

**Health Card to be maintained by Link Workers
Maternal Health /Child Health /Family Planning
MNGO Scheme**

Name of MNGO:

2009-10

Source of Information: Mamata Card

MNGO Code									Village Code				
Mamta-Card No.		House No.		District		Taluka		PHC		SC			
Village		Street		BPL	Y	N	Form fill up Date		Name			Age	

Ante Natal Care (ANC)

Visit Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Remark
Date													
No. of ANC Visits													
Visitors													
Gestation Months													
Hb / Anaemia**													

** : N - Normal, Ni - Mild, Mo - Moderate, S - Severe

Delivery and Outcome

Date of delivery	Outcome*				Sex	Delivery Place	Use of 108		Janaji Suraksha Yojana		Chiranjivi Yojana		Delivery Attendant	Birth Weight	Date of Birth Registration at Panchayat
	LB	SB	Sp. Ab	In. Ab			Y	N	Amount	Month /Year	Y	N			
							Y	N			Y	N			
							Y	N			Y	N			

*: LB: Livebirth; SB: Stillbirth; Sp.Ab: Spontaneous Abortion; In.Ab: Induced Abortion

Postnatal Follow up (PNC)

Postnatal Visit	Visitors	Complications				First Breast Feeding	1 st Bath
		Woman		Child			
Within 1 hour							
1st Day							
3rd Day							
7th Day							
1 Month							

Family Planning Status

Visit Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Remark
Date													
No. of Living Children													
Male													
Female													
FP Method Used*													

*V: Vasectomy NSV : NSV T: Tubectomy I: IUD OP: Oral Pills C: Condoms O: Others

Infant Care

Primary Immunizations (Till 1 year):

BCG*	DPT*			Polio*			Measles*	Vitamin A 1 st Dose*	Remark
	1	2	3	1	2	3			

*Put Age at immunization in months

Growth Monitoring (Information of last three children) (For 0-3 years Children)

Child 1 Name:

Date of Birth:

Visit Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Remark
Date													
Weight													
Malnutrition Grade													
Date													
Weight													
Malnutrition Grade													

Child 2 Name:

Date of Birth:

Visit Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Remark
Date													
Weight													
Malnutrition Grade													
Date													
Weight													
Malnutrition Grade													

Child 3 Name:

Date of Birth:

Visit Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Remark
Date													
Weight													
Malnutrition Grade													
Date													
Weight													
Malnutrition Grade													

Mortality

Mother Death

Date	Place	During			Medical Reasons
		ANC	Delivery	PNC	

Infant Death (0 – 1 Year)

Name of Child	Date	Place	Age (in months)	Medical Reasons