



TECHNICAL GUIDEBOOK

ON THE USE OF
THE MATERNAL AND CHILD HEALTH
HANDBOOK



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Technical Guidebook

on the use of the Maternal and Child Health handbook



FOREWORD

The Maternal and Child Health handbook (the MCH handbook) contains information and records on the health of mothers and their children under five years old. It is important that the mother and family members read it, keep it at home, and bring it to the health facilities. The MCH handbook is used as a communication medium between the mother and the health provider when the mother and receives health services. The health provider shall record the health services that have been given in the MCH handbook, provide important messages/ information on MCH and guide the mother and/or family members to understand and apply the contents of the MCH handbook. The role of the health provider in the use of the MCH handbook is written in this technical guidebook on the use of the MCH handbook.

The technical guidebook on the use of the MCH handbook is written for the health providers so that they understand and apply the MCH handbook in line with the national health standards. This technical guidebook guides health providers ways to use the MCH handbook including recording in the Delivery agreement (*Amanat Per-salinan*), sticker for Birth Preparedness and Complication Readiness (*Stiker P4K*), and Child growth monitoring chart (*KMS*). By doing this, it is expected that the health provider utilize the MCH handbook to monitor, evaluate and following-up the health condition of the mother and her child.

We hope that this technical guidebook on the use of the MCH handbook will benefit all of us.

Good Luck.

Jakarta, August 2009
Director of Child Health

Dr. H. Fatni Sulani DTM & H, M.Si



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Technical Guidebook

on the use of the Maternal and Child Health handbook



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GENERAL DESCRIPTIONS



The Maternal and Child Health handbook (the MCH handbook) contains health records of women (throughout pregnancy, child birth, and post partum) and children (newborns, infants, and children up to five years of age) and information on how to maintain and to take care for the health of women and their children.



Every pregnant woman receives 1 (one) MCH handbook. Every time a woman becomes pregnant, she should receive the MCH handbook in line with the number of children.



The MCH handbook is provided at all health facilities, either public or private.



The MCH handbook is meant to be read, to be recorded in completely, and to be discussed with the mother, husband, and members of the family during the provision of health services.



The MCH handbook must be well taken care of during the services. It should be returned to the mother, husband, or family member after their health records being completed and the services being over.



Ask about the MCH handbook everytime the mother or child comes for medical services. Provide the MCH handbook if she hasn't received one yet or the handbook is missing.

- Make sure that the name of the mother, the name of the child, and the registration number have been recorded on the front cover of each MCH handbook
- Use a pen or permanent type marker to write on the book cover and make sure that the color not faded on the surface of the book cover.
- Use a pen to fill in the MCH handbook
- Keep the MCH handbook clean
- Keep it in a dry place
- The handbook is to be kept by the mother or the family

Don't forget always to record briefly and clearly in the MCH handbook all the services that have been provided.

Not recorded means the service has never been delivered.

INTRODUCTION



In the Convention on the rights of children, all children from the moment they are in the womb have the right to sustainability of their life, development, and receiving protection.

Monitoring of a pregnant woman, besides for the sake of the pregnant mother and preparation for delivery, the insurance of development of children should be achieved. This can be implemented effectively and efficiently through community empowerment, partnership between health providers and community members, and creating family awareness and self reliance in the protection of maternal and child health.

One of the forms is increasing the knowledge and skill of families through the use of the Maternal and child health handbook (the MCH handbook).

The MCH handbook is a collection of standard materials for counseling and records on nutrition and maternal and child health.

In the MCH handbook you can find a sticker of Birth Preparedness and Complication Readiness (P4K) as an intensive monitoring tool for each pregnant mother all over Indonesia in the effort of accelerating the reduction of the maternal and child mortality rates.

The MCH handbook is a book belongs to a family, and kept in their home and brought out anytime the mother or child comes to a health service facility, either public or private, health services are provided to mother and child.

In order to be able to use the MCH handbook optimally, this technical guidebook on the use of the MCH handbook is provided and will contains guidance on the ways to use, to fill in and to monitor the use of the MCH handbook.



ADVANTAGE OF THE MCH HANDBOOK

1. General advantage:

Mother and child will have a complete health record since the moment of pregnancy and the child reaches the age of five years.

2. Special advantage:

- a. Record and monitor of maternal and child health.
- b. A communication and counseling tool completed with important information for the mother, family and community on health, nutrition and standard package of MCH service.
- c. A tool to make early detection on the trouble or problem concerning maternal and child health.
- d. Records on maternal and child health service including nutrition and the reference.
- e. A support to other related health programs.

TARGETS, PROCUREMENT, DISTRIBUTION AND REPORTING OF THE MCH HANDBOOK

1. Targets:

- a. The direct target is mother and child, with the following requirements:
 - Each pregnant mother receives the MCH Handbook that will be used until the end of post partum period and it is continued to be used for the child from the moment of birth until the age of 5 years old.
 - In the case of twin/triple/quadruple birth, the mother will receive books as many as the number of the infant. Additional books are given as many as life born infants.
 - Each time a mother is pregnant, she will get a new book.
 - If the book is missing (as long as the stock is still available), the mother or child will get the replacement of a new book.
- b. Indirect Targets are:
 - Husband and other family members.
 - Posyandu (integrated Health Post) cadres.
 - Health providers who serve maternal and child health



- Program supervisors/executors who are responsible for the development of the MCH Handbook.
- Cross programs and cross sectors related to maternal and child health.

2. Procurement of the MCH Handbook

Sources for the allocation of the procurement of the MCH Handbook can be obtained from the central Government or the local regional government or from the private sector, professional organizations or from the community itself.

- For the local regional government it is conducted through provincial or district/municipal health offices
- While for other parties such as the private sector, professional organizations, the community itself, and others can print the MCH Handbooks using their own fund. The parties shall send a letter of notification on the printing of the MCH Handbook to the closest provincial or district/municipal health office in line with the regulation (refer to the General Guidebook on the MCH Handbook Management) and the policy of the Regional Government/local Health Office.

3. Distribution of the MCH Handbook


Anyone who distributes the MCH Handbook shall make a report in writing which is received by the person in charge of the MCH Handbook on the level of province/district/municipality.

Prior to distributing the MCH Handbook to the target of pregnant mothers, health providers shall collect the data and record all pregnant mothers in their operational area in the MOTHER COHORT REGISTER (RKI).

The MCH Handbook shall be distributed by the health providers shall to pregnant mothers during the antenatal service and register it in the RKI.

Pregnant mothers that have not been registered in the RKI but they have already obtained the MCH Handbook from other places must be registered in the RKI if the mother lives in the operational area of the concerned officer. Give a special note on the date and place where the *pregnant* mother obtained the MCH Handbook.

Pregnant mothers from the outside operational area who come for antenatal service but they have not obtained the MCH Handbook shall be



given the handbook and recorded in the RKI (target from outside operational area).

4. Reporting on Procurement and Distribution of the MCH Handbook

Other parties, who print their own MCH Handbook, shall make record on the procurement and distribution for the monitoring of the use of the MCH Handbook and report it to the PHC or district/municipal health office – in line with the level and the scope of the operational area. **(refer to the General Guidebook on the MCH Handbook Management)**

HOW TO USE THE MCH HANDBOOK

1. The Use of MCH Handbook by Health Providers

- a. Health providers shall record the health service that has been provided to mother and child in the MCH Handbook. Use the MCH Handbook when giving counseling to the mother/family. Mark \checkmark on the message/information that has been described to the mother **on the top right hand corner**. The MCH Handbook is also used to motivate the mother to come to the health facility for a repeat visit (control) and referral (whenever necessary).
- b. To understand the MCH Handbook, health providers must read the MCH Handbook and the Technical Guide on the Use of the MCH Handbook.
- c. The MCH Handbook is the facility for a mother/family to get comprehensive service.

