

Child Health Record



MINISTRY OF HEALTH AND WELLNESS
SAINT LUCIA





Child's Name _____ **First Name** _____ **Middle Name** _____ **Surname** _____

Date of Birth (DD/MM/YYYY) _____

Gender _____

Registration # / PID _____

Mother's PID / MPI _____



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PARENT/GUARDIAN INFORMATION

PARENT INFORMATION			
Mother: Surname First Name	Father: Surname First Name		
	Exact Location:		
Address/Landmark		Address/Landmark	
Telephone Number			
Home:	Mobile:	Work:	Work
Age		Age	
Highest Educ. Level reached:		Highest Educ. Level reached:	
Key: Education Level – N = None, P = Primary, S = Secondary, PS = Post Secondary, T = Tertiary / University			
Occupation:		Occupation:	
Emergency (Name) Contact		Emergency (Name) Contact	
(Address)		(Address)	
(Tel)		(Tel)	

FAMILY'S MEDICAL HISTORY

MEDICAL / HEALTH CONDITIONS	Yes	No	MEDICAL / HEALTH CONDITIONS	Yes	No
Asthma			Fits, convulsions, epilepsy		
Deafness under 5 years			Heart diseases in any family member less than 50 years		
Eye problems under 5 years			Rheumatic Fever		
Allergies			Behavioral or Learning Disabilities		
Sickle Cell Anemia			Substance Abuse		
Cancer			Psychiatric Disorders		
Birth Defects			Diabetes		
Hypertension			Early Childhood Dental Caries/Gum disease		
Other family health problems, specify					

Key: UNK = Unknown

CHILD'S PERINATAL DATA

Date of Birth:		Gender:							
Is Child				Pre-Term: wks		Birth Wt.: kg			
Single	Twin	Triplet	Other	Full Term: wks	Length: cm		Head Circ: cm		
Order: _____		Order: _____		Post Term: wks					
Place of Birth		Type of Delivery		Blood Group		APGAR SCORE		Birth Injury	
		Spontaneous	Forceps	Hb Elec		1min		Yes	
		Vacuum	C-Sect.			5min		No	
Other:						Type:			
Infections (e.g zika, syphilis) / Complication of Pregnancy/Labor/ Delivery Yes <input type="checkbox"/> No <input type="checkbox"/>				If Yes, specify:					
Admission to SCBU/NICU				Diagnosis/Remarks:				BBA (if Yes, specify date)	
Yes <input type="checkbox"/>		No <input type="checkbox"/>						Yes <input type="checkbox"/> No <input type="checkbox"/>	
How long:								Date: _____	

Key: SCBU= Special Care Baby Unit; NICU= Neonatal Intensive Care Unit; BBA= Birth before Arrival

CHILD'S NEONATAL ASSESSMENT

FIRST EXAMINATION									
DATE:	Head Circumference(cm)		Shape of Head		Skin Color		Malformations		
	Length:	cm	Weight:	kg					
	Fontanelles	Eyes	Ears	Nose	Mouth	Face	Neck		
Head	Symmetry		Heart Beat (bpm)		Respiratory Rate/Lungs				
			Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>					
Chest & Lung	Shape		Umbilicus		Anus				
Abdomen/ Gastrointestinal	Spine & Hip		Grasping Reflex		Sucking/Rooting Reflex				
Nervous & Neuro-muscular	Arms		Legs						
Musculoskeletal/ Extremities									
Reproductive	Genitalia								
Comments									

PUERPERIUM VISIT

DATE: dd/mm/yyyy	AGE (days):		
Weight (kg):	Length (cm):	Head Circumference (cm):	
Fontanelles:		Jaundice:	
Infant Feeding (Exclusive Breast/Partial/Formula)			
Notes:			

REFER: YES NO

FIRST CLINIC VISIT (> 6 Weeks)

DATE: dd/mm/yyyy		AGE (days):	
Weight (kg):	Length (cm):	Head Circumference (cm):	
Fontanelles:		Jaundice:	
Infant Feeding (Exclusive Breast/Partial/Formula)			
Notes:			

REFER: YES NO

ALLERGIES (CHILD)

AGE	ALLERGY (FOOD & OTHERS)	REACTION	ADVICE/REFERRAL

VACCINATION TIPS

Before Vaccination

- Bring along a favorite toy or blanket. Reassure your child honestly, 'It might sting but it will only be a few seconds'. NEVER THREATEN YOUR CHILD WITH SHOTS
- Bring along the child's immunization record each time you visit the clinic
- Child should come to the clinic with an adult who knows his/her health status

During Vaccination

- Reassure your child, making eye contact as you pat him/her. Provide comfort by having the child grab a small toy and by friendly dialogue
- Hold, cuddle, caress and /or breastfeed child if polio drops are not being administered.
- Talk lovingly and soothingly
- Reassure child once vaccination is complete, applaud and play with the child
- Give praises and hugs or a reward
- Stay in the clinic 10 to 20 minutes to observe the child



After Vaccination

- Closely observe the child for at least 3 hours after getting home and for the next 7 days
- Monitor for any possible side effects such as swelling, redness, fever, rash
- Give fever medicine as prescribed. If fever persists see a health care provider
- If the vaccination site swells or there is pain, apply a cool cloth to the site, however keep site dry and clean
- If the child has lost appetite, encourage plenty fluids
- Keep vaccination record safe
- Mark your calendar for your next appointment

The benefits of vaccination far outweighs its possible side effects. Therefore it is important to get your child vaccinated on time



REMEMBER TO SEE YOUR HEALTH CARE PROVIDER REGARDING ANY CONCERNS YOU MAY HAVE FOLLOWING VACCINATION

VACCINATION RECORD

Recommended Age & Doses	Type of Vaccine	Batch No.	Expiration date	Date of Immunization	Signature of Health Worker	Comments
At Birth	Hep B					
2 months	BCG					
1st Dose (2 months)	DPT/HepB/Hib					
	IPV					
	PCV					
2nd Dose (4 months)	DPT/HepB/Hib					
	OPV or IPV					
	PCV					
3rd Dose (6 months)	DPT/HepB/Hib					
	OPV or IPV					
	PCV					
1st Dose (12 months)	MMR					

Recommended Age & Doses	Type of Vaccine	Batch No.	Expiration date	Date of Immunization	Signature of Health Worker	Comments
BOOSTER DOSES						
18 months	DPT					
	OPV or IPV					
	MMR					
5 years	DPT					
	OPV or IPV					
10 –12 years	DT Adult					
	OPV or IPV					
	HPV 1 st dose					
	HPV 2 nd dose					
Other Vaccines						
Key:	BCG: Bacille Calmette Guerin; OPV: Oral Polio Vaccine; IPV: Inactivated Polio Vaccine Hib: Haemophilus Influenza Type B; HepB: Hepatitis B; DPT: Diphtheria/Pertussis/Tetanus MMR: Measles/Mumps/Rubella; HPV: Human Papilloma Virus vaccine; PCV: Pneumococcal Vaccine					



