
3. What would happen if a husband / father did this?

It may be important for the RANM to consider a couple of context issues at the same time that she encourages these discussions:

1. If a woman is not comfortable with her husband being involved, it may be necessary to explore how she would like her husband involved before opening the conversation with him.
2. If the husband / father is absent or working elsewhere, the RANM can work with the wife to consider how to maximize his involvement and what choices he may have to be more involved.
3. Hard to reach groups may experience different barriers to men's involvement than those the RANM may be familiar with. It is important to listen to their concerns at the same time she encourages consideration of new ways to be involved.

Textbox 4: BPP: Delivery (use this in visit two)

Delivery:

Advantages of delivery at health facility:

Women should be taken to health facility immediately after the onset of labor pain.

Women should deliver with assistance from skilled birth attendants at health facility.

Following are the advantages of delivering at health facilities:

- Prevents mother and newborn from infection because of the use of the sterilized instruments.
 - Helps to manage maternal complication on time
 - Prevent PPH using injection oxytocin and uterine massage.
 - Removes placenta using appropriate (Controlled cord traction) technique.
 - Helps to recognize and manage neonatal complications like birth asphyxia etc.
 - Delivery services are free of cost at health facility.
- Transportation cost is also available.



Card # 7: The husband helps with his wife's delivery at the health center

Card # 7 : The husband helps with his wife's delivery at the health center

Theme: Emotional support for the pregnant woman and acceptability for men to participate in delivery

Image description: This is a model husband in the village. During his wife's pregnancy they talked regularly about how things were going, and she let him know that she would be happy if he attended her delivery. He was happy she wanted him there, and he is supporting her as she is in labor.

Can a husband accept to be in the delivery room with his wife? Why or why not?
Can a wife accept her husband to be in the delivery room with her? Why or why not?
According to you, what could be the advantages or the disadvantages of a husband's participation in delivery ?
What could make it difficult for the husband to be present during the delivery ?
During your next delivery could you accept to have both you and your spouse in the delivery room?

Instructions:

1. Show the card and ask participants to explain what they see in the picture.
2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.
3. Pose the following questions :

Make sure that each participant is asked at least one question in order to encourage participation. Ask probing questions, or questions that request additional explanation to expand participation. For example: "Who has something to add?" or "Anything else?"

At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

Preparations for delivery if occurs at home:

1. Should have a clean delivery kit at home. Use of clean delivery kit prevents infection and tetanus in mother and newborn.
2. Delivery should be conducted in a clean and bright room. Clean clothes should be prepared for mother and newborn.
3. Hand washing materials: to wash hands properly before conducting delivery or and before touching newborns. (see ANC Annex 2 in reference section)
4. Should seek assistance from skilled birth attendants. They can help to prevent infection, to take care of mother and newborns, to clean and dry the newborn properly, to breast feed correctly and timely recognition and management of complication.

Danger signs during delivery:

Women should be taken to the nearest health facility with emergency obstetric care services if any of the following sign and symptoms are seen:

1. Prolonged labor for more than 8 hours.
2. Prolapse of hands, legs or cord
3. Convulsions and unconsciousness
4. Heavy vaginal bleeding before or after delivery

Essential newborn care:

1. Baby should be wiped with clean, soft and dry cloth and wrapped with another similar cloth.
2. Cord should be tied with a clean thread and cut with clean blade and apply navi malam (chlorhexidine). Cord should be kept clean. This prevents umbilical infection.
3. Baby should be kept in skin-to-skin contact on mother's chest. Baby should be kept warm.
4. Breast feeding should be initiated within first hour of birth. Colostrum should be feed to prevent illness.
5. Nothing should be delayed for 24 hours of birth to prevent hypothermia.

Danger signs in Newborns:

Various danger signs may appear in the newborns because of the infection. These can make the baby severely ill and may die. The baby should be taken to the health facility if any of the following danger signs are seen:

1. Unable to suck breast milk
2. Lethargic or unconscious or decreased movement
3. Fast breathing
4. Severe chest indrawing
5. Fever
6. Hypothermia
7. Umbilical discharge or skin pustules.

Textbox 5: BPP: family planning plan (use this in visit 2)**Need for Family Planning**

Couple should discuss and decide their family planning methods. If both a man and a woman agree it is important to wait until their youngest child is at least 3 before having another child (to allow the woman's body to be fully ready for another pregnancy and to give their youngest child the care, nutrition, and attention needed) they are more likely to support one another in the decision to prevent pregnancy at this time. To improve reproductive health, a husband and wife should communicate with each other about a desire for pregnancy or not and also talk with service provider about family planning methods. And they can choose and finally decide to use.

Why family planning is important?

- For healthy mother and baby.
- For birth spacing – 3-5 years.
- For preventing unwanted pregnancies.
- For voluntary surgical contraception
- To have organized family
- A woman may get pregnant after 6 weeks of giving birth
- In case of sexual contact without using family planning methods, woman may be pregnant without initiation of menstruation after birth.

Useful family planning methods during postnatal period:

1. Couples should decide their family planning methods from pregnancy and onwards. They can choose from temporary or permanent family planning methods as well as methods that help birth spacing and managing family size.

2. Family planning methods:

- For males:
 - Condom
 - Voluntary surgical contraception (VSC)
- For females:
 - Depo-Provera
 - Copper T
 - Implant
 - Locational Amenorrhea Method (LAM)
 - CycleBeads
 - Voluntary contraception (Minilap)

Combined pills should not be used during breast feeding.

Card # 8: The husband encourages the couple to adopt of family planning

Card # 8: The husband encourages the couple to adopt of family planning

Theme: A couple decides together to use family planning

Image description: Normally, people prefer having sons over daughters. This couple has had 3 daughters, yet the husband is still proposing that they use family planning to limit and space their family.

Instructions :

1. Show the card and ask participants to explain what they see in the picture.
2. Allow 1 – 2 minutes for participants to reflect and begin to express their point of view.
3. Pose the following questions:

Make sure that each participant is asked at least one question in order to encourage participation.

Ask probing questions, or questions that request additional explanation to expand participation. For example: “Who has something to add?” or “Anything else?”

At the end of the discussion, work with participants to synthesize and remember the main points of the discussion, and set a time for the next counseling session or meeting.

If a couple has only daughters, how will this influence what people think in the community?
What will the community think if the husband and wife decide together when and how many children to have? How might this affect the husband's authority?
What are the advantages or disadvantages with practicing family planning, even if a family does not have many sons?
What are the advantages or disadvantages with practicing family planning, even if a family doesn't have many children? Even if the husband is often absent?
Would you be able to accept using family without having sons? Why or why not?
What would help you follow your own family planning preferences, even if others pressure you otherwise?
What happens if the husband and wife don't agree on their family planning preferences? How can these be resolved?

Chapter 2

Postnatal care (PNC)

PNC period is the time period from the first hour of the delivery of the baby and placenta up to 42 days (six weeks) after the delivery.

The National Essential Maternal and Neonatal Health Care Service Package for Nepal recommend three postnatal visits for all women whether delivered at home or in health facility.

- 1st PNC visit within 24 hours
- 2nd PNC visit on the third day
- 3rd PNC visit on the seventh day

Aim of PNC is to make sure those life-threatening complications, such as postpartum hemorrhage (PPH), severe pre-eclampsia, infection in mother, birth asphyxia, hypothermia, infection in newborn, are detected and treated in time to save the life of mother and newborns and to provide advice, information and counsel achieve healthy outcomes for both the mother and the baby.

The first 24 hours is the most critical period for the postpartum mother and the newborn baby when the greatest numbers of deaths occur. Women delivering in a health facility should remain for observation for the first 24 hours period, and those deliver at home need close observation as well preferably by a skilled birth attendant who can recognize signs of problem and manage and refer immediately when needed.

PNC is shared responsibility of the health service provider, family, community and woman herself. Husbands are highly encouraged to be part of the care.

RANMs should be doing 2nd and 3rd PNC visits at home to provide PNC services as following:

PNC 2nd Visit on 3rd day of delivery:

RANM is expected to do 2nd visit on 3rd day at home, given the current practices and increasing trend of health facility deliveries.

Men have traditionally not been involved in PNC and newborn care. However there is some changes in the norms like accompany their partners to antenatal care consultations and are mostly absent during labor and delivery. Men can play a critical role in creating and supporting bonding among mother, newborn and father resulting into health mother and baby. Hence, it's the role of RANM to facilitate and encourage the father to be active part of PNC including newborn care.

Objectives of the second visit are:

- To ensure that the mother and newborn have received care from trained health service provider (if previously referred).
- Look of foul smelling discharge, high fever, chills and hemorrhage.
- To ensure the previous advice has been followed and assess whether the advice has solved the problem or whether referral is needed.
- To continue to support and reinforce the best practices related to exclusive breastfeeding and hygiene.
- To identify and refer mother or newborn with danger signs on time.
- To reinforce the messages about danger signs of mother and newborn, where and who to seek help.
- To counsel on postpartum family planning (PPFP) and where to obtain family planning supplies and information.
- To promote starting the baby's regular immunization schedule and advise the mother how and where to go for this service.
- To counsel mother to attend the appropriate facility to have full postnatal checkup for herself and her baby by a competent service provider within six weeks of postpartum.

Objectives of third visit on day 7:

- To identify the presence of any danger signs and
- To counsel and reinforce messages on various methods of family planning.

Suggested steps for PNC home visits:

1. Pre-visit preparation
 - Review the EDD of the pregnant women in your client log who are likely to be visited for PNC and newborn care.
 - Collect information on days follow up postnatal mothers and also find out who are delivered recently from FCHV and prepare the plan for PNC home visits.

- Collect the necessary materials like client log, balanced counseling sets, Father/husband engagement cards including discussion guide, record of the clients, BP set etc.
- Inform PNC mother and her husband about your visit; if not feasible, find a way out with FCHV or health facility staff to inform them.

2. Visit at home

- Greet them in a manner appropriate to their culture. Introduce yourself, if it's new client for you.
- Explain the purpose of your visit (say that you are here to provide PNC to mother and newborn).
- Review the antenatal and birth record, if available. If not take during taking the history.
- Encourage and facilitate involvement of husband when appropriate and as woman desires, especially during counseling period. And also understand who makes family decision and invite other decision making family members like –in-laws, *if not yet done*.
- Create comfortable and mother friendly environment - maintain confidentiality.
- Observe/understand their cultural norms and be prepared to provide care accordingly.

2.1. Preparation of the care site

- Explain what are you going to do – what and why - for mother and newborn.
- The care area should be clean, warm and free from clutter and adequate light. Natural light from window may be adequate for physical examination.
- Examination surface – bed or floor – covered with clean linen.
- Hand washing facility – soap and running clean water. Water may come from a pump or portable container or may be poured from a container or basin.
- Prepare essential equipment e.g. BP instrument, record/diary, thermometer, warm water for baby bathing etc.
- Container or dirty box for waste disposal.
- Arrange seating area for woman, her family member – husband, mother-in-law. Maintain women and baby friendly environment and confidentiality.

2.2. Ask about the postnatal woman and newborn's health status –

- Do **quick check** for danger signs – explain what you are going to do - observe and ask whether woman and newborn has any signs of dangers to ensure woman and newborn need any immediate attention or not.

Quick check to ensure any life threatening conditions are recognized as soon as possible and to eliminate delay in obtaining the potential life-saving attention required.

Observe and ask: any danger signs in woman or newborn

- If YES –
 - Assist husband/family for immediate transfer. And refer using referral slip.

Guideline for urgent referral:

Mother	Newborn
<ul style="list-style-type: none">• Explain to the woman and her husband/family member the reason for referral.• Arrange or assist them for in arranging the transfer without delay.• Notify the referral site or health facility.• Send the record (should include findings from examination, any treatment given and reason for referral) with mother and baby.• If necessary accompany her if conditions needs to be monitored e.g. vital signs• Ensure she is kept warm.	<ul style="list-style-type: none">• Ensure baby is kept warm –<ul style="list-style-type: none">- Maintain warmth by skin-to-skin contact with mother.- Cover baby and mother with blanket.- Ensure baby's head is covered.- If climate is hot, use fewer coverings, but protect from direct sun. <p>If possible, have mother or other woman/caregiver hold the baby securely in her/his lap during transfer and encourage the mother to breastfeed her baby during journey.</p>

- If NO - provide postnatal care including newborn care and counseling.
- Review the ANC and birth records, if available. If not take the history and record the information.

Guideline for Routine Post-Natal Visit

A routine post-natal visit includes three components: taking a history / conversation, a physical examination of the mother and newborn, and counseling of the couple / family on priority issues, often determined by the previous components.

The three components **for** postnatal assessment:

I. History – present and past of mother and newborn.

The purpose of the history is to begin conversation about how things are going for the mother, the father, and the baby. It also provides initial ideas for things the RANM may want to look more closely at during the physical examination and counseling.

Specifically, while it depends somewhat on the flow of the conversation, the RANM will want to ask about:

- The social or family situation
- The history of the pregnancy and delivery
- The mother's urination and discharge
- Any symptoms the baby may be experiencing including how well s/he is feeding, stools, and urination
- Any plans for future family planning use

See **TEXTBOX 6** for Guidance for History

II. Physical examination of mother and newborn.

Having had the chance to initiate conversation and to hear about the mother's or father's worries and concerns, the RANM now has the opportunity to physically examine the mother and the baby, taking into account anything from the history that may need further evaluation. The RANM will probably want to start by examining the mother, followed by examining the newborn

Specifically, for the mother, she will want to physically check

- Vital signs and general well-being
- Any vaginal discharge – its character and quantity
- Breasts – for infection and/or engorgement
- Abdomen, uterus, external genitalia and perineum to assess return to normal
- Any signs of fever, inflammation or infection

Specifically, for the newborn, she will want to physically check

- Normal color and breathing – general well-being
- Cord healing and whether there are any signs of fever, inflammation or infection around the cord or elsewhere
- Ability to latch and suck for feeding
- External genitalia and urination / stools

See **TEXTBOX 7** for Guidance for Physical Examination

III. Postnatal care to mother and newborn

Once the initial history and physical examination are completed, the RANM prioritizes several topics for further discussion and counseling with the mother and father. While these will largely be determined by her findings from the first two phases of the visit, she will want to be sure she has followed the following counseling topics at some point during the course of her visits:

- Self-care including activity level and need for rest
- Identification of and actions for danger signs or conditions needing medical attention
- Hygiene and infection prevention
- Family dynamics, including emotional as well as physical support, the involvement and support from the father, the balance of respect and support between the mother and her in-laws,
- Family planning, including previous experience and current plans
- Nutrition, including exclusive breast feeding and guidance for adding solid food
- Resumption of healthy sexual activity

See **TEXTBOX 8** for Guidance for counseling

See the details below:

TEXTBOX 8 – Guidance for Step: I – History Taking

History – present and past of postpartum mother and newborn

2nd visit on 3rd day

TELL: you will be taking about mother first and then talk about newborn baby. Facilitate and encourage her husband to participate as feasible, if he is around.	
Personal information: mother	
What to ask?	What is the use of information
ASK: <ul style="list-style-type: none"> - What is your name? - How old are you (completed age)? - What is name of husband? - What is your contact address, phone #? 	Use this information to: <ul style="list-style-type: none"> - Identification and help for rapport building. Contact for next visit and any emergency supports needed.
<ul style="list-style-type: none"> - Do you have reliable transportation? - What are sources of income? 	<ul style="list-style-type: none"> - Use this information to guide development of the complication readiness plan.
<ul style="list-style-type: none"> - Are you having a particular problem at present? 	If yes, ask general follow up questions to assess the nature of her problem such as: <ul style="list-style-type: none"> - What is problem, exactly? - When did the problem first start? - When did it occur? Suddenly or develop gradually? Or did anything unusual occur before it started? - What may cause or did anything unusual occur before its onset? How woman is affected? - Are you eating, sleeping, and doing other things normally? - How the problems become serious? Are there signs & symptoms related with

	<p>the problem?</p> <ul style="list-style-type: none"> - Have you received care/treatment for this problem? If yes, then who? What care/drugs did you receive? What is the outcome is it effective? <p>Refer if she needs further care/treatment.</p>
<p>1. Daily habits and life style:</p> <p>ASK:</p> <ul style="list-style-type: none"> - Do you get adequate sleep/rest? - Do you work outside the home? What type of work are you doing – daily workload- carry heavy load/engage in physical labor, walk long distance? - What did you eat (Dietary intake) daily? - Do you smoke, drink alcohol or use any other substances? - Are you currently breastfeeding your baby? 	<p>Guide for individualized care and counseling.</p> <p>Use this information to:</p> <ul style="list-style-type: none"> - Determine whether there is a balance between the - -physical demands of woman's' daily life and her dietary intake and
<ul style="list-style-type: none"> - Do you smoke/drink alcohol? - Does your husband helping you? Who are available? <p>Inform her that you will ask her personal questions, and tell her that if she does not like to respond then it is ok and will not make deference in care she receives: if she has girl child - ask about has she any pressure on having girl child; hit or frighten or not take care etc.</p> <p>Are you frightened of anyone?</p> <p>- ENSURE CONFIDENTIALITY -</p>	<p>Used for individualized care</p> <p>Develop for complication readiness plan.</p> <p>If yes, suspect for abuse/violence. Ensure confidentiality. Counsel her based on the information.</p>
<p>2. Take history quickly on previous pregnancies, obstetric, medical, social or [personal concerns/problems:</p> <ul style="list-style-type: none"> - How many previous pregnancies (gravida) and childbirths (para) did you have? <p>How many children are still living?</p>	<p>Use this information to guide individualized of health messages and counseling and other aspects of basic care provision and counseling on postpartum family planning.</p>
<p>3. Do you have reliable transportation?</p> <p>What are sources of income?</p>	<ul style="list-style-type: none"> - Use this information to guide development of the complication readiness plan.

