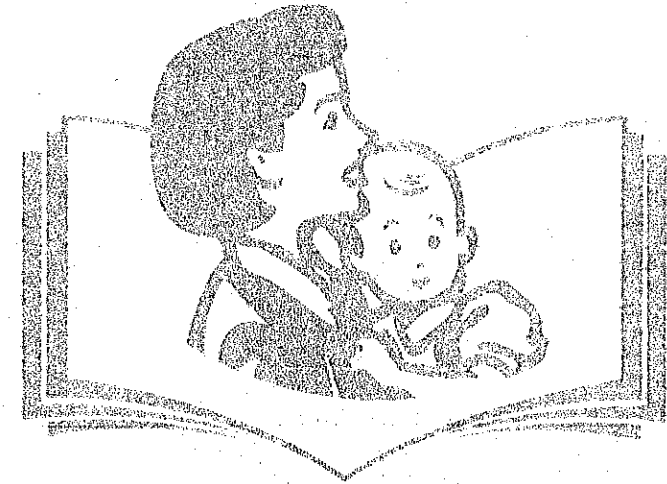


TECHNICAL GUIDELINES

for using
the Material and Child Health
handbook



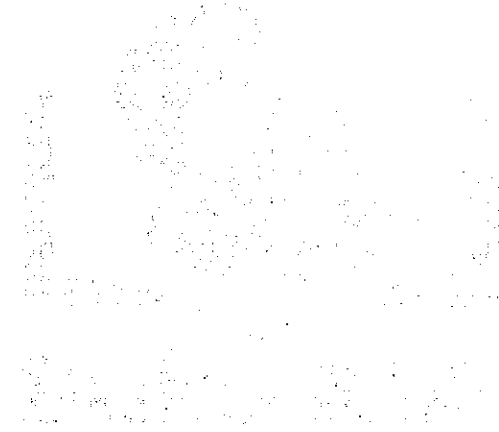
Buku KIA

Ministry of Health, Republic of Indonesia
In cooperation with
Japan International Cooperation Agency
2008



TECHNICAL GUIDELINES

FOR USING THE MATERNAL AND CHILD HEALTH HANDBOOK



Ministry of Health, Republic of Indonesia
in cooperation with
Japan International Cooperation Agency (JICA)



Preface

The Maternal and Child Health (MCH) handbook is an important health tool for the family. It contains records and information on maternal and child health. The MCH handbook is meant to be used as a home based record by mothers. It also serves as a means of communication between healthcare providers and the mother during MCH services. The services and advice offered by the healthcare providers are recorded in the MCH handbook.

By having the MCH handbook, mothers and their families have health records which are kept at home. The information contained in the handbook is available to be read and put into practice by mothers and their family members for better health. Healthcare workers will provide assistance and support to mothers and their families in order to understand the messages and information in the handbook.

The Family Health Directorate of the Ministry of Health has published the Technical Guidelines for the use of the MCH handbook. This booklet will provide guidance to healthcare workers on how to use the MCH handbook. Healthcare workers can use this booklet for reference and instruction during independent learning. We have used some case studies in order to better understand the guidelines. If the healthcare provider has difficulty understanding these technical guidelines, it is recommended that the provider consult with the midwife coordinator, the head of the health center (Puskesmas), and the MCH program managers at the district/ municipal level.

We hope that this Technical Guideline booklet for the use of MCH handbook will benefit all of us.

Jakarta, 5 March 2003
Director of Family Health

(signed)
Dr. Sri Hermiyanti, Msc.

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I. Introduction

One of the Maternal and Child Health (MCH) Program objectives is to improve family independency in maintaining maternal and child health. Within a family, mother and child are the most vulnerable to various health problems, such as illnesses and nutrition deficiencies that often lead to illness or death. Improving the family's knowledge and skills by using the MCH handbook is one of the programs' efforts toward achieving family self-reliance to maintain maternal and child health.

The MCH handbook contains information and materials for counseling/ health education on nutrition and maternal and child health, Antenatal Care (ANC) Card, Child Health Monitoring Card, and maternal and child healthcare records. The MCH handbook should be kept at home and brought every time the mother or child visit health service points to obtain MCH services.

This Technical Guide for the use of the MCH handbook serves as a source for using, monitoring, and recording in the MCH handbook. This guideline booklet can be studied independently and should be a reference for every health care provider, including those working in the private sector.

II. Benefit of the MCH handbook

1. General Benefit:

Mothers and children have comprehensive health records from pregnancy until the child reaches 5 years old.

2. Specific Benefits

- a. To document and monitor maternal and child health.
- b. As a communication and counseling/ health education tool containing important information on health, nutrition, and MCH service standards for mothers, families and the communities.
- c. As a tool for early detection of any maternal and child health problems.
- d. As a record of mother and child health care and nutrition services, including referrals

III. Target, procurement, distribution, and reporting of the MCH handbook

a. Mothers and children are the primary targets, with the following conditions:

- Every pregnant mother will receive an MCH handbook. She will use this Handbook until postpartum. The child uses this Handbook from childbirth up to 5 years of age.
- If the mother delivers twins or more, she will receive additional handbooks according to the number of children.
- If the mother has another pregnancy, she will receive a new handbook.
- If the MCH handbook is lost, the mother or the child will receive a replacement.

b. The indirect targets are:

- Husband and other family members.
- Posyandu (the Village Integrated Health Service Post) health volunteers.
- Healthcare provider, particularly during provision of services for mothers and children.
- Supervisors and program managers who are responsible for the development of the MCH handbook.

2. Procurement of MCH handbooks

Local government through the provincial or district/ municipal health office prints MCH handbooks according to the needs of the target pregnant mothers. When the fund is sufficiently available, the health office will produce the MCH handbooks according to the annual estimated number of pregnant mothers within the province or district/ municipal.

When there are limited funds available, the provincial or district/ municipal health office would select some Puskesmas (Health centers) for distribution of the MCH handbook. MCH handbooks will be printed according to the annual estimated target number of pregnant mothers within the selected health centers' catchment area.

according to the annual estimated target number of pregnant mothers within the selected health centers' catchment area.

When printing the MCH handbook, an additional 10% of handbooks should be made available from the total handbooks required, as "buffer stock".

