

Antenatal Visit



Health Workers' Job Aid

For each pregnant woman

- **Evaluate for danger signs and, if necessary refer immediately**
 - vaginal bleeding
 - convulsions/loss of consciousness
 - swollen hands and legs
 - foul-smelling or yellowish/green/brown vaginal discharge
 - history of leakage of amniotic fluid > 18 hrs
 - ruptured membrane without onset of labor within 18 hours
- **Ask her to come back she has any of these signs**
 - sever headache/blurred vision
 - fever
 - excessive weight gain
 - loss of fetal movement
 - breathing difficulty
 - sever abdominal pain
 - does not gain weight
- **Check tetanus immunization and complete if necessary**
 - TT1: as soon as possible
 - TT2: 1 month later
 - TT3: 6 months later
 - TT4: 1 year later
 - TT5: 1 year later
- **When available assess:**
 - weigh and check that she is gaining weight (norm: 1kg/month in the 2nd and 3rd trimesters)
 - blood pressure (norm: 140/90)
 - Hb (norm 11gm/dl)
 - albumin & sugar (norm: negative)
 - blood group
 - VDRL
- **Give Iron/Folic acid supplementation**
 - 1 tablet daily during 6 months of pregnancy, to be continued after delivery if the 6 months are not completed
 - explain its side effects (difficult to digest, black stools, constipation), and where she can get more tablets
 - screen for anemia (color of palm)
- **Give de-worming treatment - Mebendazole (500mg) once in third trimester of pregnancy.**
- **Counsel on the need for her to eat well during pregnancy**
 - 1 extra meal each day
 - a varied diet with different types of foods - rich in animal sources (egg, liver, meat), Vit A, (papaya, mangoes, carrots, dark green leafy vegetables), iron (beans, meat, dark green leafy vegetables), and Vit C (fruits)
- **Advise her on using iodized salt for herself and the whole family**
- **Explain importance of sleeping under a mosquito-net (ITN if available) to prevent malaria especially for pregnant women and young children**
- **Advise to get anti - malarial treatment if she has fever in malaria areas (refer to national guideline)**
- **Counsel on optimal breastfeeding practices**
 - put baby to the breast immediately after birth (within one hour), even before placenta has been expelled
 - ensure skin to skin contact
 - give colostrum - not to give pre-lacteals (e.g. butter, water, other liquids)
 - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
 - breastfeed on-demand, at least 8 times day and night
 - empty one breast completely before switching to the other in order to get the nutritious 'hind milk'
 - correct positioning and attachment
 - come back if she has any breast - nipple problems or other breastfeeding difficulties
- **Identify sexually transmitted infections and treat**
- **Counsel her to use a condom during sexual intercourse to prevent HIV infection during pregnancy**
- **Counsel for HIV testing and refer to PMTCT/VCT sites**
- **Advise her to:**
 - follow ante-natal visits - 4 visits during pregnancy if possible (4th, 6-7th, 8th, 9th months)
 - deliver in a health facility
 - return for postnatal visit on the 7th and 45th days and in between as needed
- **Counsel her on Family Planning after the delivery**
 - short-term methods:
 - natural Family Planning
 - lactational amenorrhea method
 - standard day method
 - injectables
 - mini pills
 - spermicides & condoms
 - long-term methods:
 - IUD,
 - norplant
 - permanent methods: male & female voluntary surgical contraception

