

**MINISTRY OF HEALTH  
BARBADOS**

**PERSONAL CHILD HEALTH RECORD**

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## Personal Child Health Record

This Child Health record is produced to help you understand your child's health and development each age range and assist you in the future when it is time to enroll for a preschool programme and when starting school.

There is also important child health information provided for parents in the front section of this Record. Use this as a guide for discussing your child's progress when you visit health professionals with your child.

The Child Health record is an important record to us and keeps for your child.

To get the most out of it be sure to ask the professionals to record the results and immunization in the relevant section at the time of your child's visit.

Remember to take the Child Health Record with you when you take your child to:

- your Polyclinic/Health Centre
- your doctor
- hospital
- dentist
- immunization session

## Health and Development Assessments

A child grows and develops rapidly and at different rates, so it is important to check them regularly. The routine assessments in the Child Health record provide an opportunity for parents to gain information, support and advice to assist in caring for their child. Assessments are intended to support parents to keep their baby well and provide the opportunity for any potential problems to be dealt with promptly.

It provides growth charts which allow your doctor or nurse to track your child's growth over time.

## Contacts

Hospital Tel. #: \_\_\_\_\_

Polyclinic Tel. #: \_\_\_\_\_

Paediatrician's Name: \_\_\_\_\_

Paediatrician's Tel #: \_\_\_\_\_

Accident and Emergency Department Tel. #: \_\_\_\_\_

The date you were given this record: \_\_\_/\_\_\_/\_\_\_

## This record is about:

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Other: \_\_\_\_\_

National Registration #: \_\_\_\_\_

Male  Female  D. O.B. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mother's name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Father's name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Polyclinic: \_\_\_\_\_

Tel: \_\_\_\_\_

Public Health Nurse: \_\_\_\_\_

**Perinatal History:**

Pregnancy:

Gestation:

Delivery;

Apgar; 1 min \_\_\_\_\_ 3 min \_\_\_\_\_ 5 min \_\_\_\_\_

Birth weight \_\_\_\_\_ Length \_\_\_\_\_ Head Circumference \_\_\_\_\_

Abnormalities at birth: \_\_\_\_\_  
 \_\_\_\_\_

Neonatal problems: \_\_\_\_\_  
 \_\_\_\_\_

**Breast-feeding History:**

	<b>3 Months</b>	<b>6 Months</b>	<b>1 Year</b>	<b>2 Years</b>
<b>Fully breastfed</b>				
<b>Partially breastfed</b>				
<b>No breastfeeding</b>				

**Other Children in the family**

1) Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

2) Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

3) Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

4) Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

5) Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please say if anyone in your family has a history of:

-early deafness (under 5 years) Yes/no/don't know

-fits, convulsions, epilepsy Yes/no/don't know

-early eye problem (under 5 years) Yes/no/don't know

-heart disease in anyone aged under 50 Yes/no/don't know

-other family health problems \_\_\_\_\_

## Guidelines for young child feeding

Child's age	Type of foods	How much & how often
<b>0 to 6 Months</b>	Practice exclusive breastfeeding (breast alone)	Breastfeed as often as baby wants, day and night.
<b>At 6 – 7 months</b>	Continue breastfeeding  Start other foods. Give soft, thick porridge made with milk. Also offer well-mashed family foods. Mix a staple food (e.g. Rice, bread, yam, green banana/fig, and breadfruit), dark green leafy and yellow vegetable, peas and beans and fats and oil. Offer small pieces of fruits too	Breastfeed as often as baby wants, day and night  Start with 2 – 3 tablespoonful of other foods 2 times a day
<b>At 7- 8 months</b>	Continue breastfeeding  Continue feeding other foods. Give soft, thick porridge and a mixture of mashed family foods. Offer a variety of foods as listed above.	Breastfeed frequently  Increase gradually to 2/3 cups of other foods at meal time, three (3) times a day

If the child is not breastfed, ask the health worker for advice on feeding him or her