The purpose of having this "buffer stock" is; to anticipate pregnant mothers who come from outside the service coverage area, to replace lost or damaged MCH handbooks, or for cadre and healthcare provider training, etc.

Estimated target number of pregnant mothers:

$1.1 \times$ Estimated number of infants within the catchment area in a year*

* Estimated number of infants equals the target number of immunizations

Example:

The District Health Office in District A will publish MCH handbooks for the total target number of pregnant mothers for the year. Total target number of immunizations is 70,000. Estimated target number of pregnant mothers is $1.1 \times 70,000 = 77,000$ mothers per year. Target number of pregnant mothers who will receive the MCH handbooks = 77,000 mothers/year. The total number of MCH handbooks to be published = 77,000 copies plus additional "buffer stock" 7,700 (10% of the target pregnant mothers) = 84,700 copies.

The District Health Office in City B will publish MCH handbooks for 50% of the target number of pregnant mothers per year. Target number of immunizations is 40,000 babies. Estimated target number of pregnant mothers is $1.1 \times 40,000 = 44,000$ mothers per year. Target number of pregnant mothers who will receive MCH Handbooks = $50\% \times 44,000 = 22,000$ mothers/year. MCH Handbooks to be published = 22,000 plus "buffer stock" 2,200 (10% of the target number of pregnant mothers) = 24,200 copies.

The MCH handbooks may be produced by local governments and also other stake-holders such as groups from the private sector, professional associations, hospitals, the public, Puskesmas, etc., with their own funds. A notification letter and letter of permission should be submitted to the provincial or district health office for approval to produce the MCH handbooks in accordance with the governing rules and regulations or local policy.

3. Distribution of the MCH handbook

The provincial/ district health office distributes MCH handbooks to healthcare facilities that already use MCH handbooks. The number of handbooks to be distributed is according to the estimated target number of pregnant mothers in a year. The MCH handbooks are distributed by the provincial/ district health office to Puskesmas (a Health Center), Pustu (satellite clinic), Polindes (village delivery post) and Bidan di desa (Village Midwife) 2 to 4 times a year, or according to local needs.

To distribute the MCH handbook to pregnant mothers, healthcare providers collect the necessary data and register all pregnant mothers in the REGISTER KOHORT IBU (RKI) (Pregnant women's Cohort Register). Healthcare providers dispenses the MCH handbooks to pregnant mothers during her first antenatal care visits. The healthcare providers also record the date of receipt in the RKI.

An unregistered pregnant mother who received an MCH handbook from another area should be immediately registered in the RKI of her residence area. Put a specific note on the receipt date and the facility where she obtained the MCH handbook.

When a pregnant mother from another area comes for antenatal care but she doesn't have an MCH handbook, she should receive one and be registered in the Cohort (target from other area). This is required in compliance with Regulation No. 23 / 2002 on Child Protection – that every child reserves the right to have access to information and quality healthcare.

4. Reporting Receipt and Distribution of MCH handbooks

Every healthcare provider who is responsible at the healthcare facility using the MCH handbook should record any transaction (receipt and distribution) of the MCH handbooks and report it to the Puskesmas using a Monthly Report for MCH handbooks distribution form.

Monthly Report of MCH Handbooks	
Name of Facility: Month: Year:	
Address:	
1. Total remaining Handbooks from previous month = copies*	
2. Total Handbooks received this month = copies*	
3. Total distribution:	
a) Total Handbooks for pregnant women = copies*	
b) Total Handbooks for other purposes = copies*	
4. Total remaining Handbooks by the end of this month = copies*	
5. Total target of pregnant women = Persons**	
6. Total pregnant women received the MCH Handbooks = Persons*	
Reviewed by:	Date:
Direct Supervisor	Reported by
Name :	Name :
Title :	Title :
Signature, (.....)	Signature, (.....)
*) write 0 (zero) if no Handbooks remain/received/distributed.	
**) for calculating the target number of pregnant women, see page 3	
Total number of Handbooks in no. 3a should reflect the total number of pregnant women in no. 6	

The person in charge of the MCH handbooks at Puskesmas should prepare a quarterly Recapitulation Report and submit it to the district/ municipal health office, using the Quarterly Recapitulation Report Form as follows.

Quarterly Recapitulation Report of the MCH Handbooks Distribution

Name of Puskesmas: Quarter: Year:

Address:

Name of Service Delivery Point	Number of Handbooks		Number of pregnant women	
	DistributedQuarter	RemainingQuarter	Pregnant women	Pregnant women received MCH Handbooks
(1)	(2)	(3)	(4)	(5)
Coverage of pregnant women received the MCH Handbooks: Pregnant women received MCH Handbooks ----- X 100% Total number of pregnant women				%

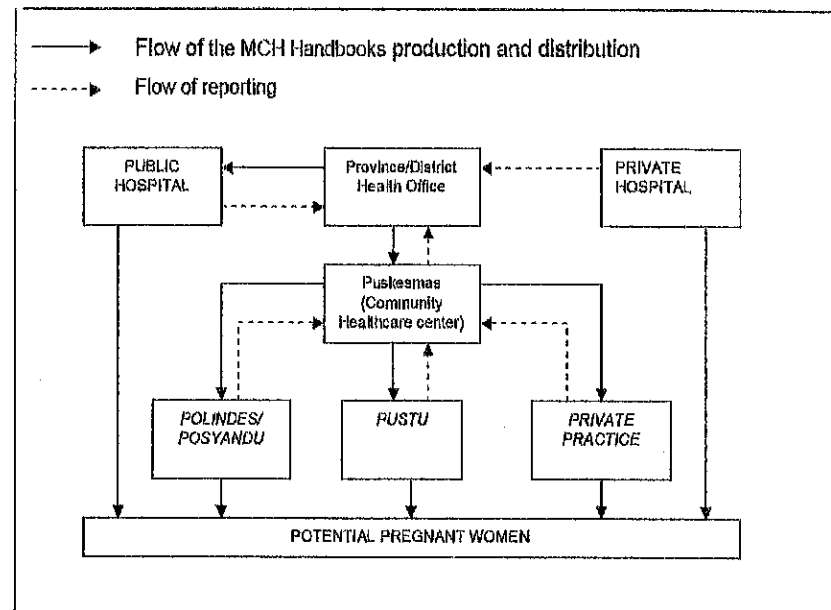
Note:

- Column 2 Total Handbooks distributed, based on monthly report
- Column 3 Total Handbooks remaining, based on monthly report
- Column 4 Refer to page 3 for calculation
- Column 5 Total number of pregnant women who received MCH Handbooks, based on monthly report

Reviewed by, _____ Date: _____
 Head of Province/District Health Office: _____ Implementer: _____

The private sector, professional associations, Puskesmas (health center) and hospitals that publish MCH handbooks with their own funds should submit a receipt and distribution report of the Handbooks to the provincial/ district health office using the Monthly Report Form, and the provincial/ district health office will prepare a Quarterly Recapitulation Report.

