



मौलाना आजाद मेडिकल कॉलेज  
तथा संधित लोकनायक  
गोविन्द बल्लभ पन्त चिकित्सालय एवं  
गुरु नानक नेत्र केन्द्र, नई दिल्ली-110 002  
**MAULANA AZAD MEDICAL COLLEGE**  
and Associated Lok Nayak  
Govind Ballabh Pant Hospitals and  
Guru Nanak Eye Centre, New Delhi-110 002

23<sup>rd</sup> September 2015

Dr. Prema ramachandran  
Director  
Nutrition Foundation of India  
New Delhi

Research Proposal: **Calcium & Vitamin D Supplementation During Pregnancy**

Dear Dr. Ramachandran,

The Institutional Ethics Committee of Nutrition Foundation of India carefully considered the above mentioned research proposal in its meeting held on 30.5.2015. On behalf of the committee I wish to inform you that approval of the institutional Ethics Committee has been accorded to the above study subject to the following observations:

1. To incorporate the suggestions for study design/methods as recorded in the Minutes of Meeting of IEC on 30.5.2015
2. Modification of Hindi consent form as suggested

The IEC members present at the meeting were:

Dr. S Ramji  
Dr. Reva Tripathy  
Dr. D Dewan  
Dr. Sushma Sharma  
Mr. J S Sharma  
Dr. Sarath Gopalan  
Dr. Prema Ramachandran

Yours sincerely

Siddarth Ramji

Chairperson, NFI Institutional Ethics Committee  
Director-Professor, Deptt. of Paediatrics and Neonatology  
Maulana Azad Medical College, New Delhi

### STUDY INFORMATION SHEET

**Title of the Study:** Calcium and Vitamin D Supplementation during Pregnancy

**Investigator:** Amrita Pramanik under the guidance of Dr Prema Ramachandran (Director, NFI)

**What is the purpose of the study?**

Many studies in India have shown that vitamin D deficiency in many parts of India in pregnant women, infants and children. In view of the known adverse effects of vitamin D deficiency in pregnancy on mother-infant dyad, Delhi Government has initiated calcium and vitamin D supplementation in pregnant women attending antenatal clinic but often there is a change the brand of these supplements and sometimes there is a shortage of these supplements. In the present study we will provide one brand of Calcium and Vitamin D supplements regularly without interruption and record the regularity of supplement intake and also the course and outcome of pregnancy.

**What does this study involve?**

The study group will be provided with calcium and vitamin D supplementation by NFI; NFI will monitor regularity of supplement intake and followed up all women till delivery to document course and outcome of pregnancy. Data on regularity of supplement intake and course and outcome of pregnancy will be collected as and when they come to the antenatal clinic. There is no invasive procedure or risk associated with the study.

**Possible benefits:**

Calcium and vitamin D supplementation will be beneficial for the pregnant women who are deficient. Regular antenatal follow up will enable the health team to detect any problem during pregnancy and provide appropriate care.

**Possible risks:**

None.

**Cost to the participants:**

There is no cost to the participants. The supplement will be provided free of cost. Women have to collect the supplements when they come to the antenatal clinic for checkup.

**Compensation:**

No compensation will be given. Calcium and vitamin D supplements will be given free of cost till delivery.

**Confidentiality of the information:**

Confidentiality regarding the privacy of the information will be maintained. Individual identity will not be disclosed.

**How will your decision 'Not to participate' in the study affect the care that you receive?**

Your decision not to participate in this research study will not affect your relationship with the health and nutrition services. You will continue to have access to all the services provided by the 'Centre'.

**Contact persons:**

For further information/ questions, you can contact any one of us at the following address:

Dr. Prema Ramachandran  
Director, Nutrition Foundation of India,  
C 13 Qutab Institutional Area,  
New Delhi 110016  
Ph: 26965410/26857814/26962615/9891485605

Amrita Pramanik  
Nutrition Foundation of India,  
C 13 Qutab Institutional Area,  
New Delhi 110016  
Ph: 09432183902

MsAnshu Sharma  
Nutrition Foundation of India,  
C 13 Qutab Institutional Area,  
New Delhi 110016  
Ph: 26857814/9810117301

**Consent Form**

**Title of the Study:** Calcium and Vitamin D Supplementation during Pregnancy

**Investigator:** Amrita Pramanik under the guidance of DrPrema Ramachandran (Director, NFI)

I....., wife of.....a resident  
of.....

.....have been provided the study information sheet and have read the information in it/ have had the study information sheet read out to me. I am over 18 years of age, and exercising my free power of choice, hereby willing to give my consent to be included in the study and further certify that:

- (1) I have fully understood the information provided about the study.
- (2) I have been informed that there are no known risks associated with this study
- (3) I am aware of the fact that I can opt out of the study and this will not affect my access to services in the hospital.
- (4) I have been provided information about individuals whom I can contact to seek clarification.
- (5) I have been told that my identity will be kept confidential if the data are presented or published.

