



MOTHER & CHILD HEALTH HANDBOOK

AFYA YA MAMA NA MTOTO



Name of Mother :

Name of Child :

Contact Phone Number :

- Soma kitabu hiki upate mawaidha ya afya.
- Beba kitabu hiki kila mara uendapo kliniki na uonyeshe muhudumu wa afya.
- Read this handbook for important Health information.
- Carry this handbook at all times during a visit to the health facility and show it to the health worker.

Dear Father and Mother!

Congratulations on this pregnancy! The Ministry of Health would like to celebrate with you and presents this Mother and Child Health (MCH) Handbook to you. Please read it well together with family members and understand the contents well. If you have any question, please ask a health worker or a Community Health Volunteer (CHV) without any hesitation.

Carry this Handbook every time you visit a health facility and show it to the health worker.

This MCH Handbook will be used during pregnancy, child birth and after child birth until the child is 5 years old. Please keep the Handbook safe and hand it over to the child when he/she is a young adult as a present with instructions to keep it safe. Your child will read its contents and understand his/her health history before birth until 5 years of age. The child will also realize your love, health workers' and other service providers' contribution towards protecting his/her life. We hope this MCH Handbook will help protect life of mother and child thus lead to; a healthy mother, child and family, and a healthy and prosperous Nation.

Birth Plan: Preparing for a safe and healthy childbirth;

Health worker to discuss with mother/couple and fill in:

- Expected date of childbirth
- Place of childbirth/Health facility name.....
- Birth attendant.....
- Health facility contact: phone number.....
- Support person/birth companion.....
- Transport.....
- Blood donor.....
- Financial plan for childbirth.....

Table of Contents

Father's Support.....	3	SECTION 2
SECTION 1		(CHILD HEALTH MONITORING)
(ANC, CHILDBIRTH AND POSTNATAL CARE)		
Maternal Profile.....	5	Particulars of child and family.....
Medical and Surgical History 5 Physical Examination (First Visit).....	6	Broad clinical review at first contact below 6 months.....
Clinical Notes.....	7	Developmental Milestones.....
Antenatal Profile.....	8	Identification of early eye problems in an infant.....
Infant Feeding.....	8	Reasons for Special Care.....
MTCT Interventions.....	9	Weight for Age boys.....
Weight for Date Chart.....	11	Length/Height for age boys.....
Preventive Services.....	12	Weight for age girls.....
T.D. Instruction Notes.....	12	Length/Height for age girls.....
Dental Health for you and your baby.....	13	Growth Monitoring Return Date.....
Clinical Notes.....	15	Immunizations.....
Care during pregnancy.....	16	Other Vaccines.....
Danger signs during pregnancy.....	16	Vitamin A capsules from 6 months.....
Child Birth.....	17	Deworming from 1 year.....
Breastfeeding:Positioning and Attachment.....	17	Identification of exposed children at 6weeks or soon thereafter.....
Early Identification of Impairments and Disabilities.....	18	Clinical Notes.....
Care of Mother and Baby after birth.....	19	Prevention of Mother to Child Transmission of HIV and Syphilis.....
Guideline for healthy eating.....	19	How is HIV transmitted from mother to baby, and how can it be prevented?.....
Go to health facility immediately if.....	20	Health worker consultations.....
Post Natal Examination.....	21	Hospital Admissions.....
Reproductive organs cancer screening.....	22	Special Clinic Attendance.....
Family Planning.....	22	Feeding Recommendations during sickness and health and care for development.....
		Recommendations for Care for Child Development.....
		When to return immediately.....
		Fluids for any sick child.....

Abbreviations

AEFI	Advance Events Following Immunization
ANC	Antenatal Clinic
ARVs	Antiretrovirals
AZT	Zidovudine
BP	Blood Pressure
CHX	Chlorhexidine
CTX	Cotrimoxazole
CWC	Child Welfare Clinic
DBS	Dry Blood spot
EDD	Expected Date of Delivery
FANC	Focused Antenatal Care
FP	Family Planning
Hb	Haemoglobin
HEI	HIV Exposed Infant
IPT	Isoniazid Prophylaxis Therapy
IPTp	Intermittent Preventive Treatment in Pregnancy
KMC	Kangaroo Mother Care
LMP	Last Menstrual Period
MCH	Mother Child Health
MTCT	Mother To Child Transmission
NVP	Nevirapine
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Care
PrEP	Pre-Exposure Prophylaxis
SP	Sulfadoxine/Pyrimethamine
STI	Sexually Transmitted Infections
TD	Tetanus and Diphtheria
TEO	Tetracycline Eye Ointment

Father's Support for Mother & Child Health

Father, you are very important for the health of the mother and child as well as your own health.

During pregnancy

Showing your wife /partner that you care about her can help her both physically and emotionally

- Ensure your wife/partner has support for the house chores.
- Ensure your wife/partner eats healthy foods at least 5 out of the 10 food groups everyday and goes for antenatal care, 8 times during the pregnancy. **(See page 18)**
- Accompany your wife/partner to the health facility as much as possible.
- Get tested and treated for Sexually Transmitted Infections (STIs) including HIV. If found positive you will receive appropriate advice on how to protect your unborn baby and your treatment.
- Ensure you and your wife/partner have a birth plan
- Be sure to play and communicate with your unborn baby during pregnancy
- Discuss family planning method of choice with your wife/partner

During childbirth

You can help your wife/partner have a safe labour and childbirth:

- Ensure availability of basic needs in the house to avoid any worries as she goes to deliver at the health facility.
- Ensure transport to the health facility is available (Birth preparedness; money, birth companion, emergency kit)
- Ensure other children are taken care of.
- If you stay with her during the birth, you can help by giving her both emotional and physical support.
- Build her confidence by encouraging her by telling her she is doing well.
- Help her walk or squat during contractions or rub her back

After childbirth

- The first six weeks after birth are the most important for both mother and baby.
- Ensure the baby is given ONLY breast milk for the first 6 months for proper growth and disease prevention.
- Take time to hold and care for your baby to establish closeness (bonding) to your new child. This will also give your wife/partner a chance to sleep and rest. She needs a lot of healthy foods, fluids and plenty of rest during this time.
- If the mother is HIV positive the baby should get prophylaxis (nevirapine and AZT) during breastfeeding and a HIV test at 6 weeks of age. NB: A HIV positive couple can get a HIV negative baby.

- Help her rest more by doing some of house chores or getting someone else who can help.
- Ensure the baby is exclusively breastfed (should not be given any foods, fluids and not even water) for 6 months after childbirth.
- Be sure to play and communicate with your baby.
- Avoid sexual contact until the bleeding and the discharge that comes after childbirth stops. (Usually 6 weeks after childbirth).
- Accompany your wife/partner to receive postnatal care.

Family Planning

- To have healthy mothers and babies it is best to space your children at least two years between pregnancies.
- You can help your family be healthy by using family planning, the mother can start an appropriate Family planning method immediately after childbirth.
- Visit the family planning clinic with your wife/partner and decide together which method will work best then share the responsibility for using it.

NB: Throughout pregnancy, childbirth and there after, be alert for danger signs in the mother and baby. If present seek medical help immediately. (See page14 and 19)



SECTION 1: (ANC, CHILDBIRTH AND POSTNATAL CARE)

MATERNAL PROFILE

Name of Health Facility: MFL No: ANC No.: PNC No. Name of Client: Age: Gravida: Parity: Height(cm): Weight(kg): LMP: EDD: Marital Status: County: Subcounty: Ward: Town/trading centre/village: Estate/hse no.: Physical address: Telephone: Education level: Next of Kin: Relationship: Next of Kin's Contacts/Phone:

MEDICAL & SURGICAL HISTORY

Surgical Operation - Specify: Diabetes? Yes: No: Hypertension Yes: No: Blood Transfusion: Tuberculosis: Any Drug Allergy? Yes: No: If yes, specify: Other allergies, specify: Family History: Twins Tuberculosis

PREVIOUS PREGNANCY

Pregnancy Order	Year	Number of times ANC Attended for every pregnancy	Place of childbirth	Gestation in weeks	Duration of labour	Mode of delivery	Birth weight kg	Sex	Outcome	Puerperium
1 st										
2 nd										
3 rd										
4 th										
5 th										
6 th										
7 th										

PHYSICAL EXAMINATION [1st Visit]