The flow of procurement, distribution, and reporting is as follows.



IV. How to use the MCH handbook

1. Use of the MCH handbook by mothers and their family

- a. The MCH handbook should be read by the mother and her family. Healthcare providers must carefully explain the contents of the MCH handbook according to the mother's / child's condition.
 - If this is her first antenatal care visit, the health personnel should encourage her to read the information pages on how to maintain health, nutrition, and preparation for delivery. As the mother is in her third trimester, she should be encouraged to read the information on delivery, postpartum, neonatal care and information on contraceptive methods.
 - The mother of the child should be encouraged to read the information on healthcare services, nutrition, child growth, and other information on child health at home.
 - The mother is, then, encouraged to mark the section she read last with a check (√) mark using a pencil or ballpoint pen.
- b. The MCH handbook should be used by mothers to ask questions about pregnancy and child care. She should be encouraged to ask health volunteers or healthcare providers for clarification if she does not understand certain information. Mothers should also be encouraged to ask questions they may have about the handbook.
- c. Mothers and their family should be encouraged to put the information from the MCH handbook into practice. The mother should be advised to request services to be provided as scheduled in the MCH handbook.
- d. Mother and child use the MCH handbook until the child reaches 5 years old. To avoid losing the handbook, the mother should keep the MCH handbook in good condition.
- e. The MCH handbook serves as a health record of the mother and her child. Therefore, she should bring it every time they visit a healthcare provider.

2. Use of the MCH handbook by health volunteers

- a. Health volunteers use the MCH handbook as a counseling tool for encouraging people to visit and utilize the healthcare facility. The health volunteer should put a (√) check mark next to the information that has been provided to the mother.

- b. Health volunteers must understand the contents of the MCH handbook. Advise health volunteers to read the handbook in stages with mothers. Discuss the contents of the handbook with health volunteers and the TBAs (Traditional Birth Attendants) at the end of Posyandu service and on other occasions.
- c. Explain to health volunteers it is their responsibility to assist the families to have access to quality services and information. If a mother has any problems, the health volunteers should refer the mother/child to a healthcare provider.
- d. During the child weighing process at Posyandu, remind the health volunteers to review and fill in the child growth monitoring chart in the MCH handbook.
- e. Remind the health volunteers to encourage mothers to practice the information provided in the MCH handbook.
- f. During a home visit, remind the health volunteers to review the MCH handbook and check whether the mother has put the instructions and information in the handbook into practice.
- g. If the health volunteer finds any problems, with using the MCH handbook, she/he should refer the mother/child to a healthcare provider.

3. Use of the MCH handbook by healthcare provider

- a. The healthcare provider should write a record of services provided to the mother and her child in the MCH handbook. Use this Handbook during counseling with the mother/ her family. Put a (√) check mark for the information that has been provided to the mother. The MCH handbook is also used for motivating the mother to return to the healthcare facility for return visits or referrals.
- b. To understand the MCH handbook, the healthcare provider should read the MCH handbook and the Technical Guide for the use of the MCH handbook.
- c. The MCH handbook serves as an introduction guide to health care services. Healthcare providers should be able to relate the MCH handbook to other services that the mother/child may need:
 - Encourage mothers to join the "Kelompok Peminat KIA (KP KIA) (MCH interest Group)" in their village.
 - When an illness or a death occurs, use this handbook for Maternal Perinatal Audit, disease surveillance, eradication of infectious disease, or other audits.

- Link with nutrition programs so that the mother or child has access to the care for nutrition, especially when abnormality exists.
 - Link the MCH handbook with Mother-Loving Care Movements, Kampanye Suami, Desa dan Bidan SIAGA (Husband, Village, and Midwife ALERT campaign), Making Pregnancy Safer, Safe Motherhood, Normal Delivery Care, PONEC (Basic Emergency obstetric Neonatal Care), PONEK (Comprehensive Emergency obstetric Neonatal Care), Jaring Pengaman Sosial Bidang Kesehatan (Social Safety net in Health), etc. according to local condition.
 - Use the MCH handbook for child care from birth. Link it with immunization, Integrated Management for childhood illness, basic neonatal care, early detection of child growth, Taman Posyandu, Bina Keluarga Balita (BKB) (infant- nurturing family), Pengembangan Anak Dini Usia (PADU) (Early Childhood Development), Sistem Kewaspadaan Pangan dan Gizi (Food and Nutrition Precaution System), Jaring Pengaman Sosial (Social Security Insurance), Neonatal Tetanus Elimination, etc.
- d. The healthcare provider should respond to and provides explanation for the questions that the mother/family may have.
- e. During provision of care and counseling/ health education to a pregnant/postpartum mother, the healthcare provider warmly greets the mother and calls her by name, asks what problems the mother/ newborn may have. Allows the mother to respond and should acknowledge that she/he is listening to her.
- f. Use simple language that is easily understood by the mother during counseling sessions. Use any available visual aids and demonstrate how to practice maternal and child care in the home.
- g. Check the mother's comprehension of each explanation and demonstration provided, by asking the mother to repeat the information and demonstration. Compliments if the mother/family can do it well. Patiently repeat the information and/or demonstration if the mother doesn't understand.

V. How to record in the MCH handbook

Mother's Section

Page 1:

- Reg. No. : Mother's registration number. Differs in every healthcare facility
- Serial No. : Serial number according to the Mothers' Cohort Register.
- Date : Date of receipt of the MCH handbook.
- Name of Facility : Name of healthcare facility that provides the MCH handbook.