Child's age	Type of foods	How much & how often
<b>At 9 – 11 months</b>	Continue breastfeeding  Continue feeding a variety of foods. Give thick porridge and finely chopped or mashed family foods.  Also offer foods that the child can pick up and chew. Avoid foods that can cause choking (nuts, raw carrots)	Breastfeed frequently  Increased gradually cups of other foods 3 times a day. Add snacks between meals
<b>At 12-24 months (1-2 years)</b>	Continue breastfeeding  Continue feeding a variety of foods  Give thick porridge and chopped family foods. Let the child try to feed himself or herself but give help	Breastfeed frequently  Increase gradually cup of other foods 3 times a day. Add between meals
<b>Between 2 – 5 years</b>	Give a mixture of family foods at meal times and healthy snacks between meals. Offer full cream milk, daily. Supervise the child at mealtimes, encourage him or her to eat and give help	Give baby 3 meals, snacks daily. Gradually increase amount and the foods at mea

## THE CHILD DIET

Fill in the table below by asking mother/guardian about the food/drink eaten by the child on the day before the visit to the clinic/health facility.

Child Age	Breast milk (√)Yes (*) No	Other food/drink (record other food/ drink given to baby)

## IMMUNIZATION SCHEDULE

You should take your child to your doctor/clinic as follows

AGE	IMMUNIZATIONS
2 months	1 <sup>st</sup> DPT and Oral Polio, HIB, Hep B & Pneumococcus
4 months	2 <sup>nd</sup> DPT and Oral Polio, HIB, Hep B & Pneumococcus
6 months	3 <sup>rd</sup> DPT and Oral Polio, HIB, Hep B & Pneumococcus
1 year	Measles/Mumps/Rubella
18 months	1 <sup>st</sup> booster DPT and OPV
3-5 years	2 <sup>nd</sup> Measles/Mumps/Rubella
4 1/2 years	2 <sup>nd</sup> booster DPT and OPV
5 years	BCG (given at school)
11 years	3 <sup>rd</sup> booster DT and Polio

## IMMUNIZATION RECORD

### EXPLANATION OF VACCINES

#### BCG

Protects against TB Meningitis and severe forms of TB. Given at Birth

#### DT or DpaT

Protect against Diphtheria, Pertussis (whooping cough) and Tetanus.

Shots given at 2 months, 4 months and 6 months.

Boosters shots given at 18 months and 4 ½ - 6 years.

#### TOPV

Trivalent Oral Polio Vaccine.

Given at the same time as DPT or DTaP

#### IPV

Injectable Polio Vaccine protect against Polio

#### MMR

Protects against Measles, Mumps and Rubella. Given at 12 months and 2-3 years.

#### Hib

Protects against Haemophilus “B” influenza which cause meningitis. 3 doses given at 2, 4 and 6 months.

#### Hep B

Protects against Hepatitis b infection. 3 doses given at 2, 4 and 6 months.

#### Td

Protects against Tetanus and Diphtheria. Given at over 7+ years.

#### DT

Protects against Diphtheria and Tetanus. Given instead of DPT.

#### VARICELLA

Protects against Chicken Pox.

#### PNEUMOCOCCUS

Protects against diseases caused by streptococcus pneumonia and meningitis.

**If unable to confirm to this suggested time table, consult the nurse at the clinic or your own doctor who will modify the timetable**

DOSE	DATE	DPT	OPV /IPV	HIB	HEP.B	PNUE	Doctor's Signature
First							
Second							
Third							
1 <sup>st</sup> Booster							
2 <sup>nd</sup> Booster							
3 <sup>rd</sup> Booster							
4th Booster							

N.B: after age 5 years DT Toxid is used

### OTHER IMMUNIZATION

INDICATE BY NAME	DATE	DOCTOR'S/NURSE'S SIGNATURE
MMR (First)		
MMR (Second)		
BCG		

## DENTAL HEALTH

Age when your child started brushing his/her teeth. \_\_\_\_\_

Age at first visit to the dentist (Age 1 is a good time to start)

\_\_\_\_\_.

