
How to Train ASHAs in Home-Based Newborn and Child Care



Mother and Newborn Referral Card Booklet
SEARCH, Gadchiroli

How to Train ASHAs in Home-Based Newborn and Child Care



Mother and Newborn Referral Card Booklet
SEARCH, Gadchiroli



Produced and published by 'SEARCH',
(Society for Education, Action and Research in Community Health)
Gadchiroli - 442605, India
E-mail : search@satyam.net.in

© Society for Education, Action and Research in Community Health (SEARCH), 2010

This training manual and the various aids with it are protected by the copyright act, and should not be reproduced or copied in any form - print, electronic, audio or other, without permission from SEARCH. SEARCH welcomes requests for the use of this manual and material by the state governments and voluntary organisations for non-profit purpose

Printed by : Ravindra Arts, Nagpur

First edition : January 2010

**Printing of this manual has been financially supported by :
The National Health Systems Resource Centre, New Delhi**



Produced and published by 'SEARCH',
(Society for Education, Action and Research in Community Health)
Gadchiroli - 442605, India
E-mail : search@satyam.net.in

© Society for Education, Action and Research in Community Health (SEARCH), 2010

This training manual and the various aids with it are protected by the copyright act, and should not be reproduced or copied in any form - print, electronic, audio or other, without permission from SEARCH. SEARCH welcomes requests for the use of this manual and material by the state governments and voluntary organisations for non-profit purpose

Printed by : Ravindra Arts, Nagpur

First edition : January 2010

**Printing of this manual has been financially supported by :
The National Health Systems Resource Centre, New Delhi**

Referral card

Referral of newborn :

Name of mother: _____ Name of village: _____

Gestation: _____ months _____ days Birth weight: _____

Whether cried immediately after birth: Yes / No

Problem for which baby is being referred: _____

Treatment given so far:

Name of medicine

Given for how many days

1.

2.

3.

Date

Name of ASHA

Referral card

Referral of newborn :

Name of mother: _____ Name of village: _____

Gestation: _____ months _____ days Birth weight: _____

Whether cried immediately after birth: Yes / No

Problem for which baby is being referred: _____

Treatment given so far:

Name of medicine

Given for how many days

1.

2.

3.

Date

Name of ASHA

Referral card

Referral of mother :

Referral (encircle the appropriate): During pregnancy / during delivery / after delivery

Name of mother: _____ Name of village: _____

ANC care received:

TT injections: One / two

ANC check-up: One / two / three times In PHC / sub center/ ANM / Private hospital

Problem for which mother is being referred: _____

Treatment received:

Date

Name of ASHA

Referral card

Referral of mother :

Referral (encircle the appropriate): During pregnancy / during delivery / after delivery

Name of mother: _____ Name of village: _____

ANC care received:

TT injections: One / two

ANC check-up: One / two / three times In PHC / sub center/ ANM / Private hospital

Problem for which mother is being referred: _____

Treatment received:

Date

Name of ASHA

