

Data card - Boy



Baby's Data

1	. Name of the baby:	ne of the baby: 6. Name of the village: 7. Taluka/District:		3. Date of Birth	4. Birth weight (gm):		
9	. Name of the PHC:	10. Name of th	e SC:				
11	. Delivery Point: A. DH:	B. RH:	C. SDH:	D. PHC:	E. Private:	F. Home:	G. Other:
				Doctor at the time of delivery			
13	. Name of the DHO:		14. Name	of the THO:			
15	. Name of the CHO:			of the MO In charge:			
17	. Name of the staff nurse	e:		of the ANM Supervisor: _			
19	. Name of the ANM:		20. Name	of the ASHA Supervisor:		_	
21	. Name of the ASHA: $__$		22. Name	of the CDPO:			
23	. Name of the Anganwad	li Supervisor:	24. Name	of the Anganwadi worker	• •		
				Mother's Data			
1.	Name of the mother:		2. Cast - S	T -SC -OBC - General:			
				v) graduate (v) post gradu	uate 4. Age of the mo	ther: 5. Heiaht	of the mother (cm):
				n (1st ANC):	_		•
	Date of 2nd ANC:		Weight during 2n				
	Date of 3rd ANC:		Weight during 3rd	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	Date of 4th ANC:	_	Weight during 4tl				
	Date of 5th ANC:		Weight during 5tl				
	Date of 6th ANC:		Weight during 6t				
	Data of 7th ANC:		Weight during 7t				
14.	Weight of the mother a	t the time of delivery (kg)		ype of Delivery: Normal _	Vacuum	Caesarean	
		by in weeks:		s it a full-term delivery? (`	Yes/No):		
			Bal	y's Feeding Data			
1	. Was the mother taught	t Cross cradle hold (CC) a	nd latching using l	nealth spoken tutorials dur	ing her pregnancy?: \	or N	
	_			/ PHC/SC/Aanganwadi/Hoi		<u> </u>	
		within one hour of birth?			I performed at the tim	ne of delivery? Y or	N
		ely breastfed in the hospit			taught manual expres	•	
_	CDUDY CACIUSIVE						
						If the baby has	Was Were

Baby's Age:	Date of Visit (dd/mm/yy)	Weight in grams	Weight gained since the last check up in grams:	Weight of the baby is at what percentile or range?	Length in cm:	Is the baby suffering from any illness? (Yes/No)	If the baby has lost weight or not gained weight, has he/she been referred to a professional? (Y/N) If yes, then specify their name and designation:	Was anything else besides Breast milk given? Y/N	Were Health Spoken Tutorials shown as per the protocol? Y/N
0 day									
1 day									
2 day									
3 days									
5 days									
7 days									
10 days									
12 days									
14 days									
21 days									
28 days									
42 days/ 6 weeks									
10 weeks									
14 weeks									
3.5 month									
4.5 month									
5.5 month									

Data for 6 months - 12 months of age

When was complementary food introduced? Date: _____

bowl = 125 ml, 1 bowl = 250 ml, 1 teaspoon = 5 gm (tsp), 1 tablespoon= 15 gm (Tbsp)

Date of visit	6	6.5	7	7.5	R	Q	10	11	12
Weight in grams			•					•	
Weight gained since the 6th month weight measurement (gm)									
Weight of the baby is at what percentile or range?									
Length in cm									<u>† </u>
Is the baby breastfeeding? (Y/N)									
SAM (Y/N)									
MAM (Y/N)									
How many times was the baby fed in the last 24 hours?									
Has peanut/ seed powder been made? (Y/N)									
Has sprout powder been made? (Y/N)									
Has drumstick leaves powder been made? (Y/N)									
Has curry leaves powder been made? (Y/N)									
Has amylase powder been made? (Y/N)									
Were cereals given to the baby? (Y/N)									
Were pulses/seeds/legumes given? (Y/N)									
Was any dairy product given? (Y/N)									
Was meat or fish given? (Y/N)									
Was egg given? (Y/N)									
Were Vit A rich vegetables/fruits given? (Y/N)									
Were any other vegetables or fruits given? (Y/N)									
Was any packaged food given? (Y/N)									
Were Health Spoken Tutorials shown as per the protocol? (Y/N)									
In 24 hours, how many times was the baby fed? $-(0/1/2/3/4/5/6/7)$									
In 24 hours, how much quantity of food was given to the baby? $(1/2/3/4/5 \text{ tsp/Tbsp}) (1/2/3/4/5 \text{ bowl/half bowl/} \frac{1}{4} \text{bowl})$									
If the baby has lost weight or not gained weight, has he/she been referred to a professional? (Yes/No)									
If yes, then specify their name and designation:									

