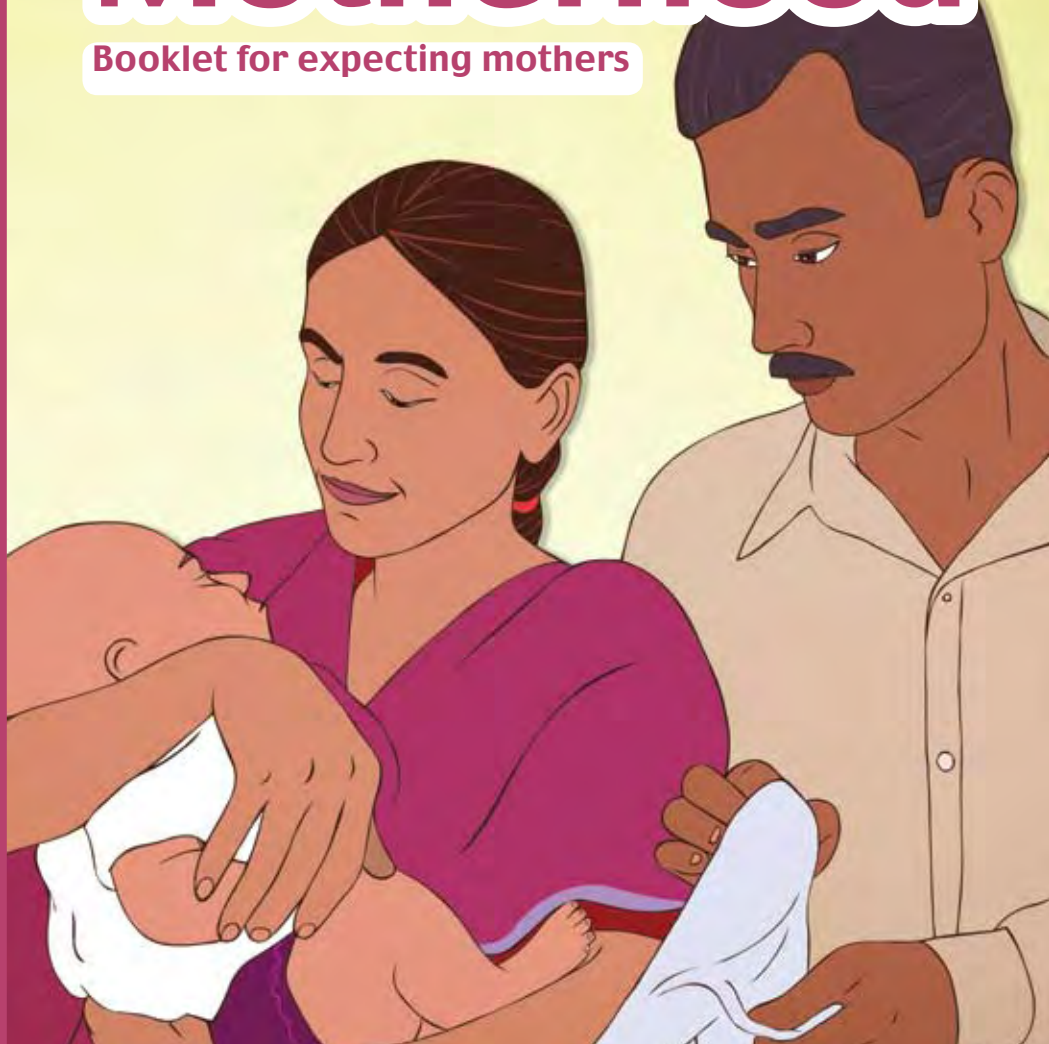


My Safe Motherhood

Booklet for expecting mothers



सत्यमेव जयते

Maternal Health Division
Ministry of Health & Family Welfare
Government of India



My Name: Age:

Husband's Name: Phone No.:

Address:

.....

.....

No. of living children: a) Male b) Female

LMP: EDD:

Blood Group:

Contact No. of:

• ANM:

• AWW:

• ASHA:

• Ambulance/Referral Transport:

JSY Registration No.:

BPL Beneficiary No.:

Phone No. of PHC:

Phone No. of FRU:

**Carry MCH card with you for all ANC/PNC/well baby visits
and to the place you go for delivery**

REGISTRATION



Register yourself at the nearest health facility as soon as pregnancy is detected.