<p>4. Present postpartum: ASK this very visit:</p> <ul style="list-style-type: none"> - Do you have heavy vaginal bleeding in this postpartum period? - How often do you need to change the cloth? 	<p>Normal variation:</p> <p>Day 1:</p> <ul style="list-style-type: none"> - Amount of bleeding is similar to heavy menses. - Small clots or smaller than lemons. <p>Day 2 - week 6 postpartum:</p> <ul style="list-style-type: none"> - Lochia - No bleeding <p>If yes, reassess:</p> <ul style="list-style-type: none"> - Uterine fundus to determine whether it is contracted or not – if not, massage the uterus and refer. - If uterus is well contracted, examine vaginal, cervix and perineum tear and refer. <p>Counsel on taking iron.</p> <p>If the woman presently has frank heavy bleeding, a steady slow trickle of blood, blood clots larger than lemon – facilitate for immediate refer.</p>
<p>ASK:</p> <ul style="list-style-type: none"> - What is the color and amount of her lochia? 	<p>Normal variations:</p> <p>Day 1:</p> <ul style="list-style-type: none"> - Bleeding similar to heavy menses. <p>Day 2-4:</p> <ul style="list-style-type: none"> - Red lochia – the discharge is dark red or brownish with fleshy odor (similar to that of menses); woman changing pad/cloth every 2-4 hours. <p>Day 5- 14:</p> <ul style="list-style-type: none"> - Pink color – discharge contains less blood and pinkish brown with musty, stale odor. <p>Day 11 – week 3 or 4:</p> <ul style="list-style-type: none"> - White lochia – discharge becomes creamy white/yellowish. - Lochia may last for up to 6 weeks, postpartum. <p>An increase in the amount of lochia may occur as woman becomes more active.</p> <p>If lochia is foul smelling: ACT NOW:</p> <ul style="list-style-type: none"> - Facilitate for referral <p>Provide supportive care e.g. tepid sponge to reduce temperature and oral fluid.</p>

<p>5. Do you have any problem related with bowel and urination?</p>	<p>If not passing urine: Ambulate mother, give water to drink, open the tap or pour warm or cold water over vulva.</p> <p>If burning urination: confirm whether it is external caused by urine passing over injured perineum (tear or episiotomy) if not may need for further urine culture so refer.</p> <p>If constipation: counsel on</p> <ul style="list-style-type: none"> - increase intake of vegetables, fruits and whole grains; - intake of fluids - 2-3 liters per day; - drink warm or cold fluid specially on an empty stomach preferably in the morning; <p>Defecate when the urge is felt. Avoid any laxatives.</p>
<p>6. What are your feelings about baby and about your ability to care for her/him? Are you feeling sad or overwhelmed? Are not eating or sleeping?</p> <ul style="list-style-type: none"> - What do your husband and family members feel about the baby? Are they adjusted to the baby? 	<p>If yes, reassure her through your words as well as actions:</p> <ul style="list-style-type: none"> - Assure that she is inestimable worth in her baby's well-being and that no one else can care for her baby as well as she can. - Point out things she is doing well now, even its small things. - Give her clear and helpful counseling on newborn care and self-care. - Allow her to ask questions and discuss her anxieties. Do not overwhelm her with too much information at a time. <p>Counsel both husband & wife on:</p> <ul style="list-style-type: none"> - Eating balance diet, rest & sleep, take a nap when baby sleeps. - Avoid unrealistic expectation for her. - Husband to ensure she has time to rest & sleep, avoid making unreasonable demands from her, be sensitive to her needs. Share responsibilities of the responsibilities of newborn care and pay attention to her using the Husband/father Engagement Cards.
<p>Personal information: newborn baby After completing asking about her & her husband, tell them that you would like to talk about their newborn:</p>	
<ul style="list-style-type: none"> - When was your baby born? Where and who 	<ul style="list-style-type: none"> - If home delivery – be alert for signs of

<p>delivered? When?</p> <ul style="list-style-type: none"> - What was the weight of your baby? 	<p>complications that were not addressed during delivery.</p>
<ul style="list-style-type: none"> - Are you keeping your baby warm? How? You may need to check/see. 	
<ul style="list-style-type: none"> - Were there any newborn complications (e.g. birth asphyxia)? - Was he/she cried as soon as soon as delivery (to find out about resuscitation)? 	<ul style="list-style-type: none"> - If no, provide basic care and counsel for essential newborn care. - If yes, figure out for need for any special care or referral. - If yes, be alert about breathing difficulty...
<ul style="list-style-type: none"> - Did your bag of water brake more than 18 hours before birth? Any complication during birth e.g. vacuum delivery? 	<p>Be alert for potential problems.</p>
<p>7. Is baby having s problem at present?</p>	<p>If yes, assess further the nature of problem asking:</p> <ul style="list-style-type: none"> ✓ What is the problem exactly; when first occur? Did it occur suddenly or gradually? How often does the problem occur? ✓ Did anything unusual occur before its unset? ✓ What may be the causes? ✓ How is the newborn affected? Is he/she sucking breastfeeding, sleeping? ✓ Are there accompanying signs/symptoms of conditions? ✓ Is the baby feeding, sleeping and behaving normal? <ul style="list-style-type: none"> - Has he/she received care from others? What did the care involve? And outcome? <p>Based on use for changes in plan of care – likely you may need to refer.</p>
<p>8. How often are you feeding?</p> <ul style="list-style-type: none"> - Is your baby sucking your breasts well? - Does baby seems satisfied after feeding? 	<p>Normal:</p> <ul style="list-style-type: none"> - Baby wakes every 2-3 hours to feed (but may sleep 4 hours between feeds). - Feed at least 8 times a day. - Seems satisfied. - If not in normal range: further find out – e.g. urinating or passing stool per day, dehydration and counsel.
<p>9. How often does the baby urinate?</p>	<p>Normal:</p> <ul style="list-style-type: none"> - Baby urinates at least once in first 24 hours. - After the 1st 48 hours after birth, the

	<p>baby urinates at least 6 times per day.</p> <p>If not, check signs for inadequate intake/ineffective sucking or breastfeeding then counsel on proper breast feeding techniques. (see PNC Annex 3 in Reference section)</p> <ul style="list-style-type: none"> - If mother has any breast problems e.g. engorged, sore/crack nipple or baby has problems like cleft palate or lip. 		
<p>10. Has the aby passed the first stool? When the last time baby was passed stool? What is color and consistency?</p> <p>Normal: The first stool is typically passed within the first 2 days after birth. This “meconium” stool and is thick, tarry and dark green.</p> <ul style="list-style-type: none"> - From 3-7 days after the birth <ul style="list-style-type: none"> ▪ Stool change in color and consistency. ▪ The breastfed baby passes stool at least 4-10 times per day (approximately once per feedings). ▪ The breastmilk substitute fed baby passes stool at least 2-4 times per day. 			
Stool type	When passed	Color	Consistency
Meconium	Within 1-2 days after birth	Tarry, black/dark green	Thick, sticky
Transitional	Within 3-5 days after birth	Brown or green	Thin
Breast milk	After 5 days	Yellow	Watery, soft/mushy
Breastmilk substitute	After 5 days	Pale yellow	Formed, pasty
<ul style="list-style-type: none"> - If the baby has not pass stool within the 1st 48 hours of life, refer. - If the baby has or recently had diarrhea – refer; advise to continue breastfeeding during referral and keep warm. 			
<ul style="list-style-type: none"> - Has the baby been diagnosed with a congenital malformations? 		<ul style="list-style-type: none"> - If yes, and has not been adequately assessed - facilitate for non-urgent referral. 	
<ul style="list-style-type: none"> - Has the baby received all required vaccines to date? 		<ul style="list-style-type: none"> - Use this information to assess need for vaccines during visit and refer as per protocol. 	
Contraceptive plan:			
<ul style="list-style-type: none"> - How many more children do you plan to have? 		<ul style="list-style-type: none"> - Use this information to guide individualized of family planning use and other aspects of basic care. 	
<p>Have you used family planning method before? If YES, ask the following questions:</p> <ul style="list-style-type: none"> - Which family planning method did you use? - Did you like it? Why/why not? - If more than one method, which one did you like most? Which one did you like least? Why? 		<p>Use this information to guide individualized of family planning.</p> <ul style="list-style-type: none"> - Be prepared and Counsel applying balanced counseling steps to both husband and wife on following methods based on the information collected from her: LAM, SDM, Depo-Provera, IUCD, Implant, condom, 	

	permanent methods.
- Do you plan to start family planning method? Or are you going to use family planning in future?	If YES , ask these follow-up questions: <ul style="list-style-type: none"> - Counsel applying balanced counseling steps to both husband (if feasible) and wife on following methods based on the information collected.

3rd visit on 7th day:

Follow the same steps for preparation for home visit and assessment.

3 rd visit	
Set environment asking questions like how you to day? How is baby doing etc.? Ask about availability of husband.	
ASK: <ul style="list-style-type: none"> - Are you having problems since the last visit? - Are you having medical, obstetrical, social or personal problem of other concerns? 	If yes, ask follow up questions: <ul style="list-style-type: none"> - What is problem, exactly? - When did the problem first start? - When did it occur? Suddenly or develop gradually? Or did anything unusual occur before it started? - What may cause or did anything unusual occur before its onset? How woman is affected? - Are you eating, sleeping, and doing other things normally? - How the problems become serious? Are there signs & symptoms related with the problem? - Have you received care/treatment for this problem? If yes, then who? What care/drugs did you receive? What is the outcome is it effective? Refer if she needs further care. Based on use for changes in plan of care – likely you may need to refer.
Changes in her daily life: <ul style="list-style-type: none"> - Do you work outside of home? What at type of work? - Do you have adequate sleep/rest? - What did you eat daily? 	Based on findings plan for individualized counseling and provide accordingly.
ASK for mother: repeated same question under present postpartum questions # 2 to 8.	
ASK for newborn: repeated the same questions – question # 9 to 13	
And ask some question given below:	
- Have there been any changes in the baby's habits or behavior since last visit?	Use of individualized care
- Have you been able to care for the as discussed at the last visit?	

TEXTBOX 7 Guidance for Step II: Physical examination of mother and newborn

Both 2nd and 3rd visits: follow same steps and procedure for both 2nd and 3rd visits.

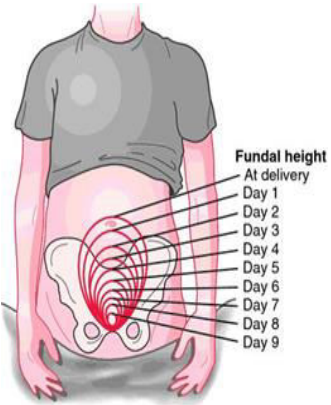
After completing the collection of information, do physical examinations of either mother or newborn baby as per the convenience as following:

2 nd visit on 3 rd day and 3 rd visits on 7 th day:			
Mother		Newborn	
<p>When you finish taking woman's history/present information, perform a physical examination. Be sure to record all the findings. Whether this is the 2nd or 3rd visit, perform a complete physical examination:</p> <p>Steps:</p> <ul style="list-style-type: none"> ✓ Explain what you are going to do and get permission. ✓ Ask her to empty her bladder and help her undress as necessary in private area to maintain confidentiality. ✓ Provide her with cloth/sheet to cover the parts of body that is not examined. ✓ Help her to assume comfortable position, use pillow to support her head, ask her to take deep breath and relax. ✓ Wash your hands following the 6 steps. 		<p>When you finish taking the history of the newborn, and then perform physical examination. Be sure to record the findings. Complete the following steps before performing physical examination:</p> <ul style="list-style-type: none"> ✓ Inform the mother what you are going to do. Encourage her & her husband to ask questions & listen what she has to say. ✓ Wash your hands thoroughly following 6 steps. ✓ Wear the gloves if the baby has not been bathed since birth, if cord is touched or if there is blood, urine and/or stool present. ✓ Examine the baby in the mothers' arm or place on clean warm surface. Have clean cloth, blanket/coverings ready to dress the baby immediately after the examination. 	
1. Assessment of general wellbeing : EVERY VISIT		Wellbeing: EVERY VISIT	
<p>Observe and ask:</p> <ul style="list-style-type: none"> - Gait & movement: walks with a limp. Her gait & movements are steady and moderately paced. - Facial expression: alert, responsive and yet calm. <p>Behavior – appropriate to her</p>	<p>If findings are not within normal range, ask:</p> <ul style="list-style-type: none"> - Have you been without food/fluid for long period? - Are you taking any drugs? - Do you have any injuries? <p>If YES to any of the above questions, consider the findings</p>	<ul style="list-style-type: none"> ✓ Count the respiratory rate for one full minute and observe whether there is grunting or chest in drawing. <p>Normal: Respirator rate is 30-60 breaths per minute. No gasping, no chest in drawing and grunting on expiration.</p>	<p>To determine any danger signs. If yes, act immediately – refer.</p>

culture.	during further assessment and when planning/implementing care.	✓ Measure temperature – <ul style="list-style-type: none"> - Shake the thermometer until it is below 35° C. - Place the tip of thermometer high in the apex of the baby's axilla & hold the arm continuously for at least 3 minutes. - Remove, read and record temperature 	See PNC Annex 4 for care baby with fever
<ul style="list-style-type: none"> - General cleanliness –nothing visible dirt & odor Skin should be free from lesions and bruises.	If appears unclean/foul odor-counsel and be alert for other signs.	<ul style="list-style-type: none"> - Color Normal: The baby's lips, tongue, nailbeds, palm of hands and soles of feet are pink. No central cyanosis (blue tongue& lips). No jaundice. No pallor. 	If there is pallor or central cyanosis: refer immediately. If there is any jaundice within the 1 st 24 hours or jaundice on arms, legs, hands and feet – refer. Counsel mother: yellow will gradually disappear; continue breastfeed; keep baby warm.
Excessive tiredness and breathlessness	If yes, investigate for anemia.	<ul style="list-style-type: none"> - Skin Normal: The skin is clear and free from bruises and cuts or abrasions. 	If bruises appear spontaneously within 2-3 days after birth but there is no evidence of trauma: Refer immediately. If cuts and bleeding: press bleeding site. If continues after 15 minutes then refer.
2. Measure vital signs (EVERY VISIT):			
<ul style="list-style-type: none"> - Take BP, pulse and temperature NORMAL: BP: Systolic is 90-140 and diastolic is less than 90 mmHg. Temperature: less than 38 degree	If the systolic is less than 90 mmHg, Act now: perform Rapid Initial Assessment and facilitate for referral. If diastolic BP is 90-110 mmHg or more, Act now: perform Initial	<ul style="list-style-type: none"> - Weight Normal: Birth weight is 2.5 – 4 kg. Most babies lose up to 10% of their birth-weight in the 1st few days after birth. 	If baby is low birthweight baby, provide care as protocol. See PNC Annex 5 Counsel and refer to health facility as per the need.

<p>such as skin, contours and nipples, nothing dimples or visible lumps, redness, sores, scariness etc. and note any abnormalities.</p> <p>Gently palpate the breasts, note any tenderness, swelling, hot or any abnormalities.</p> <p>Check nipples – cracks, sore, etc.</p>			<p>abnormally wide.</p> <ul style="list-style-type: none"> - Swelling on the head crosses the sutures line. - A circumference of the head is increasing. <p>Edematous head – that is not resolved by 73 hours after birth.</p>
<ul style="list-style-type: none"> - Breasts inspection - Breast examination <p>Refer PNC Annex 6</p>	<p>If findings are not normal – facilitate for referral.</p>	<ul style="list-style-type: none"> - Face and mouth Normal: Facial feature & movement are regular & symmetrical The lips, gums & palate are intact. - Eye Normal: No swelling, redness or pus draining from them. 	<p>If any of the following signs are observed, facilitate non-urgent referral:</p> <ul style="list-style-type: none"> - Cleft lip & cleft palate. - Unable to wrinkle forehead or close eye on one side. - Angle of mouth is pulled one side. <p>Other features are not in normal range.</p> <p>If there are swelling, redness or pus draining, refer immediately.</p> <p>If the eyelids are red and/or swollen:</p> <ul style="list-style-type: none"> - Clean eyelids 4 times a day – clean from the inside edge of the eye to the outside edge. Use clean, (boiled and cooled and kept in boiled covered container) water and

			<p>clean swab to each edge.</p> <ul style="list-style-type: none"> - Have mother wash the baby's face once a day (or more often if necessary) using clean water and dry with clean cloth. <p>Advise not to put anything into the eyes. If no improvement after 2 days – refer.</p>
Abdominal examination - EVERY VISIT: Mother and newborn			
<ul style="list-style-type: none"> ✓ Tell what you are going to do. ✓ Ask the mother to uncover the abdomen. ✓ Have her lie on her back with her knees slightly bent. 		<ul style="list-style-type: none"> ✓ Tell them that you will continue the examination ✓ Have baby in same position as earlier. ✓ Remind to ask questions. And listen to them. 	
<p>Observe, palpate: Look for surface of abdomen – incisions</p>	<p>Normal:</p> <ul style="list-style-type: none"> ✓ No incisions. <p>If YES, inspect for pus, redness, pulling apart of the skin edges of the sutured line: refer immediately.</p>	<ul style="list-style-type: none"> - Chest, abdomen and cord stump <p>Normal: The chest movement regular and no in drawing. If not, refer. The abdomen should be rounded but not distended. The stump is dry, no pus or pus oozing and no red, inflamed, swollen, or hardens around umbilicus. No offensive.</p>	<p>If distended or any abnormalities particularly defect in the abdominal wall – refer covering the protrusion with clean cloth. If cord is bleeding – retie it. If continues after 15 minutes then refer. If any alert signs/symptoms like red, pus draining, skin lesions, abdomen distension, harden around umbilicus, fever – refer. Advise not to put anything other substances on the cord.</p>
<p>Uterus involution: Gently palpate abdomen between umbilicus and symphysis</p>	<p>Normal:</p> <ul style="list-style-type: none"> ✓ Uterus feels firm. ✓ Not tender. 	<ul style="list-style-type: none"> - External genitalia and anus <p>Normal: Genitalia are regular and</p>	

<p>pubis, noting size and firmness of uterus</p> 	<ul style="list-style-type: none"> ✓ Fundal height decreases about 1 cm per day for first 9 days. - Immediate after completion of 3rd stage of labor, uterus is usually 1 fingerbreadth below the umbilicus. - At 24 hours after birth, it may be at the level of umbilicus or slightly below umbilicus. - At 6 days – uterus is approximately midway between the umbilicus and symphysis pubis. - At 6 weeks – uterus is no longer palpable abdominally. <p>Normal variation: Involution may be slower in multiparous, polyhydramnios, birth of large baby. And may vary from woman to woman.</p>	<p>symmetrical. In boys, the urethra orifice is at the end of the penis. The anus appears patent.</p>	<p>If anus appears imperforate – refer immediately. If not in normal range – facilitate non-urgent referral.</p>
<p>Bladder</p>	<p>Normal:</p> <ul style="list-style-type: none"> ✓ Not palpable. <p>If palpable & woman is unable to urinate when urge is felt – assist her in finding comfortable position – perhaps out of bed, provide privacy, run tap water or pour water from vessel to basin that she can hear or pour warm water over her vulva to help her urinate.</p>		

Leg examination: (EVRY VISIT)			
<p>Grasp the woman's foot with one hand and gently but firmly move the foot upward towards the woman's knee:</p> <ul style="list-style-type: none"> - Observe whether this causes pain in the calf. - Repeat the procedure for other leg. 	<p>Normal:</p> <ul style="list-style-type: none"> ✓ No pain in calf of leg when foot is forcefully dorsiflexed. <p>If pain: refer</p>	<p>- Back and limbs</p> <p>Normal:</p> <p>Back: the spine should be free from swelling, lesions, dimples or hairy patches.</p> <p>Limbs: position and appearance of limbs, hands and feet are normal and symmetrical; movement of limbs are regular and symmetrical; and no swelling, no crying when arm, shoulder or leg is touched.</p>	<p>If spine is not within normal range – refer immediately.</p> <p>If not, facilitate for non-urgent referral.</p>
External genital examination (EVRY VISIT)			
<ul style="list-style-type: none"> ✓ Before you begin: - Inform what you are going to do. - Request to uncover her genital area and cover her to preserve privacy and modesty. - Ask to separate her legs while continuing to bend her knees slightly. - Ensure there is adequate light. 			
<ul style="list-style-type: none"> - Inspect the <ul style="list-style-type: none"> ✓ External genitalia – Note bruising of perineum and characteristics of lochia – looking at woman's perineal pad/cloth. ✓ Lochia – color, smell and amount ✓ Vaginal bleeding ✓ Perineum 	<p>Normal:</p> <p>External genitalia: nothing protruding and no urine or stool coming from vagina, no swelling, incision and genital skin is free from sores and labia are soft and not painful.</p> <p>If swelling or protruding – refer immediately. If there is incision – advise on perineal hygiene to prevent infection.</p> <p>Perineum:</p> <ul style="list-style-type: none"> ✓ No localized pain/tenderness, 		

	<p>persistent swelling.</p> <ul style="list-style-type: none"> ✓ No urine/feces leaking ✓ No sutures from tears, episiotomy. <p>Normal variations: in normal childbirth, bruising, swelling and discomfort may last unto day 3 - 4.</p> <p>Healing may be slower if there was prolong pushing, episiotomy or tear or trauma of instrument during childbirth.</p> <p>If severely tender, excessive swelling – refer immediately. If presence of incontinence – facilitate for non-urgent referral.</p> <p>Advise on care of stitch if any.</p>		
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TEXTBOX 8 GUIDANCE POSTPARTUM CARE - COUNSELING: Mother and newborn baby