Family Identity

- Wife and Husband's Name : Enter data
- Date of Birth : Enter data
- Religion : Enter data
- Education : Circle the appropriate statement of education level
- Jobs : Enter data
- Address and phone number : Enter data

Maternal Health Care Records

Pregnant Mother

Page 12-13:

- First day of last menstruation : Date, month, and year of the first day of the last menstrual period. Record the month and year if exact date is forgotten.
- Estimated day of delivery (EDD) : Date, month, and year of estimated day of delivery. Inform the mother and her family, and emphasize that EDD is only an estimated date.

<How to determine estimated day of delivery (EDD)>

Add 7 days to the date of the first day of last menstruation. Subtract 3 months, then, add an year.

Example:

- *Date of the first day of last menstruation: June 17, 2001*
Date = June 17 + 7 days = June 24, 2001
Month = June 24 - 3 months = March 24, 2001
Year = 2001 + 1 = 2002
EDD = March 24, 2002

- *Date of the first day of last menstruation: January 27, 2002*
Date = January 27 + 7 days = February 3, 2002
Month = February 3 - 3 months = November 3, 2001
Year = 2001 + 1 = 2002
EDD = November 3, 2002

<How to determine Estimated Date of Delivery if "the date of the first day of last menstruation" is unknown>

- Determine the estimated pregnancy by weeks according to fundus height. Fundus height 22 cm means that pregnancy is 22 weeks, fundus height 30 cm means that pregnancy age is 30 weeks, etc.
- Determine how many weeks to go before the mother gives birth, by: 40 weeks subtracted by the estimated pregnancy.
- Look at the calendar; determine week, month, and year of the estimated date of delivery.

Example:

On July 28, 2002, a pregnant mother came for antenatal care; we determined her fundus height was 30 cm. Therefore her gestation period up to the consultation is 30 weeks. Estimated weeks to delivery is; 40 weeks - 30 weeks = 10 weeks of pregnancy remaining. Her EDD is the first week of October 2002.

- **Arm circumference** : Result of the left arm (or right arm if the mother is left-handed) measured in cm (centimeters)
- **Height** : Mother's height in cm (centimeters)
- **Contraceptive used before the pregnancy** : Write the type of contraceptive method used prior to this pregnancy
- **History of previous illnesses** : Illnesses that the mother previously had.

- **Number of pregnancies** : Number of pregnancies, including current pregnancy
- **Number of deliveries** : Number of deliveries, either live births or still births (pregnancy \geq 28 weeks)
- **Number of miscarriages** : Number of miscarriages she has experienced (pregnancy $<$ 28 weeks)
- **Number of living children** : Number of children born alive and are still living
- **Number of still births** : Number of children born with no signs of life from 28 weeks of pregnancy or their after
- **Number of premature births** : Number of children born after 38 weeks of pregnancy
- **Period of time between current pregnancy and the last delivery** : Time span between the last deliver and this pregnancy, including still births and miscarriages
- **Last birth attendant** : The provider who attended the last delivery
- **Last birth procedure** : Use a (√) mark to indicate the correct columns. If there were any other procedure, write the kind of procedure performed
- **Date** : Examination date and month
- **Current complains** : Mother's problems and progress reported during antenatal visit
- **Blood pressure** : Blood pressure in mmHg
- **Weight** : Body weight in Kg (kilograms)
- **Age of pregnancy** : Age of pregnancy according to the fundus height compared with the first day of the last menstruation (in weeks)
- **Fundus height** : Enter data
- **Fetus location** : Enter data
- **Fetus heartbeat** : Heart beat rate in 1 minute
- **Lab** : Result of laboratory test Hb: in gr%, urine protein, VDRL: write (+) or (-)

- Specific examination : Result of specific examination such as
USG, Doppler, thorax photo
- Procedures (Therapy) : Procedure or medication provided
(TT) : The first and the second Tetanus Toxoid
(TT) shots or booster. When no
immunization is provided, mark (-) / write
the status of the pregnant mother for TT
immunization
- (Fe) : Amount and dosage of Iron tablet
administered
- (Referral) : Write 'referred' and the referral facility
- (Feed back) : Write down the feedback being provided
- Advice/recommendation : Advice for the pregnant mother to stay
healthy during the pregnancy
- Remarks : Write the examiner's name, service
facility, and examiner's signature (Initials)

Exercise for recording: Maternal HealthCare Record

Case 1

Mrs. Tina Sunarto was born on February 22, 1979. She is a housewife; her last education was junior high school, visited Kartini Polindes on June 20, 2002 for antenatal care. When Midwife Ani asked her, she answered that her husband's name is Sunarto, works as a public transport driver, his last education was Junior High School, he is a Moslem, address: Dusun Jambusari, Kelurahan Sawangan RW 5 RT 3, Kecamatan Paciran, Kabupaten Lamongan.

Her first child is 3 years old, female, spontaneous birth, attended by a midwife. When the first child was 3 months old, Mrs. Tina used the oral contraceptive (the pill). This is her second pregnancy, her registration number is 42 in the Mothers' Cohort Register.

The findings by Midwife Ani: Mrs. Tina is 151 cm tall, arm measurement 25 cm, the first day of her last menstrual period was April 4, 2002. She reported that she has nausea, blood pressure 110/80 mmHg, weight 50 kg, Hb 11 gr%, no edema found. According to the record, Mrs. Tina has already had 5 TT immunizations.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

1. Complete the Mother section of the MCH handbook on pages 1 and 12-13 according to the result of Mrs. Tina's examination.
2. Complete pages 12-13 with the healthcare provided by Mid. Ani.
3. Mark with (√) in Mrs. Tina's MCH handbook next to the information provided by Mid. Ani in accordance with Mrs. Tina's condition. Write down the advice or comments provided on pages 12-13.