Four antenatal check ups are essential for a pregnant woman:

First ANC Check up	As soon as the period is missed or within first three months of missing the period.
Second ANC Check up	In 4 th – 6 th month of pregnancy.
Third ANC Check up	In 7 th – 8 th month of pregnancy.
Fourth ANC Check up	In 9 th month of pregnancy.

Regular ANC visits protect you and your baby from complications and ensures healthy mother and child

ANTENATAL CHECK-UP

Get your Hb, Blood pressure(BP), urine, weight and abdomen checked at every visit. Ensure that you receive IFA tablets and two doses of Inj. Tetanus Toxoid (TT). Always consult your MO if necessary or referred.



Get urine tested for albumin and sugar.



Get your weight checked. (Average weight gain during pregnancy is 9 -11 kg).



Get your haemoglobin measured to assess anaemia.

Haemoglobin estimation helps in early detection and treatment of anaemia

Detection of albumin and sugar saves you and your baby from serious conditions

ANTENATAL CHECK-UP



Get your blood pressure checked to detect high BP which can be dangerous for you and your baby.



Abdominal examination is important to assess foetal growth.

Abdominal Check-up during ANC helps in assessing foetal growth and its well- being

TETANUS TOXOID INJECTION



Get two doses of T.T. injection at one month interval.

Tetanus Toxoid Injection protects both mother and baby from Tetanus which is one of the life threatening conditions

IRON FOLIC ACID (IFA) TABLETS



During pregnancy 100 tablets of iron and folic acid will be given.

One tablet of IFA is to be taken daily starting from the fourth month of pregnancy. If you are anaemic, you will be advised to take two IFA tablets daily, one tablet in the morning and one in the evening.

Taking one IFA tablet a day keeps anaemia away in mothers and ensures delivery of a healthy baby

DIET DURING PREGNANCY



- You need to eat one extra meal a day during pregnancy.
- Take milk and dairy products like curd, buttermilk, paneer-these are rich in calcium, proteins and vitamins.
- Eat fresh/seasonal fruits and vegetables as these provide vitamins and iron. Cereals, whole grains and pulses are good sources of proteins.
- Green leafy vegetables are a rich source of iron and folic acid.
- A handful (45 grams) of nuts and at least two cups of daal provide daily requirement of proteins in vegetarians.
- For non-vegetarians, meat, egg, chicken or fish are good sources of proteins, vitamins and iron.

A well balanced diet consisting of a variety of food helps in the growth of the baby and prevents anaemia

RICH SOURCES OF IMPORTANT NUTRIENTS

Iron



Green leafy vegetables, whole grains, cereals, dry fruits, nuts, meat, jaggary.

Calcium



Milk, milk products, sesame seeds, almonds, soya milk, turnip, egg.

Vitamins



Orange and dark green vegetables, citrus fruits, apple, tomato, amla, vegetables, meat, fish, eggs, sunlight, milk and milk products, soya products.

Proteins



Paneer, milk and other milk products, combined grains, seeds, nuts, egg, meat, poultry, soya beans.

Fats



Butter, ghee, oils, nuts.

Prefer using variety of local seasonal foods, vegetables and fruits being grown in and around your area

CLEANLINESS



Wash your hands with soap and water before every meal and after attending toilet of self and baby.



Clip your nails regularly.

Personal hygiene prevents acquiring infection and also from transmitting to the baby

REST DURING PREGNANCY



- Have 8 hours of sleep at night and at least 2 hours rest during the day.
- Lie on your left side as it increases the blood supply to the foetus.
- Avoid hard work such as lifting heavy weight.
- Do not overexert yourself and delegate few tasks to others.

**Adequate rest gives you physical and mental relaxation
which is good both for you and the baby**

FAMILY SUPPORT

- Family behaviour and attitude should be pleasant and encouraging.
- Family should ensure provision of healthy diet and timely visits to health facility.
- Avoid delay in contacting medical facility when labour starts or in case of a complication.
- Adequate finance and transport should be arranged beforehand.
- A blood donor should be identified for any unforeseen emergencies.



**Care and support by husband
and mother-in-law gives
emotional support and confidence
in child bearing**

DANGER SIGNALS DURING PREGNANCY



Severe pain in abdomen.



Generalised weakness, easy fatigability and breathlessness.



Bleeding per vaginum.



Excessive swelling in legs.



Convulsions.



Fever.

If any complications occur- seek help immediately to preserve your health and life

DANGER SIGNALS DURING PREGNANCY & LABOR

Immediately contact ANM/MO in case of following:

Contact P H C

Burning micturition.