2nd visit on 3rd day:

Mother		Newborn Baby	
Note: Individualize the mother's and baby's care by considering all the information gathered/collected during assessment.			
1. Breastfeeding	<p>Counsel:</p> <ul style="list-style-type: none">✓ Mother should breastfeed her baby exclusively for first 6 months. Baby should not be given anything else to drink or eat – no water, juice, formula, rice, honey, etc.✓ Should breastfeed whenever baby wants, day or night (on demand), which should be about every 2-3 hours or at least 8-12 times per 24 hours during first week of life.✓ Ensure that baby is getting enough to feeding,	Early & exclusive breastfeeding	<p>Based on the woman's breastfeeding history and other relevant findings or discussion, individualize the health massages and counseling.</p> <ul style="list-style-type: none">- Give colostrum to her baby. It contains ingredients that boost immunity and provide all essential nutrition.- Baby should be exclusively breastfeed for 6 months – no

	<p>mother should note how often the baby urinates: at least 6 times per day during the first 2-7 days after the birth.</p> <ul style="list-style-type: none"> ✓ Breastfeed in positions that are comfortable for her and help to ensure successful breastfeeding. (see PNC Annex 3) ✓ Use both breasts during each feed if possible – not limiting, offer as long as s/he wants & then offer other breast. ✓ Take adequate rest and sleep because baby may wake during night to be fed. <p>Take extra fluid and intake – at least 1 glass of fluid every time the baby breastfeeds & eat the equivalent of one extra meal per day.</p>		<p>water, juice, honey, rice or any other drinks and foods.</p> <ul style="list-style-type: none"> - Should breastfeed whenever baby wants - demand feed - which should be about every 2-3 hours (or 8-12 times per 24 hours) during the 1st week of life. <p>Ensure baby gets enough feed – note how often baby urinate – at least 6 times per day during 1st 2-7 days after birth indicates adequate intake.</p>
2. Breasts care	<ul style="list-style-type: none"> ✓ Prevent engorgement, breastfeed at least 2-3 hours on demand (including night) and use both breasts at each feeding. ✓ Wear cotton bra that is supportive but not tight. ✓ Keep nipple clean and dry. <p>Wash nipples with a clean cloth and warm water only, no soap; no more than once.</p>		
3. Complication readiness plan	<p>Advice mother and husband/family members to enact the complication readiness plan if any danger signs shown.</p> <ul style="list-style-type: none"> ✓ Review the complication plan readiness plan updating it to reflect postpartum & newborn needs. <p>In each visit: review and update as necessary.</p>		

<p>4. Support for mother-baby- father - family relationship</p>	<ul style="list-style-type: none"> ✓ Talk about following with woman, if she permits, her husband, her family or key decision maker: - Bonding: encourage the family members to touch, hold and explore as much as they wish, respecting their social culture (some do not touch before naming ceremony so do not tell or force them to do so if they do not want). - Do not keep mother and baby separate. Encourage husband to take care of baby. - Assist family to identify challenges and how to overcome like woman's increased need for rest, intake of food and work load. Husband may help in caring of baby when mother is in need for rest. <p>Assure her that she is capable of caring for her newborn.</p>	<p>Mother-baby-father – other family relationship</p>	<ul style="list-style-type: none"> ✓ Ensure mother and baby are kept together. ✓ Encourage the parent to cuddle and talk to the newborn as much as they wish. ✓ Particularly encourage father's involvement with infant care: bathing, holding, changing diapers ✓ Encouraged to breastfeed. <p>Help build parents confidence by verbal and nonverbal massages of encouragement and praise.</p>
<p>5. Family Planning Counsel on family planning methods based on the information you collected during taking present/past history.</p>	<ul style="list-style-type: none"> ✓ Introduce the concept of births spacing and family planning. Involve husband in the discussion if possible. Use family planning card and explain using the discussion card. - Intervals of at least 3 years between births have benefits for both mother and baby. Appropriate birth spacing lowers the risk of: <p>For mother:</p> <ul style="list-style-type: none"> ▪ Maternal mortality ▪ Anemia and malnutrition ▪ Premature rupture of membranes ▪ Postpartum endometritis <p>For fetus/newborn:</p> <ul style="list-style-type: none"> ▪ Fetal death ▪ Preterm baby ▪ Small-for-gestational;-age baby ▪ Newborn death ▪ Intrauterine growth retardation and low birthweight baby. <ul style="list-style-type: none"> ✓ Discuss her pervious experiences with family planning methods, belief/misconceptions and 		

	<p>her preferences.</p> <ul style="list-style-type: none"> ✓ Based on the woman's history & any other relevant findings and discussion, individualize the following messages: ▪ Women who do not breastfeed can become pregnant again very quickly – menstruating by 6-8 weeks and ovulating by 11 weeks (even sometime sooner) ✓ Exclusive breastfeeding for up to 4-6 months may be protected from pregnancy. If she chooses lactational amenorrhea method (LAM) that helps. <p>Counsel on other family planning methods as well. Use balanced counseling cards while counseling.</p>		
<p>6. Nutrition</p> <p>Counsel based on the woman's dietary history, the resources available and any other relevant findings individualize the messages.</p>	<ul style="list-style-type: none"> ✓ She should eat balanced diet ✓ Eat at least 2 additional serving of staple food per day. ✓ Eat at least 3 additional serving of calcium-rich foods e.g. dark green leafy vegetable, milk/dairy products, tofu etc. ✓ Drink at least 8 glasses of fluid e.g. ajwain soup, water, milk, juice etc. ✓ Eat smaller, more frequent if unable to consume larger amounts in fewer meals. ✓ Avoid alcohol, tobacco. ✓ Take micronutrients supplements as directed. <p>Increase rest time. Husband can help assure she gets adequate food and rest to maintain breast feeding.</p>	Cord care	<p>Based on baby's history and any other relevant findings, individualize the following key messages:</p> <ul style="list-style-type: none"> ✓ Cord usually falls off 4-7 days after birth. ✓ Keep cord dry and clean. ✓ Until stump is fallen off and completely healed, do not immerse in the water while bathing. ✓ Do not apply any other substance. ✓ Until the cord falls off, place the cord outside the diaper/napkin to prevent contamination with urine and feces. <p>If cord bleeds, retie it. If does not stop after 15 minutes or any alert signs (redness, swelling, pus draining) – refer.</p>
7. Self-care and	Based on the woman's history and any other relevant	• New	Based on baby's history and any other

other healthy practices	findings and discussions, individualize the messages and counsel on following: Encourage or facilitate for husband's participating during counseling. ✓ Breastfeeding and breasts care Basic newborn care.	born care and other healthy practices Maintaining warmth	relevant findings, individualize the following key massages: ✓ Baby should be kept skin-to-skin contact, covered with clean, dry covering, as much as possible for 1 st 6 hours after birth at least. ✓ After 6 hours or if baby cannot be kept skin-to-skin contact, dress him/her in warm cloth and cover with blanket. ✓ Do not bath for 24 hours. ✓ Cover the bay's head with cap. ✓ Avoid dressing the baby tight, restrictive clothing because they reduce the retention of heat. ✓ Keep the room warm and free from draft. If feet feel cold in comparison to normal adult skin, extra warmth is required – add a layer of clothing and covering/blanket.
8. Prevention of infection/hygiene 9. Practice good genital hygiene	counsel/advise on: ✓ Keep private part (vulva and vaginal area) clean & dry. ✓ Wash hands before & after washing private part. ✓ Use clean cloth to wash or dry the private part. ✓ Wash the genitals area with soap & water after using toilet. ✓ Wash/wipe genital from front to back, starting with the vulva and ending with anus. ✓ Change perineal pad or cloth at least 6 times	Hygiene/prevention of infection	Based on baby's history and any other relevant findings, individualize the following key massages: The following practices are important in the 1 st month of life because the baby's immune system is still developing and may be susceptible for infection. ✓ Wash hands before touching or caring the baby. (see ANC Annex 2 for detail steps) ✓ Wash hands after cleaning or

	<p>per day during the 1st week and at least twice per day thereafter. If you use cloths: wash thoroughly and dried in the sun.</p> <ul style="list-style-type: none"> ✓ Wear cotton cloths. <p>Avoid sex for at least 2 weeks or inserting anything in the vagina.</p>		<p>changing the diaper/napkin.</p> <ul style="list-style-type: none"> ✓ When diaper/napkin is soiled, following action should immediately carried out: <ul style="list-style-type: none"> - Remove the napkin/diaper and properly dispose in the bucket or other container that can be closed. - Wash baby's bottom, from groin/genital towards the buttocks. - Dry the baby's bottom, from groin/genital towards the buttocks. - Until the cord falls off, place the cord outside the diaper/napkin to prevent contamination with urine and feces. - Put clean diaper/napkin. <p>Baby should be protected from smoke and keep away from sick adults. Show woman how to bathe baby.</p>
10. ANC	<p>Based on the woman's history and any other relevant findings, individualize the messages:</p> <ul style="list-style-type: none"> ✓ During postpartum period, a woman needs plenty of rest to facilitate healing after birth and help to gain her strength and recover more quickly. ✓ Breastfeeding mother needs even more time to rest, because as she breastfeeding her sleep may be interrupted. Advise to rest when baby is sleeping. Her husband may be able to care the newborn when s/he is not feeding. <p>Traditionally, in Nepali culture, women go to their parental home for at least 2 months – this period they can rest well.</p>	Sleep and other needs	<p>Based on baby's history and any other relevant findings, individualize the following key massages:</p> <ul style="list-style-type: none"> ✓ Babies generally sleep about 20 hours per day and wake only for feeding – do not distinguish day and night therefore wake for night feeds. ✓ The baby should be placed on her/his back or side to sleep. ✓ During the weeks following birth, the baby usually starts sleeping for longer period at

	Each woman is different. Advise to start back to into her usual routine gradually, and to pay attention to her signs that she may be overdoing it or may need more rest.		<p>night and staying awake more during the day.</p> <ul style="list-style-type: none"> ✓ Keep the baby from where s/he could roll over an edge and fall to the ground. ✓ The baby signals his/her need for attention by crying. Should be responded by: <ul style="list-style-type: none"> - Addressing the cause of crying – wet/dirty diaper/napkin, hunger, other discomfort. - Picking up - Taking to her/him - Establishing eye to eye contact. <p>The baby will usually stop crying and gaze at her/his mother. This interaction promotes bonding between mother and baby.</p>
11. Sexual relation and safer sex	<p>Based on the woman's history and any other relevant findings, individualize the messages:</p> <ul style="list-style-type: none"> ✓ A woman should avoid having sex at least 2 weeks. Healing of episiotomy/tears and type of lochia may influence her level of comfort with intercourse. ✓ Practice safer sex to avoid HIV/STI – abstinence or monogamous, condoms etc. <p>If she does not know her HIV status or not tested, counsel her on HIV testing as needed.</p>		
12. Immunization , iron/folate	<ul style="list-style-type: none"> ✓ Provide TT as per need and schedule. ✓ Ensure she got Iron/folate or not, if supply to last until next visit. ✓ Counsel on: eating foods containing vitamin C as these help to absorb iron. Avoid tea, coffee and colas as these inhibit iron absorption. 		<p>Ensure the baby is given vaccines as per the protocol on newborn immunization.</p> <p>Counsel on immunization (see PNC annex 7).</p>

	<ul style="list-style-type: none"> ✓ Possible side effects of iron/folate include: black stool, constipation and nausea. To lessen side effects: - Drink more fluid – an additional 2-4 cups per day. - Eating more fruits and vegetable. - Getting adequate exercise – walking. 		
Record & report	Taking tablets with meals or at night. Ensure to record your information sheet/dairy – your findings, care given and next plan for visit.		

POSTPARTUM CARE- COUNSELLING: Mother and newborn baby

3rd visit on 7 day:

Mother	Newborn baby
Note: Individualize the mother's and baby's care by considering all the information gathered/collected during assessment.	
Provide care same care given during 2 nd visit considering your present findings and observations of this visit. And record the care provided. Plan for next visit based on individual with problem/concerns if necessary.	

Reference materials for ANC Chapter:

ANC Annex 1: BPP: Misoprostol and Navi malam (use in visit 2)

Matri Suraksha Chakki (Misoprostol):

- Distributed by FCHVs at 8th months of pregnancy to prevent postpartum hemorrhage (PPH) by contraction of uterus. It also helps to come out the placenta.
- Woman should take 3 tablets of Matri Suraksha Chakki soon after giving birth but before delivery of placenta. Should rule out second babies before taking tablets. She should take tablets after giving birth of all babies.
- Mother should take Matri Suraksha Chakki even if the placenta comes out before taking tablets.
- All tablets should be taken at a time.

Matri Suraksha Chakki are lifesaving medicine, can be used by the women herself and easy to take.

Adverse effects of Matri Suraksha Chakki:

1. Women may feel the following signs after taking the pills:
 - Shivering
 - Nausea
 - Loose motion
2. These effects may be appeared not only due to Matri Suraksha Chakki but as consequences of usually will subside after half an hour.
3. Women should not be offered drinks in such case.

Contraindication:

1. Women should not use Matri Suraksha Chakki giving birth because these can be harmful to pregnant women and newborn babies.
2. In case of more than one baby or suspicious, women should not take these Chakki.

What to do if bleeding even after taking Matri Suraksha Chakki

- Bleeding may occur to some women even after taking Chakki.
- It might be due to tearing of cervix or vulva.
- Women should receive immediate in case of heavy bleeding or retention of placenta.

Record and report: maintain complete records:

- Complete the client log/record and ensure ANC card is completed.\

Navi Malam (Chlorhexadine gel):

Umbilical cord infection is most common among newborns. Navi Malam prevents the umbilical cord infection so It should be applied and cord should be kept dry and clean.

How to apply:

नाभि मलम लगाउँदा अनुसरण गर्नुपर्ने चरणहरू

- नाभि मलमको बिको खोलेर बिकोको पछाडिपट्टिको भागमा रहेको तिखो भागले मलमको मुखमा छेडेर प्वाल बनाई बिकोले बन्द गरी सफा ठाउँमा राख्ने ।
- नाभि मलम लगाईदिने व्यक्तिले आफ्नो हात साबुन पानीले राम्रोसँग धुने ।
- नाभि मलमलाई नाभिको टुप्पोमा पर्नेगरी सबै निचोर्ने ।
- चोर औंलाले नाभि मलमलाई नाभिको टुप्पोमा र नाभिको वरिपरिको भागमा विस्तारै लगाउने ।
- नाभि मलम लगाएपछि अरु केही नलगाई नाभिलाई सफा र सुक्खा राख्ने ।

नवजात शिशुलाई नरम सफा कपडाले न्यानो बनाई राखेको हुन्छ । नाभि मलम लगाउँदा नाइटो मात्र देखिनेगरी कपडा मिलाएर नाभि मलम लगाउनु पर्दछ ।

ध्यान दिनुहोस्

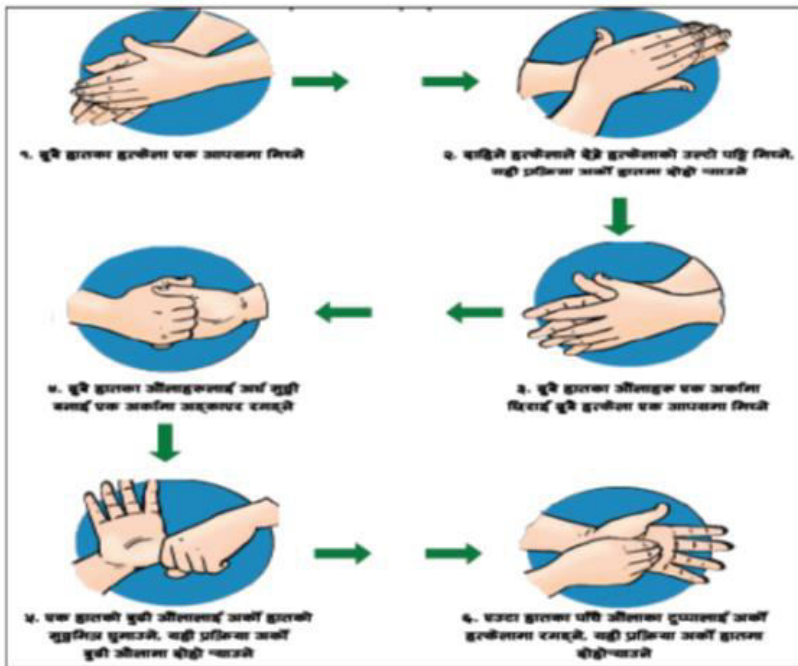
नवजात शिशुको नाभि काट्ने बित्तिकै नाभि मलम लगाउनु पर्दछ । यो मलम सुक्न ३ देखि ५ मिनेटसम्म लाग्छ । त्यसैले नाभि मलम सुकिसकेपछि मात्र नाभिलाई कपडाले छोप्नु पर्दछ । स्वास्थ्य संस्थामा जन्मिएका हरेक नवजात शिशुलाई नाभि मलम लगाउनु पर्दछ । नाभि मलम लगाएपछि नाभि भर्न २-३ दिन ढिला हुनसक्छ तर यसबाट आत्तिनु पर्दैन । हाल नेपालमा प्रयोगमा ल्याईएको नाभि मलम क्लोराहेजिडिन जेल (Chlorhexidine Gel 4%) हो ।

Annex 2: BPP: Hand washing

Hand washing:

Should wash hands with soap and water before conducting delivery or examination of mother and newborn to prevent from infection.

- Before hand washing, wrist watch, ring, bangle etc. should be removed.
- Both hands should be rubbed with water and soap properly.
- As shown in the picture, hand washing should be done properly in 6 steps.



- Hands should air dried before touching mother and baby.

Reference materials for Chapter: PNC

PNC Annex 3: :tgkfg u/fpg] ljleGg cf;gx? / ;Dk{s
ljleGg cf;g

!= emf]n'Ēf]df /fv]sf] h:tf] cf;g -of] w]/} k|rlnt cf;g xf] . _



@= 58\s] kf]/ af]Sg] -of] k|foM u]/ ev{/ hGd]sf] gjhft lzz' jf sd tf}nsf
lzz' jf sdhf]/ lzz' jf cfdnf] sfvdf af]Sg gldNg] s'g] klq cj:yfsf] lzz' nfO{
b"w r';fpgsf nflu pko'Qm x'G5 .





#= sf]N6f] kfg{' M

- of] cf;gn] ev{/ ;'Ts]/L ePsL cfdnfO{ clt g] ;lhnf] x'g'sf] ;fy}
:tgkfg u/fFpbf klq cfdnfO{ cf/fd k'Ugdf d2t k'Uub5 .
- cfd / lzz' b'j} cf—cfkm\gf] :yfgdf sf]N6f] k]/ ;'t]sf x'G5g\ / Ps
cfk;df cfdg] ;fdg] x'g] u/L ;'t]sf x'G5g\ .

gf]6M of] cf;gdf v'jfpFbf afnafnsf+cfd f'a'a] lgbfPsf] x'g' x'b}Fg .



