

SURVEILLANCE CARD FOR MARRIED WOMEN FOR BETTER OBSTETRIC PERFORMANCE*

by

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Summary

A simplified, extremely informative and action-oriented card to be retained by the mother has been devised for the married women and tried out in a rural community with the help of Community Health Workers. Through these cards and with similar ones for children under six years of age, it is possible to cover the entire vulnerable community for surveillance even in a remote area and provide necessary and timely help for better obstetric performance. This could also include the planning of families and a reduction in perinatal and young child mortality and morbidity.

All the obstetric departments of teaching institutions, many maternity hospitals, health centres and sub-centres have records for antenatal and postnatal care. However, at times these records are incomplete although they are filled out by trained medical personnel. They serve as complex clerical records and are cumbersome for providing clear cut information for a timely line of action. They do not provide any education to the women for whom they are meant. A new simplified card has been devised and tried out in the rural community since 1974.

**Based on the study carried out at the Kasa Model Integrated Mother-Child Health-Nutrition Project (Sponsors: Governments of India and Maharashtra and CARE-Maharashtra).*

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Material and Methods

A woman's card (Fig. I & II) has been tried out in 60 villages, having a population of 56364, under the Kasa Integrated Mother-Child Health Nutrition Project at the Primary Health Centre (PHC), 128 km north of Bombay. There were 9845 married women in the age group of 15.45. women who had no chances of becoming pregnant were excluded from the study. In all 5263 married women were kept on these cards from 1974 onwards. The thick pink cards printed in the vernacular were retained by each woman in a plastic cover and duplicate cards on thin white paper were kept with the Part-Time Social Worker (PTSW) (Shah, Junnar-kar and Dhole, 1974), (Shah, 1976). At the Kasa Project, PTSWs were from the local villages, each looking after a population of about 2000 in 2 villages. They approached all children under 6 years of age and all married women at least once a month and entered their findings in the child's and woman's card.

Use of the mother's card

The following method was used to complete a woman's card: On the first page of the folded card, the worker was supposed to enter the name of the village, the date of preparation of the card, the full name of the woman, her address, her age, the age of menarche and her age of marriage. Sometimes PTSW had to take help of other family members or neighbours for logically ascertaining the appro-