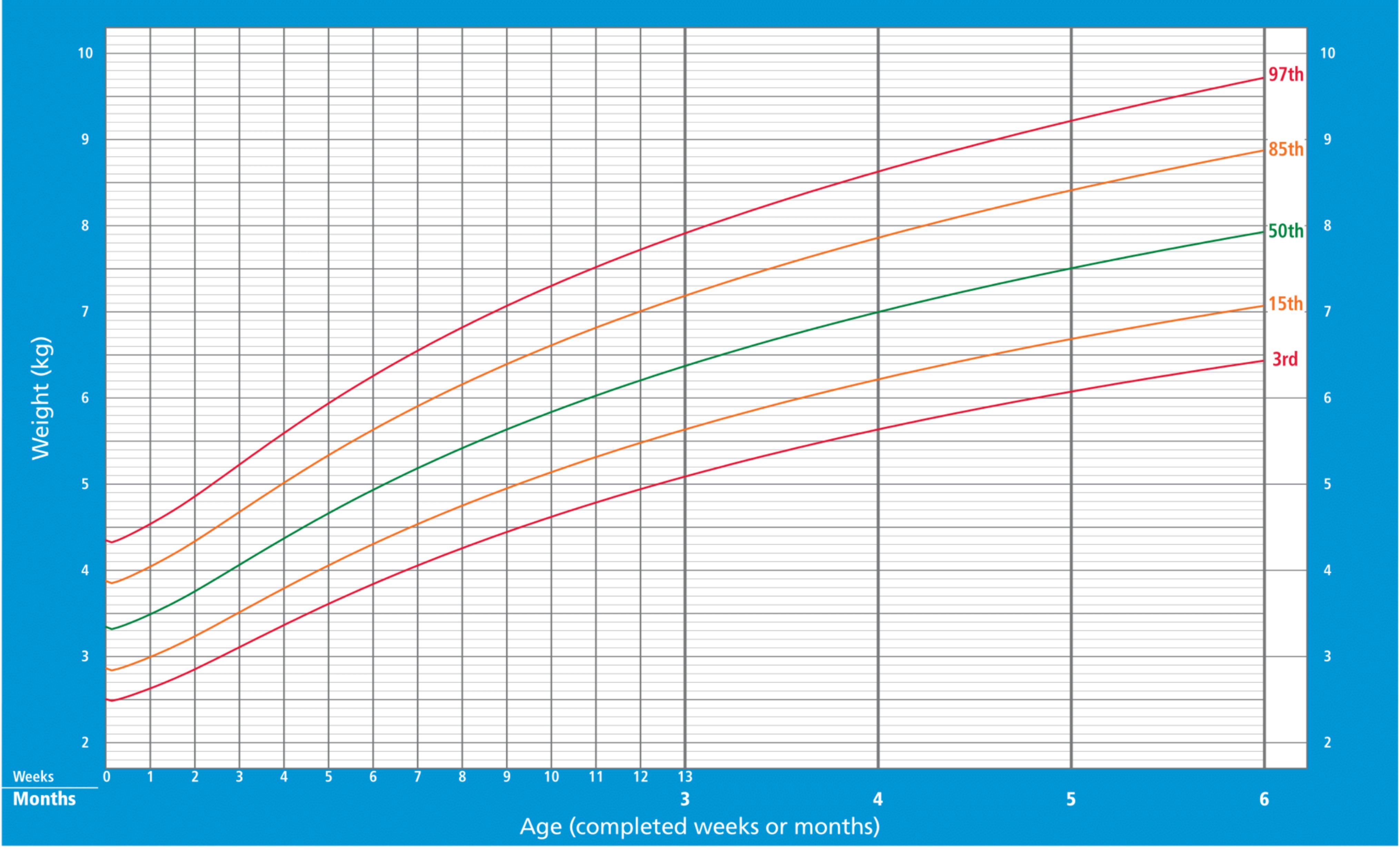
BREASTFEEDING ASSESSMENT FORM

	Mother's name:		_ E	3ab	y's	na	me	
Baby's date	of birth:	Date of the 1st assessme						
	Tick the ol	served favourable behaviour						Tick the observed unfavourable behaviour
		The mother's	pr	rep	ar	ati	on	
		the baby's early hunger cues like of the mouth, putting finger in the mouth.						The mother feeds the baby when the baby cries.
	The mother washe	s her hands with soap and water.						The mother does not wash her hands with soap and water.
		one glass of water before breastfeeding.						The mother does not drink water before breastfeeding.
	1	xed and sitting straight with back support						The mother's shoulders are hunched. She is leaning over
	on the bed or on the The mother is wea							the baby with no back support. The mother is wearing tight clothes.
		up the baby by removing the blanket, cap,					+	The mother does not remove the blanket, cap, mittens, or
	mittens, and socks	Then, she makes the baby sit for a few						socks. She does not make the baby sit to wake her up.
		brings the baby close to breastfeed.		£-		<u> </u>		The baby is sleepy when brought close to breastfeed.
	-	s position - Here the mother will , hips & legs are fully supported by the	De	 	ea	ınç	-	Baby's full body is not supported by the mother.
	mother's left hand	, , , , , , , , , , , , , , , , , , ,						Only the shoulders or the head of the baby are supported.
	Baby's ears, shoul	der joint and hip joint are in the same line.						Baby's ears, shoulder joint and hip joint are not in the same
		the baby's head is held with the mother's					+	line. Baby's body or neck is twisted. The mother is not supporting the baby's head properly.
	-	ner fingers. Mother's thumb is behind one						She is restricting the movement of the baby's head while
		er fingers are behind the other ear of the						breastfeeding the baby by putting pressure on the back of
	baby.							the baby's head. The baby is facing the mother's face. The baby's chest is not
	,	the mother's breast. The baby's chest and are touching each other. The baby is in a						touching the mother's chest. The baby's chest is held far
	horizontal position						1	away or it is turned upward. The baby is in a diagonal position.
	When the baby is	absolutely horizontal while feeding on the						
	right breast, the b	aby's upper lip is at 9 o'clock position and						When the baby is in a diagonal position while feeding on the right breast, the baby's lips are not in a vertical position on
	•	3 o'clock position. Thus the baby's lips are					1	the areola.
	The mother brings	the baby to the breast keeping the						
	1	d such that the nare of the nose is in line						The baby is brought straight on to the nipple without extension of the neck. Here, either the baby's nose is higher
	with the nipple. Do	oing so, will ensure that the baby's neck is						than the mother's nipple or the tip of the nose is in line with
	extended in the sale while drinking wat	me way that an adult's neck is extended						the nipple. Also, the baby's neck is bent forward.
	<u> </u>	ring the breast for deep attach	m	en'	t o	f t	he	haby to the lower areola
		the breast in such a way that her fingers						The mother holds the breast in such a way that her fingers
	are parallel to the	baby's lips.						are not parallel to the baby's lips.
	of 3 fingers from t	ers holding the breast are at a distance he nipple.					1	The mother's fingers are either too close or too far away from the nipple.
	The mother is com	pressing the breast adequately. So it is						The mother is not compressing the breast adequately. So
	 	to attach deeply to the lower areola. ging the baby to the breast. She is not					+	the baby is unable to attach deeply. The mother is pushing the breast towards the baby. She is
		towards the baby.						not bringing the baby to the breast.
		Attaching (latching) the bab	y t	o t	the	lc	w	er areola deeply
	The mother brushe	es her nipple on the upper lip of the baby						The mother doesn't attempt to stimulate a wide opening of the baby's mouth. She hurriedly pushes her nipple into the
	to stimulate openi	ng of the baby's mouth between 120 -160						baby's mouth when the mouth opening is smaller than 120
	degrees wide.						+	degrees wide.
	,	p is at the border of the areola in case of r lip is on the breast if the mother's areola						The baby's lower lip is just below the nipple. The upper lip is either at the border of the nipple or at the border of the
	1	is at the border of the nipple.					1	areola.
	The mother checks	s the latch by pressing on the breast near						The mother does not check the latch by pressing on the
	·	p with her right index finger.						breast with her finger.
		d chin are embedded in the breast. They						The baby's lips and chin are not embedded in the breast.
		en the baby breastfeeds.						They are visible when the baby breastfeeds.
	1	e latch, only the upper areola is visible. The visible. If the mother has a small areola,						While checking the latch, even for the mothers having a big areola, the upper areola is not visible as it is in the
	1	the lower parts of the areola are in the						baby's mouth.
	baby's mouth.							
	· •	look full and rounded. There are no						The baby's cheeks look hollow. There are dimples in the
	dimples in the che							cheeks.
		ne baby, the mother inserts her little finger e baby's mouth to delatch.						While delatching the baby, mother just pulls the baby off her breast without putting her finger in the baby's mouth.
	The control of the	Important co			lin	e r		
	A Chara alaire a the a		Т	<u> </u>		9 F	Τ	
		latch, the mother releases her breast from ports the baby's body with that hand.						After checking the latch, the mother keeps holding the breast with her hand. She does not support the baby's body
	She ensures that t	he baby's head is still well supported with						with that hand. She does not support the baby's head with
	her other hand.		_				_	her other hand.
	The mother feeds	the baby 10-12 times in 24 hours.						The frequency of breastfeeding is less than 10 times in 24 hours.
	The mother breast	feeds the baby 3-4 times at night.						Breastfeeding during the night is less than 3 times.
		both the breasts to the baby to feed from.					-	The mother feeds the baby only from one breast.
		the baby completely from one breast						The mother feeds from both breasts for less than 5 minutes,
	before feeding from	, ,						without emptying the breasts completely.
	•	ses breast milk with her hand to check if						The mother attempts to feed from the other breast without
	1	nilk comes out. She offers the other breast rops of thick milk can be expressed.						checking if her breast is empty or not by expressing breast milk with her hand.
	 	the technique of manual expression of						The mother does not know press back, compress and
	·	back, compress & release.						release technique of hand expression of milk.
	The mother holds	the baby in a sitting position for burping.						The mother holds the baby on her shoulder for burping.