**In the space below, record any serious dental health problems the child has.**

Date	Serious Dental Health Problems	Treatment

## DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
<b>3 months</b>	-focuses eyes on you when directly in line of baby's vision			
	- When lying on back, moves both upper and lower limbs smoothly and equally.			
	-lifts head when lying n stomach			

## DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
<b>4 ½ months</b>	-looks at own hands and bright colors			
	- rolls from front to back and back to front			
	-puts hands together and plays with them			



### DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
6 months	-Holds bottle and feeds self			
	-Laughs aloud at you			
	-Follows moving object or person with eyes			
	-Holds head erect when being held in upright position			
	-Supports weight on out-stretched arms when on stomach			

### DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
9 months	-Turns head in the direction of a whispered voice			
	-Sits independently without support of hands			
	-Crawls or creeps on hands			
	-Passes an object from one hand to another			

### DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
12 months	-Plays peek-a-boo			
	-Sees small objects like peas and raisins and tries to reach for them			
	-Pulls to stand and holds on to walk around the crib			
	-Bangs toys or blocks together			

### DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
18 months	- Drinks well from a regular cup and tries to feed self with a spoon			
	-Say at least two words beside “mama” and “dada”			
	-Walks unsupported			
	-Picks up small objects between thumbs and finger			

**DEVELOPMENTAL LANDMARKS**

Age Norm Domain	Area of Development	Yes	No	Age Achieved
<b>2 Years</b>	- Undress self			
	- Tells/shows you what he/she wants			
	- Climbs stairs			
	- Points to at least one named body part			

**DEVELOPMENTAL LANDMARKS**

Age Norm Domain	Area of Development	Yes	No	Age Achieved
<b>3 years</b>	- Dresses self but not buttons			
	- Jumps with both feet off the ground			
	- Scribbles using fingers instead of fist			
	- Answers simple questions and names at least one colour			
	- Points at and names six body parts			

**DEVELOPMENTAL LANDMARKS**

Age Norm Domain	Area of Development	Yes	No	Age Achieved
<b>4 Years</b>	-Dresses and undresses independently except tying of shoe laces			
	-Listens attentively and obeys multiple instructions			
	-Stands on one foot and balances self			
	-Copies O and +			
	-Buttons own clothing			
	-Can count up to 10			

## PERSONAL SCHOOL HEALTH PROFILE

Major health problems - allergies, operations, chronic illness, etc.

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### VISION

Date	R	L	Signature

### HEARING

Date	R	L	Signature

## CHILDHOOD SCREENING

	Screening	Age	Date	Recommendation
<b>Hearing</b>				
<b>Vision</b>				
<b>Speech</b>				