**Name and Signature/ Thumb Impression**

.....(Name).....(Signature)

**Date:**..... **Time:**.....

**Witness**

I certify that the nature, purpose and potential benefits of the above study have been read out and explained to participant.....(vernacular) and all her queries have been satisfactorily answered.

**Name and Signature of witness:**

.....(Name).....(Signature)

**Date:**..... **Time:**.....

**Address of the witness :**

.....  
.....

### अध्ययन सूचना पत्र

**अध्ययन का शीर्षक-** गर्भावस्था में कैल्सियम और विटामिन 'डी' की पूरकता का प्रभाव ।

**जांचकर्ता** - डॉ. प्रेमा रामाचंद्रन ( निर्देशक: एन. एफ. आई. )

### **अध्ययन का उद्देश्य**

भारत में हुए काफी अध्ययनों से यह पता लगा है कि गर्भवती महिलाओं व बच्चों में विटामिन 'डी' की कमी है । गर्भावस्था में हुई विटामिन 'डी' की कमी का प्रभाव बच्चों में देखते हुए दिल्ली सरकार ने कैल्सियम और विटामिन 'डी' की गोलियाँ देना शुरू कर दिया है । सरकारी अस्पताल में कैल्सियम और विटामिन 'डी' की गोलियों के ब्रांड में बदलाव होते रहते हैं, और जिनकी वजह से महिलाओं में विटामिन 'डी' व कैल्सियम की कमी पूरी नहीं हो पाती तथा गर्भवती महिलाओं को नियमित रूप से गोलियाँ भी नहीं मिल पाती । इस अध्ययन से हम उन्हें एक ही ब्रांड की कैल्सियम और विटामिन 'डी' की गोलियाँ देंगे तथा उनकी नियमितता को बनाए रखेंगे । प्रसव के बाद बच्चे की जन्म तिथि तथा वजन को भी दर्ज किया जायेगा ।

### **अध्ययन में क्या शामिल है?**

कैल्सियम और विटामिन 'डी' की गोलियाँ एन. एफ. आई. द्वारा दिए जाएंगे तथा उनकी नियमितता पर पूरा ध्यान रखा जाएगा । गर्भवती महिलाएँ जब कभी भी अस्पताल आयेंगी उन्हें गोलियाँ दी जाएंगी । इस अध्ययन में किसी को भी किसी भी प्रकार का कोई खतरा नहीं है ।

### **संभव लाभ**

कैल्सियम और विटामिन 'डी' की गोलियाँ गर्भवती महिलाओं के लिए लाभदायक है ।

### **संभव नुकसान**

कोई नहीं ।

### **भाग लेने के लिए लागत (खर्च)**

इस अध्ययन में भाग लेने के लिए कोई कीमत नहीं है। महिलाएं अस्पताल मासिक जाँच कराने आयेगी तथा गोलियाँ दी जाएगी जो उन्हें पूरे प्रसव तक खानी होगी ।

### **मुआवजा**

कोई भी मुआवजा नहीं दिया जाएगा ।

### **गोपनीयता**

आपके परिवार से ली गई व्यक्तिगत जानकारी को गुप्त रखा जायगा ।

### अध्ययन में शामिल न होने का आपके परिवार पर प्रभाव

अगर आप इस अध्ययन में शामिल नहीं होना चाहते तो इससे आपके परिवार के इलाज और स्वास्थ्य सेवाओं में कोई कमी नहीं आयगी। आपकी परिवार के सारी सेवाएँ जो आप पहले से ले रहे हैं, जिनके आप हकदार हैं लेना जारी रखेंगे। आप अध्ययन में शामिल होने के बाद निकलने का निर्णय कभी भी ले सकते हैं। इस अध्ययन में भाग लेना पूरी तरह से आपकी मर्ज़ी है और आपको हक है कि किसी भी समय बिना कारण बताएँ इस अध्ययन से स्वयं को निकाल सकते हैं। मगर हमारी सलाह है कि आप निकलने से पहले अध्ययन के जांचकर्ताओं से बात कर ले और कारण बता दें।

### जांचकर्ताओं से सम्पर्क

अधिक जानकारी या प्रश्नों के लिए आप निम्नलिखित पते पर सम्पर्क कर सकते हैं -

डॉ. प्रेमा रामाचंद्रन ( निर्देशक )

न्यूट्रीशन फाउंडेशन ऑफ इंडिया,

सी. १३, कुतब इंस्टीट्यूशनल एरिया,

नई दिल्ली- ११००१६

दूरभाष न.- 9891485605, 01126965410

**मंजूरी फॉर्म**

**अध्ययन का शीर्षक-** गर्भावस्था में कैल्सियम और विटामिन 'डी' की पूरकता का प्रभाव ।

**जांचकर्ता** - डॉ. प्रेमा रामाचंद्रन ( निर्देशक: एन. एफ. आई )

मैं----- निवासी ----- अध्ययन सूचना पत्र को पढ़ लिया है अथवा मुझे ये सूचना पत्र पढ़कर सुना दिया गया है। मेरी उम्र १८ वर्ष से ज्यादा है और मैं बिना किसी प्रकार के दवाब में अपनी मर्जी से इस अध्ययन में भाग लेने की अनुमति देती/ देता हूँ और प्रमाणित करती/ करता हूँ।