General examination: _____

BP: _____ Pulse rate _____

CVS: _____ Resp.: _____

Breasts: _____ Abdomen: _____

Vaginal Examination of the external genitalia: _____

Discharge/genital Ulcer: _____

ANTENATAL PROFILE

<input type="checkbox"/>	Hb:	
<input type="checkbox"/>	Blood Group:	
<input type="checkbox"/>	Rhesus:	
<input type="checkbox"/>	Urinalysis:	
<input type="checkbox"/>	Blood RBS:	
<input type="checkbox"/>	TB Screening as per the intensive case finding tool	
	Screening outcome:	
	Negative:	<input type="checkbox"/>
	Positive:	<input type="checkbox"/>
	<i>(If negative, and no TB signs, give Isoniazid Preventive Therapy (IPT) as per eligibility. If positive, send for TB diagnosis)</i>	
	Isoniazid Preventive Therapy (IPT): Date given:	<input type="text"/>
	Next Visit:	<input type="text"/>
	Obstetric Ultrasound:	
	1 st one done before 24 weeks (18-20 weeks) Gestation:	<input type="text"/>
	Date:	<input type="text"/>
	2 nd one done in 3 rd trimester, Gestation:	<input type="text"/>
	Date:	<input type="text"/>
	Triple testing (HIV/Syphilis/Hepatitis): Date: <input type="text"/>	
	HIV: R <input type="checkbox"/>	NR <input type="checkbox"/>
	Not tested <input type="checkbox"/>	Inconclusive <input type="checkbox"/>
	<i>(If not tested refer for further counselling)</i>	
	Syphilis: R <input type="checkbox"/>	NR <input type="checkbox"/>
	Not tested <input type="checkbox"/>	Inconclusive <input type="checkbox"/>
	<i>(If not tested refer for further counselling)</i>	
	Hepatitis B: R <input type="checkbox"/>	NR <input type="checkbox"/>
	Not tested <input type="checkbox"/>	Inconclusive <input type="checkbox"/>
	<i>(If not tested refer for further counselling): If HIV Non-Reactive Re-testing: Date <input type="text"/></i>	
	<i>If positive, (see page 12) for management of the mother. If still non reactive (see page 11) for repeat serology testing.</i>	
	Note: Refer to current ART guideline for management of inconclusive results.	
	Couple HIV counselling and testing done Yes: <input type="checkbox"/>	
	No: <input type="checkbox"/>	
	<i>(If No, counsel and test. If negative, (see page 11) for retesting schedule.</i>	
	Partner HIV Status	
	Reactive <input type="checkbox"/>	Non-Reactive <input type="checkbox"/>
	Not Tested <input type="checkbox"/>	
	If reactive refer partner for HIV Care.	

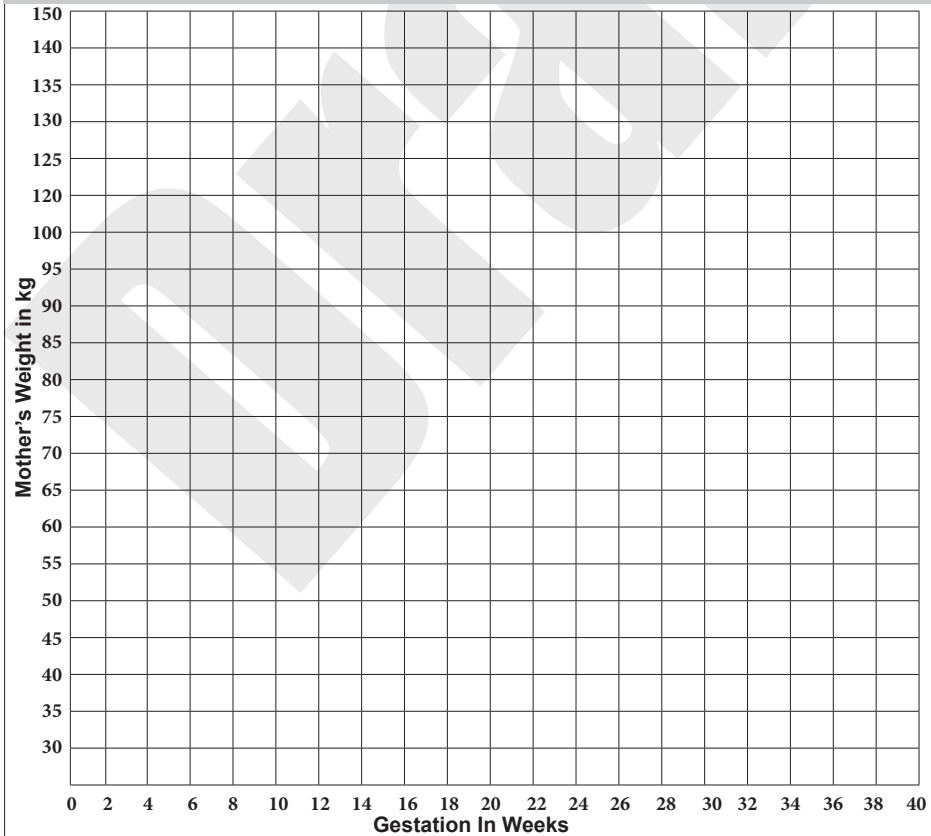
Attend all your Antenatal clinic visits as advised by the health care provider

NOT FOR SALE

PRESENT PREGNANCY TABLE

No of Contacts	Date	Urine	Weight	Bp	Hb	Pallor	Gestation in weeks	Fundal Height	Presentation	Lie	Foetal Heart rate	Foetal Movement	Next Visit

WEIGHT MONITORING CHART (Plot the weight)



Recommended Weight Gain: A total of at least 7kg to 12kg during pregnancy with an average of: 1st trimester 0.5kg/month, 2nd trimester 1-1.5kg/month, 3rd trimester 2- 2.2kg/month.

Attend all your Antenatal clinic visits as advised by the health care provider

NOT FOR SALE

PREVENTIVE SERVICES

Tetanus Diphtheria (TD) injection	Time given	Date given	Next visit
1 st injection	First visit		
2 nd injection	4 weeks after 1 st dose but 2 weeks before childbirth		
3 rd injection	6 months after 2 nd dose		
4 th injection	1 year after 3 rd inj/ subsequent pregnancy		
5 th injection	1 year after 4 th inj/ subsequent pregnancy		

MALARIA PROPHYLAXIS

Timing of Contact	Dose#	Date given	Next visit
1: Up to 12 weeks			
1a: 13 - 16 weeks	IPTp - SP dose 1		
2: 20 weeks	IPTp - SP dose 2		
3: 26 weeks	IPTp - SP dose 3		
4: 30 weeks	IPTp - SP dose 4		
5: 34 weeks	IPTp - SP dose 5		
6: 36 weeks	No SP, if last dose received <1 Month ago		
7: 38 weeks	IPTp - SP dose 6 (if no dose in past month)		
8: 40 weeks			
NB: IPTp give SP at 4 weeks intervals from 13 weeks gestation to term in malaria endemic areas			
Long lasting Insecticide Treated Net (LLITN)			

Deworming (Mebendazole 500mgs) given once in the 2nd trimester date given		
---	--	--

IRON AND FOLIC ACID SUPPLEMENTATION (IFAS) DURING 8 ANC CONTACTS - 270 Tablets

Ferrous Fumarate	Contacts	Gestation in weeks	Tablets	Tablets given	Date Given	Next visit
(Combined Tablet 60mg Iron and 400µg (0.4mg) Folic acid) or any other equivalent available	1	Upto 12 weeks	60			
	2	20 weeks	45			
	3	26 weeks	30			
	4	30 weeks	30			
	5	34 weeks	15			
	6	36 weeks	15			
	7	38 weeks	15			
	8	40 weeks	60			

NB: Advise mother to take one tablet per day during pregnancy and to continue after child birth until all the tablets are finished

Tetanus Diphtheria (TD) Vaccination:

If a pregnant woman has not been previously vaccinated, or her immunization status is unknown, she should receive two doses of tetanus toxoid vaccine one month apart with the second dose given at least 2 weeks before childbirth. 2 doses protect against tetanus infection for 1-3 years. A third dose is recommended six months after the second dose, which should extend protection to at least 5 years.

- Two further doses for women who are first vaccinated against tetanus during pregnancy should be given after the third dose, in the two subsequent years or during two subsequent pregnancies.
- If a woman has had 1-4 TD injection sin the past, she should receive one dose of TD during each subsequent pregnancy to a total of 5 doses (5 doses protect throughout the childbearing years).

****T.D. Instructions/notes**

All the ante-natal clients should be asked about the number of tetanus toxoid injections they have received in their life to date - including those given after injuries and through schools. This forms part of the 5 TDs. If none given start as follows.

- T.D.1 - Give to Primigravida or on first contact
- T.D.2 - Give not less than 4 weeks after T.D.1
- T.D.3 - Give during the 2nd pregnancy, any time before 8 months of pregnancy
- T.D.4 - Give during the 3rd pregnancy, any time before 8 months of pregnancy
- T.D.3 - Give during the 4th pregnancy. Gives protection for life

Special note: When using the 5-T.D. schedule during F.A.N.C., the interval between pregnancies is not relevant (unless ≥ 10 years between the 1st & 2nd pregnancies) because the body's immunological memory responds well to booster doses given even beyond the recommended time for boosters.