Delivery & Perinatal Care



Health Workers' Job Aid

| |
|---|
| For each woman |
| <ul style="list-style-type: none"> • Refer the mother immediately if she has the following danger signs <ul style="list-style-type: none"> - labor lasting over 12 hours - labor before the completion of the 37 weeks of pregnancy - baby in abnormal position(breech, transverse) - excessive vaginal bleeding - sever headache/visual disturbances/convulsions/fits - fever and/or foul-smelling vaginal discharge |
| <ul style="list-style-type: none"> • At birth <ul style="list-style-type: none"> - dry and warm the new born - clean the new born airway if the baby doesn't cry immediately - ensure skin to skin contact with the mother - put baby to the breast immediately after birth (within one hour) even before placenta has been expelled - record the baby weight on growth chart or health card |
| <ul style="list-style-type: none"> • Counsel on optimal breastfeeding practices <ul style="list-style-type: none"> - demonstrate correct positioning and attachment - give colostrum - not to give pre-lacteals (e.g. butter, water, other liquids) - breastfeed <u>exclusively</u> until baby is 6 months - no water or other liquids/foods - breastfeed on-demand, at least 8 times day and night - empty one breast completely before switching to the other in order to get the nutritious 'hind milk' - come back if she has any breast - nipple problems or other breastfeeding difficulties |
| <ul style="list-style-type: none"> • Explain and demonstrate to the mother how she can express her breast milk |
| <ul style="list-style-type: none"> • Give Vitamin A supplementation (200,000 IU) to mother once |
| <ul style="list-style-type: none"> • Advise the mother has to continue Iron/Folic acid supplementation <ul style="list-style-type: none"> - 1 tablet daily during 6 months of pregnancy, to be continued after delivery if the 6 months are not completed - explain its side effects (difficult to digest, black stools, constipation), and where she can get more tablets - screen for anemia (color of palm) or Hb (norm: 11gr/dl) |
| <ul style="list-style-type: none"> • Counsel on the need for her to eat well during the lactation period <ul style="list-style-type: none"> - 2 extra meals each day - a varied diet with different types of foods - rich in animal sources (egg, liver meet), Vit A, (papaya, mangoes, carrots, dark green leafy vegetables), iron (beans, meat, dark green leafy vegetables), and Vit C (fruits) • Advise her on using iodized salt for herself and the whole family |
| <ul style="list-style-type: none"> • Explain importance of sleeping under a mosquito-net (ITN if available) to prevent malaria especially for lactating women and young children • Advise to get anti - malarial treatment if she has fever in malaria areas (refer to national guideline) |
| <ul style="list-style-type: none"> • Check the mother's immunization status (TT) and complete • Give BCG and oral polio vaccine to the baby |
| <ul style="list-style-type: none"> • Identify sexually transmitted infections and treat • Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding • Counsel for HIV testing and refer to PMTCT/VCT sites |
| <ul style="list-style-type: none"> • Advise her to: <ul style="list-style-type: none"> - return for postnatal visit on the 7th and 45th days and in between as needed - follow the baby's immunization schedule - check the baby's weight regularly |

Postnatal & Family



Health Workers' Job Aid

For each breastfeeding woman

- **Ask the mother to come back if she has any of the following danger signs**
 - heavy vaginal bleeding
 - abdominal pain
 - hot, red, painful areola or lump on the breast
 - breathing difficulty
 - convulsions (fits)
 - fever, and/or foul-smelling vaginal discharge
 - sever headache/visual disturbances
 - pain in calf, with or with out swelling
- **Ask the mother to come back if the newborn has any of the following danger signs**
 - breathing problem(slow or fast breaths grunting)
 - feeding difficulties or not sucking
 - feels cold to touch - fever - swelling, pus, or foul odor
 - red, swollen eyelids, and pus discharge from eyes
 - redness of the skin, swollen limb or joint around the cord or umbilicus, skin rash with pees
 - convulsion/fits/spasms/loss of consciousness or back arching (opisthotonos) - lethargy
 - diarrhea - persistent vomiting or abdominal distension
 - pallor - cyanosis (blueness) - jaundice/yellow skin
- **Counsel on optimal breastfeeding practices**
 - Assess and demonstrate correct positioning and attachment
 - give colostrum - not to give pre-lacteals (e.g. butter, water, other liquids)
 - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
 - breastfeed on-demand, at least 10 times day and night
 - empty one breast completely before switching to the other in order to get the nutritious 'hind milk'
 - come back if she has any breast - nipple problems or other breastfeeding difficulties
- **Explain and demonstrate to the mother how she can express her breast milk**
- **Check Vitamin A supplementation status of the mother and give to her if needed**
 - Vitamin A (200,000 IU), within 45 days after delivery, if not given at delivery
- **Advise the mother to continue Iron/Folic acid supplementation**
 - 1 tablet daily during 6 months of pregnancy, to be continued after delivery if the 6 months are not completed
 - explain its side effects (difficult to digest, black stools, constipation), and where she can get more tablets
 - screen for anemia (color of palm) or Hb (norm: 12gr/dl)
- **Counsel on the need for her to eat well during the lactation period**
 - 2 extra meals each day
 - a varied diet with different types of foods - rich in animal sources (egg, liver, meat), Vit A, (papaya, mangoes, carrots, dark green leafy vegetables), iron (beans, meat, dark green leafy vegetables), and Vit C (fruits)
- **Advise her on using iodized salt for herself and the whole family**
- **Explain importance of sleeping under a mosquito-net (ITN if available) to prevent malaria especially for pregnant women and young children**
- **Advise to get anti - malarial treatment if she has fever in malaria areas (refer to national guideline)**
- **Expose baby to sunlight everyday 20 - 30 minutes bellow the waist**
- **Check the mother's immunization status (TT) and complete**
- **Give BCG and oral polio vaccine to the baby**
- **Identify sexually transmitted infections and treat**
- **Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding**
- **Counsel for HIV testing and refer to PMTCT/VCT sites**
- **Counsel her on Family Planning after the delivery**
 - short-term methods: - natural family planning - lactational amenorrhea method - standard day method - indictable - mini pills - spermicides & condoms
 - long-term methods: - IUD, - norplant
 - permanent methods: Male & Female voluntary surgical contraception
- **Advise her to:**
 - return for postnatal visit on the 7th and 45th days and in between as needed
 - follow the baby's immunization schedule
 - check the baby's weight regularly



