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**CHILD NUTRITION CARE AT MOHAMMADPUR
FERTILITY SERVICES AND TRAINING CENTER**

AN INTERNSHIP REPORT

BY

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Submitted to the Department of Nutrition and Food engineering in the partial fulfillment
of B.Sc. in Nutrition and Food Engineering

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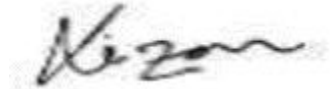
APPROVAL

This is to certify that **Mst. Sabrina Khan Disha ID 172-34-677** The Program B.Sc. in Nutrition and Food Engineering is a regular student department of the Nutrition and Food Engineering Faculty of Allied Health Science at Daffodil International University. She has completed his internship work report of 2 months of Mohammadpur fertility service and training center (MFSTC) at Mohammadpur Dhaka, Bangladesh under my direct report is worth of fulfilling the partial requirements of the NFE program.

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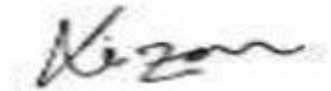
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DECLARATION

This internship report titled "**Child Nutrition Care At Mohammadpur Fertility Services And Training Center**" is being submitted to the Department of Nutrition and Food Engineering, Faculty of Allied Health Sciences, Daffodil International University Dhaka-1207, Bangladesh as part of the requirements for the degree of Bachelor of Science in Nutrition and Food Engineering **Mst. Sabrina Khan Disha** put genuine effort into this internship report, making it special.

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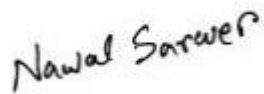
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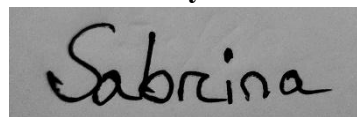


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I would like to begin by expressing my gratitude to Allah, the Almighty, for providing me with the means and opportunity to complete the report in a timely manner.

Because of them, I am here today, and for that I am eternally grateful. I can't do anything without my parents' blessing and encouragement.

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EXICUTIVE SUMMARY

The Mohammadpur Fertility Services and Training Center is a government hospital in Dhaka, Bangladesh's Mohammadpur area. The hospital provides care for mothers and their children, as well as services in the areas of family planning, nutrition, and healthcare. The mission of this hospital is to improve maternity and newborn health and reduce death rates. And it helps slow the rate of new births, too. I volunteered for two months at the Mohammadpur training and fertility facility. The field of health counseling and education was where I previously worked. Prenatal and postnatal care for mothers and their children are topics I studied. Learning new things will also help me improve in my career.

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CHAPTER 01

INTRODUCTION

1.1 About the Internship Program

Dietetics is the study of how to make dietary modifications for both healthy people and those who are ill. healthy eating habits and dinner selections help combat malnutrition and boost willpower The inability to recognize the importance of nutrition may be due to a combination of bad eating habits and a lack of physical exercise, even among those with higher IQ's. Vitamin education and counseling may also promote optimal (as opposed to sub optimal or excessive) growth during pregnancy, reduce the risk of anemia in the third trimester, increase birth weight, and prevent premature delivery, according to the available data. The health of both mother and child depends on the mother sticking to a healthy diet and weight loss plan during her pregnancy. Pregnant women's nutritional preferences can be improved with the help of nutrition instruction and counseling, a method that is increasingly being used.

1.2 The method is primarily concerned with

- ◆ The best way to lose weight healthily is to eat more of a wide variety of meals.
- ◆ Adequate protein and calorie intake to facilitate healthy weight gain
- ◆ Encouraging the consistent consumption of fortified meals, nutritional supplements, or micro nutrient supplements.

Because of this, using tried-and-true recipes that have been standardized is essential for providing delicious food.

1.3 The source of the report

The last phase of a student's academic career is their internship. Health center or industry-based coaching is essential for a student in the Department of Nutrition and Food Engineering to comprehend the theories taught in formal education. The implementation of theoretical knowledge in the real world of cutting-edge nutrition and health still lags behind what is learned in university.