DEVELOPMENTAL SURVEILLANCE TOOL

AGE	GROSS MOTOR	VISUAL-MOTOR PROBLEM SOLVING	LANGUAGE	SOCIAL/ADAPTIVE
1 months	Raises head from prone position	Visually fixes; follows to midline; has a tight grasp	Alerts to sound	Regards face
2 months	Holds head in midline; lifts chest off table	No longer clenches fists tightly; follows object past midline	Smiles socially (after being stroked or talked to)	Recognizes parent
3 months	Supports on forearms in prone position holds head up steadily	Holds hands open at rest; follows in a circular fashion; responds to visual threat	Coos (produces long vowel sounds in musical fashion)	Reaches for familiar people or objects anticipates feeding
4 months	Rolls over; supports on wrists; shifts weight	Reaches with arms in unison; brings hands to midline	Laughs; orients to voice	Enjoys looking around
6 months	Sits unsupported, puts feet in mouth in supine position	Unilateral reach; uses raking grasp; transfers objects	Babbles; ah-goo; razz; lateral orientation to bell	Recognizes that someone is a stranger
9 months	Pivots when sitting; crawls well; pulls to stand; cruises	Uses immature pincer grasp; probes with forefinger; holds bottle; throws objects	Says a few single words; gestures; waves bye-bye; understands "no"	Starts exploring environment; plays gesture (e.g. itsy-bitsy spider)

12 months	Walks alone; squats in play; climbs up on furniture	Uses mature pincer; can make a crayon mark; releases voluntarily.	Follows one step command with gesture; tries to say words you say	Imitates actions comes when called; cooperates with dressing
15 months	Creeps up stairs; walks backwards independently	Scribbles in imitation; can stack two objects	follows one – step command without gesture; uses several words	Uses spoon and cup (15 – 18 months)
18 months	Runs, throws objects from standing without falling	Scribbles spontaneously; builds tower of 3 blocks; turns two or three pages at a time	Can select familiar objects by name; begins to put words together e.g. more water; knows 5 body parts	Copies parent in tasks (sweeping, dusting); plays in company of other children

AGE	GROSS MOTOR	VISUAL-MOTOR PROBLEM SOLVING	LANGUAGE	SOCIAL ADAPTIVE
24 months	Walks up and down steps without help; Jumps; kicks a ball	Imitates stroke with pencil; builds tower of 7 block; turns pages one at a time; removes shoes, pants, etc	Follows two step commands; 50-word vocabulary; uses 2-word sentences.	Parallel play (plays alongside other children)
3 years	Can alternate feet going up steps; runs easily and changes direction; hops three times on each foot.	Copies a circle from a picture; undress completely; dresses partially; dries hands if reminded; unbuttons	Uses 3 word sentences and talks well enough for strangers to understand most of the time.	Group play, shares toys takes turns, plays well with others; knows full name, age, gender
4 years	Hops; skips; jumps forward 2 feet; and stands on one foot for ten seconds	Copies a square; buttons clothing, dresses self completely; catches ball	Speaks clearly enough for strangers to understand.	Tells “tall tales” plays cooperative with a group of children
5 years	Skips alternating feet; jumps over low obstacles	Copies triangle; ties shoes; spreads with knife	Able to use words to describe feelings; able to talk in complex sentences; Asks some how and why questions.	Plays competitive games; abides by rules; likes to help in household tasks

Refer to the Therapeutic Early Stimulation (TES) activities and provide guidance to parents



DEVELOPMENTAL SCREENING

SIX WEEK DEVELOPMENTAL SCREENING

Date: _____ Wellness Centre: _____

Age: _____ Corrected Age (if applicable) _____

I. REVIEW

Maternal history, birth history and neonatal assessment.

II. Six-Week Developmental Screening

A. Mother's handling, rapport and response.

B. Famous Five Questions:

1. SMILES when you smile
2. ANSWERS coos when you talk
3. STARTLES to loud noise
4. LISTENS when you speak
5. FOLLOWS your face when you move



C. Physical assessment

Wt.: _____ Length: _____ Skull Cir: _____

Exclusive Breast Feeding? _____

Counselling:

Emotional Enrichment: _____

Nutritional Enrichment: _____

At Risk?	Yes /No	Referred (To Whom):	Signature:

Refer to the Therapeutic Early Stimulation (TES) activities and provide guidance to parents

EIGHT MONTHS DEVELOPMENTAL SCREENING

Date: _____ Wellness Centre: _____

Age: _____ Corrected Age (if applicable) _____

I. REVIEW

Neonatal assessment and Six-Week screening.

A. Motor development

- Gross Motor Skills

Observations to record: 1. Getting to sit 2. Assess muscle tone 3. Able to prop him/herself 4. Pull child from lying to sitting then to standing 5. Assess weight bearing and head control.

- Fine motor skills

Observations to record: 1. Holds cube in each hand, 2. transfers block from one hand to another, 3. Tries to put block in mouth, 4. Tries to grasp block with index finger approach, 5. Able to pick up small pellet with inferior pincer.



B. Learning skills

Observations to record: 1. Bangs two cubes together. 2. Copies clapping.

C. Language

Observations to record: 1. Babbles tunefully. 2. Imitates speech sounds.

D. Hearing

Observations to record: 1. Turns to mother's quiet voice across a room.

2. Hearing: (Distraction Test)

Rt. Ear

Lt. Ear

E. Vision **Observations to record:** 1. Squint. 2. Looks for dropped block. 3. Sees pellets.

F. Social/Personal

Observations to record: 1. Interaction and eye contact with health professional.

Report from parent: 1. Puts finger food into mouth and chews. 2. Distinguishes family member from stranger.

G. Record Physical data

Wt.: Length: Skull Cir:

Physical Assessment: Dentition, skin, posture, femoral pulses, genitalia.

Counselling/ Parent Advice:

At Risk? Yes / No Referred (To Whom): Signature:

EIGHTEEN MONTHS DEVELOPMENTAL SCREENING

Date:

Wellness Centre:

Age:

Corrected Age (if applicable):

REVIEW

Neonatal 6-Week and 8-Month Screenings

Section A: Ask Parent:

		YES	NO
1	Does your child enjoy being swung, bounced on your knee etc?		
2	Does your child take an interest in other children?		
3	Does your child like climbing on things, such as up stairs?		
4	Does your child enjoy playing peek-a-boo/hide-and-seek?		
5	Does your child ever PRETEND, for example, to make a cup of tea using a toy cup and teapot, or pretend other things?		
6	Does your child ever use his/her index finger to point, to ASK for something?		
7	Does your child ever use his/her index finger to point, to indicate INTEREST in something?		
8	Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling or dropping them?		
9	Does your child ever bring objects over to you (parent) to SHOW you something?		