# Weight-for-length GIRLS

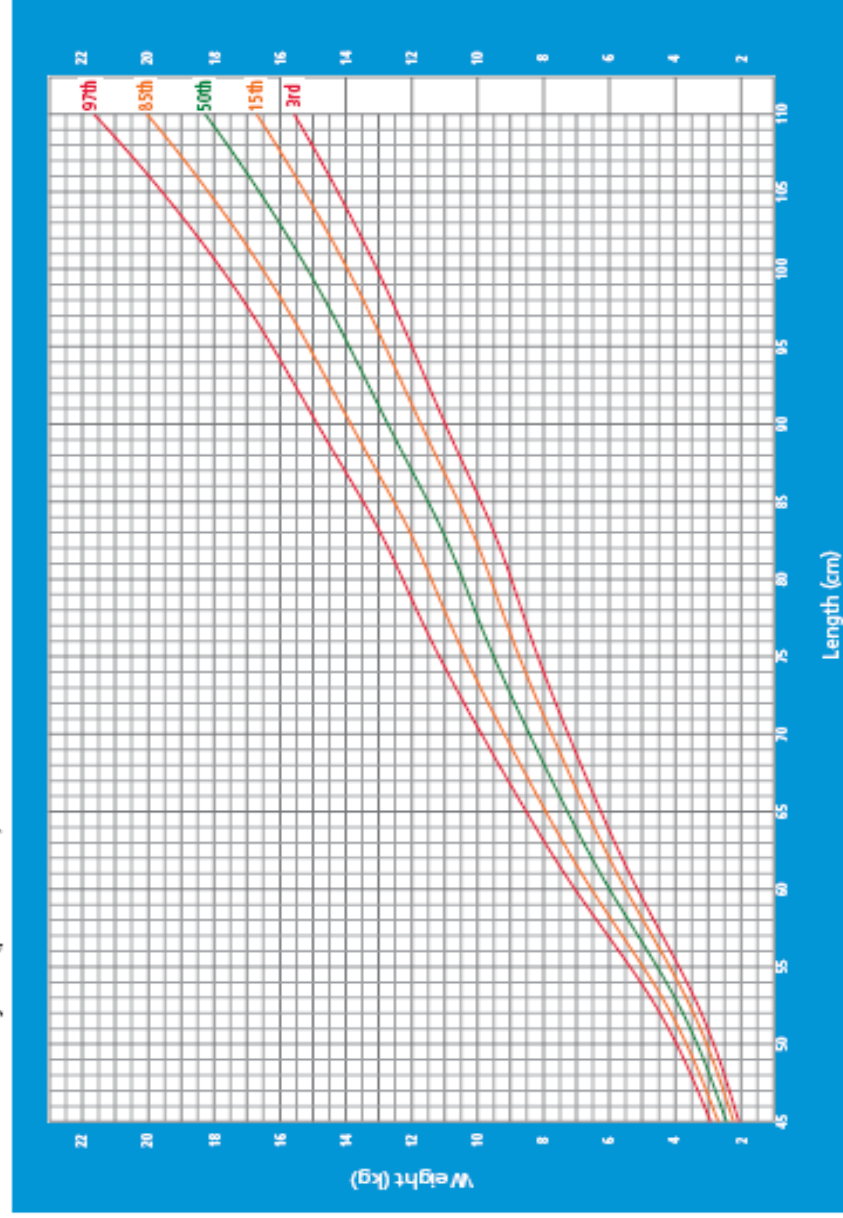
Birth to 2 years (percentiles)



WHO Child Growth Standards

# Weight-for-length BOYS

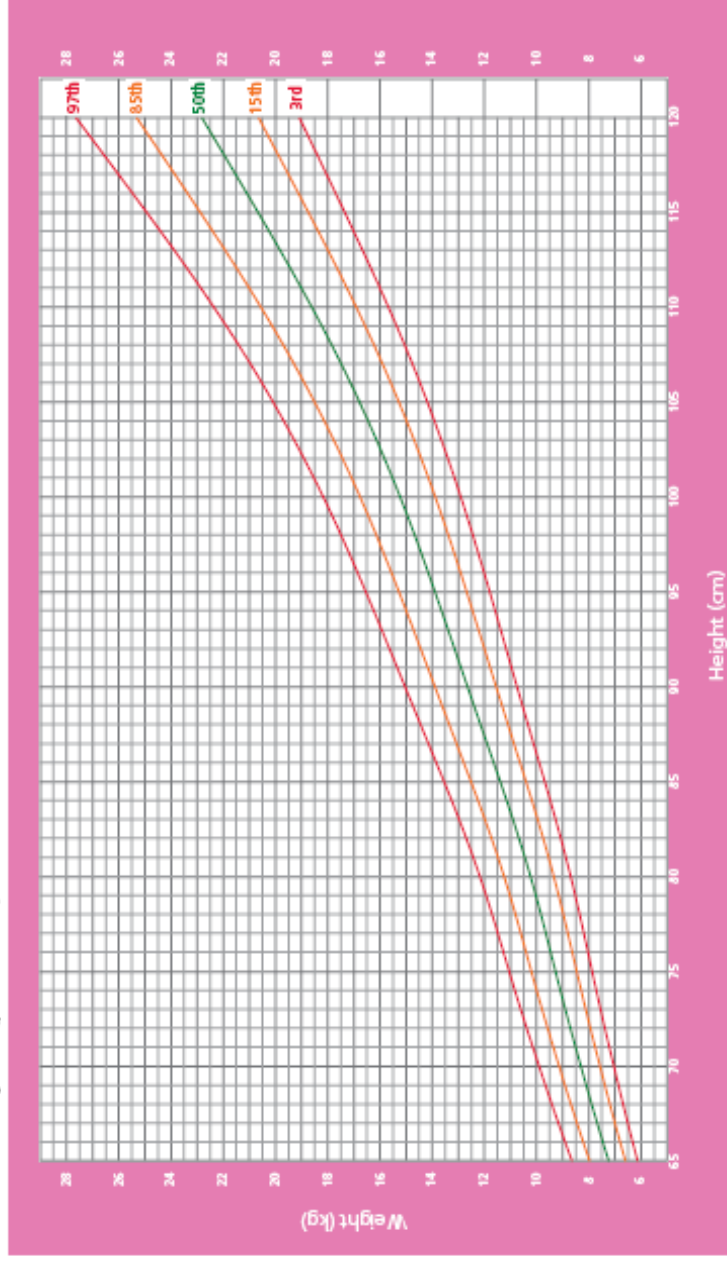
Birth to 2 years (percentiles)



