

2013 - 2014

Mother's MCH Reg No.

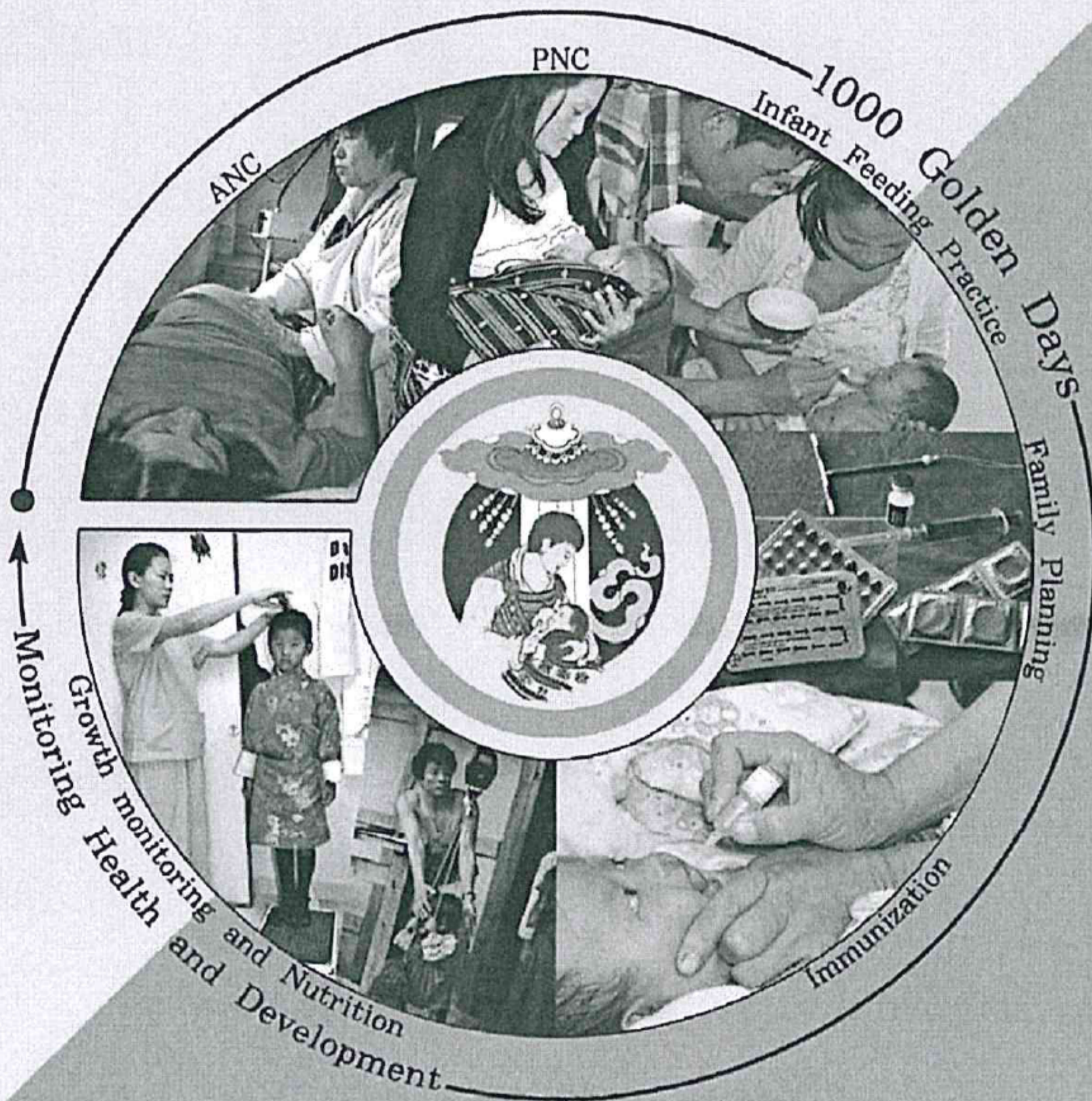
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(DZ)			(HHC)				(YR)			(NUMBER)				(#)	

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Mother & Child Health Handbook

Mother's Name : _____



No Duplicate Handbook will be issued

“HEALTH OF EVERY MOTHER & CHILD COUNTS.”

1000 GOLDEN DAYS

Dear Expecting Mother:

The concept of 1,000 Golden Days refers to the critical time in the development of a baby from the beginning of pregnancy until the child's 2nd birthday. Proper nutrition for both you and child during these 1,000 days is very important for the child's health, growth and ability to learn. This can also affect the prosperity and long-term health of a community.

The health and nutritional status of a woman before and during pregnancy can profoundly impact the child's growth while in the womb and later in life. An anemic or under-nourished mother is more likely to have complications during pregnancy and delivery. The baby has a higher risk of dying during infancy, having problems with learning and development, and having chronic health problems later in life.

Today Bhutan still faces problems with anemia and under-nutrition, which are leading causes of poor health and death of young children around the world.

By focusing on the 1,000 Golden Days, the Department of Public Health in collaboration with other ministries is striving to improve the long term health, prosperity, and wellbeing of the citizens of Bhutan.

Therefore, this book is very important for you and your baby. The health facilities around the country will issue this booklet to all women who are pregnant and availing Antenatal Care (ANC) services.

The book should be produced each time you visit the health facilities either for ANC/Delivery/PNC/Immunization/Growth Monitoring etc. This will help the health workers to provide better care to you during pregnancy and delivery and to your child.

The book is being issued free of charge. In case the book is lost, one will be charged Nu. 200 as a cost of replacement. Therefore, all the mothers should take good care of the book.



ACKNOWLEDGEMENT

The Department of Public Health would like to convey its sincere acknowledgement to the following officials who have immensely contributed in revising and developing this Mother and Child Health Handbook, the registers, and guidelines. We hope this initiative will promote better health for Bhutan by focusing on the 1st 1,000 Golden Days of one's life course that is from 9 month of pregnancy till the child is two years of life.

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ANC - Antenatal Care

GENERAL INFORMATION:

Mother's Name:

MCH Reg No:

- - - - 0
(DZ) (HHC) (YR) (NUMBER) (#)

Child's Name:

MCH Reg. No:

- - - -
(DZ) (HHC) (YR) (NUMBER) (#)

HOME HEALTH CENTER/HEALTH WORKER INFORMATION:

Name of Home Health Center:

Home Health Center contact no:

Name of VHW:

Address of the VHW:

VHW telephone no: Mobile no (Optional):

Date of issue:/...../..... Place of issue:

Seal of Home Health Center:

Name/Designation of Health Worker:

Signature: BMHC no.

INFORMATION ON CHILD'S PARENTS

MOTHER

Name:

DOB:/...../..... Age:

Citizenship ID No:

Permanent Address: Village:

Geog: Dzongkhag:

Education: None Primary Secondary
 Graduate NFE Other (specify)

Phone no:

Alt. no: Relation to mother:

Present address:
.....

FATHER

Name:

DOB:/...../..... Age:

Citizenship ID No:

Permanent Address: Village:

Geog: Dzongkhag:

Education: None Primary Secondary
 Graduate NFE Other (specify)

Phone no: Mobile no:

ANC - Antenatal Care

MOTHER'S HEALTH INFORMATION

Initial General Examination:

BP...../.....

Height: cm

Weight: kg

BMI:

No Yes

- Edema
- Jaundice
- Pallor

NI Abnl

- Teeth/gums
- Heart
- Liver
- Spleen
- Lungs
- Breasts

No Yes

- Diastolic BP over 90
- <18 or > 40 years old
- Pelvic mass
- Suspected twins
- Suspected STI/RTI
- Vaginal Bleeding

Medical History:

No Yes

- Cardiac Disease
- Hypertension
- Thyroid Disease
- Family history of twins

No Yes

- Diabetes
- Hepatitis
- Tuberculosis

No Yes

- Blood Transfusion
- Transfusion reaction
- Renal Disease

- Family history of congenital defects (requires USG scan between 20-22 wks)
- Known 'substance' abuse (including heavy alcohol drinking)

Other severe medical disease (list):

Past Obstetric History:

No Yes

- Mother is Rh negative and father is Rh positive
- Previous still birth or neonatal loss
- History of 3 or more consecutive spontaneous abortions
- Birth weight of last baby less than 2500 grams
- Birth weight of last baby more than 4500 grams
- Last pregnancy: admission for hypertension, pre-eclampsia, or eclampsia
- Previous surgery on reproductive tract
(caesarean section, cervical cerclage, cone biopsy, myomectomy, ectopic, etc)

List any medicines or allergies:

.....

.....

.....

If any of the highlighted questions are "YES", the mother possibly needs more than routine ANC. Please provide closer follow up, or refer as indicated.