High grade fever or any medical illness.

Vaginal bleeding in early pregnancy.

Excessive nausea and vomiting.

Leaking per vaginum before onset of labour.

High blood pressure detected in ANC.

Fainting and/or pain in abdomen.

Contact F R U

Vaginal bleeding in advanced pregnancy.

Decreased or no foetal movements.

Swelling all over body, palpitations, shortness of breath.

Swelling all over body and/or blurring of vision.

High blood pressure detected in ANC.

Fits.

Labour pains or leaking before 9 month of pregnancy.

Leaking for more than 12 hours without labour pains.

Foul smelling leaking with or without fever.

Labour pains more than 12 hours.

Continuous abdominal pain.

Seek timely help from facility for proper management of complications - it saves your life as well as the baby's

POSTPARTUM CARE

- It is important to stay in health facility where you deliver for a minimum of 48 hours as most complications in mother and baby occur then.
- You and your baby should be seen by a health worker on the day of delivery, and on 3rd day, 7th day and 6 weeks after delivery.
- Baby should get vaccination for 0 dose Polio, Hepatitis B (if recommended under routine immunisation) and BCG on the first day.
- You will also receive Counselling on cord care, Keeping the baby warm, Respiratory infections, loose motion, Nutrition and family planning during your stay.
- Take extra calories & fluids to fulfill requirements of breast feeding.
- Take adequate rest.
- Take immediate medical help if any complication occurs in yourself or your baby.

PROBLEMS AFTER DELIVERY

Contact P H C	Contact F R U
Tear in perineum	Excessive vaginal bleeding
Inability to pass urine	Inability to control defecation/urine
Burning in urination	Foul smelling vaginal discharge
Difficulty in breast feeding	Difficulty in breathing
Pain lower abdomen	Blurred vision and fits
	Fever
	Fainting

Post delivery care ensures good health
and wellness for you and your baby

NEWBORN CARE



- Baby should be:
 - Dried and wrapped immediately after birth.
 - Properly covered according to weather conditions and to be kept warm. Head and feet should be kept covered.
 - Given bath only after 48 hours.
 - Passing stools at least once in first 24 hours and urine at least once in first 48 hours.
- Burping should be done after every feed.
- Cord stump should be kept clean and dry. **Apply nothing on the cord stump.**

Choose to deliver in an institution - it provides timely help for mother and baby if complications occur

DANGER SIGNALS IN NEW BORN

Following conditions in a baby needs contact with M. O. or ANM

1. Difficulty in breathing
2. Inability to suck
3. Inability to pass urine and stools
4. Umbilical stump is red or has pus
5. More than 10 pustules over body or one large boil
6. Jaundice
7. Fever
8. Diarrhoea
9. Dull and lethargic baby
10. Seizure
11. Eyes are red or infected
12. Any birth defects are seen

Seek advice of your MO/ANM immediately if any complication is seen - timely treatment saves life of baby

BREASTFEEDING

- You should start breastfeeding your new born at the earliest, preferably within one hour of delivery to develop proper sucking.
- Breast milk of first day (colostrum) is very useful for the newborn because it is nutritious and rich in protective antibodies against common infections like measles.
- Exclusive breastfeeding should be done for six months and no prelacteal feeds (gripe water, honey) should be given to the baby during this time.
- Breastfeeding should be given on demand.
- Exclusive breastfeeding decreases the chances of diarrhoea and upper respiratory tract infections in the newborn; it decreases chances of pregnancy during that period.



Mother's milk is best for health and growth of your baby

**Give only breast feeds to your baby for six months
and protect baby from illnesses like diarrhoea and others**

COMPLEMENTARY FEEDING

- Any food given to the baby in addition to breast milk is called complementary foods.
- After the age of 6 months, breast milk is not enough for mental and physical growth of the baby so complementary feeding is essential.

Type of Food	Age (month)	Frequency of serving
Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk. OR Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables (such as potatoes, carrots, green leafy vegetables, yellow pumpkins, etc) also in the servings. OR Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk. OR Mashed boiled/fried potatoes or give one seasonal fruit (banana/ cheeko/ mango) or meat, fish and egg.	6-12 months	Give 1 katori serving 3 times a day, if breastfed and 5 times a day, if the child is not breastfed.
	12-24 months	Give one & half katori serving 5 times a day. The variety in the diet should be increased by including the family foods in the diet of the child.
Rice, dal, chapatti (cereals or millets), yogurt, seasonal fruits (such as banana, guava, mango etc.), vegetables (such as potatoes, carrots, beans).	More than 24 months	3 times every day.
Add laddoo, biscuits, bread and other nutritious food.		Two times a day in between the meals.