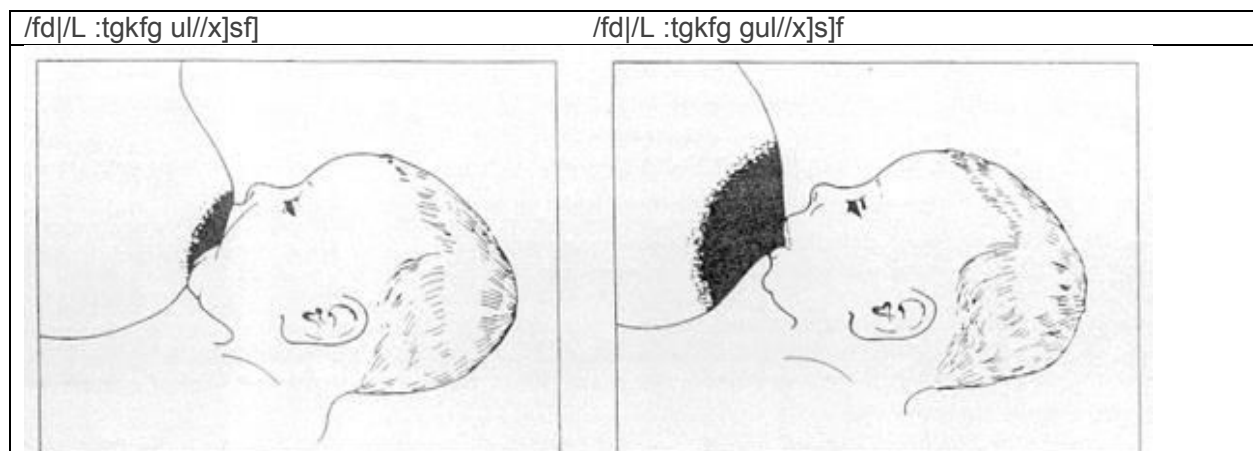
<p>\$= sflv d'lgsf] cf;g</p> <ul style="list-style-type: none"> of] cf;g lgDg cj:yfdf pkof]uL x'G5 M <ul style="list-style-type: none"> ck[]zg u/] lgsfn]sf] cj:yfdf -l;hl/og ck[]zg_ kl5 b"wsf] d'G6f] b'v]sf] 5 eg] sd tf]nsf] lzz' hGd]sfx?sf] nflu h'DNofxf afnaflnsfnfO{ :tgkfg u/fpFbf sflv d'lgsf] cf;gdf afnaflnsf /fVbf cdf] ;lhnf] cf;gdf a;]sf] x'g' k5{ / afnaflnsf] z/L/ pgsf] sflv d'lg /x]sf] x'G5 . lzz'sf] z/L/ cdfsf] bfFof jf jfFof z/L/df /x]sf] x'G5 / lzz'sf] 6fpsf] cdfsf] :tgsf] a/fa/ prfOdf /x]sf] x'g'k5{ . cdfnf] lzz'sf] 6fpsf]nfO{ xftsf] k+hf / lzz'sf] z/L/nfO{ kfv'/fn] /fd]f;Fu c8\ofPsf] x'g'k5{ . 	
<p>%= h'DNofxf lzz'x?nfO{ dfly s} cf;g sflv d'lgsf] cf;g jf 58\sf] cf;g kfl/ ;dfpg] .</p>	
<p>;xL :tg ;Dks{ afnaflnsfnfO{ ;xL ;Dks{df cdfsf] :tgdf /fVgsf] nflu cdfnfO{ s;/L d2t ug]{ <</p> <ul style="list-style-type: none"> ;xL ;Dks{sf \$ j6f ;+s]tx? -tl/sfx?_ sf] k]of]u ul/ JofVof ug{'xf];\ M <ol style="list-style-type: none"> afnaflnsfnfO{ ;xL ;Dks{df /fVg cdfsf] :tgsf] d'G6f] / afnaflnsf] gfs ;dfg txdf /fVg] . ha afnaflnsf] d'v rf]8f kf]/ cfF u5{, b"wsf] tn lt/af6 d'G6f] ;Dd nu]/ d'G6f] afnaflnsf] d'v leq /fVg] -g ls :tgnfO{ prfn]/ afnaflnsf] d'vdf k#ofpg] xTs]nfn] "C" cfsf/ kf]/ :tgnfO{ s;/L ;dfpg] elg cdfnfO{ b]vfpfg], a'9L cf]nf d'G6f]sf] jl/kl/sf] sfnf] efusf] -Pl/jnf_ dflyNnf] lt/ kg]{ ul/ ;dfpg] / afFsL cf]nfx? tNnf] efudf ;dfpg] . cf]nfx? 5ftLt/ r]K6f] x'g] ul/ /fVg] h;n] ubf{ afnaflnsfnfO{ :tgn] gws]lnof];\ . afnaflnsf] ;lhnf];Fu b"wsf] d'G6f d'vdf /fVg lbg xftsf] cf]nfx? b"wsf] d'G6f]sf] sfnf] efu eGb 6f9f /fVg] . s;/L b"wsf] d'G6f]n] afnaflnsf] cf]7df 5'Fbf afnaflnsf] d'v vf]N5 eGg]af/] cdfnfO{ :ki6 kfg]{ . <ul style="list-style-type: none"> afnaflnsf] d'v rf]8f kf]/ gvf]n~h]n Psl5g kv{g' k5{ eGg] af/] cdfnfO{ atfpg] . slt l56} afnaflnsf cdfsf] :tgt/ tflgG5 eGg] af/] atfpg] -Wofg lbg';\ ls afnaflnsf] tNnf] cf]7df d'G6f]sf] jl/kl/sf] tNnf] efu /fd]/L leq ;Dd k;]sf] x'g'k5{ h;n] ubf{ afnaflnsf] d'vsf] dflyNnf] efu ;Dd b"wsf] d'G6f leq l55{ / afnaflnsf] lrp8f]n] :tgnfO{ /fd]/L 5f]Psf] x'g'kb{5 . afnaflnsf] klxn] gfsn] :tgnfO{ 5'b} glhs k'uf];\ o;df cdfnf] s:tf] k]ltlqmof b]vfpbFl5g Wofgdf /fVg] . ;xL ;Dks{sf] ;a} ;+s]tx? Ps Ps ul/ x]g]{ . olb ;xL tl/sf gePdf k'gM k]of; hf/L /fVg] - afnaflnsfnfO{ 5'6fP/ tfGg] x]g o;f] ugf{n] b"wsf] d'G6f]df 3fp kg{'sf ;fy} :tg b'V5_ ;xL ;Dks{df b"w r';fpbf b'Vb}g, o;af6 :tgkfgsf] k]efjsf/L glthf cfpF5 -lj:tf/ leq ;Dd r':b} lj>fd lnb} ug]{ . <p>;xL :tg ;Dks{ M pbf/x0f ;xLtsf] ;lrq cjnf]sg ug]{</p> <p>lrq g+= ! M ;xL :tg ;Dks{sf] lrq</p> <ul style="list-style-type: none"> afnaflnsf] d'vsf] aflx/L efu . ;xL ;Dks{sf] \$ j6f ;+s]t tl:j/df b]lvG5 . 	

Irq g+= @ M Ufnt ;Dks{sf] Irq .

- afnaflnsf] d'vsf] aflx/L efu
- afnaflnsf] vfnL d'G6f]dfq r';]sf] b]lvG5 .

Irq g+—!

Irq g+—@



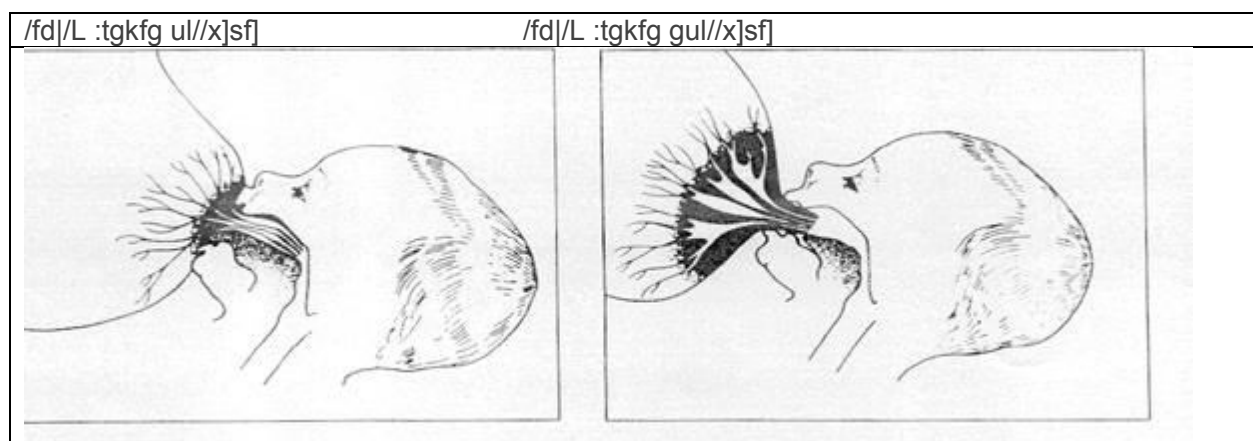
WHO/UNICEF M lzz' tyf slnnf afnsnfO{ :tgkfg u/fpg k/fdz{ M Ps ;dfj]zL sf]jif{ @))^

unt :tgkfgsf] glthf

- d'G6fdf 3fp Pj+ lrl/P/ kmf6]sf] x'G5 .
- b'vfO{sf] sf/Ofn] b"w lg:sfzgdf c;/ u5{ / b"w pTkfbgdf sdL cfpF5 .

Irq ! ;xL :tg ;Dks{sf] glthf Irq

Irq @ unt :tg ;Dks{sf] glthf



k|efjsf/L ?kn] b"w r';L/x]sf lRGxx? M

lj:tf/ leq;Dd÷ulx/fO{ ;Dd r':b} lj>fd ln} u5{, afnaflnsf] b"w lgn]sf] b]Vg jf ;'Gg ;lsG5 . ufnf k'Ss km'n]sf] / uf]nf] ePsf] b]lvG5 . oL ;+s]tx?n] afnaflnsf] rlfxFbf] dfqfdf b"w vfO/x]sf] 5 eGg] hgfpF5 .

gf]6 M

- afnaflnsfnfO{ ha :tgkfg u/fO{G5 ,d'G6f]df cfp] pQ]hgfn] b"w pTkfbg u/fpFb5 / b"w lg:sg jf aflx/

cfpg yfNb5 .

- olb afnaflnsf] b"w glgvf/]df b"w pTkfbgdf sdL cfpF5 lsgsL :tgdf b"w af+ls /xbf b"w pTkfbg ug{df afwf k'wofp+b5 .
- cfdfsf] dgf]efjgf -8/fpg' lrlGtt x'g' b'Vg' Jofs'n x'g' jf nfh dfGg'_ n] b"w lg:sfzgdf c;/ kfb{5_ .
- :tgsf] d'G6fdf /x]sf u|GyLx?n] -df]G6uf]d/L UofN08_ t]lno kbfi{ k}bf ul/ :tgsf] d'G6f]nfO{ lrlNff] t'Nofpgsf] ;fy} ;kmf /fVb5 .
- Pp6f b"w lgvf/] dfq csf]{ b"w r';fpg' b"w cfk"lt{sf] nflu dxTjk"0f{ x'G5 .
- :tgaf6 klxf cfpg] b"wdf kfgLsf] dfqf a9L x'G5, h;n] lzz'sf] Kof; d]6fpF5 eg] kl5 cfpg] b"wdf a9L lrlNff] kbfi{ x'G5 h;n] lzz'sf] ef]s d]6fpF5 .

&#=#= ljuf+}lt b"w / :tgkfgsf] dxTj

&#=#!= lauf+}lt b"wwsf] dxTj

- afnaflnsf hGd] kZrft\ cfdfsf] :tgaf6 cfpg] klxf] kx]Fnf], afSnf] b"w g} ljuf+}lt b"w xf] .
- ljuf]lt b"wdf ljeGg /f]ux?;Fu n8\g] k|lt/f]wfTds tTjx? x'g] ePsf]n] o;n] afnaflnsfnfO{ /f]ux?af6 arfpF5 .
- ljuf]lt b"wn] afnaflnsf] kfrg k|0ffnLn] ;lhn] krpg ;Sg] ljeGg kf]ifs tTjx? w]/ dfqdf k|bfg u5{ .
- ljuf]lt b"wn] afnaflnsf] zL/af6 laln?aLg gfds tTjnfO{ lgisfzg ug{ d2t u5{ h;n] ubf{ sdnkQ -hl08;_ x'g lb+b}g .
- ljuf+}lt b"wdf k|f]l6g, le6ldg ...PÚ / cGo ;"ld kf]ifs tTjx? a9L dfqdf kfO{G5 h;n] ubf{ afnaflnsf] j[l4—ljsf;df d2t u5{ .
- ljuf]lt b"wn] afnaflnsfnfO{ PnhL{ cyjf vfgf gkRg] x'g lbFb}g .

&#=#=@= :tgkfgsf] dxTj

afnaflnsf] nflu :tgkfg -cfdfsf] b"w_ sf] dxTj

- cfdfsf] b"w afnaflnsf] nflu cd[t ;dfg xf] . o;n] afnaflnsf] hLjg /lff u5{ .
- o;df afnaflnsfnfO{ cfjZos kg]{ kof{Kt kfgL -*&Ü_ / vlgh tTjx? x'G5 .
- of] ;w}F ;kmf / ;'lft x'G5 .
- o;df emf8fkvnf tyf Zjf; k|Zjf; ;DaGwL ;+qmd0fx? lj?4 n8\g] k|lt/f]wfTds tTjx? /x]sf] x'G5 .
- of] ;+w} tof/L cj:Yffdf / pko'Qm tfkqmdf pknAw x'G5 .
- afnaflnsf] nflu of] k"0f{ vfgf xf] . o;df afnaflnsfnfO{ ^ dlxgf k"/f geP;Dd cfjZos kg]{ ;Dk"0f{ kf]ifs tTjx? k|of{Kt dfqdf x'G5 .
- o;n] afnaflnsf] pko'Qm j[l4 tyf lJfsf; x'g d2t u5{ .
- of] afnaflnsf] ;lhn] krpg ;S5 . o;df /x]sf kf]ifs tTjx? Zf/L/n] /fd|/L ;f]g ;S5 .
- o;n] PnhL{ lj?4 /lff u5{ . b"wdf /x]sf k|lt/f]wfTds tTj] afnaflnsf] cfGb|fsf] /lff u5{ / xflgsf/s tTjx?nfO{ /ut;Dd k'Ug lbb}g .
- o;n] luhf / bfFtsf] ljsf; ug{ ;xof]u u5{ tyf b"w r';fOn] cg'xf/sf] df+zk]lzsfsf] ljsf; ug{ ;xof]u u5{ .
- cfd;Fu k6s-k6s 6fF; /fVg] u/]df :g]xk"0f{ ;DaGw x'G5 h;n] afnaflnsf] dfgl;s, zf/Ll/s tyf ;fdflhs ljsf; ug{ klg ;xof]u u5{ . ^ dlxgf kl5 klg lzz'sf] kf]if0fsf] w]/ cfjZostf k"/f u5{ .

cfdfsf] nflu :tgkfgsf] dxTj

- afnaflnsf hGdg] lalQs} cfdfsf] b"w r';fof] eg] ;fngfn l56} aflx/ lg:sG5 lsgg] afnaflnsf] b"w r':bf k}bf x'g] pQ]hgfn] kf7]3/ v'DrG5 / afnaflnsf hGdfPkI5 al9 /ut aUg] vt/fnfO{ 36fpFb5 .
- afnaflnsf hGdg] ljlQs} p;nfO{ cfdfsf] b"w r';ffPdf :tgaf6 w]/ b"w cfpg ;xof]u u5{ . t'?Gt} / k6s k6s b"w r';fpgfn] :tg uflggaf6 /f]syfd x'G5 .
- cfdfsf] sdfs] ef/nfO{ 36fpFb5 . kfgL pdfNg OGwg h'6fpg], b"w agfpg] cflb sfd ug{' kb}g . cfdfsf] b"w h'g;s} a]nf / hxFf klg v'jfg ;lsG5 . of] ;w}+ ;kmf, kf]lfnf] / 7Ls tfkqmdsf] x'G5 . of] sd vlrlnf] x'G5 .
- cfd / afnaflnsf aLrsf] dfdf ddtf a9\5 . aRrfn] cfkm'nfO{ ;'lft dx;z u5{ .
- dlxfnfO{ x'g] :tg / kf7]3/ ;DaGwL SofG;/sf] vt/fnfO{ 36fpFb5 .
- dlxgf/L gkmls{Psf] cj:yf tyf afnaflnsf hGd]sf] klxf] ^ dlxgf;Dd k|efjsf/L k"0f{ :tgkfg u/fPdf -(*Ü_ ue{ lg/f]wssf] ?kdf sfd u5{ .

kl/jf/sf nflu :tgkfgsf] dxTj

- cGo b"w lsGg] k};fsf] art x'G5 . bfp/f, c? OGwg vr{ x'Fb}g . of] ar]sf] k};fn] kl/jf/df h?/L k/]sf cGo s'/fx? lsGg ;lsG5 .
- cGo b"w v'jfpFbf afnaflnsf x? la/fdL eP/ nfUg] cf]jfwL vr{ x'F'b}g . cdf / afnaflnsf b'a} :j:y /xG5g\ .
- ;dosf] art x'G5 lsgeg] cdfsf] b"w ;Fw} tof/L / eg]sf] ;dodf kfOG5 .

;d'bfo jf /fi6«sf nflu :tgkfgsf] dxTj

- cGo s[lqd b"w cfoft ug'{ kb}{g h;af6 /fi6«o cfDbfgL art x'G5 / o;nfO{ c? s'g} sfddf vr{ ug{ ;lsG5 .
- :j:y afnaflnsf kl5 :j:y gful/s aG5 / b]zsf] lasf;df ;xof]u k'¥ofp5 .
- afn /f]ux?df cfpq] sdLn] o;sf] pkrf/df x'g] /fi6«o vr{ 36fpF5 . afn d[To'b/ 36fpF5 .

PNC Annex 4: care of newborn baby with fever**Management of newborn axillary temperature less than 36.5 degree centigrade (C):**

- ✓ Have mother (or other family member) rewarm baby with skin-to-skin contact.
- ✓ If no is present or not available:
 - Dress baby in warm cloth, cover head and cover with warm blanket.
 - Alternate, use a covered hot water bag or bottle:
 - o Make sure that the baby's body's skin does not touch the hot water bottle.
 - o Turn the baby frequently.
 - o Replace the source of warmth, hot water bottle, before it becomes cold.
- ✓ Encourage mother to breastfeed more frequently than on demand - at least every 2 hours.
- ✓ Ask the mother to observe danger signs.
- ✓ The temperature should be measured every 4 hours. If does not return to normal or temperature rises 0.5 degree C per hour - refer.

Management of newborn axillary temperature more than 37.5 degree C:**“DO NOT GIVE ANTPYRETIC TO NEWBORNS”****If the elevated temperature is NOT likely due to exposure to high environmental temperature****– refer immediately and also do followings:**

- ✓ If the temperature is more than 39 degree C: sponge the baby or give bath for 10-15 minutes before or during transfer, using water that is about 4 degree C lower than the current body temperature. DO NOT use water cold than this.
- ✓ Allow the baby to breastfeed or give expressed milk by cup before and during transfer to prevent dehydration.

If the elevated temperature is likely due to exposure to high environmental temperature, complete steps below:

- ✓ If the temperature is more than 39 degree C: sponge the baby or give bath for 10-15 minutes before or during transfer, using water that is about 4 degree C lower than the current body temperature. DO NOT use water cold than this.
- ✓ If it is likely that the elevated body temperature is due to overheating such as warmers then
 - Place the baby in normal temperature environment
 - Undress the baby partially or fully if necessary.
 - Encourage mother breastfeed frequently if baby is unable to suck, give expressed milk by cup to prevent dehydration.
 - Ask mother observe danger signs.
 - Measure the temperature every hour until it returns to normal

- ✓ If baby's temperature does NOT return to normal within 2 hours – refer immediately.