ANC - Antenatal Care

INVESTIGATIONS

Primary Tests	Date DD/MM/YY	Result	Secondary Tests	Date DD/MM/YY	Result
Blood Group & Rh	/ /	/	TPHA*	/ /	
VDRL or RPR	/ /		FBS*	/ /	
HBsAg	/ /		OGTT*	/ /	
HIV	/ /		PPBS*	/ /	

All laboratory reports MUST be collected and recorded in the MCH book.

Referral to OB/GYN specialist required: Yes No

* Secondary Tests to be ordered by specialists.

Provide any additional information regarding mother or pregnancy below:

.....

.....

.....

.....

TETANUS VACCINATION SCHEDULE FOR PREGNANT WOMEN

Vaccine	Schedule	Immunization date
Td 1	1st contact or as early as possible in pregnancy	/ /
Td 2	At least 4 weeks after Td 1	/ /
Td 3	6 months after the 2nd dose, or one dose in subsequent pregnancy	/ /
Td 4	1 year after Td 3, or one dose in subsequent pregnancy	/ /
Td 5	1 year after Td 4, or one dose in subsequent pregnancy	/ /

ANC - Antenatal Care

CURRENT OBSTETRIC HISTORY

Menstrual History: Age of Menarche Duration Cycle

First date of Last Menstrual Period (LMP):/...../.....

- Regular
 Irregular

Estimated Date of Delivery (EDD):/...../.....

EDD by 1st USG scan:/...../..... POG at 1st scan: wks.

Date of 1st USG scan:/...../.....

Gravida Para Abortion Living Dead

Record of past pregnancies

Year of Preg / birth	Duration of Pregnancy (weeks)	Mode of delivery & complications	P L A C E	Baby			
				Sex	Birth Wt (gm)	LB SB AB	Living or dead (age at death)
			I N	M F		LB SB AB	
			I N	M F		LB SB AB	
			I N	M F		LB SB AB	
			I N	M F		LB SB AB	
			I N	M F		LB SB AB	
			I N	M F		LB SB AB	
			I N	M F		LB SB AB	

Circle letter for place of delivery: Institutional vs Non Institutional (home)

Sex: **M** Male vs **F** Female, **LB** Live birth, **SB** Still birth, and **AB** Abortion

Recommended Antenatal Care visits for an uncomplicated pregnancy to promote good health.

Gestational Age	Recommended Activities (for low risk pregnancies)	Approximate Fundal Height
Before 12 weeks	Establish early dating by ultrasound (where possible). Do initial laboratory tests, including urine and blood. Help mother with hyperemesis in early pregnancy, and diagnose chronic hypertension and twins. Provide health education on ANC and birth preparedness plan.	Not palpable
18-22 weeks	Dating by ultrasound (if not already done). Diagnose twins or PIH. Health education & Fe/FA.	18-22 cm
26-28 weeks	Screen for diabetes (when indicated) and growth monitoring. Calcium after 24 weeks.	26-28 cm
32 weeks	Growth monitoring and screen for PIH, check Hemoglobin. Counsel about breast feeding.	32 cm
36 weeks	Check for growth, presentation, lie, FHS, Hemoglobin.	32-34 cm
38 weeks	Check for growth, presentation, lie, and referral if needed. All previous caesarean patients should be referred to OB/GYN. Counsel about exclusive breast feeding for first 6 months.	33-36 cm
40 weeks	Check for growth, presentation, lie. If any problems admit or refer.	30-32 cm (reduced because head is engaged)
41 weeks	If patient stays nearby the health facility and has no problems, she may be allowed to wait until 41 weeks, after which time she must be admitted or referred for delivery.	



Use the following codes to complete the chart below:

Record wks of gestation as: no. weeks, and +days, ie. 32 +5 representing 32 weeks & 5 days.

Alb: Nil, +1, +2, +3 Sug: Nil, +1, +2, +3 Oedema: Nil, +1, +2, +3.



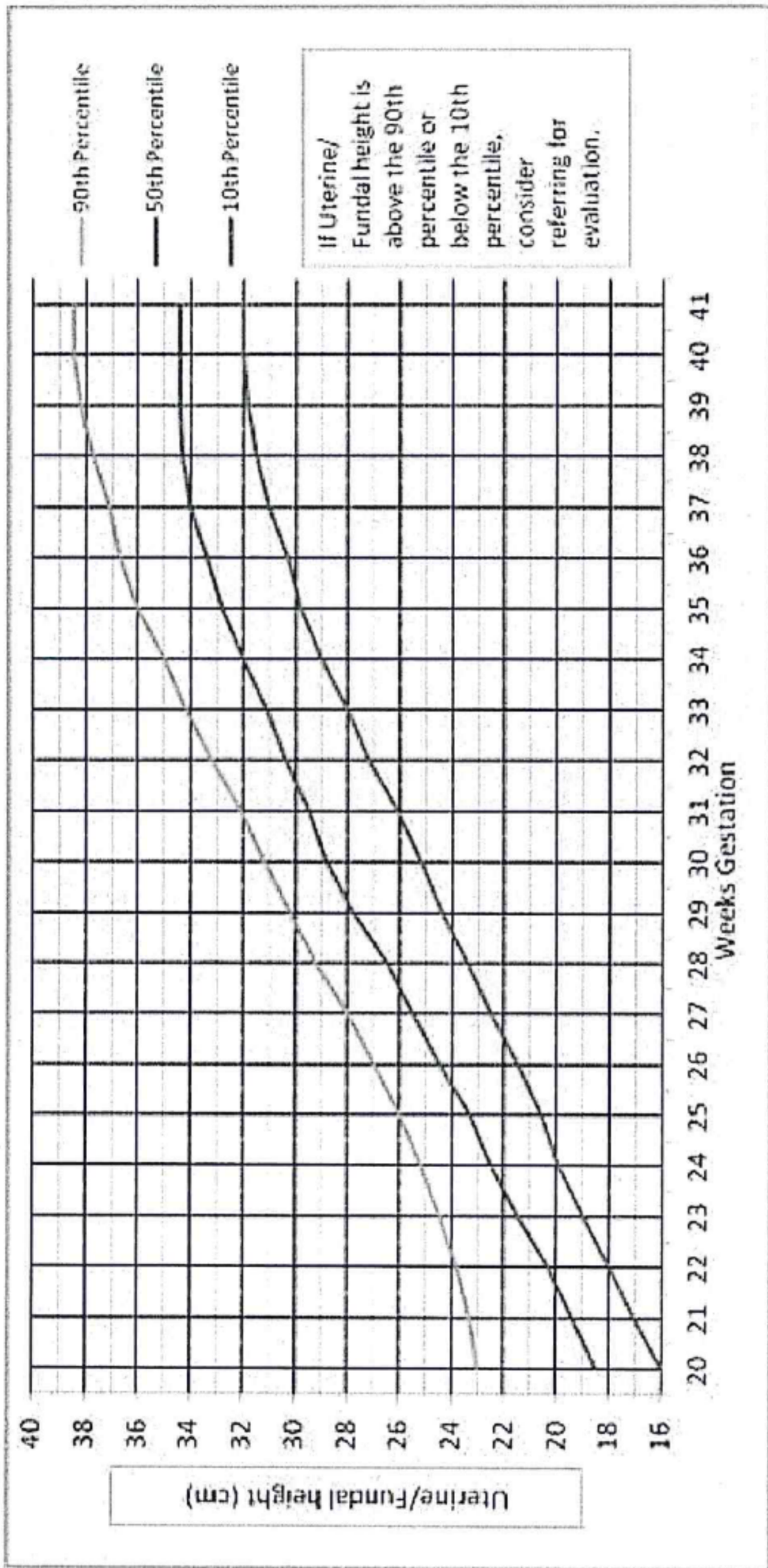
ANC - Antenatal Care

MOTHER'S ANTENATAL RECORD

Date DD/MM/YY	Wks of Gest.	Urine		Hb	Vitals		Physical Exam				Treatment	Seen by	
		Alb	Sug		Wt	BP	Edema	Ht of fundus	FHR	Presentation & Lie			
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MOTHER'S UTERINE HEIGHT BY WEEKS OF GESTATION



Plot the fundal height at all visits after 20 weeks. If the mother has abnormal findings, please provide details here and refer.

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BIRTH PREPAREDNESS PLAN

Components for discussion	Plan 1	Plan 2
Place of delivery		
Name of health facility for emergency management		
Transport: Distance to place of delivery. Means of transport in labour/in emergency		
Money: Counsel on saving. (Are the needed resources available to reach the health care facility?)		
Decision making: Primary decision maker: Alternative decision maker: (in the absence of primary decision maker)		
Support person: To accompany mother: To manage home:		
Blood donors (list the names of 3 donors with phone numbers)	1. 2. 3.	
Provide Health Education on early and exclusive breastfeeding		

Call *112 for an Emergency

BIRTH PREPAREDNESS PLAN (cont)

Items needed at the time of birth:

By family for mother:

- 2 pkts perineal pads
- 1 soap
- 1 plastic sheet
- 2 bedsheets
- 2 underwear
- 2 petticoats
- 1 change of clothing

By family for baby:

- 1 clean towel
- 2 blankets
- 10 nappies

By Health Center:

- sterilized delivery set
- required medications
- resuscitation equipment

Items should be prepared irrespective of where delivery is planned.