Refer to the Therapeutic Early Stimulation (TES) activities and provide guidance to parents

Section B: Health Professional OBSERVATION:

		YES	NO
1	During the appointment, has the child made eye contact with you?		
2	Get child’s attention, then point across at an interesting object and say ‘Oh look! There’s a (name of toy)!’ watch child’s face. Does the child look across to see what you are pointing at? *		
3	Get the child’s attention, then give the child a miniature toy cup and teapot and say ‘Can you make a cup of tea?’ Does the child pretend to pour out tea, drink it, etc? **		
4	Say to the child “Where’s the light?” or “Show me the light”. Does the child point with his/her index finger at the light? ***		
5	Can you build a tower of bricks? (If so how many)		

Record Physical data

Wt.: Length: Skull Cir:

At Risk? Yes/No Referred (To Whom): Signature:



Refer to the Therapeutic Early Stimulation (TES) activities and provide guidance to parents

THREE-YEAR OLD DEVELOPMENTAL SCREENING

(3 to 3 ½ years old)

Date: _____ Wellness Centre: _____

Age: _____

I. REVIEW

Neonatal, 6-Week, 8-Month and 18-month screenings.

II. Three Year Screening

A. Motor Development: Gross Motor

Observations to record: 1. Observe the child's gait. 2. Able to go up on tiptoe. 3. Jumps on two feet

4. Balance on one foot for 1 second 5. Throw a ball 6. Kick a ball.

Report from parent: Can the child walk up steps one foot per step?

Motor Development: Fine Motor

Observations to record: 1. Observe the child build a tower of 8 blocks. 2. Using pincer grasp. 3. Copy from picture provided, [O] right or left handed

B. Learning skills

1. Copy block design bridge

2. Points to 2/5 body parts (hair, eye, mouth, nose, foot)

C. Language

Observations to record: 1. Action pictures: ___ /4

Report from parents: At least 3-word sentences are used in a range of environments. Example from home:

Example heard during screening

D. Hearing

Observations to record: 1. Auditory discrimination:

Left Ear: key-tree, doll-ball, cup-duck, house-cow, shoe-spoon, horse-fork, plate-plane.

Right Ear: key-tree, doll-ball, cup-duck, house-cow, shoe-spoon, horse-fork, plate-plane.

E. Vision

Observations to record: 1. Squint. 2. Uni-ocular testing at 6 m with eye chart



F. Social/Personal

Observations to record: 1. Interaction-asks questions. 2. Eye contact.

3. Scars. 4. Strap marks. 5. Ability to socialize.

Report from parent: playing games, discipline.

G. Record Physical data

Wt: Height: BMI

H. Physical Assessment of: Dentition, skin, posture, femoral pulses, genitalia.

At Risk? **Yes / No** **Referred (To Whom):** **Signature**

FIVE-YEAR OLD DEVELOPMENTAL SCREENING

(5 to 5 ½ years old)

Date: _____ Wellness Centre: _____

Age: _____

I. REVIEW

Neonatal screening, 6-Week, 8-Month, 18-months and 3-year screenings

II. Five Year Developmental Screening

A. Motor Development

Gross Motor

Observations to record: 1. Gait, tiptoe. 2. Balance on each foot for 10 seconds.

3. Hop three times on each foot. 4. Heel toe walk on a straight line. 5. Catch bounced ball 2 out of 3 times.

Fine Motor

Observations to record: 1. Draw six-part man. 2. Copy O + Δ

Report from parent: Can button shirt

B. Learning skills

Observations to record: 1. Copy block design gate.

2. Name and identify 4 colours. 3. Count up to 5 objects correctly.

C. Language

Observations to record:

1. Clear, articulate speech, gives name and age.

2. Define nouns by use (6 out of 9 to pass) “what do you do with?”: a ball, table, house, banana, towel, juice, chair, shirt, cup. _____

3. Define nouns by composition. What is a made of? a house; a book; a shirt ? (3 out of 3)

4. Auditory memory, repeat 4 digits: 5 6 0 3.

5. Answers three questions relating to the action pictures:



Why is the boy sleeping?

Why is the boy climbing over the fence?

This boy is eating a banana, what do you like to eat?

D. Vision

Observations to record: 1. Assess for squinting. 2. Uni-ocular testing at 6 m with eye chart.

E. Social/Personal

Report from parent: Dresses fully unsupervised, toilet trained, attends preschool or school, school performance.

F. Record Physical data

Wt: Height: BMI:

G. Physical Assessment of: Dentition, skin, posture, scoliosis, femoral pulses, genitalia.

At Risk? Yes /No Referred (To Whom): Signature:

ORAL HEALTH CHECKLIST



Age at first visit to the dentist (Between ages 1 – 3 years is a good time to start)

Check child’s mouth at each visit. Raise the child’s lips and check teeth

LOOK FOR	ADVICE
Large amounts of whitish material on tongue or gum	These are signs of poor oral hygiene. The parents to be instructed to clean thoroughly the child’s mouth using a piece of gauze soaked in water, morning and night, and after each meal. Once teeth are present, brushing and flossing are advised.
Teeth contain large amounts of whitish debris/material	
Precautions: No dentifrice should be used before 9 months (can result in dental fluorosis). If used dentifrice should be washed out to avoid swallowing.	

Tick reason for referral where applicable	REASONS FOR REFERRAL	OCCURENCES
DENTAL CONDITIONS		
	No teeth present by 9 months	
	Teeth present before 4 months	
	Early loss of teeth before 4 years old	
	Crooked Teeth/Crowded Teeth/	
	Abnormal Smile	
	Lack of Smile	
	Cleft Lip	
	Cleft Palate	
	Early Childhood Decay	
	Severe Gum Bleeding or Swelling	
	Loss of Permanent Teeth by age 11 years	
	Presence of Filled Teeth	

Pain, infection, swelling, or soft tissue lesions need urgent referral to a dentist
Any item selected in the shaded area of the table requires referral to a maxillofacial surgeon

FEEDING GUIDELINES FOR INFANT AND YOUNG CHILDREN



Child's Age	Type of Foods	How much and how often
<p>Birth to 6 months</p>	<p>Practice exclusive breastfeeding (breast milk alone). Do not give him/her other foods or fluids. Breastmilk quenches your baby's thirst and satisfies his/her hunger. Exclusive breastfeeding protects your baby against diarrhea and other infectious diseases. Breastfeeding will also make your baby smarter!</p> <p>Continue breastfeeding</p>	<p>Breastfeed as often as your baby wants, day and night, at least 8 times in 24 hours. Breastfeed when your baby shows signs of hunger: beginning to fuss, sucking fingers or moving his lips.</p>
<p>At 6-7 months</p>	<p>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 bananas/fig, breadfruit) with other foods such as an animal food (meat, fish, chicken, egg, milk), dark green leafy and yellow vegetables, peas and beans and fats and oils. Offer small pieces of fruits too.</p>	<p>Breastfeed as often as the baby wants, day and night. Starting with 2-3 teaspoons full of other foods two times a day.</p>

<p>At 7-8 months</p>	<p>Continue breastfeeding Continue eating other foods. Give soft, thick porridge and a mixture of mashed family foods. Offer a variety of foods as listed above.</p>	<p>Breastfeed frequently. Increase gradually to 2/3 cup of other foods three times a day.</p>
<p>At 9-11 months</p>	<p>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)</p>	<p>Breastfeed frequently Increase gradually to ¾ cup of other foods at meals 3 times a day. Add a snack between meals.</p>
<p>At 12-24 months (1-2 years)</p>	<p>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.</p>	<p>Breastfeed frequently Increase gradually to full cup of other foods at meals 3 times a day. Add two snacks between the meals.</p>
<p>Between 2-5 years</p>	<p>Give a mixture of family foods at meal times and healthy snacks between meals. Offer full cream milk daily. Supervise the child at meal times, encourage him or her to eat and give help.</p>	<p>Give baby three meals and two snacks daily. Gradually increase the amount and the variety of foods at meals as baby gets older.</p>

Source: Caribbean Child Health Record (...)