Weight-for-age BOYS

Birth to 6 months (percentiles)



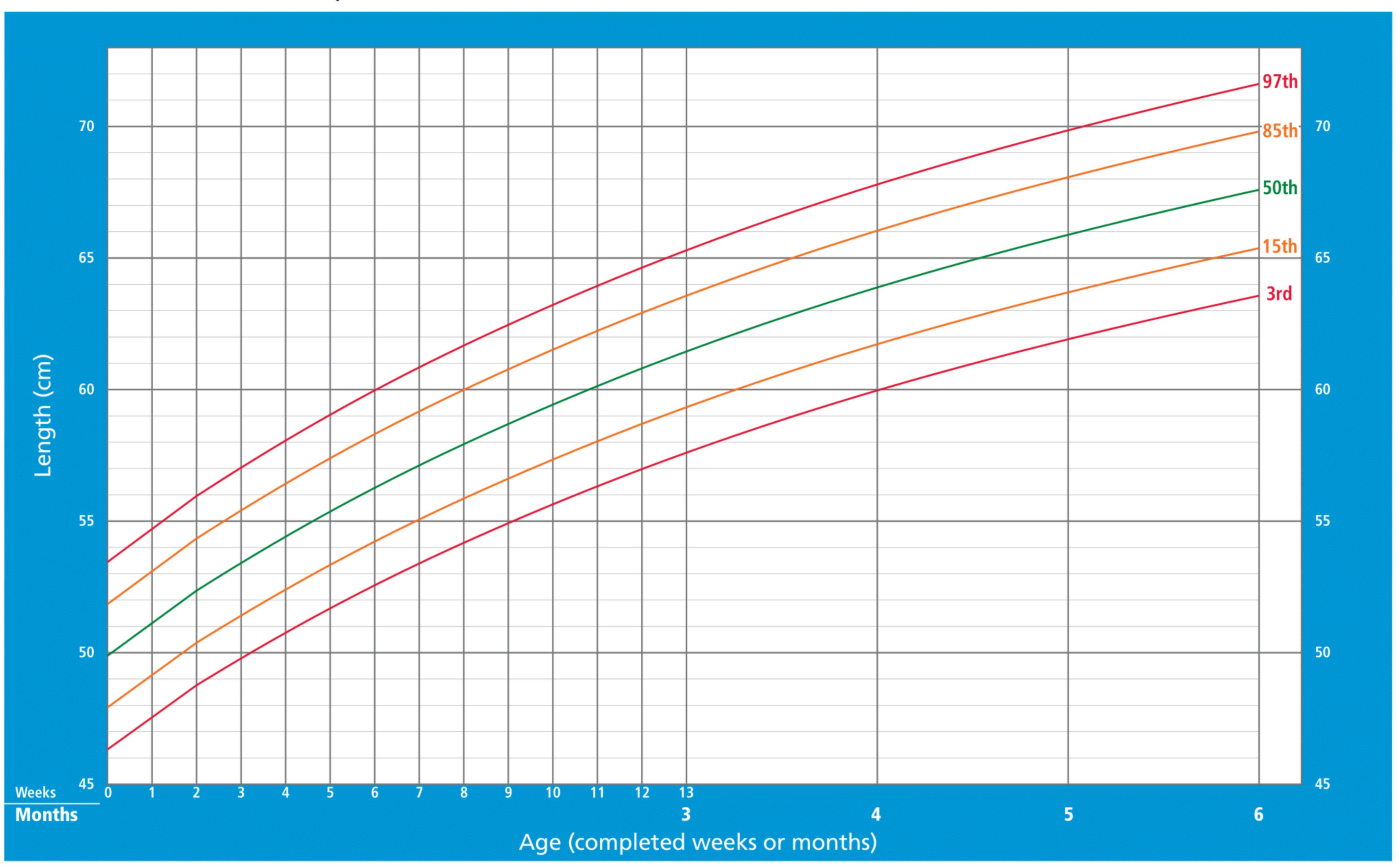


WHO Child Growth Standards

Length-for-age BOYS

Birth to 6 months (percentiles)