1. मुझे इस अध्ययन के बारे में उपलब्ध कराई गयी जांचकारी पूरी तरह समझ में आ गयी है।
2. मुझे मेरे अधिकारों और जिम्मेदारियों को जांचकर्ता द्वारा समझा दिया गया है।
3. मुझे बताया दिया गया है कि अध्ययन से क्या हानि और संभावित लाभ है।
4. मैं जांचकर्ता के साथ सहयोग के लिये सहमत हूँ।
5. मैं जानता हूँ कि किसी भी समय बिना कारण दिये मैं अपने को इस अध्ययन से निकाल सकता हूँ और इससे मेरे स्वास्थ्य सेवाओं में कोई कमी नहीं आयेगी।
6. मैं जांचकर्ता को अनुमति देता हूँ कि वो मेरे इस अध्ययन में शामिल होने से मिली जानकारी को स्पोसर अथवा गवर्नमेंट एजेंसी को दे सकते हैं।
7. इस अध्ययन द्वारा मिली सूचना को कहीं पेश किया जाएगा तो मेरी पहचान गुप्त रखी जाएगी ।
8. मुझे बताया दिया गया है कि अध्ययन के विषय में कोई सवाल होने पर किससे संपर्क करना है । मुझे इस अध्ययन के सूचना पत्र और मंजूरी फार्म की कॉपी भी दे दी गयी है।

नाम \_\_\_\_\_

हस्ताक्षर \_\_\_\_\_

घर का पता:

तिथि:

समय



ANTENATAL CARD - DEFENCE COLONY MATERNITY HOME

S.No. \_\_\_\_\_ Date of registration : (dd mm yy)      Place of origin : \_\_\_\_\_

Name of Subject \_\_\_\_\_ Husband \_\_\_\_\_ Family : Type ( J / N ) Size (no.) : \_\_\_\_\_

Age \_\_\_\_\_ (in Yrs.) Address \_\_\_\_\_

LMP: (dd mm yy)             EDD: (dd mm yy)   

Past Obstetric History	
Year of	
Anyantenatal complication 1 No 2 Yes 3 APH 4 PIH 5 Others	
Pregnancy Outcome 1 Spontaneous Abortion 2 Induced Abortion 3 Pre-term delivery 4 Term delivery	
Delivery Type 1 Normal 2 Vaginal instrumental 3 Operative/C, S/others	
Place of delivery 1 Hospital 2. MCH centre 3 Home	
Any complication during labour, delivery, puerperium 1 No 2 Prolonged labour 3 PPH 4 Severe sepsis	
Status of the baby: 1 Live 2 still birth	
Gestation: 1 Pre term 2 Term	
Status of the baby: 1 Normal 2 Asphyxiated 3 Congenitally	
Babys Weight: 1 LBW 2 Normal	
Sex of the baby 1 Male 2 Female	
1 Single baby 2 Twins	
Current baby status 1 Alive 2 Died within 7 days 3 Died in infancy/ later	

[illegible]

Gravida ☐ Para ☐ Abortion ☐ Live births ☐ Still Births ☐

Interval since last delivery/ abortion (Months) ☐ ☐

Systemic Diseases 1 No 2 Heart disease 3 hypertension 4 Diabetes 5 Other

Blood Grp	_____
Rh Factor	_____
VDRL	_____
Blood Sugar	_____
T.B.	_____
Other	_____

Rh Factor

VDRL

**Blood Sugar**  
T.D.

T.B.  
Other

---

## SOCIO-DEMOGRAPHIC CHARACTERISTICS

Marital Status 1CM 2 NG 3 S 4 DS 5 D 6 W 7 NM

Age of Marriage (years)

**Literacy status of Woman** 1 illiterate 2 can read or write 3 had schooling 4 College

If gone to school the highest grade completed

Literacy status of husband 1 illiterate 2 can read or write 3 had schooling 4 College

If gone to school the highest grade completed

Work status (Husband) 1.not working 2 Unskilled 3 Semi-skilled

4 clerk/small business 5 teacher/business/office worker 6 Professional

Work status (Wife) 1. House wife 2 Unskilled 3 Semi-skilled

4 clerk/small business 5) teacher/business/office worker 6. Professional

Diet 1 Vegetarian 2 Non Vegetarian

Monthly family income (Rs)

Which locality do you live in 1 Slum 2 Developing colony

Type of house	0 Kuccha	2 Semi Pucca	4.Pucca
---------------	----------	--------------	---------

