Guideline on Mother and Child Health Hanbook

Miistry of Health

2018

ACKNOWLEDGEMENT

The Department of Public Health would like to express gratitude to the following health professionals and relevant Programs in the revision of Mother and Child Health Handbook in 2018. In tandem with the MCH handbook, the team has revised the MCH guideline with incorporation of Bhutan Child Development Screening Tool. The 3rd revision in series is aimed to meet the evolving mother and child health needs in the country.

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Foreword

The revision of mother and child health handbook is important to incorporate evolving mother and child health needs. This handbook is useful to track pregnant women and provide timely care till a child attains 5 years of age. The components of care include providing at least 8 antenatal care during each visit, delivery in the health facilities, 4 postnatal care, growth monitoring, immunization among others.

It must be mentioned that early booking is critical to realize the above 8 ANCs. Although institutional delivery rate has increased drastically over the past years, concerted efforts must be made to ensure that all pregnant women give birth in the health facilities. Similarly, postnatal care visits provide excellent opportunity to reduce maternal and newborn morbidity and mortality. Hence, home health center must counsel mothers and partners to receive all the 4 PNCs timely.

In this revision, the 3rd in series, inclusions of variables including the integration of Bhutan Child Development Screening Tool have been made to ensure that development delays of a child are detected early and interventions are made to lead a normal life. Thus, it must be made clear that all health centers must diligently carry out the screening and necessary interventions as reflected in the tool are carried out with reporting in the health information system.

Since the MCH handbook is printed once in a year, we would like to inform that the home health center that issue the handbook should brief on the importance and urge the mothers to take good care of it. Annually, 15000 copies are printed and distributed to health centers through Dzongkhag Health Offices in the country.

This guideline provides guidance and standard procedures on using the MCH Handbook. We hope that the MCH handbook guideline would be user-friendly to our health professionals and make best use of it consequently help improve health of mothers and children in Bhutan.

Tashi Delek!

(Dr. Ugen Dophu)

SECRETARY

TABLE OF CONTENTS

1. BACKGROUND:

Ministry of Health has started using Mother and Child Health (MCH) Handbook in 2007 in place of 'Road to Health Cards'. The aims of MCH Handbook are to:

1.1 Encourage all pregnant women to;

1.1.1 Attend all antenatal care visits; and

1.1.2 Give birth in health facilities.

1.1. Early detection and intervention of complications during pregnancy and illness of the mother or infant/child.

1.2. Encourage all mothers and their new born babies to receive postnatal care.

1.3. Ensure completeness of the immunization regimen till the child is five years of age.

1.4. Promote better nutrition and development of the infant/child.

1.5. Early detection of developmental delays and initiation of appropriate management (treatment and care).

1.6. Monitor the status and services availed by the mother and child by regularly checking, investigating, providing services, and recordings.

The MCH Handbook is periodically revised to incorporate new changes related to mother and child during pregnancy and until the time the child turns five years old. The first revised MCH handbook was implemented in 2013 and latest revision was done in 2018. Further, to provide the guidance and standard procedures on using the MCH Handbook by the healthcare providers in Bhutan, a "Guideline on Mother and Child Health Handbook" is developed. This would strengthen standards and uniformity in using the MCH Handbook. Therefore, all healthcare providers are requested to be thorough and follow this guideline while using the MCH Handbook.

2. ISSUING AUTHORITY, PROCEDURE AND REPORTING:

The Home Health Center shall allot MCH number and issue the MCH Handbook on receiving a pregnant woman for ANC/Delivery/PNC for the first time or child without MCH Handbook for PNC and Immunization for the first time. Irrespective of where the mother is from, the health centre where she is first registered will be responsible to follow up women and child through pregnancy, delivery, postnatal, immunization and growth monitoring till the child is 5 years of

age and report to HMIS. If the baby is born of the mother without ANC, that health facility will provide MCH handbook but registration number can be issued from the HHC. In case of multiple pregnancies, additional handbook should be issued depending on the number of babies born by the health facility where the delivery took place. In the event of issuance of duplicate MCH Handbook following ~~lines~~ should be either clearly written or stamped "Duplicate MCH Handbook" on the cover page, page 2 and other relevant pages with signature, BMHC registration number and seal of the health center.

In case a woman or her child who has already registered in the Home Health Center receives services in another center, that health facility **MUST report to Home Health Center** to update the information in the MCH register and report to HMIS. This is done to ensure that no mother or child is lost to follow-up, and also to avoid any kind of duplication for recording and reporting. Every health facility should maintain a visitor register to keep record and to report the information to their respective Home Health Center.

3. COVER PAGE OF THE MCH HAND BOOK:

3.1 **Risk circle**: Tick the circle if the pregnancy is **high risk**. For low risk, leave the circle blank. Identify high risk from the history on page 4.

3.2 **Serial No.**: This serial number is a five digit numbers which has nothing to do with the mother and child coding. This is to keep the record of the numbers of handbook issued to the dzongkhag and health facility, for e.g., Serial no. 00001 to 00250 issued to T/gang or serial no. 00256 to 00500 issued to Paro etc. This will also make every health worker accountable for every MCH handbook that is being issued to them.

3.3 **Mother' MCH Reg. No.:** The register number should be based on the coding given on each register as explained under the General Information section below.

3.4 **Mother's Name**: Enter the name of the mother in the space provided.

3.5 **Mother and Child Handbook** (both in Dzongkha and English): This is the name of the book.

3.6 **Ministry of Health**: This is the name of the Ministry or publisher of the book.

3.7 **Baby's Name**: Enter the name of the child in the space provided.

3.8 **Picture**: This picture shows mother breastfeeding her child emphasizing the importance of breastfeeding.

3.9 **Please do NOT lose this book**! A request for taking good care of the MCH handbook. This is very important book for maintaining proper records, and providing services to mother and child. The books are printed by the government and should take good care of the book.

3.10 **Health of Every Mother and Child Counts**: Reinforcing the importance of every mother and child.

3.11 **CALL 112 for Emergency**: This is the toll-free call number of the Health Help Centre ~~in~~ emergency.

4. Table of Contents:

Blue shaded pages are meant for educational purposes and should be explained to the patients and duly signed by the health professionals who give health education at appropriate time as scheduled in the program stages.

5. HOME HEALTH CENTER AND HEALTH CARE PROVIDER INFORMATION

5.1. **Home Health Center:** Name of the health center from where the first MCH service is being availed.

5.2. **Home Health Center Contact Number:** Note the fixed line of the Home Health Center and mobile number if available.

5.3. **Date and place of issue:** The date and place from where the book is issued to the woman or child.

5.4. **Seal of the health center:** The seal of the Home Health Center which provides the MCH number.

5.5. **Name and Designation of the health care provider:** Write the name and designation of the health care provider who examines and issues the book.

5.6. **Signature of the Health care provider:** The Health care provider who examines the woman/child and issues the book signs on the space provided and writes his/her name.

5.7. **BMHC no.**: Reflect the BMHC no. of the health care provider who have examined and issued the handbook on the space provided.

6. MOTHER'S INFORMATION

(Page no 2 and 3 of the MCH handbook)

6.1. **Name:** Name of the mother as it appears on her Citizenship Identity card or some other reliable document.

6.2. **Current MCH registration number:** Write the registration number in the space provided. The number will be followed by the suffix '0' for the mother.

6.3. **MCH registration number of last pregnancy:** All pregnant women should bring their previous MCH handbook for health care provider to note important information of last pregnancy and childbirth. Write the registration number in the space provided whenever applicable.

6.4. **DOB:** The mother's date of birth as it appears on the CID card or some other reliable documents.

6.5. **Age:** The mother's completed number of years after birth.

6.6. **Citizenship ID No:** The CID no. /SRP no./permit/ passport no. (Remind renewal of CID if near expiry date.)

6.7. **Permanent address:**

6.7.1 **Village**: Mother's village as per her census record.

6.7.2 **Gewog**: Mother's gewog as per her census record.

6.7.3 **Dzongkhag:** Mother's dzongkhag as per her census record.

6.7.4 **Education**: Tick the appropriate box from the list provided.

6.7.5 **Occupation:** Fill in the space provided.

6.7.6 **Phone No**: The fixed land line number or mobile number of the pregnant woman which will be in use throughout her pregnancy and beyond. Please update any changes.

6.7.7 **Present address:** The address where the woman resides currently (house number, location, lam, name of the building and flat number if it is in urban area)

6.8 EMERGENCY CONTACTS: NAME AND NUMBER:

The health care provider should ask and note down the names and contact numbers of two people who may be contacted in case of emergency during pregnancy and childbirth. These people can be husband/partner/close relatives/ friends etc...

7. INFANT/CHILD'S INFORMATION

7.1 **Name:** The name of the child.

7.2 **Infant's registration number:** This number is same as the mother's MCH registration number with the suffix '1'. In case of multiple pregnancies, additional handbook is provided with the same number with the suffix '2', '3' etc. The additional handbook will be provided by health center where the delivery takes place.

8. MOTHER'S HEALTH INFORMATION

(Page no 4 of the MCH handbook)

8.1 INITIAL GENERAL EXAMINATION

To be filled on her first day of registration with the MCH clinic

8.1 **BP:** The blood pressure measured with the functional sphygmomanometer.

8.2 **Height:** To be noted in terms of centimeters.

8.3 **Weight:** To be noted in terms of kilograms. Write the pre-pregnant weight, if the woman knows it. If the woman is booked in the first trimester, can use it to calculate BMI.

8.4 **BMI:** Please note the BMI by referring the BMI chart. Calculate the BMI from current pre-pregnancy weight or weight in the first trimester and height.

Examine the patient and fill in the check boxes. NONE of the check boxes under this is to be left blank. Place (√) in either 'Nl' if it is normal and 'Abl" for abnormal boxes, or place (√) in the 'No' or 'Yes' boxes.

9. MEDICAL HISTORY

(Page no 4 of the MCH handbook)

Ask the mother if she has had any of the diseases listed under the medical history. Place an **(√)** in either ***'No'*** or ***'Yes'*** boxes for each disease listed on the page. In case of **other severe medical disease** not listed above, specify the disease in the space provided.

In case of **Infertility treatment,** specify the type of treatment received. Presently the treatments for infertility in Bhutan are ovulation induction (OI) and intrauterine insemination (IUI). Some couples may have undergone In-vitro fertilization (IVF) and Intracytoplasmic injection (ICSI) from abroad. All pregnancies in women with infertility treatment should be considered more precious and given extra care.

10. PAST OBSTERIC HISTORY

(Page no 4 of the MCH handbook)

Please fill the past obstetric history by placing an **(√)** in either the ***'No'*** or ***'Yes'*** boxes for each condition listed. All these refer to previous pregnancies. If this is her first pregnancy, these do not apply.

Several sections on this page have background color that is highlighted. If there is ***'YES'*** ticked for any of the history listed in the highlighted area, the mother possibly need to ensure that the mother is followed up till she has delivered. The high-risk condition that was noted here should be written on top of **page number 9**.

List any medicines or allergies:

If the pregnant woman is on any lifelong medicines such as for epilepsy/hypertension/heart disease/thyroid and diabetes etc, please note down the correct dose and schedule and also record any allergies the mother has.

11. CURRENT OBSTETRIC HISTORY

(Page no 6 of the MCH handbook)

Mothers should bring past medical record paper and past MCH handbook when she comes for registration for the current pregnancy.

11.1 MENSTRUAL HISTORY

11.1.1 **Age of Menarche**: Age at which she had her first menstruation.

11.1.2 **Duration**: Number of days that her menstruation lasts.

11.1.3 **Cycle**: Record the number of days between two cycles (from the first day of the last cycle to the first day of the next cycle). Place (√) in the box if the cycle is regular (comes monthly), or irregular (more frequent, less frequent) etc.

11.1.4 **Last Menstrual Period (LMP)**: Note the date of the 1st day of the last menstrual period.

11.1.5 **Estimated Date of delivery by LMP (EDD)**: This is the date of delivery estimated from the last menstrual period. We get the EDD by adding 9 months and 7 days to the LMP.

11.1.6 **EDD by 1stultrasound**: Record the estimated date of delivery calculated from 1st ultrasound.

ULTRASOUND IN PREGNANCY

If EDD by LMP and USG are different by less than 1 week, and USG is done early in first trimester, follow the EDD by LMP. If the difference is more than 1 week then follow the EDD estimated from early USG. The earlier the USG is done, the more reliable is the dating by USG. Where ever possible do USG in the first trimester. A second trimester fundal height is also reliable if no USG was done.

- Where ultrasound is not easily available, do it only if abnormal presentation or abnormal fetal growth is suspected from height of fundus.
- If the woman or her husband has a family history of congenital anomaly or their previous baby had congenital anomaly, one ultrasound must be done between 20-22 weeks in a center with radiologist or Maternal Fetal Medicine Specialist.
- USG at 36 weeks for fetal biometric (AFI, EFW, presentation) is also recommended.
- If a woman has not delivered by 40 weeks, she must also be referred to medical officer/OBGYN and normally an ultrasound is done to decide when to do induction of labor.
- All abnormal presentation/lie should be referred to higher centers at 38 weeks.

11.1 **POG at 1st scan**: Record the Period of Gestation (gestational age) at the 1st ultra sound in weeks and days.

11.2 **Date of 1st USG scan**: Date on which she had her first scan done.

11.3 **Gravida:** The woman's total number of pregnancies, including the present pregnancy**.**

11.4 **Para:** The woman's total number of deliveries taken place whether live or dead

11.5 **Abortion:** Number of pregnancies that ended before 22 weeks of gestation

11.6 **Living:** Number of children alive

11.7 **Dead**: Number of deaths after birth

12. RECORD OF PAST PREGNANCIES

(Page no 5 of MCH handbook)

Please take the best history that you can.

12.1 **Date and Year of pregnancy/birth:** Dates and years of all their previous pregnancies/childbirths and just the year for miscarriages.

12.2 **Duration of Pregnancy**: How long did the pregnancy last? Note in weeks, or if not possible, note full term, preterm or miscarriage.

12.3 **Mode of delivery**: Normal/c section/ instrumental delivery.

12.3.1 ***Normal:*** normal vaginal delivery

12.3.2 ***Instrumental delivery:*** vaginal delivery assisted by vacuum or forceps

12.3.3 ***C-section:*** surgery to deliver the baby.

12.4 **Complications:**

Complications during past pregnancy (diabetes, high blood pressure, pre-eclampsia or other high risks) and at delivery (APH, PPH, infections, uterine inversion, shoulder dystocia, eclampsia, fetal distress, birth asphyxia, death of baby, or any others including multiple pregnancies and breech).

12.5 **Place**: Place of delivery. Circle ***"I"*** for institutional and ***"N"*** for any other place of delivery other than institutional.

12.6 **Sex:** Circle ***'M'*** for male, and ***'F'*** for female**.**

12.7 **Birth weight**: Baby's weight measured at birth or within 24 hours (writes in grams).

12.8 **LB/SB/Abortion**: Circle either ***"LB"*** for live birth, ***"SB"*** for stillbirth and, ***"AB"*** for abortion**.**

12.9 **Living or dead (age at death)**: Note alive or dead (if dead please specify the age at which the infant/child had died. Note hours or days for neonates, and months or years for older infants and children.

13. LABORATORY INVESTIGATIONS

(Page no 6 of the MCH handbook)

After the registration with the MCH clinic, the pregnant woman undergoes laboratory investigations. Please note the dates on which she undergoes the tests. Results should be noted at the side in the space provided.

13.1 FBS and PPBS for those with risk factors at first contact.

13.2 OGTT: Fasting and 2 hours after 75 grams of oral glucose (24-28 weeks of gestation). OGTT should be done in women having the following conditions:

- Marked obesity
- History of GDM
- Glycosuria
- History of poor obstetric outcome (*recurrent miscarriage, unexplained still birth*)
- Previous child's birth weight (>4 Kg)
- Family history of diabetes

In case of abnormal results and mother RH negative, referral to OBGYN specialist is required.