NUTRITIONAL HEALTH










Child's Age	Type of foods	How much and How often
Birth to 6 months	Practice exclusive breastfeeding (Breast milk alone). (Do not give your baby other foods or fluids. Breast milk quenches your baby's thirst and satisfies his/her hunger. Exclusive breastfeeding protects your baby against diarrhoea and other infectious diseases. Breastfeeding will also make your baby smarter!)	Breastfeed as often as your baby wants, day and night. (At least 8 times in 24 hours. Breastfeed when your baby shows signs of hunger: beginning to fuss, sucking fingers, or moving his lips.)
At 6-8months	Continue breastfeeding. Start other foods. Give soft, thick porridge made with milk to be fed with a spoon. Also offer well-mashed family foods. Mix a staple food (e.g. rice, bread, yam, green banana/fig, breadfruit) with other foods such as an animal food (meat, fish chicken, egg, milk), dark green leafy and yellow vegetables, peas and beans, and fats and oils. Offer small pieces of fruits too.	Breastfeed as often as baby wants, day and night. Start with 2-3 tablespoonfuls of other foods 2 times a day. Increase gradually to 1/2 cup.
At 9 -11 months	Continue breastfeeding. Continue feeding a variety of foods. Give thick porridge and finely chopped or mashed family foods. Give foods high in iron like dark green leafy vegetables, meats, peas and beans. Also offer foods that the child can pick up and chew. Avoid foods that can cause choking (nuts, raw carrots).	Breastfeed as often as possible. Increase gradually to ½ bowl (250 mls) of other foods at meals 3 to 4 times a day. Add 1 to 2 snacks between meals.
At 12-24 months (1-2 years)	Continue breastfeeding. Continue feeding a variety of foods. Give thick porridge and chopped family foods. Give foods high in iron like dark green leafy vegetables, meats, peas and beans. Let the child try to feed himself or herself but give help.	Breastfeed as often as possible. Increase gradually to a ¾ to full bowl (250 mls) of other foods at meals 3 to 4 times a day. Add 1 to 2 snacks between meals.
Between 2 -5 years	Give a mixture of family foods at meal times and healthy snacks between meals. Give foods high in iron like dark green leafy vegetables, meats, peas and beans. Offer full cream milk daily. Supervise the child at mealtimes, encourage him or her to eat and give help.	Give baby 3 to 4 meals, 1 bowl (250 mls) and 1 to 2 snacks daily. Gradually increase the amount and the variety of foods at meals as baby gets older.

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



RECOMMENDATIONS FOR SAFE FOOD PREPARATION AND HYGIENE TO PREVENT ILLNESS:

- Wash hands before preparing food, before feeding the baby, after changing baby's diaper and using the latrine or toilet.
- Obtain clean water for drinking and store in clean, covered containers.
- Wash child's feeding utensils thoroughly with soap and water or boil them.
- Keep food surfaces clean by using soap or detergent to clean them after each use.

NUTRITIONAL HEALTH

Age of Child	0 to 6 months (0-180 days)	6 to 8 months	9 to 11 months	12 to 23 months	24 months to 5 yrs
Frequency of Feeds					
	8 more feeds in 24 hours	2 to 3 meals daily	3 to 4 meals daily 1 to 2 snacks, if needed	3 to 4 meals daily 1 to 2 snacks, if needed	3 to 4 meals daily 1 to 2 snacks, if needed
Type & Texture of Foods	BREASTMILK ONLY	Breast milk + Soft, thick porridge made with milk Well mashed family foods Mashed fruit	Breast milk + Soft, thick porridge made with milk Finely chopped or mashed family foods Mashed fruits Mashed meat, fish or egg	Breast milk + A variety of foods including thick porridge, chopped family foods and fruits	Breast milk + A variety of family foods and fruits Milk Orange & green vegetables
Amount of Food offered at each meal	Until Baby comes off the Breast	Begin with 2 to 3 teaspoons  Increasing gradually to 1/2 cup	 1/2 bowl (250ml)	 3/4 to 1 bowl (250ml)	 1 bowl (250ml)

- Water must be given, once formula, milk or food has been introduced.
- If child is not breastfed, ask the health worker for suggestions on feeding him or her.
- If child is sick, continue feeding and give more fluids (breastfeed more often), and encourage your child to eat more.
- Remember do feed your child with love, patience and good humour.

Key	 Meals e.g. Porridge or foods from family pot (before adding seasoning).
	 Snack e.g. Fruits, fruit juices