Only when the interval between the 1st and 2nd pregnancy is greater than (or equal to) 10yrs, should the schedule be re-started from T.D.-1.

(This rule does not apply to intervals greater than 10yrs between the 2nd-3rd pregnancies or the 3rd-4th pregnancies. Meaning that a long delay between T.D.2 & T.D. 3 is more risky than a long delay between T.D.3 & T.D.4 or between T.D.4 & T.D.5)

MATERNAL SEROLOGY REPEAT TESTING			
Date test done (dd/mm/yy)	Serology results	Date of Next appointment	Comments
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		If positive, counsel to start on ART immediately and test the partner. If negative, book for a repeat serology test. Continue testing until complete cessation of breastfeeding.
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		

Note: Repeat serology test for the mother as per current national ART guideline.

Attend all your Antenatal clinic visits as advised by the health care provider

NOT FOR SALE

MTCT INTERVENTIONS FOR HIV POSITIVE MOTHERS AND THEIR EXPOSED INFANTS

MOTHER

Interventions	Date started /service given and dose				Comment
ART for life	Visit #1 date	Visit #2 date	Visit #3 date:	Visit #4 date	Given to all regardless of CD4 and viral load.
	
	Regimen:	Regimen:	Regimen:	Regimen:	
Viral load (VL) sample	Date Viral load taken	Date Viral load taken	Date Viral load taken	Date Viral load taken	All should have a viral load. Refer to current ART guidelines for viral load monitoring.
	
	Results	Results	Results	Results	

NOTE: Assess all HEIs for initiation of ARV prophylaxis immediately after childbirth or at first contact after birth.

Give the mother the ART prophylaxis to give to the baby immediately after birth and continue until 6 weeks after complete cessation of breastfeeding. (See page 36)

CTX Prophylaxis syrup is to be issued from 6 weeks after birth (Refer to page 21 for post-natal assessment; and page 35 for ART&CTX prophylaxis)

COUNSEL MOTHER ON MANAGEMENT OF THE HEI (See page 36) for HEI prophylaxis or ART treatment)

DENTAL HEALTH FOR YOU AND YOUR BABY

Your baby's teeth are important for chewing, speaking and to guide the growth of the face and jaws in readiness for permanent set of teeth later in life. Baby teeth start to develop during week 6 of pregnancy. At birth, your baby will have small swellings in the mouth marking the areas of teeth inside the gum. The swellings are your baby's developing teeth, they are not "false" or "plastic" teeth. The first baby teeth may come in when baby is 4-12 months old. During this time when teeth are coming in, the gums may be itchy, and your baby may show signs of increased salivation. This is normal and does not need the use of "teething gels" or "teething powders". Dentists/ oral health officer do not recommend their use as some may affect your baby.

Some babies may be born with one or more teeth in the mouth. These are called "Neonatal teeth". If they cause pain to the mother during breast feeding, take your baby to the dentist so that they can be safely removed.

Cleaning your baby's teeth

Prevent tooth decay by brushing baby teeth twice a day, (after morning feed and at night before going to sleep), avoiding sugary foods and drinks, and not putting babies to sleep with bottles. Clean baby teeth with a designated soft wet cloth or a soft baby-tooth brush.



Use a smear of tooth paste with baby-tooth brush/ soft wet cloth to clean baby's teeth between 1-2 years.



Use pea-size toothpaste when baby can take instructions to spit (Age 2-3 years).

Attend all your Antenatal clinic visits as advised by the health care provider
NOT FOR SALE

- You need to assist your baby with teeth brushing until they reach the age of 6-8 years (Until you see they can tie their shoe-laces).
- Baby's teeth do not cause diarrhoea, but the gums may be itchy and baby may put things like dirty toys around them into the mouth causing stomach upsets. Ensure they have clean toys and teething rings to soothe the gums during this time.
- Feed baby on healthy foods and snacks; avoid sweetened juices, sweets, chocolates.
- Take your baby to the dentist at the age of 1 year. The dentist will review baby's progress and give you more advice on the care of your baby's teeth.

Dental care for pregnant mothers

Brush your teeth thoroughly twice a day (after breakfast and before bed) with fluoridated toothpaste. If you feel like vomiting when you brush your teeth, try brushing about one hour after your last meal. Visit your dentist/oral health officer to discuss other tooth-cleaning methods that may work for you, if your gums bleed during tooth brushing or if you have any other problem with your teeth as this may get worse when you are pregnant.

Get your teeth checked when you plan for a pregnancy to ensure you have good teeth to eat well and keep your body healthy for the healthy development of your baby.

Dental treatment can be carried out during pregnancy without causing any harm to your baby. You will just need to inform your dentist, so they can take the necessary care during your treatment.

During pregnancy, some mothers get the urge to eat more sugary snacks. This practice can increase the occurrence of tooth decay and it is best to avoid.

Lost teeth due to dental problems or for any other reason can be replaced at a dental clinic.

CARE DURING PREGNANCY

- Eat one extra meal every day during pregnancy
- Eat at least 5 of the 10 food groups everyday
- Drink plenty of water at least 8 glasses per day(2litres)
- Take iron and folic acid suppliments (IFAS) everyday throughout pregnancy
- Avoid heavy work, rest more
- Sleep under an long lasting insecticidal net (LLIN)
- Go for ANC visit as soon as possible and attend 8 times during the pregnancy
- Do regular non-strenuous exercises

INFANT FEEDING

Infant feeding counseling done: Yes No:

Counseling on exclusive breastfeeding and benefits of colostrum done. Yes: No:

CHILDBIRTH

Duration of pregnancy _____ in weeks

HIV tested? Yes: No:

If HIV test not done or Negative at ANC, counsel and test:

Reactive NR Not tested

Mode of delivery _____ Date: _____ Time: _____

Place baby on mother's abdomen immediately the baby is born: Yes No

Apgar score 1min _____ 5min _____ 10min _____ Resuscitation done: Yes No

Blood loss: _____ Millilitres (mls)

Pre-eclampsia: Eclampsia: PPH:

Obstructed labour Yes: No:

Condition of mother: _____

Meconium stained liquor (grade) 0,1,2,3,

Conducted by: Nurse: Midwife: Clinical Officer: Doctor:

Drugs administered at childbirth:

Mother: Oxytocin/Syntocinon/Misoprostol/Heat stable carbetocin

If HIV positive (HAART Highly Active Antiretroviral Therapy). Specify regimen _____

Other drugs specify: _____

Baby: Vit K TEO

Cord care: Apply Chlorhexidine digluconate (CHX 7.1%) once daily for at least 7 days or till the cord drops off. **NB: DO NOT APPLY CHX ON EYES.**

Baby HIV exposed: Specify ART prophylaxis given _____

Other drugs specify: _____

Baby's condition _____

Birth Weight kg: _____ Birth Length cm: _____ Head circumference: _____

Place of childbirth: Health facility: Home: Other (Specify): _____

Early initiation of breastfeeding within 1 hour after childbirth: _____

Note:

- Keep the baby warm, uninterrupted skin to skin for at least one hour immediately after childbirth
- Delay bathing the baby for at least 24 hours after birth
- If preterm or low birth weight less than 2500gms, initiate kangaroo mother care at least 18 hours per day.

POSITIONING AND ATTACHMENT FOR BREASTFEEDING

Correct Positioning



Is the infant correctly positioned? Positioning refers to when:

1. Baby's head and body is straight
2. Baby facing the mother with the nose opposite the nipple
3. Baby's body close to the mother's body (Infant's Tummy to mother's tummy)
4. Mother supporting infant's whole body and not just neck and shoulders.

All the 4 signs of correct positioning must be present to decide there is correct positioning

Is the infant correctly positioned?

Yes No

How to attach:

1. Touch the baby's upper lip with your nipple
2. Wait until the baby's mouth is open wide
3. Move the baby quickly onto your breast, aiming the baby's lower lip well below the nipple

Good Attachment



Is the infant able to attach? To check for attachment look for:

1. Chin touching the breast
2. Mouth wide open
3. Lower lip turned outward
4. More areola seen above than below the mouth

All the 4 signs of good attachment must be present for one to decide that there is good attachment

Is the infant well attached to the breast?

Yes No

Signs of effective suckling:

1. Slow deep sucks, sometimes pausing
2. Cheeks round when suckling
3. Baby releases breast when milk is finished or he/she is satisfied
4. Mother feels relaxed

NB: During breastfeeding, show the mother correct positioning and good attachment.