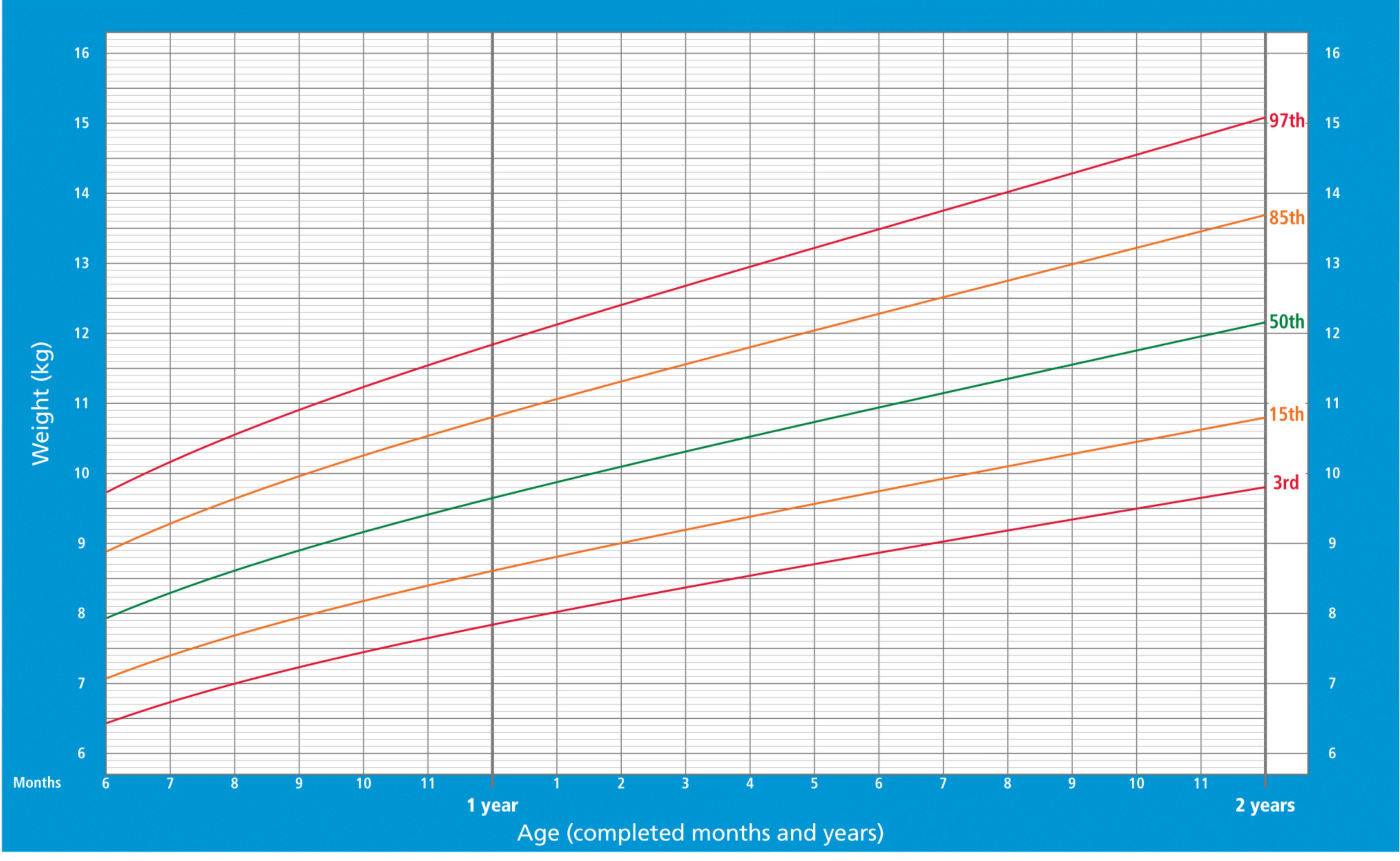


WHO Child Growth Standards

Weight-for-age BOYS

6 months to 2 years (percentiles)