CHAPTER 02

2.0 : Overview of MFSTC



Figure 2.1 & 2.2 Mohammadpur fertility services and training centre hospital (MFSTC)

2.1 Introduction of Mohammadpur fertility services and training Centre hospital (MFSTC)

This is the location where the first MR offerings in Bangladesh were conceived, cultivated, and matured. It has also provided post-abortion care (PAC) services, which address all abortion-related complications. 80% of all purchasers who visit this interior each year are from the abatement and concentration benefits industry, indicating that its reputation and its appropriate execution, fantastic advising, record keeping, and follow-up administrations provided to customers are exceptional. Mohammadpur Fertility Services & Coaching Centre Hospital's trained nurses, technologists, and administrators, supported by cutting-edge technology, create a welcoming environment for medical specialists to provide world-class care.

2.2 Overview

Mohammadpur Fertility Services and Training Center (MFSTC) is located on Aurangzeb Street (New-49, plot number 14/35, Shahjahan Road). Mohammadpur, Dhaka-1207, was founded in 1974 as a one-of-a-kind venture with funding assistance from the "Pathfinder Fund" to supply coordinated family arranging administrations under one roof. This was the primary focus of this type of work in Bangladesh. According to the government's choice, on July 1, 1999, MFSTC was transferred to the income spending plan. Today, MR is the most important part of ladies' administrations in our country, ensuring their satisfaction of their right to their conceptual well-being. MR furthermore gives backup administration to prevent disappointment. Once in compliance with the government deal, this plant completed 5,000 MR each year. Because of the tremendous need and demand in the area, the Government of the People's Republic of Bangladesh redesigned this MFSTC into a 100-bed Mother and Child Wellness Clinic. On October 10, 2010, the medical clinic began offering standard conveyance administrations such as C/S (Caesarean

Section) alongside the current administrations. The recently built medical clinic features 72 obstetric beds and 28 neonatal and children's beds. As distinct administrations, fruitlessness benefits. The newly constructed emergency clinic features 72 obstetric beds and 28 neonatal and children's beds. Infertility advantages and unique assistance have also been provided to patients who have been facing infertility. In our country, around 8% of infertile couples require medication. The patients are initially given only the most basic drugs. However, there is an effort to provide propelled treatment to the clients step by step.

2.3 Mission

To respond in order to fulfill the clients'/patients' desires for health, nutrition, and family planning services.

2.4 Vision

This organization is unparalleled in its role as national leader and guide in the fields of family planning (especially fertility services), maternal and child health care (as a model of a combined community and hospital-based service organization), and patient care.

2.5 Goal

The ultimate purpose of this institute is to meet Bangladesh's Family Planning Goal by enhancing maternal and child health and nutrition.

2.6 Objectives

- ◆ Client motivation, counseling, treatment, assistance, and follow-up aimed at lowering mother and infant mortality rates and increasing the contraceptive prevalence rate (CPR) through providing and encouraging family planning services and the formation of planned families.
- ◆ Investigate various facets of MCRAH, nutrition, and contraception use to enhance the quality of mission activities.
- ◆ Coaching for family planning as a means of fostering human resource development
Maternal and infant health

2.7 Service Available in MFSTC

2.7.1 Family Planning Service (FP)

- ◆ Distribution of Oral Medication
- ◆ Condom Distribution
- ◆ Contraceptive injections
- ◆ Insertion/Extraction of an Implant
- ◆ Intrauterine device (IUD) insertion / removal
- ◆ Sanitation for all sexes
- ◆ Service for Providing Emergency Contraceptive Pills
- ◆ Family planning after birth"
- ◆ Ejection of the missing insert, directed by USG.
- ◆ Spectroscopy-guided UCD evacuation