* TPHA/ or RPR/HBsAg: Please record the test date and the test reports as reactive or non-reactive. If benzathine penicillin has been given to treat syphilis, tick in the correct box and mention the date of treatment. It is important to know status of treatment of mother and also status of baby at birth (reactive or non-reactive). Refer mother with reactive HBsAg to district hospital for immunoglobulin.

For reactive HIV test results, the recording and dissemination of results should be as per the SOPs of the Ministry of Health. The second test should be done as recommended in page no.8.

If mother was found to be RH negative at first ANC visit, refer her to the district for further investigations (indirect coombs test if she has not received anti-D in the previous pregnancy) and administration of anti-D immunoglobulin during pregnancy (28 to 34 weeks) and at birth within 72 hours.

14. TETANUS VACCINATION SCHEDULE FOR PREGNANT WOMEN

(Page no. 7 of the MCH handbook)

Ask the pregnant woman for old documents regarding Tetanus containing vaccination and note the dates on which they were given in the spaces provided. She should have received 6 documented tetanus containing vaccinations from childhood to be fully protected. If she has no record of the vaccinations, give as per the first table on **page no. 7 of MCH handbook.** If she has some records, then follow the schedule as given in the second table on the same page.

15. RECOMMENDED ANTENATAL CARE VISITS TO PROMOTE GOOD HEALTH:

(Page no. 8 of the MCH handbook)

This is the reminder note and guideline for the health care providers on what to do at each antenatal visit. Few of the activities mentioned on the page depend upon the kind of health facility within the district.

Antenatal booking should be done as early as possible, preferably from first trimester. And a minimum of 8 antennal visits is recommended to promote good health and outcome.

Booking in first trimester helps to recognize women with conditions that can be prevented, treated or referred.

Women with history of IUFD/IUGR/severe pre-eclampsia should be referred to obstetrician/gynecologist for treatment. All women with heart disease/chronic hypertension/kidney disease etc should be referred early to higher center and twin pregnancies should also be followed up by obstetricians.

Women with history of preterm births and obstetric complications should also be referred.

Start calcium lactate 1.5 gram (5 tablets of 300 mg tablet) per day from 12 weeks, and tablet ferrous sulphate containing elemental iron 60 mg and folic acid 400 microgram, and vitamin C 250 mg from second trimester onwards. Avoid iron tablet with milk product, tea and calcium lactate.

Provide folic acid (5 mg OD) to woman who plans their pregnancy from pre-conception period and to others from first trimester to prevent neural tube defects in their baby.

Give albendazole at 20 weeks in the second trimester.

16. ANTENATAL RECORD

(Page no. 9 of the MCH handbook)

Record the findings according to the trimester in the color coded table to determine the number of visits she had in each trimester. **Health care provider must remember that first trimester is up to 13 weeks, second trimester is from 14 to 26 weeks and last trimester from 27 to 40 weeks.**

High risk condition and EDD to be followed should be entered on the top of the antenatal record page.

16.1 **Date DD/MM/YY:** Note the date of visit to the MCH clinic.

16.2 **Weeks of Gestation**: Number of weeks, and days of the pregnancy. (e.g. 32+5 represents 32 weeks & 5 days).

16.3 **Albumin**: In the space provided, write down the presence of albumin in the urine as nil, +1, +2, and +3 in every visit.

16.4 **Sugar**: In the space provided, write down the presence of sugar in the urine as nil, +1, +2, and +3 in every visit.

16.5 **Hb (Haemoglobin)**: Monitor monthly and record the value of the hemoglobin.

16.6 **Wt. (Weight)**: The weight must be measured at every visit and recorded in kilograms. If excessive or no weight gain, refer to higher centers.

16.7 **B/P**: This is also monitored at every visit. Measure the B/P two times 4 hours apart at each visit. Refer if the BP is found to be more than 140/90 mm Hg.

16.8 **Edema**: This is graded as nil, +1, +2, and +3and should also be checked at all the visits**.**

16.9 **Ht. of fundus**: Measure the height of fundus in centimeters at every visit after 12 weeks. Plot the measurement on the graph from 20 weeks onwards. Please note any significant variation from the expected curve, and refer to a higher center if abnormal **(Page 10).**

16.10 **FHR**: The fetal heart rate is monitored with a fetal scope at every visit from 14 weeks onwards with fetal doppler.

16.11 **Presentation/ lie**: Palpate the abdomen to evaluate how the baby is lying in the abdomen (presentation can be vertex or breech and lie can be longitudinal/ transverse/ oblique). This

is done after 28 weeks onwards and should be noted on every visit. If an abnormal presentation/lie is detected, refer to a higher center after 38 weeks.

16.12 **Treatment**: Note any treatment given and comment on any issues that needs special attention or referral.

16.13 **Seen by**: Note the code of the center and signature of the health care provider who has seen the patient.

16.14 3-Letter HC Code: It is the home health center code. For example, THI (three letter code for JDWNRH).

17. MOTHER'S UTERINE HEIGHT BY WEEKS OF GESTATION

(Page no.10 of the MCH handbook)

Mandatory to plot the graph till the end of pregnancy or delivery.

Fundus should be measured in centimeters from the top of the mother's pubic bone (upper boarder of the symphysis pubis) to the top of the fundus. The SFH measured in centimeters should correspond to the gestational age up to 36 weeks. This measurement should be plotted on the graph at the corresponding week of gestation. This should allow the health care provider to note if the fundus is growing at a normal rate by comparing it to the standard slopes represented by the percentile lines.

Abnormal:

If the plot is above the 90^{th} percentile there may be an undiagnosed twin pregnancy or polyhydramnios. And if the graph is below10^{th} percentile, there may be oligohydramnios or IUGR (intrauterine growth restriction). Any woman with abnormal findings needs to be referred to higher centers for further management.

Whenever a mother is referred to a higher center, write the details on **page 11**.

Circle either urgent or OPD depending on the type of reasons for referral to high center. Urgent referral means referring women requiring emergency attention. Write the name of center from where the referral is made mentioning the mode of transportation and the reasons for referral.

18. GENERAL ADVICE FOR MOTHER, DANGER SIGNS AND DENTAL CARE

(Page no. 13 of MCH handbook)

The health care provider should explain properly the DO'S and DON'T'S duly signed on the **page no 12, 13, 14 and 15** of this book. Every mother must know the danger signs of pregnancy and childbirth so that they seek care at the earliest. Dental hygiene in pregnancy is very important too, as it may cause preterm delivery.

19. BIRTH PREPAREDNESS PLAN

(Page no. 16 of the MCH handbook)

The pregnant mother and her family should have Birth Preparedness Plan from the very beginning of pregnancy and should be confirmed by 36weeks.

Plan 1: Initial planning when the pregnant women register for the first time with the MCH clinic.

Plan 2: This is decided either by social circumstance or obstetric indication or confirm plan by 36 weeks. The woman should start moving nearer to the health center where she is planning to deliver by then. Explain the woman and her family to use 112 in emergency circumstances. Where there is no blood bank facility at the health center, health care providers should help the family to identify relatives and friends with the same blood group as the pregnant mother and these possible blood donors should be in the same station as the mother.

****Birth preparedness plan is to be reviewed and confirm at 36 weeks****

Components for discussion	**Plan1 (first contact)**	**Plan2 (36 weeks)**
Place of delivery	To discuss, suggest and identify the nearest and most convenient place of delivery	In case of change in Plan 1and confirmed.
Name of health facility for emergency management	Note name and whether it is BHU1, BHU2, or hospital	Note name and whether it is BHU1, BHU2 or hospital
Transport: Distance to health facility.	The distance and means of	The distance and

Means of transport in labor/in emergency	transport to get to the place of delivery. Note names and contact numbers. To call 112 for emergency	means of transport to get to change place of delivery To call 112 for 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:	The names of the persons to accompany the woman for plan A and the one who manages at home	The names of the persons to accompany the woman for plan B and the one who manages at home
Blood donors (list the names of 3 donors with phone numbers)	Names of potential blood donors and information on appropriate blood type /group	Updated names of blood donors, available at time of delivery

BIRTH PREPAREDNESS PLAN (contd…)

(Page no. 17 of the MCH handbook)

The *essential items listed in the table below for the mother and baby and should be told to the parent during the counseling period for them to get ready.

* On referral, the woman should carry CID or passport or any other travel documents.

Additional details if complications (mother and Baby): Provide history of any complications or referrals that has taken place of both mother and child.

20. DELIVERY RECORD

(Pg: 18-19 of the MCH handbook)

20.1 **Place**: Name of the health facility where baby is born.

If non-institutional delivery, write the name of the place. (e.g. Home, En-route from where to where etc.)

20.2 **Date**: The date of the delivery (day/month/year).

20.3**Time:** Record the time of delivery and put **(√)** in 'AM' or 'PM'**.**

20.4 **PoG:** Note the gestational age at delivery calculated from the finalized EDD.

20.5 **Mode**: Please (√) the following **"Vaginal"**, **"CS-elective"** or **"CS-emergency"** and place (√) in the following subheadings wherever appropriate and write indication except for normal vaginal birth and breech vaginal birth.

20.5.1 **Vaginal**: Normal vaginal delivery

- **Induced**
- **Augmentation:**
- **Episiotomy:**
- **Instrumentation:**

Vacuum: A vaginal delivery assisted with vacuum device

Forceps: A vaginal delivery assisted with forceps

20.5.2 **Breech delivery:** Vaginal delivery of a breech baby

20.5.3 **Cesarean Section**

- **CS-elective:** C-section delivery that was planned ahead of time, such as a repeat c-section, or c-section for mal-presentation or other obstetric indication.
- **CS-emergency:** Emergency c-section performed after labor begins for fetal distress, abruption or other emergency indications.

20.5.4 **Indication**: Describe indication for above medical/surgical intervention

20.6 **Outcome:** *This is the outcome of the baby at delivery.* Place (√) in one of the boxes of "**Live birth**", "Multiple", "**Still birth**" and "**Miscarriage**" Place (√) wherever applicable in the following subheadings.

20.6.1 **Live birth:** A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such

separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

If live birth with singleton, place (√) in boxes of both "**Live birth"** and "**Single**"

If multiple birth, place (√) in boxes of both "**Live birth**" and "**Twin" "Triplets" or "Multiple gest**." And write the number of gestation.

20.6.2 **Stillbirth (SB):** The World Health Organization (WHO) defines stillbirth as late fetal death with a fetus weighing at least 1,000 grams (or a gestational age of **28** completed weeks or a crown-heel length of 35 centimeters or more). The International Classification of Diseases-10 (ICD-10) recommends this definition for the purposes of international comparison.

If still birth, place (√) in box "**Still birth**" and also place (√) in boxes either one of the following based on the categorization.

- **Ante partum Still Birth:** Death of fetus that occurs before patient goes into labor
- **Intra Partum Still Birth:** Death of fetus that occurs after patient goes into labor

20.6.3 **Miscarriage:** If pregnancy ends in a miscarriage or abortion before **22** weeks or with less than 500gms, tick this box, and note the gestational age

20.7 **Complications:** Place (√) in one of the types of complications listed

20.7.1 **None:** Place (√) if no complications.

20.7.2 **Prolonged labor:** Prolonged labor includes prolonged latent phase, prolonged active phase of labor and prolonged second stage (Refer latest national midwifery standards for the definitions).

20.7.3 **PROM:** Rupture of membrane before onset of labor and write hours.

20.7.4 **Obstructed labour:** Labour with no advance of the presenting part of the fetus despite strong uterine contractions.

20.7.5 **Retained placenta:** If the placenta does not expel within 30 minutes after birth with or without PPH.

20.7.6 **Fetal distress:** Labor causes excess distress to the baby, requiring intervention during labor, for example, ongoing fetal heart rate above 160 or below 110.

20.7.7 **Shoulder dystocia:** Shoulder dystocia is defined as a vaginal cephalic delivery that requires additional obstetric maneuver to deliver the fetus after the head has delivered and gentle traction has failed.

20.7.8 **3rd and 4th degree tear:** Third degree tear is a tear extending downwards from the vaginal wall and perineum to the anal sphincter. Fourth degree tear is a tear that extends to the anus or rectum.

20.7.9 **Cervical tear:** There is active bleeding from cervix after delivery after ruling out bleeding from uterus.

20.7.10 **PPH (post-partum hemorrhage):** Losing of over 500ml of blood at vaginal delivery. If it's CS more than 1000 ml.

20.7.11 **Abruption:** Premature separation of the placenta

20.7.12 **Others (specify):** E.g. Eclampsia

20.8 **Resuscitation:** Place (√) in one of the appropriate boxes

20.8.1 **None:** No resuscitation required listed below.

20.8.2 **Oxygen:** Free flow oxygen

20.8.3 **PPV:** Positive pressure ventilation

20.8.4 **Intub.:** Endotracheal Intubation

20.8.5 **CPR:** Cardiopulmonary resuscitation

20.8.6 **Medicines:** Adrenaline, normal saline etc…

20.8.7 **Resuscitated by whom:** Place (√) in one of the appropriate boxes and specify if other.

20.8.8 **Delivered by:** Write the name of health care provider that delivered the baby and tick the designation.

20.8.9 **APGAR scores**: Retrospective evaluation of the baby at the time of delivery. The baby is evaluated and scored at 1 and 5 minutes of life. ***APGA*R** includes ***"A"***- Appearance, ***"P"***-Pulse, "***G"***-Grimace, ***"A"***- activity, ***"R"***-respiration. **Each is scored:** 0 if absent, 1 if decreased, 2 if normal and added to a possible total of 10.

APGAR SCORE			
MNEMONIC	**0 POINTS**	**1 POINTS**	**2 POINTS**
Appearance	Blue or pale	Blue extremities Pink body	Body and extremities pink, no cyanosis
Pulse	Absent	<100 beats per minute	>100 beats per minutes
Grimace	No response to stimulation, floppy	Grimace on suction or aggressive stimulation	Cry on stimulation
Activity	None	Some flexion of arms and legs	Active flexion against resistance
Respirations	Absent	Weak, irregular or slow	Strong crying

The person who conducts delivery need to fill in and sign birth notification **immediately** in **page 49 & 50.**

The MCH handbook need to be issued for each baby immediately after birth in the following circumstances.

1. Multiple live births due to multiple gestation (Ex. Twin, triplet)
2. Institutional delivery without ANC attendance.

21. KEY EVIDENCE BASED PRACTICES FOR IMMEDIATE NEWBORN CARE

21.1 **Delayed cord clamping:** Place (√) if the cord clamp and cut after pulsation cease which is more than one or two minutes from birth.

21.2 **Skin to skin contact:** Place (√) if the baby kept with mother with skin to skin contact till first initiation of breastfeeding complete or 90 minutes after birth.

21.3 **Injection vitamin K given:** Place (√) if the baby received injection vitamin K

In case of home delivery, give Vitamin K1 at the first contact/visit

21.4 **Eye prophylaxis:** Place (√) if the baby received eye prophylaxis

21.5 **Anti-D immunoglobulin:** Place (√) if the mother received Anti-D immunoglobulin

21.6 **Hep B immunoglobulin:** Place (√) if the baby received Hep B immunoglobulin

21.7 **Oxytocin:** Give Oxytocin within 1 minute

21.8 **Time BF Initiated:** write the time of first breastfeeding after delivery

21.9 **Other delivery comments:** Describe here if any significant event other than listed above.

21.10 **For Non-institutional delivery:**

For the ones who deliver at home the box should be filled in by putting **(√)** in the check boxes if any conditions listed are present. Ask the mother or the family member who has attended birth regarding the condition of the baby at first minutes after birth.