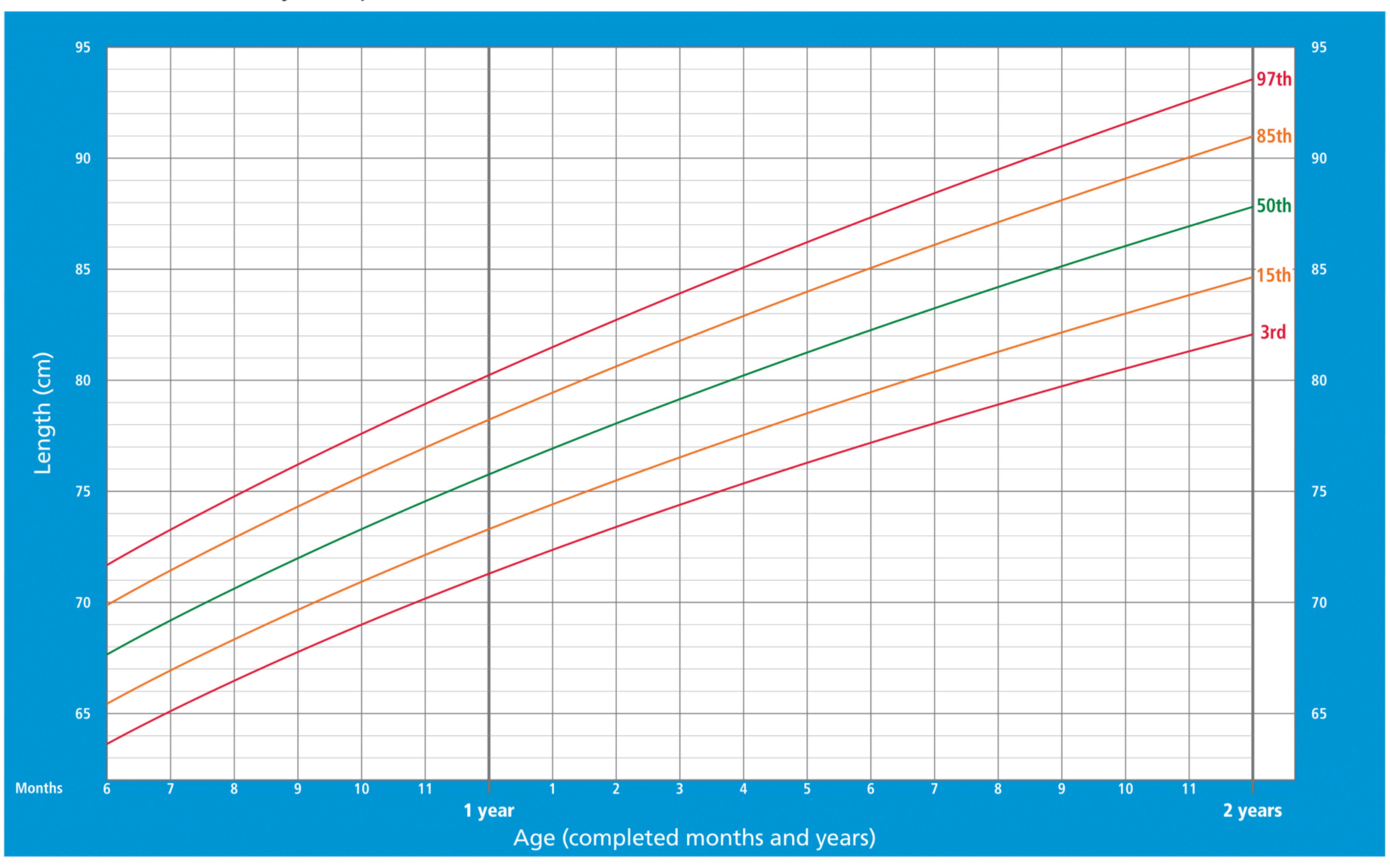


WHO Child Growth Standards

Length-for-age BOYS

6 months to 2 years (percentiles)

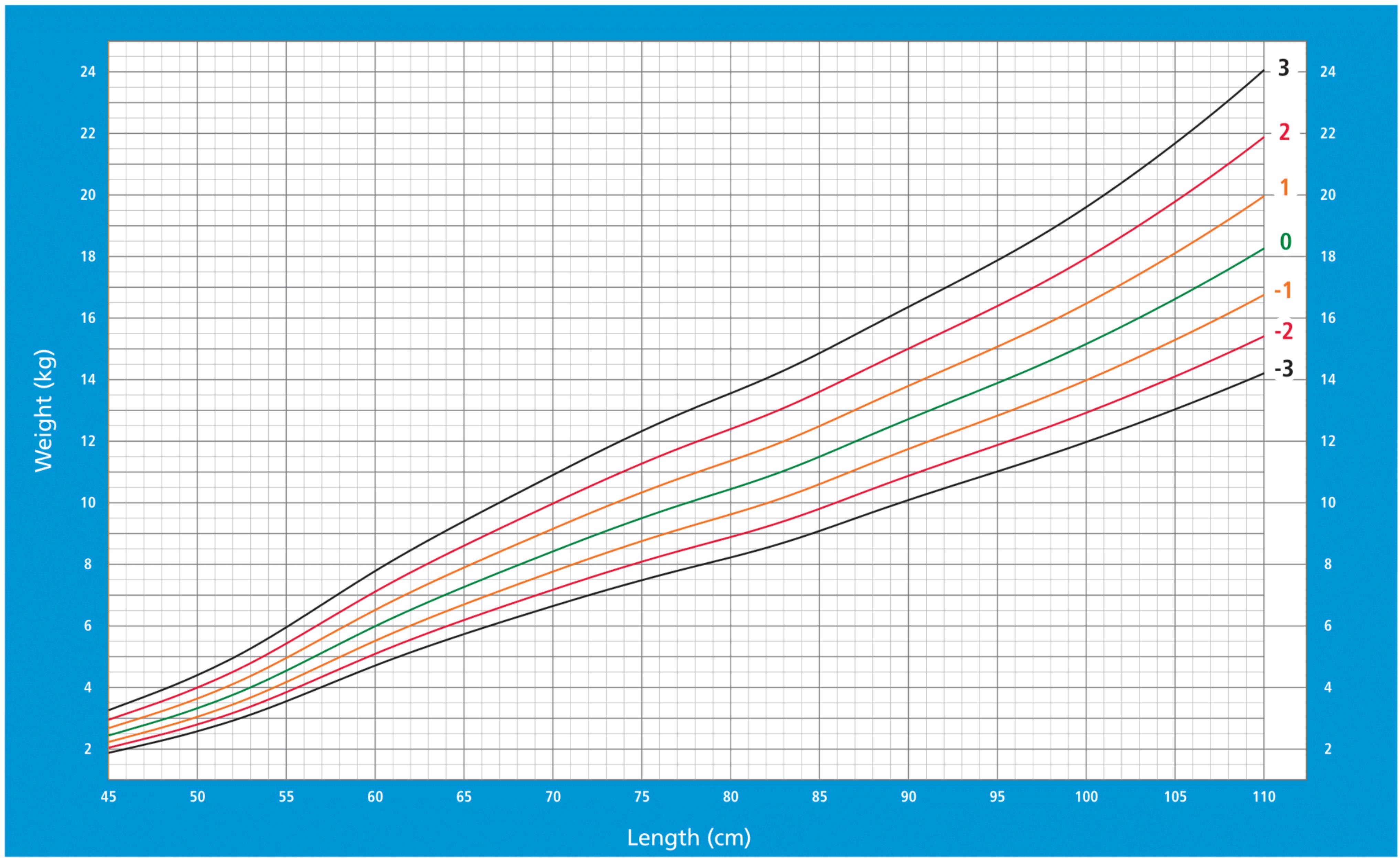




Weight-for-length BOYS

Birth to 2 years (z-scores)