Therefore, the providers must be able to relate the MCH Handbook with other services needed by the mother/child:

- Advising the mother to follow the activities of Pregnant Mothers' class or the class for Mothers of Child under five years old on the village level.
- Using this book during the implementation of Prenatal Maternal Audit (AMP), illness surveillance, activities of fighting contagious diseases.
- To make mother/child receive nutrition service
- With the Delivery Planning and Complication Prevention Program (P4K), ALLERT VILLAGE, Making Pregnancy Safer, Normal Pregnancy



Guide, PONEK/PONED, Health Community Insurance, and others that are adjusted with the program.

- Relate this book with the activity of initiating breastfeeding. (IMD), exclusive breastfeeding, immunization, MTBS, basic neonatal service, stimulation of early detection of growth (SDIDTK) of children under five, early age child education (PAUD), park of integrated health post (posyandu), Family of Child Under Five Enhancement (BKB), Food and Nutrition Alert System, Elimination of Neonatorum Tetanus, and so on
- d. Health Providers shall give correct response anytime the mother, husband, and family ask questions concerning maternal and child health.
- e. Health Providers shall give clear description/explanation on maternal and child health.
- f. When the health providers communicate, provide services and counseling, they should be amicable, give greeting, mention the name of mother/child and ask about the complaint/problem of the mother/child.
Give the mother the chance to ask questions and pay attention to her complaint.
- g. Use language which is easy to understand when communicating and counseling with mothers.
Show pictures in the MCH Handbook and demonstrate how to take care the health of mother/child at home, whenever necessary.
- h. After finishing with explanation and demonstration to mothers, check their understanding.
Checking method: ask them to repeat with their own words and demonstrate what has been explained.
Appreciate their correct answers. Repeat again patiently when still cannot understand.



2. The use of the MCH Handbook by mothers and families

- a. The MCH Handbook is meant to be read, to be discussed and to be understood by the mother/family. To facility their understanding, the health provider shall describe how to read the MCH Handbook gradually, and adjusted with the conditioned faced by the mothers.

Advice the mothers to mark ✓ using pencil or other marker in the beginning of the title of the message that they have read.

Sample: ✓ MOTHER'S CARE (page 10).

- When coming for the first time to check her pregnancy, the mother shall be requested to read information about keeping healthy, nutrition and preparation for delivery. When the pregnancy is entering the third quarter, advice her to read delivery preparation, post partum, taking care of a new born baby and information concerning family planning.
 - Mother with a child under five shall be advised to read information health services, nutrition, child development in line with the child's age, and other information concerning child care at home.
- b. The MCH Handbook shall be used by mothers to ask questions and request explanation to cadres or health provider if there is something that they have not understood. Give the chance and motivate the mothers so that they will be active asking questions concerning the content of the MCH Handbook.
 - c. Mothers and the families shall be advised to implement messages found in the MCH Handbook, and also advised to ask for services as written in the MCH Handbook.
 - d. Mother and child shall use the MCH Handbook for 5 years 9 moths. To ensure that they do not miss the book, remind them to keep it well.
 - e. The MCH Handbook contains notes on the maternal and child health. Therefore, it is suggested for mothers always to bring the MCH Handbook whenever obtaining services from providers in the health facility.



3. The use of the MCH Handbook by cadres.

- a. As the tool for counseling to motivate the community to come and use the health facility.
- b. Cadre shall mark \checkmark after the title of message/information that has been described. For example: MOTHER'S CARE \checkmark (page 10)
- c. Cadre must understand the content of the MCH Handbook. Advise them to read the handbook gradually. Health providers shall discuss the content of the book with cadres and traditional delivery helpers (if necessary) as frequently as possible by the end of Posyandu services or in other opportunities.
- d. The duty of cadres is to help mother/family/community to get the required maternal and child health service.
- e. During the activity of baby scaling in Posyandu, the duty of cadre is to watch, fill in KMS, and give vitamin A and record it in the MCH Handbook and provide counseling related to the child growth.
- f. Cadres must be reminded to ask mothers to implement messages in the MCH Handbook.
- g. During home visit, remind cadres to check the MCH Handbook and make sure that the mothers have implemented the messages in the MCH Handbook.
- h. Cadres refer a mother/child by using the MCH Handbook to a health provider in the case finding a problem/irregularity.

Special Notes:

- For mothers and families that are illiterate, providers help reading and showing pictures and describe the meaning.
- For mothers and families that are unable to speak the Indonesian language, a translator is required to help explaining the handbook.
- If the mother cannot see or hear, explain the handbook to the guardian or the family who keeps the mother.

HOW TO FILL IN THE MCH HANDBOOK

Page IV

Reg No :No :

I have received the MCH handbook

Date :

Name of Health Facility :

- **Registration Number** Registration Number of the mother or can be filled in with the number of medical record. In each health facility
- **Sequential Number** Sequential number is in accordance with the Mother Cohort Registration or the patient sequential number.
- **Date** Date of receiving the MCH Handbook
- **Name of place of Service** Name of place of service that provides the MCH Handbook

Family Identity

Woman's name :

Place/Date of birth :Religion:

Education : None/Primary School/Junior High School/Senior High School/Academy/University*

Blood type :

Occupation :

- **Name of Mother** Note it clearly and completely. Nick name can be added.
- **Date & Place of Birth
Address of birth/
date-month-year** Alamat tempat lahir / hari-bulan-tahun
- **Religion** Clear
- **Education** Education. Encircle the relevant option



• **Blood Type** Write the proper blood type - A,B,O, AB/Rhesus

• **Job** Write clearly and briefly

Husband's name :

Place/Date of birth :Religion:

Education : None/Primary School/Junior High School/Senior High School/Academy/University*

Blood type :

Occupation :

• **Name of Husband** Note it clearly and completely. Nick name can be added.

• **Religion** Clear

• **Date & Place of Birth** Address of birth/date-month-year

• **Education** Education. Encircle the relevant option

• **Job** Write clearly and briefly

Home Address :

.....

Sub-district :

District/Municipality :

Phone number :

• **Home Address** Write clearly and briefly

• **Telephone Number** Write clearly the number that can be contacted including Cell-phone (if there is any)

Child's Name :



Place/Date of birth :

• **Name of Child** Filled in after the baby is delivered and a name is given


• **Date & Place of Birth** Address of birth/date-month-year


Delivery Notes and P4K Sticker


The Form for Welcoming Delivery as Delivery Notes shall be filled in and signed by the mother with the advice and guidance from Midwife/Health provider together with cadres while witnessed and approved by her husband/parent/parent in-law/guardian of the mother.


 **WELCOMING THE DELIVERY** 
(For a Safe and Healthy birth) Departemen Kesehatan
Republik Indonesia


I, name :
Address :
trust the following to assist me to have a safe and healthy delivery which is due in
month: year:

 The delivery will be assisted by a midwife/doctor:
1. Midwife
2. Midwife

 The delivery cost is born by me/ with aid from:
.....

 Transportation/village ambulance owner is:
1.
2.
3.

 Postpartum family planning method:
.....

 Blood donors (blood type) are:
1.
2.
3.

Acknowledged by 20.....

Husband/Parents/ Parents in-law/Guardian	Midwife/Doctor	Myself
(.....)	(.....)	(.....)



• Me	Name of the mother
• address	Address of mother, husband and family during this pregnancy
• month and year	month and year of expected delivery
• Midwife/Doctor	name of midwife/doctor appointed to assist delivery.
• Delivery fund	encircle your choice, if you get a support, name the source of fund
• Village vehicle/ ambulance	Name the owner of the person in charge of the vehicle which is ready to use when it is needed for the transportation of the mother to the service facility
• Family Planning Method	The type of family plan chosen by the mother and the family after the delivery. If no option, mark (-)
• Blood type	to be filled if the type is known, if not – leave it blank.
• supported by	name of appointed blood donors
• Witnessed by	signature/sign and name husband/parent/parent in law/guardian/ midwife/doctor who is present as a witness when the mother sign or print the right hand thumb on the paper.
• Place/date	Fill in the name of area (village/district/municipality/ province) place, date, month and year when the form is signed.