Additional details if complications (mother or baby):

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.....

.....

.....

.....

.....

Baby's record for home delivery

Non-Institutional Delivery: Baby's appearance in first 1-5 minutes after birth

Color:

- All pink
- Pink with blue hands/feet
- All blue/pale

Cry:

- Immediate loud cry
- Delayed or weak cry
- No cry

Muscle Tone:

- Actively moving
- Little movement
- No movement

PNC - Postnatal Care

DELIVERY RECORD

Place:

Date:/...../.....

Time: AM PM

POG:wks +days

Type: <input type="checkbox"/> SVD <input type="checkbox"/> CS-Elective <input type="checkbox"/> CS-Emerg. <input type="checkbox"/> Vacuum <input type="checkbox"/> Forceps <input type="checkbox"/> Breech	Resuscitation: <input type="checkbox"/> None <input type="checkbox"/> PPV <input type="checkbox"/> CPR <input type="checkbox"/> Intub. <input type="checkbox"/> Medicines By whom: <input type="checkbox"/> Ped <input type="checkbox"/> MO <input type="checkbox"/> Nurse <input type="checkbox"/> Other
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Outcome: <input type="checkbox"/> Live birth <input type="checkbox"/> Twins: <input type="checkbox"/> Baby 1 <input type="checkbox"/> Baby 2 <input type="checkbox"/> IUFD <input type="checkbox"/> Intra-partum death <input type="checkbox"/> Miscarriage wks	Complications: <input type="checkbox"/> None <input type="checkbox"/> Prolonged labor <input type="checkbox"/> Retained placenta <input type="checkbox"/> Fetal distress <input type="checkbox"/> Eclampsia <input type="checkbox"/> Abruption <input type="checkbox"/> PPH <input type="checkbox"/> Other:
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Other comments:

.....

APGAR Scores:	1 min /10	5 min /10
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<input type="checkbox"/> Inj Vit K given <input type="checkbox"/> Breastfed within 1 hr of delivery
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Reported to HHC on: ____/____/____

Time of baby's 1st measurements & exam:
 hrs
 days Lt: cm
 Wt: gms HC: cm

Exam	NI	Abnormal findings
Tone/Cry	<input type="checkbox"/>	<input type="checkbox"/> Floppy/Weak
Extremities	<input type="checkbox"/>	<input type="checkbox"/> Not moving equally <input type="checkbox"/> Extra digits (describe)
Color	<input type="checkbox"/>	<input type="checkbox"/> Central cyanosis <input type="checkbox"/> Jaundice <input type="checkbox"/> Pallor
Head Fontanelle	<input type="checkbox"/>	<input type="checkbox"/> Caput <input type="checkbox"/> Cephalohematoma <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Microcephaly
Mouth	<input type="checkbox"/>	<input type="checkbox"/> Cleft lip / palate
Lungs	<input type="checkbox"/>	<input type="checkbox"/> Tachypnea (over 60) <input type="checkbox"/> Grunting <input type="checkbox"/> Retractions
Heart	<input type="checkbox"/>	<input type="checkbox"/> Murmur
Umbilicus	<input type="checkbox"/>	<input type="checkbox"/> Erythema/Discharge <input type="checkbox"/> Less than 3 vessels
Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Distended
Male <input type="checkbox"/> Female <input type="checkbox"/>		<input type="checkbox"/> Ambiguous <input type="checkbox"/> Hypospadias <input type="checkbox"/> Undescended testes
Anus	<input type="checkbox"/>	<input type="checkbox"/> Imperforate
Hips	<input type="checkbox"/>	<input type="checkbox"/> Click/clunk
Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Dimple or Tuft
Other (list →)		

By: _____

To: _____

RECOMMENDED POSTNATAL VISITS FOR MOTHER

Time of Visit	Mother's visit should include the following services as needed
<p>Before discharge from health center</p>	<p>Check BP, and Pulse. Assess for: Bleeding, Fever, and Mood/Behavior Changes. Examine: Perineum for Episiotomy/Tear/haematoma, HoF, Breasts, Legs for signs of DVT, and CS scar for signs of infections, and any other issues. Evaluate baby's positioning and attachment. Assist and encourage mother with breast feeding. Ensure adequate food and fluid intake and support for the mother. Provide a supply of iron/folate tablets, and a single dose of vitamin A (200,000 IU). Discuss danger signs with the mother and a support person for which they need to return to the health center immediately for evaluation and treatment.</p> <p style="text-align: center;"><i>(If a non-institutional delivery accidentally occurs, the mother and baby should be seen as soon as possible at the nearest health center!)</i></p>
<p>Within 1 week after deliver</p>	<p>Check BP, pulse, and Hb. Inquire about: Bleeding, Fever, and Mood/Behavior Changes. Examine: Perineum, Episiotomy/Tear, HoF, Breasts, Legs for signs of DVT, and CS scar for signs of infections, and any other issues. (Fundus should not be palpable after 10-12 days) Evaluate baby's positioning and attachment. Encourage exclusive breast feeding for the first 6 months. Provide a supply of iron/folate tablets, and a single dose of vitamin A (200,000 IU) if not previously done.</p>
<p>3 weeks after delivery</p>	<p>Same as at 1 week.</p>
<p>6 weeks after delivery</p>	<p>Examine for any problems. Check mother's Hb. Provide family planning counseling and services.</p>

Date Vitamin A was given to mother: Date:/...../.....

Advised on pap smear : Yes No (Recommended of all women 3 months after delivery, if not done previously.)

MATERNAL POSTNATAL RECORD

Date of visit	Temp	BP	Breast	Lochia	Perineum	Hemoglobin		Treatment
						Iron	Seen by	
/ /	T	BP	B	L	P	Hb	<input type="checkbox"/> Y <input type="checkbox"/> N	
/ /	T	BP	B	L	P	Hb	<input type="checkbox"/> Y <input type="checkbox"/> N	
/ /	T	BP	B	L	P	Hb	<input type="checkbox"/> Y <input type="checkbox"/> N	
/ /	T	BP	B	L	P	Hb	<input type="checkbox"/> Y <input type="checkbox"/> N	

FAMILY PLANNING:

- OCP Condoms Inj. DMPA
 IUD Tubal Vasectomy

Date: / /

RECOMMENDED POSTNATAL VISITS FOR BABY

Time of Examination	Your Baby should be provided the following at this visit
At delivery or (Initial Visit)	<p>Provide all needed resuscitation for the baby.</p> <p>Complete the entire Delivery Record and physical exam on page 12.</p> <p>Provide appropriate vaccinations and Vitamin K injection.</p> <p>*If a non-institutional delivery took place, bring your baby to the local health center immediately to be cared for. Do the same as above, but also complete the Non-Institutional Delivery record on the bottom of page 11.</p>
First day after birth	<p>Complete the Postnatal Record for Babies on page 14.</p> <p>Check a Temp, Weight, and Physical exam (including breathing, skin color, umbilical cord, etc.).</p> <p>Ask about stooling, urination, and evaluate breast feeding.</p> <p>Provide appropriate vaccinations, if not done at the time of delivery.</p>
2-3 days after birth	<p>Examine as above. Focus on signs of infection (skin pustules, eye discharge, jaundice, etc.).</p> <p>Enquire about stooling, urination, and evaluate and counsel mother regarding exclusive breast feeding.</p>
1 week after birth	<p>Examine as before. Focus on the baby's hydration and weight as it is a good indicator of the adequacy of feeding.</p> <p>Counsel mother regarding exclusive breast feeding for the first 6 months.</p>
4 weeks after birth	<p>Provide a thorough exam incorporating all of the items above.</p> <p>Continue to encourage exclusive breast feeding for the first 6 months.</p>
6 weeks after birth	<p>Check Weight and Physical exam as indicated.</p> <p>Provide immunizations per guidelines.</p> <p>Stress the importance of monthly visits to monitor the baby's growth and to get all required immunizations.</p>

BABY'S POSTNATAL RECORD

Date of Visit	Temp	Weight	Breast Feeding	Treatment
/ /	Complaints	Wt	Physical Exam	Immunized
	T			BF
/ /	T	Wt	BF	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /	T	Wt	BF	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /	T	Wt	BF	<input type="checkbox"/> Y <input type="checkbox"/> N
/ /	T	Wt	BF	<input type="checkbox"/> Y <input type="checkbox"/> N

RECOMMENDED CHILD HEALTH CHECK-UPS (Monthly for <1 year old. Every 3 months for 1-5 years old.)