WHO Child Growth Standards



Pregnancy of the mother and baby and the important stages thereafter	The problems they can possibly face in the meantime.	During these stages, videos related to the potential problem solving in spoken health tutorials.
Adolescent girls and all the women preparing for conception after marriage Pregnant mothers- First trimester Second trimester Third trimester	 Protein deficiency Iron deficiency B12 deficiency Folate deficiency Choline deficiency Vitamin D and calcium deficiency Too much junk food Excessive carbs intake Magnesium deficiency Excessive vomiting Lack of sensitivity to the importance of breastfeeding and breast crawl 	 Importance of - Protein, Folate, Calcium, Vitamin B12, Choline, Vitamin C, iron, Magnesium, Vitamin D, Sulphur Junk food Type 1 and type 2 nutrients Protein-rich vegetarian/non-vegetarian recipes Folate rich vegetarian/non-vegetarian recipes Calcium rich vegetarian/non-vegetarian recipes Iron rich vegetarian recipes Vitamin C cooked/uncooked recipes Choline rich vegetarian/non-vegetarian recipes Non-vegetarian recipes rich in vitamin B12 Reasons for increase in junk food consumption Veg/non-vegetarian recipes for adolescents Nutrient count of day to day food Pre-pregnancy nutrition Magnesium rich vegetarian/non-vegetarian recipes Potassium rich vegetarian/non-vegetarian recipes Vegetarian/non-vegetarian recipes for pregnant women Essential nutrition action for pregnant women Importance of first 1,000 days
Third trimester (Facility/meeting) Postnatal Wards after delivery (0-48 hrs) If there is a poor weight gain (3-10 days or at any time after 10 days if necessary)	 The risk of getting a nipple shield from the staff 	 Cross cradle hold for breastfeeding Breastfeeding latching for breastfeeding Importance of first 1,000 days Side lying hold for breastfeeding Kangaroo mother care Physical methods to increase the amount of breast milk Hand expression of breast milk Storage of expressed breast milk Feeding expressed breast milk to babies Importance of breastfeeding Comparison of mother's milk with other substitutes Complications of using nipple shields Basics of newborn care How to bathe a newborn baby Breast Crawl Essential nutrition action for young children Nipple conditions in lactating mother Breast conditions in lactating mothers Poor weight gain due to improper breastfeeding Other reasons for not getting enough breast milk WHO growth charts Measurement of children's weight and height
5-6 months of age babies - (150-180 days) 6-7 months of age (181-240 days) 9-11 months of age (181-240 days)	 Lack of understanding of how to start complementary foods Lack of understanding of personal hygiene and safety Lack of understanding of vegetarian/nonveg dishes Lack of understanding of dietary consistency 	 Importance of first 1,000 days Importance of breastfeeding Type 1 and Type 2 nutrients General guidelines for complementary feeding Complementary food for 6 to 24 month old babies Vegetarian/Non-vegetarian recipes for 6 month old Junk food Nutritious powder recipes for 6 to 24 month old children Vegetarian/Non-vegetarian recipes for 7 month old babies Importance of protein Personal hygiene needed for handling baby food Safe preparation, serving and storage of baby food Reasons for increase in junk food consumption Comparison of mother's milk with other substitutes Vegetarian/Non-vegetarian recipes for 8-11 months old babies Vegetarian/Non-vegetarian recipes for 12-18 months old babies Vegetarian/Non-vegetarian recipes for 19-24 months old babies Nutritious vegetarian snacks recipes for children

9. Protein and micronutrient recipes and powders	8. Complementary food for 6 to 24 month old babies + guideline for CF	7. Expression and storage of Breast milk, how to feed expressed milk and KMC
4. WHO Standards (Weekly weight gain)	5. Breastfeeding latching	6. Cross cradle hold for breastfeeding
3. Importance of protein	2. Type 1 and type 2 nutrients	1. Nutrient count of day to day food