- **If milk is not enough seek medical advice.**

EARLY IDENTIFICATION OF CONGENITAL ABNORMALITIES

Tick as appropriate if a sign is observed

Head size:	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Extra small (micro cephalic): <input type="checkbox"/> ▪ Extra big (hydrocephalic): <input type="checkbox"/> ▪ Others Specify: _____ 		Remarks
Mouth and Gums	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Cleft lip: <input type="checkbox"/> ▪ Palate: <input type="checkbox"/> ▪ Others Specify _____ 		
Ears	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Specify: _____ 		
Arms and legs	Normal Arms <input type="checkbox"/> Normal Legs <input type="checkbox"/> Normal Back <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Club foot: <input type="checkbox"/> ▪ Congenital hip dislocation: <input type="checkbox"/> ▪ Jointed fingers or toes: <input type="checkbox"/> ▪ Extra fingers and toes: <input type="checkbox"/> ▪ Others Specify: _____ 		
Muscle Tone	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Floppiness <input type="checkbox"/> ▪ Rigidity <input type="checkbox"/> ▪ Other specify: _____ 		
Joints movement	Flexible <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Not Flexible <input type="checkbox"/> ▪ Other specify: _____ 		
Fingers & Toes	Normal 5 fingers and 5 toes <input type="checkbox"/>	<input type="checkbox"/> Abnormal Specify: _____		
Arms & Shoulders	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal Specify: _____		
Spine/neck/back	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Any Swellings <input type="checkbox"/> ▪ Protrusions <input type="checkbox"/> ▪ Sores or Marks along the spine <input type="checkbox"/> ▪ Specify: _____ 		
Body Movement	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Baby becomes floppy when lying in certain position <input type="checkbox"/> ▪ Cerebral palsy? <input type="checkbox"/> If yes, specify: _____		
Abdominal wall	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal Specify: _____		
Genitalia	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Oriface in wrong place <input type="checkbox"/> ▪ Anus abnormality <input type="checkbox"/> 		
Anus	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal <ul style="list-style-type: none"> ▪ Oriface in wrong place <input type="checkbox"/> ▪ Anus abnormality <input type="checkbox"/> 		

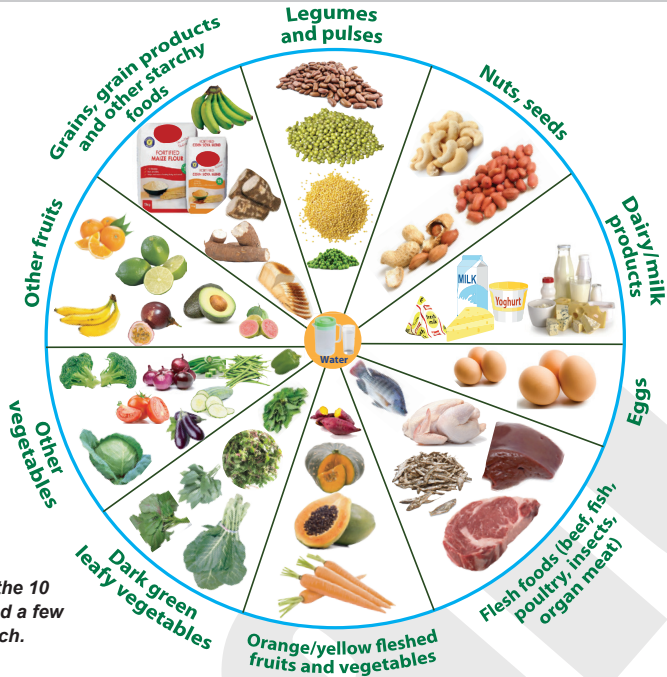
List any abnormal findings (not captured previously): _____

NB: Assessment to be done within 48 hours after childbirth. To be repeated at 6 weeks.

Take your child to the health facility, every month until he/she is 5 years old

NOT FOR SALE

HEALTHY EATING DURING PREGNANCY AND BREASTFEEDING:



NB: These are the 10 food groups and a few examples of each.

Variety is key

- Eat at least 5 of the 10 food groups each day.
- Eat a variety of foods within each food group and across all the food groups.
- Consume plenty of safe water throughout the day.
- Take one extra meal per day
- Take lots of nutritious fluids (Porridge, soup, fresh fruit juice).

CARE OF THE MOTHER AND BABY AFTER BIRTH



Eat two extra small meals during breastfeeding period

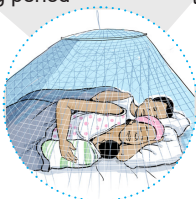


Give only breast milk to the baby for the first 6 months of life



Keep baby warmly wrapped, including cap and socks at all times

Image To be approved



Sleep with the baby under an insecticide treated net (LLITN)



If birth occurs at home, immediately take mother and baby to the health facility

Take your child to the health facility, every month until he/she is 5 years old

NOT FOR SALE

DANGER SIGNS FOR MOTHER AFTER CHILD BIRTH

Mother has:



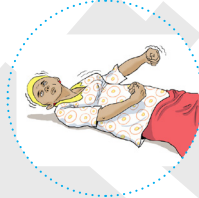
Heavy bleeding



Fever



Severe Headache

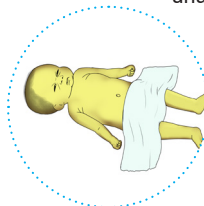
Foul smelling
Vaginal discharge

Fits/ Convulsions

Baby:

Stops
breastfeeding wellHas difficult or
fast breathingFeels hot or
unusually cold

Becomes less active

Body becomes yellow
especially on the eyes, palms
and soles

In case of any of these danger signs, immediately visit a health facility

POSTNATAL CARE

A) MOTHER

Timing of Visit	Within 48 hours	1-2 weeks	4-6 weeks	4-6 months
Date/visit				
Blood pressure				
Temp				
Pulse				
Respiratory Rate				
General Condition				
Breast				
C/S scar				
Involution of uterus				
Condition of episiotomy				
Lochia (smell amount and colour)				
Pelvic Exam				
Haemoglobin				
Mother's HIV status (<i>Test if wasn't tested or tested negative during ANC and labour and delivery. If reactive, start on HAART immediately. (See page 11)</i> <i>All HIV negative mothers should receive HIV test at 6 weeks after child birth.</i>				
Mother on HAART (Yes, No, N/A) <i>If No, start on HAART.</i>				
Mother cotrimoxazole prophylaxis initiated (Yes, No, N/A)				
HIV re-testing at 6 weeks post child birth (Linked to CWC clinic) and every 6 months thereafter until complete cessation of breastfeeding. (See page 36)				
Counseling on family planning: Yes/No/N/A				
Screen for maternal mental health				
FP method, specify				

B) BABY

Baby's general condition: Well/Unwell				
Baby's Temp				
Baby's breath per minute				
*Baby's feeding method: Exclusive breastfeeding Yes /No				
**Baby's breastfeeding: Positioning: Correct/Not correct Attachment: Good/Poor				
Umbilical cord status				
Baby irritable, Yes/No				
Any other problem?				
Baby immunization started: Yes/No				
HEI infant given ART prophylaxis Yes/No (<i>If no start on ART PROPHYLAXIS. (See page 36)</i>)				
Infant cotrimoxazole prophylaxis initiated: Yes/No/N/A				
*Encourage exclusive breastfeeding for all babies. If mother is HIV positive, she should adhere to ARV medicines and the baby to given ARV prophylaxis. **Positioning and attachment for breast feeding: (See page 16). NB: fill in (page 23 to 26) Child health monitoring.				

SECTION 2: CHILD HEALTH MONITORING

A. Particulars of the Child:

Date first seen (DD/MM/YY) ___/___/___

Name of Child:
Sex of child:
Date of birth – (DD/MM/YY) ___/___/___
Gestation at birth (in weeks)..... Birth weight (kgs)..... Birth Length (cm).....
Other birth characteristics**
Birth order in family (e.g. 1 st , 2 nd , 3 rd born):
Date 1 st seen (DD/MM/YY) ___/___/___

B. Health Record of Child:

Place of birth:
Health facility: <input type="checkbox"/> Home: <input type="checkbox"/> Other (Specify) _____
Birth Notification No.: _____ Date: _____
Immunization permanent register No.
Child Welfare Clinic (CWC) No.
Health facility name:
Master facility list (MFL) No.