Age of the child	Give Immunization	Check Wt	Check Lt/Ht	Give Vitamin A	Give De-worming	Check milestones & counseling
Birth	BCG, Hep B, OPV	Check	Check			Assess and encourage EXCLUSIVE breastfeeding
6 weeks (1 ½ m)	OPV, DTP-Hep B-Hib	Check				Nothing besides breast milk is needed until 6 mths
10 weeks (2 ½ m)	OPV, DTP-Hep B-Hib	Check				Smiles at people
14 weeks (3 ½ m)	OPV, DTP-Hep B-Hib	Check	Check			End of 3 mths: Supports head
5-8 months		Check each month until 1 year Old	Check at 6 & 9 months	Give at 6 months		Start a variety of complementary foods at 6 mths. End of 6 mths: Rolls over, turns head to follow sound
9 months	MR, +/- OPV §					End of 9 mths: Sits, Pinches, Imitates
9-12 months						End of 10 mths: Crawls, bangs objects to make noise
1 year			Check	Give		1 year: Stands and walks with support
1 year 3 months					Give	Uses name for mom and dad correctly.
1 year 6 months		Check every 3 months	Check every 3 months	Give		Uses a few words.
1 year 9 months					Give	Walks up stairs with hand held.
2 years	MR, DTP			Give		Climbs well, uses 2-word phrases
2yr-3mth, 2yr-9mth 3yr-3mth, 3yr-9mth 4yr-3mth, 4yr-9mth		Check every 3 months			Give every 6 months	Continue to encourage the child to eat a variety of nutritious foods 3 times a day including: Meat, eggs, beans and pulses, fruits, & dark-green vegetables
2yr-6mth, 3yr, 3yr-6mth, 4yr 4yr-6mth, 5yr			Check every 6 months	Give every 6 months		Child should know some colors by 3 years old, and speech should be understandable at 4 years old. Child should be able to write name by 5 years old.

CHILD VACCINATION SCHEDULE	Age of the child									
	At birth	6 weeks	10 weeks	14 weeks	9 months	2 years	6 years			
BCG	/ /									
Hep B (Mono-valent)	* / /									
OPV - Oral polio vaccine	# / /	/ /	/ /	/ /	§ / /					
Pentavalent - (DTP-Hep B-Hib)		/ /	/ /	/ /						
MR - Measles & Rubella					/ /	/ /				
DTP - Diphtheria, Tetanus, & Pertussis						/ /				
Td - Tetanus, & diphtheria	/ /	/ /	/ /	/ /	/ /	/ /	/ /			

* Hep B (birth dose) must be given before 24 hrs.

OPV-0 (birth dose) must be given before 14 days

§ OPV at 9 months is only needed if OPV-0 was not given

This immunization record is for birth through 6 years old. Your child will need other immunizations in later years (HPV, etc.). For your child's health it is critical that they receive all of their immunizations on time.

VITAMIN A & DEWORMING SCHEDULE FOR CHILDREN (record month / year given in box below)

	6 m	9 m	1 Y 3 m	1 Y 6 m	1 Y 9 m	2 Y 3 m	2 Y 6 m	2 Y 9 m	3 Y 3 m	3 Y 6 m	3 Y 9 m	4 Y 3 m	4 Y 6 m	4 Y 9 m	5 Y
Vit A															
De-worming															

Give: Vit A 100,000 IU at 6 mth, and 200,000 IU at 1 year and beyond. Albendazole 200 mg before 2 years, then 400 mg after 2 years old.

Infant/Child's weight and length/height

Child's Name: _____

MCH Reg. No: - - - -
(DZ) (HHC) (YR) (NUMBER) (#)

DOB: ____ / ____ / ____

When was the baby first breast fed:
 Less than 1 hour after birth
 After 1 hour but before 1 day
 After 1 day

E B F	Date	Wt (kg)	Lt (cm)
	/ /		
	/ /		
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Date	Wt (kg)	Lt (cm)
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Refer to page 18 for when to measure weight and length/height.

Babies under 1 year old should be weighed with a dry nappy and a thin blanket only.
 Children over 1 year old should be weighed and measured without shoes and jacket.

Code for above:
EBF: Place "✓" in the box if the baby is being Exclusively Breast Fed at that visit.

**Maternal and Child Educational Reference Material
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GENERAL ADVICE FOR MOTHERS DURING PREGNANCY

DO'S

- Do get antenatal care at your local health center.
- Come early in your pregnancy and regularly .
- Do eat more frequent smaller meals and snacks of a variety of locally available healthy foods each day. (fruits, vegetables, cheese, milk, etc.)
- Do get as much rest as your body needs.
- Do seek medical care if you suspect a problem with yourself or your baby.
- Do drink a lot of water and healthy fluids, including milk and fruit juices.
- Do anticipate to gain an average of 8-12 kgs during your healthy pregnancy.

DONT'S

- Do not plan for a home delivery as the risks to you and your baby are much higher.
- Do not smoke, drink alcohol, or eat doma during your pregnancy.
- Do not use medications not specifically prescribed to you during pregnancy.
- Do not take Iron and Calcium tablets together, or drink tea with meals, as both hamper the absorption of iron.

བུ་མཚེད་མའི་གནས་སྐབས་ནང་གི་སྲིབ་བཏང་སྒྲུབ་བྱ།

འབད་དགོཔ།

- རྩོད་རའི་ཉེས་འབདས་ཀྱི་སྐབས་ཁང་ནང་ལས་སྐྱེས་མའི་མེས་བུལ་གྱི་སྐབས་བཅོས་ཞབས་ཏོག་ཚུ་ལེན།
- ཨ་ལུ་ཆགས་ཞིན་ལས་ག་དེ་མཚུགས་མཚུགས་སྐབས་ཁང་ནང་འོང་དགོཔ་དང་ དེ་ཡང་དུས་ཚོད་ཁར་འོང་དགོ།
- ཉིན་ལྟར་བཞིན་དུ་ རྩོད་རའི་ས་གནས་ན་ལུ་འཐོབ་པའི་བཞེས་མ་འབྲུག་ཚུ་ཚད་ཉུང་སུ་གཅིག་སྟེ་འབྲུལ་འབྲུལ་སྟེ་ མ་ཚད་པར་དུས་ལོགས་མང་སུ་ཅིག་བྱ་དགོ། རྒྱ་བཞེས་རིགས་ཚུ་ཡང་ ཤིང་འབྲས། ཚོད་བཟེ། དར་ཚོ། ཨོམ་ལ་སོགས་ །
- རྩོད་རའི་གཟུགས་ཀྱི་དགོས་མཁོ་དང་འཁྲིལ་ཏེ་ངལ་གསོ་ག་དེ་མ་ཅིག་དགོཔ་ཅིག་ངལ་གསོ་སྟེ་སྟོད།
- གལ་སྲིད་རྩོད་ར་དང་ཨ་ལུ་གང་རུང་ལུ་ཉེན་ཁ་རེ་སོགས་ཉུག་བཟེ་མནོ་བ་ཅིན་ སྐབས་ཁང་ནང་ལུ་བཏོན་ཏེ།
- ཨོམ་དང་ཤིང་འབྲས་ཁུ་བ་བརྩིས་ཏེ་འབྲུང་རིགས་ག་དེ་མང་མང་འབྲུང།
- བུ་མཚེད་མའི་གནས་སྐབས་ནང་ལུ་ སྲིབ་བཏང་ལུ་རྩོད་རའི་ལྷིད་ཚད་ཀེ་ ༩-༡༢ ཚུན་ཡར་སེང་འགྱུ་འོང།

འབད་མ་བཏུབ།

- རྩོད་ར་དང་ཨ་ལུ་གཉིས་ཆར་ལུ་ཉེན་ཁ་སྐྱོམ་ཡོདཔ་ལས་ རྩིས་ནང་ལུ་སྟེ་ ཨ་ལུ་སྐྱེས་ནིའི་འཆར་གཞི་མ་བརྩམས།
- བུ་མཚེད་མའི་གནས་སྐབས་ནང་ གཏམ་ཁུ་དང་ཆང་ དེ་ལས་དོག་མ་ཚུ་སྤངས་དགོ།
- བུ་མཚེད་མའི་གནས་སྐབས་ནང་རྩོད་ར་ལུ་དུ་འཚོ་གིས་མ་བྱིན་པའི་སྐབས་རིགས་བཞེས་ནི་མེད་འོང།
- སྐབས་ཨའི་རོན་དང་ཀེལ་ཤི་ཡམ་གཉིས་གཅིག་ཁར་བྱ་ནི་མི་འོང་པའི་ཁར་ ལྷོ་དང་གཅིག་ཁར་ཇ་འབྲུང་ནི་མེད་འོང།

FIVE DANGER SIGNS

DURING PREGNANCY, LABOUR, OR THE POST PARTUM PERIOD:

1. Vaginal Bleeding

Seek care for any vaginal bleeding during pregnancy. After delivery or an abortion if 2-3 pads are fully soaked within 20-30 min, seek care immediately!

2. High Fever

Seek care for any fever during pregnancy or up to 6 weeks after childbirth or abortion.

3. Prolonged Labour

Seek care for labour pains that last more than 12 hours.