21.11 **Color:** Baby's color at birth. Tick either one from the following

All pink, pink with blue hands/feet, all blue/pale

21.12 **Cry:** Baby's cry at birth. Tick either one from the following

Immediate loud cry: baby cried immediately as soon as the baby was born

Delayed but loud cry: baby cried after being dried and stimulated

Delayed and weak cry: baby seemed weak even after being dried and stimulated and did not have a strong cry

21.13 **Muscle tone:** Baby's muscle tone. Tick either one from the following

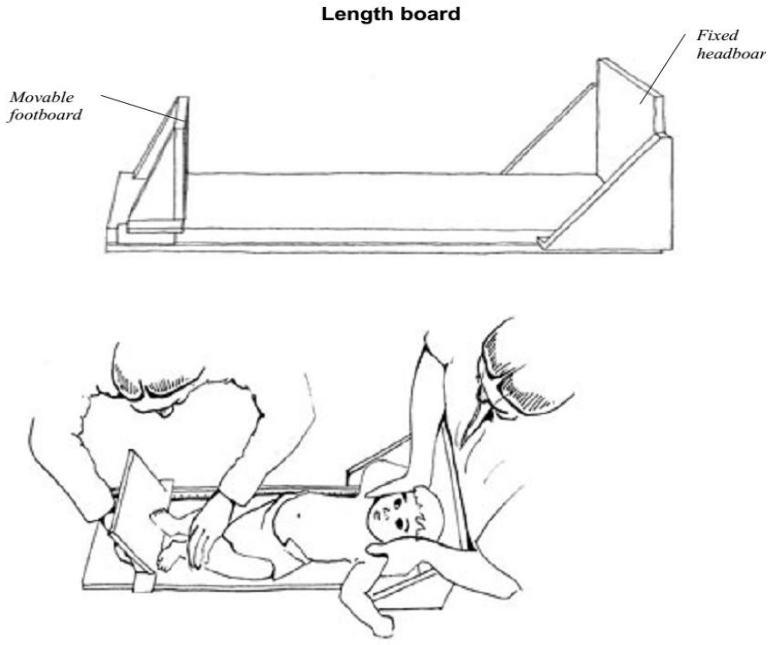
Actively moving, little movement, no movement.

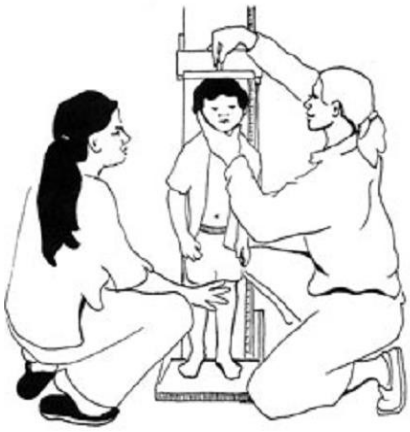
22. BABY'S FIRST PHYSICAL EXAM

22.1 **Date and time of first examination:** Write the date and time of the measurement in the appropriate space provided. It should be done after skin-to-skin contact and initiation of breastfeeding

22.2 **Wt:** Weight of the baby in grams taken at that examination. Put a thin napkin (cloth napkin) on the scale and tare it (Zeroing the scale) before placing the naked baby on it. Ensure baby is kept warm during measurement with external heating facility.

22.3 **Length:** Record length in centimeters measured at that examination. The measurement from top of the head to the heel of one foot. Make sure the legs are straightened: The average newborn is about 50 cm long.





B: Measuring a Child's Growth – 23

Measurement of length ***Measurement of height***

22.4 **HC:** Head circumference in centimeters (33-37 cm) at that examination. Measure from the occipital protuberance, above the ear to the frontal bone (above the orbital ridge).

22.5 **Gender:** Place (√) one of the following options, "Female" "Male" "Ambiguous".

22.6 **Head-to-toe newborn exam record**

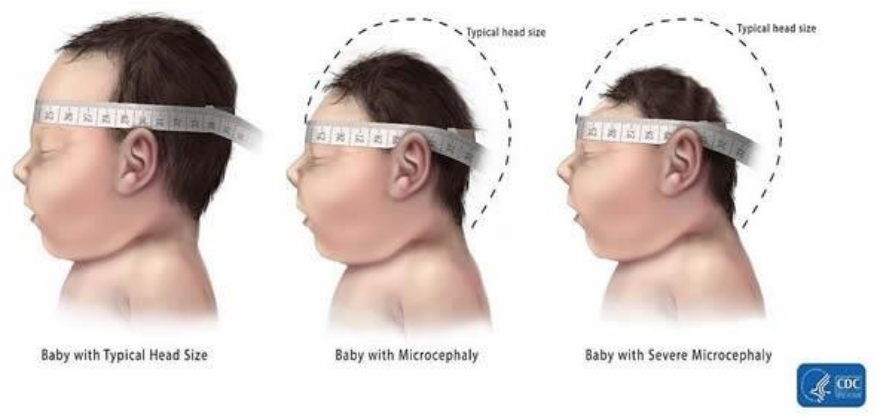
Examine the baby and fill in the table. If the findings are normal, put **(√)** across 'N' and if it is abnormal, put **(√)** across' abnormal findings'.

The following conditions need to be referred **urgently** to pediatric surgeon.

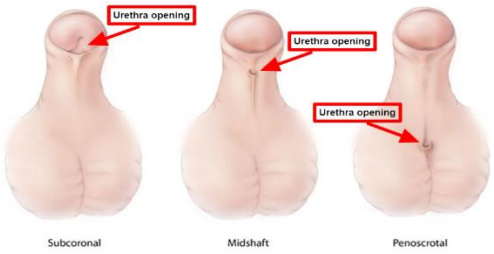
1. Bowel obstructions
2. Abdominal wall defects
3. Neural tube defects:

22.7 **Comparison image of cephalohematoma and caput succedaneum**.

22.8 **Microcephaly**



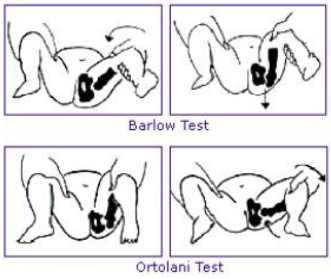
22.9 **Hypospadias**

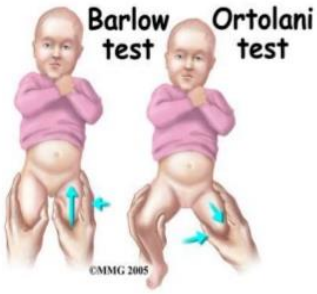


22.10 **Hip joint examination**

Hips

- Congenital hip dislocation
  - Assymetry of the skin folds on the dorsal surface
  - Shortening of the affected leg





Schematic demonstrating Ortolani and Barlow maneuvers

We have to educate mother to report to Home Health Center with the MCH handbook as soon as possible if she did not deliver in Home Health Center.

23. DISCHARGE RECORD OF POSTNATAL STAY FOR MOTHER

(Pg: 19 of the MCH handbook)

It should be filled at the time of discharge of mother from the health facility after childbirth.

1. Put **(√)** for mother's issues during postnatal stay. If others, specify.
2. Write date and time of discharge.

24. DISCHARGE RECORD OF POSTNATAL STAY FOR BABY

It should be filled at the time of discharge of baby from the health facility after birth.

1. Put **(√)** for baby's issues during postnatal stay. If others, specify.
2. Write date and time of discharge and weight on discharge in grams.

25. HEALTH MESSAGE FOR NEWBORN CARE, DANGER SIGNS & BREASTFEEDING

(Pg: 21 to 23 of the MCH handbook)

The following information should be provided during antenatal visit, postnatal stay, at the time of discharge and subsequent postnatal visits. Write date and name of health care provider who explained in the space provided.

Explain danger signs (ten clinical signs listed in page no. 21) of newborn baby. The family should be encouraged to seek health care early if they identify any of the danger signs in between postnatal care visits.

Explain good signs and position of breastfeeding.

26. GROWTH DATA

(Page no. 24 of MCH handbook)

Healthcare provider should fill in the table and plot on the graph **(length/height for age & weight for age, Weight for length/height)** after measurement as per the schedule recommended in page no.30. It is important to interpret and explain to the mother/caregiver about the growth of a child.

26.1 **Date:** Date of measurement

26.2 **Wt (Kg) & Lt (cm):** Enter the weight in kilograms and length/height in cm monthly until the child is one year old and thereafter every 3 monthly till the child is five years old. Babies less than 1 year old should be weighed with dry nappy or a thin blanket only. Children over 1 year old should be weighed and measured without shoes or jacket.

Depending on a child's age and ability to stand, measure the child's length or height. A child's length is measured lying down (recumbent). Height is measured standing upright.

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

In general, standing height is about 0.7cm less than recumbent length. It is important to adjust the measurement if length is taken instead of height, and vice versa.

If a child is less than 2 years old is measured height rather than length, add 0.7cm to convert it to length.

If a child aged 2 years or older cannot stand, measure recumbent length and subtract 0.7cm to convert it to height.

Page 22: Breastfeeding tips

Page 23: Recommendations for feeding your child

Page 25: Hand express and cup feeding

27. HEALTH MESSAGE FOR HAND EXPRESS AND CUP FEEDING

(Pg: 25 of the MCH handbook)

Demonstrate to the mother to express breast milk with hands if necessary and show how to feed it with cup.

28. RECOMMENDED POSTNATAL VISITS FOR MOTHER

(Pg: 26 of the MCH handbook)

Timing of routine postnatal care is 24 hours, 3rd days, 1-2 weeks, 3 weeks and 6 weeks. If institutional delivery, the first PNC will be provided in the health center/ward before discharge. If home delivery, the first PNC should be within 24 hours after the birth.

If any health concern (e.g. Hypertension, SSI, Jaundice, Baby is not regaining to the birth weight etc.), mother and newborn should be advised to come to the health facility more frequently for closer monitoring.

This is the reminder note and guideline for the health care providers on what to do at each postnatal visit.

Enter the date of Vitamin A given to the mother in the space provided on page 26 and also place **(√)** in the "**YES**" and "**No**" box for advice on pap smear.

29. MATERNAL POSTNATAL RECORD

(Pg: 27 of the MCH handbook)

The check list of what is to be done at the postnatal visits is given on the opposite page. This is to be referred to and filled in by all the nurses/health workers of the ward/MCH clinic at each postnatal contact. All findings should be filled in the MCH register. The findings of postnatal examination before discharge must be filled in, in the first row.

29.1**Date of visit**: Enter the date of each visit

29.2 **Temperature:** Measure temperature and record

29.3 **BP**: Measure blood pressure and record

29.4 **Weight:** Measure weight and record

29.5 **Complaints & Exam**: Enter any complaints and findings of examination.

29.6 **Breast**: Examine the breast for engorgement, mastitis, or cracked and sore nipples, etc. Treat or refer if needed. Take this opportunity to counsel the mothers on breastfeeding/good positioning and attachment.

29.7 **Lochia:** Checked for abnormalities like foul smell in all the visits. Refer, if foul smell is noted during the examination. Take the opportunity to counsel on perineal hygiene.

29.8 **Perineum**: Examine the healing of perineal tear or episiotomy or hematoma and note any sign of infection, and refer if necessary.

29.9 **Legs**: Examine legs for localized pain, tenderness or hot spots.

29.10 **HoF**: Height of Fundus should not be palpable by the 10th day postpartum and uterus should go back to normal size by 6 weeks postpartum. Note if there is excessive tenderness.

29.11 **CS /Episiotomy wound**: If a woman had a c-section, check her wound for tenderness, redness and discharge.

29.12 **Hb**: Check and record hemoglobin at 6 weeks and refer if the HB is low**.**

29.13 **Iron**: Iron tablets to be given to mother regardless of the Hb level. Tick ***'Yes'*** if the iron tablet is given and ***'No'*** if it is not given state the reason.

29.14 **HC code:** write 3-digit health center code where postnatal care is provided.

29.15 **Treatment:** Record any treatment given or referral made. **Seen by**: Name or signature of the health worker who has examined the patient.

29.16 **Family planning:** *family planning method to be opted by 6 weeks of delivery. The record of family planning need not be recorded in MCH handbook.*

**DO NOT WAIT FOR MENSTRUATION TO START FAMILY PLANNING*.*

**Advise Pap smear at 6weeks of delivery/miscarriage, if not done earlier*.*

30. RECOMMENDED POSTNATAL VISITS FOR BABY

(Pg: 28 of the MCH handbook)

This is the reminder note and guideline for the health workers on what to do at each postnatal visit for the baby. Postnatal cares for newborn should be strengthened at health facilities as well

as by home visits (in case of unavoidable home deliveries). At each of the postnatal checkup, newborn should be assessed for key clinical signs of severe illness and referred as needed.

Continue to promote early and exclusive breastfeeding (EBF).

Cord stump should be examined in each postnatal visit till its fall off to make sure no oozing or signs of infection such as erythema, edema/swelling or pus discharges. Remove the clamp with clamp remover, if the cord stump is dry.

The normal range of temperature in newborn are 36.5-37.5℃。

Weight monitoring is very important to know the wellbeing of newborns including underlining medical conditions and nutritional status.

It is important to check jaundice as it is potentially harmful for baby's brain development.

Risk factors for pathological jaundice are:

1. Mother O positive
2. Mother Rh negative
3. Inadequate breastfeeding
4. Prematurity
5. Birth asphyxia
6. Medical illness such as infection
7. Extravasated blood such as cephalohematoma

Therefore, any listed above newborns need to be closely monitored for neonatal jaundice to treat it on time by phototherapy or exchange transfusion to prevent brain damage due to accumulated bilirubin.

Non-physiological/Pathological jaundice is defined as visible jaundice in first 24 hours of life. Then refer.

31. POSTNATAL RECORD FOR BABIES

(Page no: 29 of the MCH handbook)

The check list of what is to be done at the visits is given on the opposite page. This is to be referred to and filled in by all the health care providers of the MCH clinic at each postnatal visit. All findings should be filled in the MCH register. Five postnatal examinations for baby: 24hours, 3 days, 1-2weeks, 3 weeks and 6 weeks. If institutional delivery, the first PNC will be provided

in the health center before discharge. If home delivery, the first PNC should be within 24 hours after the birth.

31.1 **Date of visit**: Enter the date and time of each visit

31.2 **Temperature:** Measure and record at each visit (36.5-37.5^{0}C)

31.3 **Wt:** Measure and record the weight in kilograms at each visit.

31.4 **SpO_2:** Measure and record at each visit, if possible.

31.5 **Breast Feeding (BF):** Pay close attention to how the baby is feeding**.** Note any difficulties in breastfeeding and provide assistance. Encourage the mother.

31.6 **Neonatal jaundice (NNJ):** Write the findings of jaundice assessment ideally objective bilirubin level.

31.7 **Complaints & exam**: Enter any complaints and findings of examination.

31.8 **Physical examination:** Refer to the chart for the appropriate examination.

31.9 **Treatment:** Record any treatment given or referrals made.

31.10 **Immunized:** Tick '**Y**' for YES if the baby received immunizations and '**N**' for NO if baby did not. Immunizations should be recorded on the child vaccination schedule.

31.11 **Seen by**: Name or signature of the health worker who has examined the patient.

31.12 **HC code:** write 3-digits health center code where postnatal care is provided.

32. RECOMMENDED CHILD HEALTH CHECKUPS

(Page no: 30 of the MCH handbook)

Please refer to this chart for what is necessary and recommended at each age. Review which immunizations are needed, when to check weight, length or height and head circumference, when to give vitamin A and de-worming and when to apply CDST and provide C4CD, IYCF, dental care and safety counseling.

33. CHILD VACCINATION, VITAMIN A AND DEWORMING SCHEDULE

(Page no. 31 of MCH handbook)

Record date of vaccination, vitamin A and deworming as per schedule. PCV 3rd dose (booster) to be given at 9 months. Inform the date of next visit as per schedule.

Using the recommendation for feeding the child on page 32, counsel the mother/care giver on infant and young child feeding. Provide the mother information for child development with the help of chart of page 33. Provide information on dental care and safety of the child as reflected in page no. 35 and 37.

Using the appropriate age specific CDST tool (page no 38-48), assess the child's development.

*Rota virus vaccine yet to be introduced.

34. CHILD VACCINATION SCHEDULE:

(Pg: 31 of the MCH handbook)

Write dates of vaccination in the unshaded boxes.

Please note the symbols in the chart.