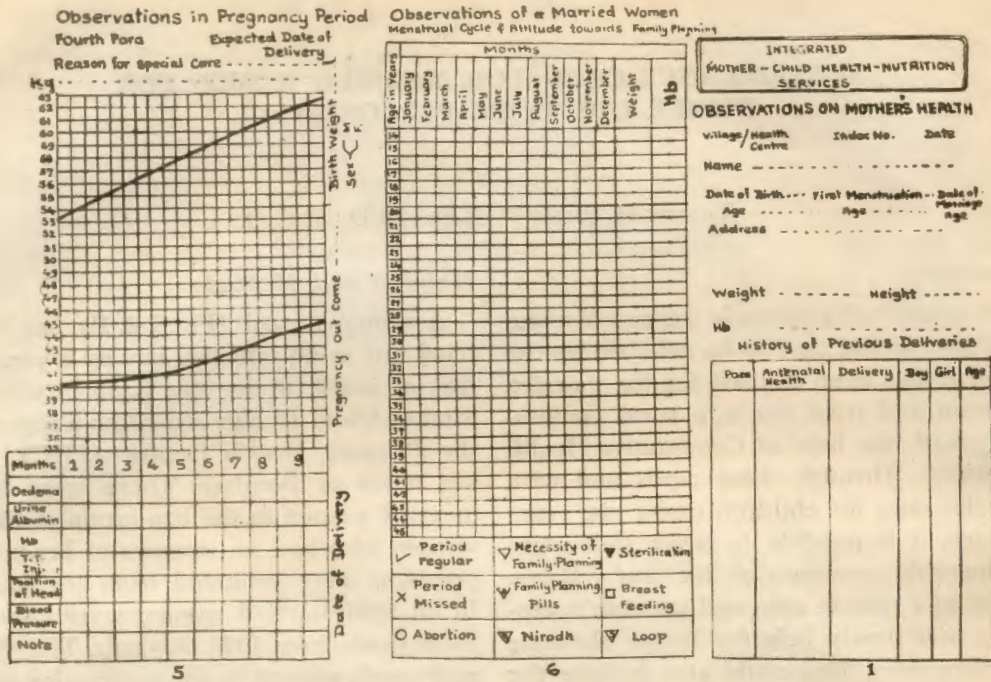


Fig. 1

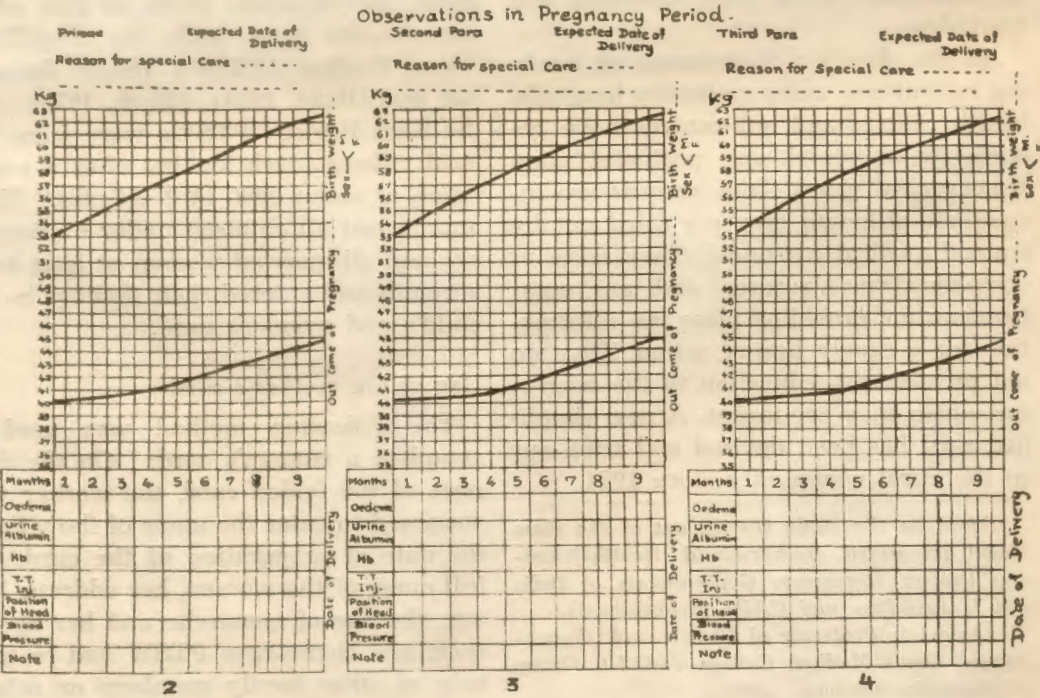


Fig. 2

ximate age of the woman by indirect evidence and events, such as the ages of her children. The woman's weight and height were taken by the PTSW and entered in the card. The weight was taken on a portable spring balance salter scale and the height was taken against a wall. Information about previous obstetric performance was entered in a tabular form on the first page of the card. The sixth or back central page of the folded card was then filled. This page is found to be extremely informative. The table on this page has a number of columns for the months of a year and the age in years from 14 to 45. At the bottom of the table various symbols are printed indicating menstrual cycle, missed cycle, lactation, having an abortion, taking pills, using condom, having loop, a case for planning the family, and permanent method of family planning adopted. The PTSW had to enquire about the menstrual cycle against the calendar month and age of the woman.

If a woman missed her period then that history was confirmed the next month and the second page of the folded card was used during the pregnancy. The mother was visited by the PTSW every month. Fortnightly visits were made during the 8th month and in the last month weekly visit were advised. The PTSW weighed the mother and plotted the weight on the graph against the month of pregnancy. There are two curves on the weight chart. The lower curve was based on the findings obtained from a study carried out at the Kasa Project.

Information about mothers who delivered a newborn with 2.8 kg and above and whose pre-pregnancy weight and weight during various months of pregnancy were entered on the card and were available at the Kasa PHC villages. The

mean pre-pregnancy weight of these women who delivered babies weighing 2.8 kg and above at birth was 40.2 kg and the mean gain in weight during pregnancy was 5.0 kg. They gained 600 gms. by the fifth month of pregnancy and thereafter the approximate gain in weight was 1 kg per month. The upper curve on the chart represents the mean weights of the Abardeen women who had a satisfactory weight gain during pregnancy and their newborns had a birth weight of 3.3 kg. (Hyttén and Leitch, 1964). These two lines are placed with a view to educate the women to attempt to attain a weight between the two lines on the card if they wish to have a baby with good birth weight.