GROWTH AND NUTRITION

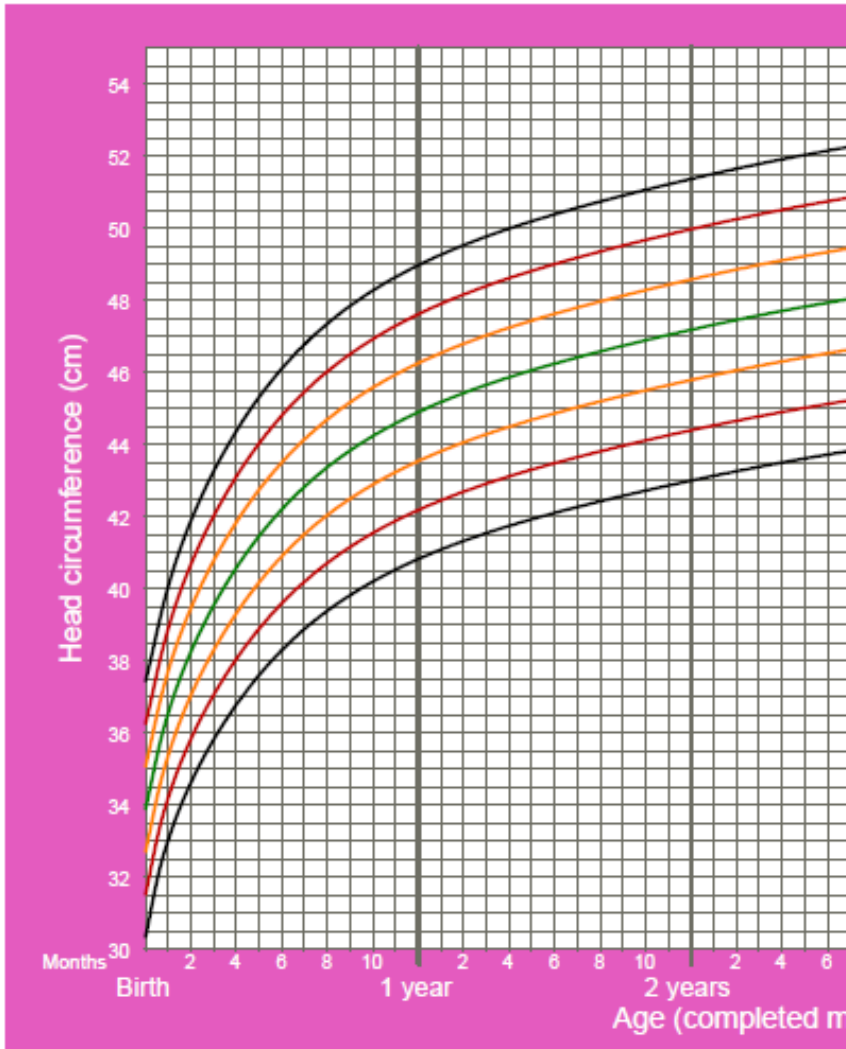
Date of visit dd/mm/yyyy	Age at visit 0-6 mths	Weight (Kg)	Length (cm)	Head circ	Type of food/drink taken on the day before visit to the clinic		Breast milk <input type="checkbox"/>	Other food/drink <input type="checkbox"/>	If yes, what?	Breast milk <input type="checkbox"/>	Other food/drink <input type="checkbox"/>	If yes, what?	Breast milk <input type="checkbox"/>	Other food/drink <input type="checkbox"/>	If yes, what?	Breast milk <input type="checkbox"/>	Other food/drink <input type="checkbox"/>	If yes, what?	Breast milk <input type="checkbox"/>	Other food/drink <input type="checkbox"/>	If yes, what?	Breast milk <input type="checkbox"/>	Other food/drink <input type="checkbox"/>	If yes, what?	# of Meals / Snacks*	
					Y	N																				

GROWTH & MONITORING CHARTS

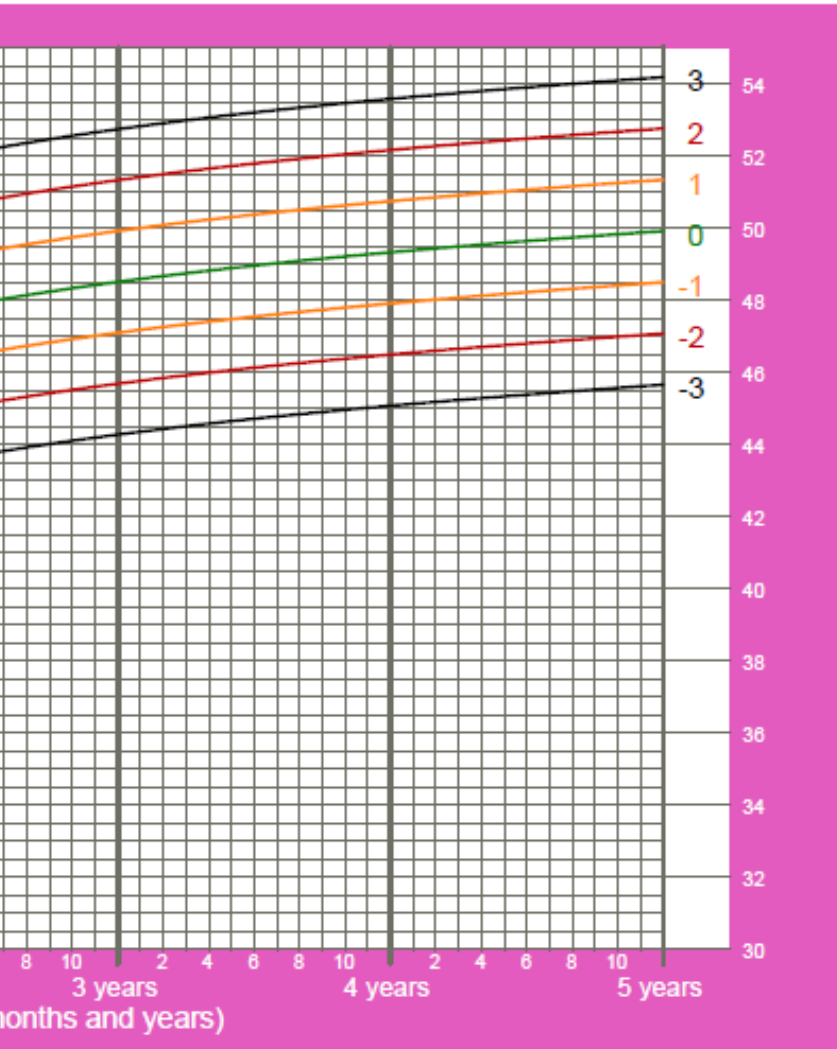
NB: If the child is less than 3 months, record age in completed weeks. If the child is more than 3 months record age in completed months. If the child is more than 1 year old, record age in completed years & months.

Head circumference-fo

Birth to 5 years (z-scores)