*Hep B should be given before 24 hours of age to all babies. Hep B vaccine along with immunoglobulin to be given no later than 12 hours for babies born to Hep B positive mothers. The administration of Hep B immunoglobin should be recorded in delivery record. (*Pg.18 of MCH handbook*)

For the OPV vaccine, there are 5 unshaded boxes, but only four are needed. See the symbols in the boxes: If the birth dose is given (#,), a fifth dose is not needed (§). If the birth dose is not given within 14 days, the dose at 9 months is needed. If the birth dose is not given within 14 days, the dose at 9 months is needed.

Preterm/Low birth weight and sick newborns

For preterm/low birth weight newborns, vaccinate only after a child attains 2000 grams.

35. VITAMIN-A AND DEWORMING SCHEDULE

(Page no: 31 of the MCH handbook)

Write down the month and year on which the baby was given vitamin A and De-worming tablet in the unshaded box.

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

36. MESSAGE FOR CHILD HEALTH PROMOTION

Page 32: Recommendations for feeding your child: Refer this chart as you advise the caregiver on what, when and how to feed the child. Tell caregiver to read and follow recommendations for feeding.

Page 33: Recommendations for caring for your child's development: Important recommendations for caring for the child's development are explained briefly yet clearly with pictures. Therefore, request literate mothers and/or their relatives including husband to read and follow the recommendations. For illiterate explain and request to follow the recommendations.

Page 35: Dental Care for children: Early dental care is important, explain caregiver on how to take care of child tooth/teeth.

Page 37: Key information for infant and child safety. Explain the importance of keeping/maintaining environment safe as children are prone to accident as they learn to grow.

37. BHUTAN CHILD DEVELOPMENT SCREENING TOOLS

(Pg: 38-48 of the MCH handbook)

This section is for the healthcare providers to assess the child's developmental milestones. Early identification of disabilities in children is important for early initiation of appropriate management (treatment and care). This tool has replaced the Ten Questions on developmental screening questions of the older versions of MCH Handbook.

1. Description of the screening tool

1.1. The tool is designed for the purpose of periodic screening (not child assessment) of children from 2 ½ to 60 months.

1.2. The screening tool covers developmental domains such as physical development, communication/language, problem solving/cognition and personal social.

1.3. The screening is to be administered along with existing MCH activity during the immunization and growth monitoring visits.

1.4. The tool needs inputs and relies on information gathered from parent/caregiver about specific areas of child development.

1.5. The screening is administered at 10 weeks, 14 weeks, 18 weeks, 6 months, 9 months, 12 months, 18 months, 24 months, 36 months, 48 months, 60 months.

1.6. The tool indicates “Yes” and “No” responses from the parents/caregivers regarding whether the child exhibits certain skills or behaviors within four areas of developmental domain.

1.7. The tool has scoring options to see if further evaluation may be needed.

1.8. The tool includes guidance on referral and follow-up steps

2. Description of the screening forms

2.1 The first column in the form contains developmental domains which are:

2.1.1 Physical development: This domain looks at the child’s ability for physical movement of the body as well as carrying out finer motor skills.

2.1.1.1 Gross motor skills: movements related to large muscles of arms, legs, etc to perform activities such as sitting, walking, running, jumping, etc.

2.1.1.2 Fine motor skills: movements involving smaller muscle groups such as those in hands and wrists to perform activities such as writing, grasping, etc.

2.1.2 Communication/language: This domain looks at child’s ability to communicate through cries, coos, facial expressions, and body language long before they say their first words. From birth, babies begin to develop two sets of communication skills: receptive skills and expressive skills.

2.1.2.1 Receptive communication is the ability to receive and understand a message from another person. Babies demonstrate this skill by turning their head towards your voice and responding to simple directions.

2.1.2.2 Expressive communication is the ability to convey a message to another person through sounds, speech, signs, or writing. Crying, babbling, and using body language are examples of your baby’s early expressive skills.

2.1.3 Problem solving/cognition: This domain looks at child’s skill for construction of thought processes, including remembering, problem solving, and decision-making.

2.1.4 Personal social: This domain looks at how a child gets along with people and care for personal needs.

2.2 The second column contains age specific milestones for each developmental domain which the child needs to achieve.

2.3 The response column has “Yes” and “No” response options to be marked against each age specific milestone.

2.3.1 “Yes” means the parent/caregiver reports that the child performs the age specific milestone.

2.3.2 “No” means the parent/caregiver reports that the child does not perform the age specific milestone.

2.4 The form has Result section with three options which are:

- ☐ Development on track
- ☐ Needs monitoring
- ☐ Needs further assessment

2.5 The Action section has the following options:

- ☐ C4CD interventions
- ☐ Rescreen in: …….. weeks ☐ Next well child clinic visit
- ☐ Referral for further assessment

2.6 The form also has comment section along with provision to reflect the name of the screener, date of the screening to be filled, and name of the health facility.

2.7 All forms have cautionary note “Important Note: The developmental status of the child can only be confirmed by qualified healthcare provider trained in child development assessment” at the end of the form.

2.8 Result:

2.8.1 Needs further assessment:

2.8.1.1 If any of the child developmental ‘Red Flag Sign’ is present (that is when it is marked ‘No’ in the screening tool).

2.8.1.2 If more than one child developmental milestones are not achieved (that is when it is marked ‘No’ in the screening tool) either from same or different child developmental domain.

2.8.2 Needs monitoring:

2.8.2.1 If one child developmental milestone (non-red flag) is not achieved in any domain

2.8.3 Developmental on track:

2.8.3.1 If all milestones are achieved

2.9 Referral criteria or action to be taken:

2.9.1 Developmental on track = C4CD interventions

2.9.2 Needs monitoring = C4CD and follow-up (Fix the rescreening schedule)

2.9.3 Needs further assessment =Further assessment/evaluation (RNDA/Specialist)

2.9.3.1 If the result is 'Needs monitoring' in earlier screening and the result is again 'Needs monitoring' even for follow-up screening, then child need referral

2.9.3.2 The result of the subsequent rescreening is to be written on the comment section.

2.9.3.3 Any vision or hearing impairment needs immediate referral to specialist.

2.9.3.4 Depending on the clinical judgment the healthcare providers may refer the child even if when the child development is on track or needs monitoring as per the screening tool.

2.10 Reporting: Report to HMIS using the Activities Forms of HMIS. Refer HMIS Manual for details on reporting to HMIS. Remove it and merge it overall

3. Administration

3.1 Age calculation

3.1.1 Definitions

- Gestational age = the number of months or days the fetus remains in the mother's womb.
- Full term age = full term gestation ranges from 37 to 42 weeks.
  Please use "40 weeks" for calculation purposes.
- Preterm age = [40 weeks] – [gestational age]
  It is the number of months or days when baby is born before the full term period. It is calculated by subtracting gestational age from full term age.
- Chronological age = [date of examination] – [date of birth]
  It is the age of the child since birth. It is calculated by subtracting the [date of birth] from the [date of examination]
- CORRECTED AGE = [chronological age] – [preterm age]

It is calculated by subtracting the [preterm age] of this child from the [chronological age].

If child is preterm, born < 37 weeks, we have to determine the corrected age of the child to adjust for prematurity. The corrected age will determine which screening form to use.

If child is full term, there is no need to calculate the corrected age.

3.1.2 Calculation of Chronological age

It is the age of the child since birth. In order to calculate the chronological age, consider every month comprises of 30 days.

Chronological Age = Date of Examination – Date of Birth

Example 1:

	YEAR	MONTH	DAY
Date of Examination	2016	08	14
Date of Birth	2015	09	24
Chronological Age			

- When DAY of date of birth is greater than the DAY of date of examination (24 is greater than 14 in DAY) or MONTH of date of birth is greater than MONTH of date of examination (9 is greater than 8 in MONTH).

	YEAR	MONTH	DAY
Date of Examination	(2015) 2016	+12 7 08	+30 14
- Date of Birth	- 2015	-09	-24
Chronological Age	0	10	20

For Day Column: Add 30 days to the DAY of examination and subtract the DAY of birth ((30 +14) -24 = 20). Enter 20 in DAY Chronological Age.

- For Month Column: Subtract 1 month from MONTH of examination because of carry over to DAY of examination (8-1=7 months). Enter 7 months as adjusted Date of Exam
- YES Carry over needed, since the month of examination is less than the month of birth. (7 months is less than 9 months)
- For Month Column: Add 12 months to the MONTH of examination ((12 +7)-9 =10). Enter 10 in MONTH Chronological Age.
- For Year Column: Subtract 1 year from YEAR of examination because of carry over to MONTH of examination (2016-1=2015 years). Enter 2015 years as adjusted Date of Exam
- For Year Column: Subtract (2015-2015=0). Enter 0 years as YEAR Chronological Age.
- Chronological age is 10 months and 20 days.

3.1.3 **Calculation of Corrected age**

We have to determine the corrected age of the child born preterm to adjust for the prematurity while testing the developmental functions. The correct gestational age of the child has to be known either by referring the Health Card of the child or by asking the mother/care giver.

Steps for calculating the corrected age:

Use conversions: 360 days = 1 year, 30 days = 1 month, 7 days = 1 week

1. Convert Chronological Age into days
2. Convert Gestational Age into days
3. Convert Full Term Gestation into days
   (40 weeks x 7 days/week) = 280 days
4. Calculate Preterm Age as shown below:

Preterm Age = Full term Age - Gestational Age

5. Calculate corrected age as shown below:

Corrected Age = Chronological Age – Preterm Age

Example: Calculated corrected age of a child whose chronological Age is 12 months 10 days and Gestational Age is 6 months 15 days (from health care or as reported by mother)

- Chronological Age into days = ((12 months x 30 days/month) + 10) = 370 days
- Gestational Age into days = ((6 months x 30 days/month) + 15) = 195 day
- Preterm Age = Full term Age – Gestational Age = 280 - 195 days = 85 days
- Corrected Age = Chronological Age – Preterm Age = 370 - 85 = 285 days
- Convert Corrected Age into months (285 days / 30 = 9.5 months)

4. General instructions

4.1 The screening should be administered in the language that the child/parent/caregiver is most comfortable in speaking and understanding.

4.2 During the screening, the health worker's effort should be directed towards obtaining the accurate information from the parent/caregiver. Therefore, building rapport with the child and parent/caregiver is essential.

4.3 The screening may cause anxiety to the child's parent/caregiver. It is essential to explain that the screening is performed to determine the child's current developmental status.

4.4 The health worker should check when the child was born and whether the child was born prematurely. The health worker should then calculate the child's age and choose the age appropriate screening form to screen the child. If the child is "preterm" ensure that age is corrected before screening till 24 months. For children above 24 months age correction is not required.

4.5 "Yes" or "No" options should be marked on the form as per the parent/caregiver's response against the age specific developmental milestone.

4.6 If the parent/caregiver's response is "No" or "Don't Know" to any of the milestones then the health worker should assess the specific milestones to confirm the response from the parent/caregiver.

4.7 After the responses from the parent/caregiver and the clinical judgment of the health worker have been completed, the result section of the screening form should be filled based on the criteria for interpretation of screening responses.

4.8 Appropriate interventions should be provided to the parent/caregiver after the screening which should also be reflected on the action section of the screening form.

4.9 Any comment related to follow up or relevant to screening can be mentioned on the comment section

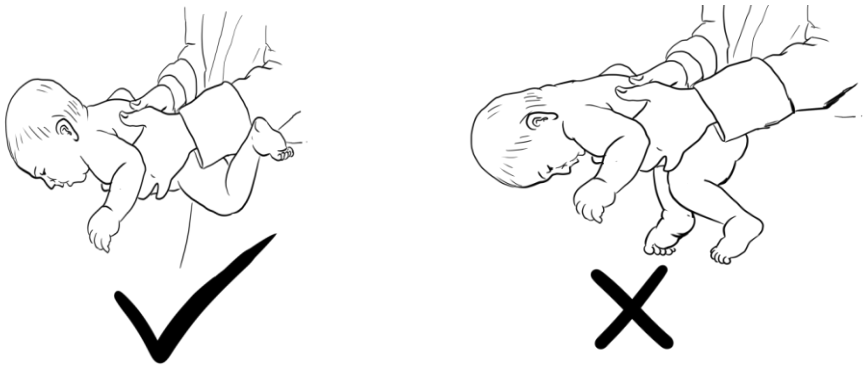
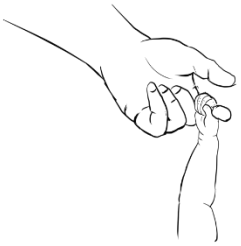
4.10 Explain the cautionary note given at the end of each form. The result of this screening tool is preliminary. Therefore, the developmental status of the child can only be confirmed by qualified healthcare provider trained in child development assessment.

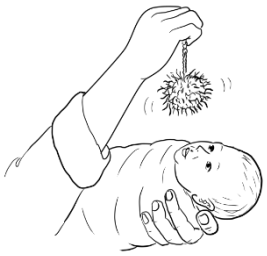
5. Methods for screening the milestones

37.1 BCDST: 10 weeks (2 ½ months)

(Pg: 38 of the MCH handbook)

Physical development		
1	Moves hands and legs actively and equally on both sides While the child is lying on her/his back s/he moves her/his hands and legs equally on both the sides.	
Method	Ask the parent/caregiver if the infant moves arms and legs equally on both sides	
Response	Yes -The child moves both arms and legs equally on both sides	No -The child doesn't move both arm/leg or the child doesn't move one arm/leg as much as the other arm/leg
2	Baby can hold head in line with body when held in a horizontal position, up in the air (ventral suspension) When the child is held horizontally face down in the air, s/he is able to hold her/his head in line with her/his trunk rather than hanging her/his head down.	

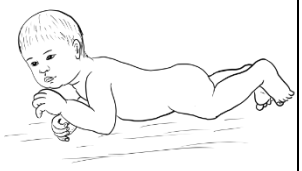
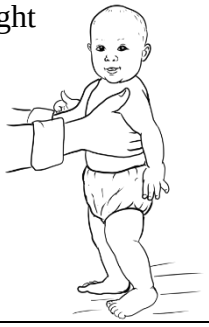
		
Method	This item should be tested by the screener The infant is suspended in a prone position up in the air by one or both hands under the chest. Observe the attempt in lifting of head for 30 seconds.	
Response	Yes -The infant is able to hold head up for few seconds so that the head lies in line with the body.	No -The infant is not able to lift the head or the infant lifts the head but does not hold the head in line with the body.
3	When a toy/small object/finger is placed in baby's hand, he/she holds it briefly The child is able to hold a toy/small object/finger when placed in the baby's hand for a brief period. 	
Method	Ask the parent/caregiver if the child will hold a small toy /finger briefly if placed in the hand. Ask for both hands.	
Response	Yes - The child holds a small toy/finger if placed in the child's hand briefly (in both hands)	No – The child does not hold OR holds only in one hand
Communication/Language		
4	Startle response to sound	

	The child display's an awareness of sounds through generally reflexive responses. These responses may include one or more of the following: startle, increase or decrease in respiration/activity, change in expression, eye widening or shifting, body tensing, frowning, arousal from sleep.	
Method	Ask the parent/caregiver if the child will respond to sound.	
Response	Yes – The child responds to sound in any one of the defined responses.	No – The child does not respond to sound.
5	Makes cooing sound Cooing is a stage of infants' pre-linguistic speech development and consists of the production of single syllable, vowel-like sounds like 'ooh' and 'aah'	
Method	Ask the parent/caregiver if the child makes any sound besides crying, trying to communicate with the parent/caregiver.	
Response	Yes – The child makes cooing sound.	No – The child does not make any sound.
Problem solving/cognition		
6	Looks at object/face that is close by (8-10 inches). The child looks at an interesting object (e.g., brightly coloured) or face when it is presented about 8-10 inches away from his chest. Since this item is screening for vision, it is important to rule out that the infant is not responding to auditory (sound) stimulus. 	
Method	Ask the parent/caregiver if the child will look at the colorful toys or familiar face that are at a distance of 8-10 inches. Since this item is screening for vision, it is important to rule out that the infant is not responding to auditory (sound) stimulus.	
Response	Yes- Looks at colorful object/ familiar face	No - Does not look at any colorful object or faces.