4. Severe Vomiting or Severe Abdominal Pain

Seek care for severe abdominal pain or vomiting that does not allow you to eat.

5. Severe Headache, Blurred Vision, or Convulsions

Seek care for a severe headache or blurred vision during pregnancy, labour or up to 1 week after delivery.

བྱ་མཆེད་མའི་གནས་སྐབས་དང་ ལུ་སྐྱེས་བའི་སྐབས་ དེ་ལས་ Partum ཏུ་ཡུན་སྐབས་ཉེན་ཁ་ཅན་
གྱི་རྟགས་མཚན་ལྟ།

༡ མོ་མཚན་ནང་ལས་ཐག་འཐོན་ནི།

བྱ་མཆེད་མའི་གནས་སྐབས་ནང་ལུ་ མོ་མཚན་ནང་ལས་ཐག་འཐོན་པ་ཅིན་ སྐབས་ཁང་ནང་ལུ་བཏོན་དགོ། ལུ་
སྐྱེས་ཚར་བའི་བཟུལ་ལུ་ ཡངན་ ལུ་གཤག་བཅོས་ཐོག་ལས་བཏོན་པའི་བཟུལ་ལུ་ སྐད་གའ་ ༢-༣ འདི་སྐར་ཆག་
༢༠-༣༠ འི་ནང་འཁོད་ཐག་གིས་གང་བ་ཅིན་ དེ་འཕྲོ་ལས་རྩུང་འཚོ་ལུ་སྐབས་སྟེ་ཞིབ་དཔྱད་འབད་དགོ།

༢ རྫོད་འབར་ལུགས།

བྱ་མཆེད་མའི་གནས་སྐབས་ནང་ལུ་དང་ ཡངན་ ལུ་སྐྱེས་ཚར་ཞིན་མ་ལས་ཡངན་ གཤག་བཅོས་ཐོག་ལས་ལུ་
ལུ་བཏོན་ཞིན་མ་ལས་ བདུན་ཕྱག་ ༤ གི་ནང་འཁོད་ རྫོད་འབར་ག་ཅི་བཟུམ་རྒྱབ་རུང་དེ་འཕྲོ་ལས་ རྩུང་འཚོ་ལུ་ལྷུ་དགོ།

༣ ཏུ་ཡུན་རིང་མོ་སྐྱེ་སྐྱེས་མ་ཚུགས་པའི་སྐབས།

ཏུ་ཡུན་ཚུ་ཚོ་ད་ ༡༢ བ་ལྷག་སྟེ་སྐྱེ་བུ་རྒྱབ་རྒྱབ་སྟེ་སྤྲོད་པའི་སྐབས་རྩུང་འཚོ་ལུ་ལྷུ་དགོ།

༤ ཁ་ལས་ལེ་ཤ་སྐྱུག་ནི་དང་ ཐོམ་ལུག་ལུགས་སྐྱེ་རྒྱབ་པའི་སྐབས།

ཚུད་ར་བཞེས་སྟོ་སོགས་བཟུམ་མ་ཚུགས་པ་སྐྱེ་ ཁ་ལས་ལེ་ཤ་སྐྱུག་ནི་དང་ ཐོམ་ལུག་ལུགས་སྐྱེ་རྒྱབ་པའི་སྐབས་རྩུང་
འཚོ་ལུ་ལྷུ་དགོ།

༥ མགུ་ཏོ་ལུགས་སྐྱེ་ན་ནི་དང་ མིག་ཏོ་རབ་རིབ་གཏང་མཐོང་ནི། ཡངན་འདར་གསེག་རྒྱབ་པ་ཅིན།

ལུ་སྐྱེས་ཚར་ཞིན་མ་ལས་ བདུན་ཕྱག་ ༡ བ་ལྷག་སྟེ་ མགུ་ཏོ་ལུགས་སྐྱེ་ན་ནི་དང་ མིག་ཏོ་རབ་རིབ་གཏང་མཐོང་
ནི། ཡངན་འདར་གསེག་རྒྱབ་པ་ཅིན་རྩུང་འཚོ་ལུ་ལྷུ་དགོ།

DENTAL CARE FOR MOTHERS

- Oral health is more than teeth and gums!
- Every pregnant mother should have at least one dental check-up during her pregnancy.
- Brush your teeth 2 times a day, or after every meal to promote healthy teeth.
- Use a soft tooth brush with toothpaste containing fluoride.
- Have a dental check every 6 months for good oral health.
- Choose healthier snacks such as fruit, vegetables, yogurt, or cheese.
- If you have long-lasting dental pain, have your teeth examined at the local health center.
- Avoid saliva sharing behaviors such as: sharing a spoon, softening or chewing the

ལཱ་ལོ་གི་སོ་བདག་འཛིན་འབད་ཐངས།

- ལ་དང་འབྲེལ་བའི་འཕྲོད་སྟོན་འདི་སོ་དང་སོའི་ཉི་ལུ་གིས་མི་དོ།
- ལ་ལུ་སྐྱེས་ནི་ཡོད་མི་ག་ར་གིས་ ལ་ལུ་ཆགས་ཚར་ཞིན་མ་ལས་མ་སྐྱེ་བའི་ཉེ་མ་ རང་སོའི་སོ་འདི་ཚར་གཅིག་ཞིབ་དཔྱད་འབད་དགོ།
- རྒྱུད་རའི་སོ་འདི་སྐྱིད་སྐྱིད་སྐྱེ་བཞག་ཐབས་ལུ་ ཉེན་མ་གཅིག་ནང་སོ་ཁྱུ་ཚར་གཉིས་རེ་ ཡང་ན་ བཞེས་སྐོ་ཚར་རེ་བའི་བཤུལ་ལུ་ སོ་ཁྱུ་ཚར་རེ་རྒྱབ།
- སོ་ཁྱུ་འཇམ་ཅུག་ཅུ་ཡོད་མི་དང་ སོ་སྐྱེན་ སུ་ལོ་རྒྱུ་ལག་ལེན་འཐབ།
- ལའི་འཕྲོད་བསྟེན་ལེགས་ཤོམ་བཞག་ནིའི་དོན་ལུ་ ལྷམ་ཅུག་ནང་ སོའི་ཞིབ་དཔྱད་ཚར་རེ་འབད།
- འཕྲོད་བསྟེན་ཅན་གྱི་བཟུང་རིགས་ ཚོད་བསྐྱེ་དང་ ཤིང་འབྲས་ དེ་ལས་ ཞོ་དང་དར་ཚོ་ཚུ་བཞེས།
- སོ་ལུག་ཡུན་རིང་མོ་སྐྱེ་རྒྱབ་པ་ཅིན་ རང་སོའི་ཉེས་འདབས་ཀྱི་སྐྱེན་ཁང་ནང་ལུ་ཞིབ་དཔྱད་འབད།
- ལའི་ནང་གི་ཚེལ་མ་གཅིག་གི་ལ་ནང་ལས་གཞན་མིའི་ལ་ནང་ལུ་འཇུལ་ནི་ཨིན་པའི་བྱ་སྤྱོད་ དཔེར་ན་ སུར་མོ་གཅིག་གིས་ ཟ་ནི། ལ་ལུ་ལུ་ལྟ་ལ་ནང་སྐྱར་ཉེ་བྱིན་ནི་ ལ་ལུ་འཇུལ་གིས་ལྟོ་འཇུལ་ལྟ་ནི་ཚུ་འབད་ནི་མི་འོང།

CARING FOR YOUR NEWBORN BABY

Newborn care:

1. Exclusively breast feed your baby. Do not give your baby anything else.
2. Keep your baby warm. Wrap your baby in dry blankets and cover the head.
3. Keep the cord clean and dry.
4. Your baby should be given a bath only every 2-3 days.

Danger signs: Seek immediate medical care for your baby for any of the following:

1. Lethargy, weakness, or difficulty waking up.
2. Not feeding well, especially if your baby had been previously feeding well.
3. Yellow-colored skin, especially if on the palms or soles.
4. Difficult or fast breathing, or lips becoming blue.
5. Baby feels hot or cold to touch.
6. Convulsions or fits.
7. Any pus from the umbilicus or eyes.