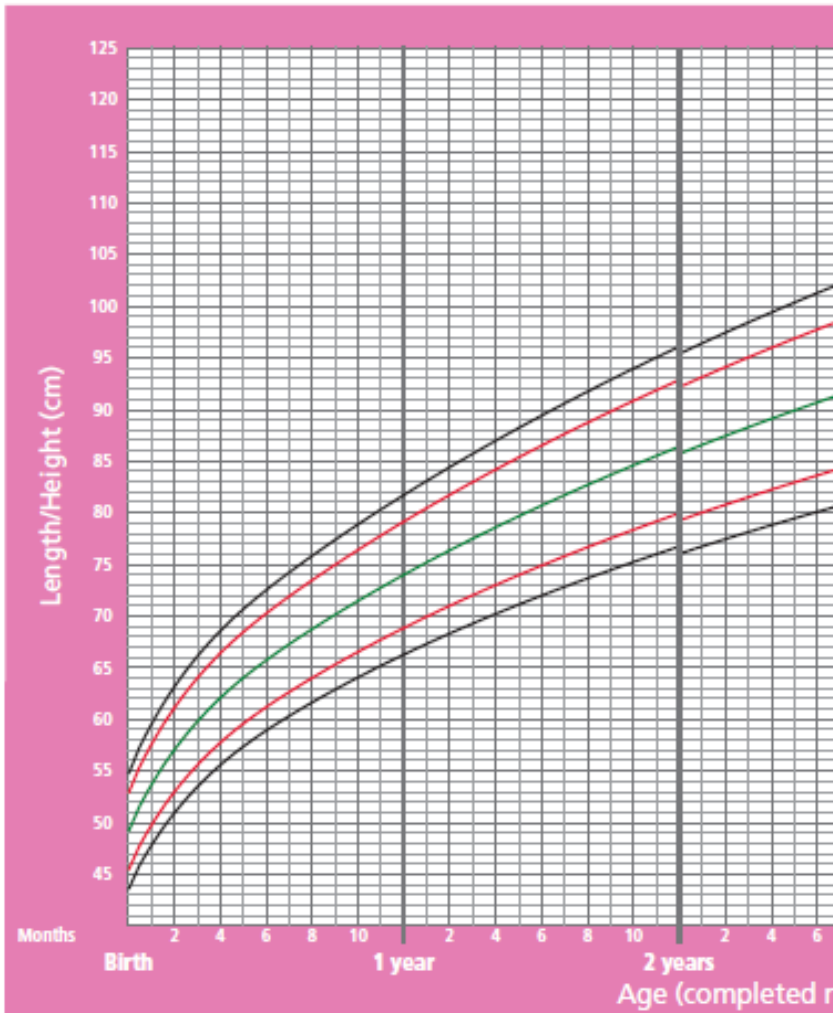
Pre-age GIRLS



WHO Child Growth Standards

Length/height-for-age

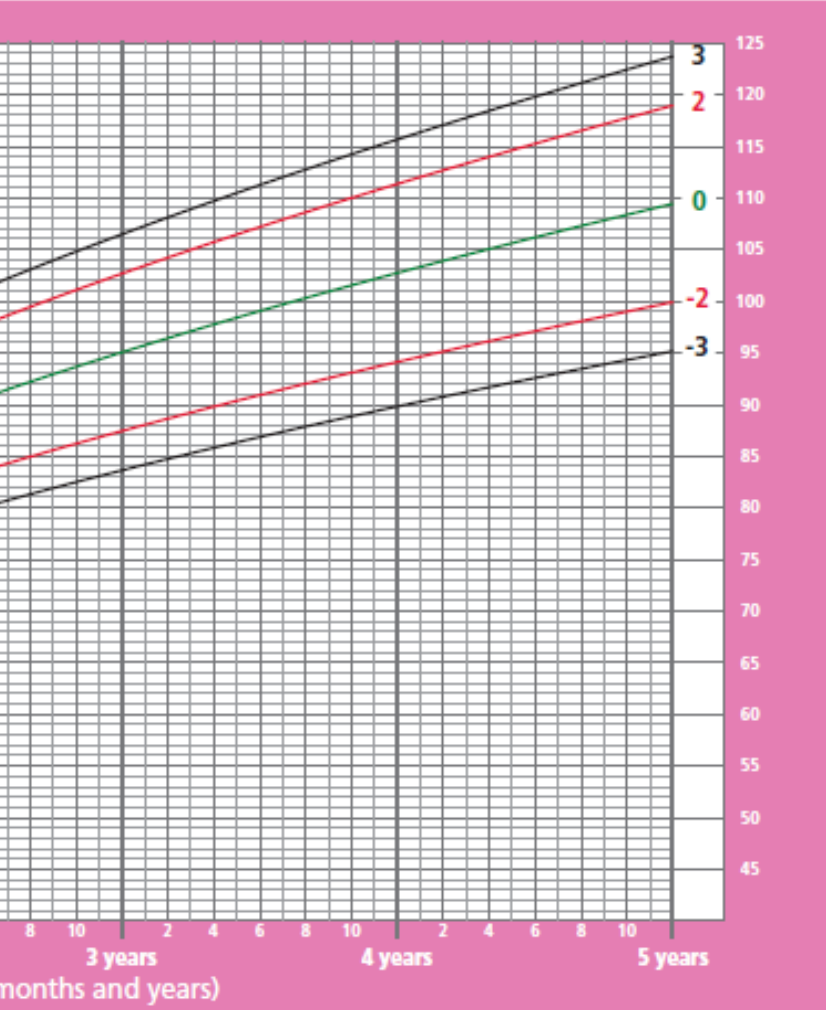
Birth to 5 years (z-scores)