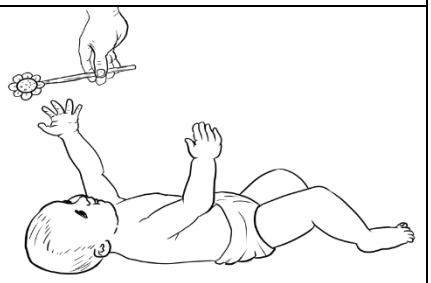
7	When you move around he/she follows you with his/her eyes The child visually follows an object/person that moves slowly from side s/he is facing to her/his midline and few inches past the midline. 	
Method	Ask the parent/caregiver if the child will follow the face of the parent/caregiver if they move in horizontal direction from the infant's face. (Make sure that the infant is following to the face and not to the voice of the parent/caregiver)	
Response	Yes- Follows face	No- Does not follow face
Personal Social		
8	Cries when he/she is hungry, wet, tired, wants to be held or when uncomfortable The child's cry becomes more differentiated and rhythmical and easier to interpret. The parent begins to interpret reasons for crying, e.g., a hunger cry versus a cry from pain.	
Method	Ask the parent/caregiver if the child will cry when he is hungry, wet, tired and uncomfortable	
Response	Yes- To any of the above	No- The child doesn't cry and even if the child cries s/he is inconsolable.
9	Begins to smile when you talk to him/her The child smiles purposefully and easily to express pleasure and enjoyment in response to social interaction from others. 	
Method	Ask the parent/caregiver if the child smiles when you talk to him/her?	
Response	Yes – The child smiles when you talk to him/her.	No – The child does not smile when you talk to him/her.

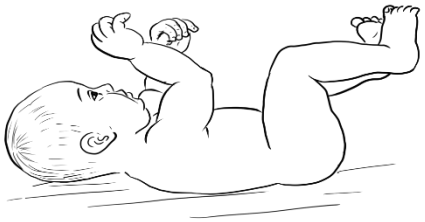
37.2 BCDST: 14 weeks (3 ½ months)

(***Pg: 39 of the MCH handbook)***

Physical Development		
1	Raises head up off surface and supports self on forearms when lying on stomach The child raises her/his head to 45 degrees in midline so that the whole face is lifted from the surface when lying on stomach. 	
Method	Ask the parent/caregiver when the child is placed on his stomach on a flat surface, if s/he lifts head by pushing on the forearms. This item needs to be checked if the parent/care giver says "don't know"	
Response	Yes - The child lifts her/his head when on stomach.	No - The child does not lift her/his head when on stomach.
2	Stretches legs out when lying on stomach or back The child stretches her/his legs out while lying on stomach or back.	
Method	Ask the parent/caregiver if the child stretches his/her legs when lying on stomach or back	
Response	Yes- The baby stretches his/her legs out while lying on the stomach or back	No- The baby does not stretch his/her legs out while lying on the stomach or back
3	The infant pushes feet against a firm surface while held upright When the child is held upright in standing, the child is able to briefly hold some of her/his weight on the legs. 	
Method	Ask the parent/caregiver if the child pushes his/her feet against a firm flat surface while held in upright position	
Response	Yes- The baby pushes feet against a firm surface	No- The baby does not push against a firm surface

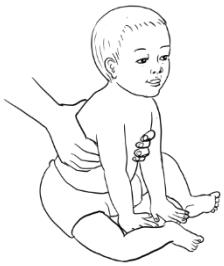
4	Opens and shuts hands (opens and makes fists) The child keeps his/her hand open most of the time. The child can open and shut his/her hands.	
Method	Ask the parent/caregiver if the child keeps his/her hands open most of the time and is able to make fist.	
Response	Yes – Opens and shuts hands (both sides)	No- Does not open and keeps it closed most of the time (one or both sides)
Communication /Language		
5	Reacts in response to sound that is presented out of their line of vision The child reacts in response to sounds that is presented out of their vision by smiling, recognizing the parent/caregivers voice and calming down if crying, increasing or decreasing sucking behavior in response to sound.	
Method	Ask the parent/caregiver if the child will react to sound that is presented out of their line of vision.	
Response	Yes- The child reacts in response to sound that is presented out of their line of vision.	No -The child does not react in response to sound that is presented out of their line of vision.
6	Makes sounds like cooing and gurgling Pool of saliva collected at the back of the throat produce a gurgling sound. At this stage the child communicates by cooing and gurgling.	
Method	Ask the parent/caregiver if the baby makes sounds such as cooing and gurgling.	
Response	Yes- The baby makes cooing and gurgling sound	No- The baby does not make cooing or gurgling sound
7	Makes sounds to express that they are happy	
Method	Ask the parent/ caregiver if the baby will make cooing or gurgling sounds when they are happy. (Especially when they are not crying)	
Response	Yes – The child makes cooing or gurgling sound	No - The child does not make any sound and most of the time the baby is irritable

Problem solving/Cognition		
8	When you move around s/he follows you with his/her eyes The child visually follows an object or person which moves slowly from the side s/he is facing to the other side.	
Method	Ask the parent/caregiver if the child follows them when they move around.	
Response	Yes – The child follows the parent/caregiver/ familiar faces when they move around	No – The child does not follow when the parent/caregiver moves around
9	When you dangle a toy/small object above your baby while lying on back, s/he tries to reach it The child reaches toward a desired object that's dangling in front of the child. S/he may touch with her/his hand but cannot grasp it. 	
Method	Ask the parent/caregiver if the child tries to reach for a toy /small object that are dangling above the child.	
Response	Yes- The child tries to reach for it	No – The child does not try to reach for it.
Personal social		
10	Smiles when you talk to him/her The child smiles purposefully and easily to express pleasure and enjoyment in response to social interaction from others.	
Method	Ask the parent/caregiver if the baby will smile to you when you talk to the baby.	
Response	Yes – The child smiles when the parent/caregiver talks to him/her.	No – The child does not smile when the parent/caregiver talks to him/her.

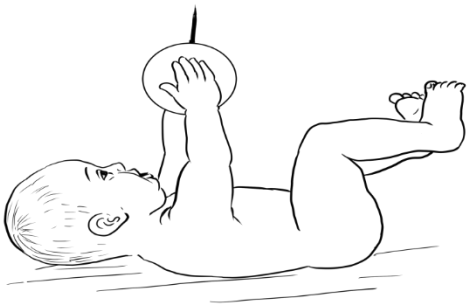
11	Watches her/his hands The child sometimes brings one or both hands in view to watch and explore the movements s/he can make with her/his hands and fingers. 	
Method	Ask the parent/caregiver if the child watches his/her hand as s/he waves or wiggles them in front of his/her face.	
Response	Yes – The child watches his/her hands	No- The child does not watch his/her hands

37. 3 BCDST: 18 weeks (4 ½ months)

(Pg: 40 of the MCH handbook)

Physical Development		
1	In supported sitting, holds his/her head steadily The child is able to hold her/his head upright without it bobbing or dropping forward when s/he is in supported sitting. 	
Method	Ask the parent/caregiver if the child can hold his/her head in upright steadily when held in supported sitting	
Response	Yes- The child can hold his/her head steadily in supported sitting.	No - The child cannot hold his/her head steadily in supported sitting.
2	When on tummy, holds head straight up, looking around and supports self on forearms or hands. The child can raise her/his upper chest off the surface, bearing weight on her/his forearms and 	

	hands, with elbows in front of her/his shoulders. Lifts head at least 45 degrees angle from the surface.	
Method	Ask the parent/caregiver if the child can lift his/her head off the flat surface using the support of outstretched arms so that he/she is looking straight up and around.	
Response	Yes – The child can lift his/her head and shoulder off the flat surface on outstretched arms and hold his/her head up looking around.	No- The child cannot lift his/ her head OR The child lifts his/her head but cannot hold in that position.
3	Flexes hips and knees towards chest (places hands on knees) The child lifts his/her pelvis by bringing hips and knees towards chest. 	
Method	Ask the parent/caregiver if the child is able to bend his/her lower extremities and is able to place hands on the knees	
Response	Yes – The child moves his/her lower extremities and is able to place his hands on the knees.	No- The child does not bend his/her lower extremities
4	When standing with support feet are mostly flat on surface When held in upright position the child is able to place his/her feet on the floor and bears weight through it.  √  X	

Method	Ask the parent/caregiver if the child can place his/her feet flat on the surface while standing with support.	
Response	Yes – The child can stand with support, feet flat on the surface.	No- The child stands on his/her toes OR The child's legs are crossed like scissor while standing with support OR The child's legs are flexed during supported standing.
5	Brings hands to mouth The child holds his hands together in midline and takes it to the mouth. 	
Method	Ask the parent/caregiver if the child puts his/her hand to mouth.	
Response	Yes- The child brings both the hands to midline over the chest/mouth	No- The child does not bring the hands to midline over the chest/mouth OR The baby brings only one hand to the mouth.
6	Reaches and grabs a toy/object using both hands at once The child is successful when s/he reaches for a small object, grasping and holding it for several seconds. His/her hands are now open, one hand grasping and the other one joining. 	
Method	Ask the parent/caregiver if the child will reach and grab toys/small objects that are within the easy reach of the baby.	
Response	Yes – The child reaches and grabs toys/objects with both hands.	No – The child does not reach for toys/objects.

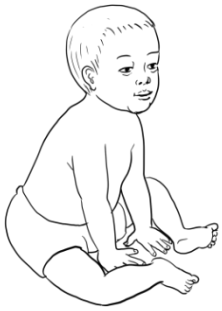
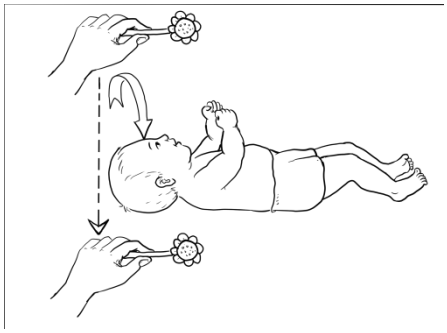
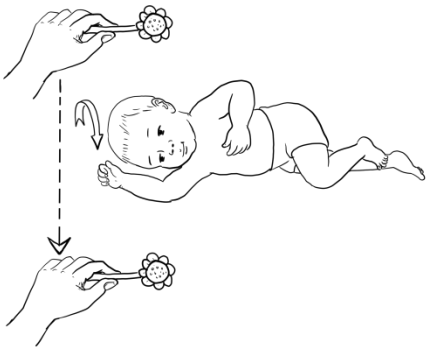
Communication/Language		
7	Makes sound when seeing toy/object or people The baby makes high-pitched, excited squealing sounds when seeing toys/object/ familiar people.	
Method	Ask the parent/caregiver if the child makes any sound when seeing toys/object/familiar people.	
Response	Yes – The baby makes high pitched, excited squealing sounds	No- The baby does not make any sound/cries most of the time/irritable most of the time
8	Laughs aloud The child laughs when the parent/caregiver plays with their child.	
Method	Ask the parent/caregiver if the child laughs when they interact with the child.	
Response	Yes – The child laughs aloud	No – The child does not laugh
9	Follows sounds with his or her eyes The child follows the sound with his or her eyes or listens to you when you talk to him/her and responds by either being quite or turning towards sound or smiling or by trying to vocalize. 	
Method	Ask the parent/caregiver how the child follows the sound.	
Response	Yes- The child follows the sound by moving his/her eyes or turning towards the direction of the sound /smiling/being quite/vocalizing.	No - The child does follow the sound.
Problem solving/Cognition		
10	When a toy/object is placed in hand, child looks at it and puts in mouth	

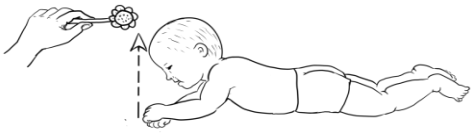
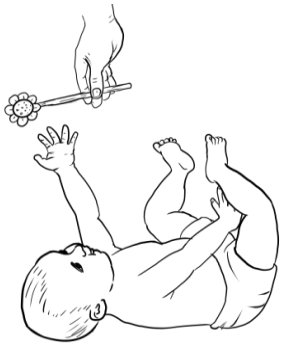
	The child likes to put everything in mouth and starts exploring objects by putting in the mouth.	
Method	Ask the parent/caregiver when holding the toy/objects if the child puts it in the mouth. 	
Response	Yes -The child puts the toy/object in the mouth.	No -The child does not put the toy/object in the mouth.
11	**Recognizes familiar people and things** The child shows differentiated and preferential responses when seeing primary caregiver and objects that they may like. S/he may smile more, get excited, reaches for, vocalizes or make a fuss when seeing parent/caregivers.	
Method	Ask the parent/caregiver if the child recognizes them.	
Response	Yes – The child recognizes parents/caregiver	No -The child does not recognize parents/caregiver.
Personal Social		
12	**Plays with own hands, fingers, or people** The child enjoys interaction with people and likes to play with their own hands. The child responds to playful activity like bouncing on the lap, swinging on the arms etc by displaying signs of enjoyment	
Method	Ask the parent/caregiver if the child enjoys playing with their own hands/ with people.	
Response	Yes – The child enjoys playing with their own hands or other people	No – The child does not enjoy playing with their hands or other people.
13	**Smiles spontaneously at people** The child smiles readily to strangers as they do to caregivers.	
Method	Ask the parent/caregiver if the child smiles at other people.	

Response	Yes -The child smiles to other people.	No -The child does not smile to other people.

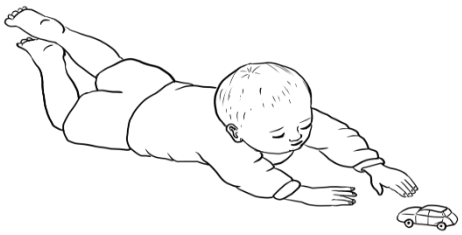
37. 4 BCDST: 6 months

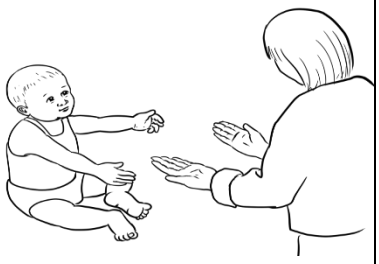
(Pg: 41 of the MCH handbook)

Physical Development		
1	**Sits with support of her/his hand** The child can sit alone for a few seconds with props from hands and arms. They may prop their hands on the floor or on slightly flexed legs for support. 	
Method	Ask the parent/ caregiver if the child can sit with support of her/his hands.	
Response	Yes- The child can sit with support of her/his hands.	No - The child cannot sit with support of her/his hands.
2	**Rolls from back to tummy, getting both arms out from under the body** The child rolls from their back to stomach and can get both arms out from under the body.  (1)  (2)	

	 (3)	
Method	Ask the parent/caregiver if the child can roll from back to tummy.	
Response	Yes – The child can roll from back to tummy.	No -The child cannot roll from back to tummy.
3	**During supported standing, the child is able to bear weight on the legs** When held upright in standing, the child is able to place most weight on legs. At this stage the adult holding her/him is providing less support than in 4 months of age. 	
Method	Ask the parent/caregiver if the child can bear weight on his/her legs while standing with support.	
Response	Yes – The child bears large fraction of weight during supported standing and feet are placed flat on the surface.	No -The child does not bear weight on legs during supported standing OR The child stands on toes OR The child's legs are crossed while standing.
4	**Grabs a toy you offer and looks at it, waves it or chews on it** The child reaches for small objects, grasping and holding it and usually puts it her/his mouth or waves it.  	