PNC Annex 5: care of low birthweight newborn

hGdbf sd tfjn ePsf lzz'x?nfO{ sd tfjn ePsf / w/} sd tfjn ePsf u/L b'O{ efudf ljeFhg ul/Psf] x'G5 . hGdbf !=% s]=hL= b]lv @=% s]=hL=;Dd ePsf lzz'nfO{ hGdbf sd tfjn ePsf lzz' a'emfpg]5 eg] w/} sd tfjn ePsf lzz' eGgfn] !=% s]=hL= eGbf sd hGd tfjn ePsf lzz'nfO{ a'emfpg]5 . pk/]fQm cg';f/ b'O{ efudf afF18Psf lzz'x? dWo} sd tfjn ePsfnfO{ klxnf] ;d"xdf kg]{ lzz'x?nfO{ **dfofs]** **cFufnf]**df /fv/ 3/df g} /fv/ Joj:yfkg ug{ ;lsG5 . t/ w/} sd tfjn ePsf egL bf];f] ;d"xdf kg]{ lzz'x?nfO{ c:ktfndf g} /fv/ Joj:yfkg ug'{kg]{ ePsf]n] ltlGx?nfO{ c:ktfndf k]jif0f ug'{k5{ oBlk oL lzz'x?nfO{ klG dfofFsf] cFufnf]df /fv/ Gofgf] agfO{ /fVg] ljlw cgfpg' kb{5 .

-s_ sd tfjn ePsf gjhft lzz'x?nfO{ laz]if ?kdf :ofxf/ ug'{kg]{

hGdbf sd tfjn ePsf lzz'nfO{ :ofxf/—;Def/ ubf{ laz]if ?kdf Wofg lbg'kb{5 . lsgeg] To; k]sf/sf lzz'nfO{, - ;f; k]mgf sl7gfO{ x'Gf ;S5 / hGdbf lgM;fl;Psf] x'g ;S5g\.

- l5\$} lr;f] nfUg ;S5 / lztFē x'g ;S5g\.
- JofS6]l/ofsf] ;^qmd0f x'g] ;Defjgf a9L x'G5 .
- :tgkfg ug{, vfgf v'jfpf ufx]f] x'G5 .

-v_ sd tfjn ePsf gjhft lzz'nfO{ ug'{kg]{ laz]if :ofxf/x?

- a9L dfqfdf Gofgf] agfO{ /fVg]

- gjhft lzz'nfO{ /fVg] sf]7f kof{Kt dfqfdf Gofgf] ePsf] ;'lgIZrt ug'{xf];\ . kof{Kt dfqfdf Gofgf] ePsf] sf]7f eGGfn] @%)b]lv @*);j06Lu]8 tfkqmd sfod ePsf] sf]7fnfO{ dflgG5 .

- gjhft lzz'nfO{ cfdfsf] 5ftLdf 6fF;] /fVg] -dfofFFsf] cFufnf]_ ljlw ckgfP/ lzz'nfO{ Gofgf] agfO{ /fVg'xf];\.

- yk cf]9\g] n'uf h:t} l;s, sDanpknAw u/fP/ gjhft lzz' / cfdfnfO{ kof{Kt dfqfdf Gofgf] agfO{ /fVg'xf];\ .

l l :tgkfgsf nflu yk ;xof]u ug]{

- gjhft lzz'n] k6s–k6s :tgkfg ul//x]sf] s'/f ;'lgIZrt ug'{xf];\ . o; k]sf/sf lzz'x?nfO{ x/]s @ 306fdf:tgkfg u/fpg' kb{5 .

- sd hGdtfn] ePsf] gjhft lzz'n] 7Ls;Fu :tgkfggu/]s]f x'g;S5 To;]n] :tgkfg u/fpg cfdfn] 7Ls cf;gu/]s]f, lzz'n] :tg 7Ls;Fu ;Dks{ u/]sf] k]efjsf/L ?kdf b'w r';]sf] s'/fsf] ;'lgIZrt ug'{xf];\.

- :tgkfg u/fpg sl7g ePdf cfdfsf] b'w lgrf/] v'jfpf'xf];\.

- lzz'sf] b]lgs ?kdf d"Nof]gug]{

- gjhft lzz'sf] tfkqmdhFFfr ug'{xf];V o;sf] clen]v /fVg'xf];\.

- tfkqmd hfFr u/]sf] ;dodfgjhft lzz'sf] Zjf;–k[Zjf;sf] b/ ulGt klG ug'{xf]; /o;sf] klG clen]v /fVg'xf];\.

- gjhft lzz'nfO{ hl08; -sdnlkQ_ ePsf] 5 eg]/ lgoldt ?kdf c]nf]sg ug'{xf];\.

-u_ sd tfjn ePsf] gjhft lzz'nfO{ cfdfsf] b'w lgrf/] v'jfpf] tl/sf

- lgrf]/]sf] b'w /fVgsf] nflu ;a}eGbf klxnf cfd f cleefjsnfO{ Pp6f ;kmf / ;'Svf sk 7Ls kf]/ /fVg nufpg'xf];\.
- To;kl5 cfdfnfO{ cf'gf] :tgsf] sfnf] efudf dflayaf6 a'9L cf]+nf / tnaF6 rf]/ cf]+nfn] lj:tf/} lyr/ b'w lgrf]g{ eGg'xf];\.
- lgrf]/]sf] b'w k6s–k6s u/] lzz'nfO{ rDrfn] v'jfpf'xf];\ . lzz'nfO{ b'w v'jfpFbf Ps k6sdf (lrof rDrf;Dd v'jfpf;lsG5 . lgrf]/] lgsfn]sf] b'w sf]7fsf] tfkqmdf ^ 306f;Dd lalulb]+g .
- sd tfjn ePsf lzz'sf] k]6 klG ;fgf] g} x'g] ePsf]n] tL lzz'x?nfO{ yf]/–yf]/} dfqfdf w/} k6s;Dd b'w v'jfo{xf]g'xf];\.
- oL lzz'x? b'w vFbf l5\$} yfSg] ePsf]n] cfdfnfO{ ;Nfx lbFbf o:tf lzz'nfO{ b'w v'jfpFbf w}o{ eP/ g} v'jfpf' kb{5 eg]/ ;Demfpg'xf];\.
- lzz'n] b'w r':g ;Sg] ePk15 t'?Gt} :tgkfg u/fpg z'? ug'{xf];\.

lzz'nfO{ skdf /fv]s]f b'w rDrfn] v'jfpFbf ckgfpg' kg]{ r/0fx?

- lzz'sf] 6fpsf] dflg kg]{u/L cfdfn] lzz'nfO{ b]a]] sfvdf cf/fd;Fu /fVg'xf];\ / b]a]] xftn] lzz'nfO{ ;dfTg'xf];\ .

- rDrfn] lzz'sf] cf]7df 5'g'xf];\, o;f] ubf{ lzz'n] d'v vf]N5 / la:tf/}} lzz'sf] d'vdf b'w /fvL lbg'xf];\ .
 - csf]{ rDrf b'w v'jfpgsf] nflu s]xL ;do /f]Sg'xf];\ . lsgeg] lzz'sf] d'vdf b'w /fvLlbpkl5 p;n] lgNg yfN5 t/
 lzz'nfO{ b'w lgNg s]xL ;do nfU5 .
 - b'w v'jfp/ ;lsPkl5 lzz'nfO{ 7f8f] kfg'{xf];\ lzz'sf] k5fl8 -9f8_ ;'D;'DofO{ lbg'xf];\, o;f] ubf{ lzz'n] 8sf5{ /
 b'w;Fu} vPsf] xffj aflx/ lg:sG5 .

lzz'nfO{ @-@ 306fsf] km/sdf b'w v'jfp'g'xf];\ / lzz'nfO{ x/]s @\$ 306fdf !) k6s;Dd b'w v'jfp'g'xf];\ .
 ;fdfGo cj:yfsf] lzz' jf sd hGd tf]n ePsf] lzz'nfO{ v'jfp'g' kg]{ b'wsf] dfqf
 o klxnf] lbgM x/]s lbg ^) ld=nL= k|lt s]=hL= tf]nsf b/n]
 o bf];f] lbgMx/]s lbg *) ld=nL= k|lt s]=hL= tf]nsf b/n]
 o t];f] lbgMx/]s lbg !)) ld=nL= k|lt s]=hL= tf]nsf b/n]
 o rf]yf] lbgM x/]s lbg !@) ld=nL= k|lt s]=hL= tf]nsf b/n]
 o kfFr}+ lbgMx/]s lbg !\$) ld=nL= k|lt s]=hL= tf]nsf b/n]
 o 5}7f}+ lbg / To;kl5 M x/]s lbg !^) ld=nL= k|lt s]=hL= tf]nsf b/n]

pbfx/0fM olb lzz'sf] tf]n !=% s]=hL= 5eg] Tof] lzz'nfO{ lgrf]/sf b'w v'jfp'g' k/]df
 - klxnf] lbg ^) ld=nL= k|lt s]=hL= tf]nsf b/n] ^) x!=% Ö () ld=nL=
 - pQm hDdf b" w @-@ 306fsf] km/sdf v'jfp'g] .
 - @\$ 306fdf !) k6s dfq v'jfpFbf Ps k6sdf (ld=nL= v'jfp'g] .

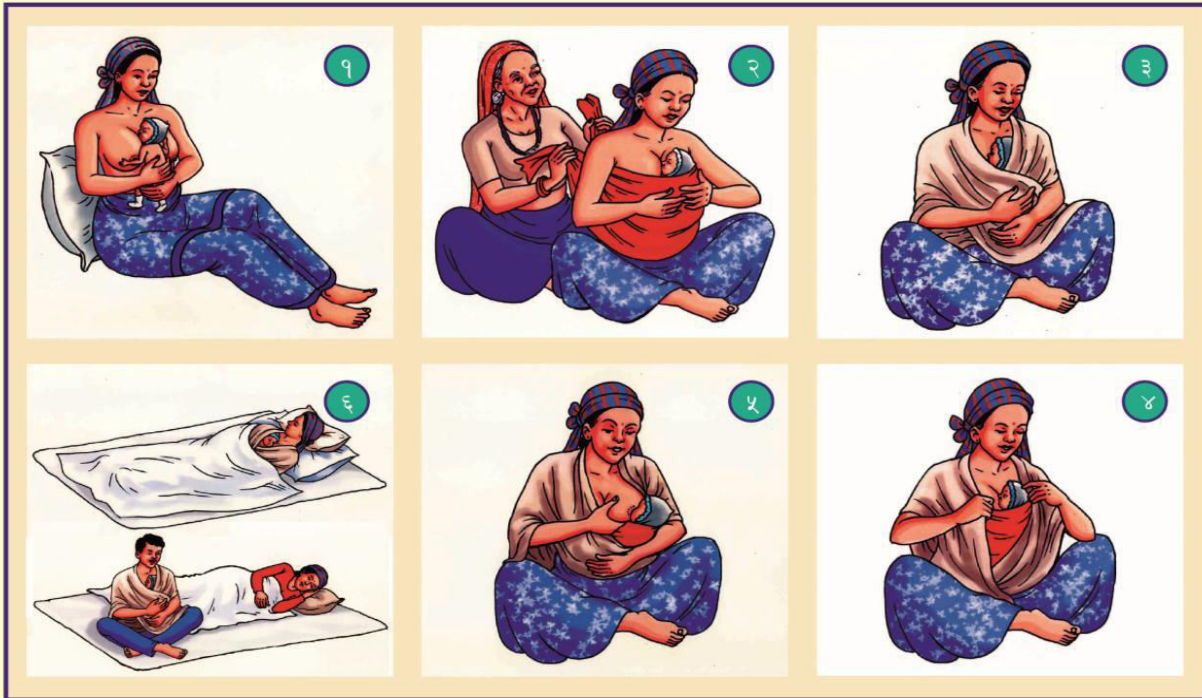
ofb ug'{xf];

lzz'nfO{ rDrfn] b'w v'jfp'g s]xL ;d:of 5 ls eg]/ cfdfnfO{ ;f]Wg'xf];\ / :jf:YosdL{ cfkm}n] ;dfwfg ug{ ;Sg] ;d:of
 ePdf ;dfwfg u/Llbg'xf];\ . olb :jf:YosdL{ cfkm"n] pQm ;d:of ;dfwfg ug{ g;Sg] ePdf c:ktfndf k]jif0f ug'{xf];\ .

sd tf]n ePsf sltko lzz'nfO{ b'w vfg g} ;d:of x'g ;S5 jf To:tf lzz'nfO{ b'w v'jfp'g g} ;lsb}g . o:tf] cj:yfdf tL
 lzz'x?nfO{ c:ktfndf k]jif0f ug'{xf];\ .

olb lzz' w]/ ;fgf] 5 / cfdfsf] b'w /fd]/L r':g ;Sb}g eg] p;nfO{ cfdfsf] b'w lgrf]/ k|To]s !-! 306fdf v'jfp'g'xf];\ .
 o:tf lzz'x?nfO{ x/]s k6sdf !-! rDrfsf] b/n] b'wsf] dfqf a9fpFb} hfg'xf];\ / yk d"Noflg / Joj:yfkgsf] nflu c:ktfndf
 k]jif0f ug'{xf];\ .

**lzz'nfO{ lztfË x'gaf6 arfpg cfdfnfO{ k/fdz{ lbg'xf];
 -dfofsf] cFufnf]_**



'Dffofsf] cFufnf]' lzz'nfO{ lztff x'gaf6 arfpg] cToGt} k|efjsf/L / e/kbf]{ ljlw xf] . lzz'nfO{ 'Dffofsf] cFufnf]' /fVgsf] nflu lzz'nfO{ ;kmf, xn'sf, g/d, Gofgf] / ;'Vvf sk8fn] txtx kf/] a]g'{xf];\ . lzz'sf] 6fpsf]af6 w]/} tfkqmd aflx/ hfG5 To;]n] lzz'sf] 6fpsf]df 6f]kL nufOlbg' kg]{ x'G5 . lzz'sf] z/L/df hGdbf lrKnf] kbfiy{ cflb k'l5 ;'Vvf /fVg' k5{ . z/L/df nfu]sf] ;]tf] kbfiy{ s]xL afFsL /x]/ s]xL km/s kb]{g / o;n] s'g} v/faL ub]{g . s]xL lbg kl5 of] cfm+} x/fP/ hfG5 .

lzz' hGd]sf] @\$ 306f;Dd lzz'nfO{ gg'xfOlbg]sf] nflu cdfnfO{ ;Nnfx lbg'xf];\ . cdf / ;'Ts]/L u/fpg] JolQmnfO{, lzz'nfO{ @\$ 306fkl5 Gofgf] sf]7fdf dgttf] kfgLn] g'xfO lbg ldNg] / g'xfO ;s]kl5 xn'sf, g/d / ;kmf sk8fn] z/L/ k'l5lbg' kg]{ af/] ;Nnfx lbg'xf];\ . olb lzz'sf] z/L/ 5fDbf lr;f] 5 eg] lzz'nfO{ g'xfOlbg' x'Fb}g .
tl/sf jf ljwL

1. cdfsf] g^auf] 5ftLdf b'O{ :tg aLr lzz'sf] g^auf] 5ftL 6fF;L cdfL/ kmsf{P/ /fVg]
2. nfd] sk8fn] lzz'nfO{ cdfsf] 5ftLdf /fd]/L a]g]{ / sk8sf] b'a} 6'Kkf] ;dfO{ xNsf;Fu afWg]
3. cdfn aflx/af6 Gofgf] sk8f cf]9L lzz'nfO{ Gofgf] kfg]{
4. a]nfa]nf lzz'sf] cj:yf 7Ls 5 5}g egL ofb /fVg]
5. lzz'nfO{ lbp;f] tyf /ftLdf klG @÷@ wG6fsf] km/sdf cdfsf] b'w v'jfpG]
6. lzz'sf] tf]n @%) u]fd geP;Dd rf]lj; 3G6f dffsf] c+ufnf]df /fVg]
7. cdfnfO{ kfnf] lbg kl/jf/sf cGo ;b:on] klG lzz'nfO{ dffsf] c+ufnf]df /fVg' k5{ .

gjhft lzz'nfO{ x'g] kmfO{bfx?

- | of] dffsf] cFufnf] ljlwn] gjhft lzz'nfO{ rf]la; 306f Gofgf] /fV5 lsgls lzz'sf] nflu cdf g} ;j]{Qd\ Incubator x'g\ .
- | Gjfhft lzz'sf] Zjf;k]Zjf; lgoldt tyf l:y/ agfpg ;xof]u k'xofpFb5 .
- | gjhft lzz'sf] k|t/lff zlSt ;'wf/ x'G5 h;n] ;'qmdOf 36fpF5 .
- | :jf:Yo ;+:yfaf6 l56f] 5'SL kfpF5 / :jf:Yo ;+:yfGo ;Deflft ;'qmdOf (Nosocomial Infection) af6 hf]luG5 .
- | rgfvf]kg a9\5 / zfGt;Fu ;'T5 .
- | Cognitive ljsf;;lxt pRr af]l4s tLI0ff (IQ) a9fpg d4t u5{ .
- | zlQm ;+ro x'g] ePsf]n] tf]n a9]g] sfo{ l56f] x'G5 .
- | cdfsf] ;+;u{df /lx/xg] ePsf]n] :tgkfg k|a4]g x'G5 .

cfdnfO{ x'g] kmfO{bfx?
 | gjhft lzz' :ofxf/df cdf ;s[otfk"}{s nflU5g\ .
 | cdfsf] cTdljZjf; a9\5U pgn] cglGbt / z;Qm dxz'; ul5{g\ .
 | gjhft lzz' / cdfalr efjgTds ;fldKotf a9\5 .
 | cf'gf] sf]dn gjhft lzz'sf] :ofxf/ ug]{ ;Lk / lfdtf a9]sf] dxz'; ub{l5g\ .
 | dft[;Gt'li6 a9\5, cdf t[Kt / tgf/lxt /xlG5g\ .
 | b"w pTkfbg / :tgkfgdf lg/Gt/tf /xG5 .
 | :jf:Yo ;+:yfsf] a;fO{ cjlw 36\5 .
 | sd vlr{nf] x'G5 .

 gjhft lzz'nfO{ dfofsf] cFufnf]]df /fVg' kg[] cj:yfx? .
 | gjhft lzz'nfO{ lgDg lnlt cj:yfx?df dfofsf] cFufnf]]df /fVg'kg[]{ cfjZostf x'G5
 | hGdb} sd tf]n ePdf
 | gjhft lzz' lztfE ePdf
 | k[]if0f eO{ af6f]df n}hf+b} ubf{ cdf -cyjf csf]{ ;xof]uL_ a'jf jf k/Ljf/sf cGo ;b:on] klg dfofsf] cFufnf]]
 | k|bfg ug{ tof/ x'g'k5{ / pgsf] klg :jf:Yo /fd|f] x'g'k5{ .

 gf]6 M dfofsf] cFufnf]]df /fVgsf] nflu lzz' l:y/ cj:yfdf /x]sf] x'g' cfjZos 5 . l:y/ cj:yf eGgfn] gjhft lzz' cfkm+}n]
 ;f; km]g{ ;Sg] / HofgnfO{ vt/f x'g] s'g} klg cj:yfaf6 d'Qm eGg] a'lemG5_

