thalassemia (unpublished observations) at other centers significant number of cases of HIV-2 have been found(2). Routine testing for HIV-1 and HIV-2 in all units of donated blood is mandatory. Most current kits offer combined tests for HIV-1 and HIV-2 at no additional cost. Although a major thrust of the National AIDs Control Organization (NACO) is the emphasis on safe blood, it is ultimately the responsibility of each individual pediatrician to ensure that HIV untested blood is not transfused.

However, it should be seen in perspective, that though blood borne HIV infection is preventable, it comprises less than 10% of all cases of pediatric AIDS. A bulk of the cases (more than 90%) are perinatally transmitted, and the means of preventing this are far more complex.

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A Case for Combined Mother and Child Card

This letter is in response to Shanti Ghosh's letter to the editor published earlier in your journal(1). The purpose of this communication is to convey regarding functioning of such a card, so as to stimulate others to devise their own cards as per their needs.

We at the Department of Obstetrics and Gynecology, Institute of Medical Sciences, Banaras Hindu University have designed a simple "Mother and Child Health Card" which is specifically meant for being used by the female health workers (ANMs) in the community. We find that once they are explained about it, the ANMs are using it happily and it makes their MCH work easier for them. One card is to be used for one

pregnancy. After the features for the identification and general information of the mother, the card starts with the previous history of the patient, which is followed by the provision for the general examination, abdominal examination, some simple investigations like urine albumin and hemoglobin, whether the pregnancy is high risk or not (a list of high risk factors have been provided in the card itself for ready reference) and if high risk, whether referred or not. Sufficient space is provided for subsequent followups. This is followed by delivery details, postnatal visit details and followup of the baby upto at least one year including immunization. This also provides a "Road to Health" standard curve for monitoring of growth of the baby. In the front page of the card standard fundal height and abdominal growth curve for the district of Varanasi has been provided. The ANMs have been instructed how to plot their findings in the curve. By doing so, they immediately diagnose the small or large for gestational age fetuses, thereby enabling them to readily refer the cases to the higher levels. This card gives the entire story of a particular pregnancy and the story ends when the baby is of one year of age, or else if there is abortion or mortality on the way. A separate card is used for the subsequent pregnancy and information in the previous card is carried over to the new card.

This type of combined mother and child cards, we feel, would be a step forward to bring M and CH together.

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