2.7.2 Maternal and Child Health (MCH) Services

- ◆ Prenatal care (ANC)
- ◆ Management of the Cesarean Delivery Process
- ◆ PNC stands for "postnatal care."
- ◆ Sick children younger than five years old
- ◆ "Children's Care" (Indoor Facility)
- ◆ Vitamin A packaging dispersal
- ◆ Vaccination, including Hepatitis B vaccination
- ◆ Reproductive Health Care for Teens
- ◆ Pregnant women's nutritional guidance and children's nutrition programs
- ◆ PAC stands for "Post-Abortion Care and MR."
- ◆ RTI and STI Services,
- ◆ The Cervical Visual Inspection with Acetic Acid (VIA)
- ◆ Case Management and Treatment Referrals

2.7.3 Services for Fruitlessness

- ◆ To determine the most common reasons for male and female infertility and to offer basic management and treatment.
- ◆ Long-term prophylactic clientele assurance
- ◆ Infertility counseling is offered to couples.
- ◆ To offer ultrasound services, including TVS, to people who are unable to conceive.
- ◆ To boost confidence by setting an example and sharing wisdom with those around you.
- ◆ Ovulation hormone recruitment
- ◆ A couple of inquiries are finished with little to no effort.
- ◆ Intrauterine Insemination (also known as "IUI")

2.7.4 Services for Emergency Obstetric Care (EOC)

- ◆ Ensure that pregnant women have access to transportation services.
- ◆ Secure Transportation
- ◆ Tend to the baby.

2.7.5 Wellness Counseling and Academic Programs

- ◆ A joint advisory from the ANC and PNC.
- ◆ Nutritional Counseling Adolescent Health Counseling
- ◆ Support for breastfeeding
- ◆ Customers offer suggestions.

2.7.6 Services to Assist

- ◆ Ultrasonographic imaging (Upper Lower, TVS)
- ◆ Pathology: Both routine pathology and a sterility administration lab.
- ◆ Ambulance Service Available Around the Clock
- ◆ Pharmacy
- ◆ The primary source of oxygen
- ◆ Blood banks
- ◆ Department of Social Services

2.7.7 Research

- ◆ Research and analysis of operations
- ◆ Several contraceptives underwent clinical testing before being made available under the family planning effort.
- ◆ Regarding a wide range of happiness-related abstractions. Prophylactic use, nutritional condition, and maternal and infant health.

2.7.8 Training Unit

- ◆ There are six training rooms with functioning offices accessible.
- ◆ Most prestigious offices in a state-of-the-art conference room (up to 75 people)
- ◆ Only one cafeteria is available.

2.7.9 Trainee Hostel and Meeting Space

- ◆ There are 37 rooms at your service, some of which are VIP lodges outfitted with every modern office amenity imaginable, down to a meticulously planned menu.
- ◆ Hostel for students in the second semester of a one-year program (CSBA, Midwifery, EOC).
- ◆ A well appointed conference room for as many as sixty-five people.

CHAPTER 03

3.1 The Activities of the Nutrition Department at MFSTC

The nutrition department provides dietary treatment, advice, and coaching to patients while they are in the medical facility and even after they are discharged. Dietitians work with the scientific team to provide information.

3.2 Clinical Nutrition

- ◆ Clinical dietitians are trained experts that assess and manage the nutritional needs of patients suffering from serious illnesses.
- ◆ Dietetics and nutrition staff at MFSTC Hospital can provide nutritional assessments and suggestions to patients. The division's objective is to improve health, prevent disease, and act as a resource for people who are ill.
- ◆ The group seeks to ensure that all patients undergoing treatment or recovering from therapy receive nutritious, high-quality meals. Dietary changes can improve both a person's quality of life and tolerance for other scientific procedures.
- ◆ This service is available to all patients.
- ◆ Clinical nutritionists assess patients' eating habits, establish specific nutritional needs based on age, gender, and activity level, and educate patients' families about the health benefits of eating well.