A child whose length/height for age is

- Below line -2 is stunted
- Below line -3 is severely stunted

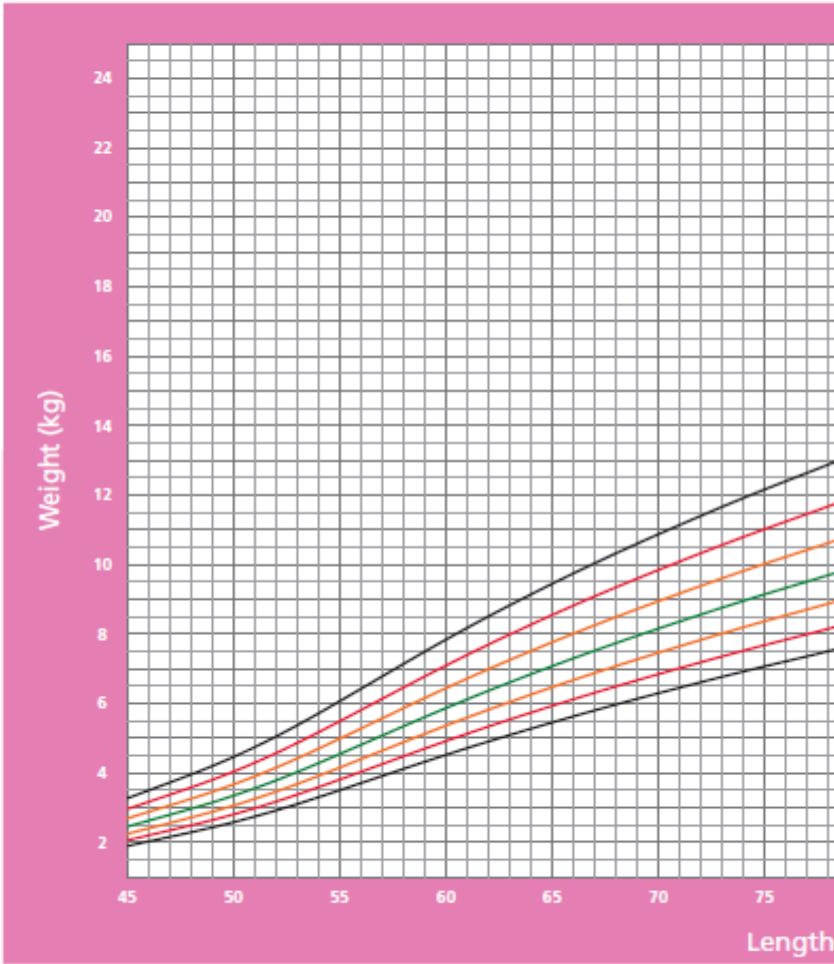
GIRLS



WHO Child Growth Standards

Weight-for-length GIRL

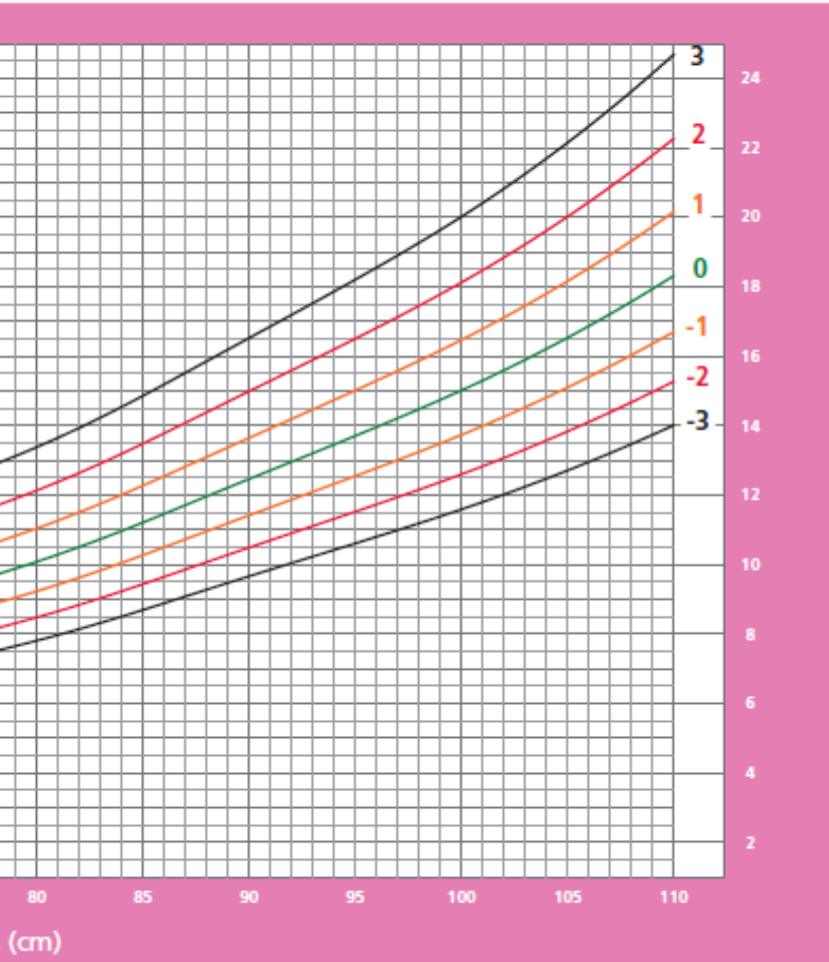
Birth to 2 years (z-scores)



A child whose weight-for-length is

- Above line 3 is obese
- Above line 2 is over-weight
- Below line -2 is thin/wasted
- Below line -3 is very thin/severely wasted (refer for urgent specialist care)