Ownership of house 1 Own 2 Rented

No. of rooms in the house 1 One 2 Two 3 Three 4 More than three

**Toilet facility in household** 0 No facility 1 Shared Pit 2 Sulabh/own Pit 4 Own Flush

Means of transport 1 Public Transport 2 Bicycle 3 Scooter 4 Moped 5 Car

Cooking fuel used at home 1 Kerosene/charcoal 2 Gas/ Electricity 0 other

Drinking water source 1 Public Tap/handpump 2 Own arrangement in house

Means of entertainment 1 Radio 2 T.V. (B/W) 3 T.V. (colour)

Kitchenware in household 1 Clay 2 Aluminium 3 Cast Iron 4 Brass/Copper 5 Stainless steel



**GENERAL CONDITIONS**

Nutrition:

Pulse:

Heart:

Lungs:

Spleen:

Liver:

Breasts:

Teeth:

Thyroid:

Other:

**PRESENT PREGNANCY**

Height (cms) : \_\_\_\_\_

Visit	I	II	III	IV	V
Date					
Symptoms (No:1, Yes:2)					
Weakness/ tiredness					
Occ. Nausea/ Vomiting					
Constipation					
Abdominal pain					
In last 15 days					
Fever					
Diarrhoea					
Respiratory infection					
Gestation period(Wks)					
Uterine size(Wks)					
Weight (kg)					
Fundal height (cm)					
Abdominal girth (cm)					
Position / Presentation					
FHS : 1 Normal 2 Slow					
3 Rapid					

Danger Signs					
Extreme Fatigue					
Persistent nausea/vomiting					
Severe abdominal Pain					
Excess white discharge					
Persistent Fever					
Bleeding pv					
Headache / blurred vision					
Reduced urinary output					
Jaundice					
Convulsions					
Reduc./ loss foetal move.					
Hb (gm/dl)					
BP (Systolic)					
BP (Diastolic)					
Urine Alb 1 No 2 Yes					
Urine Sugar 1 No 2 Yes					
IFA once daily					
IFA twice daily					
IM Therapy					
TT Injections					

Details recorded within 24 hours of delivery [Delivery Date: \_\_\_\_\_]

**PREGNANCY OUTCOME** 1Abortion 2Delivery ☐ If abortion, 1 Spontaneous 2 Induced ☐  
 Gestation period (wks.) ☐ Weight \_\_\_\_\_ BP \_\_\_\_\_  
 Abortion at: 1Govt Hosp. 2 Private Hosp. 3 Home 4 MH ☐ Abortion by: 1Doctor 2 Dai 3 Other ☐  
 Delivery: Pain started at : \_\_\_\_\_ Membrane ruptured: \_\_\_\_\_ Mother's Condition: 1Healthy 2 Ill  
 3 Died ☐ If died, cause of Death \_\_\_\_\_ Mode of delivery: 1 Normal 2 Breech 3 Forceps  
 4 Vacuum 5 Operative (CS) ☐ Place: 1MCH 2 Other ☐ Specify \_\_\_\_\_ Conducted by: 1 ANM  
 2 Doctor 3 Specialist 4 Other ☐ Complications During delivery: 1No 2Yes ☐ Specify \_\_\_\_\_  
 Post-Partum: 1No 2 Yes ☐ Specify \_\_\_\_\_ Condition of Perineum: Uterus: \_\_\_\_\_ Bleeding: \_\_\_\_\_  
**BABY DETAILS :** B.wt \_\_\_\_\_ Sex \_\_\_\_\_ MUAC \_\_\_\_\_ Subscapular skinfold \_\_\_\_\_  
 Triceps \_\_\_\_\_ Length \_\_\_\_\_ Status: 1 Live birth 2 Still birth ☐ Breast feeding: 1No 2 Yes ☐  
 Congenital malformations: 1No 2 Yes ☐ Condition at birth: 1Good 2 Poor ☐

**Postnatal visits to Clinic:**1<sup>st</sup> Visit:2<sup>nd</sup> Visit :3<sup>rd</sup> Visit :

Doctor's Remarks:

# ANTENATAL CARD - BADARPUR MATERNITY HOME

S.No.	Date of registration : (dd mm yy)																										
Name of Subject _____ Husband _____	Place of origin : _____ Family : Type (J / N) Size (no.) :																										
Age ____ (in Yrs.) Address _____	LMP: (dd mm yy) _____ EDD: (dd mm yy) _____																										
<div>Past Obstetric History<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"><tr><th>Year of</th><th></th></tr><tr><td colspan="2">Anyantenatal complication 1 No 2 Yes 3 APH 4 PIH 5 Others</td></tr><tr><td colspan="2">Pregnancy Outcome 1 Spontaneous Abortion 2 Induced Abortion 3 Pre-term delivery 4 Term delivery</td></tr><tr><td colspan="2">Delivery Type 1 Normal 2 Vaginal instrumental 3 Operative/C.S/others</td></tr><tr><td colspan="2">Place of delivery 1 Hospital 2. MCH centre 3 Home</td></tr><tr><td colspan="2">Any complication during labour, delivery, puerperium 1 No 2 Prolonged labour 3 PPH 4 Severe sepsis</td></tr><tr><td colspan="2">Status of the baby: 1 Live 2 still birth</td></tr><tr><td colspan="2">Gestation: 1 Pre term 2 Term</td></tr><tr><td colspan="2">Status of the baby: 1 Normal 2 Asphyxiated 3 Congenitally</td></tr><tr><td colspan="2">Babys Weight: 1 LBW 2 Normal</td></tr><tr><td colspan="2">Sex of the baby 1 Male 2 Female</td></tr><tr><td colspan="2">1 Single baby 2 Twins</td></tr><tr><td colspan="2">Current baby status 1 Alive 2 Died within 7 days 3 Died in infancy/later</td></tr></table></div> <div>Gravida   <input type="checkbox"/> Para<input type="checkbox"/> Aborton   <input type="checkbox"/> Live births<input type="checkbox"/> Still Births   <input type="checkbox"/>  Interval since last delivery/ abortion (Months)     <input type="checkbox"/>       <input type="checkbox"/>  Systemic Diseases 1 No 2 Heart disease 3 hypertension 4 Diabetes 5 Other</div>		Year of		Anyantenatal complication 1 No 2 Yes 3 APH 4 PIH 5 Others		Pregnancy Outcome 1 Spontaneous Abortion 2 Induced Abortion 3 Pre-term delivery 4 Term delivery		Delivery Type 1 Normal 2 Vaginal instrumental 3 Operative/C.S/others		Place of delivery 1 Hospital 2. MCH centre 3 Home		Any complication during labour, delivery, puerperium 1 No 2 Prolonged labour 3 PPH 4 Severe sepsis		Status of the baby: 1 Live 2 still birth		Gestation: 1 Pre term 2 Term		Status of the baby: 1 Normal 2 Asphyxiated 3 Congenitally		Babys Weight: 1 LBW 2 Normal		Sex of the baby 1 Male 2 Female		1 Single baby 2 Twins		Current baby status 1 Alive 2 Died within 7 days 3 Died in infancy/later	
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<div>SOCIO-DEMOGRAPHIC CHARACTERISTICSMarital Status 1CM      2 NG      3 S      4 DS      5 D      6 W      7 NM Age of Marriage (years) Literacy status of Woman 1 illiterate 2 can read or write 3 had schooling 4 College If gone to school the highest grade completed Literacy status of husband 1 illiterate 2 can read or write 3 had schooling 4 College If gone to school the highest grade completed Work status (Husband) 1.not working 2 Unskilled 3 Semi-skilled 4 clerk/small business 5 teacher/business/office worker 6 Professional Work status (Wife), 1.House wife 2 Unskilled 3 Semi-skilled 4 clerk/small business 5) teacher/business/office worker 6. Professional Diet 1 Vegetarian 2 Non Vegetarian Monthly family income (Rs) Which locality do you live in   1 Slum 2 Developing colony Type of house 0 Kuccha                  2 Semi Pucca                  4.Pucca Ownership of house 1 Own   2 Rented No. of rooms in the house 1 One                  2 Two   3Three 4More than three Toilet facility in household 0 No facility 1 Shared Pit 2 Sulabh/own Pit 4 Own Flush Means of transport 1 Public Transport 2 Bicycle 3 Scooter 4 Moped 5 Car Cooking fuel used at home 1 Kerosene/charcoal 2 Gas/ Electricity 0 other Drinking water source 1 Public Tap/handpump 2 Own arrangement in house Means of entertainment 1 Radio 2 T.V. (B/W) 3 T.V. (colour) Kitchenware in household 1 Clay 2 Aluminium 3 Cast Iron 4 Brass/Copper 5 Stainless steel</div>																											



**GENERAL CONDITIONS**

Nutrition:

Pulse:

Heart:

Lungs:

Spleen:

Liver:

Breasts:

Teeth:

Thyroid:

Other:

**PRESENT PREGNANCY**

Height (cms) : \_\_\_\_\_

Visit	I	II	III	IV	V
Date					
Symptoms (No:1, Yes:2)					
Weakness/ tiredness					
Occ. Nausea/ Vomiting					
Constipation					
Abdominal pain					
In last 15 days					
Fever					
Diarrhoea					
Respiratory infection					
Gestation period(Wks)					
Uterine size(Wks)					
Weight (kg)					
Fundal height (cm)					
Abdominal girth (cm)					
Position / Presentation					
FHS : 1 Normal 2 Slow					
3 Rapid					