ཨ་ལུ་གསར་སྐྱེས་བདག་འཛིན་འཐབ་ཐངས།

གསར་སྐྱེས་བདག་འཛིན།

- ༡ རྒྱུད་རའི་ཨ་ལུ་འདི་ལུ་ཨོམ་ག་དེ་དག་དག་བྱིན། གཞན་ཟས་རིགས་བྱིན་ནི་མི་འོང་།
- ༢ ཨ་ལུ་འོ་རྟོག་རྟོ་སྤེ་བཞག་ཨ་ལུ་སྐྱ་རས་སྐམ་ནང་སྐྱ་ར་ཞིན་མ་ལས་ མགུ་རྟོག་སྐྱ་རས་ཀྱིས་སྐྱ་ར་བཞག།
- ༣ ཨ་ལུ་འི་ལྷེ་ཕ་རྟིང་སངས་ས་དང་སྐམ་སྤེ་བཞག།
- ༤ ཉིན་མ་ ༢-༣ གི་བར་ན་ཚར་རེ་རྒྱ་འབྱུ་བྱིན།

ཉིན་ལ་ཅན་གྱི་རྟགས་མཚན། ག་གསར་འཁོད་གནད་དོན་གང་རུང་བྱུང་སྐབས་དེ་འཕྲོ་ལས་སྐྱན་ཁང་ནང་བཏོན།

- ༡ རྒྱུད་དན་པ་ ཞན་ཁོག་ ལམ་འགྲོ་མ་རྒྱུགས་པའི་སྐབས་ལུ།
- ༢ ཉེ་མ་ལེགས་ཤོམ་སྤེ་ཨོམ་འབྱུང་ཡོད་རུང་ ཨོམ་ལེགས་ཤོམ་སྤེ་འབྱུང་མ་བརྟུབ་པའི་སྐབས་ལུ།
- ༣ ལག་པའི་མཐིལ་དང་ ཀ་མའི་མཐིལ་ལུ་ བཀྱབ་སེར་པོ་བྱུང་བའི་སྐབས།
- ༤ བྱང་གཏོང་ལེན་འབད་མ་རྒྱུགས་པ་དང་ ཡངན་ བྱང་ཤུགས་སྤེ་གཏང་ནི། ཡངན་ ཁའི་མཚུ་རྟོན་མ་འགྲོ་བའི་སྐབས།
- ༥ ཨ་ལུ་འི་གཟུགས་ཁར་ལག་པ་འདོགས་པའི་སྐབས་ ཚ་རྟོམ་ཡངན་འཁོལ་མ་བྱུང་སྐབས།
- ༦ དྲན་མ་མེད་པ་འགྲོ་བའི་སྐབས།
- ༧ ལྷེ་ཕ་ཡངན་མིག་རྟོ་གུ་ལས་རྣག་ཐོན་པའི་སྐབས།

BREAST FEEDING TIPS

4 signs of good positioning for successful breastfeeding.



Good positioning of baby

- Baby's neck and body are straight
- Baby's body is turned towards mother
- Baby's body is close to mother
- Baby's whole body is supported



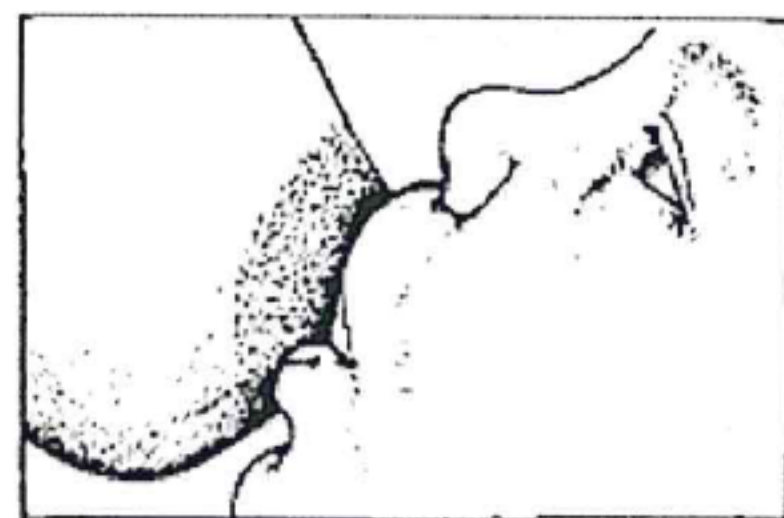
Poor positioning of baby

4 signs of good attachment for successful breastfeeding.



Good attachment

- Chin touches the breast
- Mouth is wide open
- Lower lip is curled downward
- More areola is visible above the baby's mouth than below



Poor attachment

BREAST FEEDING TIPS

Signs of adequate and proper feeding in the first weeks

- Baby has at least 6 wet nappies and 2-3 stools per day
- Baby breast feeds at least 8 times in 24 hours, feeding as often as your baby wants
- Baby is content after most feedings
- You can hear your baby swallowing during feeding
- Your breasts are full before feedings and soft after feedings
- Your baby is only drinking breast milk
- Your nipples are not sore, cracked or bleeding



Cup feeding

Other tips

- Avoid bottle feeding your baby to prevent nipple confusion and diarrhea.
- If advised by a health care worker to supplement, use only formula prepared with warm boiled water.
- If your baby is not breast feeding well, you can express breast milk by hand and feed your baby with a small spoon or cup. The baby must be held upright when fed this way to avoid choking.

ཨོམ་བྱིན་ཐངས།

བདུན་པ་ལྷན་དང་པའི་ནང་ ཨོམ་ཚུལ་དང་མཐུན་སྟེ་སྦྱིན་ཡོད་པ་དང་ མེད་པའི་རྟགས་མཚན།

- ཨ་ལུ་གིས་ཉིན་གཅིག་ནང་ལུ་ ཨ་གདན་ཉུང་ཤོས་ལྷོན་མ་བཟོ་ནི་དང་ ཆབ་གསང་རྒྱས་པ་ ཉིན་གཅིག་ནང་ཚར་ 2-3བཏང་ནི།
- ཨ་ལུ་འདི་ལུ་དུས་ལུན་ཚུ་ཚོད་20འི་ནང་འཁོད་ ཨོམ་ཉུང་ཤོས་ཅར་བྱིན་དགོས་ཡང་ན་ ཨ་ལུ་འདི་ལུ་ག་དེམ་གཅིག་དགོས་གཅིག་ སྟེ་འབད་དགོ།
- ཨ་ལུ་འདི་ཨོམ་ཚར་ལེ་ག་བྱིན་ཞིན་མ་ལས་རྒྱུང་མ་ཅིག་ཚུ་མས་འོང་།
- ཨ་ལུ་ཨོམ་འབྲུང་བའི་སྐབས་ལུ་ ཨོམ་སྟོད་མ་གཏང་བའི་སྐད་གོ།
- རྩེད་ཀྱི་ཨོམ་འདི་ ཨོམ་མ་བྱིན་པའི་མཐའ་མར་སྲ་ཀྱག་ཀྱ་དང་ འབྲུང་ཚར་མ་ད་འཇམ་ཉོང་ཉོང་འོང་།
- རྩེད་རའི་ཨ་ལུ་འདི་ལུ་ ཨོམ་རྒྱུང་མ་གཅིག་བྱིན་དགོ།
- རྩེད་རའི་ཨོམ་གྱི་སྦྱི་ཉོག་གུ་མ་དང་གས་གསལ་ཡང་ན་ཁྲག་ཐོན་ཐོན་མ་མེད་པ་དགོ།

སྐབ་བྱ་གཞན།

- ནད་གཞི་བཤལ་ནད་སོགས་མི་འཐོབ་ནི་དོན་ལུ་ བྱིབ་དམ་གྱི་ཨོམ་བྱིན་ནི་ལས་གཟེམ།
- ཨོམ་བྱིས་མ་ལང་པའི་སྐབས་ གསོ་བའི་ལས་བྱེད་པ་བྱིས་སྐབ་སྟོན་འབད་མི་དང་འཁྲུལ་བའི་ཨོམ་བྱིན།
- ག་དེམ་ཅིག་སྟེ་རྩེད་རའི་ཨ་ལུ་བྱིས་ཨོམ་ལེགས་ཤོས་སྟེ་འབྲུང་མ་བཏུབ་པ་ཅིན་ ཨོམ་བཙོང་མོང་པ་གཅིག་ནང་ལུ་ཨོམ་བཙོང་ཞིན་མ་ ལས་ ཐུང་མ་བྱིས་སྟེ་བྱིན་དགོ། རྟོད་མ་མ་ཐོག་ནི་གི་དོན་ལུ་ ལྷ་སྟོག་ཡར་མེད་ལུ་ཅིག་སྟེ་བཞག་སྟེ་བྱིན་དགོ།





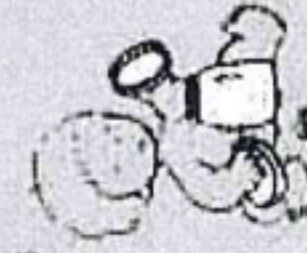
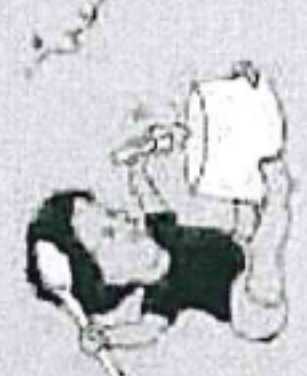






