

blocking of tube, accidental extubation, wrong placement, *etc.* in 42% cases), equipment malfunction and MV technique. Undertaking MV and intubation as an emergency measure and certain inadequacies in expertise were responsible. Poor motivation, high risk phobia and earlier infrequent use of ventilator interacted to create hesitancy in initiating early, elective and planned MV. The vicious circles were broken and the problems were overcome by continuing education addressing the problem areas and by improving expertise. Now major problems faced are infection, barotrauma, malnutrition and weaning difficulties.

The feasibility and utility of MV in well developed Indian units is demonstrated by our and others experiences(2-4). As Indian data is scanty and many aspects like requirement, cost and problems have not been addressed earlier, the experience presented above should be useful.

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Combined Mother and Child Card

This has reference to the letter from Prakash and Swain(1) regarding a combined mother and child card which I had suggested in 1987(2). It is heartening to note that they have devised and used such a card and found it very useful for commu-

nity work and for better understanding and performance for ANMs and other staff. I only wish a fascimile of the card had also been published, so that many others could experiment with it and modify it if necessary, to suit their specific requirements. Such a combined mother and child care card would have given dividends and improved maternal and child care because of the high profile immunization programme.

The two visits of the pregnant women for tetanus toxoid could have been utilized for antenatal care, detecting and treating anaemia, and identifying any deviation from the normal and for giving her relevant advice regarding delivery. Similarly, the five visits of the child for immunization could have been used for strengthening breast feeding advice, and timely addition of semisolids, prevention and management of common morbidities, *etc.*(3). The Government of India has introduced a Mothers-Infant Immunization Card, but the emphasis is mostly on immunization, even though antenatal visits and iron tablets are mentioned.

An earlier attempt was also made to develop a growth card including immunization and antenatal care, but this card has not been used in the field except for some feasibility studies.

It is time that obstetricians, pediatricians and community health specialists to-

gether devise cards on the lines described by Prakash and Swain which would no doubt improve the level of maternal and child care. I suggest that the card should continue to be used beyond one year but till the woman becomes pregnant again. In case she decides not to have another child, the card could be used for three years which are the most vulnerable years.

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