Learning and Action Protocol(LAP) starting from Pregnancy till 14 weeks visit **Contact Points** During Home Visit - _____ Mother's Meeting - ____ Aanganwadi Visit - ____ Weekly Visit - ____ Monthly Visit - _ During ANC - _____ Village Health Sanitation & Nutrition Day (VHSND) monthly - ____ Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) PHC or Health & Wellness Centre - once a month - _____ Community based event - twice in a month - _____ Other -Adolescents/Married couples planning pregnancy/First Trimester/Second Trimester/Lactating Mothers Importance of Folate, Protein, Magnesium, Potassium, Vitamin- B12, Vitamin-D, Iron, Calcium, Choline, Vitamin-C, Sulphur, Selenium and Vegetarian and Non-Vegetarian recipes Pre-Pregnancy Nutrition, Type 1 & Type 2 Nutrients Nutrient Count of day-to-day Food, Essential Nutrition Actions for Pregnant Women Vegetarian and Non-Vegetarian Recipes for Adolescents, Pregnant Mothers and Lactating Mothers Junk Food & Reasons for Increase in Junk Food Consumption Third Trimester/Post-delivery Mothers (need to show these videos at least once during pregnancy and/or to PNC mothers) First trimester videos can be shown if not shown in 1st and 2nd trimesters Cross Cradle Hold & Breastfeeding Latching Practice Cross Cradle Hold Using a Breast Model and a Doll Side-lying Hold and Football Hold Poor Weight Gain due to Breastfeeding and Other Reasons for not Getting Enough Breastmilk Physical Methods to Increase the Amount of Breastmilk Hand Expression of Breastmilk, Storage of Expressed Breastmilk and Feeding of Expressed Breast Milk to Babies Importance of Breastfeeding and Comparison of Mother's Milk with other Substitutes Essential Nutrition Action for Young Children, Complications of using Nipple Shields Breast Crawl, Kangaroo Mother Care, Basics of Newborn Care and How to bathe a Newborn Baby Nipple Conditions and Breast Conditions At the Time of Delivery – To be Done Breast Crawl & Early Initiation of Breastfeeding Skin to skin Contact after Cesarean Operation Postnatal Care Ward: From Birth to 48 Hours After Vaginal Delivery/From Birth to Fifth Postnatal Day after C-Section Delivery Show Cross Cradle Hold, and Side Lying Hold, Latching Tutorials & IEC Charts Support Mothers for Cross Cradle Hold for Breastfeeding, Breastfeeding Latching and Side Lying Hold for Breastfeeding Show & Demonstrate Hand Expression of Breastmilk, Storage of Expressed Breastmilk, Feeding Expressed Breast milk to Babies and Kangaroo Mother Care Tutorials Check Birth Weight and Length Check Daily Weight Fill Breastfeeding Assessment Form on Days 1 and 2 in Normal Delivery, 3 and 5 in C-section Delivery Fill initial Learning and Action Protocol form & Plot WHO Growth Chart If it is a high-risk baby or a low birth weight baby at the time of discharge, please inform concerned Discharge only if all marked Latching points are correct. The latching points are in the Breastfeeding Assessment Form Post-natal Day 3 to week 14 visit in the community Each child should have a separate Learning Action Protocol Card. Every visit will require weighing scale, preferably a digital weighing scale or at least a calibrated salter weighing scale, filling of Learning Action Protocol [LAP] card with plotting of growth charts, IEC charts and Health Spoken Tutorials. Encourage the mother to bring LAP card during every visit at the point of contact. Day 3 – Home visit -First Check Weight & Length Fill Breastfeeding Assessment Form while observing breastfeeding Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch Fill LAP Card & Plot Growth Chart Show Cross Cradle Hold and Breastfeeding Latching Video Day 5 - Home visit -First Check Weight Fill Breastfeeding Assessment Form while observing Breastfeeding Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch Fill LAP Card & Plot Growth Chart Show Cross Cradle Hold and Breastfeeding Latching Video If the baby's weight on Day 5 is lower than the baby's birth weight, only then show Cross Cradle Hold and Breastfeeding Latching Tutorials. Day 7 – Home visit -First Check Weight Fill Breastfeeding Assessment Form while observing Breastfeeding Show cross cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch Fill LAP Card & Plot Growth Chart If the baby boy's current weight is 200 grams less than his birth weight or if the baby girl's current weight is 100 grams less than her birth weight, then correct the latch and show the following HSTs - Cross Cradle Hold for breastfeeding, Breastfeeding Latching and Poor weight gain due to improper breastfeeding. If the baby boy's weight is 200 gram more than or equal to his birth weight or if the baby girl's weight is 100 grams more than or

Day 10 Home Visit	1st Escalation to if the weight gained since day 7 is less than 100 grams
	First Check Weight
	Observe Breastfeeding
Show cros	s cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch Fill LAP Card & Plot Growth Chart
If the weight gained since	ce Day 7 is less than 100 grams, show Cross Cradle Hold & Breastfeeding Latching Tutorials and then, refer to
If the weight gained since Day 7 is n	nore than 100 grams then, show tutorials on Importance of Breastfeeding and Essential Nutrition Actions for Children. Follow up as per Home Based Newborn Care [HBNC] protocol.
Day 12 Home Visit	2nd Escalation to if the weight gained since Day 7 is less than 150 grams
	First Check Weight
Show cros	Observe Breastfeeding stradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch
If the we	Fill LAP Card & Plot Growth Chart ight gained since Day 7 is less than 150 grams, then observe and correct the latch.
	oss Cradle Hold, Breastfeeding Latching and Physical Methods to Increase Breast Milk Supply. Recheck this baby's weight in 2 days.
If the weig	tht gained since Day 7 is more than 150 grams, then the child needs to be visited on day 14 according to the HBNC protocol.
Day 14 – Home Visit	_ 3nd Escalation to if the weight gained since birth is less than 500 grams
	First Check Weight
	Observe Breastfeeding
Show cros	s cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch
If the haby's wei	Fill LAP Card & Plot Growth Chart ght gain since birth is less than 500 grams, then show these 2 tutorials - Poor Weight Gain
•	Improper Breastfeeding and Other Reasons for Not Getting Enough Breastmilk
Tf tha h	Refer this baby to and the baby must be visited again in 2 days aby's weight gain since birth is more than 500 grams then visit as per the HBNC protocol.
Ti the be	
	Day 21 week 3 – Home Visit
	First Check Weight & Length
	Observe Breastfeeding
Show cros	s cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch
	Fill LAP Card & Plot the Growth Chart
	by's weight gain since day 14 is less than 250 grams, then show these tutorials -
Poor weight (Gain due to Improper Breastfeeding & Physical Methods to Increase Breastmilk Supply Refer the baby to See the baby in 2 days
	Day 28, week 4 – Home Visit
	First Check Weight & Length
Show cross	Observe Breastfeeding s cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch
SHOW CIOS	Fill LAP Card & Plot the growth chart
	by's weight gain since day 21 is less than 250 grams, then show these tutorials -
Poor Weight	Gain due to Breastfeeding Factors & Physical Methods to Increase Breastmilk Supply Refer this baby to See the baby in 2 days
	Day 42 (6th week) (Penta Visit)
	First Check Weight & Length
Show cross	Observe Breastfeeding s cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch
	Fill LAP Card & Plot the growth chart
	to monitor growth chart during the vaccination visit
	than 4.5 kg, then see the baby every 2 days till the baby starts gaining at least 30 grams/day Physical Methods to Increase Breast Milk Supply, Poor Weight Gain due to Improper Breastfeeding and
SHOW CHE Catorials	Other reasons for not getting enough breastmilk
	10th week (Penta Visit)
	First Check Weight & Length Observe Breastfeeding
Show cross	cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch
	Fill LAP Card & Plot the growth chart
	to monitor growth chart during the vaccination visit
If the weight is	less than 5 kg, then see the baby every 2 days till baby starts gaining at least 30 grams/day
Show the tutorials - F	Physical Methods to Increase Breast Milk Supply, Poor Weight Gain due to Improper Breastfeeding and Other factors for not getting enough breastmilk
	14th week (Penta Visit)
	First Check Weight & Length
	Observe Breastfeeding
Show cross	cradle hold-45 points (IEC chart) while correcting the breastfeeding position and the latch
	Fill LAP Card & Plot the growth chart
	to monitor growth chart during the vaccination visit
If the weight is less	than 5.5 kg, then see the baby every 2 days till the baby starts gaining at least 30 grams/day
Show the tutorials - I	Physical Methods to Increase Breast Milk Supply, Poor Weight Gain due to Improper Breastfeeding and
	Other factors for not getting enough breastmilk