It must be filled in no later than the second contact between the officer and the mother/husband/family.



DELIVERY PLANNING AND COMPLICATION PREVENTION PROGRAM STICKER (P4K STICKER)

Sticker is given to each pregnant mother who receives the MCH Handbook to be filled in and attached on the house of the pregnant mother.

- If more than one pregnant mothers live in one house, the sticker to be attached in the house must be in line with the name of each pregnant mother.
- If the MCH Handbook is issued to replace the missing or damaged one and the mother has already attached the sticker, the mother is not necessary to attach another sticker.
- Attach the sticker on the entrance door, or on any place which is easily spotted not hindered or it is easily removed.
- Sticker can be filled in all at one or gradually.



BIRTH PREPAREDNESS AND COMPLICATION READINESS

Woman's name	:	
Due date	:	200
Birth attendant	:	
Place of delivery	:	
Support person	:	
Transportation	:	
Blood donor	:	



Preparing for a safe and healthy delivery

- **Name of mother** Name of the pregnant mother

- **Expected delivery time** Write the date, month and year in accordance with the data on the HTP on page 14 of the MCH Handbook

- **Delivery Assistant** Name of Midwife/Doctor selected to help the delivery of the mother in line with the Delivery Notes on page 13 of the MCH Handbook



• Delivery place	Name of the facility for delivery
• Delivery advocacy	Name of husband/family/parent in-law and others in line with the Delivery Notes on page13 of the MCH Handbook
• Transportation	Name of the owner of the vehicle in line with page13 of the MCH Handbook

Page 14

Notes on the Health of Pregnant Mother

Filled in by Health providers

First day of last menstrual period, Date :

Estimated date of delivery (EDD), Date:

Upper arm circumference :cm Height:..... cm

Type of contraception used before this pregnancy:

.....

Medical history:

History of Allergy:

• First Day of Last Menstruation (HPHT)	Date, month and year of the first day of menstruation. If forgotten, fill in the month and year.
• Expected Delivery Day (HTP)	Date, month and year of expected delivery. Let mother/family knows and explains that the HTP is the date for the expectation of delivery (see ATTACHMENT 1)
• Left Upper Arm Circumference	The LILA size of left upper arm or (right upper arm if the mother is left-handed) in centimeter (cm)
• Height	The height of the mother in centimeter
• Use of contraception before this pregnancy	Type of contraception being used before the pregnancy



- **History of illness** Illnesses that have been suffered by the mother previously
- **History of Allergy** Type of allergic reaction that has been experienced

No. of pregnancies :No. of deliveries :No. of miscarriages :

Number of living children:..... Number of stillbirths :

Number of premature births : baby(ies)

Interval from the last pregnancy :

TT immunization status Last TT Immunization : [month/year]

Previous birth attendant :

Last delivery method**: [] Spontaneous/Normal [] Assisted by:

*** Check the appropriate box*

- **Pregnancy Number** Number of pregnancies (including the present)
- **Number of deliveries** Number of deliveries for both delivering living and dead infants (pregnancy age >28 weeks)
- **Number of miscarriages** Number of miscarriages being experienced (pregnancy age >28 weeks)
- **Number of living children** Number of children delivered and living up to present
- **Number of dead delivery** Number of children delivered without showing the signs of life in the pregnancy age >28 weeks
- **No of premature children** Number of children delivered alive with pregnancy age <38 weeks
- **Distance with last pregnancy** Distance between last delivery and the present pregnancy, including dead delivery and miscarriage
- **TT Immunization Status** Note the TT immunization status at present
- **Last TT Immunization** Note month/year of the last TT immunization provision



• **Last delivery conducted by** The place where the last delivery was conducted

• **Last delivery method** Mark (✓) on the proper column. For other actions, write the actions being done

Date	Complaint	Blood pressure (mmHg)	Weight (kg)	Gestation (weeks)	Fundal height (cm)	Fetal position Cephalic/Breech/Transverse	Fetal heart rate/minute

• **Date** Date/month/year of observation.

• **Present Complaint** Briefly note the complaints given by the mother during the observation.

• **Blood Pressure** Blood meter in millimeter mercury (mmHg).

• **Weight** Body weight in Kilogram (Kg)

• **Pregnancy age** Pregnancy age based on HPHT (in weeks)

• **Height of fundus** Length from pubic symphysis to the fundus of uterus (in centimeter)

• **Position of fetus** Note one of the finding as the head downward (Kep), breech (Su) or horizontal (Li)

• **Pulse of fetus** Number of pulse of the fetus in one minute (COUNT FULLY)



Swollen feet	Laboratory test results	Intervention: Therapy: TT/ Fe, Referral, Feed-back	Advice	Remarks - Name of facility - Name of provider (initials)	Next consultation date
-/+					
-/+					
-/+					

- **• Swollen feet** Check around (-) or (+) in line with the finding

- Result of Lab. Observation** Note the type value and result of laboratory of the mother's

- Actions (therapy)** Actions or medicine being given (TT) If immunized, write TT. Write the TT Immunization status of the pregnant mother.

- (Fe)** Number and dosage of pills for increasing blood being given.

- (Referral)** Write the referral and the name of referral being addressed to.

- (Feedback)** Write the given feed back

- Advice to give** Short advice to the pregnant mother in keeping her health during pregnancy

- Explanation** Write the name of service place, name of officer who checks and sign

- When to come back** Write the date (and time if possible), appointment for the next check

- Kapan Harus Kembali:** Tuliskan tanggal (dan waktu, jika mungkin) temu janji control berikutnya



Page 16-17

To be filled in by Obstetrics and Gynecologists

To be filled in by Obstetrics & Gynecologists : if there is additional/specific comment from the health record of pregnant mothers that have been filled in on the above column

Page 18

Health Notes on the Delivering Mother and the Newly Born Baby

WOMAN

Date of Delivery : Time :

Gestation :weeks

Birth attendant : Doctor/Midwife/Others.....*

Type of Delivery : Normal/Assisted.....*

Woman's Condition : Healthy/Sick/Had convulsions/ Foul smelling lochia/ Others/ Deceased*

Remarks :

**Circle the appropriate answer*

• Date and Time of Delivery Date and time when the mother delivers the baby.

• Pregnancy age Filled in by weeks, can be seen from the notes on the pregnant mother pages 14 - 15



• Delivery conducted by	Encircle the appropriate option and write the name of the person assisting in delivery
• Delivery method	Encircle the appropriate option. If the delivery required an action mention the type of action required.
• Condition of mother	Encircle the appropriate option, for others: Explain
• Others	Explain
• Additional remarks	If there is information or additional notes on the delivering mother

NEWBORN

Child no. :

Birth weight : g

Length : cm

Head circumference : cm

Sex : boy/girl*

Newborn condition at birth**:

- | | |
|---|---|
| <input type="checkbox"/> Cried immediately | <input type="checkbox"/> Bluish limbs |
| <input type="checkbox"/> Cried after a while | <input type="checkbox"/> Whole body looked blue |
| <input type="checkbox"/> Did not cry | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Whole body looked pink | |

Newborn care**:

- Early initiation of breastfeeding within one hour after birth
- Vitamin K1 injection
- Prophylactic eye antibiotic salve
- Hepatitis B 0 immunization

Remarks:

**Circle the appropriate answer*

*** Check the appropriate box*



• Child Number	The order of child out of the children that have been delivered by the mother, either life or dead (pregnancy age >28 weeks)
• Weight upon delivery	Weigh it and record in grams
• Body Length	Measure and record in centimeter (cm)
• Head circumference	Measure in centimeter (cm)
• Sex	Encircle the appropriate option
• Baby condition upon delivery	Mark (√) on the proper column
• Handling of newly born baby	Mark (√) on the proper column

REFERRAL

Date/month/year :/...../..... Time:

Referred to :

Cause of referral :

Working diagnosis :

Action taken :

Referred by
.....