For each child

- Check the child's immunization status before his/her first birthday and update if needed

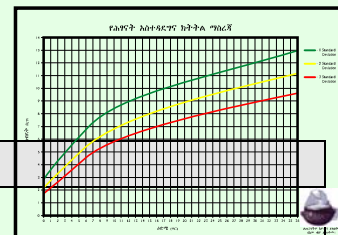
| Immunization period | Immunizations to be done | Protects from the following diseases |
|---|--------------------------|---|
| ★ First immunization At birth | BCG. Oral polio | Tuberculosis Polio |
| ★★ Second immunization 6th week | DPT I Oral Polio 1 | Diphtheria Tetanus Pertussis Polio |
| ★★★ Third immunization 10th week (4 weeks after DPT I) | DPT II Oral Polio 2 | |
| ★★★★ Fourth immunization 14th week (4 weeks after DPT II) | DPT III Oral Polio 3 | |
| ★★★★★ Fifth immunization 9 months | Measles and Vitamin A | Measles Vitamin A Deficiency Disease |

- For the mother check:**
- Her immunization status, complete and remind her of the next session
 - Her Vitamin A supplementation status, give her if needed (Vitamin A (200,000 IU), within 45 days after delivery)
 - Her pallor, and treat for anemia if needed (refer to National Guidelines) or Hb < 12 gr/dl