C. Civil Registration:

Birth Certificate No.:
Date of registration:
Place of registration:

**e.g. twin/triplet; caesarian birth; congenital features.

Any congenital abnormalities (cleft lip, club foot).. etc _____

D. Civil Registration:

Father's name:	Tel No.
Mother's name:	Tel No.
Guardian's name (where applicable):	Tel No.
Residence of child – County:	District:
Division:	Sub County:
Town/Trading centre/ Ward:	
Estate & House No./Village:	
Postal address:	

E. Broad clinical review at first contact below 6 months:

Age at first contact:	
Weight (kgs):	
Length/height (cm):	
Z score (Refer to the growth charts (<i>See pages 28 to 31</i>))	
HIV status:	
Exposed: <input type="checkbox"/> Date: <input type="text"/>	
Positive: <input type="checkbox"/> Date: <input type="text"/>	
Unknown: <input type="checkbox"/>	
<i>If unknown conduct HIV test (See page 36) Refer to current ART guideline.</i>	
HB	
Physical features:	
Colouration (cyanosis/jaundice/macules/hypopigmentation):	
Head circumference (cm):	Eyes (refer to section I):
Ears:	Mouth:
Chest:	Heart:
Abdomen:	Umbilical cord/umbilicus:
Spine:	Arms & hands:
Legs & feet:	
Genitalia Normal: <input type="checkbox"/> Abnormal: <input type="checkbox"/>	
(Specify: Indeterminate, undescended testes/ hypospadias etc) _____	
Anus: __	
<i>TB: Screen baby for TB as per the TB ICF card</i>	








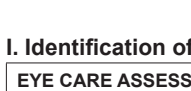
F. Feeding information from parent/guardian

Breastfeeding: Well: <input type="checkbox"/> Poorly: <input type="checkbox"/> Unable to breastfeed: <input type="checkbox"/>
Other feeds introduced below 6 months: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, at what age _____ <i>Counsel on exclusive breastfeeding</i>
Complementary food: Other foods introduced: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no counsel on complementary feeding</i>
Retention of feeds/indigestion*:
<i>*NB: A baby who is exclusively breastfed may pass stool many times or may not pass any for some days. This is normal unless he/she has abdominal distension or is vomiting.</i>



G. Other behavioural characteristics as reported by parent/guardian

Does the baby have problems sleeping?:
Irritability: Yes <input type="checkbox"/> No <input type="checkbox"/>
Thumb/finger sucking: Yes <input type="checkbox"/> No <input type="checkbox"/>
Others specify:

H. Development Milestones

Milestones	Age Achieved	Normal Limits	Within time	Delayed
 Social smile/follows a colourful object dangled before their eyes		0-2 months		
 Holds the head upright / follows the object or face with their eyes / turns the head or responds in any other way to sound / smiles when you speak		2 - 4 months		
 Rolls over / reaches for and grasps objects with hand / takes objects to her mouth / babbles (makes sounds)		4-6 months		
 Sits without support / moves object from one hand to the other/ repeats syllables (bababa, mamama)		6-9 months		
 Takes steps with support / picks up small object or string with 2 fingers / says 2-3 words / imitates simple gestures (claps hands, bye)		9-12 months		
 Walks without support / drinks from a cup / says 7-10 words / points to some body parts on request		12-18 months		
 Kicks a ball / builds tower with 3 blocks or small boxes / points at pictures on request / speaks in short sentences		18 - 24 months		
 Jumps/ undresses and dresses themselves / says name, tells short story/ interested in playing with other children		24 months and older		
<i>Refer for further assessment if a milestone delays beyond the normal age limit as indicated above</i>				

I. Identification of early eye problems in an infant

EYE CARE ASSESSMENT (Tick on the appropriate unshaded boxes for age)		AGE IN MONTHS			
		At Birth	At 6 months	At 9 months	At 18 months
TETRACYCLINE EYE OINTMENT (TEO) GIVEN	TEO (ONLY at Birth)				
PUPIL	Black				
	White (If white refer)				
SIGHT	Following objects				
	Not following objects (Refer to eye clinic)				
SQUINT (Crossed eyes)	Squint (Refer to eye clinic)				
	No Squint				
ANY other Problem	Yes (Refer to eye clinic)				
	No				

NB: Some eye problems in children apart from causing visual impairment or blindness could also cause death of the child. Early identification and treatment for the problem is the answer.

NB: Preterm infants on oxygen to have Retinopathy of Prematurity (ROP) examination.

Take your child to the health facility, every month until he/she is 5 years old

NOT FOR SALE

Record of baby's teeth development

It should be fun for your baby to know when they got their teeth. Here is a chart for you to keep this record.

Observation	Normal limits	Age of baby when tooth seen	Date seen
Lower Incisor	4-10 months		
Upper Incisor	6-12 months		
Lower Canine	12-23		
Upper Canine	12-23		
Lower First Molar	12-18		
Upper First Molar	12-18		
Lower Second Molar	24-30		
Upper Second Molar	24-30		

Reason for Special Care (Tick as appropriate)

- Birth weight less than 2.5kg
- Birth less than 2 years after last birth
- Birth order
- Born of a teenage mother
- Born of a mentally ill mother
- Any of the child's siblings been undernourished
- Multiple births (Twins, Triplets)
- Orphan
- Child has disability
- HIV Exposed Infants (HEI)
- History/signs of child abuse/neglect
- Any other(specify) _____

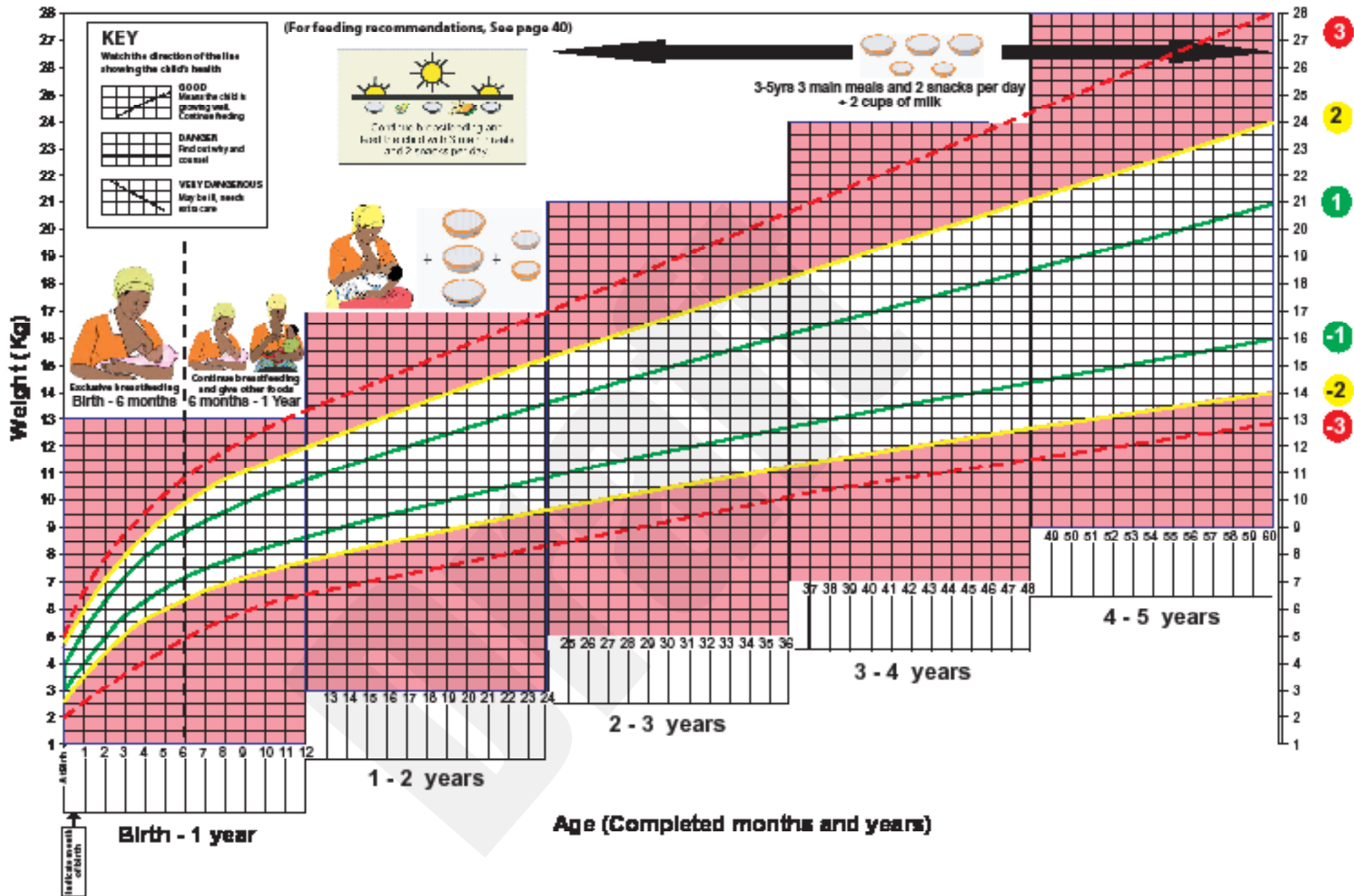
IF YOU HAVE TICKED ANY OF THE ABOVE:

COUNSEL THE CAREGIVER AND/OR REFER AS APPROPRIATE

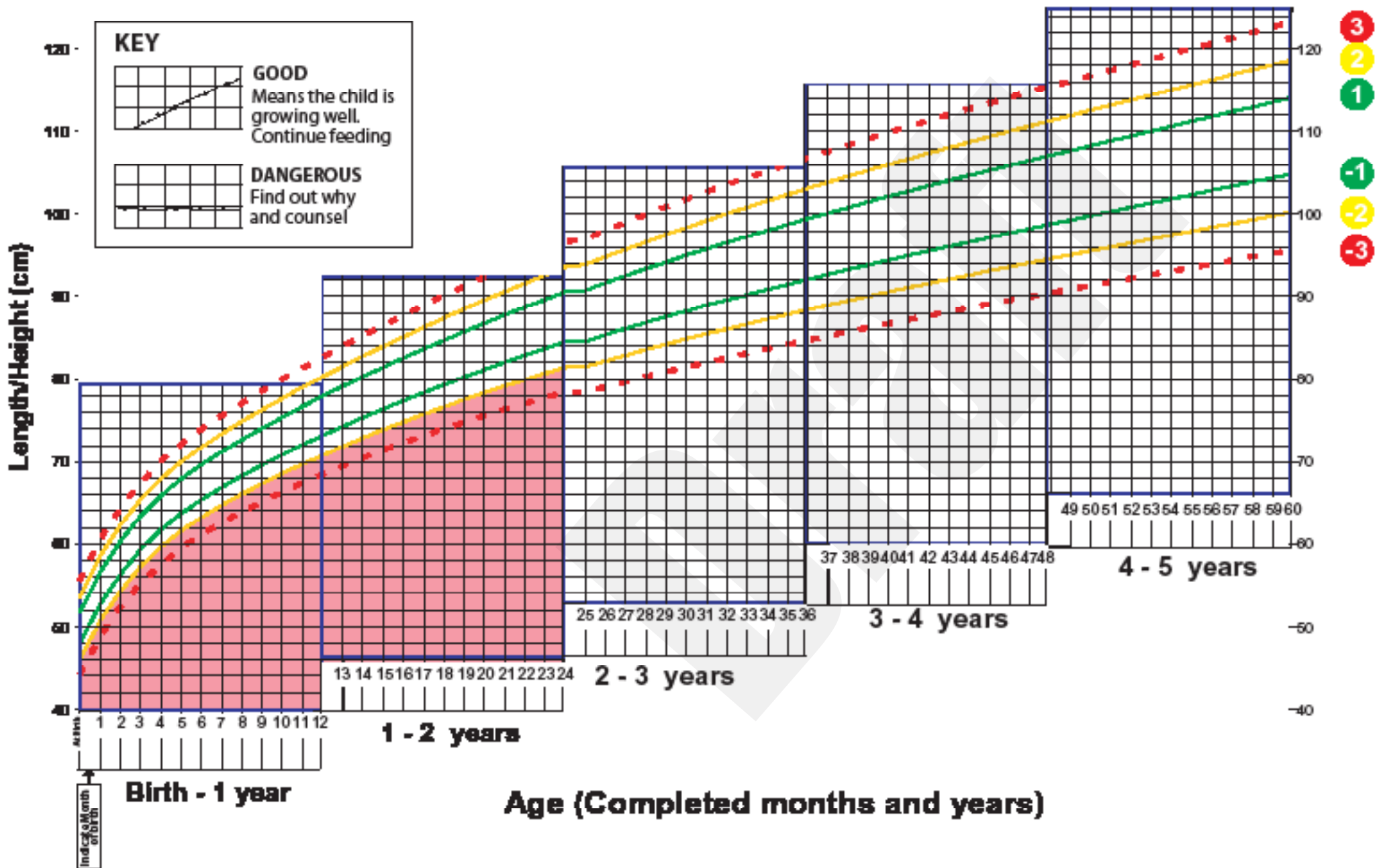
Weight-for-Age BOYS

±3 Refer for further investigations

±2 to ±3 Refer for nutritional counselling



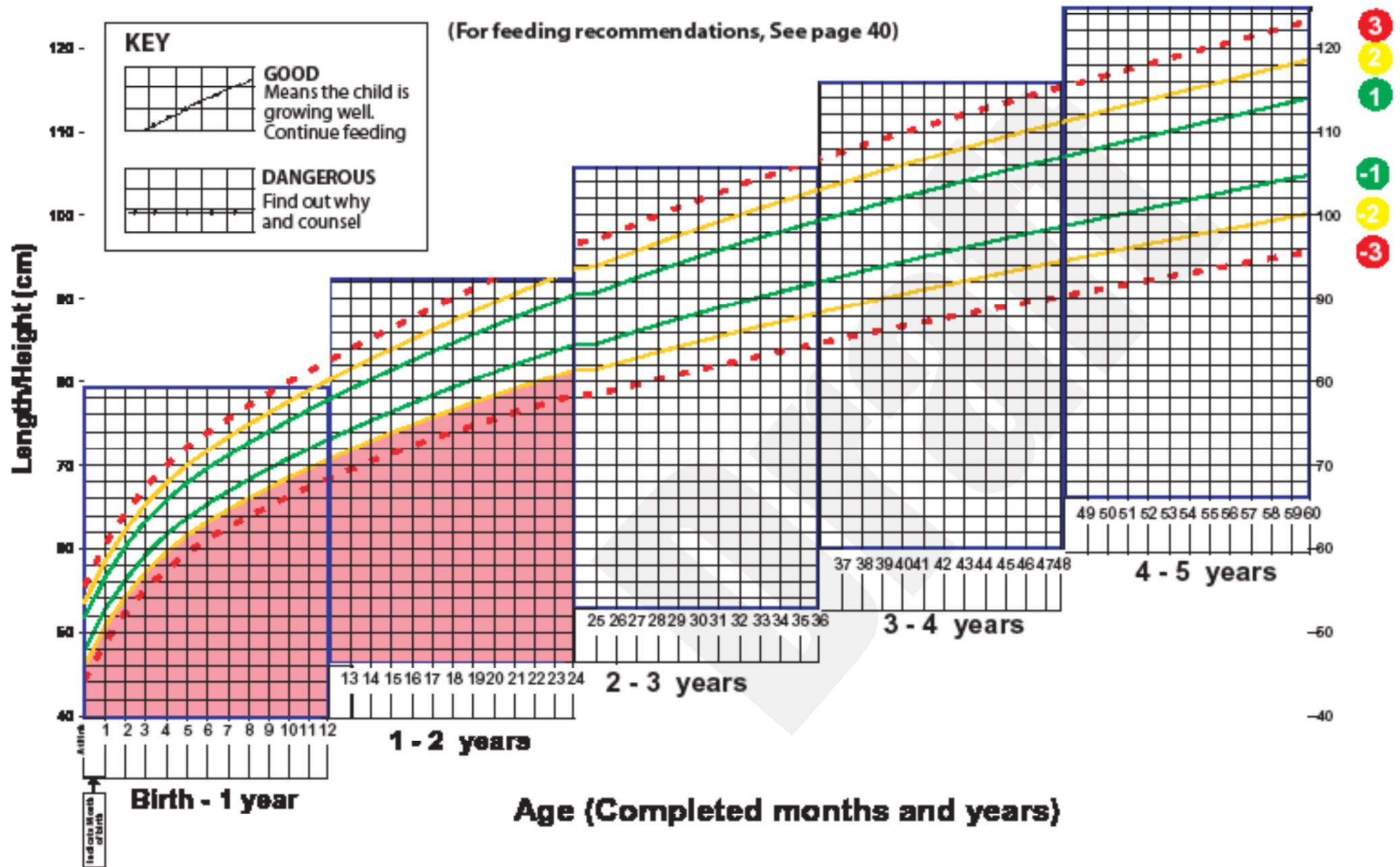
Length/Height-for-Age BOYS



Length/Height-for-Age GIRLS

If -2 to -3 intervention
Below -3 Needs intervention

(For feeding recommendations, See page 40)



IMMUNIZATION**PROTECT YOUR CHILD**

BCG VACCINE: at birth (intra- dermal left fore arm)	Date Given	Date of next visit
Dose:(0.05mls for child below 1 year)		
Dose:(0.1mls for child above 1 year)		
BCG-Scar Checked	Date Checked	
PRESENT		
ABSENT		
Repeat vaccine	BCG date repeated	

POLIO VACCINE: (Bivalent Oral Polio Vaccine(bOPV):	Date Given	Date of next visit
Dose: 2 drops orally		
Birth Dose at birth or within 2wks		
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		
3 rd Dose at 14 weeks		

IPV (Inactivated Polio Vaccine)		
IPV (0.5mls) Dose at 14 weeks Intramuscular into the outer aspect of the right thigh 2.5cm (2 fingers apart) from the site of PCV10 injection.		