Case 2

On October 13, 2002, Mrs. Tina Sunarto visited a private clinic managed by Midwife Suroso and complained of a headache. The examination results: Mrs. Tina's weight was 53 Kg, blood pressure was 130/90 mmHg, edema was identified, fundus height was 25 cm, fetal location with head presentation and the fetus heart beat was 10-11-10.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

1. Complete the Mother's section of the MCH handbook on pages 1 and 12-13 as the result of Mrs. Tina's examination.
2. Complete pages 12-13 with the healthcare provided by Mid. Suroso.
3. Mark with (√) in Mrs. Tina's MCH handbook, the advice provided by Mid. Suroso in accordance with Mrs. Tina's condition; and write her condition on pages 12-13.

Case 3

On December 15, 2002, Mrs. Tina Sunarto visited a Puskesmas (health center) for antenatal care provided by Midwife Purwaningsih. Mrs. Tina reported that she had an abdominal tension problem. Examination results: her weight was 55 Kg, blood pressure 110/80 mmHg, Hb 11.2%, no edema found, fundus height 35 cm, fetal location with head presentation and the fetus heart beat was 10-10-10.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

1. Complete the Mother's section of the MCH handbook on pages 1 and 12-13 with the result of Mrs. Tina's examination.
2. Complete pages 12-13 with the healthcare provided by Mid. Purwaningsih.
3. Mark with (√) in Mrs. Tina's MCH handbook, the advices provided by Mid. Purwaningsih in accordance with Mrs. Tina's condition; and write it down on pages 12-13.

Partum Mother

Page 14:

- Date and time : Date and time/hour of delivery
- Length of pregnancy : Number of weeks, can be obtained from the mother's antenatal record, on pages 12-13
- Birth attendant : Circle the correct title of your provider, including other provider when attended by more than 1 providers
- Name and address of the birth attendant : Enter data
- Place of delivery : Circle the correct title of the place. If not listed, write in a description of the place
- Delivery procedure : Circle the correct description. If the procedure is not listed, write a brief statement describing type of procedure
- Mother's condition : Circle the suitable column
- Newborn's condition at birth : Circle the suitable column
- Postpartum complication : Circle the suitable one. If other symptoms occur, write it down accordingly

If the delivery is attended by others, the delivery record must be completed during contact with the postpartum mother. To complete this section, ask for the information from the mother or her family and write it down on page 14.

Referral

Page 15:

- Date/month/year/time : Date, month, year, and time/hour of referral
- Referred to : Name of the referral facility
- Temporary procedure : Action/medication provided prior to referral
- Referred by : Name and address of the health care provider who referred the patient

Feedback on Referral

Page 15:

- Diagnoses : Diagnosis at the referral site
- Procedure : Procedures/ medications provided at the referral site
- Advice : Advice that the mother should carry out when she returns to the home
- Referral received by : Name and address of the healthcare provider who received the referral

Birth Notification

Page 18:

- No. : Birth information number issued by the healthcare facility
- Day, Date, Time : Day, date, month, year and time/hour when the baby was born
- Male/Female : Circle the suitable one
- Home/Midwife's Home/Polindes/ Moternal clinic/ Puskesmas/Hospital : Circle the suitable answer and write the name/ address where delivery takes place
- Baby's name : Enter data
- Baby's Weight : Weight by scale immediately after the baby was born (in grams)

- Baby's Length : Length measured soon after baby was born (in centimeters).
- Parents' name, age, occupation and address : Enter data
- ID numbers of the parents : Enter data
- Date : Date when the birth Notification is issued
- Birth attendant : Signature and full name of the birth attendant or the staff who issues the birth information

Note:

- The letter has 3 copies, one is to be detached and submitted to village office to obtain a birth certificate.
- If the delivery is attended by others, the birth information must still be completed upon contact with the postpartum mother and the newborn. To complete this section, ask for the information from the mother or her family and write it down on page 14.

Child's Section

**Page 19:
Child Identity**

- Register No. : Child's registration number. Every healthcare facility differs
- Serial No. : The serial number according to Child's Cohort Register
- Child No. : The sequential number of the child the mother gave birth to (including both live birth and still birth)
- Baby's Name : Clear
- Date of birth : See the birth information on page 18
- Baby's weight at birth : See the birth information on page 18
- Baby's height at birth : See the birth information on page 18
- Head circumference : The baby's head circumference in cm (centimeter)

- Sex : Circle the suitable column
- Baby's condition at birth : Mark (√) in the suitable column
- First breastfeeding time : Mark (√) in the suitable column. If it was more than 30 minutes after the birth, write the time of the first breastfeeding. If newborn wasn't breastfed, mark (-)
- Number of birth information : See the birth information on page 18

Exercise for recording: Record of delivery, birth information, and child's identity

Case 4

On 9 January 2003, at 9.10 Mrs. Tina Sunarto gave birth at Polindes "Kartini". The birth was attended by Midwife Ani. It was a spontaneous delivery of a boy weighing 3,100 grams, 51cm in length, head circumference 36cm. The newborn immediately cried loudly with neither a sign of asphyxia nor birth defect. Midwife Ani attended the delivery according to the normal delivery care standard. The newborn was breastfed without any problems. Mrs. Tina didn't have postpartum complications, nor hemorrhage, cramp, or fever. Mrs. Tina lives in a non-thyroid-endemic area.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

Complete the Mother's section on page 14, birth information (page 18) and Child's identity (page 19) according to Mrs. Tina's (partum mother) examination results.

Postpartum Mother

Pages 16 and 17:

- Date, time : Date, month, and time of visit
- Anamnesis : Problems reported by the mother during examination
- Blood Pressure : Blood pressure, (in mm Hg.)