PNC Annex 6: Breasts examination















<p>- Breasts inspection</p>	<p>Normal:</p> <ul style="list-style-type: none"> ✓ Contours are regular with no dimpling or visible lumps. ✓ Skin is smooth with no puckering; no areas of scaliness, thickening, or redness; and no lesions, sores or rashes. ✓ Normal variations: <ul style="list-style-type: none"> - If breastfeeding – breasts may look “lumpy” or irregular depending on emptying of milk ducts. - May be larger than usual. - Veins may be larger and darker, more visible than usual. - Areolas may be larger and darker than usual with tiny bumps on them. <p>If findings are not normal – facilitate for referral.</p>
<p>- Breast palpation</p>	<p>Normal: Breasts</p> <ul style="list-style-type: none"> ✓ Soft & non-tender ✓ No localized areas that are red or feel hot or extremely tender. <p>Normal variation:</p> <ul style="list-style-type: none"> ✓ If breastfeeding, breasts may feel “lumpy” or irregular depending on emptying of milk ducts. ✓ On days 2 – 4, breasts may become swollen, hard/tense;

	<p>usually resolves within 24-48 hours.</p> <p>Normal: Nipples</p> <ul style="list-style-type: none"> ✓ No discharge, cracks, fissures or other lesions and not inverted. <p>Normal variations:</p> <ul style="list-style-type: none"> - Nipples may be taut & shiny when breasts become engorged – day 2 to 4. - Nipple may be sore. <p>If nipples are inverted – be alert for potential breastfeeding problem.</p> <p>Place the thumb and fingers pm either side of areola & gently squeeze. If the nipple goes in when it is gently squeezed then it's inverted.</p>
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PNC Annex 7: Immunization



राष्ट्रिय खोप-तालिका

पटक/मेट	कुन उमेरमा	कुन खोप	सुई लगाउने स्थान र माध्यम	कुन रोगबाट बचाउँछ
१	 जन्मने वित्तिकै	बि. सि. जी. 	• दायाँ पाखुराको माथिल्लो भाग छालामित्र (Intra-dermal)	• क्षयरोग
२	 ६ हप्तामा	डि.पि.टी.-हेप बी-हिब पोलियो पि. सि. जी. (पहिलो मात्रा) 	• बायाँ तिघाको मध्य बाहिरी भाग मासुमा • पोलियो मुखमा • दायाँ तिघाको बीच बाहिरी भाग मासुमा	• क्यागुते रोग, लहरे खोकी, घनृष्टकार, हेपाटाइटिस-बी र हेमोफिलस इन्फ्लुइन्जा-बी • पोलियो • निमोनिया
३	 १० हप्तामा	डि.पि.टी.-हेप बी-हिब पोलियो पि. सि. जी. (दोस्रो मात्रा) 	• बायाँ तिघाको मध्य बाहिरी भाग मासुमा • पोलियो मुखमा • दायाँ तिघाको बीच बाहिरी भाग मासुमा	• क्यागुते रोग, लहरे खोकी, घनृष्टकार, हेपाटाइटिस-बी र हेमोफिलस इन्फ्लुइन्जा-बी • पोलियो • निमोनिया
४	 १४ हप्तामा	डि.पि.टी.-हेप बी-हिब पोलियो (तेस्रो मात्रा) आइ.पि.जी. 	• बायाँ तिघाको मध्य बाहिरी भाग मासुमा • पोलियो मुखमा • दायाँ तिघाको बीच बाहिरी भाग मासुमा	• क्यागुते रोग, लहरे खोकी, घनृष्टकार, हेपाटाइटिस-बी र हेमोफिलस इन्फ्लुइन्जा-बी • पोलियो
५	 ५ महिनामा	पि.सि.जी. (तेस्रो मात्रा) दादुरा-रुबेला 	• दायाँ तिघाको बीच बाहिरी भाग मासुमा • बायाँ पाखुराको माथिल्लो भाग छाला र मासु बीच (Subcutaneous)	• निमोनिया • दादुरा र रुबेला
६	 १२ महिनामा	जापानिज इन्सेफलाइटिस 	• दायाँ तिघाको माथिल्लो बाहिरी भाग छाला र मासु बीच (Subcutaneous)	• जापानिज इन्सेफलाइटिस
७	 १५ महिनामा	दादुरा-रुबेला (दोस्रो मात्रा) 	• बायाँ पाखुराको माथिल्लो भाग छाला र मासु बीच (Subcutaneous)	• दादुरा र रुबेला

सम्झनुहोस्: पहिले टि.डि. खोप नलगाएको गर्भवतिले कमिमा एक महिनाको अन्तरमा २ पटक टि.डि. खोप लगाउनु पर्दछ ।

पूर्ण खोप लगाऔ, बालबालिकालाई रोगहरुबाट सुरक्षित बनाऔ ।

Annex 8

ANC and PNC Recording Sheet

Instruction: This sheet will be filled by RANM during their daily visits. RANMs will keep the record of Antenatal Care (ANC) and Postnatal care (PNC) visits. RANMs will write down the key points and observation in the box below.

ANTENATAL CARE

Form # 1:

Date of Visit

Name of the Client Age

Name of Husband Present ☐ away in abroad ☐

Contact No. Rural Municipality/ Municipality.....

LMD: EDD:

1st Visit: ☐ 2nd Visit: ☐ 3rd visit: ☐

1. List out some significant day- to day activities of a woman (Such as: work load, dietary intake, tobacco and/or alcohol use, and relationship with her husband and others)

2. List the findings from quick check and referral if any:

3. List major findings from medical, surgical and obstetrical past and present history and contraceptive use.

Obstetric history – past and current:

Medical:

Surgical:

family planning use:

4. List out the major findings from physical examination of a woman (*Pregnancy duration, fetal movement, any signs of anemia, edema, cyanosis, jaundice and any danger signs*) Refer to the HF if any danger signs are seen (*fill out the referral slip*)
5. Provide some major finding in relation to the present pregnancy of a woman [i.e. *movement of fetus, problems (morning sickness, heartburn, vaginal bleeding, cramping etc. if any)*]
6. Briefly list the counseling points based on your history and physical examination findings and observation.
7. List out some major points covered during counseling and discussion keeping couple-friendly concept in mind. [*Family members/husband involved in pregnancy care*]

8. Briefly described your impressions and outputs from education session conducted for husband about fetal growth and his roles

9. List out the plans for next visits for those women who have problems such as, observed danger signs, unsupportive family/husband, irregular visit to HFs and malnutrition.

Reference Materials for PNC Chapter

Form # 2:

Date of Visit:

Name of the Client: Age:

Name of Husband:Contact No.

Rural Municipality/Municipality.....

2nd visit: 3rd visit:

1. List findings from quick check and referral if needed:

2. Past and present history of mother and newborn (*For e.g. history of the pregnancy, delivery, any problems with newborn, family relation, plans for family planning use, talk about social or family situation, and daily habits like work load, dietary patters, smoke, drink, family planning use plan etc.*)

3. Findings from present postpartum e.g. in case of mother - any vaginal bleeding, lochia, any problem related with bowel & urination, etc. and in case newborn – birth place, weight, any complications during birth, any problems at present, breast feeding, urination & stool, immunization etc.

4. List the key findings from physical examination of mother and newborn during home visit

Mother	Newborn

5. PNC counseling involving husband to mother and newborn (*breastfeeding, breast care, complication readiness plan, rest & sleep, newborn care, family support, immunization, nutrition for mother and newborn, hygiene, postpartum family planning, safe sex etc.*)

Mother	Newborn

6. List out the plan for next visits

--

ue{jtL kl/lf0f r]s lni6 g+= !
ue{jtL kl/lf0f tyf :ofxf/ l;sfOsf lgb]{lzs
-zf/L/s hfFr tyf ;f]wk'5 ug]{_
-;xefuLn] eg'{kg]{_
lgb]{zgM lgDg sfo{ ;Dkfbg x]t' c]nf]sg d"Nof+sg dfkb08M
!= cfjZos ;'wf/ M r/Of /fd]f] ljlwn] r/Ofj4 gul/Psf]
@= blftf k"j{s ;Dkfbg ul/Psf]M blftf qmdj4 ?kdf sfo{ ;Dkfbg ul/Psf]
#= lgk'0f{tf ;fy sfo{ ;Dkfbg u/]sf]
\$= cg'udgsf] qmddf c]nf]sg gu/]sf]
;xefuLsf] gfdM tfnLdsf] ldlitM

ue{jtL kl/lf0f tyf :ofxf/ l;sfO{sf lgb]{lzs -tn lbOPsf r/Ofx?+sfo{;Fu ;Fu} ug'{ kg]{_ tof/L	c]nf]sg			
!= cfjZos pks/Ofx? tof/ ug]{				
@= dlxnfnfO{ cfb/ k"j{s / gd]tf ;fy clejfbg ug]{ .				
#= d s] ub]{ 5' egL hfgsf/l ug{sf ;fy} ;xdtL klg lng] .				
\$= ;Dej eP nuff/ efjgfTds 6]jf lbg] / ljz:t kfg]{				
;f]Wg] / kl/lf0f ug]{				
;xefuLsf] gfdM tfnd ldlitM				
JolQmut hfgsf/L -k]yd e]6_				
!= gfd, pd]/ 7]ufgf / kmf]g g+= ;f]Wg]				
@= tkfO{sf] e/kbf]{ oftoft ;'ljwfsf] kx'Fr 5 <				
#= tkfO{+sf] jf tkfO{+sf] kl/jf/sf] cfDbfgLsf] >f]t s] 5 <				
\$= tkfO{+ slt k6s ue{jtL x'g' eof] < xfn tkfO{+sf] sltj6f aRrfx? 5g <				
%= s'g} ljz]jf k]sf/sf] ;d:of eP ;f]Wg] olb 5 eg] s] ;d:of 5 kQf nufpg] / tn lbOPsf yk k]Zgx? ;f]Wg]M				
• klxnf] k6s Tof] ;d:of slxn] ;' ? eof] <				
• Tof] ;d:of PSsf;L jf lj:tf/ a9\b} uPsf] <				
• slxn] / slt k6s To:tf] ;d:of b]vf k¥of] <				
• ;d:ofs] sf/Of s] x'g ;S5 <				
• of] x'g'eGbf klxn] klg ePsf] lyof] ls <				
• of] ;d:ofn] s] s] c;/ u/]sf] 5 <				
• tkfO{+ vfgf, ;'Tg / cf/fdug{ ;Sg'x'G5 <				
• ;d:of al9 alNemPsf] 5 ls <				
• o; afx]s cGo nlf0f / cj:yf 5g\ eg] ;f]Wg'xf];\ .				
• tkfO{+n] ;d:ofs] pkrf/ kfgp' ePsf] 5 < olb 5 eg] s:n] pkrf/ u/]sf] xf] o;df s] ;dfj]z ePsf] lyof] / o;n] s] ;xof]u eof] eg]/ ;f]Wg] .				
^= olb o; eGbf cGoaf6 ;j]f lnPsf] 5 eg] yk k]Zgx? lgDg cg';f/ ;f]Wg'xf];\ .				
• s;n] ;j]f k]bfg u/]sf] lyof] <				
• lsg pQm ;j]f cGo JolQmaf6 lng' k/]sf] xf] <				
• ;f] ;j]fdf s] s'/fx? ;dfj]z lyP <				

• ;]jfsf] k l tkmn s] lyof] <				
olb k yd e]6 ePdf dlxgfj/L / k=lg= ;fwg jf/] hfgsf/L lng]				
&= kl5Nnf] k6s dlxgfj/L x'Fbfsf] klxnf] lbg tkfO{+nfO{ yxf 5 < yxf 5 eg] EDD lx;fa ug]{				
*= c? slt hgf yk aRrf hGdfpg] of]hgf 5 elg pgL / >LdfgnfO{ ;f]Wg'xf];\ .				
(= olb o; eGbf k")}{ k=lg= ;fwfg k of]u ug'{ ePsf] 5 eg] lgDgfg';f/ yk k Zgx? ;f]Wg'xf];\ .				
• s'g ;fwg k of]u ug'{ ePsf] lyof] <				
• tkfO{nfO{ tL ;fwgx? dg k≠of]{ sf/0f ;f]Wg'xf];\ .				
• s'g ;fwfg tkfO{+nfO{ ;a}eGbf al9 dg k≠of]{ -olb Pp6f eGbf al9 ;fwfg k of]u u/]sf] eP_ / lsg<				
• tkfO{+ eljiodf uef{Gt/ jf :yfoL ;fwg rfxg'x'G5 <				
;Dk"0f{ kl/jf/ lgof]hgsf ;fwgx?sf] af/]df ;"rgf k bfg ug'{xf];\ -:tgkfg ljlw, s08d, tLg dlxg] ;'O{, cfO{= o'= ;L= 8L=, ODKnfG6, :yfO{ ;fwg) .				
unt wf/0f / xfxNnfno{ ;Rofpg'xf];\ .				
pko'Qm uef{wfg ;od tyf uef{Gt/ / uef{Gt/sf] kmfObfx? af/] k sf; kfg'xf];\ .				
c – cfdfsf] :jf:Yodf x'g] kmfObfx? .				
cf – gjhft lzz'sf] :jf:Yodf x'g] kmfObfx? .				
O – kl/jf/nfO{ x'g] kmfObfx? .				
pko'Qm uef{wfg ;do tyf uef{Gt/sf] d'Vo ;Gb]z k bfg ug'{xf];\ .				
• aRrf kfPkI5 #^ dlxgf;Dd k efjsf/L ;fwfg k of]u ug{ eGg'xf];\ -tfsL csf]{ ue{ gxf];\				
• aRrf t'lxPkI5, ue{ktg ePkI5 jf d[t aRrf kfP kl5 csf]{ ue{wf/0fsf] nflu ^ dlxgf;Dd ;]jfu]fxLsf] 5gf]6df k efjsf/L k=lg= sf ;fwfg k of]u ug{ eGg'xf];\ .				
• lszf]/Lx? @) jif{ gk'u'Gh]n ;Dd uef{jtaf6 aRg pko'Qm kl/jf/ lgof]hgsf ;fwfg k of]u ug{ eGg'xf];\ .				
<i>gf]6M l;h]/g ;]S;g u/]sf dlxnfn] sLDtdf @ jif{ ;dd kv{g' kb{5 ;f] ;dodf k=lg= ;fwg clgjfo{ ckgfpg' kg]{ atfpg]</i>				
!)= tkfO{+ of] aRrf kfPkI5 csf]{ ;fwg k of]u ug{ rfxg'x'G5 eg] ;f]sf] af/]df yk hfgsf/L lbg'xf];\ .				
Dlxnf / pgsf] >Ldfg ;Fu p;sf] of]hgf]sf] dxTj / ;fwgsf] af/]df 5nkmn ug'{xf];\ .				
olb cfjZos k/]df dlxnfn] / pgsf] >LdfgnfO{ 5gf]6 u/]sf] ;fwgsf] hfgsf/L lbO{ d2t ug]{ .				
tn n]lvPsf a'Fbfx?nfO{ sf8{df pNn]v ug'{sf ;fy} 5gf]6 ul/Psf] ;fwg pNn]v ug'{xf];\				
• 5gf]6 u/]sf] ;fwgsf] ljjf/0f uef{jtl sf8{df n]Vg'xf];				
• uef{jtl sf8{nfO{ k'g/fjnf]sg ug'{xf]; tyf ;fdfGo÷;DefJo e]6 tyf 5gf]6 ul/Psf] ;fwfg sf8{df 5 5}gg ;'lglZrt ug'{xf];\				
• ;'Ts]/Lsf] a]nf uef{jtl sf8{ Nofpg eGg'xf];\				
tkfO{n] aRrf rn]sf] cg'ej ug'{x'G5 jf yxf kfpg' x'G5 < olb x'G5 eg] klxnf] k6s aRrf slxn] rn]sf] lyof] / clwNnf] lbgdf klg cg'ej ePsf] lyof] sL ;f]Wg]<				
!!= s] dlxnfn] aRrf rn]sf] yxf kfpl5g\ olb xf] eg] clGtd slxn] yxf kfOg ;f]Wg'xf]; .				
!@= o; k6s uef{jtl x'Fbf s:tf] dx;'; ug'{ ePsf] 5<				
!#= dlxnfn / p;sf kl/jf/sf ;b:ox?nfO{ pgL uef{jtl eOg egL s:tf] dxz'; u/]sf 5g\ ;f]Wg'xf];\				
b]lgs jfgL tyf hLjgz}nL / -k yd e]6_				
!\$= tkfO{ 3/ aflx/ klg sf ug'{x'G5 <				
!%= tkfO{+n] nfd] b'/L lx8g], ef/L ;fdfg af]Sg] jf ufx[f] sfd ug'{x'G5 <				
!^= tkfO{ k z:t cf/fd tyf ;'Tg' kfpg' x'G5 <				
l&= cl3Nnf] jif{ lbg leqdf tkfO{+sf] aRrf ePsf] 5 < olb 5 eg] cfh ;Dd klg aRrfnfO{ b'w v'jfO/xg' ePsf] 5 <				
!*= Ps lbgdf ;fdfGo vfgf slt vfg' x'G5 <				
l(= tkfO{+n] vfg gx'g] s'/f h:t} w'nf] jf df6f] vfg' x'G5 <				