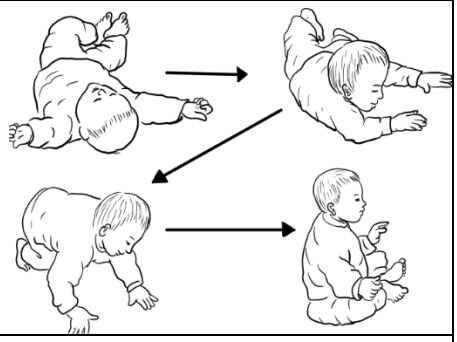
	(1)	(2)
Method	Ask the parent/caregiver if the child will grab a toy/object that you offer. If yes, what does the child do after grabbing it.	
Response	Yes – The child grabs the toys or waves or chews on it.	No -The child does not grab the toy.
Communication/language		
5	**Babbles sounds "baba", "mama",** Babbling is a stage in language acquisition. Babbles are separated from language because they do not convey meaning or refer to anything specific like words do. The babbling involves reduplicated sounds containing alternations of vowels and consonants, for example, "bababa" or "mamama"	
Method	Ask the parent/caregiver if the child seems to talk to you with sounds. If so can they give some examples of sound?	
Response	Yes - The baby makes babbling sounds like "bababa"	No – The baby does not babble
6	**Stops babbling when another person talks** The child usually stops babbling when someone talks to him.	
Method	Ask the parent/caregiver if the child stops babbling when someone talks to him/her.	
Response	Yes- The child listens to the speaker and stops babbling	No –The child does not pay any attention to the person who is talking to him/her.
7	**Looks in the direction of your voice** The child deliberately and successfully turns his/her head to find the person who is talking to him/her. 	
Method	Ask the parent/caregiver that if the child will look in the direction of your voice when you are out of child's sight or if you call your child from behind.	

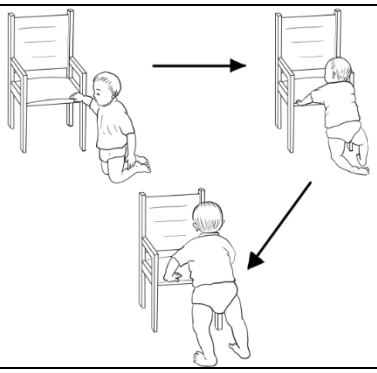
Response	Yes- The baby will look in the direction of your voice by turning towards you/ Stop playing if the baby was playing/ Show any sign of alertness to calling	No- The baby does not respond to your voice by turning/ stopping to play / show any responsiveness to calling by the parent/caregiver
Problem solving/ Cognition		
8	**Shows curiosity and tries to reach for objects at a distance** The child works for a toy out of reach by reaching repeatedly or by reaching and then stretching or wiggling forward. 	
Method	Ask the parent/caregiver if the child tries to reach for toys /objects which are out of reach	
Response	Yes- The baby tries to get the toy/object by reaching or stretching arms or body toward the toy/object.	No- The baby shows no interest.
9	**Plays by banging a toy/object up and down on the floor or table** The child repeatedly hits a nearby surface with an object s/he is holding. The child is more interested in the motor action of banging than the object itself. 	
Method	Ask the parent/ caregiver if the baby plays with toys /objects by banging on the floor.	
Response	Yes – The baby holds the toy/object and plays by banging it.	No – The baby does not show any interest in toys/objects.
10	**Responds to interactive games such as peek-a-boo (kuku)** The child enjoys interactive social games like “peek-a-boo”. At this stage the child is more of a passive participant and the adult takes a more active role. The child displays signs of enjoyment and engagement like smiling, squealing,	

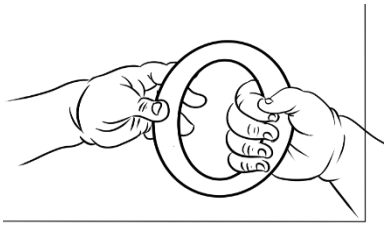
	displaying anticipatory excitement or laugh when an adult engages the child in "peek-a-boo."	
Method	Ask the parent/caregiver if the child responds to interactive games such as "peek-a-boo."	
Response	Yes – The child responds to interactive games.	No – The child shows no interest in interactive games.
Personal Social		
11	**Shows recognition of caregivers by reaching, smiling, inspecting their faces** The child recognizes parents/caregivers and shows preferential responses. They may begin to poke, pat parent's face and hair to explore.	
Method	Ask the parent/caregiver if the baby recognizes them.	
Response	Yes – The child recognizes parent/caregiver by smiling, reaching and inspecting of their faces	No- The child does not show any sign of recognition of parent/caregiver
12	**Lifts arms to parents/caregivers/familiar faces** The child puts arms out to parents/ caregivers to signal that they want to be held, picked up, comforted or rescued from unfamiliar or strange situation. 	
Method	Ask the parent/caregiver if the child lets them know when they want to be picked up and if yes, how?	
Response	Yes- The child lifts arms towards parent/caregiver indicating to be picked up.	No- The child does not look towards, lift arms or gesture to his/her parent/caregiver for comfort

37. 5 BCDST: 9 months

(Pg: 42 of the MCH handbook)

Physical development		
1	**Gets to sitting position from lying position without assistance** The child is able to get into sitting independently from supine (lying) position. 	
Method	Ask the parent/caregiver if the child can get to sitting position from supine (lying) position without assistance.	
Response	Yes – The child can get to sitting position from supine position without assistance	No -The child cannot get to sitting position from supine position.
2	**Moving on the floor by any of the following ways: creeping, crawling or bum scooting** The child is able to move on the floor by either crawling, creeping (crawl forward on belly by bending and straightening his/her arms and legs) or bum scooting (sliding of the bum).  	
Method	Ask the parent/caregiver if the child moves on the floor by crawling/ creeping/ bum scooting.	
Response	Yes – The child crawls, creeps or bum scoots.	No – The child does not crawl, creep or bum scoot.

3	**Pulls to stand holding onto a stable support (chair, low table, sofa etc.)** The child is able to pull self up to stand at a chest high support. S/he may pull up to stand from sitting, prone or hands-knee position. 	
Method	Ask the parent/caregiver if the child can pull self-up to standing position by holding onto stable support like low chair, table, sofa, bed or bench.	
Response	Yes - The child can pull up to standing position.	No -The child cannot pull up to standing position.
4	**Picks up a small object (peas, maize) by using thumb and all fingers (raking motion)** The child obtains a tiny object by moving it with fingers in raking or scooping motion into palm. 	
Method	Ask the parent/caregiver if the child will pick small objects such as peas, rice pellet, maize, etc. If yes, how?	
Response	Yes – The child picks up small objects by raking motion.	No - The child does not pick up small objects.
Communication/ language		
5	**Babbles "badada", "badaga", etc.** Uses increased variety of sounds and syllable combinations in babbling. It contain mixes of consonant vowels like "badada", "badaga"	
Method	Ask the parent/caregiver if the child seems to talk to the parent/caregiver with sounds. If so what kind of sounds does the baby make?	
Response	Yes – The child babbles by saying sounds like "badada," " badaga,"	No – The child does not make any sound OR the child makes sound but doesn't make a mix of consonant vowels like "badada", "badaga"

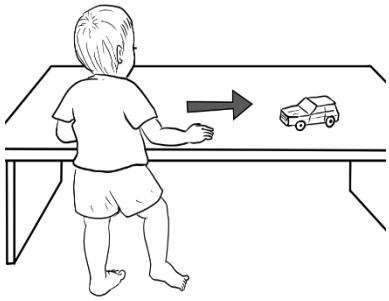
6	**Tries to imitate the sound/word that you made to the baby** The child vocalizes with non-specific sounds when someone talks to him.	
Method	Ask the parent/caregiver if the child seems to talk when someone talks to him/her.	
Response	Yes – The child vocalizes with nonspecific sounds when someone talks to him/her.	No – The child does not vocalize when someone talks to him/her.
7	**Looks in the direction of your voice even when out of sight** The child localizes sounds that occur from either side of the child. 	
Method	Ask the parent/caregiver if the child will look in the direction of the voice.	
Response	Yes – The child responds to voice by turning to locate the sounds.	No – The child does not respond to voice.
Problem Solving/ Cognition		
8	**Able to pass a toy/object back and forth from one hand to the other** The child moves object s/he is holding in one hand to the other hand. 	
Method	Ask the parent/caregiver if the child anytime during play or feeding transfers an object from one hand to the other.	
Response	Yes – The child transfers an object directly from one hand to the other.	No – The child does not transfer an object from one hand to the other.
9	**Inspects toys/objects with curiosity in different ways (shaking, banging, throwing, dropping)** The child is learning that s/he can cause objects to make sounds by performing different actions with them, e.g., shaking, waving, banging, throwing, dropping. Initially s/he produces the sound by accident. Then, when s/he realizes s/he caused	

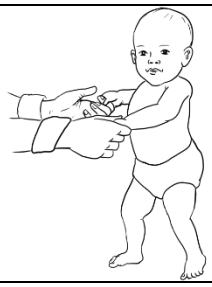
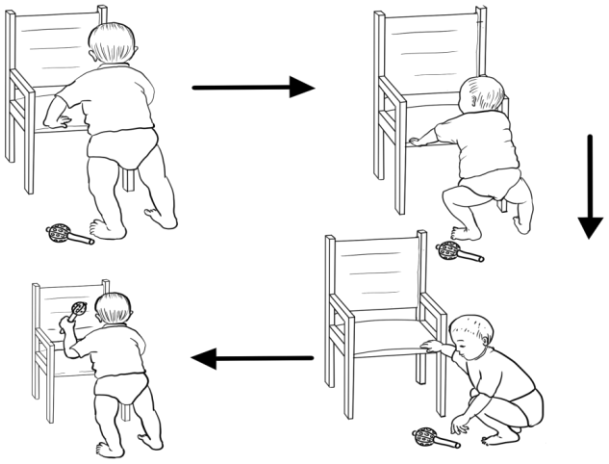
	the sound, s/he repeats the same action and may continue to try more.	
Method	Ask the parent/caregiver if the child will purposely use these actions to produce sounds.	
Response	Yes – The child will shake, bang, throw or drop toys/objects to make sounds.	No – The child does not perform any of these actions.
10	**Looks for toys/objects after seeing you hide them** When the child sees an object s/he wants being hidden, s/he purposefully removes the correct cover to find it.	
Method	Ask the parent/caregiver if the child will purposefully removes the cover to find the toy/object that s/he saw being hidden.	
Response	Yes – The child purposefully removes the cover to find the toy/ object that s/he saw being hidden.	No – The child does not remove/ look for the toy/object that s/he saw being hidden.
Personal Social		
11	**Expresses like/dislike for people, objects/toy and places** The child displays preferences for certain people, objects and places. Their preferences are often based upon perception and experiences.	
Method	Ask the parent/caregiver if the child seems to show preferences for certain foods, people, toys/objects, and/or places. Or What are the child's favorite toys or what are some of the ways your child shows likes or dislikes towards different people, places or things.	
Response	Yes – The child displays differentiated behaviors which indicate likes and dislikes for certain people, places and things. Example: S/he may display preferences for objects by playing with them or selecting them more frequently.	No – The child is usually passive, shows no particular preferences in toys, people or places.
12	**Displays stranger anxiety** The child may actively resist, reject, reach for or move towards parents/caregivers,	

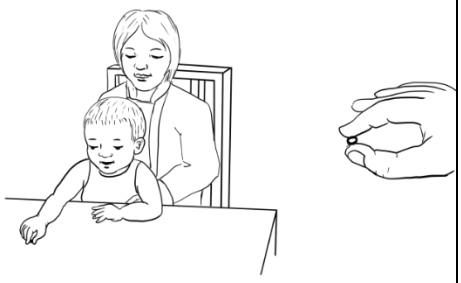
	or cry if an unfamiliar person approaches or even looks at him/her.	
Method	Ask the parent/caregiver if the child usually gets upset when s/he sees new or unfamiliar people.	
Response	Yes – The child displays signs of stranger anxiety as defined above.	No – The child rarely or never displays anxiety when a stranger approaches.
13	**Able to feed self with small finger foods** The child finger feeds variety of foods.	
Method	Ask the parent/caregiver if the child will finger feed self if provided with few pieces of familiar, bite-sized pieces of food, e.g., fresh fruits, carrots, green beans, biscuits.	
Response	Yes – The child finger feeds self.	No – The child does not finger feed.

37. 6 BCDST: 12 months

(Pg: 43 of the MCH handbook)

Physical Development		
1	**Walks sideways holding onto a stable support (chair, low table, sofa etc.)** The child is able to move sideways around furniture by holding on with one or both hands. 	
Method	Ask the parent/caregiver if the child can walk sideways holding onto a stable support.	
Response	Yes – The child can walk sideways holding onto a stable support.	No – The child cannot walk sideways holding onto a stable support.

2	**Walks forward when held by both hands** The child is able to walk a few steps forward when both hands are held at her/his shoulder level. 	
Method	Ask the parent/caregiver if the child can walk forward when both the hands of the child is held.	
Response	Yes – The child can walk forward when held by both hands maintaining an upright posture.	No – The child cannot walk forward when held by both hands OR Dragged along by adult rather than child initiating steps.
3	**While holding onto a stable support (chair, pillar, etc.), child is able to squat down, pick up a toy and return to standing** The child is able to bend down to pick up a toy and return to standing position without falling by holding onto a stable support. 	
Method	Ask the parent/caregiver if the child is able to bend down to pick up a toy and return to standing position while holding onto a stable support.	
Response	Yes – The child is able to bend down and pick up a toy and return to standing position without falling by holding onto a stable support.	No – The child is not able to bend down to pick up a toy and return to standing position while holding onto a stable support.

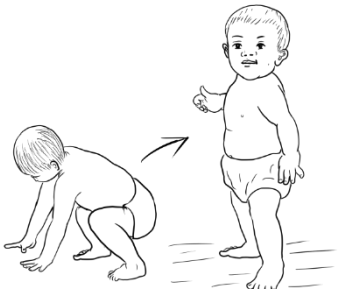
4	**Picks up small objects using pincer grasp (thumb and index finger)** The child can pick up tiny or thin objects using the tips of index finger and thumb. 	
Method	Ask the parent/caregiver if the child is able to pick tiny objects like "zaw," "peas," by using the tips of index finger and thumb. Ask if this can be done by both hands.	
Response	Yes – The child is able to pick tiny objects using tips of index finger and thumb (can be done by both hands).	No –The child cannot pick up tiny objects by using tips of index finger and thumb.
Communication / Language		
5	**Follows simple instructions (using gestures) such as "give" "go" "come" etc.** The child follows simple requests which are given with gestural hints, such as pointing, holding object out. The request must be meaningful and in context; e.g., adult smiling and saying, "Come here," while holding out arms to baby, or pointing to a toy and saying, "Give it to me."	
Method	Ask the parent/caregiver if the child responds to simple requests provided with gestural cues.	
Response	Yes – The child responds appropriately to simple requests provided with gestural cues.	No – The child does not respond to simple requests provided with gestural cues.
6	**Uses fingers to point at people or objects he/she wants to show** The child understands and uses the pointing gestures as a method to communicate "What's that?" "look at that" or " I want that." He further communicates messages by alternating gaze between the person and the object that is being pointed at.	
Method	Ask the parent/caregiver how can you tell if your child wants something? Does the child ever point to things/objects?	