It is important for you to understand that:

- Girls and boys need equal amount of food.
- Wash your own and child's hands with soap and water every time before feeding.
- Sit with the child at meal times.
- Give food in a separate bowl to make sure she/he gets enough food and eats the correct amount.

Timely introduction of a variety of energy rich complementary foods in adequate amounts in addition to breastfeeding keeps the baby healthy

IMMUNISATION SCHEDULE FOR BABY

Take your baby to the nearest health centre for immunisation.

At birth BCG, OPV - 0 dose, Hepatitis B - 0 dose*

6 weeks BCG (if not given at birth)
DPT - 1st dose
OPV - 1st dose
Hepatitis B - 1st dose*

10 weeks DPT - 2nd dose
OPV - 2nd dose
Hepatitis - 2nd dose*

14 weeks DPT - 3rd dose
OPV - 3rd dose
Hepatitis - 3rd dose*

9 months Measles, Vit-A - 1st dose

16-24 months DPT booster, MR
OPV boosters Vit-A - 2nd dose

2 to 5 years Vit-A - 3rd to 9th doses at the interval of 6 months.
(total of 7 doses)

5 years DPT booster

10 years T.T. booster

16 years T.T. booster

* If recommended under Routine Immunisation.

**Follow immunisation schedules for protection of your babies
from life threatening and crippling diseases**

FAMILY PLANNING ADVICE (SPACING METHODS)

A gap of two to five years is recommended between pregnancies for restoration of your health and proper care of your baby. A number of contraceptive methods are available for spacing pregnancies.



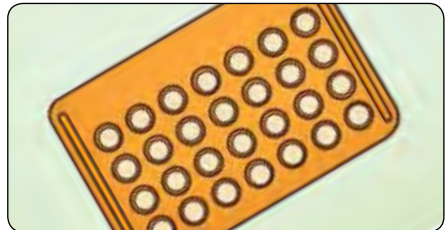
Lactational amenorrhea method (LAM)
protects from pregnancy for six months if exclusive breast feeding is done.



Intra Uterine Contraceptive Device (IUCD)
It is one time method and is effective upto 10 years.



DMPA
One Injection of DMPA is given every three months It can be used during breastfeeding.



Oral Contraceptive Pills (OCPs)
OCPs can be started 6 months after delivery; one pill is to be taken daily. Start immediately if not breastfeeding.



Condom
Spacing method for males. It protects from pregnancy and sexually transmitted infections.

**3 years spacing between
child bearing ensures
healthy mother and baby**

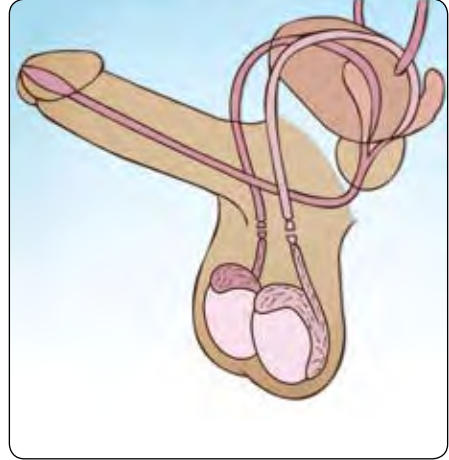
FAMILY PLANNING ADVICE (PERMANENT METHODS)

If your family is complete, you can opt for a permanent method of contraception i.e. tubectomy or vasectomy.



Tubectomy (female sterilisation)

Tubectomy can be done immediately after delivery or any time after six weeks after delivery or between deliveries. Can be minilap or laparoscopic method.



Vasectomy (male sterilisation)

Vasectomy can be done by a very small incision. Vasectomy does not cause any weakness, and does not need long rest.

Small family - Happy family

**Leaves more to eat, educate your children,
save for home, health and old age**

JANANI-SHISHU SURAKSHA KARYAKRAM

A national initiative

Entitlements in Government Health Institutions under this initiative

For Pregnant Women:

- Free and cashless delivery
- Free caesarian section
- Free drugs and consumables
- Free diagnostics (Blood, Urine tests and Ultrasonography, etc.)
- Free diet during stay (up to 3 days for normal delivery and 7 days for caesarian section)
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home

For Sick Newborn till 30 days after birth:

- Free treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home