Learning Action Protocol (LAP) for 3.5 months to 12 months old

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Contact Points
During Home Visit Mother's Meeting Aanganwadi Visit Weekly Visit Monthly Visit
During Antenatal Care Village Health Sanitation & Nutrition Day (VHSND) monthly Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) PHC or Health & Wellness Centre - once a month Community based event - twice in a month Other
All contact points need to have a functioning weighing scale to check weight and infantometers to measure length. Learning Action Protocol (LAP) Cards must be made available to the mothers. LAP needs to be filled and child's growth needs to be plotted on growth charts. Appropriate health spoken tutorials (HST) need to be shown to the mother. Encourage the mother to bring this card during every visit at the point of contact.
At 3.5 months Home Visit
Check weight and length
Fill Learning Action Card & plot the growth chart
Show HST – Essential Nutrition Actions for Children and Type 1 & Type 2 Nutrients
If the baby's weight is less than 6 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. See the baby again after 2 weeks.
At 4.5 months Home Visit
Check weight and length
Fill Learning Action Card & plot the growth chart
Show HST - Safe Preparation, Serving and Storage of Baby Food and Personal Hygiene Needed for Handling Baby Food
If the baby's weight is less than 6 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. See this baby again after 2 weeks. Refer this baby to as this baby will need close follow up
At 5.5 months Home Visit
Check weight and length
Fill Learning Action Card & plot the growth chart
Show HST - General Guidelines for Complementary Feeding and Complementary Food for 6 to 24 Month Old Babies
If the baby's weight is less than 6.5 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. See this baby again after 2 weeks. Refer this baby to as this baby will need close follow up
Complementary Feeding Phase from 6 months to 12 months
If the baby is a vegetarian, start with protein rich foods like beans/lentils/millets/curd/paneer/nuts and seeds powder followed by vegetables and fruits. A vegetarian baby's diet must include at least 5 food groups besides breast milk.
If the baby is a non-vegetarian, ensure that the baby gets non-vegetarian protein rich foods like eggs/chicken/liver/fish/meats first followed by vegetarian foods like beans/lentils/millets/curd/paneer/nuts and seeds powder/vegetables and fruits. A non-vegetarian baby's diet must include at least 7 food groups besides breast milk.
At 6 months Home Visit
Check weight and length
Fill Learning Action Card & plot the growth chart
Show Nutrition IEC Chart
Show HST - Nutritious Powder Recipes for 6 to 24 month old children, Vegetarian and Non-vegetarian recipes for 6 and 7 month old babies
Introduce a new food every 4th day.
If the baby's weight is less than 6.5 kgs then observe breastfeeding, correct the latch, discuss 45 points from the counseling chart. Mother should be advised to manually express hind milk and feed it to the baby after direct breastfeeding. Recommend consumption of food sources of first-class protein like eggs, curd and paneer on a daily basis to improve the baby's protein intake. See this baby again after 2 weeks.
At 6.5 months Home Visit
Check weight
Fill Learning Action Card & plot the growth chart
Show Nutrition IEC Chart
Show HST - Nutritious Powder Recipes for 6 to 24 month old children, General Guidelines for Complementary Feeding and Complementary Food for 6 to 24 Month Old Babies
Make sure that the baby eats at least 4 tablespoons [60 ml]/ ¼ katori (250 ml size) of food twice a day. The baby's diet must include at least 3 food groups besides breast milk. The mother must make at least 2 nutritious powders at home. Weight gained by the baby since the 6th month visit should be at least 100 grams. If the weight gain is less than 100 grams, then see this baby in 1 week.
At 7 months Home Visit Escalation Visit to
Check weight & length
Fill Learning Action Protocol Card & plot the growth chart
Show Nutrition IEC Chart
Show HST - Vegetarian and Non-Vegetarian Recipes for 7 month old babies & Importance of Protein
Make sure that the baby eats at least ½ cup (250 ml size) of thick-consistency food thrice a day. The mother must make at least 3 nutritious powders at home. Weight gained by the baby since the 6th month visit should be at least 200 grams. If the weight gain is less than 200 grams, then see this baby after one week and refer this baby to

At 7.5 months Home Visit

Check weight

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Vegetarian and Non-Vegetarian Recipes for 8 to 11 month old babies

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed foods thrice a day. The mother must make at least 3 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 300 grams If the weight gain is less than 300 grams, then see this baby after 1 week.

At 8 months Home Visit

Escalation Visit to

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Vegetarian and Non-Vegetarian Recipes for 8 to 11 months old babies, Junk Food and Reasons for Increase in Junk Food Consumption.

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods four times a day. The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 400 grams. If the weight gain is less than 400 grams, then see this baby after 2 weeks & refer this baby to _____

At 9 months Home Visit

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Vegetarian and Non-Vegetarian Recipes for 8 to 11 month old babies

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods five times a day. The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 600 grams. If the weight gain is less than 600 grams, then see this baby after 2 weeks.

At 10 months Home Visit ___

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Importance of Protein and Importance of Calcium

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods five times a day. The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 800 grams. If the weight gain is less than 800 grams, then see this baby after 2 weeks.

At 11 months Home Visit

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Importance of Vitamin D & Importance of Vitamin B12

Make sure that the baby eats at least ½ cup (250 ml size) of hand-mashed chunky foods five times a day. The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 900 grams. If the weight gain is less than 900 grams, then see this baby after 2 weeks.

At 12 months Home Visit

Check weight & length

Fill Learning Action Protocol Card & plot the growth chart

Show Nutrition IEC Chart

Show HST - Junk Food, Reasons for Increase in Junk Food Consumption

Make sure that the baby eats at least 1 cup (250 ml size) of table food five times a day. The mother must make at least 4 nutritious powders at home.

Weight gained by the baby since the 6th month visit should be at least 900 grams. If the weight gain is less than 900 grams, then see this baby after 2 weeks.