PTSWs also looked for oedema of the feet and legs, and if oedema was observed, they were instructed that the urine should be examined for the presence of albumin by the Auxiliary Nurse Midwife (ANM). An ANM should examine the haemoglobin and enter the value against the column and ensure that two doses of Tetanus Toxoid are given during pregnancy. The findings on abdominal palpation, particularly with reference to presentation, are to be entered by the ANM or the Medical officer. Recording of B.P. was done by a doctor and the PTSW, ANM or doctor put down comments and their signature in the remarks-column. At the top of these pages of pregnancy records, the worker entered the parity of the mother and the ANM put down the expected date of confinement. Against the column of 'At risk' the following indications for 'At risk' were mentioned, if present. (Shah, Junnarkar & Dhole 1976; Shah 1977)

— weighs 38 kg or less before pregnancy:
or weighs 42 kg or less at the 34th week of pregnancy.

- is less than 145 cm in height.
- is severely pale.
- has a child from a previous delivery who weighed less than 2 kg.
- had swollen legs while pregnant or having swollen legs at time of examination.
- has high blood pressure.
- below 18 or above 30 years old and primipara.
- is 35 years old or above at the time of pregnancy.
- has a history of abortion or still-birth during a previous pregnancy.
- during a previous pregnancy, lost her child within one month.
- is carrying her fifth or later child.
- has a history of bleeding during pregnancy.
- doubt about her having twins.
- had a previous caesarian delivery.
- has jaundice.

All the "At-risk" cases are necessarily shown to the ANM or Nurse-midwife on their visit to the village. Entry of the date of delivery, outcome of pregnancy, sex of child and birth weight is made on the same page. Provision for the record of three or more pregnancies is made on 3rd, 4th and 5th page of the folded card.

Comments

It is the experience of many centres that whenever the mothers have been allowed to keep their records and their children's records, they have kept them safely so that these could be produced whenever needed, (Morley, 1966; Morley, 1977). A self-retained card minimises waiting time before examination. Moreover, for those engaged in home visiting, they do not have to carry these records with them. At the WHO-aided project on "Domiciliary Treatment of Protein Calorie Malnutrition" a long and broad

eight page card having four folds was prepared (Shah & Junnarkar, 1974) and was very much simplified and modified at the Kasa Project.

Cards retained by the mother these were devised and tried out in the community have been found to very useful, information and simple. It could be used by Community Health Workers like PTSWs so that all the eligible women could be put on cards. It was the experience at the Kasa Project that whenever the PTSW entered the village or a hamlet, it was a common sight to see the children and women coming out with a plastic bag containing their yellow and pink cards.

Through these women's cards it was possible to get the complete information about the women in the community (Table I). The PTSW and ANM are able to analyse this information and can provide the data on all the married women in a village, the number of women menstruating, those who have missed their cycles recently, the number of women in first, second and third trimester of pregnancy and the names of those who would be due to deliver during the next month. The information was also available on those who were "At risk", abortions and still-births during the month, and who received tetanus toxoid. The records provided details on pre-pregnancy weight and weight gain during pregnancy, names of those who delivered by trained or untrained traditional birth attendants (Dais) or ANMs and if any had complications of delivery. The menstrual registry prepared out of the data, provided information on the number of couples eligible for sterilization, termination of pregnancies, menstrual regulation or any other contraceptive appliances.

TABLE I
Reporting Design on Menstrual Registry for a Community
For the month of November, 1976
Information from 58 villages of the Kasa Project

Infor- mation from	Total Married women's cards	Pregnancies			'At risk preg- nant wo- men	Outcome of Pregnancy Labour conducted by	Mat- ernal deat- hs	Peri- natal deat- hs	Information on		Eligible Couples							
		I Tri- mes- ter	II Tri- mes- ter	7th Mon- th					8th Mon- th	9th Mon- th		Family planning	Sterilised Using					
									Male	Female								
									Loop	Con- dome								
58 Villages	5263	54	138	60	38	57	10	347	36	28	28	nil	NR	622	11	62	49	NR

The card is very simple and extremely informative. 60% of the PTSWs in the Kasa Project were male workers and they could also complete the cards. Through these cards and a similar child's card it is possible to cover all married women children under six years of age in a community for providing the necessary curative, preventive and promotional services with the help of somebody from the local community like a PTSW. A system of community Health Workers like PTSWs and women's cards simplifies the assignments of an ANM who has to see only "at risk" pregnancies and then decides on the cases about which she should communicate to the local dai. In cases of sterility the card helps in identifying them for reference to a doctor. The card becomes a useful guide to the Medical Officer in cases of reference and it is an excellent source of detailed information for research about the community. The card, its duplicate and a plastic cover costs Rs. 0.35 (£ 0.022). The same plastic cover can be used for the cards of children under six years of age in the family. For a village with 1000 population it costs Rs. 100/- (£ 6.50) to provide cards to all the woman for their entire reproductive period and for new entrants for ten years.

Acknowledgements

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