- Pulse : Pulse rate per minute
- Breathing rate : Breathing rate per minute
- Temperature : Body temperature checked for 5 minutes
- Uterus Contraction : Contraction result: good (mild), or weak
- Hemorrhage : Amount of blood: normal, moderate or severe (depends on days in postpartum)
- Lochia : Results of examination: normal or smells /odorous
- Bowel movement : Write (+) if no problem exists, if problem occurs, write (-), normal, diarrhea, bleeding, etc.
- Urination : Mark (+) if the mother can urinate, otherwise mark (-), Write Normal, less urine, any pain, bleeding, etc.
- Early Breastfeeding : Mark (+) if breastfeeding is indicated within 30 minutes after the birth, and (-) if the mother didn't breastfeed immediately
- Procedures (Therapy) : Procedure or prescribed medications
- (Vit A) : Mark (+) if high dose of vitamin A capsule is provided, otherwise mark (-)
- (Fe) : Amount and dose of Iron tablet provided
- (Referral) : Write "referred" and the referral site
- (Feedback) : Write the feedback provided
- Advice : Advice for the postpartum mother on how to keep herself and her newborn baby healthy
- Remarks : Write the name of examiner/provider, the facility and signature of the examiner

Postpartum Final Conclusion

Page 16

- Mother's condition : Mark (√) in the appropriate column
- Baby's condition : Mark (√) in the appropriate column

Family Planning Service for the Postpartum Mother

Page 17

- Date/Month/Year : Date, month, year of FP service
- Facility : Name of the FP service delivery point
- Contraceptive Method : Mother's contraceptive method of choice

Health Card

Pages 40, 41, and 42

Complete the Health Monitoring Card (KMS) according to the existing guidelines. When compared to the previous month, the child's weight remains the same or declines, or when the child's weight falls on the yellow line, identify the cause. If the newborn is ill, manage according to treatment standards or Integrated Management of Childhood Illness (IMCI). When feeding problems occur, provide the mother with advice on proper child feeding (see pages 20, 26, 28, 30, 32, 33) and how to prepare supplementary foods for the child (see pages 47-48). When the child's weight falls on the red line, refers the child immediately to Puskesmas (health center) or hospital.

In the case that the Health Card is completed by a health volunteer, the healthcare provider should review, and immediately make corrections if there are any mistakes to prevent an incorrect evaluation.

Neonatal Health Care Record

Neonatal Examination

Page 43:

- KN1 : Date of the first newborn examination (1-7 days) by the healthcare provider.
- KN2 : Date of the second examination (when the newborn is > 7 days, to be completed by the healthcare provider)

Note: when there are more than two visits, fill in the next column.

Mark (+) when the following symptoms are identified, otherwise mark (-):

- Possible convulsion : Tremor or uncontrolled movement, pouted mouth, stiff body or the baby cries in high tone.
- Breathing difficulty : Respiratory rate greater than or equal to 60 or less than 30 breaths per minute, cyanosis (blue tongue and lips), chest in drawn or wheezing on expiration.
- Hypothermia : Body temperature less than 36.5 0 C or cold arms and legs, drowsiness or below normal activity/movements
- Possible bacterial infections : Unconscious, feeding problems, swelling on fontanel, fever (> 37.5 C), chills, or other signs of infection (pus/skin rash, red eyes or red belly button)
- Icterus : Jaundice or feces with pale color
- Possible digestive problem : Vomiting, restless with enlarged belly, abdominal distension, excessive saliva, no bowel movement in more than 24 hours, blood in stool.
- Diarrhea : Unusual watery stool
- Breastfeeding problems or low body weight : Body weight is below the green line of Health Monitoring Card, breastfeeding is substituted with other meals, baby is breastfed less than 8 times a day.
- Other problems : Describe other findings (e.g., birth defect).

The healthcare provider should perform the following examinations when examining the newborn

- Procedure (Therapy/Referral/Feedback)
Procedure
Therapy : Procedure/medication and dose being administered
Referral : Write referral and name of referral site
Feedback : Write the feedback provided

Immunization

Page 43

- Date : date of each immunization administered
Others : other type of immunization administered to the child

Prior to administering immunization, the healthcare provider should provide counseling on types, purpose, and schedule of the immunization (see pages 24 and 25).

Exercise for recording: Record of the postpartum mother, Child growth monitoring chart, child healthcare services (neonatal care and immunizations)

Case 5

On 12 January 2003, Mid. Ani visited the Sunarto's family to provide follow up care for Mrs. Tina and the newborn.

Findings of the examination on the newborn: weight 2,900 grams, dried umbilical cord, strong breastfeeding, no signs of convulsions, breathing difficulty, hypothermia, infections, icteric, digestive problem, diarrhea, low body weight, or breastfeeding problem. The baby moves actively, and cries loudly.

Mrs. Tina reported dizziness and little hemorrhage.

Findings of the examination on Mrs. Tina: blood pressure was 110/70 mmHg, pulse 76 times/ min, respiratory rate 22 breaths/min, body temperature 37.1 0 C. normal uterus contractions, hemorrhage ± 2 spoons, lochia doesn't smell/ not malodorous, no urine or stool problems, no breastfeeding problems.

Mid. Ani provided Hepatitis B immunization to the baby.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

1. Complete the Mother's section on pages 16-17 of the MCH handbook based on the examination results of Mrs. Tina (postpartum mother), child section on pages 40-41 (Health Card), page 43 (neonatal care).

2. Complete the mother and child sections according to the postpartum and neonatal care provided by midwife Ani.
3. Mark with (✓) on Mrs. Tina's MCH handbook, advice provided by midwife Ani based on the examination results of Mrs. Tina and her newborn, and record in the appropriate pages.

Provision of Vitamin A

Page 44:

Fill in the year and date of vitamin A provision in February and August. If vitamin A is not provided to the child, mark (-) in February and August.

If the vitamin A is provided neither in February nor August, write the month in the column of year previously completed. Prior to providing vitamin A, the healthcare provider should provide information on the benefits and schedule for vitamin A provisioning (see page 25).

Suggestions on stimulating child development and advice on child feeding

Page 44:

Fill in the date, month, and year when you give suggestions on stimulation for child development and feeding in the column provided for each age group. Otherwise, mark (-).

Explain how the mother should stimulate child development, such as on page 3 (talk to your baby frequently while caressing your stomach with your hands after 4 months of pregnancy).

Each age group has at least 4 abilities that can be performed in the last month. These abilities include 4 aspects, i.e. rough and smooth motor skills, speech/language skills, cognitive skills, and psycho-social skills.

Example on page 29:

A 9-month old baby is able to sit by him/herself, enjoys playing, clapping his/her hands, says ma-ma da-da, and is able to hold a biscuit without any assistance.

If a child is unable to perform one or more aspects, there may be a problem in child development. Hence, the provider should identify its cause. If a serious illness or abnormality were present, immediately refer to adequate medical facility such as the Puskesmas or hospital. Otherwise, provide frequent stimulation. Advise to the parents for follow up visit the following month.