@)= tkfO{+n} w'd kfg, hf8/S;L ;jig ug'{x'G5 jf c?s'g} ;Defljt 3fts kbfy{ ;jig ug'{x'G5 <				
• olb xf] eg] w'd kfgn] cdf / aRrfsf] :jf:Yodf kg]{ vt/fjf/] atfpg'xf];\ .				
@!= ljutdf lhpFbf] hgd slt eof]< aRrf				
gf]6M k Zg g+= @@, @# / @\$ Psbd} ;+j]bg ;fy / l]gd k"}{s ;f]Wg]				
@@= tkfO{+nfO{ s;}n] slxNo} kl/jf/ jf ;fyLnFO{ x]g{ jf e]6gaf6 aGb]h nufPsf], 3/af6 af]x/ hfgaf6 /f]s]sf] s'g} wDsL lbPsf] 5< ;f]Wg'xf];\				
@#= s;]n] of]g ;Dks{ ug{ tkfO{+nfO{ 3fOt] agfPsf], lk6]sf] jf ha/h:tL u/]sf] 5<				
@\$= tkfO{+ s;} ;Fu 8/fpg' x'G5 <				
ue{jtL tyf kl;'tL cj:yf -k yd e]6_				
!= o; eGbf k"]{ s'g} ue{jtL x'Fbf s'g} ;d:of ePsf] lyof] <				
• sDkg jf OSnflD;of ePsf] lyof]<				
• aRrf hGdfpFbf k]6sf] ck]zg ePsf] lyof] <				
• aRrf kfpFbf u'áf;/Dd RofltPsf] lyof] <				
• ;'Ts]/L kl5 /Qm>fj ePsf] lyof] <				
• aRrf d/]sf], sd tf]n ePsf] / aRrf hGd]kl5 ! dlxgf leq d[To' ePsf] lyof] <				
• ljutdf # jf # eGbf al9 k6s ue{ktg ePsf] lyof] <				
@=: :tgkfg u/fpFbf tkfO{nfO{ ;d:of lyof] -olb of] klxnf] aRrf xf]Og eg]_ <				
lr]sT;f ;DalGw hfgsf/L lng] -k yd e]6_				
#= tkfO{+nfO{ s'g} k]sf/sf] PnhL{ 5 ls<				
\$= tkfO{+n] HIV kl/lfOf ug'{ ePsf] 5 < 5 eg] to;sf] kl/Ofdf af/] ;f]Wg] <				
%= xfn} tkfO{nfO{ /Qm cNktf < -kl5Nnf] # dlxgf leq_				
^= tkfO{+n] of]g /f]jusf] kl/lfOf ubf{ lel/+uL eGg] kl/Ofdf cfpsf] lyof]< olb xf] eg] slxn] / s'g pkrf/af6 eof]<				
&= tkfO{+nfO{ s'g} k'/fgf], nfdj] ;do uDeL/ vfnsf] /f]u eO{ pkrf/ u/fpg' ePsf] 5 ls < - h:t}M lfo/f]u, sn]h]sf] /f]u, d'6' tyf dw'd]x_				
*= ljutdf tkfO{ c:ktfn etL{ x'g' epsf] jf ;Nolqmof ug'{ k/]sf] lyof] <				
(= tkfO{+n] xfn s'g} cf]iflw lnO/xg' ePsf] 5 ls < -3/]n', x/an, Pnf]k]lys cflb_				
!)= tkfO{+n] 6L=6L= vf]k % j6f k'¥ofpg' ePsf] 5 < olb xf] eg] ljut !) jif{ b]lv a'i6/ 8f]h af/] ;f]Wg'xf];\ .				
cGtl/d hfgsf/L lng'xf];\ -k'gM e]6_				
!!= tkfO{+nfO{ xfn s'g} :jf:Yo ;d:of 5 ls < olb 5 eg] JolQmut hfgsf/L cGtu{t a'Fbf % df pNn]v u/] cg';f/ ;f]Wg'xf];\ .				
!@= ut e]6 b]lv s'g} ;d:of 5 ls <				
!#= ut e]6 kl5 tkfO{+sf] 7]ufgf kmf]g g+= kl/jt{g ePsf] 5 <				
!\$= b]lgs afgL hLjg z]nL jf/] ;f]Wg'xf];\ . -sfo{ef/, cf/fd tyf vfgf ;DalGw_				
!%= ljutdf s'g} cGo JolQmaf6 pkrf/ u/fpg' epsf] 5 ls <				
!^= ljutdf s'g} pkrf/ jf cf]iflw lng' ePsf] 5 ls <				
!&= ljutdf s'g} cf]iflwsf] k]ltlqmof jf ;fdfGo c;/ ePsf] lyof] ls <				
zf/Ll/s kl/lfOf -x]g]{, ;'Gg] / dxz'; ug]{_				
;fdfGo :jf:Yosf] kl/lfOf -k yd e]6_				
!= c]nf]sg ubf{ vf]lRrg] u/L lx8]sf] 5 ls <				
@= cg'xf/sf] cfs[lit -;f]wfg, lhDd]jf/_				
#= zf/Ll/s ;/;kmfO{				
\$= ue{jtLsf] 5fnf c]nf]sg ub}{ 3fp jf 8fd 5 ls x]g]{ .				
%= cfFvfsf] gfgL d'gL hfFr ug]{				
x/]s e]6df /Qmrk hfFRg]				
^= a;]sf] jf cf/fd cj:yfdf /Qmrk hfFRg]				
olb /Qmrk () mmHg eGbf al9 5 eg] ;f]Wg] -w/] 6fpsf] b'v]sf], cfFvf wldnf]sf ;fy} k]6 b'Vg] / lk;fa hfFRg] af/] ;f]Wg'xf];\				
:tgsf] kl/lfOf -k yd e]6+cf]Zostf cg';f/ / dlxnfsf] cf]Zostf cg';f/ / cg'/f]wdf dfq_				

&= ljleGg c+ux?sf] hfFr ubf{ qmd};Fu atfpg'sf ;fy} hfFRg eGbf cufl8 ;f]Wg'xf];\ - dlxnfsf] cfjZostf cg';f/ / cg'/f]wdf dfq				
*= ue{jtL ePsf] a]nf hfFr ubf{ dflyNnf] z/L/ n'uf vf]n]/ hfFRg'xf];\				
(= lgl/lf0f ubf{ z/L/sf c+u ;fdfGo jf c;fdfGo 5 ls <				
• :tgsf] 6'Kkf] 5fDbf lj:tf/} lyRg] u/L hfFRg'xf];\				
• :tgsf]sf] 6'Kkf] leq k:5 ls < ;f]Wg'xf];\				
k]6sf] hfFr -k]To]s e]6df -dlxnfsf] cg'/f]wdf dfq ug]{				
!= ue{jtLnfo{ k]6 hfRbf sk8f x6fo{, v'\$f v'Drofpf nufpg] .				
!!= k]6df s'g} bfu 5 ls x]g]{				
olb ToxF bfu 5 eg] l;hl/og ;]S;gsf] jf kf7]3/sf] ;NolrlsT;f ePsf] xf] ls < ;f]Wg'xf];\				
km08n xfo6sf] kl/lfofM -kf7]3/sf] dflyNnf] efu -dlxnfsf] cg'/f]wdf dfq ug]{				
!@= gfk ug]{				
• olb !@ b]lv @@ xKtfsf] 5 eg] Psbd] lj:tf/} cf]nfn] 5fDg] kmG8; b]lv l;Dkm]l;; x8 ;Dd hfFRg] .				
• olb @@ xKtf eGbf dflysf] 5 eg] lgodfg';f/ hfFRg]				
lkm6; ePsf] / To;sf] cj:yf s:tf] 5 hfFRg] <				
!#= km08n xftn] 5fd]/ hfFRg] .				
• hfFRbf xft Gofgf] / ;kmf epsf] ;' lglZrt ug'{xf];\				
• ue{jtL hfFRbf p;sf] d'vlt/ kms]{ / pleg]				
• km08;sf] xftn] hfFr ubf{ b'} xftn] km08; dfly /fVg'xf];\				
• lj:tf/} 5fDbf s8f vfnsf] bafa s]xL a]/ ;Dd lkm6;sf] c+u yxf x'G5				
• lkm6;sf] k'7f 5fDbf g/d x'G5 / 6fpsf] k]/df s8f dxz'; x'G5				
• 6fpsf] s8f / k'7f g/d x'G5 h'g b'a} xftn] k5fl8 3'dfpg ;lsG5 .				
!\$= 58\s] 5f]P/ hfFRg]M				
• xft lj:tf/} tnlt/ 5fDbf kf7]3/ / k]6sf] aRrf 5f]Psf] dxz'; x'G5				
• xftn] 5fDbf h'g s8f kf7]3/ dxz'; x'G5 h'g ;lhn} rnfpf ;lsG5				
• xftn] 5fDbf kf7]3/lt/ bafa lbb} xts]nfn] csf]{ xfts] xTs]nfn] bafa lbbf, kf7]3/sf] csf]{ c+u yxf x'G5 .				
• csf]{ ljlw k'gM csf]{ lt/ klq ug]{ .				
!%=5fd]/ sDd/ hfFRg] -Pelvic				
• hfFRbf ue{jtLsf] d'vlt/ kms]{ / / p;sf] v'\$f v'DRofpg eGg'xf];				
• hfFRbf oft cfkm\gf] xTs[nf kf7]3/ dfly / csf]{ rfxL symphysis pubis ;Dd xft /fVg]				
• k]6sf] aRrfsf] c+u lj:tf/} cfkm\gf] lt/ xft /fVg'xf];				
• olb lkm6;sf] 6fpsf] yxf x'G5 eg] s8f vfnsf] 8Nnf] h:tf] dxz'; x'G5 .				
olb lkm6;sf] 6fpsf] yxf x'G5 eg] s8f vfnsf] dxz'; x'G5 .				
• ue{jtLnfo{ 5fd]/ hfFRbf p;sf] cg'xf/df b]v]sf] ;+s]t yxf x'G5 .				
k]6sf] aRrfsf] d'6'sf] rfn yxf kfpg]				
!^= k]6sf] aRrfsf] d'6'sf] /]6 rfn ;'g]/ uGg]				
• lkm6; :sf]kn] hfFRbf ue{jtLsf] k]6sf] bflxg]lt/ /fvL hfFRg]				
• cfk\mgf] sfgsf] glhs} lkm6; :sf]k nufpg]				
• lkm6; :sf]kn] hfFr ubf{ 5fgL 5fgl rnfpFb} hxfF lkm6;sf] d'6'sf] cfjfh ;'lgG5 Wofgk"}{s ;'Gg] .				
• lkm6; :sf]ksaf6 cfk\mgf] xft x6fo{ k]6sf] aRrfsf] d'6'sf] rfn ;'Gg]				
• d'6'sf] cfjfh ;'Gbf ! ldg]6 ;Dd d'6'sf] rfn cfkm\gf] 38L x]g]{				
• ;fy} ue{jtLsf] gf8L 5fDbf ;'lglZrt ug'{xf]; ls lkm6;sf] d'6'sf] ptf/r9fp yxf kfpg'xf]; gsL dlxnfsf] gf8Lsf]				

:ofxf/sf] klfjwfg				
gf]6M dlxfnsf] JolQmut :ofxf/ ubf{ kl/lf0fsf] nflu ;Dk"0f{ hfgsf/L lno{ clen]v /fVg'xf];				
!= kf]if0f / vfgf ;DalGwt k/fdz{ / ;Nnfx lbg] .				
• l]leGg k]sf/df :yfgLo kf]lifnf ;Gt'Int vfgf, le6fldg P, SoflN;od, d]Ug]l;od tyf le6fldg ;L vfg atfpg]				
• laxfg} kv yk Ps vfgf vfg atfpg]				
• yf]/} yf]/} / k6s k6s vfg eGg]				
• b}lgs cfO/g rSsL vfg eGg]				
• uef]tL dlxfn Pj+ ;Dk"0f{ kl/jf/ cfof]8fOh g" g vfg eGg]				
@= uef]tL cj:yfdf dfly pNn]lvt ;Dk"0f{ k]sf/sf cf]Zostf k]df cyjf ;+s6 cj:yfdf kg]{ of]hgf agfpg] .				
• blf k z'ltSDL{ / :jf:Yo ;+:yfdf k z'lt				
• offtofsf] vr{sf] nflu k};fsf] hf]x ug]{				
• cf]Zos ;kmfO{ / ;'/lft aRrfsf] hGd af/] atfpg]				
• kl/jf/sf ;b:ox?n] lg0f{o ug{df d2t ug]{				
• k];jsf] ;dosf vt/fsf nlf0fx? atfpg]				
#= ;Nnfx / k/fdz{ ug]{				
• xfgLsf/s Jojxf/ sd ug{sf nflu atfpg]				
• ;/;kmfO{ ;+qmd0fsf] /f]syfdaf/] ;Nnfx lbg]				
• ljz]if k]sf/sf] ;Nnfx k/fdz{ k]wfg ug]{ h:t}M ;fdfGo cK7\of/f], cf/fd, ;/;kmfO{ ;fa'g kfgLn] xft w'g], vfgf agfpg' cl3 aRrnfO{ b'w v'jfp'g' cl3 vfgf ksfpg cl3 ;xh u/]kl5 / pko'Qm 9+un] vfB kbfi{sf] e08f/0f ubf{ / lkpg] kfgLsf] e08f/0f ubf{				
• ult]jlw / cf/fd				
• of}lgs ;DaGw / ;'/lft of}g				
• ;dod} / k"0f{ ?kn] :tgkfg u/fpg]				
• klxfn] ^ dlxf :dd :tgkfg t'?Gt} k"0f{ :tgkfg u/fpg] / To;kl5 ^ dlxf ePk15 aRrnfO{ yk vfgf / nuff/ :tgkfg @ jif{ ;Dd u/fpg] jf To;kl5 klg v'jfp'g' eGg] h;n] cdfsf] :tgkgaf6 aRrfsf] zf/L/s, dfgl;s ljsf;sf nflu dxTjk"0f{ 5 egL atfpg] .				
vf]k tyf :jf:Yo /xg v'jfp'g] jf nufpg]				
\$= g]kfnsf] vf]k gLlt cg';f/ uef]tLsf] ljut hfgsf/L lno{ cf]Zos 6L=6L= vf]k lbg]				
%= uef]tLsf] csf]{ e]6 ;Ddsf] nflu k z:t cfO/g jf vf]n]6 rSsL vfgsf] nflu k bfg ug]{ To;kl5 yk clgifo{ ;Nnfx lbg]				
• k z:t le6fldg ;L ePsf vfg] s'/f vfg k]l/t ug]{				
• lrof, slkm / sf]sfsf]nf gvfg'xf]; eGg]				
• ;DefJo ;fdfGo c;/x? Pj+ to;sf] Joj:yfkjg/f] eGg]				
^= cf}iflw ;Nnfx lbg'sf] ;fy} cg'udg ug]{				
h'sfsf] cf}iflw cf]Zostf cg';f/ ;Nnfx lbg]				
le6fldg P ;Nnfx lbg]				
cfof]l8g o'Qm g'g vfg atfpg]				
cNj]G8fhf]n \$)) u]fd uef]tLsf] bf]>f] e]6df vfg nufpg]				
cg'udgsf] nflu e]6				
&= csf]{ uef]tL hfFrfsf] nflu ldlit tf]Sg]				
z'lg]Zrt ug'{ cl3 dlxfn] hfGg' kg]{ s'/fx? / slxn] / sxF hf] eGg] atfpg]				
uef]tL dlxfnsf] yk rf;f] / k]Zgx?sf] hjfkm lbg'xf];\				
tLgnfO{ x/]s e]6df cfkm'gf] uef]tL sf8{ cGo :jf:Yo ;DalGw hfgsf/L nfg' eGg]				
k"]{ tof/Lsf] of]hgfsf d"Vo d"Vo a'Fbf / vt/fsf ;+s]t af/] k'gM atfOlbg]				
uef]tL dlxfnfO{ wGojfb eGg'xf];\				
*= ;fy} pgsf] >Ldfg / kl/jf/sf ;b:ox?nfO{ klg wGojfb eGg'xf];\				

;'Ts]/Lkl5 kl/lf0f tyf :ofxf/sf] r]s lni6 g+= @
 ;'Ts]/Lkl5 kl/lf0f tyf :ofxf/sf l;sfO{ lgb}{lzs
 -zfl//Ls tyf JolQut hfgsf/L_
 -;xefuLn] k'/f ug'{kg}{_
 lgb}{zgM lgDg sfo{ ;Dkfbg x]t' c]nf]sg d'No+fsg dfkb08M
 != cfjZos ;'wf/M r/Of /fd]f] ljlwn] r/Ofjφ gul/Psf]
 @= bltff k"}{s ;Dkfbg ul/Psf]M bltff k"}{s qmdj4 ?kdf sfo{ ;Dkfbg ul/Psf
 #= lgk"0f{tf ;fy sfo{ ;Dkfbg u/]sf]
 \$= cg'udgsf] qmddf c]nf]sg gu/]sf]
 ;xefuLsf] gfd M

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☐

tfnLdsf] ldlit M

;'Ts]/Lkl5 kl/lf0f tyf :ofxf/sf l;sfO{ lgb}{lzs				
tof/L	c]nf]sg			
!= cfjZos pks/Ofx? tof/ ug]{				
@= dlxfn ;+u cfb/ k"}{s ;xof]uL efjgf b]vfpq]				
#= d s] ub}{ 5' egL hfgsf/L ug{sf ;fy} ;xdtL klq lng] .				
\$= ;Dej eP nufft/ ;xfg'e'lt b]vfpq'sf] ;fy} cf:]t kfg]{				
JolQut ljj/Of lng'xf] ; .				
olb ue{]tL dlxfnsf] /]s8{ pknAw gePdf lgDgfg'f/ JolQut ljj/Of lng'xf] ; -k]To]s e]6 cGo yk hfgsf/L af/]_				
!= dlxfnsf] gfd, pd]/ ;f]Wg'xf] ;\ .				
@= dlxfnsf] 7]ufgf / kmf]g g+= ;f]Wg'xf] ; .				
#= tkfO{sf] e/kbf]{ offtoft ;'ljwfsf] kxF'r 5 ?				
\$= tkfO{sf] jf tkfO{sf] kl/jf/sf] cfDbfgLsf] ;]f]t s] 5 .				
%= tkfO{ slt k6s ue{]tL x'g eof] ? xfn tkfO{sf] sltj6f aRrfx? 5g\ ?				
^= xfn dlxfn ;+u slt aRrf lhpFbf 5g\ ;f]Wg'xf] ;\ .				
&= tkfO{nfO{ l]z]jf k]sf/sf] :jf:Yo ;d:of 5 ls olb 5 eg] ;d:osf] sf/Of kQf nufpg] / tn n]lvPsf] cg';f/ yk k]Zgx? ;f]Wg'xf] ;\ M				
• Klxfn] k6s Tof] ;d:of slxn] ;'? eof] ?				
• Tof] ;d:of PSsf;L jf la:tf/} a9\b} uPsf] ?				
• slxn] / slt k6s To:tf] ;d:of b]vf k¥of] ?				
• ;d:osf] sf/Of s] x'g ;S5 ?				
• of] x'g'eGbf klxn] klq ePsf] lyof] ls ?				
• of] ;d:ofn] s] s] c;/ u/]sf] 5 ?				
• tkfO{ vfg, ;'Tg / cf/fd ug{ ;Sg'x'G5 ?				
• ;d:of al9 alNemPsf] 5 ls ?				
• o; afx]s cGo nlf0f / cj:yf 5g\ eg] ;f]Wg'xf] ;\ .				
• tkfO{n] ;d:osf] pkrf/ kfgp' ePsf] 5 ? obL 5 eg] s;n] pkrf/ u/]sf] xf] o;df s] ;dfj]z ePsf] lyof] / o;n] s] ;xof]u eof] eg]/ ;f]Wg]				
*= olb o; eGbf cGoj]f6 ;]jf lnPsf] 5 eg] yk k]Zgx? lgDg cg';f/ ;f]Wg'xf] ; .				
• s;n] ;]jf k]bfg u/]sf] lyof] ?				
• lsg pQm ;]jf cGo JolQmaf6 lng' k/]sf] xf] ?				
• ;f] ;]jfdf s] s'/fx? ;dfj]z lyP ?				
• ;]jfsf] k]ltkmn s] lyof] ?				
b}lgs afgL / lhjg z}nL				
(= tkfO{ 3/ af]x/ klq sfd ug'{x'G5 ?				
!)= tkfO{n] nfd]f] b'/L lx+8\g], ef/L ;fdfg af]Sg] jf ufx]f] sfd ug'{x'G5 ?				
!!= tkfO{ k]z:t cf/fd tyf ;'Tg kfgp'x'G5 ?				
!@= Ps lbgdf ;fdfGo vfgf slt vfg' x'G5 ?				
• :tgkfg u/fO/x]sf] cfdfn] b}lgs yk @ k6s vfgf vfg'k5{ . -! laxfg} / csf]{ k6s lbpF;f]				