Danger Signs					
Extreme Fatigue					
Persistent nausea/vomiting					
Severe abdominal Pain					
Excess white discharge					
Persistent Fever					
Bleeding pv					
Headache / blurred vision					
Reduced urinary output					
Jaundice					
Convulsions					
Reduc./ loss foetal move.					
Hb (gm/dl)					
BP (Systolic)					
BP (Diastolic)					
Urine Alb 1 No 2 Yes					
Urine Sugar 1 No 2 Yes					
IFA once daily					
IFA twice daily					
IM Therapy					
TT Injections					

Details recorded within 24 hours of delivery [Delivery Date: \_\_\_\_\_]

**PREGNANCY OUTCOME** 1Abortion 2Delivery ☐ If abortion, 1 Spontaneous 2 Induced ☐  
 Gestation period (wks.) ☐ Weight \_\_\_\_\_ BP \_\_\_\_\_  
 Abortion at: 1Govt Hosp. 2 Private Hosp. 3 Home 4 MH ☐ Abortion by: 1Doctor 2 Dai 3 Other ☐  
**Delivery:** Pain started at: \_\_\_\_\_ Membrane ruptured: \_\_\_\_\_ Mother's Condition: 1Healthy 2 Ill  
 3 Died ☐ If died, cause of Death \_\_\_\_\_ **Mode of delivery:** 1 Normal 2 Breech 3 Forceps  
 4 Vacuum 5 Operative (CS) ☐ Place: 1MCH 2 Other ☐ Specify \_\_\_\_\_ **Conducted by:** 1 ANM  
 2 Doctor 3 Specialist 4 Other ☐ **Complications During delivery:** 1No 2Yes ☐ Specify \_\_\_\_\_  
**Post-Partum:** 1No 2 Yes ☐ Specify \_\_\_\_\_ **Condition of Perineum:** \_\_\_\_\_ **Uterus:** \_\_\_\_\_ **Bleeding:** \_\_\_\_\_  
**BABY DETAILS:** B.wt \_\_\_\_\_ Sex \_\_\_\_\_ MUAC \_\_\_\_\_ Subscapular skinfold \_\_\_\_\_  
 Triceps \_\_\_\_\_ Length \_\_\_\_\_ Status: 1 Live birth 2 Still birth ☐ **Breast feeding:** 1No 2 Yes ☐  
 Congenital malformations: 1No 2 Yes ☐ **Condition at birth:** 1Good 2 Poor ☐

**Postnatal visits to Clinic:**1<sup>st</sup> Visit:2<sup>nd</sup> Visit :3<sup>rd</sup> Visit :

Doctor's Remarks:

<b>ANTENATAL CARD - URBAN COMMUNITY</b>										
S.No. _____		Date of registration : (dd mm yy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Place of origin : _____				
Name of Subject _____		Husband _____				Family : Type (J / N ) Size (no.) : _____				
Age _____ (in Yrs.)		Address _____								
LMP: (dd mm yy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		EOD: (dd mm yy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
<b>Past Obstetric History</b>					<b>Pregnancy no.</b>					
Year of _____					<b>1</b>		<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Anyantenatal complication 1 No 2 Yes 3 APH 4 PIH 5 Others										
Pregnancy Outcome 1 Spontaneous Abortion 2 Induced Abortion 3 Pre-term delivery 4 Term delivery										
Delivery Type 1 Normal 2 Vaginal instrumental 3 Operative/C/S/others										
Place of delivery 1 Hospital 2. MCH centre 3 Home										
Any complication during labour, delivery, puerperium 1 No 2 Prolonged labour 3 PPH 4 Severe sepsis										
Status of the baby: 1 Live 2 still birth										
Gestation: 1 Pre term 2 Term										
Status of the baby: 1 Normal 2 Asphyxiated 3 Congenitally										
Babys Weight: 1 LBW 2 Normal										
Sex of the baby 1 Male 2 Female										
1 Single baby 2 Twins										
Current baby status 1 Alive 2 Died within 7 days 3 Died in infancy/later										
Gravida <input type="checkbox"/> Para <input type="checkbox"/> Abortion <input type="checkbox"/> Live births <input type="checkbox"/> Still Births <input type="checkbox"/> Interval since last delivery/ abortion (Months) <input type="checkbox"/> <input type="checkbox"/> Systemic Diseases 1 No 2 Heart disease 3 hypertension 4 Diabetes 5 Other										
<b>SOCIO-DEMOGRAPHIC CHARACTERISTICS</b>										
Marital Status 1 CM    2 NG    3 S    4 DS    5 D    6 W    7 NM										
Age of Marriage (years)										
Literacy status of Woman 1 illiterate 2 can read or write 3 had schooling 4 College										
If gone to school the highest grade completed										
Literacy status of husband 1 illiterate 2 can read or write 3 had schooling 4 College										
If gone to school the highest grade completed										
Work status (Husband) 1.not working 2 Unskilled 3 Semi-skilled										
4 clerk/small business 5 teacher/business/office worker 6 Professional										
Work status (Wife), 1.House wife 2 Unskilled 3 Semi-skilled										
4 clerk/small business 5) teacher/business/office worker 6. Professional										
Diet 1 Vegetarian 2 Non Vegetarian										
Monthly family income (Rs)										
Which locality do you live in    1 Slum 2 Developing colony										
Type of house 0 Kucha                  2 Semi Pucca                  4.Pucca										
Ownership of house 1 Own    2 Rented										
No. of rooms in the house 1 One         2 Two    3 Three 4 More than three										
Toilet facility in household 0 No facility 1 Shared Pit 2 Sulabh/own Pit 4 Own Flush										
Means of transport 1 Public Transport 2 Bicycle 3 Scooter 4 Moped 5 Car										
Cooking fuel used at home 1 Kerosene/charcoal 2 Gas/ Electricity 0 other										
Drinking water source 1 Public Tap/handpump 2 Own arrangement in house										
Means of entertainment 1 Radio 2 T.V. (B/W) 3 T.V. (colour)										
Kitchenware in household 1 Clay 2 Aluminium 3 Cast Iron 4 Brass/Copper 5 Stainless steel										