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/HAEMOPHILUS INFLUENZA Type B Dose:(0.5mls) Intra Muscular left outer thigh	Date given	Date of next visit
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		
3 rd Dose at 14 weeks		

PNEUMOCOCCAL CONJUGATE VACCINE Dose: (0.5mls) intramuscular into the upper outer aspect of the right thigh	Date given	Date of next visit
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		
3 rd Dose at 14 weeks		

ROTA VIRUS VACCINE 1.5mls administered orally, slowly	Date given	Date of next visit
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		

MEASLES RUBELLA VACCINE (MR) at 6 months; in the event of a measles rubella outbreak or HIV Exposed children (HEI)	Date Given
Dose 0.5ml, deep subcutaneous injection into the right upper arm deltoid muscle.	
MEASLES RUBELLA VACCINE (MR) at 9 months	Date Given
Dose 0.5ml, deep subcutaneous injection, over the deltoid muscle, upper right arm.	
MEASLES RUBELLA VACCINE (MR) at 18 Months	Date Given
Dose 0.5ml, deep subcutaneous injection, over the deltoid muscle, upper right arm.	
YELLOW FEVER VACCINE at 9 months**	Date Given
Dose; (0.5mls) Intra Muscular left upper deltoid	

****Only in selected Counties.**

OTHER VACCINES	
VACCINE	DATE GIVEN

NB; Other vaccines refer to those not in the usual KEPI schedule and may include, Typhoid etc. If your child develops any adverse events following immunization (AEFI) please report immediately to the nearest health facility.

ANY ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI)

DATE: _____ DESCRIBE: _____

Antigen /Vaccine: _____

Batch Number: _____

Manufacture Date: _____

Expiry Date: _____

Manufacturer's Name: _____

VITAMIN A SUPPLEMENTATION (VAS)**VITAMIN A CAPSULE; Given orally (Start at 6 months or at first contact thereafter)**

Dose	Age	Age given	Date given	Date of next visit
100,000IU	6 months			
200,000 IU	12 months (1 year)			
200,000 IU	18 months (1 ½ years)			
200,000 IU	24 months (2 years)			
200,000 IU	30 months (2 ½ years)			
200,000 IU	36 months (3 years)			
200,000 IU	42 months (3 ½ years)			
200,000 IU	48 months (4 years)			
200,000 IU	54 months (4 ½ years)			
200,000 IU	59 months (5 years)			

Note:

- Do not give Vitamin A Supplementation if 30 days have not elapsed since the last dosage.
- For treatment of measles or Vitamin A deficiency related eye conditions, give appropriate dose on day zero, 24 hrs later and 14 days later.

Micro Nutrient Powders (MNPs)- Dosage: 10 sachets per month

Age in months	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Number issued																		
Date issued																		
Date of next visit																		

NOTE: 1) Give 1 sachet every 3rd day; 2) add to Solid or Semi-solid food; 3) Add in warm food NOT HOT; 4) Should be eaten within half an hour after mixing with food. 5) MNPs should not be added to liquid foods or drinks

DEWORMING FROM 1 YEAR

DEWORMING					
Give once every six months to all children one year and above. Albendazole 200g for children 1 to 2 years and 400g for children 2 years and above				Write Age given	
				Date of next visit	
Age	Drug	Dosage	Age given	Date given	
12 months (1 year)					
18 months (1 ½ years)					
24 months (2 years)					
30 months (2 ½ years)					
36 months (3 years)					
42 months (3 ½ years)					
48 months (4 years)					
54 months (4 ½ years)					
59 months (5 years)					

Take your child to the health facility, every month until he/she is 5 years old
NOT FOR SALE

IDENTIFICATION OF EXPOSED CHILDREN AT FIRST CONTACT AFTER DELIVERY, OR AT 6 WEEKS OR FIRST CONTACT AFTER 6 WEEKS

Establish HIV Exposure Status of all infants at first contact:

To establish if the infant is exposed conduct a Maternal antibody test. If the Mother serology is positive the baby is Exposed (HEI).

For an infant accompanied by a guardian and with unknown maternal HIV status, conduct HIV antibody test to establish if the infant is HIV exposed.

If the infant is exposed (HEI); Collect a DBS for DNA PCR at first contact after delivery or at 6 weeks, or first contact after 6 weeks.

All HEIs should be tested as per the table below;

Type of Test	Date of Sample Collection	Results
1 st DNA PCR 1st contact after delivery or at 6 weeks, or first contact after 6 weeks.		
If 1 st PCR test positive, collect a confirmatory DNA PCR and baseline viral load, and start on ARV		
2 nd DNA PCR at 6 months		
3 rd DNA PCR at 12 months		
Antibody test at 18 months		
If breast feeding, conduct HIV antibody test at 24 months (Repeat the HIV antibody test every 6 months until complete cessation of breastfeeding)		
Final antibody test 6 weeks after complete cessation of breastfeeding		

Key: • DNA PCR-DNA polymerase chain reaction • DBS-Dried blood spot



Note: Encourage exclusive breastfeeding for all infants including HEI.



HIV Exposed Infant	
ARV Prophylaxis: AZT+NVP for 6 weeks (Dose to be adjusted as per the infant weight/Age)	Start at birth- give to mother at first contact Continue NVP for minimum 12 weeks if not breastfeeding. If breastfeeding, continue NVP until 6 weeks after complete cessation of breastfeeding. Stop NVP syrup immediately if infant turns HIV positive and start ART.
CTX Prophylaxis: CTX syrup 2.5 ml OD (Dose to be adjusted as per the infant weight/Age)	Start at 6 weeks after birth or at first contact after 6 weeks. Continue until 6 weeks after complete cessation of breastfeeding.
Infant IPT syrup	Given as per Infant's eligibility.





HIV Infected Infant	
ART for life. (Dose to be adjusted as per the infant weight/Age)	Stop NVP syrup immediately and start appropriate ART regimen if infant turns HIV positive. Refer to current ART guideline for HAART regimen.
CTX syrup 2.5 ml OD. (Dose to be adjusted as per the infant weight/Age)	Start at 6 weeks after birth or at first contact after 6 weeks. Adjust dose as per weight.
IPT syrup	Given as per child's eligibility.

Take your child to the health facility, every month until he/she is 5 years old
NOT FOR SALE

Counsel the caregiver on feeding recommendations FOR ALL CHILDREN during health and sickness

BREASTFEEDING		
	Newborn upto 1 week	<ul style="list-style-type: none"> Immediately after birth, put the baby on skin-to-skin contact with the mother for atleast one hour. Initiate breastfeeding within the first hour after birth. Give your baby colostrum (the first yellowish, clear, whitish milk). It protects the baby from many illnesses. Breastfeed on demand (day and night, as often as the baby wants) at least 8 times in 24 hours. Frequent feeding produces more milk. If the baby is small (low birth weight - <2.5 kg), feed at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if baby does not wake self. DO NOT give other foods. Breast milk is all your baby needs.
	1 WEEK UP TO 6 MONTHS	<ul style="list-style-type: none"> Breastfeed as often as the child wants. Look for signs of hunger, (fuss, sucking/moving lips, opening mouth, making sounds, sticking out the tongue, putting hands in his mouth, making rapid eye movement before his/her eyes are open, baby may cry) Breastfeed on demand (day and night, as often as the baby wants) at least 8 times in 24 hours. Frequent feeding produces more milk. Breast milk is all your baby needs. DO NOT give other foods or fluids

COMPLEMENTARY FEEDING				
	Age	Texture	Frequency	Amount of food per meal
	6 months	Start with thick porridge or well mashed/ pureed foods.	Frequent breast feeds Feed your child 2 times (2 meals)	2 table spoon each feed, increase to 3 table spoons in the 3rd to 4th week. Add MNPs
	7-8 months	Mashed family foods, by 8 months your baby can begin eating finger food.	Frequent breast feeds Feed your child 3 times (3 meals)	Increase amount gradually to half (½) cup (250ml cup). Add MNPs
	9-11 months	Finely chopped or mashed foods, introduce foods that baby can pick with their fingers.	Frequent breast feeds Feed your child 4 times (3 meals, 1 snack)	¾ of a cup/bowl (250 ml) Add (MNPs)

	1-2 years	Cut food into small, soft pieces so that your child can pick, chew and swallow comfortably.	Frequent breast feeds, feed your baby 5 times, (3 meals, 2 snacks)	Give your child 1 cup of 250ml cup. Add MNPs
	2-5 years	Cut food into small, soft pieces so that your child can pick, chew and swallow comfortably	May continue breastfeeding Feed your baby 5 times (3 meals, 2 snacks)	Give your child 1 1/2-2 cups of 250 ml cup.
Non-breastfed baby 	<ul style="list-style-type: none"> If infant is <6 months, consult your health care worker Depending on the age, give in addition: <ul style="list-style-type: none"> 1-2 cups of milk per day 1-2 extra meals per day 2-3 cups water per day Adequate animal foods Use multiple micronutrient powders with complementary foods 			
Feeding sick children 	During illness		During recovery	
Note:	<ul style="list-style-type: none"> Encourage the child to drink and to eat - with lots of patience Feed small amounts frequently Give foods that the child likes Give a variety of nutrient-rich foods Continue to breastfeed – often ill children breastfeed more frequently Introduce one type of food at a time Do not mix more than 2 types of cereals Give your child animal foods from 6 months Use a separate plate/bowl to feed your baby Observe hygiene! <ul style="list-style-type: none"> Wash your hands at critical times (after visiting the toilet, after cleaning baby bottoms, before eating, before cooking, before/after handling a sick person) Keep cooking surfaces and utensils clean Keep play items and areas clean Take your child to the clinic every month until he/she is 5 years old 			
	<ul style="list-style-type: none"> Give extra breastfeeds Feed an extra meal Give extra amount of food Use extra rich foods Feed with extra patience and love 			

Recommendations for - Care for Child Development

CONCEPTION TO BIRTH

NEWBORN, BIRTH TO 1 WEEK

1 WEEK UP TO 6 MONTHS

6 MONTHS UP TO 9 MONTHS

9 MONTHS UP TO 12 MONTHS

12 MONTHS UP TO 2 YEARS

2 YEARS AND OLDER

PLAY

Your baby begins learning in the womb.