hDdf u/L % k6s vfgf vfg'k5{ atfpg] .				
!#= tkfO{n} w'd kfg, hfF8/S;L ;]jg ug'{x'G5 jf c?s'g} ;Defljt 3fts kbfiy{ ;]jg ug'{x'G5 ?				
• cdf tyf gjlzz'nfO{ w'd kfg / /S;Lsf] :jf:Yodf kg]{ vt/ssf] af/]df atfpg] .				
!\$= tkfO{;+u sf] /xG5 ?				
!%= tkfO{sf] kl/jf/sf] ;b:o jf ;fyLn] tkfOnfO{ 3/ 5f]8\g' / tkfO{sf] lghL lhjgdf xfdL k'¥ofPsf] sfo{ u/]sf] 5 ls ;f]Wg'xf];\ .				
!^= ljutdf tkfO{ s;]n] rf]6k6s k'¥ofO{ OR5f la?4 of]g lqmof u/]sf] 5 ?				
!&= tkfO{ s;];+u 8/fpg' x'G5 ?				
xfnsf] ue{ / aRrfsf] hGd -k yd e]6_				
!*= slxn] aRrf kfpg' eof] ?				
!(= aRrf kfpFbf sxFf / s;n] :ofxf/ u/]sf] lyof] ?				
@= ue{jtL ;dodf of]gL>f] ePsf] 5 ?				
@!= ue{jtL 5+bf jf ;'Ts]/L xF'bf sDkg jf OSnfDal;of ePsf] lyof] ?				
@@= Tof] ;dodf s'g] hl6ntf ePsf] lyof] ? h:t} M l;hl/og ;]S;g cyjf kf7]3/sf] ;No, of]gL RoflQPsf] lyof] ?				
@#= aRrfnfO{ s'g} ;d:of 5 ?				
xfnsf] ;'Ts]/L cjlw -k To]s e]6df_				
@\$=tkfO{ aRrf kfPkI5 al9 /Qm>f] ePsf] lyof] ?				
@%= To;f] xF'bf of]gL >f]sf] /+u s:t]f] lyof] ? / slt k6s Kof8 k]mg'{ ePsf] lyof] ?				
@^=lk;fa ;DalGw s'g} ;d:of lyof] ls? -h:t}M lk;fa r'x'g], of]gLaf6 lb;f lg:s]sf], lk;fa kf]Ng] / slAhot				
@&= tkfO{n} aRrf kfPsf]df /fd]f dxz'; ug'{ ePsf] 5 ls? olb xf]Og eg] yk k Zg ug'{xf];\ .				
• tkfO{ b'MvL x'g'x'G5 ?				
• tkfO{ /fd]/L vfg / ;'Tg ;Sg'x'G5 ?				
• tkfO s/fpg' / lr8\lr8fpg' eof] ?				
@*= tkfO{sf kl/jf/sf ;b:ox? aRrf kfPsf]df v'lz x'g'x'G5 ?				
@(= tkfO{ aRrfnfO{ :tgkfg u/fpFbf /fd]f dxz'; ug'{x'G5 ?				
klxn]sf] ;'Ts]/Laf/] hfgsf/L lng] -k yd e]6_				
#)= klxn] aRrfnfO{ :tgkfg u/fpg' x'GYof] ? lyof] eg] yk k Zgx? ;f]Wg'xf];\ .				
• slt ;do;Dd :tgkfg u/fpg' x'GYof] ?				
• klxn] :tgkfg u/fpFbf s'g} ;d:of lyof] ?				
#!= klxn]sf] aRrf kfpFbf s'g} sDkg ePsf] lyof] ?				
#@= klxn]sf] aRrf kfpFbf dfgl;s lk8f jf dfgl;s /f]u ePsf] lyof] ls ?				
kl/jf/ lgof]hg ;fwgaf/] hfgsf/L lng'xf]; . -k yd e]6_				
##= tkfO{n} / pgsf] >Ldfgn] slt j6f aRrfx? Kffpg] ;f]r agfpg' ePsf] 5 ?				
#\$= klxn] tkfO{n} s'g} kl/jf/ lgof]hg ;fwg k]of]u ug'{ePsf] lyof] olb xf] eg] lgDg yk k Zgx? ;f]Wg'xf];\ .				
• s'g ;fwg k]of]u ug'{ePsf] lyof] ?				
• ;fwg dgk/fpg'x'G5 ? lsg?				
• olb ! eGbf al9 ;fwg k]of]u ug'{ePsf] lyof] ls ?				
• ue{jtL sf8{df ePsf] /]s8{ k"Mg x]g'xf];\ .				
• kl/jf/ lgof]hgsf ;a} ;fwgsf af/]df lj:tf]/t ?kdf atfpg'xf];\ . (LAM, COCs, Implants, Condoms, IUCD/ PP IUCD and postpartum ligation)				
• unt wf/0ff / xf]xNnfno{ ;Rofpg'xf];\ .				
pko'Qm uef{wfg ;do tyf uef{Gt/ / uef{Gt/sf] kmfObfx? Aff/] k sfz kfg'xf];\ .				
c – cdfsf] :jf:Yodf x'g] kmfObfx? .				
cf – gjhft lzz'sf] :jf:Yodf x'g] kmfObfx? .				
O – kl/jf/nfO{ x'g] kmfObfx? .				
pko'Qm uef{wfg ;do tyf uef{Gt/sf] d'Vo ;Gb]z k bfg ug'xf]; .				
• aRrf t'lXpKI5 ue{ktg ePKI5 jf d[t aRrf kfPkI5 csf]f] ue{wf/0fsf] nflu ^ dlxgf;Dd ;]jf u]fxLsf] 5gf]6df k efjsf/L k=lg=sf= ;fwg k]of]u ug' eGg'xf];\ .				

• lszfj/Lx? @) aif{ gk'u'Gh]n ;Dd ue{]lt af6 aRg pko'Qm kl/jf/ lgof]hgsf ;fwg k of]u ug{ eGg'xfj};\ .				
gf]6M l;hV]g z]Szg u/]sf] dlxnfn] sIDtdf @ jif{ kv{g' kb{5 ;f] ;dodf k=lg= ;fwg clgjfo{ ckgfpg'kg}{ atfpg]				
dlxnfsf] / pgsf] >Ldfgn] k hgg cfjZostf cg';f/ pko'Qm ;fwg 5gf}6 ug{df d2t ug}{ .				
Dlxnfsf] / pgsf] >Ldfgn] kl/jf/ lgof]hgsf] ;fwg 5gf}6 ug{df cfjZos hfgsf/L k bfg u/L ;xof]u ug}{ .				
IrlsT;f ;DaGwL hfgsf/L				
#^= tkfO{nfO{ s'g} PnhL{ 5 ls ?				
#&= tkfO{n] HIV kl/lf0f ug{'ePsf] 5 ? 5 eg] To;sf] kl/0ffd af/] ;f]Wg] ?				
#*= xfn} tkfO{nfO{ /Qm cNktf 5 ? -kl5Nnf] # dlxgf leq				
#(= xfn} tkfO{n] of]g /f]usf] kl/lf0f ubf{ le/+uL eGg] kl/0ffd cfPsf] lyof] ? olb xf] eg] slxn] / s'g pkrf/af6 eof] ?				
\$)= tkfO{nfO{ s'g} k'/fgf], nfd] ;do uDeL/ vfnsf] /f]u eO{ pkrf/ u/fpg' ePsf] 5 ls ? -h:t} M lfo/f]u sn]hf]sf] /f]u d'6' tyf dw'd]x				
\$!= ljutdf tkfO{ c:ktfn etL{ x'g'ePsf] jf zNolqmof ug{'k/]sf] lyof] ?				
\$@= tkfO{n] xfn s'g} cf]iflw lNo/xg' ePsf] 5 ls ? -3/]n', x/an, Pnf]k]lys cfbL				
\$#= tkfO{n] l6= l6= vf]k % j6f k'¥ofpg' ePsf] 5 ? olb xf] eg] ljut !) jif{ b]lv a'i6/ 8f]h\af/] ;f]Wg'xfj};\ .				
\$%= tkfOn] l6=l6= a'i6/ 8f]h cIGtd slxn] lng'eof] .				
cGtl/d hfgsf/L lng'xfj; -k'g e]6				
\$%= s] tkfOnfO{ xfn s'g} :jf:Yo ;d:of 5 ls ? olb 5 eg] JolQmut :jf:Yo hfgsf/L dfgL pNn]lvt & g+= cg';f/ ;f]Wg'xfj};\ .				
\$^= ut e]6 b]vL s'g} ;d:of 5 ls ?				
\$&= ut e]6 kl5 tkfO{sf] 7]ufgf kmf]g g+= kl/]t{g ePsf] 5 ?				
\$*= b]lgs jfgL hLjg z]nLjf/ ;f]Wg'xfj};\ . -sfo{ef/, cf/fd tyf vfgf ;DaGwL				
\$(= ljutdf s'g} cGo JolQmaf6 pkrf/ u/fpg'ePsf] 5 ls ?				
%)= ljutdf s'g} pkrf/ jf cf]iflw lng' ePsf] 5 ls ?				
%!= ljutdf s'g} cf]iflwsf] k ltlqmof jf ;fdfGo c/ ePsf] lyof] ls ?				
Zf/LI/s kl/lf0f				
;fdfGo :jf:Yosf] kl/lf0f -k To]s e]6df				
!= c]nf]sg ug'{- 3'dlkm/, afgL / d'vflstL{sf] cleJolQm s:tf] 5 ?				
• kl5Nnf] ;do b]lv vfgf lagf, kfgL glkOsg nfd] c]lw b]lv 5 ls ? ;f]Wg]				
• pkrf/ u/fPsf] 5 ls olb ltgnfO{ s'g} rf]6k6s nfu]sf] 5 ls				
• cf]iflw k of]u u/]sf] 5 ls				
@= tLgsf] ;fdfGo ;kmfO{ b]lv]g] kmf]x/ / uGw c]nf]sg ug'{'xfj};				
#= 5fnfsf] hFfr, 3fp tyf 8fd 5 ls ?				
\$= cFfvfsf] ;]tf] efu hFfRg]				
k To]s e]6df z/L/sf d'Vo c+ux?sf] hFfr ug]{ .				
%= ;'Ts]/L dlxn cf/fdsf ;fy a;]sL l5g\ ?				
^= ltgsf] /Qmrkf, tfkqmd / gf8L hFfr ug]{				
k To]s e]6df :tgsf] hFfr ug]{ .				
&= kl/lf0fsf sfo{ cuf8L a9fpg ca s] ug]{ ub{5'sf ;fy} zf/LI/s hFfr ub{5' egL dlxnaf6 :jLs[tL lng'xfj};\ .				
*= dlxnfnfO{ lk;fa ug'{- eGg]				
(= ;fa'g kfgLn] xft w'g] / sk8fn] ;'Vvf kfg]{				
!)= To;kl5 dlxnfnfO{ eGg] ls ltgn] sDd/ eGbf dflysf] n'uf x6fO{ cf/fd;fy pTTffgf] klN6g eGg]				
!!= :tgsf] cfsf/, /+u hFfRg], nq]sf], kfK/f ePsf], df]6f]kgf, /ftf], 3fp tyf lald/f cfbL r]s ug]{				
!@= la:tf/] xftn] 5fDg] – b'vfO{, ;'lGgPsf] jf tftf] 5 ls 3fp, ljld/f cfbL r]s ug'{'xfj};\ .				
!#= :tgsf] 6'Kkf]df /ut, lkk, >f], kmf6]sf], K]fn cyj 3fpsf ;fy} w;]sf] 5 ls hFfRg]				

K fTo]s e]6df k]6 hFfRg]				
!\$= ;'Ts]/L dlxnfsf] k]6 hFfr ubf{ sk8f x6fpg eGg'xf];\				
!%= ltnfO{ pTtfgf] kN6]/ 3F'8f v'DRofpg eGg'xf];\				
!^=k]6sf] hFfr ubf{ k'/fgf] cyjf goFf 3fp 5 ls x]g'{xf];\ .				
<ul style="list-style-type: none"> • olb ToxFf l;hl/og ;]Szgsf] 6Ffsf nufPsf] 3fp jf cGo zNolqmof u/]sf] 5 eg] ;+qmdOf ePsf] 5 ls hFfRg] . 				
!&= k]6sf] gfO6f] b]lv l;Dk]ml;; Ko"la; xf8 ;Dd xftn] 5fDbf ToxFf kf7]3/sf] cfsf/ / s8fkg 5 ls dxz'; u/L hFfRg] .				
!*= dlxnfsf] of]lg eGbf dflysf] xf8 lk;fa y}nL 5 ls hFfRg'xf];\ .				
;'Ts]/Lk]5 kl/lf0f tyf :ofxf/sf l;sfO{ lgb}{lzs f				
k To]s e]6df v'\$fsf] hFfr ug]{ .				
!(= ;'Ts]/L dlxnfsf] uf]8f Ps xftn] la:tf/ ;dftL pgsf] 3F'8f ;Dd 5fDbf b'V5 ls hFfRg] .				
<ul style="list-style-type: none"> • o:tf] ubf{ ltgsf] lk8f]nf b'V5 ls? 				
k To]s e]6df of]g]Lsf] kl/lf0f ug]{ .				
@!= ltgsf] u'KtfE hFfRbf sk8f x6fpg eGg'xf]; / 8]«kn] 5f]Kg] h;n] ubf{ uf]klgotf sfod xf];\ .				
@@= b']' v'\$f k}mnfO{ 3F'8f xNsf v'Drfpg eGg'xf]; .				
@#= u'KtfE x]g'{xf]; — pHofnf]df.				
@\$= xftn] hFfRg' eGbf cuf8L ;fa'g kfgLn] cf`gf] xft ;kmf u/L ;'Vvf ug]{ .				
@%= dlxnfsf] u'KtfEsf] hFfr ug' eGbf cuf8 3F'8feGbf dfly xftn] 5'g] .				
:tgkfg u/fpFbf :tgsf] :ofxf/ .				
!= dlxnfsf] :tgkfgsf] cfwf/df lgDg aF'bf cg';f/ atfpg] .				
<ul style="list-style-type: none"> • klxn] ^ dlxgf cjlwdf k"0f{ :tgkfg af/] • b']' :tgsf] k of]u ubf{ cf/fd ;fy :tgkfg u/fpg] af/] atfpg] . • k z:t cf/fd ;fy lgbfpg] • :tgkfg u/fpFbf yk b'O{ vfgf vfg kg]{ s'/f atfpg] • :tgsf] :ofxf/ ug]{ 				
hl6ntfsf] tof/L/Jo]:yfkg				
@= dlxnfsf] hl6ntfsf] tof/Lsf] of]hgf agfpg] .				
<ul style="list-style-type: none"> • kl5Nnf] e]6 b]lv xfn;Ddsf] Jo]:yfkg ug]{ • kl/]lt{t cj:yfsf] • afwf / ;d:ofsf] d'sflanf ug]{ 				
cfdf, aRrf / kl/jf/sf] ;DaGw				
#= ;'Ts]/L cj:yfdf x'g cfp]g] ;d:ofsf] Jo]:yfkg ubf{ cfdf / aRrf] :jf:y ;'wf/ ug{ kl/jf/sf ;b:ox?n] lhDd]bf/L x'g k]f]T;flxt ug]{ .				
kl/jf/ lgof]hg				
\$= kl/jf/ lgof]hgsf] kl/ro tyf hGdfGt/ wf/0ffaf/] atfpg] .				
<ul style="list-style-type: none"> • dlxnfsf] o; eGbf k"j]{sf] cg'ejsf ljifodf 5nkmn ug]{ h:t} M 5gf]6 u/]sf] ;fwgsf] kmfObfsf ;fy} dgk/fpg'sf] sf/0f 5nkmn ug]{ . • :tgkfg lj]wsf] cg'ej / o;sf kmfObf af/] 5nkmn ug]{ . • ;fwgsf] kx'Fr / pknAwtf] af/]df ;Nnfx lbg] . 				
c=:tgkfg u/fO/x]sf] dlxn				
<ul style="list-style-type: none"> • aRrf kfPsf] klxn] ^ dlxgf;Dd k"0f{ ?kdf :tgkfg u/fpg] tyf ^ dlxgf b]lv @ jif{;Dd nuff/ :tgkfg u/fpFbfsf] kmfObf af/] atfpg] . • ;'Ts]/L ePsf] ^ xKtfb]lv k]f]h]li6g dfq] ePsf] ;'O jf ODKnfG6 nufpg] af/] atfpg] • :6f]O:6«f]hg / k]f]h]li6f]g ePsf] rSsL ^ dlxgf b]lv k of]u ug]{af/] atfpg] • IUCD -\$* 306f leq jf ! dlxgf kl5_ 				
cf=:tgkfg gu/fPsL dlxn				
<ul style="list-style-type: none"> • ;'Ts]/L ePsf] nuQ] k]f]h]li6g dfq] ePsf] ;fwg ;'? ug{ ;IS5g\ . • COC # xKtf b]lv ;'? ug{ ;IS5g\ 				

5gf}6 u/]sf] ;fwg k bfg ug]{ jf pknAw gePsf glhssf] :jf:Yo ;+:yfdf k]if0f ug]{ kf]if0fdf ;xof]u ug]{				
%= kf]if0f tyf ;Gt'Int vfgfsf] af/]df ;Nnfx tyf k/fdz{ k bfg ug]{ .				
<ul style="list-style-type: none"> • ;a} ;'Ts]/L dlxnfx?nfO{ clg]fo{ ?kn] kf]l;nf] tyf ;Gt'Int vfgf, cfO/g, le6fldg P, SoflN;od / d]Ug]];od ePsf vfB kbfiy{ vfg ;Nnfx lbg] . 				
<ul style="list-style-type: none"> • h'g dlxnfn] :tgkfg u/fO/x]sL 5g\ <ul style="list-style-type: none"> ➢ b}lgs ?kn] yk @ vfgf / lrg u/L % k6s vfgf vfg k f]T;flxt ug]{ ➢ # yk SoflN;od ePsf vfgf vfg] ➢ slDtdf * lunf; jf @ ln6/ z'4 ;kmf kfgL jf emf]lnnf] kbfiy{ lkpg ;Nnfx lbg] - b'w, kfgL, kmnkm'nsf] /; cfbL ➢ yf]/} yf]/} k6s k6s vfgf vfg] ➢ r'/f]6 / /S;L aGb ug]{ ➢ s8f vfnsf] >d sdug]{ / al9 cf/fd ug]{ . 				
:jo+ :ofxf/ ug]{ tyf cGo :j:y jfgL				
^= ;Nnfx / k/fdz{ k bfg ug]{ .				
<ul style="list-style-type: none"> • ;/;kmfO{df hf]8 lbg] ;+qmd0fsf] /f]syfd ug{ eGg] h:t} M vfgf vfgeGbf cuf8L, z]rfnk15, :tgkfg u/fpg'eGbf cuf8L, vfB e08f/ ug'{ cuf8L • cf/fd • of]lgs ;DaGw / ;'/lft of]g . 				
Vff]k tyf :j:y /xg v'jfpfg] jf nufpg]				
&= dlxnfnfO{ cfjZos l6=l6= vf]k k bfg ug]{				
*= uef]tLsf] csf]{ e]6 ;Ddsf] nflu k z:t cfO/g jf kmf]n]6 rSsL vfgsf] nflu k bfg ug]{ To;kl5 yk clg]fo{ ;Nnfx lbg] .				
<ul style="list-style-type: none"> • k z:t le6fldg ;L ePsf] vfg]s'/f vfg k]l/t ug]{ . • lrof, skmL / sf]sfsf]nf gvfg'; eGg] . • ;DefJo ;fdfGo c;/x? Pj+ To;sf] Joj:yfkgef/] atfpg] . 				
(= cf]ifwL ljt/Of ug'{sf] ;fy} cg'udg ug]{ .				
<ul style="list-style-type: none"> • l]z]if k sf/sf] cf]nf] l]qsf] nflu cf]ifwL lgnnfO{ k]if0f ug]{ . • h'sfsf] cf]ifwL cfjZostf cg';f/ lgnnfO{ k]if0f ug]{ . • le6fldg P lgnnfO{ k]if0f ug]{ . • cfof]l8g o'Qm g'g vfg atfpg] . • cNj]G8fhf]n \$)) ulfd uef]tLsf] bf];f] e]6df vfg nufpg] . 				
cg'udgsf] nflu e]6				
!= csf]{ uef]lt hFfrsf] nflu ldlf tf]Sg] .				
<ul style="list-style-type: none"> • ;'lg]Zrt ug'{ cl3 dlxnfn] hfGg'kg]{ s'/fx? / slxn] / sxFf hfg eGg] atfpg] . • uef]lt dlxnfsf] yk rf;f] / k Zgx?sf] hjfkm lbg'xf];\ . 				