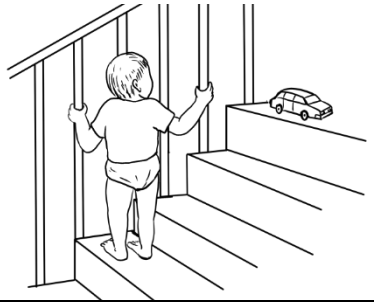
Response	Yes – The child points to show something that s/he wants OR looks when someone is pointing to object/toys.	No – The child doesn't point or does not use any gestures appropriately to make a request or show familiar object/people.
7	**Specifically says "apa", "ama", "mama" or "dada", "baba" or "papa"** The child says "apa," "ama," "dada," "mama," or other consistent labels specifically to mean father, mother or primary caregiver.	
Method	Ask the parent/caregiver if the child calls parent/primary caregiver using the above labels.	
Response	Yes – the child appropriately says "apa," "ama," "dada," "mama," or other consistent word to label parent or primary caregiver.	No – The child says "apa," "ama" or "dada," "mama," but not appropriately to mean mother or father (e.g, labels all women "ama") OR The child does not say any word.
Problem Solving/ Cognition		
8	**Put objects/toys in and takes out of a container** The child can put in and take out small object from a small container such as cup or a small bowl.	
Method	Ask the parent/caregiver if the child can put in and take out small object from a container.	
Response	Yes – The child can put in and take out small objects from a container.	No – The child cannot put in and take out small objects from a container.
9	**Able to imitate gestures** The child can imitate several different visible gestures like clapping, banging two blocks, snapping fingers, patting a doll.	
Method	Ask the parent/caregiver if the child will imitate different gestures after it has been demonstrated to the child.	
Response	Yes – The child imitates gestures (It does not have to be accurate but should	No – The child cannot imitate gestures

	be good approximation).	
10	**Looks at objects/animals/pictures when named** The child looks at the familiar picture/objects/animals when named.	
Method	Ask the parent/caregiver if the child looks at familiar objects/animals/pictures when named.	
Response	Yes – The child looks at familiar object/animals/pictures when named.	No – The child does not look at familiar object/animals/pictures when named.
Personal Social		
11	**Waves "tata," or "bye bye" appropriately** The child uses a waving gesture to communicate " Bye" when someone says "Bye"	
Method	Ask the parent/caregiver if the child spontaneously waves to gesture good-bye meaningfully, not always in imitation.	
Response	Yes – The child spontaneously waves to communicate good-bye meaningfully.	No – The child does not wave appropriately.
12	**Drinks water ,milk or juice from a cup with assistance** The child can drink from a cup with some assistance.	
Method	Ask the parent/caregiver if the child can drink from a cup if someone hold the cup for him/her.	
Response	Yes – The child can drink from the cup with some assistance.	No – The child cannot drink from a cup with some assistance.
13	**Plays with toys/objects appropriately (hugging stuffed animals, making sound of animal toys, car race, etc.)** The child enjoys playing with toys by hugging stuffed animals or dolls, making sounds of animals, cars etc.	
Method	Ask the parent/caregiver if the child plays with toys appropriately.	
Response	Yes – The child plays with the toys appropriately.	No –The child doesn't play with the toys appropriately.

37. 7 BCDST: 18 months

(Pg: 44 of the MCH handbook)

<table>
<tr><th colspan="3">Physical Development</th></tr>
<tr><td>1</td><td colspan="2">Walks independently
The child walks independently. S/he can stop, start and turn while walking without losing balance.
  </td></tr>
<tr><td>Method</td><td colspan="2">Ask the parent/caregiver if the child can walk independently.</td></tr>
<tr><td>Response</td><td>Yes – The child can walk independently.</td><td>No – The child cannot walk independently OR The child walks stiffly or drags foot.</td></tr>
<tr><td>2</td><td colspan="2">Bends over or squats to pick up an object from the floor and then stands up again without support
The child can bend down to pick up a toy and return to standing position without falling or needing a support to hold for balance.
  </td></tr>
<tr><td>Method</td><td colspan="2">Ask the parent/caregiver if the child can bend over to pick up an object and return to standing position without holding onto a support.</td></tr>
<tr><td>Response</td><td>Yes – The child can bend down to pick up object and return to standing position without holding onto a support.</td><td>No – The child cannot bend down to pick up object and return to standing position without holding onto a support.</td></tr>
</table>

3	**Climbs up a few stairs holding rail or other support, placing both feet on same step** The child can walk up a few steps if one/both hands hold a rail or wall for support. At this stage, the feet do not alternate. 	
Method	Ask the parent/caregiver if the child can climb up a few stairs by holding on to a support.	
Response	Yes – The child can walk up the stairs holding onto a wall or rails with one/both hands. S/he places both feet on each step before moving a foot to the next step.	No – The child cannot climb up the stairs by holding on to wall or rails.
Communication / Language		
4	**Says several (4-6 words) meaningful single words** The child says about 4-6 words appropriately and spontaneously during daily activities.	
Method	Ask parent/caregiver if the child can say 4-6 words spontaneously during daily activities.	
Response	Yes – The child can say 4-6 meaningful words spontaneously during daily activities.	No – The child cannot say 4- 6 meaningful words spontaneously during daily activities.
5	**Shakes and nods her/his head while agreeing or disagreeing** The child uses gestures like shaking and nodding of head appropriately.	
Method	Ask the parent/caregiver if the child shakes or nods head appropriately.	
Response	Yes – The child shakes head if s/he disagrees or does not want certain things and nods head if s/he agrees and wants certain things.	No – The child does not shake or nod head appropriately.

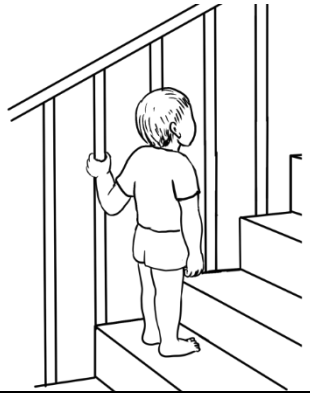
6	**Follows simple one step instructions without using gestures such as "pick up the toy", "bring that cloth" etc** The child understands and follows simple request or direction given without gesture. The request must be meaningful and given in a familiar context; e.g., parent saying without gesture, "Give me the ball," when the child is holding the ball but parent does not extend arms out.	
Method	Ask the parent/caregiver if the child will respond to simple verbal requests without using gestural cues.	
Response	Yes – The child responds to simple verbal requests without using gestural cues.	No – The child does not respond to simple verbal requests without using gestural cues.
Problem Solving/ Cognition		
7	**Identifies at least one body part by pointing** The child understands the name of at least one major body part, such as eyes, head, nose, mouth (on self, a doll or on others).	
Method	Ask the parent/caregiver if the child knows any body part.	
Response	Yes – The child spontaneously names or touches, points to at least one body part on self, doll or another person.	No – The child does not recognize at least one body part.
8	**Recognizes several people in addition to immediate family** The child recognizes people beyond immediate family, with whom the child has had significant contact, e.g., neighbors, relatives who live outside of the home.	
Method	Ask the parent/caregiver who are the people your child seems to know best besides the people who live at home?	
Response	Yes – The child recognizes neighbors, relatives who live outside of the home.	No – The child does not recognize anyone else besides the parents.
9	**Able to turn pages of a book** The child independently turns the pages of book (two or three pages at a time).	
Method	Ask the parent/caregiver if the child can turn the pages of the book (two or three pages at a time).	

Response	Yes – The child can turn pages of the book independently.	No – The child cannot turn the pages of the book independently.
Personal Social		
10	**Feeds self, even though may spill some food** The child can feed independently either using or without using spoon. S/he might spill some food while feeding self.	
Method	Ask the parent/ caregiver if the child can feed independently.	
Response	Yes – The child can feed independently but spills some food.	No – The child cannot feed independently.
11	**Helps to undress by taking off socks, hats or shoes** The child can take off socks, hats or shoes when laces are undone.	
Method	Ask the parent/caregiver if the child can take off socks, hats or shoes.	
Response	Yes – The child can take off socks, hats or shoes independently.	No – The child cannot take off socks, hats or shoes independently.
12	**Gets your attention or tries to show you something or seeks help by pulling on your hand or clothes** The child effectively uses a range of conventional gestures to communicate needs such as "help," "tell me what this is." Conventional gestures include pointing, showing, taking adult hand to help; pulling adult's hand or clothes to show.	
Method	Ask the parent/caregiver how they can tell when their child wants something or needs their help.	
Response	Yes – The child uses a variety of gestures like pulling, showing or pointing.	No – The child's gestural request are limited to looking only.
13	**Engages in pretend play (telephone, cooking, feeding, etc.)** The child engages in symbolic play by acting out everyday actions they've seen adult do like cooking, talking on a phone, feeding a doll, sweeping the floor, pretending to read a book. The child uses realistic props. 	

Method	Ask the parent/caregiver if the child engages in pretend play.	
Response	Yes – The child engages in pretend play such as cooking, feeding doll, talking on the phone, etc.	No – The child does not engage in any pretend play.

37. 8 BCDST: 24 months

(Pg: 45 of the MCH handbook)

Physical Development		
1	**Walks up and down stairs with both feet on each step holding onto railing or wall or adult's hand using one hand** The child can walk up and down stairs independently holding onto railing or wall. S/he places both feet per step before moving onto the next. 	
Method	Ask the parent/caregiver if the child can climb stairs.	
Response	Yes – The child can walk up and down the stairs with both feet on each step holding onto a rail or wall.	No – The child cannot walk up and down the stairs by holding onto railing or wall.
2	**Runs and stops without falling** The child can run and stop without falling	
Method	Ask the parent/caregiver if the child can run and stop.	
Response	Yes – The child can run and stop without falling.	No – The child cannot run OR runs but falls frequently.

3	**Kicks a ball forward** The child can kick a ball in standing position without holding onto a support. 	
Method	Ask the parent/caregiver if the child can kick a ball.	
Response	Yes – The child can kick a ball without holding onto a support.	No – The child cannot kick a ball without holding onto support.
4	**Turns pages of a book singly (one at a time)** The child can independently turn the pages of a book, one at a time.	
Method	Ask the parent or caregiver if the child can turn the pages of a book, one at a time.	
Response	Yes – The child can turn the pages of a book one at a time independently.	No – The child cannot turn the pages of a book one at a time independently.
Communication/ Language		
5	**Correctly names at least one familiar object or picture** The child recognizes pictures as symbol for real objects and can say the names of at least one picture of familiar objects.	
Method	Ask parent/caregiver if they have heard the child name any pictures. These can be pictures hanging on the wall, picture in the TV, pictures in the book or pictures on the food packages.	
Response	Yes – The child has named at least one picture of familiar object.	No –The child cannot name the picture independently.
6	**Speaks some two-word sentences like, "Mama eat," "Go home," "Daddy Play,"** The child spontaneously begins to combine two words to convey two concepts or thoughts, e.g., "Daddy play" "Mama eat," "Go home."	
Method	Ask the parent/caregiver if the child uses two-word sentences while	

	speaking.	
Response	Yes – The child says two word sentences.	No – The child does not say two word sentences.
7	**Has a vocabulary of 50 words** The child uses at least 50 words spontaneously. The child uses these words meaningfully either singly or in multi-word phrases to name something, request, comment or greet.	
Method	Ask the parent/caregiver how much vocabulary the child has.	
Response	Yes- The child has vocabulary of 50 words.	No – The child has less the 50 words vocabulary.
Problem solving/ Cognition		
8	**Identifies self in photograph/mirror/cell phone**. The child can recognize himself in a recent photograph/reflection in mirror.	
Method	Ask the parent/caregiver if the child seems to recognize self in picture/mirror.	
Response	Yes – The child recognizes self in the picture or mirror by saying name or pointing to it.	No – The child does not recognize self in the picture or mirror.
9	**Identifies 6 body parts** The child understands the names of at least 6 body parts.	
Method	Ask the parent/caregiver if the child can identify at least 6 body parts.	
Response	Yes – The child spontaneously names or touches, points to at least 6 body parts.	No – The child cannot identify at least 6 body parts.
10	**Finds chair or other items to help reach objects that he/she wants** The child purposely uses an unrelated object as a "tool" or means to obtain a desired object or goal. For example, using a chair to get toy that is kept on top of a table, or using a stick to get ball that has rolled under the sofa.	
Method	Ask the parent/caregiver if the child uses tools to help reach for objects that s/he wants.	

Response	Yes – The child knows how to use tools as a means to reach for objects s/he wants.	No – The child does not know how to use any tools as a means to reach for objects s/he wants.
Personal Social		
11	**Interacts with peers** The child interacts with peers mostly through gestures like pushing, pulling, grabbing, patting, hugging, waving, shrugging shoulders and pointing. Depending on the child's verbal abilities, vocalization may accompany gestures.	
Method	Ask the parent/caregiver if the child interacts with peers.	
Response	Yes – The child interacts with other peers using variety of gestures and verbalizations.	No – The child only interacts with extreme aggression; usually hitting the other child; or appears to be unaware to presence of other children and prefers to engage in solitary play.
12	**Shows wide variety of emotions, e.g., fear, anger, sympathy, joy** The child experiences and expresses, with greater control, a wider range of emotions and feelings: fear, anger, sympathy, joy, embarrassment, anxiety, and guilt. S/he may express them in varying degrees during play, when trying to meet basic needs, and when interacting with others.	
Method	Ask the parent/caregiver if the child shows variety of emotions as defined.	
Response	Yes- The child expresses variety and different degrees of emotions.	No – The child does not display varying degrees of emotions.
13	**Understands difference between things that can be eaten and not eaten** The child distinguishes between edible and inedible objects. S/he does not put familiar inedible objects in mouth.	
Method	Ask the parent/caregiver if the child can distinguish between edible and inedible objects.	

Response	Yes – The child usually does not attempt to taste or eat familiar inedible substances/objects.	No – The child cannot distinguish between edible and inedible substances/objects.
14	**Anticipates need to relieve(toilet) by using same word for urination and defecation** The child has an awareness of when s/he needs to urinate or have bowel movement. Sometimes s/he verbalizes but may not always use the correct word.	
Method	Ask the parent/caregiver if the child ever uses any terms to let them know s/he needs to go to toilet.	
Response	Yes – The child indicates the need to go to toilet (S/he may use same words to indicate both the functions).	No – The child does not indicate the need to go to toilet.

37. 9 BCDST: 36 months

(Pg: 46 of the MCH handbook)

Physical Development		
1	**Climbs stairs with alternate foot (one foot on each step) holding onto railing or wall or adult's hand using one hand** The child can climb stairs independently holding onto a support. At this stage he/she has enough balance and coordination to alternate foot on the steps. 	
Method	Ask the parent/ caregiver if the child can climb stairs as described above.	
Response	Yes – The child can climb stairs with alternate foot by holding onto a support.	No – The child cannot climb stairs with alternate foot by holding onto a support

2	**Kicks a ball by swinging his/her foot forward** The child can kick a ball by swinging leg forward and without holding onto a support. 	
Method	Ask the parent/caregiver if the child can kick the ball by swinging foot forward.	
Response	Yes – The child can kick the ball by swinging foot forward without losing balance.	No – The child cannot kick the ball by swinging foot forward.
3	**Throws ball/object with one hand** The child can throw a ball using one hand and controls the direction of throw. 	
Method	Ask the parent/caregiver if the child can throw a ball with one hand.	
Response	Yes – The child can throw a ball with one hand.	No – The child cannot throw a ball with one hand.
Communication/ language		
4	**Converses using three to four word sentences** The child begins to spontaneously say three to four word sentences to make comment, to request something or to make a command.	
Method	Ask the parent/caregiver if the child uses three to four-word sentences during a conversation.	
Response	Yes – The child is able to speak using three to four word sentences.	No – The child does not speak in three to four-word sentences.
5	**Able to say his/her name/nickname when asked**	

	The child can say his/her name/ nickname when asked "What is your name?"	
Method	Ask the parent/caregiver if the child can say his/her name when asked.	
Response	Yes – The child can tell his/her name when asked.	No – The child cannot tell his/her name when asked.
6	**Uses pronouns such as "I", "you", "me"** The child is able to substitute pronouns for names. First pronouns are typically those that are child-centered, i.e., "I," "me," "mine," and those used to give directives to others, e.g., "you."	
Method	Ask the parent/caregiver if they have heard their child use any pronouns such as "me," "my," or "you."	
Response	Yes – The child uses pronouns.	No – The child does not use pronouns.
7	**Follows 2 step related instructions like 'get your cup and bring it to me'** The child can follow a direction that include two simple but related commands involving one object; e.g., "Get your cup and bring it to me."	
Method	Ask the parent/caregiver if the child can follow a direction that includes two simple related commands by stating some examples.	
Response	Yes – The child can follow a direction that includes two simple but related instructions.	No – The child does not follow the two simple related instructions.
Problem Solving/ Cognition		
8	**Identifies common objects (cars, cups, mugs, phones, pots, shoes etc) with their uses** The child associates the functions of common objects with the correct object.	
Method	Ask the parent/caregiver if the child can tell or show if asked, "what s/he drinks from," "what s/he puts on feet," etc.	
Response	Yes – The child can name/point to the object with their uses.	No – The child can't name/point to the object with their uses.
9	**Understand what "two" means** The child gives or takes "two" of something from a group of similar objects on	