RECOMMENDATIONS FOR FEEDING YOUR CHILD



<p>Newborn, birth up to 1 week</p>	<ul style="list-style-type: none"> • Immediately after birth, put your baby in skin to skin contact with you. • Allow your baby to take the breast within the first hour. Give your baby colostrum, the first yellowish, thick milk. It protects the baby from many illnesses. • Breastfeed day and night, as often as your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk. • If your baby is small (low birth weight), feed at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if baby does not wake self. • Do not give other foods or fluids. Breast milk is all your baby needs.
<p>1 week up to 6 months</p>	<ul style="list-style-type: none"> • Breastfeed as often as your child wants. Look for signs of hunger, such as beginning to fuss, sucking fingers, or moving lips. • Breastfeed day and night, whenever your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk. • Do not give other foods or fluids. Breast milk is all your baby needs.
<p>6 months up to 9 months</p>	<ul style="list-style-type: none"> • Breastfeed as often as your child wants. • Also give thick porridge or well-mashed foods, including animal-source foods and vitamin A-rich fruits and vegetables. • Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cup at each meal. • Give 2 to 3 meals each day. • Offer 1 or 2 snacks each day between meals when the child seems hungry.
<p>9 months up to 12 months</p>	<ul style="list-style-type: none"> • Breastfeed as often as your child wants. • Also give a variety of mashed or finely chopped family foods, including animal-source foods and vitamin A-rich fruits and vegetables. • Give 1/2 cup at each meal. • Give 3 to 4 meals each day. • Offer 1 or 2 snacks between meals. The child will eat if hungry. • For snacks, give small chewable items that the child can hold. Let your child try to eat the snack, but provide help if needed.
<p>12 months up to 2 years</p>	<ul style="list-style-type: none"> • Breastfeed as often as your child wants. • Also give a variety of mashed or chopped family foods, including animal-source foods and vitamin A-rich fruits and vegetables. • Give 3/4 cup at each meal. • Give 3 to 4 meals each day. • Offer 1 to 2 snacks between meals. • Continue to feed your child slowly, patiently. Encourage—but do not force—your child to eat.
<p>2 years and older</p>	<ul style="list-style-type: none"> • Give a variety of family foods to your child, including animal-source foods and vitamin A-rich fruits and vegetables. • Give at least 1 full cup at each meal. • Give 3 to 4 meals each day. • Offer 1 or 2 snacks between meals. • If your child refuses a new food, offer "tastes" several times. Show that you like the food. Be patient. • Talk with your child during a meal, and keep eye contact.

RECOMMENDATIONS FOR CARING FOR YOUR CHILD'S DEVELOPMENT



<p>Newborn, birth up to 1 week</p> 	<p>Your baby learns from birth.</p> <ul style="list-style-type: none"> • Play: Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke, and hold your child. Skin to skin is good. 	<ul style="list-style-type: none"> • Communicate: Look into baby's eyes, and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice. 
<p>1 week up to 6 months</p> 	<ul style="list-style-type: none"> • Play: Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, ring on a string 	<ul style="list-style-type: none"> • Communicate: Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures. 
<p>6 months up to 9 months</p> 	<ul style="list-style-type: none"> • Play: Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon. 	<ul style="list-style-type: none"> • Communicate: Respond to your child's sounds and interests. Call the child's name, and see your child respond. 
<p>9 months up to 12 months</p> 	<ul style="list-style-type: none"> • Play: Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo. 	<ul style="list-style-type: none"> • Communicate: Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". Sample toy: doll with face. 
<p>12 months up to 2 years</p> 	<ul style="list-style-type: none"> • Play: Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips 	<ul style="list-style-type: none"> • Communicate: Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures, and things. 
<p>2 years and older</p> 	<ul style="list-style-type: none"> • Play: Help your child count, name, and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, sock or chalk board, puzzle 	<ul style="list-style-type: none"> • Communicate: Encourage your child to talk and answer your child's questions. Teach your child stories, songs, and games. Talk about pictures or books. Sample toy: book with pictures 

Give your child affection and show your love.
Be aware of your child's interests and respond to them.
Praise your child for trying to learn new skills.

DEVELOPMENTAL SCREENING QUESTIONS

Periodically review these questions. If you answer "Yes" to any of them, please have your child seen by a doctor at your local health center.

Yes No

- 1. Compared with other children of the same age, does your child have any serious delays in sitting, standing, or walking?
- 2. Compared with other children of the same age, does your child have difficulty seeing, either in the daytime or at night?
- 3. Does your child appear to have difficulty hearing?
- 4. When you tell your child to do something, do they often misunderstand what you are saying?
- 5. Does your child have difficulty in walking or moving their arms, or do they have weakness and/or stiffness in their arms or legs?
- 6. Does your child sometimes have fits or seizures, or become rigid or unconscious?
- 7. Compared with other children of the same age, does your child take a lot longer to learn to do things?
- 8. Compared with other children of the same age, is your child's speech different?
- 9. **(For 2-year olds)**
Does your child have trouble naming one object (for example a cup, spoon, animal, or food)?

(For 3 to 5 year olds)
Is your child's speech in any way different from other children their age? Do other people who are not a part of your family have trouble understanding your child?
- 10. Compared with other children of the same age, does your child appear in any way to be backward, dull or slow?

Message for Mother & Child

DENTAL CARE FOR CHILDREN

Age infancy to 2 years old:

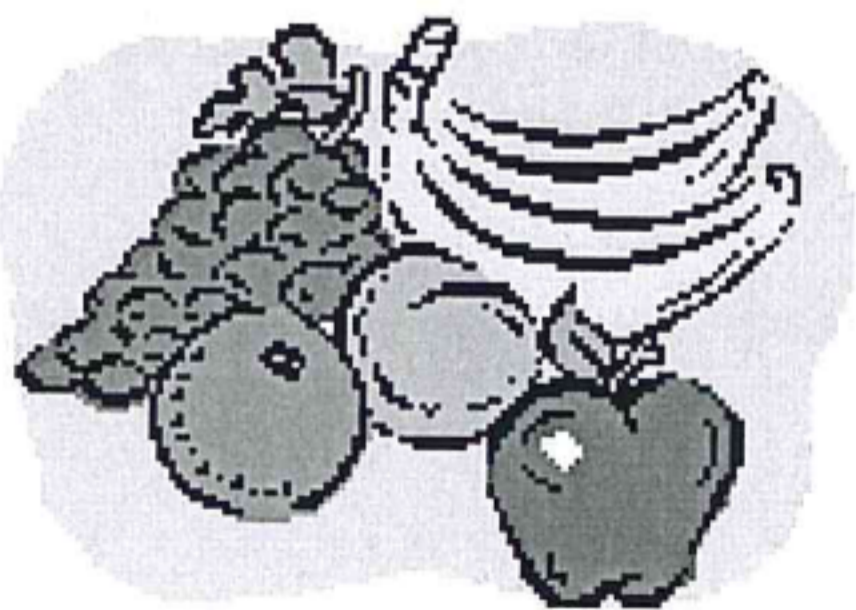
- A baby's first tooth will appear between 6 and 12 months of age
- Start cleaning your baby's teeth once they appear
- Initially wipe the tooth/teeth with a clean cloth wrapped around your finger. A soft infant/child sized toothbrush can also be used.
- Clean/brush the teeth 2 times a day.
- Do Not use toothpaste at this age.

Age 2 –5 years old:

- Encourage and help your child brush their teeth two times a day, or after every meal.
- Use a pea-sized amount of toothpaste with fluoride.
- Children should spit out the toothpaste but not rinse after brushing.
- Children should not eat for 30 minutes after brushing.
- After 2 years old, take your children every 6 months to have their teeth checked.

TIPS FOR HEALTHY TEETH

- Avoid sugar-sweetened foods and drinks between meals.
- Choose healthier snacks such as fruit, vegetables, yogurt or cheese.
- Sweet drinks including juice should never be put in a bottle.



- Do not give a child a bottle or sippy cup when they go to sleep.
- If the child has long-lasting pain on their teeth or gums, have them seen at your local health center.



Message for Mother & Child

Class timing	Parent's Class Contents	Date	Done by
Beginning of Pregnancy	Advice for pregnancy (pg 21)	/ /	
	Nutrition during pregnancy	/ /	
~ 12 weeks	Dental care for mothers (pg 23)	/ /	
~ 36 weeks	Preparing for breast feeding (pg 24,26)	/ /	
	Caring for your baby (pg 28)	/ /	
~ 38 weeks	Preparing for your delivery and first days of motherhood	/ /	
	Importance of breast feeding within the first hour and exclusive breast feeding for 6 months	/ /	
At Delivery	Breast feeding recommendations for success (pg 26, 27)	/ /	
	Caring for your baby and danger signs (pg 24)	/ /	
	Accident prevention (inside of back cover)	/ /	
	Importance of vaccinations	/ /	
	Recognizing if your baby is ill	/ /	
	PNC, and maternal health and nutrition during breast feeding	/ /	
~6 months of age	Adding complementary foods to your baby's diet (pg 27)	/ /	
	Dental care for children (pg 30)	/ /	
~ 1 year of age	Assessing child development (pg 29)	/ /	

Message for Mother & Child

KEY INFANT AND CHILD SAFETY INFORMATION

Birth to 5 months	<ul style="list-style-type: none">• Do not give your baby water, butter, or food before 6 months of age as it increases the risk of diarrhea or choking.• Do not cover up your baby's face with a blanket to prevent suffocation.
6 months to 2 years	<ul style="list-style-type: none">• Do not give a child hard foods/candy, small toys with detachable pieces, or objects smaller than their fist as they are choking risks.• When children start rolling, crawling, or walking, protect them from falling out of bed, down stairs, out of windows, or off of balconies.• Keep all medicines, cleaning supplies, pesticides, and flammable liquids out of reach of children.
2 - 5 years	<ul style="list-style-type: none">• Children should be in the back seat of a vehicle, and never be allowed to stick their head or arms outside a moving vehicle.• Don't let children play with matches, or around fires or hot liquids.• Do not allow children to play unsupervised near rivers or roads .• Do not allow children to play with sharp objects.