• Date/month/year	Date/month/year of referral
• Time	Time in referring the pregnant mother
• Referral is addressed to	Name of health facility to be referred to
• Reason for referring	Reason/problem for referring
• Temporary diagnosis	Write clearly
• Temporary action	Action/medicine that has been provided before referring
• Person who sends referral	Signature and name of the official who makes the referral



REFERRAL FEEDBACK

Diagnosis :

Procedure performed :

Recommendation :

Date :

Referral accepted by:
.....

- **Diagnosis** Diagnosis in referral location

- **Action** Action/medicine received in referral location.

- **Advice** Advice that must be conducted by the mother upon returning to the original location (that referred the patient).

- **Date** The date the mother leaves the referral location

- **Receiver of referral** Name and address of officers that receives the referral (patient/mother).

Pages 20-21

Health Notes on the Post Partum Mother

Date	Complaint	Blood pressure (mmHg)	Weight (kg)	Gestation (weeks)	Fundal height (cm)	Fetal position Scephalic/Breech/Transverse	Fetal heart rate/minute	Swollen feet	Laboratory test results	Intervention: Therapy: TT/ Fe, Referral, Feedback	Advice	Remarks - Name of facility - Name of provider (initials)	Next consultation date
		/						- /+					
		/						- /+					
		/						- /+					
		/						- /+					
		/						- /+					
		/						- /+					



• Date/Time	Date and time of observation
• Present Complaint	Complain of mother during observation
• Blood pressure	Blood pressure in millimeter mercury (mmHg)
• Pulse:	Number of pulse in one minute
• Respiration	Respiratory frequency count in one minute
• Measured temperature	Temperature of arm pit after 5 minutes in Centigrade (C°)
• Uterus contraction	Note either strong or soft
• Bleeding	Amount of blood coming out from the vagina in a normal quantity (N), less (\pm) or more (+), (++) , (+++) in line with the post partum day.
• Color, amount & smell of discharge	Observation result of discharge: write color, normal amount (N), abundant (+), (++) , (+++) or no smell (T), malodorous (B)
• Defecation	Defecation, encircle the proper option
• Urinate	Urinate, encircle the proper option
• Breast milk production	Record problems in breast milk production
• Action (provision of Vitamin A)	Write Vit. A (+) if high dosage of vit. A is provided, write Vit. A (-) if not.
(Fe)	Amount and dosage of Fe tablets being provided
(Therapy)	Action/medicine being provided
(Referral)	Write the referral and the name of place to refer to.
(Feedback)	Write feedback being provided
• Advice to give	Brief advice to post partum mother in keeping the health of post partum mother and the baby.
• Remarks	Write the name of observing officer, service place and signature of supervisor.



Final Postpartum Condition
Maternal condition **: Healthy
 Sick
 Deceased

Baby's condition **: Healthy
 Sick
 Deceased

Postpartum complication **: Hemorrhage
 Infection
 Hypertension
 Others

***Check the appropriate box*

Kesimpulan Akhir Nifas

• **Keadaan ibu:**

Beri tanda (√) pada kolom yang sesuai.

• **Keadaan bayi:**

Beri tanda (√) pada kolom yang sesuai.

• **Komplikasi nifas:**

Coret (/) jika tidak ada komplikasi. Jika ada, beri tanda (√) pada kolom yang sesuai

Family Planning Services For Postpartum Mother

Date/month/year					
Health facility					
Type of contraception					

• **Date/month/year**

Date/month/year of Family Planning service given on: xx/month/xxxx

• **Place**

Name of Family Planning service place/facility

• **FP Method/Contraception**

FP method and contraception selected by mother and her husband

KETERANGAN LAHIR

No. 01/4/XI/08

Yang bertanda tangan di bawah ini, menerangkan bahwa
 Pada hari ini SELASA, tanggal 4-NOV-2008, Pukul 04:00 PAGI
 telah lahir seorang bayi

Jenis Kelamin : Laki-laki/Perempuan*
 Jenis Kelahiran : tunggal/kembar 2/ kembar 3/lainnya*
 Kelahiran ke : PERTAMA
 Berat lahir : 2800 gram
 Panjang badan : 54 cm

di rumah/Rumah Bidan/Polindes/Rumah Bersalin/Puskesmas/Rumah Sakit*
MANDIRI

alamat : JALAN KELINCI No 8 RT 006/RW 04 JAKARTA

Diberi nama :

BAKTI HUSADA

Dari Orang tua :

Nama Ibu : PERTIWI Umur : 25 tahun
 Pekerjaan : WIRASWASTA
 KTP No. : 01.111084-0524.1234
 Nama Ayah : NUSANTARA Umur : 28 tahun
 Pekerjaan : GURU
 KTP No. : 01.0324-264080.4321
 Alamat : JALAN KELINCI No 17 RT 006/04
 Kecamatan : PASAR BARU
 Kab/Kota : JAKARTA PUSAT

JAKARTA, tgl 5-NOV-2008

Penolong Persalinan

Yanti

**

YANTI SADIKIN

NIP: 002568218, PKM P-BARU

* Lingkari yang sesuai

** Tanda tangan, nama lengkap, no induk pegawai, nama instansi

Lembar sebagai arsip



ATTENTION! Recording must be in accordance with the legal ID Card/ document

• No.	Sequential number of birth information issued by the health facility in one period/year.
• Date, month, Time	Write day, date xx/month/xxxx, and the time the baby is born in the time format of 24 hours
• Male/Female	Encircle the appropriate option
• Child Number	The order of child out of the children that have been delivered by the mother, either life or dead (pregnancy age >28 weeks)
• Weight upon delivery	Result of weighing after the baby is delivered in gram
• Body Length	Result of measuring after the baby is delivered in centimeter (cm)
• at home/midwife's home/ Village clinic/hospitals/ PHC	Encircle the appropriate one and write the name of the facility
• Address	No of place, sector, sub-district, District/city, Province
• Given a name	Write the name of the newly born baby
• Name, age, job, address of Mother and father	Write and record it clearly
• No ID Card of mother & father	record it clearly
• Place and date	Name of place and date of the birth information is filled in and signed



• Helper in delivery

Signature and complete name of the person who helps in delivery and the witness including the code number of employee and the name of agency (if they are government employees). If not, record the citizen number in the national ID card.

Notes:

1. Two copies of birth information: One copy is ripped off to get the Official Birth Certificate
2. ONLY the health provider that helped the delivery of the baby who can fill in the Birth information in the MCH Handbook. Other health providers who did not help the delivery are NOT ALLOWED to fill in the handbook.
3. See the example of filled in Health Certificate in ATTACHMENT 2.

Page 49

Notes on the Child Health

Neonatal Observation (to be filled in by the health provider)

<p>• First Visit (Day 1) Date.</p>	<p>The date of neonatal observation contact by health providers with newly born baby of 6 hours old until 48 hours old or conducted on the first day</p>
<p>• Second Visit (Day 3) Date.</p>	<p>The date of neonatal observation contact by health providers with newly born baby of 3-7 days old or conducted on the third day</p>
<p>• Third Visit (week 2) Date.</p>	<p>The date of neonatal observation contact by health providers with newly born baby of 8-28 days or in the second week</p>

Note: If the visit is more than 3 times, fill in columns on the next page (page 50- Notes on illness and problems in child growth)



ATTENTION:

Observation on neonatal or newly born baby visit shall use the form of Young Baby Integrated Management (MTBM)

For babies who are born with less weight (BBLR) or with yellow classification at MTBM require more than 3 times of visits

(COMPLETED BY THE HEALTH PROVIDER)

NEONATAL EXAMINATION

TYPE OF EXAMINATION	1st Visit (Day 1)	2nd Visit (Day 3)	3rd Visit (2nd week)
	Date:	Date:	Date:
Weight (kg) Height/Length (cm) Temperature (°C) Ask the mother, what is the baby's illness?			
Check for possible illnesses Severity or bacterial infection <ul style="list-style-type: none"> • Respiratory rate (times/minute) • Heartbeats (times/minute) 			
Check for diarrhea			
Check for jaundice			
Check for possibility of low weight and/or breastfeeding problems			
Check the status of Vitamin K1			
Check immunization status			
Check other complaints -----			
Check maternal problem/complaint Action (therapy/ referral/feedback)			
Examiner			

Neonatal visit uses the Integrated Newborn Management (MTBM) form



Body weight (kg)
Body length/height (cm)
Temperature (o C)

Note the baby weight in kilogram (kg), body length in centimeter (cm), body temperature in Centigrade (o C)

Ask the mother about what happens to the baby

The condition of the baby that the mother knows and the possibility that the baby is sick.