WHO Child Growth Standards

# Weight-for-height GIRLS

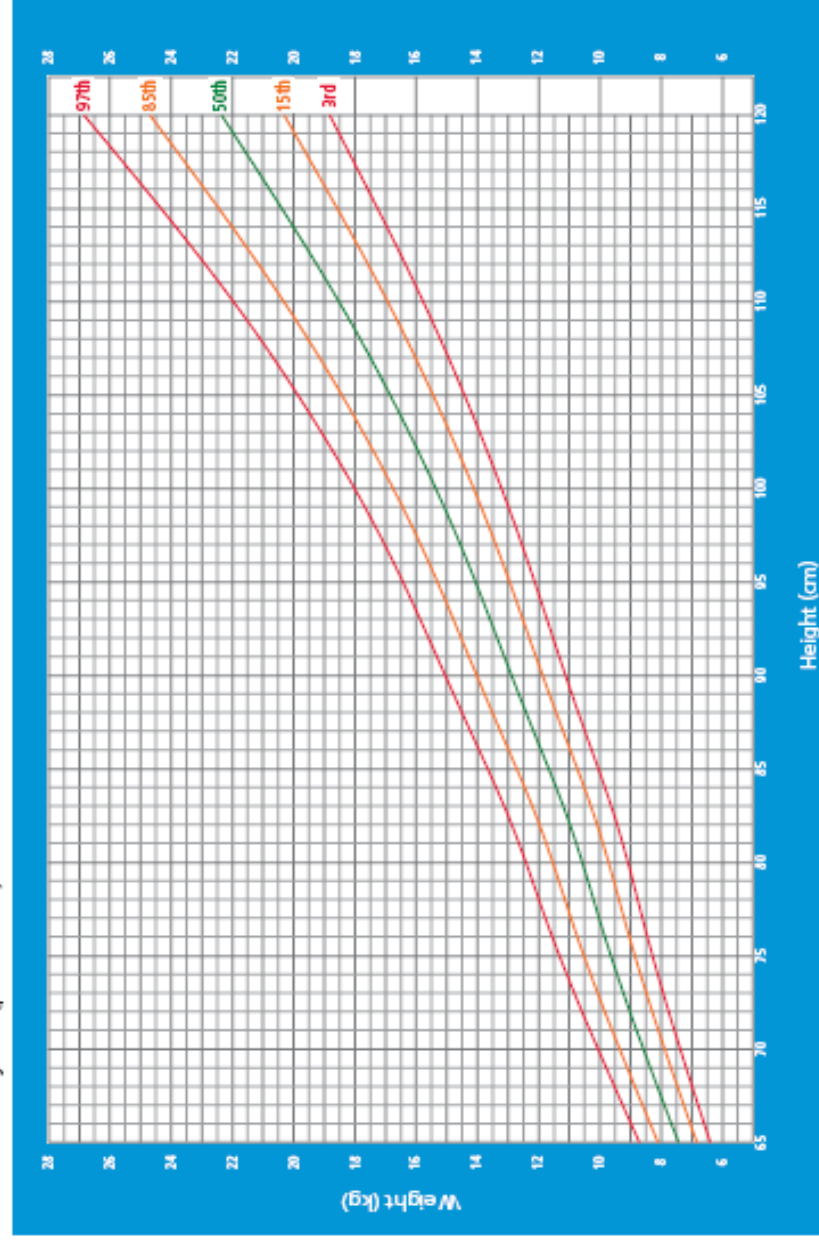
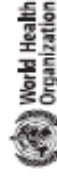
2 to 5 years (percentiles)