You can bond with the unborn baby when you gently rub your belly.

Pat the belly when your unborn baby kicks.



Your baby can see and hear you at birth, start using the baby's name.

Skin to skin contact promotes bonding and attachment.

Provide ways for your baby to see, hear, feel, move arms and legs freely and touch you.

Gently soothe, stroke and hold your baby.



Provide ways for your child to see, hear, feel, move freely and touch you.

Slowly move colourful things for your child to see and reach for.

Examples of play items: Shaker rattle, big ring on a string.



Give your child clean, safe household things to handle, bang and drop.

Examples of play items: Containers with lids, metal pot and spoon.



Hide an attractive item for the child under a cloth or box.

See if the child can look for it.

Play peek-a-boo.



Give your child things to stack up and to put into containers and take out.

Examples of play items: Nesting and stacking objects, containers and pegs.



Help your child count, name and compare things.

Help your child to make simple play items.

Examples of play items: Balls and dolls and cars.



COMMUNICATE

Both you and partner can gently rub your belly and talk to your unborn baby.

Take time for international relaxed breathing.

Sing soothing songs as you rub your belly.



Look into baby's eyes and talk to your baby.

Breastfeeding time is a good time to talk to your baby.



Smile, laugh and talk with your child.

Respond to your child by copying your baby their sounds and gestures.



Respond to your child's sounds and interests.

Call the child's name, and see how your child responds.



Tell your child the names of things in their environment, such as items, people and animals.

Show your child how to say things with hands, like "bye-bye"



Ask your child simple questions.

Respond to your child's attempts to talk.

Show and talk about nature, people and things with your child.



Encourage your child to talk and answer your child's questions.

Tell your child stories, sing songs and play games together.

Examples of play item: Simple books with pictures, dolls, balls and toy cars.



THINKING HEALTHY

- Your health is your responsibility.
- Positive feelings towards your baby promotes bonding.
- Play with your baby all the time.
- A baby develops well in a loving peaceful home.
- Other trusted persons can also play with the child.
- Seek advice when you have challenges.

Give your child affection and show your love • Be aware of your child's interests and respond to them • Praise your child for trying to learn new skills

When to return immediately

BRING ANY SICK CHILD IF:



Not able to drink or Breastfeed



Becomes sicker



Develops fever

BRING CHILD WITH COUGH IF:

Fast breathing



Difficult breathing

BRING CHILD WITH DIARRHOEA IF:



Blood in stool

Drinking poorly



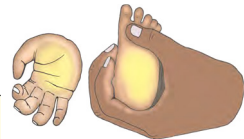
BRING YOUNG INFANT TO CLINIC IF ANY OF THE ABOVE SIGNS OR:



Breast feeding poorly



Feels unusually cold/hot



Palms and soles appear yellow

FLUIDS

FOR ANY SICK CHILD

- Breastfeed frequently and for longer at each feed
- Increase fluid. Give soup, rice water, yoghurt drinks or clean water, if not on exclusive breastfeeding.



CHILD WITH DIARRHOEA

Giving more fluids can be life saving

- 1) For children not on exclusive breastfeeding:
 - Give extra fluids as much as the child will take:
 - ORS solution
 - Food based fluids such as
 - Soup
 - Rice
 - Yoghurt drink
 - Clean water
 - Breastfeed more frequently and longer at each feeding
 - Continue giving extra fluids until diarrhoea stops
- 2) For babies on exclusive breastfeeding:
 - Breastfeed more frequently and longer at each breastfeed
 - Give ORS solutions
- 3) Give zinc as advised by health worker until it is finished

Immunisation Summary/Certificate

“Your child can receive the right vaccines against the diseases below, at the right time from the nearest health facility”



AT BIRTH

- TB
- Polio



1½ MONTHS

- Polio
- Diphtheria
- Pertussis
- Tetanus
- Hepatitis B
- Meningitis
- Pneumonia
- Diarrhoea



2½ MONTHS

- Polio
- Diphtheria
- Pertussis
- Tetanus
- Hepatitis B
- Meningitis
- Pneumonia
- Diarrhoea



3½ MONTHS

- Polio
- Diphtheria
- Pertussis
- Tetanus
- Hepatitis B
- Meningitis
- Pneumonia



9 MONTHS

- Measles
- Rubella



18 MONTHS

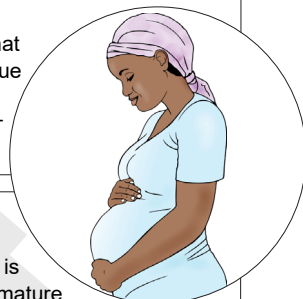
- Measles
- Rubella II

Take your child to the health facility, every month until he/she is 5 years old
NOT FOR SALE

ELIMINATION OF MOTHER TO CHILD TRANSMISSION (MTCT) OF HIV/SYPHILIS AND HEPATITIS B

HIV

Your baby is HIV exposed because you are HIV positive. It is important that you exclusively breastfeed your baby (**See pages 16 and 40**), you continue taking baby to the health facility for immunization, vitamin A/mineral supplementation/ deworming, Antiretroviral and septrin medicines as their growth is monitored on monthly basis till they become 5 years old.



Syphilis

What is syphilis? Syphilis is an infection that can be contracted through unprotected sex. If a pregnant mother gets infected with Syphilis and she is not treated adequately, she can suffer a miscarriage or give birth to a premature or dead baby or deliver a baby with a very low birth weight or a baby already infected with Syphilis. The baby born of a mother who has Syphilis can die within four months of life. Syphilis can be passed on from mother to the baby during the process of childbirth.

What are the symptoms of syphilis?

Symptoms start 2 to 3 weeks after sexual contact with an infected person. It starts with a painless sore on the penis, vagina, anus, or mouth.

These ulcers mostly heal on their own within a few weeks. Since they don't hurt, many people don't get treatment for them. Then there are no symptoms until later in life where the disease will result in damaged brain, nerves, eyes or heart.

How can I test for syphilis?

Testing is done for all pregnant mothers alongside HIV testing [Dual testing] at the Antenatal Clinic. If your test is positive, your partner should also be tested and treated if he is found to be positive.

Is there treatment for syphilis?

Yes, if you test positive for Syphilis, your healthcare provider will start you on appropriate medicines to stop risk of transmitting to your baby.

How can I prevent getting infected by syphilis?

- Being faithful to your sexual partner and vice versa.
- Avoiding sex when you or your partner has any symptoms that could be caused by Syphilis infection
- Using a condom every time you have sex

Hepatitis B

- Hepatitis B is a serious liver infection caused by the hepatitis B virus. The virus is passed from one person to another through unprotected sex with an infected partner or sharing needles with an infected person or from an infected mother to her baby during delivery.
- Many people do not know that they are carrying the virus, as they can have it for years before developing symptoms. A person or mother infected with Hepatitis B, can eventually develop liver disease which has no cure. It can also lead to early death of the child from liver cancer, cirrhosis or liver failure.
- It is important for every pregnant woman to know their hepatitis B status in order to prevent passing the virus on to their newborn baby during delivery (**See page 7**)

Dear young adult

Your information is written in this MCH Handbook. When you get this Handbook from your parents, look through from cover page to the end carefully. The cover is tired, perhaps because your parents brought it many times to the health facility during routine health monitoring and sickness. They also made use of the information in the Handbook and studied how to take care of you. From the information in this Handbook you can know how you were born and grew up till you were five years old. It can also help you know how to take care of your health, be a healthy citizen and build a healthy nation.

Please keep this handbook safe, handle it carefully. When your child will grow up, please show them this MCH Handbook and give them their own handbooks as presents from parents.

Parents' sweet messages at each juncture, at:

- Confirmation of pregnancy
- Child at age 4 months
- Child at age 6 months
- Child at age 1 year
- Child at age 2 years
- Child at age 3 years
- Child at age 4 years
- Child at age 5 years