Remind the mother that stimulation for child development can be performed as frequently as possible at home.

Monitor child development by age group with the following monitoring frequency:

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

Advice on child feeding should be in accordance with the child's age. Breastfeeding is important for the newborn until he/she becomes just passes 2 years old.

When providing advice on stimulating child development and feeding, the healthcare provider may refer to the following pages of the MCH handbook:

Age	Advice on Stimulating Child development	Advice on Child feeding
0-30 days	Page 22	Page 20 & 26
1-6 months	Page 26 & 27	Page 26
6-12 months	Page 28 & 29	Page 28
1-2 years	Page 30 & 31	Page 30
2-3 years	Page 32	Page 32
3-5 years	Page 33	Page 33

If neither the mother nor the health volunteer understands, ask the healthcare provider for further explanation.

Record of Illness and Development Problem

Pages 45 and 46:

- Date : Date of examination
- Illness / Problems : Illness or child development/feeding problem reported or found
- Procedure Therapy : medication and dose administered
- Referral : Write 'referred' and name of the referral site
- Feedback : Write any feedback provided
- Remark : Fill in the name of examiner, healthcare facility and signature of examiner.

Exercise for recording: Record of the postpartum mother, Child growth monitoring chart, child healthcare services (neonatal care, immunizations, , Vitamin A, and IMCI)

Case 6

Midwife Ani visited Mrs. Tina and her child named Bayu Laksono (3 weeks old) to provide postpartum care and neonatal care. The findings from the examination: Bayu looks healthy, no signs of infections. According to the mother, Bayu was only breastfed whenever he wants. Bayu weighed 4.4 kg. Responding to midwife Ani's question, Mrs. Tina said that Bayu often looked at her, made sound and smiles a lot. She also said that Bayu actively moves his arms and legs. The findings of examination on the mother: her Bp (blood pressure) was 110/80 mmHg, pulse rate 80 per minute, breathing rate 20 breaths/minute, body temperature is 37.2 C. Findings of other examinations, everything was normal. Bayu was only breastfed. Mid. Ani provided some advice on Family Planning to Mrs. Tina.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

1. Complete the Mother's section on pages 16 and 17 of the MCH handbook according to the examination findings of Mrs. Tina (postpartum mother), child section on pages 40-41 (Health Card), page 43 (neonatal care), and page 44 (advice on stimulation for child development and feeding)

2. Complete the mother and child sections based on the postpartum care and neonatal care provided by midwife Ani.
3. Mark Mrs. Tina's MCH handbook with (✓) for advice provided by midwife Ani according to Mrs. Tina and her baby's conditions. Fill in the corresponding pages.

Case 7

Bayu Laksono, 9 months old, was taken to the Puskesmas (health center) Sawangan because of coughing and influenza. Midwife Mariana examined him, and the findings are: breathing rate is 32 breaths/minute, no signs of breathing difficulty and no fever, as Mrs. Tina reported. Bayu weighed 7.5kg. According to Mrs. Tina, Bayu weighed 8kg last month.

Mrs. Tina said that Bayu is still breastfeeding, eats porridge and fish, spinach and fermented soybean (tempeh), three times a day. Bayu is often fed papaya and biscuits twice a day. Mrs. Tina also said that Bayu had been given vitamin A blue capsule. According to immunization records, Bayu hasn't had Measles and Polio 4 vaccines. Other immunizations were provided in the previous months.

When Midwife Mariana asked about Bayu's development, Mrs. Tina said that Bayu can sit by himself, move things from one hand to another, and scream excitedly when he sees attractive toys. Yet, Mrs. Tina said that Bayu cannot hold bread on his own.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

1. Complete the Child's section on page 40 – 41 (growth monitoring chart), page 43 (immunization record), page 44 (provision of vitamin A and advice on stimulating child development and baby feeding), and p.45 (history of illnesses and development issues).
2. Complete the sections above according to the findings on neonatal care for Bayu provided by Midwife Mariana.
3. In Mrs. Tina's MCH handbook, mark (✓) on the advice provided by Midwife Mariana according to Bayu's health status, and write on the corresponding pages.

Case 8

Mrs. Tina takes Bayu Laksono, 13 months old, to Posyandu (integrated village health post) Lestari for weighing. Ms. Nurul, a nutritionist, sees a cadre put a check mark on the Health Card indicating Bayu's weight as 10kg. When asked Bayu is ill, Mrs. Tina said that Bayu is not ill. When Ms. Nurul assesses Bayu's development, the boy is unable to walk. Bayu repeats simple words when Ms. Nurul encourages him to talk. When given a peanut, Bayu can already pinch/hold it. When asked if Bayu has had vitamin A, Mrs. Tina responds that Bayu hasn't had vitamin A in February.

Use the MCH handbook for Mrs. Tina's case study

Tasks:

1. Complete the Child section on pages 40 – 41 (Health Card), page 44 (vitamin A provision and advice on stimulating child development and feeding), and page 45 (history of illness and child development issues).
2. Complete the sections above according to the findings on neonatal care provided by Ms. Nurul (cadre).
3. In Mrs. Tina's MCH handbook, mark (✓) on advice provided by Ms. Nurul regarding Bayu's status, and write on the corresponding pages.

VI Supervision and monitoring of the MCH handbook

1. Supervising the Use of the MCH handbook.

a. Supervise mothers/ pregnant mothers to use the MCH handbook at all times

Encouraging mothers to use the MCH handbook can be accomplished during the service provision.

Ask the following questions:

- Did you bring the MCH handbook?
- Have you read the MCH handbook?
- Is there anything that needs clarification or you want to inquire about?
- Have you followed the instructions in the MCH handbook?

If the answer is YES and she has no questions, praise the mother and advise her to continue good practices for maternal and child health. If the answer is No/Not Yet, remind her to always bring the MCH handbook, read it whenever she has time, and apply the messages of the MCH handbook in her daily life. If the mother has difficulty in reading and understanding the MCH handbook, the cadre and the healthcare provider should read it for her and help her understand.

b. Supervising health volunteers to assist mothers to use the MCH handbook

Counseling health volunteers to always use the MCH handbook can be performed by the healthcare provider at the end of the day after provisioning of services at the Posyandu (integrated village health post) or any other possible occasion. Ask the following questions to the health volunteers:

- Have you read the MCH handbook?
- Did you fill out the child growth chart in MCH handbooks?
- Is there anything that needs clarification or are there any questions you want to ask?
- Are there families who use the MCH handbook in your area?