Advise to expose baby to sunlight everyday 20 - 30 minutes below the waist

- **Check for the child's vitamin a supplementation status and update if needed**
 - children 6 to 11 months: Vitamin A 100,000 IU (during Measles immunization) once
 - children 12 months to 59 months: Vitamin A 200,000 IU every 6 months
- **Check for the child's de-worming and update if needed**
 - children from 24 months: Mebendazole, a single 500 mg dose of every 4-6 months
- **Assess and counsel on optimal breastfeeding practices**
 - correct positioning and attachment if the child is < 3 months
 - breastfeed exclusive until baby is 6 months - no water or other liquids/foods
 - breastfeed on-demand, at least 10 times day and night
 - empty one breast completely before switching to the other in order to get the nutritious 'hind milk'
- **Assess and counsel on adequate complementary feeding from 6 to 24 months**
 - continue breastfeeding up to 24 months, and beyond
 - from 6 months old, feed infant 2-3 meals, 1-2 other semi-solid foods per day in addition to breastfeeding
 - from 12 months, increase to 3-4 meals, 1-2 other solid foods per day in addition to breastfeeding
 - prepare enriched meals: foods rich in animal sources (egg, liver, meat), Vit A (papaya, mangoes, carrots, dark green leafy vegetables), iron (meat, dark green leafy vegetables), Vit C (fruits), and oil, butter
- **Check for child's and mother's anemia and treat**
 - Iron/folic acid every day during 3 months (Refer to National Guidelines)
- **Counsel on the need for her to eat well during the lactation period**
 - 2 extra meals each day
 - a varied diet with different types of foods - rich in Vit A, (papaya, mangoes, carrots, dark green leafy vegetables), iron (beans, meat), and Vit C (fruits)
- **Advise her on using iodized salt for herself and the whole family**
- **Explain importance of sleeping under a mosquito-net (ITN if available) to prevent malaria especially for lactating women and young children**
- **Identify sexually transmitted infections and treat**
- **Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding**
- **Counsel for HIV testing and refer to PMTCT/VCT sites**
- **Counsel her on Family Planning after the delivery**
 - short-term methods: - natural family planning - lactational amenorrhea method - standard day method - Injectables - mini pills - spermicides & condoms
 - long-term methods: - IUD, - norplant
 - permanent methods: Male & Female voluntary surgical contraception
- **Advise her to:**
 - follow the baby's immunization schedule
 - check the baby's weight regularly

Growth Monitoring/Promotion & Well child



Health Workers' Job Aid

For each child

- **Growth monitoring and promotion**

- record child's weight at birth onto growth card if information is available
- determine child's age in months
- calibrate scale to zero and weigh child (remove heavy clothing) and record its weight on the growth chart
- evaluate the direction and position of its growth curve and compare to the reference curves on the card
- explain the growth curve of the child to mother
 - Congratulate the mother if the child is growing well, assess feeding practices and give counseling
 - Counsel her on appropriate feeding if the child is not growing well

- **Counsel on optimal breastfeeding practices**

- assess and demonstrate correct positioning and attachment if the child is < 3 months
- breastfeed exclusively until baby is 6 months - no water or other liquids/foods
- breastfeed on-demand, at least 8 times day and night
- empty one breast completely before switching to the other in order to get the nutritious 'hind milk'
- come back if she has any breast - nipple problems or other breastfeeding difficulties

- **Explain and demonstrate to the mother how she can express her breast milk**

- **Assess and counsel on adequate complementary feeding from 6 to 24 months**

- start complementary food at 6 months of age
- continue breastfeeding up to 24 months, and beyond
- from 6 months old, feed infant 2-3 meals per day in addition to breastfeeding
- from 12 months, increase to 3-4 meals, 1-2 other solid food per day in addition to breastfeeding
- prepare enriched meals: foods rich in Vit A (papaya, mangoes, carrots, dark green leafy vegetables), iron (meat), and Vit C (fruits), and oil, butter
- important for the child to eat from its own plate and finishes it at every meal

- **Counsel to increase frequency of breastfeeding during and after illnesses,**

- **For children older than 6 months, in addition to increase frequency of breastfeeding, advise to give 1 additional meal every day for 2 weeks after recovery from each illness**

- **Advise to expose the baby to sunlight everyday**

- **Check the child's immunization status and complete**

- **Give BCG and oral polio vaccine to the baby**

- **Check for the child's vitamin a supplementation status and update if needed**

- children 6 to 11 months: Vitamin A 100,000 IU (during Measles immunization) once
- children 12 months to 59 months: Vitamin A 200,000 IU every 4-6 months

- **Check for the child's de-worming and update if needed**

- children from 24 months: Mebendazole, a single 500 mg dose of every 6 months

- **Check for child's anemia and treat**

- Iron/folic acid every day during 3 months (Refer to National Guidelines)

- **Counsel on the need for her to eat well during the lactation period**

- 2 extra meals each day
- a varied diet with different types of foods - rich in animal sources (egg, liver, meat), Vit A, (papaya, mangoes, carrots, dark green leafy vegetables), iron (beans, meat, dark green leafy vegetables), and Vit C (fruits)

- **Advise her on using iodized salt for herself and the whole family**

- **Explain importance of sleeping under a mosquito-net (ITN if available) to prevent malaria especially for pregnant women and young children**

