

Referral Criteria

	Non-emergency (as soon as possible)	Emergency (Immediately)
Pregnancy	Severe anemia Fever Pain/burning when urinating White discharge Itching/Scabies/Abscess/boil with pus on skin Bad obstetric history Multiple pregnancy Malpresentation Night blindness Antenatal Care : including iron-folic tablets and tetanus toxoid injections Suspicion or knowledge of high BP	Bleeding from vagina/ Spotting Loss of fetal movements Headache and blurred vision Swelling of face and/or hands Convulsion/ Fits¹
Delivery		Prolonged labour – Delivery does not occur within 24 hours of onset of mild labour Abnormal presentation of baby – any part other than head comes out first Mother is having excessive bleeding Retained placenta – placenta not delivered within 30 min Mother is unconscious or is having fits Prolonged rupture of membranes (>24 hours) Large laceration of vagina or uterus

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Postpartum 1-28 days	Newborn vaccinations Mother has swollen, red, painful breast Fever	Mother Foul-smelling vaginal discharge with fever more than 100° F (37.8° C) Excessive postpartum bleeding – changing more than 5 pads in 24 hours Fits Fever, very sick Abnormal speech or behaviour Baby Baby has breastfeeding problem not solved by ASHA's counseling and home management Baby has danger signs : - not responding to antibiotic treatment after 24 hours - becomes yellow (jaundice) – on first day or jaundice persists after 14th day - bleeding from nose, mouth, or anus - convulsions - temperature continues less than 95° F (35° C) even after re-warming for 24 hours - Tetanus (stiffness after 4th day, unable to suckle and open mouth)