Check the possibility of serious illness or infection

Count the baby breath frequency and pulse in one minute.

Mark (+) if a signal or symptom is found and mark (-) if there is no symptom of the following:

- Observing the existence of diarrhea
- Observing icterus/jaundice
- Observing the possibility of underweight and/or the problem in breastfeeding
- Observing the Status of Vitamin K1 provision
- Observing the Status of Immunization
- Observing other complaints* (note the complaints/problems)
- Observing the mother's problems/complaints* (related to the health of the baby)
- Action* (Therapy/Referral/Feedback) – encircle the proper option

Notes:

** record complaints/problems/actions on the next page (50) in Notes on illness and Growth Problems*

Notes on illness and Growth Problems

Date	Illness/problem	Action/ Referral/Feedback	Description (Name of health provider, facility, initials)

• **Date** Observation date

• **Illness/Problems** Illness or growth problem/feeding being found or complained

• **Action/Referral/Feedback :**

Action Note the given action/medicine and dosage.

Referral Write the referral and the referral place being addressed to.

Feedback Write the given feedback

• **Remarks** Write the name of observer, service place and signature of observer

Provision of Vitamin A

PROVIDE VITAMIN A IN ACCORDANCE WITH THE SCHEDULE TO ESCALATE THE HEALTH OF THE CHILD EYES AND GROWTH

Record of Vitamin A administration		
Age/months	Dosage	Date
6 - 11	1 blue capsule in February or August	
12 - 23	1 red capsule every February and August	
24 - 35		
36 - 47		
48 - 59		

Before the provision of vitamin A, it is advisable that the officer gives counseling on the benefit and schedule of the provision of vitamin A as stated on page 30 of the MCH Handbook.

- **Age/month of 6-11**

Note the date of the provision of one blue capsule of vitamin A in the month of February or August. If the child does not get vitamin A in February or August mark (-)

- **Age/month of 12-59**

Note the date of the provision of one **red capsule of vitamin A** every February and August. (If the provision of vitamin A is not in the month of February or August write the date of the provision on the blank column in line with the age group between 12-59 months)



Service on Early Detection and Intervention of Growth Stimulation by Midwife/Nurse/Doctor

Age	Recommendations for development stimulation from provider				Feeding advice from provider			
	date/month/year				date/month/year			
0 - 30 days								
1 - 6 months								
6 - 12 months								
1 - 2 years								
2 - 3 years								
3 - 5 years								

Note:

Write the date in the appropriate column when you give recommendations for development stimulation and feeding advice

Advice on the Provision of Growth Stimulation and Advice for the Provision of food by Officer

Write DD/MM/YY (date/month/year - xx/xx/xxxx) when you give the advice on the provision of growth stimulation and advice for the provision of food on the column in line with the age group. If this activity is not conducted, mark (-).

Explain to the mother the way to give growth stimulation as stated on page 4 of the MCH Handbook on the Daily Care (After reaches 4 months, rub the belly gently and talk to the baby in the womb.)

Each age group has at least four capabilities that all can be conducted in the last month of age group. The capability includes four aspects: rough and soft motoric ability, talking ability, language ability, cognitive and psycho-social ability.



Sample on page 42 of the MCH Handbook

Baby of 9 months can start crawling, say ma-ma da-da-da, reach articles as big as a peanut, find dropped toys, clap hands or play with facial expression and voice, eat cake/biscuit without help.

If a child cannot do this, even if it is only for 1 aspect, it means that there is a problem in the child growth, so the baby must be immediately consulted to a midwife/nurse/doctor. If there is no illness/irregularity, give stimulation as often as possible. Advice her to bring the baby for observation in the next 2 (two) weeks.

Remind the mother that growth stimulation to a baby under five can be given as frequent as possible at home.

Monitor the development in line with the age group in the frequency of:

• 0 - 30 days	1 times
• 1 - 11 months	4 times, every 3 months
• 12 - 24 months	2 times, every 6 months
• 2 - 5 years	3 times, every 1 year

Nasihat pemberian makan disesuaikan dengan umur anak. Hanya diberi ASI saja sampai anak usia 6 bulan, ASI diteruskan sampai anak itu berusia 2 tahun. Ketika anak berusia 6 bulan, mulai di berikan makanan pendamping ASI.

Saat memberikan anjuran pemberian rangsangan perkembangan dan nasihat pemberian makan, petugas dapat mengacu halaman berikut ini pada Buku KIA :



Age	Advice on the Provision of Growth Stimulant	Advice on the Provision of feeding
0-3 months	Page 40	Page 35
3-6 months	Page 41	Page 35
6-12 months	Page 42	Page 36 -38
1-2 years	Page 43	Page 39
2-3 years	Page 44	Page 39
3-5 years	Page 45	

If the mother or cadre does not understand, ask the health provider to get further explanation.

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Recording on the Provision of Complete Basic Immunization

Before the provision of immunization, the officer shall give counseling on the type, advantage and schedule of immunization (refer to page 29 and 30 of the MCH Handbook). Unserious illness shall not hinder the immunization.

Basic Immunization

- Date: Date of the immunization shall be in line with the type of immunization:
 - try to make it in line with the schedule right on the white boxes (until the age of 9-10 months)
 - it is still allowed to provide complete basic immunization on the yellow boxes (until the age of 11 months)
 - pay attention to the time which is allowed for the provision of complete basic immunization

Addition and other Vaccines

Types of additional immunization and others that can be given to a child.

Card toward Health Condition (KMS)

This is a card that contains the of normal child growth based on the anthropometric index of body weight based on age. With the KMS growth hindrance or the risk of excessive nutrition can be detected earlier and more precisely before the problem is getting serious. KMS is used as the main instrument for growth monitoring.

Growth monitoring is a chain of activities that consist of:

- (1) periodical child growth assessment through the activity of weighing every month, filling in the card toward health condition (KMS), to determine the growth status based on the increase of weight;
- (2) follow-up of each case of growth hindrance. The follow-up of the result of growth monitoring is usually in the form of counseling, provision of extra feeding, provision of supplementary nutrition and referral.

1. KMS Functions

There are three main functions of KMS, namely:

- a. As the tool to monitor child growth. In the KMS, it is printed the graphic of child normal growth that can be used to determine whether a child grows normally or experience growth hindrance. If the graphic of the child weights follow the growth graphic at the KMS, it means that the child grows well, there is a little risk that the child experiences growth hindrance. On the other way round, if the graphic of body weights is not in line with the graphic of child growth, the child may have the risk of experiencing growth hindrance.
- b. Serves as a record of child health services. In the KMS, it is recorded the history of basic health service of the child, especially child body weights, provision of vitamin A capsules, breastfeeding to a baby of 0-6 months and immunization.



- c. As an educational aid. In the KMS, it is printed messages on basic child care such as provision of child feeding, child care when suffering from diarrhea.

2. Use of KMS

- a. For parents of child under five years old.

Parents can understand the status of their child growth. It is suggested that every month they bring their child under five years old to the integrated health post (posyandu) or health facility to be weighted. If there is an indication of growth hindrance (stagnant body weight) or excessive nutrition, parents of child less than five years old can make some improvement actions such as providing more food, or to bring the child to the closest health facility for medication.

