

No. HFW-H(NRHM)GAM/2012
National Health Mission
Himachal Pradesh

To,

All the Chief Medical Officers,
Himachal Pradesh

Dated Shimla-9, the

Subject: Guidelines for administration of Folic Acid.



Sir,

It has been observed that tablet Folic Acid is not being administered in the pre-conception period and during the first 12 weeks of pregnancy. The guidelines for administration of Folic Acid are:

"All women in the reproductive age group should be advised to have Folic Acid for 2-3 months pre-conception and continue with it during the first 12 weeks of pregnancy. This remarkably reduces the incidence of neural tube defects in the foetus. A daily dose of 400 mcg Folic Acid taken orally is the recommended daily dose."

At present Folic Acid 500 mcg features in the State Essential Drug List and the rate is also approved. It is decided that 500 mcg Folic Acid may be administered instead of 400 mcg till the new rate is approved for 400 mcg Folic Acid.

You are requested to adhere to the guidelines and submit the monthly report on the attached format.


Mission Director,
National Health Mission
Himachal Pradesh
e-mail: md-hp-nrhm@nic.in
Endst.No. As above

Dated Shimla-9, the

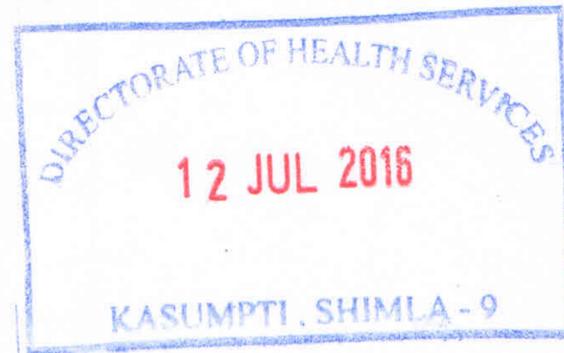
Copy to:

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh for information please.
2. The Director Health Services to the Government of Himachal Pradesh for information please.
3. All the Block Medical officers, Himachal Pradesh for information please.

4. All the Gynaecologists working under Health Department of Himachal Pradesh for information please.
5. All the State Programme Officers, National Health Mission, Shimla for information please.
6. The State lead, IPE-Global, SIHFW, parimahal, Shimla, Himachal Pradesh for information please.
7. The Consultant (MIS), NHM Shimla with a request to upload the same on the website under Maternal Health Guidelines.



Mission Director,
National Health Mission
Himachal Pradesh



Report of Folic Acid

No. of beneficiaries identified in Pre-conceptional period	No. of beneficiaries administered Folic Acid tablets	No. of tablets consumed (a)	Ante Natal Registration during the month	Early Ante Natal registration during the month	No. of pregnant women given Folic Acid in the first 12 weeks	No. of tablets consumed (b)	Total Number of tablets consumed (a+b)

Signature of Chief Medical Officer
District