3.3 Traditional Care in MFSTC Typically Consists of

- ◆ Prenatal checks every month during the first two trimesters (weeks 0-28).
- ◆ Between the twenty-first and thirty-sixth weeks of pregnancy, every other appointment is scheduled.
- ◆ After week 36, there will be weekly visits to the vehicle from weeks 38 through 42.

3.4 Nutritional Assistance for the Child and the Mother of the MFSTC

Its purpose is to promote healthy habits before, during, and after pregnancy by offering frequent prenatal care from doctors or midwives. During prenatal visits, women receive medical advice on prenatal nutrition, including the usage of prenatal vitamins. At checks, treatment plans and recommendations on how to live a healthy lifestyle are frequently discussed. Routine prenatal care, including prenatal screening and diagnosis, has helped to reduce maternal death, miscarriage, birth anomalies, low birth weight neonatal infections, and other preventable health concerns. Share your invaluable information of effective weight loss care. According to the World Health Organization (WHO), all pregnant women should get four prenatal consultations during their pregnancy. In these situations, patients at the MFSTC were seen many times throughout their pregnancies.

Despite the known benefits to mother and child, A mother will never again have four prenatal checkups. Patients at MFSTC, on the other hand, have complete information of

their pregnancies due to the clinic's mast, increased prices, and skilled advice from the clinic's providing company's owner.

3.5 Treatment of MFSTC Patients in Groups or One-on-One

The benefits of antenatal care collection are quite self-evident. The cost per visit is far lower when the women receive care in a group setting, and the women benefit from longer periods of uninterrupted attention. The few studies that have been done on group care have found that it is beneficial for mothers to learn about childbirth and childrearing in a communal setting. The audit found no difference in the conception rates between the group and individual settings, and the mothers reported a preference for group care.

However, MFSTC patients have had more frequent, individualized checks with greater attention to detail.

3.6 MFSTC Care Provided by Midwives

When a birthing assistant team is in charge of a woman's care and she rarely if ever visits an expert healthcare professional during her pregnancy, we say that she is receiving maternity specialist-driven care for generally healthy young women. It's possible that women whose pregnancies are expedited by a birthing helper have a higher delivery rate than those whose pregnancies are accelerated by a birthing assistant and domestic labor. In any case, they have a lower risk of having an early labor, having a cesarean delivery, or their waters broken.

3.7 Prenatal Diagnosis in MFSTC

Following their first antenatal checkup and specific holding conditions, pregnant women are classified as "low risk" or "high risk."

Pregnant women at this facility are required to create a summary of their case notes, which includes, among other things, their clinical history, increment diagrams, and sweep reports. If the mother checks into a prominent hospital for treatment or to give birth before her medical office notes are available, maternity doctors can use a summary of her case notes.

Women who reported their personal medical history were shown to be more likely to require a C-section. The young women, on the other hand, stated that they were more likely to take charge during note-taking and that they would prefer to do it again in the future. Despite the fact that 25 of the females claimed the ER notes were misplaced, each and every one of them brought her own notes to their appointments.

So the MFSTC emergency clinic has been keeping thorough patient records at what appears to be a period when the mother's problem is unimportant.

Prenatal testing, often known as prenatal screening or prenatal diagnostic, is done on an embryo or fetus prior to conception to detect any potential health problems.

Through a series of routine registrations, obstetricians and delivery attendants may be able to track the health of pregnant mothers and their unborn children.

3.8 The Majority of Physical Examinations Consist of

- ◆ A compilation of (Mother's) therapy experiences
- ◆ Monitoring (mother's) circulatory strain
- ◆ Mother's beauty and weight
- ◆ The Pelvic Exam
- ◆ Testing maternal blood and urine for fetal Doppler pulse
- ◆ Discussion with a parent figure

Using the SPH calculated from development graphs, premature infants can be identified. There are two distinct kinds of increment graphs.

- ◆ First, a population-based, all-inclusive diagram showing the size and remarkable features of every newborn.
- ◆ Second, a custom blast chart can be utilized to compare the mom's and babies' stats upon birth.