Parents of child under five years old can also check whether their child has received immunization timely and complete as well as obtained vitamin A capsules periodically in line with the advisable dosage or not.
- b. For cadres

KMS is used for recording child body weights and the provision of vitamin A capsules as well as for the assessment of the result of weighing. If the body weight does not increase once, the cadre can give counseling on child care and child feeding provision. If it does not increase twice or the body weight is on the red line, the cadre needs to refer the child to the closest health provider, so that the child can get further observation.

KMS is also used by cadres to give complement to mothers if the weight of their child body increases and remind them to weigh their child in the integrated health post (posyandu) or health facility in the next month.







- c. For health providers
Health providers can use the KMS to know the types of health services that have been received by the child, such as immunization and vitamin A capsules. If the child has not received the service, the officer must give the immunization and vitamin A capsules in accordance with the schedule. Health providers can also move community leaders in the activities of growth monitoring. KMS can also be used as educational aids to parents of child under five years old on the child growth, advantage of immunization and provision of vitamin A capsules, feeding method, the importance exclusive breastfeeding and child care. Officers can underscore the importance of weighing child under five years old every month to monitor the growth.

3. General Description of KMS for Child Under Five Years Old

KMS for Child Under Five Years Old 2008 is differentiated between the one for male and the one for female. KMS for male child is blue in the background color and there is an inscription **For Male**. KMS for female child is pink in the background color and there is an inscription **For Female**. KMS in the MCH Handbook consist of one piece (2 pages)

Part 1

		Child's Name:..... Name of the Integrated Health Service Post:.....
		Child's Name:..... Name of the Integrated Health Service Post:.....

Part 2

Weigh Your Child Every Month Healthy Child: Getting Older, Getting Heavier and Getting Smarter

- Growth Graphic Child of 0 – 24

- Child

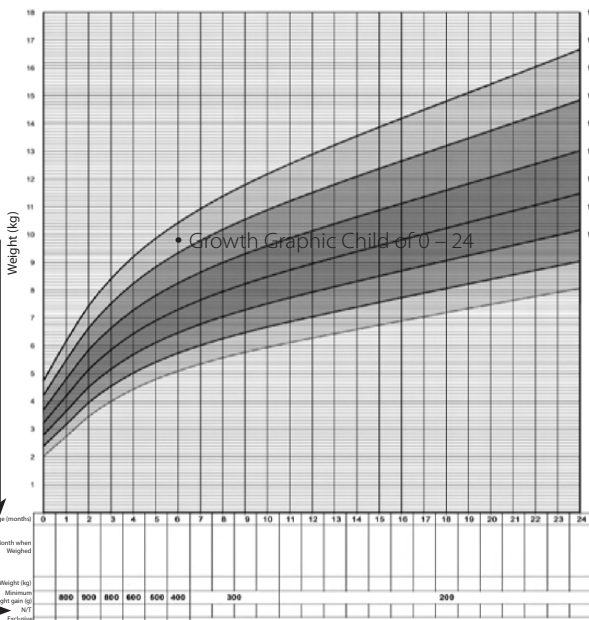
- Weighing Month

- Record of Child Body Weights

- KBM (Minimum Body Weight Increase)

- Status Increase/No

- Notes on the provision of exclusive

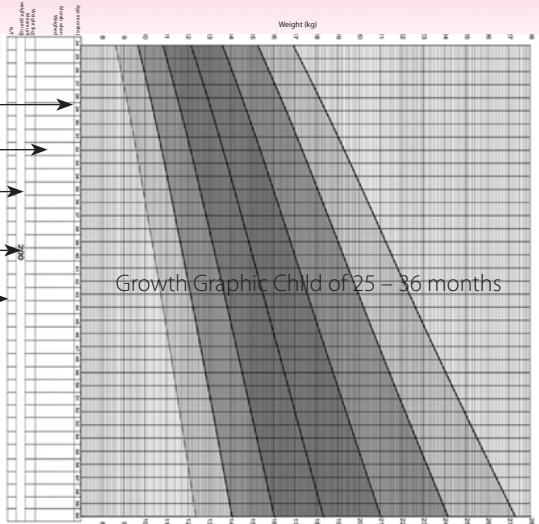


Refer to a health provider if there is no weight gain in two subsequent visits or weight is under the red line (BGM)



Part 3

- Child age —————→
- Weighing Month —————→
- Notes on child body weights —————→
- KBM (Minimum Body Weight Increase) —————→
- Status: Increase/No —————→





4. Steps in filling in KMS

Steps in filling in KMS are as follows:

a. Selecting KMS in line with gender.

KMS for Male is for male child under five years old






KMS
KARTU MENUJU SEHAT


For boy


Child's Name:.....

Name of the Integrated Health Service Post:.....



KMS for Female is for female child under five years old






KMS
KARTU MENUJU SEHAT

For girl

Child's Name:.....

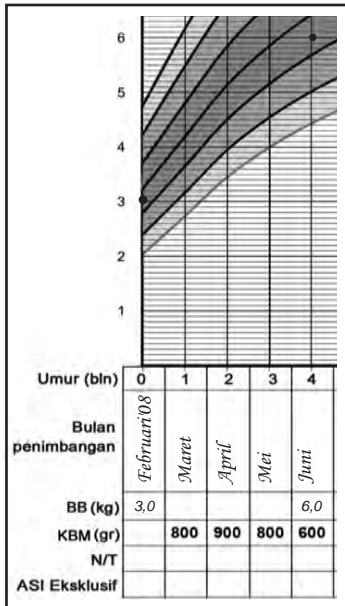
Name of the Integrated Health Service Post:.....





d. Placing the point of body weight and draw the line of child growth

a. Plot point of body weight resulted from weighing.



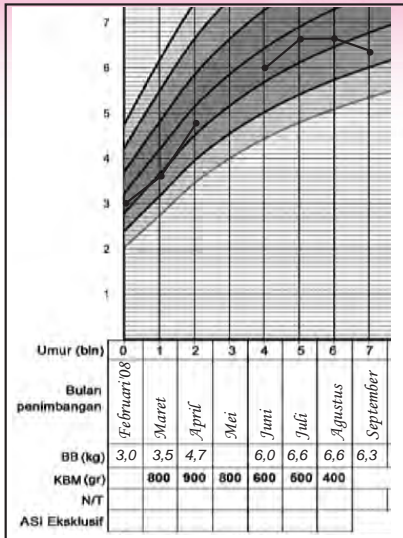
- Note the result of weighing under the column of weighing month. Plot body weight point on the crossing of vertical line (weighing month) and horizontal line (body weight)

Sample:

In the weighing month of June, Aida is recorded with the age of 4 months and body weight of 6 kg.

b. Draw line connecting body weight point of this month with the point of last month.

If the previous month the child was weighted, connect the weighing point of last month with this month in a straight line.



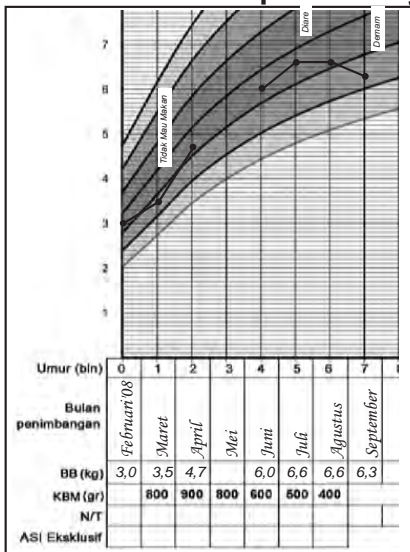
Sample:

Aida was born in February 2008 with weight of 3.0 kg. The data of her body weights are as follows:

- In March Aida's body weight is 3.3 kg
- In April Aida's body weight is 4.7 kg
- In May Aida did not come to Posyandu
- In June Aida's body weight is 6.0 kg

If the child was not weighed last month, the growth line cannot be connected

e. Record all events experienced by the child



Record each illness experienced by the child

Sample:

- In the weighing of March the child did not want to eat,
- In the weighing of August the child was diarrhea
- In the next weighing in September the child suffered from fever.