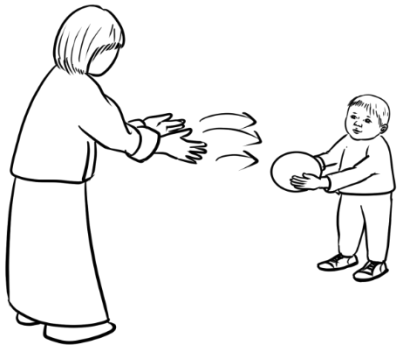
	request.	
Method	Ask the parent/caregiver if the child can understand the concept of two. For example, if the child is eating biscuits and if the parent/caregiver asks for two pieces of biscuits, will the child pick up two pieces and hand over.	
Response	Yes – The child understands the concept of two.	No – The child does not understand the concept of two.
10	**Understands "big and small" or "short and long"** The child understands the words and meaning of "big and small" or "short and long"	
Method	Ask the parent/caregiver if the child is able to identify big and small or short and long when asked.	
Response	Yes – The child is able to identify big and small or short and long.	No – The child is not able to identify big and small or short and long.
Personal Social		
11	**Shows affection for friends without prompting** The child displays a range of affectionate response with friends whom s/he cares about. Her/his affectionate responses typically imitate the type of affection to which s/he is exposed.	
Method	Ask the parent/caregiver if the child shows affections like hugging, patting, offering toys or holding hands to his friends without prompting	
Response	Yes – The child shows affection for friends without prompting.	No – The child shows no interest in friends.
12	**Understands the idea of "mine", "his" or "hers"** The child begins to develop a sense of ownership. For example, s/he knows which clothes, toys are hers/his and confirms the ownership by frequently saying, "mine" and if it's not then says "his" or "hers".	
Method	Ask the parent/caregiver if the child says appropriately "mine", "his" or "hers"	
Response	Yes – The child says "mine", "his" or "hers" appropriately.	No – The child does not say "mine", "his" or "hers" appropriately.
13	**Understands and stays away from common dangers like fire, stairs,**	

	unfamiliar animals The child understands and often complies with simple rules like staying away from fire, stairs, and unfamiliar animals.	
Method	Ask the parent/caregiver if the child follows certain rules that are listed above.	
Response	Yes – The child understands and follows the rules.	No – The child does not understand and follow the rules.
14	**Washes hands independently** The child independently can wash hands properly.	
Method	Ask the parent if the child can wash his/her hand independently.	
Response	Yes – The child can wash his/her hand independently.	No – The child cannot wash his/her hand independently.

37. 10 BCDST: 48 months

(Pg: 47 of the MCH handbook)

Physical Development		
1	**Hops and stands on one foot up to 2 seconds** The child can hop and stand on one foot for 2 seconds without holding onto a support. 	
Method	Ask the parent/ caregiver if the child can hop and stand on one foot without holding onto a support.	
Response	Yes – The child can hop and stand on one foot for 2 seconds without holding onto a support.	No – The child cannot hop and stand on one foot for 2 seconds without holding onto a support.

2	**Jump forward at least 6 inches with both feet leaving the ground at same time** The child can jump forward at least 6 inches with both feet leaving the ground at same time. 	
Method	Ask the parent/caregiver if the child can jump forward. If the child can jump forward how far does the child jump and how does s/he jump.	
Response	Yes – The child can jump at least 6 inches with both feet leaving the ground at same time.	No – The child cannot jump at least 6 inches with both feet leaving the ground at same time.
3	**Catch a large ball/object with both hands** The child can catch a ball with arms bent in front of body and holding the ball with both hands. 	
Method	Ask the parent/caregiver if the child can catch a large ball with both hands.	
Response	Yes – The child can catch a large ball with both hands.	No – The child cannot catch a large a ball with both hands.
4	**Holds a pencil in a tripod grip** The tripod grip usually emerges around a child's 3rd to 4th year. It uses the thumb, index (first) and middle fingers. It is the most functional grasp for gaining good pencil skills and is necessary for fastening buttons on clothes, etc. 	
Method	Ask the parent/caregiver if the child can hold a pencil (tripod grip).	
Response	Yes- The child can hold a pencil in a tripod grip.	No – The child cannot hold a pencil in a tripod grip.

Communication/Language		
5	Child's speech is understood by unfamiliar people, although some errors persist A 4 year old can typically be understood most of the time by family as well as strangers (with similar culture and dialectical background) even though pronunciation of words is not always exact.	
Method	Ask the parent/caregiver if a stranger is able to understand what the child says.	
Response	Yes – Most of child's words and sentences are understood by stranger.	No – Most of child's words and sentences are not understood by stranger.
6	Sings simple song If the child has had experience with nursery rhymes or any songs, s/he is able to recite a familiar song about three or four lines.	
Method	Ask the parent/caregiver if the child has had any experience with songs at home, through TV, phones, books or at a daycare. If so, has the parent heard the child recite songs/nursery rhymes.	
Response	Yes – The child can sing song/nursery rhymes	No – The child cannot sing song/nursery rhymes
7	Asks questions beginning with "why" or "how" The child ask "why" or "how" questions to seek information or to initiate or maintain a conversation; e.g., "Why can't I go out?" "How did you come?"	
Method	Ask parent/caregiver if the child asks questions beginning with "why" or "how"	
Response	Yes – The child ask questions beginning with "why" or "how"	No – The child does not ask questions beginning with "why" or "how"
Problem solving/ Cognition		
8	Understands opposites, e.g., day and night, hot and cold, etc. The child understands a person, thing or a situation that is totally different from someone or something. The child at this age gives the opposite of a word when the asked with statement, such as, "The fire is hot, ice is …" "Brother is a boy, sister is a ?", " Summer is hot , winter is ?"	

Method	Ask the parent/caregiver if the child responds correctly to opposite phrase.	
Response	Yes – The child responds correctly to opposite phrase.	No – The child does not respond to opposite phrase.
9	Understands positional terms like 'IN', 'UNDER', 'UP', etc. The child understands prepositions like "in," "under," "on," "up". e.g., "Put your toy *on* the table," "push the car *under* the table."	
Method	Ask the parent/caregiver if the child can understand prepositions like "in," "under," "up," etc.	
Response	Yes – The child can understand prepositions.	No – The child does not understand prepositions.
10	Names some colors The child names at least three colors and can point to them when named.	
Method	Ask the parent/caregiver if the child can name some colors.	
Response	Yes – the child can name at least 3 colors	No – The child cannot name or recognize colors.
11	Counts to 4 The child can count to 4 in her/his own dialect or any language that s/he has been exposed to.	
Method	Ask the parent/caregiver if the child can count to 4	
Response	Yes – The child can count to 4.	No – The child cannot count to 4.
Personal Social		
12	Shows interest in interactive games or make-believe The child acts out make-believe activities such as playing doctor/teacher or having birthday party. The child is also interested in playing interactive games with peers like playing hide and seeks and any games which requires turn taking.	
Method	Ask the parent/caregiver if the child is interested in playing any interactive games or make-believe games.	

Response	Yes – The child is interested and engages in interactive or make-believe games.	No – the child is not interested and does not engage in make-believe games.
13	**Responds to other children and people outside the family** The child shows independence and takes interest in interacting with other children and people outside the family.	
Method	Ask the parent/caregiver if the child interacts and responds to other children or people outside the family.	
Response	Yes – The child responds and interacts with other children and people outside the family.	No – The child does not respond and interact with other children and people outside the family.
14	**Feeds self in tidy manner** The child can feed self either with or without spoon.	
Method	Ask the parent/caregiver if the child can feed independently.	
Response	Yes – The child can feed independently.	No – The child still needs assistance to feed.

37. 11 BCDST: 60 months

(Pg: 48 of the MCH handbook)

Physical Development		
1.	**Hops on one foot on the same spot for two times** The child is able to hop on one foot for two times without holding onto a support and without losing balance.	
Method	Ask the parent/caregiver if the child can hop on one foot on the same spot for two times.	
Response	Yes – The child can hop on one foot for two times without holding on to support and without losing balance.	No – The child cannot hop on one foot for two times.

2.	**Stands on one foot for at least 5 seconds** The child is able to stand on one foot for at least 5 seconds without holding onto a support. 	
Method	Ask the parent/caregiver if the child can stand for 5 seconds on one foot without holding onto a support. (both feet)	
Response	Yes – The child can stand on one foot for 5 seconds without holding onto a support (both feet).	No – The child cannot stand on one foot for 5 seconds without holding onto a support.
3.	**Able to walk on tiptoes** The child can walk voluntarily on tiptoes without holding onto a support. 	
Method	Ask the parent/caregiver if the child can walk on tiptoes.	
Response	Yes – The child can walk on tiptoes without holding onto a support.	No – The child cannot walk on tiptoes.
Communication/ Language		
4.	**Tells longer stories from TV, book or stories that he/she has heard or from past events (birthday celebration, *Tsechu*, picnic, shopping, etc.)** The child is able to narrate past events like birthday celebration, tshechu, picnic that the child had attended and is also able to narrate stories that s/he had heard from parent/grandparents/others or from TV/book.	
Method	Ask the parent/caregiver if the child narrates any stories or events that s/he had attended/heard.	

Response	Yes – The child narrates stories.	No – The child does not narrate any stories.
5.	**Uses words like "tomorrow" and "yesterday"** The child uses words like "tomorrow" and "yesterday" appropriately during conversations. E.g., "Yesterday I went to shop," "Tomorrow I am going to my cousin's house."	
Method	Ask the parent/caregiver if the child uses words like "tomorrow" and "yesterday" appropriately during conversation.	
Response	Yes – The child uses words like "tomorrow" and "yesterday" appropriately during conversation.	No – The child does not use words like "tomorrow' and "yesterday" appropriately during conversation.
6.	**Uses future tense (e.g., Ama will come today, I will go out later, etc.)** The child uses future tenses during conversation appropriately. e.g., "Ama will come today," "I will go out later," etc	
Method	Ask the parent/caregiver if the child is able to use future tenses appropriately during conversation.	
Response	Yes – The child uses future tenses appropriately during conversation.	No – The child does not use future tenses appropriately during conversation.
Problem Solving/Cognition		
7.	**Counts to 10 or more things (in any language)** The child can count to 10 or more in any language the child has been exposed to.	
Method	Ask the parent/caregiver if the child can count to 10 or more.	
Response	Yes – The child can count to 10 or more.	No – The child cannot count to 10 or more.
8.	**Recognizes at least 5 different colors** The child can recognize 5 different colors and can name them or point.	
Method	Ask the parent/caregiver if the child can recognize at least 5 different colors.	

Response	Yes – The child can recognize 5 different colors by either naming or pointing at them.	No – The child cannot recognize 5 different colors.
9.	**Aware of gender** The child knows if s/he is a boy or a girl.	
Method	Ask the parent/caregiver if the child can say "boy" and "girl" when asked, "Are you a boy or a girl?"	
Response	Yes – The child responds correctly when asked if the child is a boy or a girl.	No – The child does not respond correctly when asked if the child is boy or a girl.
Personal Social		
10.	**Goes to toilet independently** The child can go to toilet, undress and dress independently.	
Method	Ask the parent/caregiver if the child can go to toilet independently.	
Response	Yes – The child can go to toilet independently.	No – The child cannot go to toilet independently, the child needs assistance.
11.	**Dresses and undresses independently** The child is able to independently dress and undress with several simple clothing items such as hat, socks, pants, underwear, shirt, jacket, etc.	
Method	Ask the parent/caregiver if the child is able to dress and undress independently.	
Response	Yes – The child is able to dress and undress independently.	No – The child is not able to dress and undress independently.
12.	**Brushes teeth independently** The child can brush teeth independently	
Method	Ask the parent/caregiver if the child can brush teeth independently.	
Response	Yes – The child can brush teeth independently.	No – The child cannot brush teeth independently.
13.	**Able to concentrate on any single activity without getting distracted**	

	easily for at least 5 minutes The child is able to concentrate on an activity that s/he is interested in without getting distracted for at least 5 minutes.	
Method	Ask the parent/caregiver if the child would concentrate on an activity for 5 minutes without getting distracted.	
Response	Yes – The child can concentrate for at least 5 minutes.	No – The child finds it difficult to concentrate and gets distracted easily. The child is found to be running around mostly.

38. BIRTH NOTIFICATION

Birth notification will be issued by the health workers if the deliveries are attended by the health worker. For home deliveries, birth notification will be issued based on the dully filled up form No. BCRS-IB-01.

Explain parent/s on the importance of birth notification certification and civil registration.

"THIS IS NOT A BIRTH CERTIFICATE".

39. SOME POINTS TO REMEMBER

Issue new MCH handbook for the first time

1. MCH handbook should be issued by the health facility where the mother was confirmed to be pregnant with fetal cardiac activity by USG or Gravindex test (HCG) or palpable uterus as soon as possible **(Do not wait till 12 weeks).**
2. If a mother delivered at the health facility without ANC, that health facility should issue MCH handbook as soon as possible and the register number must be issued from the HHC.
3. If mother did not attend ANC but delivered in the presence of BMHC registered Skilled Birth Attendant (SBA), the health facility, which she belongs should issue MCH handbook as soon as possible.
4. If mother did not attend ANC and not delivered at the health facility or in the presence of BMHC registered SBA, the health facility where mother and child first contact should issue card immediately and provide PNC.

5. If the mother of multiple gestations delivered multiple live births in health facility, each child should receive new MCH hand book immediately after birth and original MCH handbook will belong to the 1st child.
6. If the child is adopted, refer NCWC child adoption act. Use the same MCH to avail the MCH services.
7. Provide MCH handbook free of charge regardless of citizenship of the parents.
8. Issue MCH handbook for the second time or more:
   8.1 Issue MCH handbook for the second time or more should not be delayed based on the need as it may hamper medical documentation.
   8.2 The health workers in the health facility should communicate with home health center and get the original MCH registration number.
   8.3 In that case, all the previous record will be re-filled by the home health facility or by the issuing health facility through MCH tracking system (will depend the time of issue of MCH handbook for example if during ANC and all the information of the pregnancy).
9. Replacement of card will be issued only from home health center.
10. Issue MCH registration number:
    10.1 If the mother attended ANC.
    10.2 The child MCH registration number will be generated automatically based on the Mother's MCH registration number and order of the child if multiple gestation as soon as live birth. (Last digit of 1st child=1, 2nd child=2, Third child=3).
11. If mother did not attend ANC:
    11.1 The mother should receive MCH registration number as soon as possible where maximum MCH services will be provided.
    11.1) The child should receive MCH registration number as soon as possible, which was generated automatically by mother's MCH registration number
12. If stillbirth occurs
    12.1) Fill death certificate and give to the parents
    12.2) Fill Stillbirth reporting form and submit if your health facility is sentinel site for Bhutan-NBBD surveillance
    12.3) Mother must retain the previous pregnancy MCH handbook with her for future reference
13. If live birth occurs: Advise parents to process for birth certification and civil registration (census).
14. Birth Notification

If the birth not attended by BMHC registered SBA, but birth verification is possible based on the strong clinical evidence (within 72 hours from birth) or there is medical record in the health facility, the medical superintendent/health assistant of the hospital should complete "Birth Notification" and sign with official hospital seal and hand it over to the patient party.

15. ANC attendance certificate

    If the mother never attended ANC, did not deliver in health facility or did not deliver in the presence of BMHC registered SBA, health sector CANNOT provide any supporting document, which is required for census application of the newborn. Therefore, the health workers have to ensure that the mother understand that legal process and remind the importance of institutional delivery during ANC visit in this regard.
16. For each health contact, health workers should check the Birth Registration form no BCRS-BR-01 and remind the parent/s to apply for civil registration and census for newborn as soon as possible with necessary supporting documents if not done yet.