If the health volunteer's answer is Yes, compliment her/him, and encourage her/him to continue the good practices for maternal and child health.

If the answer is No, remind her/him to read the MCH handbook more often whenever she has the opportunity, motivate mothers to apply the messages of the MCH handbook at home. Also encourage health volunteers to establish groups of pregnant mothers, breastfeeding mothers, and mothers of toddlers/infants.

c. Supervising healthcare providers to use the MCH handbook during service provisioning

Counseling healthcare providers to use the MCH handbook during service provisioning can be provided gradually through supervision, regular meetings at the Puskesmas (Health center), or through correspondence.

Verify the following items with the healthcare provider:

- During service provisioning, observe whether or not the provider uses the MCH handbook. Check the average number of maternal and neonatal care being provided using the MCH handbook.
- Randomly take MCH handbooks, check whether or not the provider uses the MCH handbook and completes the Health Card when the cadre misses it.
- Check if there are MCH handbooks available in the storage room.
- Check whether or not a schedule/record of MCH handbook supervision exists.
- Review record of monthly meetings whether or not the MCH handbook was discussed.
- Ask the healthcare provider the progress of counseling for mothers and health volunteers

2. Monitoring and evaluating the use of the MCH handbook

- a. To monitor the use of the MCH handbook, use a measurement of MCH handbook coverage for pregnant mothers, with the following formula:

$\frac{\text{Total pregnant women who received the MCH handbook}}{\text{Total target of pregnant women within the work area in a year}} \times 100 \%$
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If the MCH handbook is well-utilized, the coverage of the MCH handbook is equal to the antenatal care (K1) coverage. If the MCH handbook coverage is less than the (K1) coverage, the provider should cover the mothers with K1 but has no MCH handbook, by utilizing Mother Cohort Register.

- b. To evaluate the effectiveness of the use of MCH handbook, an assessment is conducted to assess mothers' compliance to bringing the MCH handbook and her understanding of the MCH handbook completed by the healthcare provider. This evaluation is conducted using rapid assessment on annual basis – the assessment time is subject to the local Puskesmas policy. Use the Report of Mothers' compliance bringing the MCH handbook as show in the next page. Randomly select 40 pregnant, partum, and postpartum mothers and 60 newborn/under-five children who have MCH handbook.

- Assessing mothers' compliance to bringing the MCH handbook

$\frac{\text{Total pregnant, partum, and post-partum women who brought the MCH handbook}}{\text{Total samples: 40 pregnant, partum, and post-partum women who visited healthcare providers}} \times 100 \%$
$\frac{\text{Total neonates, infants, and children who brought the MCH handbook}}{\text{Total samples: 60 neonates, infants, and children who visited healthcare providers}} \times 100 \%$

Score the total pregnant mothers and infants who bring the MCH handbook during visits. If the compliance score is less than 80%, the health volunteer and healthcare provider should work harder in counseling the mothers to bring the MCH handbook every time they visit the healthcare facility.

Report of Women's Compliance to Bringing the MCH

Puskesmas/Facility : Month: Year:

Address :

Healthcare Facility	Pregnant/Partum/Postpartum Women			Infants		
	Total sample have MCH Handbook	Total sample bring MCH Handbook	% sample bring MCH Handbook	Total sample have MCH Handbook	Total sample bring MCH Handbook	% sample bring MCH Handbook
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	40			60		
	40			60		
	40			60		
	40			60		

Scoring system:
 % of women who brings the MCH Handbook (4) = (3)/(2) x 100%
 % of infants who brings the MCH Handbook (7) = (6)/(5) x 100%

Reviewed by: _____ Date:

Head of Puskesmas or _____
 District Health Office _____
 Assessor _____

- Assess the completeness of recording in the MCH handbook recorded by the healthcare provider for pregnant, partum, postpartum mothers and for neonates, infants, and toddlers.

Total MCH handbooks of pregnant, partum, and post-partum women which are fill out completely	x 100 %

Total samples: 40 MCH handbooks of pregnant, partum, and post-partum women	

Total MCH handbooks of neonates, infants, and children which are fill out completely	x 100 %

Total samples: 60 MCH handbooks of neonates, infants, and children	

Score how many MCH handbooks have been properly completed (C) and those that are incomplete (IC). Complete means the healthcare providers comprehensively and properly write the identity and health records in the MCH handbook. If an item is not completed or completed incorrectly, write (IC).

If the score is less than 60%, increased counseling to healthcare providers should be provided by the Head of Puskesmas and supervisor from the Provincial and District Health Offices.

It is also necessary for private sectors that publish and/or distribute MCH handbooks to provide counseling, monitoring and evaluation of MCH handbook use and report such findings to the Puskesmas and cc to Provincial/ district health offices.

Report of Assessment on Completeness of Data in the MCH Handbook

Puskesmas/Facility : Month: Year:
 Address :

No	Assessed Item	Sample	Complete	Incomplete	% of Completeness
(1)	(2)	(3)	(4)	(5)	(6)
1.	Family Identity	40			
2.	Maternal Care Record	40			
3.	Birth Information	60			
4.	Newborn Identity	60			
5.	Health Card	60			
6.	Newborn Care Record	60			

Scoring system:

% of complete information on family identity (6.1) = $(4.1)/(3.1) \times 100\%$

% of complete information on maternal care record (6.2) = $(4.2)/(3.2) \times 100\%$

% of complete information on birth information (6.3) = $(4.3)/(3.3) \times 100\%$

% of complete information on neonatal identity (6.4) = $(4.4)/(3.4) \times 100\%$

% of complete information on Health Card (6.5) = $(4.5)/(3.5) \times 100\%$

% of complete information on neonatal care record (6.6) = $(4.6)/(3.6) \times 100\%$

Reviewed by:
 Head of Puskesmas or
 District Health Office

Date

Assessor

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