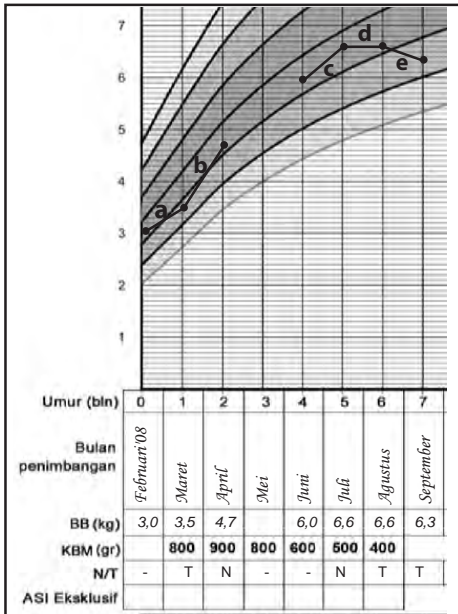
f. Determining the status of child growth

The status of child growth can be identified by using 2 methods, namely:

- 1) by evaluating the growth line, or
- 2) by counting the Minimum Body Weight Increase (KBM).

The conclusion of the evaluation of the growth status is as follows:

GAIN WEIGHT (N)	DID NOT GAIN WEIGHT (T)
Weight line follows the growth line or Weight gain follows the minimum weight gain or more	Weight line forms a horizontal line, slopes down, or cutting the lower growth line or Weight gain is lower than the minimum weight gain



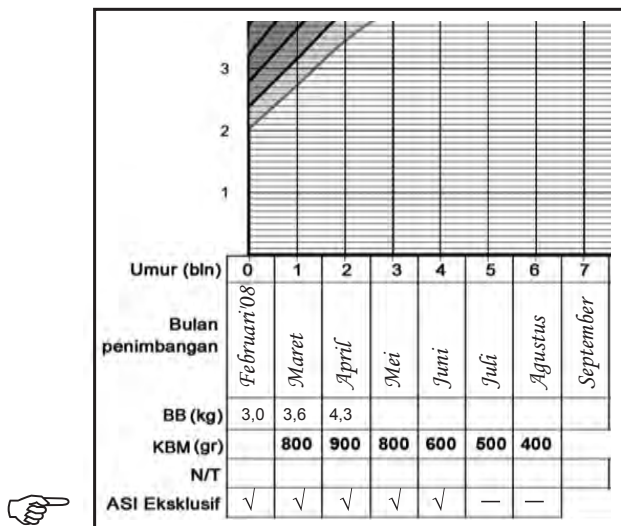
Contoh disamping menggambarkan status pertumbuhan berdasarkan grafik pertumbuhan anak dalam KMS:



1. **NO INCREASE (T)**, body weight graphic cut the growth line underneath; body weight increase <KBM (<800 g)
2. **INCREASE (N)**, body weight graphic cut the growth line above; body weight increase >KBM (>900 g)
3. **INCREASE (N)**, body weight graphic follows the growth line; body weight increase >KBM (>500 g)
4. **NO INCREASE (T)**, body weight graphic slants; body weight increase < KBM (<400 g)
5. **NO INCREASE (T)**, body weight graphic slides down; body weight graphic < KBM (<300 g)

g. Fill in the column of exclusive breastfeeding

Mark (✓) if in the particular month the baby is still breastfed exclusively without consuming other food and drinks. If other food is added besides the breast milk, that particular month and the next months must be filled in with the mark of (-)





5. Follow-up of the Result of Weighing

Follow-up based on the result of the growth of child under five years old is as follows:

1. Body weight increases (N):


- Give complement to the mother that brings child under five years old to posyandu or other health facility.
- Give feedback by way of explaining the meaning of the growth graphic of her child as stated in the KMS in a simple way.
- Give advice to her to maintain the condition of her child and advise her to give food to her child in line with the age group.
- Advise her to come in the next weighing event.

2. Body weight does not increase 1 times (T1)

- Give complement to the mother that brings child under five years old to posyandu or other health facility.
- Give feedback by way of explaining the meaning of the growth graphic of her child as stated in the KMS in a simple way.
- Ask and record the condition of the child to find out complains (cough, diarrhea, fever, restless, etc.) and the child's appetite.
- Explain possible causes that the body weight does not increase without blaming the mother.
- Give advice to the mother on the suggestion of feeding the child in line with the age group.
- Advise her to come in the next weighing event.

3. Body weight does not increase 2 times (T2) or Under the Red Line (BGM)

- Give complement to the mother that brings child under five years old to posyandu or other health facility and Advise her to come in the next weighing event
- Give feedback by way of explaining the meaning of the growth graphic of her child as stated in the KMS in a simple way.

- 
- Ask and record the condition of the child to find out complains (cough, diarrhea, fever, restless, etc.) and the child's appetite.
 - Explain possible causes that the body weight does not increase without blaming the mother.
 - Give advice to the mother on the suggestion of feeding the child in line with the age group.
 - Refer the child to the closest referral place in line with the condition of the child.

Notes:

If the KMS is filled in by cadres, health provider must review it, if it is filled in incorrectly by the cadre, it must immediately be corrected to avoid mistakes in the evaluation.



Sample of the Form of the Monthly Report of the MCH Handbook Distribution

(Refer to the Guidebook of the General Management on the Use of the MCH Handbook)

MONTHLY REPORT OF THE MCH HANDBOOK DISTRIBUTION

Month: Year:.....

Name of Service Place:.....

Address:.....

- | | |
|--|-----------------|
| 1. Number of last month remaining books | =.....Copies* |
| 2. Number of books received this month | =..... Copies * |
| 3. Number of books being distributed: | |
| a. to pregnant mothers | =..... Copies * |
| b. to other parties | =..... Copies * |
| 4. Remaining books in this month | =..... Copies * |
| 5. Number of target pregnant mothers | =.....persons** |
| 6. Number of pregnant mothers receiving MCH Handbook | =..... persons |

Approving
Person in charge of
The MCH Handbook
Signature:

Date:
Reporting:
Name:
Position:
Signature:

(.....)

(.....)

* : Write 0 (nil) if there is no remaining/ reception/ delivery.

** : Target pregnant mother, see Guidebook on General Management of the MCH Handbook



ATTACHMENT

PREDICTED DELIVERY DAY

Predicted Delivery Day (HTP)

The way to determine HTP:

Date of HPHT plus 7, month minus 3, year plus 1.

Sample:

HPHT is June 17, 2007.

Date = June 17 + 7 days = June 24, 2007

Month = June 24 - 3 months = March 24, 2007

Year = 2007 + 1 = 2008

So HTP = March 24, 2008

HPHT is 27 January 2008.

Date = January 27 + 7 days = February 3, 2008

Month = February 3 - 3 months = November 3, 2007

Year = 2007 + 1 = 2008

So HTP = November 3, 2008

The way to find out HTP if HPHT is not known:

- Determining prediction of pregnancy age in weeks based on the fundus height. If the fundus height is 22 cm, it means pregnancy age is 22 weeks. If the fundus height is 30 cm, it means pregnancy age is 30 weeks, etc.
- Determining how many more weeks the mother will deliver the baby, the method is: 40 weeks minus the prediction of pregnancy age.
- **Look at calendar, determine week, month and year of HTP.**

Sample:

On the date of July 28, 2008, a pregnant mother comes with the height of fundus as measured is 30 cm. The prediction of pregnancy age is 30 weeks. Predicted delivery day: 40 weeks - 30 weeks = 10 more weeks

HTP = around the first week in the month of October 2008



EXERCISE IN FILLING IN THE MCH HANDBOOK

Filling in Exercise: NOTES ON THE MOTHER HEALTH SERVICE

Problem 1

Mrs. Tina Sunarto was born on February 22, 1979, she is a housewife, and her educational background is junior high school. She came to Polindes Kartini on June 20, 2007 for pregnancy check. When asked by Midwife Ani, Mrs. Tina answered that her husband name is Sunarto, a driver of public transport, with Junior high school background and a Muslim. They live in the sub-village of Jambusari, in the village of Sawangan RW 5 RT 3, sub-district of Paciran, District of Lamongan.