WHO Child Growth Standards

# Weight-for-height BOYS

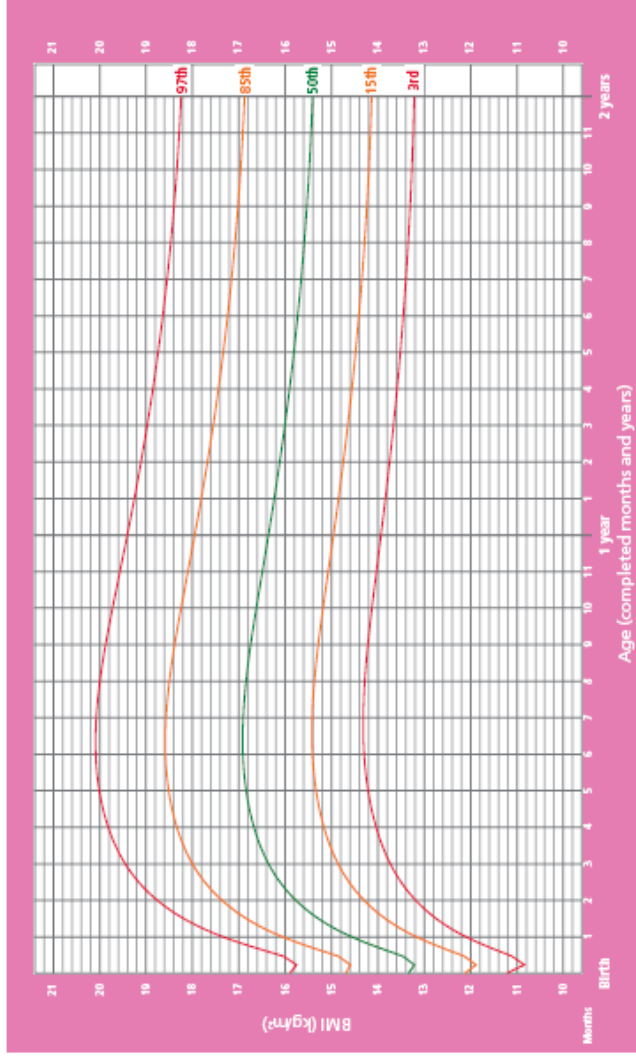
2 to 5 years (percentiles)