A study of studies attempting to determine which of these graphs was best at distinguishing very young children found none to be superior. More study is desired before adopting individualized growth charts due to higher costs and increased workload for healthcare providers.

Usually, obstetric ultrasounds are completed by the end of the twentieth week of pregnancy. For almost 35 years, doctors have utilized ultrasounds to check on the progress of a pregnant woman. The following are some of the many applications of ultrasound technology:

- ◆ Declare one's pregnancy
- ◆ Try to find some more baby birds.
- ◆ Amniotic fluid and the cambric wire should be examined for any potential problems.
- ◆ Decide on the appropriate category

A post or an audit is required whenever a divergence from the norm is suspected, or when a calendar that is almost identical to the accompanying one is nearby.

- ◆ Find out when you're due and make sure your pregnancy isn't molar or ectopic by confirming your pregnancy at 7 weeks.
- ◆ Predict the likelihood of a down syndrome at 13-14 weeks.

- ◆ See the revised schedule up top for an estimate of 18-20 weeks.
- ◆ Size and placental orientation should be verified at 34 weeks.

No findings of maternal or fetal interest were supported by a study of recent workout ultrasounds. Preliminary findings indicate that a variety of pregnancies can be identified at an early stage, with the added benefit of providing a more accurate due date, reducing the number of women who are prematurely induced.

The level of an ultrasound's criticism varies. When the guardians are able to view it and are given a full explanation of what they see, this is referred to as "high criticism." There isn't much of a report because there isn't much evidence to back up the assertion that the harsh comments impacted the mother's or her parents' attitudes. More research is required to determine which type of comments are preferred, although it is evident that mothers who receive good comments are more likely to quit smoking and drinking.

A Doppler ultrasonography test may be performed on women who are having a difficult pregnancy to check the blood flow to the growing fetus. Due to the lack of a standard blood test, this is done to discover early warning signs that the newborn baby is in danger. Regardless of whether a woman is regarded to be "generally safe" from complications, a Doppler ultrasound should be performed on her. According to the study, Doppler ultrasounds were also connected with fewer baby mortality, albeit the data was not robust enough to recommend that all pregnant women begin using them.

Prenatal and pediatric nutrition services are available on-site through the facility's Sustenance department.

Nutritionists from the branch assist the general public in organizing precise dietary requirements in a variety of spectacular settings. Including antenatal consideration, youth and adult weight, but especially focuses on the newborn and the expectant mother.

Additionally, the division regularly provides CEOs with food and lifestyle recommendations through workshops.

3.9 Counseling for Adolescents at MFSTC

The majority of the kids in the important care session can be guided by the most popular suggestion when it comes to their diet:

- ◆ Provide reasons why a balanced diet is essential for proper physical and mental development, including growth and puberty, as well as work, play, and leisure.
- ◆ The importance of a healthy breakfast should be emphasized.
- ◆ Encourage nightly family meals.
- ◆ Explain the food guide pyramid to me.

- ◆ Limits their mobility and, most importantly, aids in regulating how their various body parts mature.

3.10 Child Nutrition Counseling at MFSTC

Children and infants between the ages of 1 and 8 will, on the basis of the recommendations made in this division, be offered nutritional counseling. A dietitian has provided the tips that follow.

- ◆ First, babies need to be breastfed exclusively for the first six months of their lives.
- ◆ Second, breast milk alone isn't enough for anyone older than six months, therefore they need supplemental nutrients too.
- ◆ Disallow consuming any local or imported food.
- ◆ Honey and water are the only acceptable liquids for infants between the ages of one and six months.
- ◆ For children under the age of two, the nutritionist will assess their health and make treatment suggestions before referring them to a physician.
- ◆ Vaccination distribution should be increased.
- ◆ Overoptimistic is recommended for anybody above the age of two.

Vitamin E, calcium, fiber, folate, iron, magnesium, potassium, and magnesium deficiency are the most common nutritional problems among school-aged children. Reports indicate that iron and vitamin D deficits are the most common nutritional deficiencies in otherwise healthy youngsters. The sufferer and their family fully grasp the situation.