According to Mrs. Tina, her first child is a daughter of 3 years old and was spontaneously delivered with the help of traditional baby delivery helper. When the first child was at the age of 3 months, Mrs. Tina adopted the contraception of pills. Now in her second pregnancy, Mrs. Tina is registered in the mother cohort with the sequential number of 42. The result of the observation of Midwife Ani; Mrs. Tina's height is 151 cm with LiLA of 25 cm, HPHT is on April 4, 2007. Mrs. Tina has the complaint of nausea, the blood pressure is 110/80 mmHg, weight is 50 kilogram, Hb 11 gr%, and there is no edema. According to the existing notes, Mrs. Tina has got the TT Immunization as many as 5 times.

Assignment:

1. Fill in completely the Mother Part of the page on family identity and page of pregnant mother health notes in the MCH Handbook the anamnesis of Mrs. Tina.
2. Fill in completely the page of pregnant mother health notes with the health service given by Midwife Ani.
3. Mark \checkmark on Mrs. Tina's MCH Handbook the advice given by Midwife Ani in line with the condition of Mrs. Tina and write on the page of pregnant mother health notes.



Problem 2

On October 13, 2007 Mrs. Tina Sunarto to the private clinic of Midwife Suroso with the complaint of having a headache. The result of observation of the midwife: the height is 53 kilogram, the blood pressure is 130/90 mmHg, Edema is found, height of uteri fundus is 25 cm, fetus position is head presentation, and the fetus heart pulse is 136/minute.

Assignment:

1. Fill in completely the Mother Part of the page of pregnant mother health notes in the MCH Handbook with the observation result of Mrs. Tina.
2. Fill in completely the page of pregnant mother health notes with the health service given by Midwife Suroso.
3. Mark \checkmark on Mrs. Tina's MCH Handbook, the advice given by Midwife Suroso in line with the condition of Mrs. Tina and write on the page of pregnant mother health notes.

Problem 3

On December 15 , 2007 Mrs. Tina Sunarto came to PHC for a health check and was observed by Midwife Purwaningsih with the complaint of contraction in the stomach. The result of observation of the midwife: the height is 55 kg, the blood pressure is 110/80 mmHg, Hb 11,2 gr %, edema is not found, height of uteri fundus is 35 cm, fetus position is head presentation, with the fetus heart pulse is 126/minute.

Assignment:

1. Fill in completely the Mother Part of the page of pregnant mother health notes in the MCH Handbook with the observation result of Mrs. Tina.



2. Fill in completely the page of pregnant mother health notes with the health service given by Midwife.
3. Mark \checkmark on Mrs. Tina's MCH Handbook, the advice given by Midwife Purwaningsih in line with the condition of Mrs. Tina and write on the page of pregnant mother health notes.

Filling in exercise:

NOTES ON DELIVERING MOTHER, BIRTH INFORMATION, CHILD IDENTITY

Problem 4

On January 9, 2008 at 09.10 Mrs. Tina Sunarto gave birth in polindes "Kartini" assisted by Midwife Ani. A boy baby delivered spontaneously with the weight of 3100 gram, body length of 51 cm, head circumference of 36 cm. The boy immediately cried out loudly with no signs of asphyxia and deficiency. Midwife Ani helped delivering based on normal delivery care. The baby can be given breast feed immediately without problems. Mrs. Tina has no complication after delivery, no bleeding, no contraction and no fever. Mrs. Tina does not live in an endemic goiter area.

Assignment:

Fill in completely the page of delivering mother and newly born baby health notes with the observation result of Mrs. Tina (delivering mother), birth information, and child identity, as well as KMS.



Filling in exercise:

NOTES ON POST PARTUM MOTHERS, KMS, CHILD HEALTH SERVICE (NEONATAL Observation and Provision of IMMUNIZATION).

Problem 5

On January 12, 2008, Midwife Ani visited the house of Sunarto's family to know the health condition of Mrs. Tina and her baby.

The result of the observation of Mrs. Tina's baby: the weight of the baby is 2900 grams, the condition of the umbilicus is dry, the baby sucks the breast feed strongly, no signs of possible contraction, breathing problem, hypothermic, possible infections, icterus, possible digestive problems, diarrhea, possible underweight and breast feed problems, the baby moves actively and cries loudly. Mrs. Tina complains about a light headache. Upon the observation Mrs. Tina has the blood pressure of 110/70 mmHg, pulse of 76 times/minute, respiratory frequency of 22 times/minute, temperature of 37,1 C°. Good uteri contraction, bleeding \pm 2 spoonful, discharge with no smell, no problems with defecation and urinate and no problems in breastfeeding.

Midwife Ani gives the immunization of Hepatitis B to Mrs. Tina's baby.

Assignment:

1. Fill in completely the Mother Part of the page on post partum mother health notes and health notes on neonatal observation in the MCH Handbook with the observation result of Mrs. Tina (post partum mother) and the baby.
2. Fill in completely the above mention part of mother and the part of baby with the health service to post partum mother and the neonatal baby provided by Midwife Ani.



3. Mark \checkmark on Mrs. Tina's MCH Handbook, the advice given by Midwife Ani in line with the condition of Mrs. Tina and her baby and record on the appropriate page.

Problem 6

Bayu Laksono of 9 months was brought to Sawangan PHC because of cough and running nose. Midwife Mariana observed Bayu; respiratory frequency of 32 times/minute, no signs of hard breathing and Bayu had no fever, Mrs. Tina complained when she saw the weight Bayu was just 7,5 Kg. According to Mrs. Tina last month when he was weighed at Posyandu the weight of Bayu was 8 Kg. When she was asked by Midwife Mariana, Mrs. Tina responded that Bayu still had breastfeeding and ate rice porridge plus sea fish, spinach and tempe three times a day. Bayu also often consumes papaya, biscuit 2 times a day. Mrs. Tina explained that Bayu had received vitamin A capsule in blue color. The result of observation on the immunization status of Bayu showed that Bayu had not received Measles and Polio 4 immunization. Other immunizations had been given in the previous months. When Midwife Mariana asked about the growth of Bayu, Mrs. Tina said that Bayu already can sit by himself without being held, move article from one hand to another, and shout cheerfully on seeing interesting toys. Mrs. Tina told that Bayu could not eat bread using his own hands.

Assignment:

1. Fill in completely the Child Part, namely: KMS, immunization check, Vitamin A provision and advice to give growth stimulation and advice on feeding, and notes on illness and growth problems.
2. Fill in completely the above child part with health services given to Bayu by Midwife Mariana.



3. Mark \checkmark on Mrs. Tina's MCH Handbook, the advice given by Midwife Mariana in line with the condition of Bayu and record it on the appropriate page.

Problem 7

Mrs. Tina brought Bayu Laksono of 13 months to posyandu "Lestari" to weigh. The Nutrition Officer, Nurul, saw a cadre give a point mark on the KMS showing that the weight of Bayu was 10 Kg. When asked, Mrs. Tina responded that Bayu was not sick. When Mrs. Nurul observed Bayu's development, the child still could not walk. Bayu imitated simple words when Mrs. Nurul asked him to talk. When he was given a peanut, Bayu could pick the nut. When she was asked, Mrs. Tina responded that Bayu had not received Vitamin A in February.

Assignment:

1. Fill in completely the Child Part, namely: KMS, provision of Vitamin A and advice to give growth stimulation and advice on feeding, and notes on illness and growth problems.
2. Fill in completely the above child part with health services given to Bayu by Mrs. Nurul.
3. Mark \checkmark on Mrs. Tina's MCH Handbook, the advice given by Mrs. Nurul in line with the condition of Bayu and record it on the appropriate page.

Attention:

1. Use the MCH Handbook
2. Use the MCH Handbook belonging to Mrs. Tina
3. Use photocopies of pages from the MCH Handbook for exercises.