WHO Child Growth Standards

## BMI-for-age GIRLS

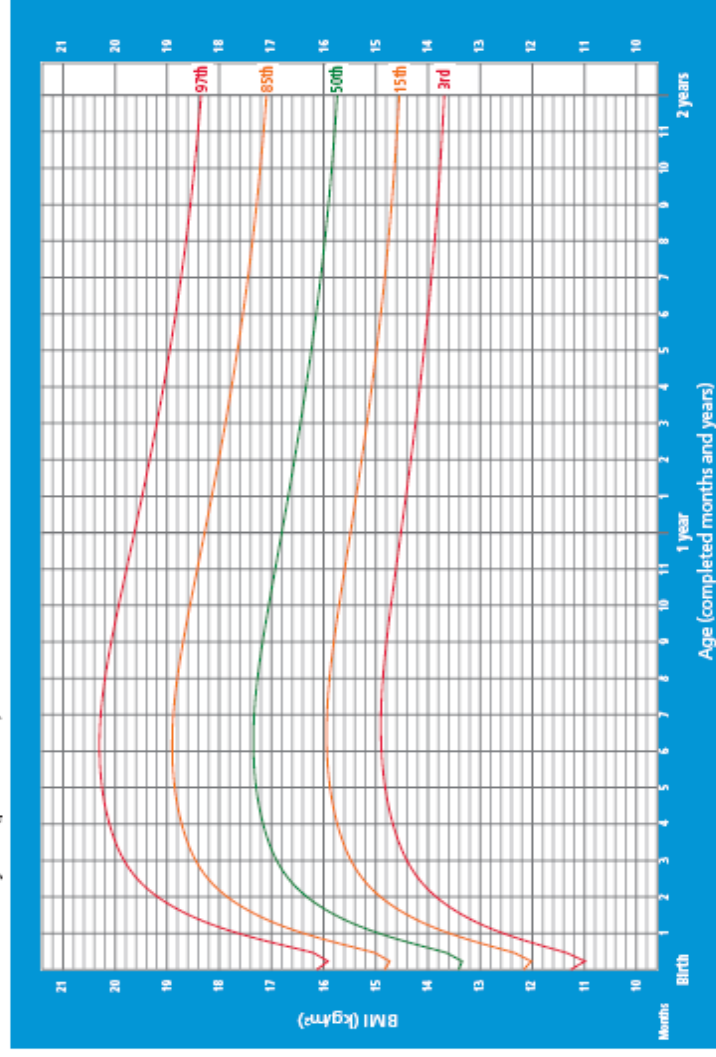
Birth to 2 years (percentiles)



WHO Child Growth Standards

## BMI-for-age BOYS

Birth to 2 years (percentiles)