- **Identify sexually transmitted infections and treat**

- **Counsel her to use a condom during sexual intercourse to prevent HIV infection during breastfeeding**

- **Counsel for HIV testing and refer to PMTCT/VCT sites**

- **Counsel her on Family Planning after the delivery**

- short-term methods:
 - natural family planning
 - lactational amenorrhea method
 - standard day method
 - injectables
 - pills
 - spermicides & condoms
- long-term methods:
 - IUD,
 - norplant
- permanent methods:
 - Male & Female voluntary surgical contraception

- **Advise her to:**

- follow the baby's immunization schedule
- check the baby's weight regularly

Sick Child Visit-IMCI



Health Workers' Job Aid

For each child

- **Check for danger signs and refer if necessary**
 - lethargy/unconsciousness
 - convulsion (history or actual)
 - vomiting everything
 - unable to drink/eat
- **Assess, classify illness and treat according to the IMCI algorithms (cough, difficult breathing, diarrhea, fever, ear problem)**
- **Assess the child's nutritional status**
 - determine child's age in months
 - check for visible and severe wasting
 - check for swelling (oedema) on feet and palm pallor
 - weigh child (remove heavy clothing) and record its weight on the growth chart
 - evaluate the direction and position of its growth curve and compare to the reference curves on the card
 - explain the growth curve of the child to mother
 - Congratulate the mother if the child is growing well, assess feeding practices and give counseling
 - Counsel her on appropriate feeding if the child is not growing well
- **Counsel on optimal breastfeeding practices**
 - assess and demonstrate correct positioning and attachment if the child is < 3 months
 - breastfeed exclusively until baby is 6 months - no water or other liquids/foods
 - breastfeed on-demand, at least 8 times day and night
 - empty one breast completely before switching to the other in order to get the nutritious 'hind milk'
 - come back if she has any breast - nipple problems or other breastfeeding difficulties
- **Explain and demonstrate to the mother how she can express her breast milk**
- **Assess and counsel on adequate complementary feeding from 6 to 24 months** (refer to the key messages)
 - start complementary food at 6 months of age
 - continue breastfeeding up to 24 months, and beyond
 - from 6 months old, feed infant 2-3 meals per day in addition to breastfeeding
 - from 12 months, increase to 3-4 meals, 1-2 other solid foods per day in addition to breastfeeding
 - prepare enriched meals: foods rich in animal sources (egg, liver, meat), Vit A (papaya, mangoes, carrots, dark green leafy vegetables), iron (meat, dark green leafy vegetables), Vit C (fruits), and oil, butter
 - Important of the child to eat from its own plate and finishes it at every meal
- **Counsel to increase frequency of breastfeeding during and after illnesses,**
- **For children older than 6 months, in addition to increase frequency of breastfeeding, advise to give 1 additional meal every day for 2 weeks after recovering from each illness**
- **Check for the child's vitamin a supplementation status and update if needed**
 - children 6 to 11 months: Vitamin A 100,000 IU
 - children 12 months to 59 months: Vitamin A 200,000 IU every 4-6 months
- **Add Vitamin A to treatment according to IMCI.**

| | Diseases | 6 – 11 months (100,000 IU) | 12-59 months (200,000 IU) |
|------------------|--|--|--|
| Treatment | <ul style="list-style-type: none"> - Persistent diarrhea - Severe malnutrition - eye lesions - Measles - Xerophthalmia (night blindness, eye lesion) | day 1 day 1 day 1, day 2, day 14 day 1, day 2, day 14 | day 1 day 1 day 1, day 2, day 14 day 1, day 2, day 14 |

- **Check for the child's de-worming and update if needed**
 - children from 24 months: Mebendazole, a single 500 mg dose of every 6 months
- **Check for child's anemia and treat**
 - Iron/folic acid every day during 3 months (Refer to National Guidelines)
- **Advise to expose the baby to sunlight everyday**
- **Check the mother's immunization status (TT) and complete**
- **Give BCG and oral polio vaccine to the baby**
- **Advise her to:**
 - follow the baby's immunization schedule
 - check the baby's weight regularly