**GENERAL CONDITIONS**

Nutrition:

Pulse:

Heart:

Lungs:

Spleen:

Liver:

Breasts:

Teeth:

Thyroid:

Other:

**PRESENT PREGNANCY**

Height (cms) : \_\_\_\_\_

Visit	I	II	III	IV	V
Date					
Symptoms (No:1, Yes:2)					
Weakness/ tiredness					
Occ. Nausea/ Vomiting					
Constipation					
Abdominal pain					
In last 15 days					
Fever					
Diarrhoea					
Respiratory infection					
Gestation period(Wks)					
Uterine size(Wks)					
Weight (kg)					
Fundal height (cm)					
Abdominal girth (cm)					
Position / Presentation					
FHS : 1 Normal 2 Slow					
3 Rapid					

Danger Signs					
Extreme Fatigue					
Persistent nausea/vomiting					
Severe abdominal Pain					
Excess white discharge					
Persistent Fever					
Bleeding pv					
Headache / blurred vision					
Reduced urinary output					
Jaundice					
Convulsions					
Reduc./ loss foetal move.					
Hb (gm/dl)					
BP (Systolic)					
BP (Diastolic)					
Urine Alb 1 No 2 Yes					
Urine Sugar 1 No 2 Yes					
IFA once daily					
IFA twice daily					
IM Therapy					
TT Injections					

Details recorded within 24 hours of delivery [Delivery Date: \_\_\_\_\_]

**PREGNANCY OUTCOME** 1Abortion 2Delivery ☐ If abortion, 1 Spontaneous 2 Induced ☐  
 Gestation period (wks.) ☐ Weight \_\_\_\_\_ BP \_\_\_\_\_  
 Abortion at: 1Govt Hosp. 2 Private Hosp. 3 Home 4 MH ☐ Abortion by: 1Doctor 2 Dai 3 Other ☐  
 Delivery: Pain started at : Membrane ruptured: Mother's Condition: 1Healthy 2 Ill  
 3 Died ☐ If died, cause of Death \_\_\_\_\_ Mode of delivery: 1 Normal 2 Breech 3 Forceps  
 4 Vacuum 5 Operative (CS) ☐ Place: 1MCH 2 Other ☐ Specify \_\_\_\_\_ Conducted by: 1 ANM  
 2 Doctor 3 Specialist 4 Other ☐ Complications During delivery: 1No 2Yes ☐ Specify \_\_\_\_\_  
 Post-Partum: 1No 2 Yes ☐ Specify \_\_\_\_\_ Condition of Perineum: Uterus: Bleeding :  
**BABY DETAILS :** B.wt \_\_\_\_\_ Sex \_\_\_\_\_ MUAC \_\_\_\_\_ Subscapular skinfold \_\_\_\_\_  
 Triceps \_\_\_\_\_ Length \_\_\_\_\_ Status: 1 Live birth 2 Still birth ☐ Breast feeding: 1No 2 Yes ☐  
 Congenital malformations: 1No 2 Yes ☐ Condition at birth: 1Good 2 Poor ☐

**Postnatal visits to Clinic:**1<sup>st</sup> Visit:2<sup>nd</sup> Visit :3<sup>rd</sup> Visit :**Doctor's Remarks:**

**CALCIUM AND VITAMIN D SUPPLEMENTATION IN PREGNANT WOMEN (NFI)**

S. No. \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Mob No: \_\_\_\_\_ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_ Ht(cm): \_\_\_\_\_

Date	Initiation	3mth	6mth	Delivery details			
				Date	Gender	Weight	Type of Delivery
Wt (Kg)							
Gestational age (wks)							
Hb g/dL							