3.11 Breastfeeding Advice at MFSTC

Breastfeeding counselors in this division help women learn how to feed their newborns safely and effectively. Show them how important their child and motherhood are to the world. Here is some standard guidance.

Advantages of breastfeeding

Breast milk

- Perfect nutrients
- Easily digested; efficiently used
- Protects against infection



Breastfeeding

- Helps bonding and development
- Helps delay a new pregnancy
- Protects mothers' health

- Costs less than artificial feeding

Figure 3.1 : Advantage of breastfeeding

- ◆ It is recommended that infants be breastfed exclusively for the first six months of their lives. Breastfeeding offers numerous benefits to both mother and child, including providing a healthy diet from the start and fostering a close bond between mother and child.
- ◆ Human milk has all the necessary vitamins in an easily absorbed form and enough of them to sustain a full-term toddler's normal growth and development (with enough exposure to sunshine, of course).
- ◆ Human milk also provides the newborn with a variety of health-promoting substances, including immunoglobulins, anti-infective agents, anti-inflammatory agents, hormones, enzymes, and growth factors. It also appears to reduce the possibility of allergic responses.
- ◆ Breastfeeding has multiple positive effects on the mother, including postponing ovulation and thus increasing the length of postpartum infertility, reducing the likelihood of hemorrhage in the first few days after giving birth, and possibly lowering the risk of favorable health issues (such as osteoporosis and breast cancer) in later life.
- ◆ Breastfeeding is the greatest way to ensure a baby gets the nutrients he or she needs to grow and develop normally. In order to maximize their growth, development, and health, babies should get nothing but breast milk during the first six months of their lives, as recommended by global public health experts.
- ◆ Feeding technique instruction and skill building to anticipate and resolve breastfeeding problems
- ◆ Encourage the mother to eat enough liquids and protein-rich foods so that she can breastfeed effectively.
- ◆ Support sole breastfeeding as much as possible.

- ◆ Feeding choices can be made during or before pregnancy.

3.12 Foods that are Complementary Must

When strength and nutrients are needed more than what can be supplied by exclusive and well-known breastfeeding, they are brought at the appropriate time.

3.13 System of Appointments

Treatment of any kind is very reasonably priced, and appointments may be made quickly and easily through MFSTC. Meeting a doctor is rather easy here because it is a government hospital with plenty of openings.

- ◆ At first, a serial five-taka ticket is issued to each patient for any problem.
- ◆ Online ticket sales are currently unavailable.
- ◆ Tickets purchased for a previous visit are invalid for this one.
- ◆ A patient must visit counter 101 to get a ticket for a nutritional checkup, adolescent/pediatric exam, or both.
- ◆ When visiting a Gynecologist specialist for pregnancy care or any other treatment, patients must pick up their tickets from counter 200.

CHAPTER 04

CONCLUSION

This short-term activity was a memorable day and mind-blowing experience for me. Mohammadpur Fertility Services and Training Center will provide on-site human administrations to mothers and children. Similarly, working to provide budgetary support to those who are in need. I came to Intern transit here and got pertinent data about subjects that I had already considered. Each pair is charged for against originating stated techniques at this facility. This passing level employment, in my opinion, will be extremely beneficial to me in the future. The entire office is methodically organized for the patients. I learned about record keeping, office association, exhorting, how to convince patients, how to give thought and rules to patients, pregnant mother care, how to mind before or after transfer, and so on. I believe this information will be useful to me in the future.

References

1. Website: <https://www.medicalnewstoday.com/articles/160774.php>
2. Website: <https://www.google.com/search?q=mistc+dhaka&rlz=1C1CHBF enBD875BD875&oq=MFSTC+&ags=chrome.2.6915710131691601315.10260|0|4&sourceid=chrome&ie=UTF>
3. Website: <http://faculty.daffodilvarsity.edu.bd/teachers/nfe.html>
4. Website: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0205149>