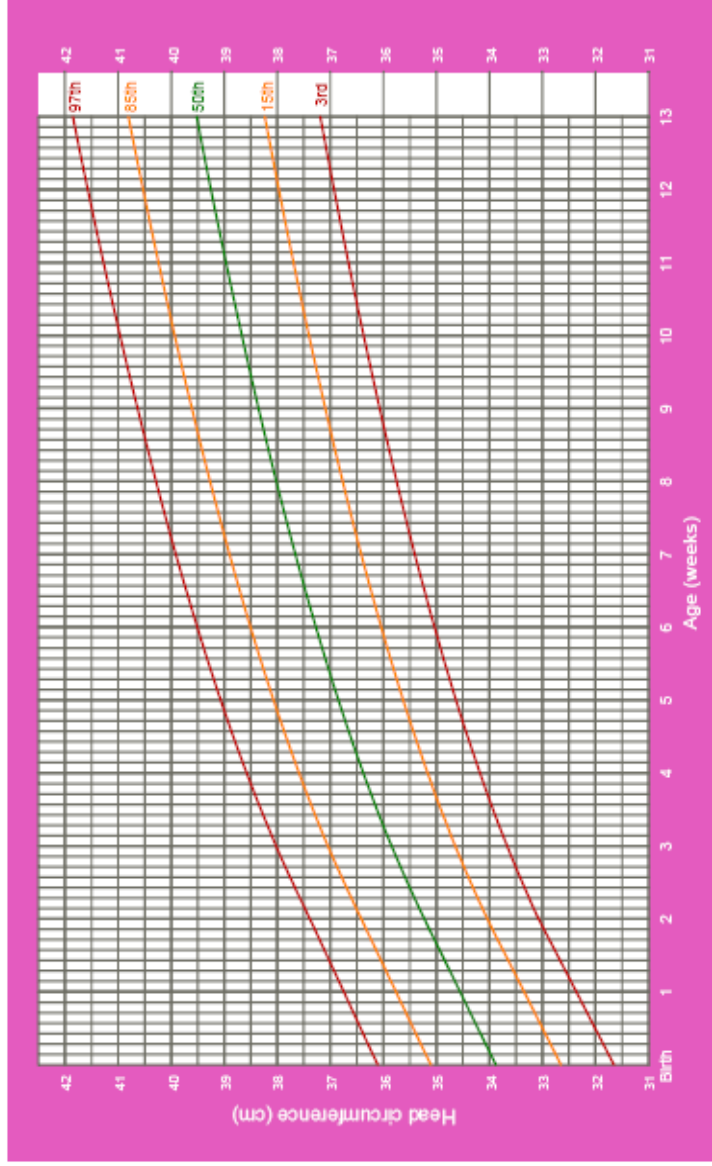


WHO Child Growth Standards

## Head circumference-for-age GIRLS



Birth to 13 weeks (percentiles)

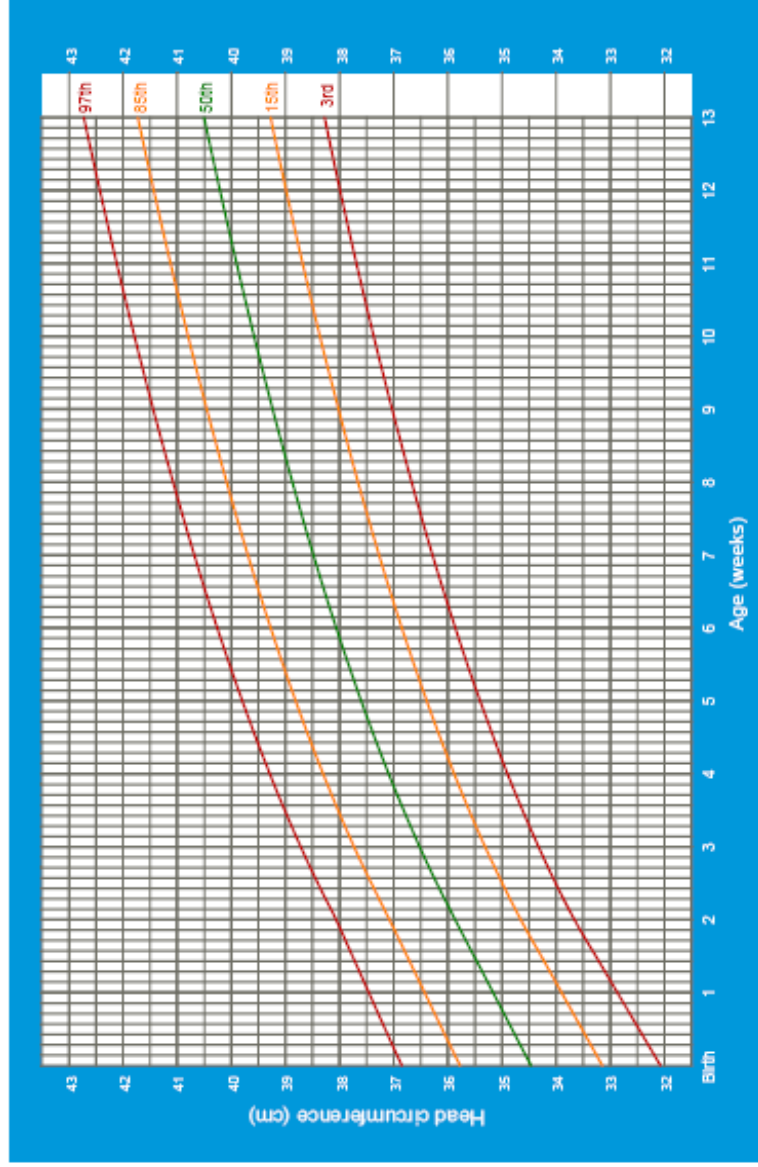


WHO Child Growth Standards

## Head circumference-for-age BOYS



Birth to 13 weeks (percentiles)



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