**Compliance with Calcium and Vitamin D supplements (1 tablet daily)**

No	Date	Weight (Kg)	BP (mmHg)	No. of tablets taken	No. of tablets remaining	No. of tablets skipped	Morbidity due to infection in last 15 days			No. of tablets given now	Total no. of tablets available now
							Type(A)	Duration	Treatment(B)		
1 <sup>st</sup>											
2 <sup>nd</sup>											
3 <sup>rd</sup>											
4 <sup>th</sup>											
5 <sup>th</sup>											
6 <sup>th</sup>											
7 <sup>th</sup>											
8 <sup>th</sup>											
9 <sup>th</sup>											
10 <sup>th</sup>											
11 <sup>th</sup>											
12 <sup>th</sup>											

Key: A: 1. Diarrhoea 2. Dysentery 3. Fever 4. Respiratory infection 5. Eruptive fever 6. Skin disease 7. Any other

B: 1. Home remedies 2. Home fluids 3. ORS 4. Antibiotics 5. Antipyretics 6. Cough syrup 7. Others



## Food Frequency Questionnaire

S.No

Name

Age

Date of survey

(Data to be collected prior to initiation of intervention, at 12 weeks of intervention)

(Put a tick mark in the appropriate column)

Food Items	Total amount bought	Frequency of intake								Remarks
		Daily	Alternate Days	Weekly	Twice a Week	Once a Month	Twice a Month	Rarely	Never	
Rice+										
Wheat+										
Other Cereals+										
Pulses+										
Legumes+										
Oil/Ghee+										
Sugar/Jaggery+										
Root Vegetables*										
GLV*										
Other Vegetables*										
Fruits*										
Nuts*										
Milk*										
Curd*										
Paneer*										
Buttermilk*										
Egg*										
Meat*										
Fish/ Sea food*										
Others (specify)										

Note: + indicates total amount bought/month;

\*indicates total amount bought/week

**NUTRITION FOUNDATION OF INDIA**  
**HOUSEHOLD FOOD SECURITY AND FOOD FREQUENCY QUESTIONNAIRE**

Name: **Hospital/Community** **Hospital: Reg No**

Community : Area No: AW No: H.no.: H.Hold No: ID No:

Food items	Frequency of purchase	Quantity Purchased	Amount purchased (+ per month; * per week)	Amount /CU/day	Raw Food cooked yesterday (g/ml)		Frequency of consumption	
					Quantity cooked	Quantity /CU/day	Household	Individual
Rice+								
Wheat+								
Other Cereals+								
Pulses+								
Legumes+								
Roots(onions also) *								
Tubers(potato, arbi)*								
Other veg( tomato)*								
GLV*								
Fruits *								
Milk*								
Dahi,Chach *								
Milk Products*								
Eggs*								
Flesh food *								
Fish*								
Oil/Ghee/Butter+								
Sugar/Jaggery+								
Salt+								
Other(Specify)+								

**Frequency of consumption** 1. Daily 2. Alternate days 3. Twice a week 4 Weekly 5. Twice a month 6 Monthly or less 7. Never

**Coding for Consumption Unit( C.U.)**

Group	Age	Sed	Mod	Heavy	Group	Boys	Girls	Group	Boys & girls
Men		1.0	1.2	1.6	16 to 17yrs	1.2	0.9	7 to 9yrs	0.9
Women		0.8	0.9	1.0	13to 15yrs	1.1	1.0	4 to 6yrs	0.7
Pregnant		0.9	1.0	1.1	10to 12yrs	1.0	0.9	1 to 3 yrs	0.5
Lactating		1.3	1.4	1.5				<1 yr	0

**No of HH members**

Date

**Total CU for the household:**

Form filled by

Food cooked yesterday:

Type of Meal	Type of preparation	Food stuff (Ingredients)	Amount of the raw ingredients
Early Morning			
Breakfast			
Mid-Morning			
Lunch			
Evening Tea			
Dinner			
Before going to bed			

Proforma-1 for diet survey using 24 hour dietary recall				
Data to be collected prior to initiation/at follow up /after completion				
S.No	Name	Age	Date of survey	
Type of Meal	Type of preparation	Food stuff (Ingredients)	Raw amount	Total cooked quantity
Early Morning				
Breakfast				
Mid-Morning				
Lunch				
Evening Tea				
Dinner				

Proforma-2 for diet survey using 24 hour dietary recall												
Data to be collected prior to initiation												
S.No	Name	Age							Date of survey			
Type of Meal	Type of preparation	Total cooked quantity	Family member 1 (Pregnant lady)	FM 2	FM 3	FM 4	FM 5	FM 6	FM 7	Left over food **	ICDS food	Foods bought from outside *
Early Morning												
Breakfast												
Mid-Morning												
Lunch												
Evening Tea												
Dinner												

Note:

\*\*Left over 1.Wasted 2.Given to someone else 3. Consumed by any other person (specify) :

\* indicates samosa, biscuits, rusk, bread, etc