GENERAL ADVICE

- Attend all of your recommended antenatal and postnatal visits.
- Plan early for an institutional delivery.
- Get all of your baby's immunizations at their scheduled times.
- Bring your baby to get weighed and measured monthly for the first year of life.
- From 1 year of age until your child enters school, bring your child every three months to get weighed and measured, and for necessary medications and immunizations.
- If your child does not appear to be developing like other children his/her age, have them seen at the local health center.
- If your child is seriously ill, seek medical care immediately.



དཔལ་ལྷན་འབྲུག་གཞུང་།
 ROYAL GOVERNMENT OF BHUTAN
 གསོ་བའི་ལྷན་ཁག།
 MINISTRY OF HEALTH
 སྐྱེས་བའི་གསལ་བསྐྱབས།
 NOTIFICATION OF BIRTH

སྐྱ་ཁང་ཆེ་བ་ / སྐྱ་ཁང་རྒྱུང་བའི་མིང། ལྷི་ཚེས།
 Hospital / BHU Name : _____ Date: ____ / ____ / ____
 རྫོང་ཁག། ཆེད་འོག། / རྩོམ་སྡེ།
 Dzongkhag: _____ Gewog / Thromde : _____

ཨ་འུ་མི་ལ་གསལ། / Mother's Information

མིང་ / Name : _____
 སྐྱེས་ཚེས་ (ཚེས་ / ལྷི་ / ལོ་) / DOB (DD / MM / YYYY) :
 མི་ཁྲུང་ས་འོ་སྤྱོད་ལག་ཁྱེར་ / དམིགས་བསལ་གནས་སྡོད་ཚོག་པའི་ཚོག་ཐམ་ / ལམ་འགྲུལ་ཚོག་ཐམ་ / ལམ་ཡིག་ཡང་
 CID / SRP / Permit / Passport No. : _____
 ས་རྒྱལ་ཁབ་(ཕྱི་མི་དོན་ལུ) / Country (For Non-Bhutanese) : _____

ཨ་པའི་ལ་གསལ། (ཨ་ལུ་འུ་མི་ལ་གསལ་བཏོན་མི་ལྟར) / Father's Information

(As provided by the baby's mother)

མིང་ / Name : _____
 སྐྱེས་ཚེས་ (ཚེས་ / ལྷི་ / ལོ་) / DOB (DD / MM / YYYY) :
 མི་ཁྲུང་ས་འོ་སྤྱོད་ལག་ཁྱེར་ / དམིགས་བསལ་གནས་སྡོད་ཚོག་པའི་ཚོག་ཐམ་ / ལམ་འགྲུལ་ཚོག་ཐམ་ / ལམ་ཡིག་ཡང་
 CID / SRP / Permit / Passport No. : _____
 ས་རྒྱལ་ཁབ་(ཕྱི་མི་དོན་ལུ) / Country (For Non-Bhutanese) : _____

འདི་སྐྱེས་ལག་ཁྱེར་མེད་མཁས་ལས་ ལག་ཁྱེར་འདི་གི་དོན་ལུ་ ཉེ་འདབས་ཀྱི་མི་སྡེ་ལྷན་ཁག་ཡང་ན་ རྫོང་ཁག་ཞི་བའི་ཐོ་བཀོད་དང་མི་རྩིས་ཡང་ན་ རྩོམ་སྡེ་ཡང་ན་ ཞི་བའི་
 ཐོ་བཀོད་དང་ མི་རྩིས་ལས་ཁྲུང་ས་ལྷན་ཁག་ལྷན་པོ་གནང་།

This is not a Birth Certificate. For Birth Certificate visit nearest Community Center or Dzongkhag Civil Registration and Census office or Thromde or Department of Civil Registration and Census HQ

གསོ་བའི་མཐུན་རྐྱེན་མེད་ས་ལུ་ ཨ་ལུ་སྐྱེས་མི་རྩིས་ལྷན་ཁག་གི་དོན་ལུ་ སྐྱེས་བའི་གསལ་བསྐྱབས་ནང་ ལ་གསལ་བཏོན་ཡོད་མི་འདི་ འབྲི་ཤོག་ཡང་ བེ་སི་ཨར་ཨེས་ཨ་འུ་མི་
 01 དང་འབྲེལ་ཉེ་ཡིན།

For Birth occurring outside health facility, the information provided in this notification of birth is based on the form No. BCSR-IB-01

སྐྱེས་བའི་ཁ་གསལ།

Delivery Information :

གསོ་བའི་མཐུན་རྐྱེན་ཡོད་པར་
In Health Facility

གསོ་བའི་མཐུན་རྐྱེན་མེད་པར་
Outside Health Facility

ཨའི་དང་ཨ་ལུ་གི་གཟུགས་ཁམས་ཐོ་བཀོད་ཨང་

MCH Registration No.: ----0

སྐྱེས་ཚེས་ (ཚེས་ / ཟླ་ / ལོ་) / DOB (DD / MM / YYYY): / /

དུས་ཚོད་ / Time: _____ : _____ AM PM

ཕོ་མའི་དབྱེ་བ / Sex: _____ རྨིད་ཚོད་ / Birth weight: _____ gms

If multiple births:

ཕོ་མའི་དབྱེ་བ / Sex: _____ རྨིད་ཚོད་ / Birth weight: _____ gms

གལ་སྲིད་ཨ་ལོ་གཉིས་ལས་ལྷག་སྟེ་ཡོད་པ་ཅིན་ ཁ་སྐོང་འབྲི་ཤོག་ཨང་གསོ་ལྷན་སྐྱེས་གསལ་ - 01 ལག་ལེན་ཐབ་གནང།

Note: In case of more than two babies, use additional form No. MOH-NB-01

ག་ལུ་བྱིན་ནི་ཡིན་ན། / ISSUED TO

(གསོ་བའི་མཐུན་རྐྱེན་མེད་པར་ལུ་ ཨ་ལོ་སྐྱེས་མི་རྒྱ་གོ་དོན་ལུ་ / For the birth occurring outside health facility)

མིང་ / Name : _____

མི་ཁྲུངས་དོ་སློད་ལག་ཁྲུང་ / དམིགས་བསལ་གནས་སྡོད་ཚོག་པའི་ཚོག་ཐམ་ / ལམ་འགྲུལ་ཚོག་ཐམ་ / ལམ་ཡིག་ཨང་

CID / SRP / Permit / Passport No. : _____

མཚན་རྟགས་ / Signature: _____

མཚན་རྟགས་བཀོད་པའི་ཚེས་གྲངས་ (ཚེས་ / ཟླ་ / ལོ་)

Date signed (DD / MM / YYYY): _____ / _____ / _____

ང་གིས་གོང་ལུ་བཀོད་མི་གནས་ཚུལ་ཚུ་བྲང་བདེན་སྟེ་ལྷུ་མ་ཡིན། གལ་སྲིད་མ་བདེན་པའི་གནད་ཁྲུངས་དེ་འཕྲོན་པ་
ཅིན་ རྒྱལ་ཁབ་ཀྱིས་ཁྲིམས་ལུགས་དང་འབྲེལ་ ཉེས་ཁྲིམས་ལྷན་ལུ་ལྷོད་ཡོད།

I declare that all the information provided above is true and correct.

If provided to be false, i shall be liable for punishment as per the law of the Lamd.)

ཨ་ལུ་སྐྱེས་གཡོག་འབད་མི་གསོ་བའི་མཁས་མཚོག་གི་མིང།

Name of Health Professional who performed delivery: _____

དཔལ་ལྷན་འབྲུག་པའི་གསོ་བ་དང་ འཕྲོད་བསྟེན་ཚོགས་སྡེ་ཐོ་བཀོད་ཨང་

BMHC registration No.: _____

ཐུག་དང་མཚན་རྟགས་ / Signature and Seal

གསོ་བའི་མཐུན་རྐྱེན་གྱི་ཐིུ།
Seal of the Health Facility

MEANT...

“TO ACCOUNT FOR THE MOTHER’S WELFARE AND THE
CHILD’S HEALTH BY THE HEALTH FACILITY WITH WHOM
1ST CONTACT WAS MADE”



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