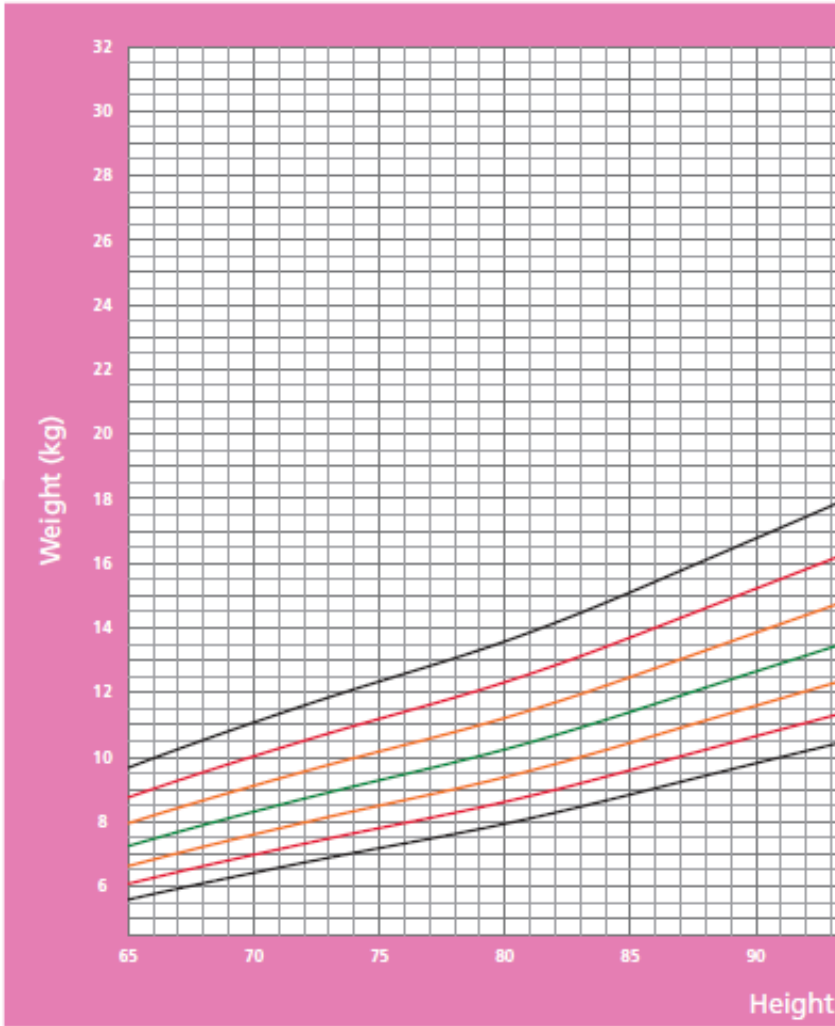
S



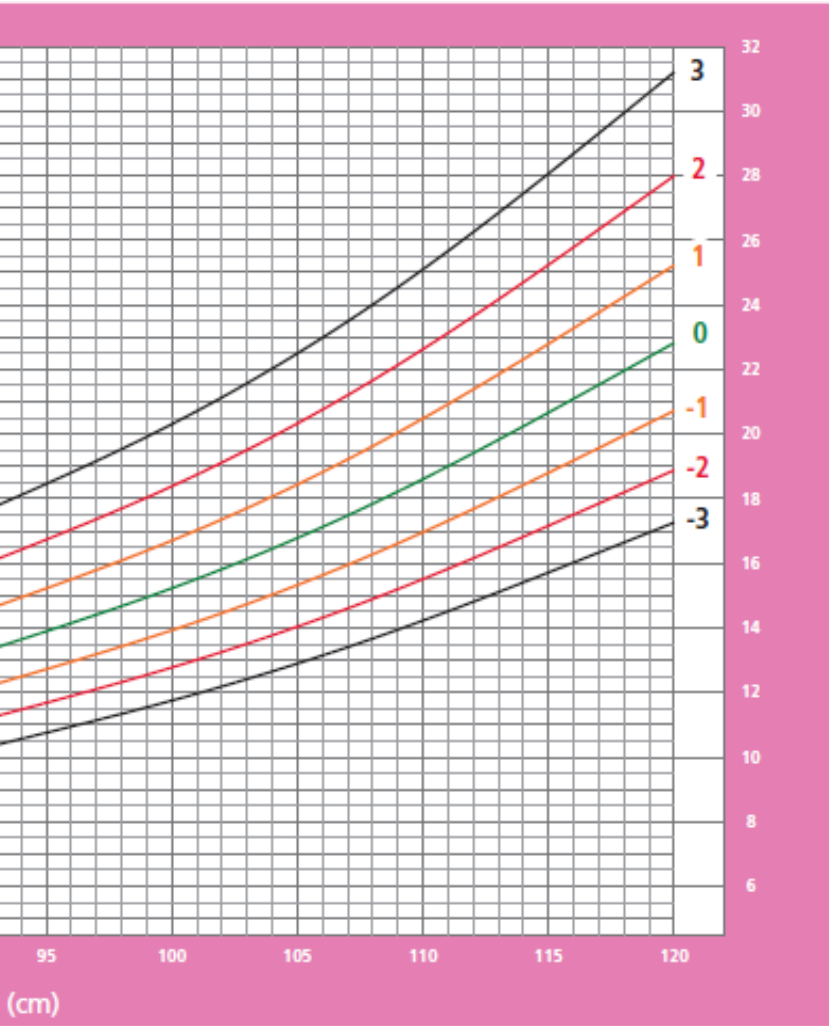
WHO Child Growth Standards

Weight-for-Height GIRI

2 to 5 years (z-scores)



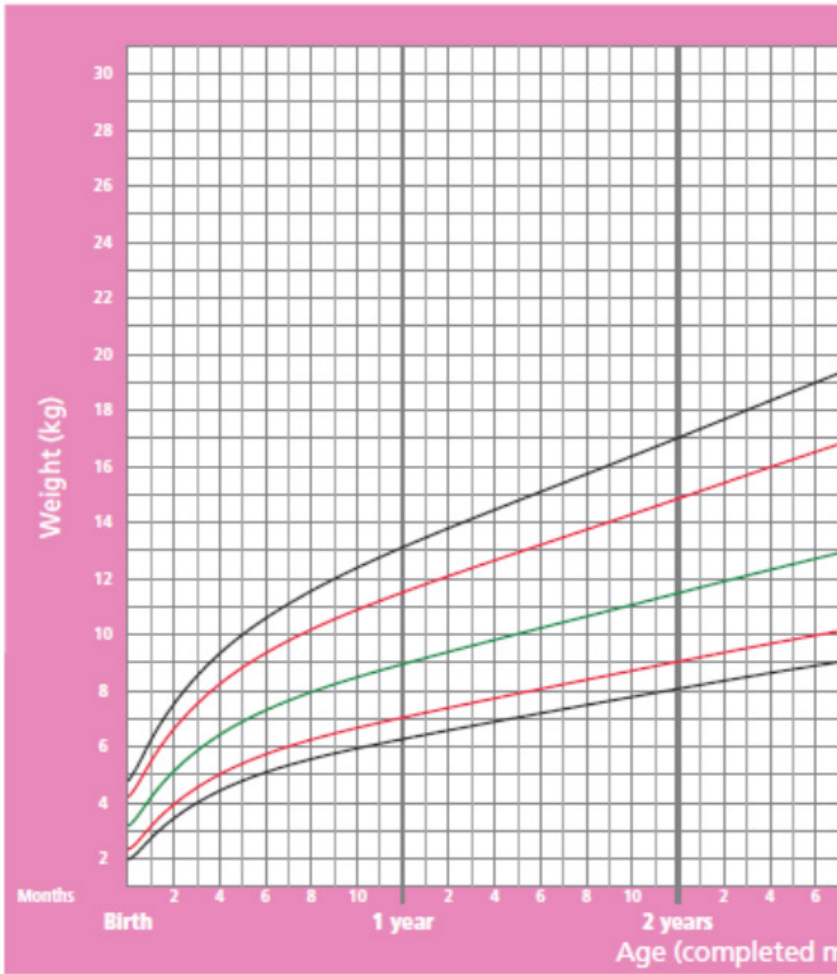
.S



WHO Child Growth Standards

Weight-for-age GIRLS

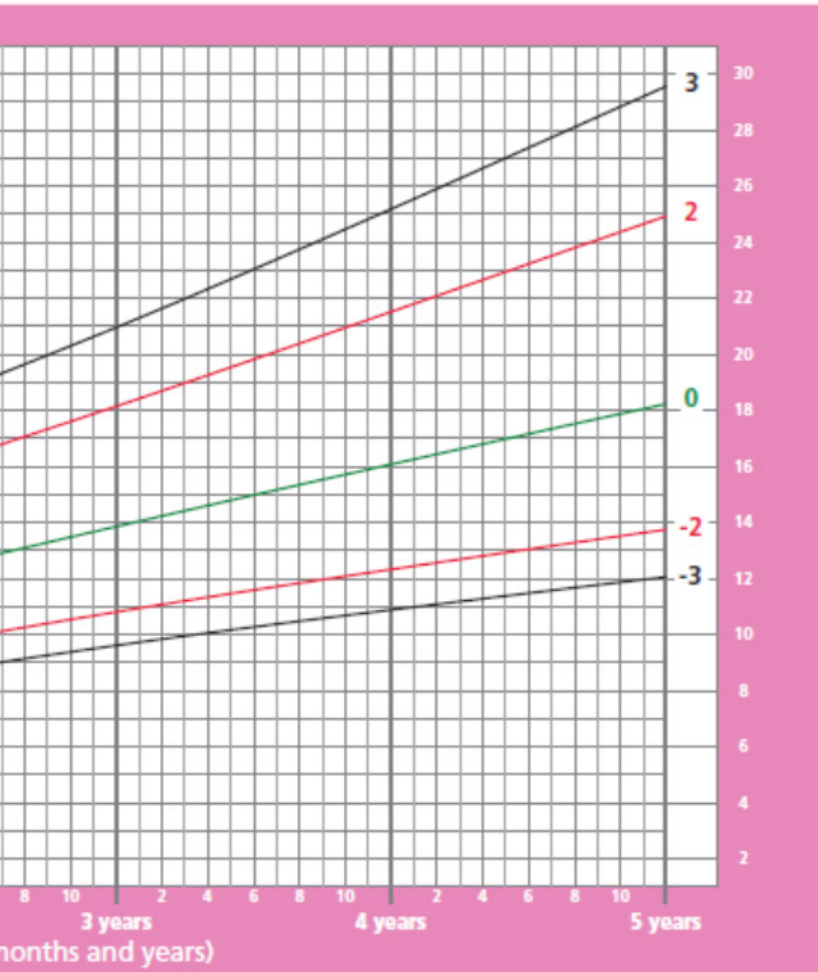
Birth to 5 years (z-scores)



A child whose weight-for-age is

- Below the line -2 is underweight

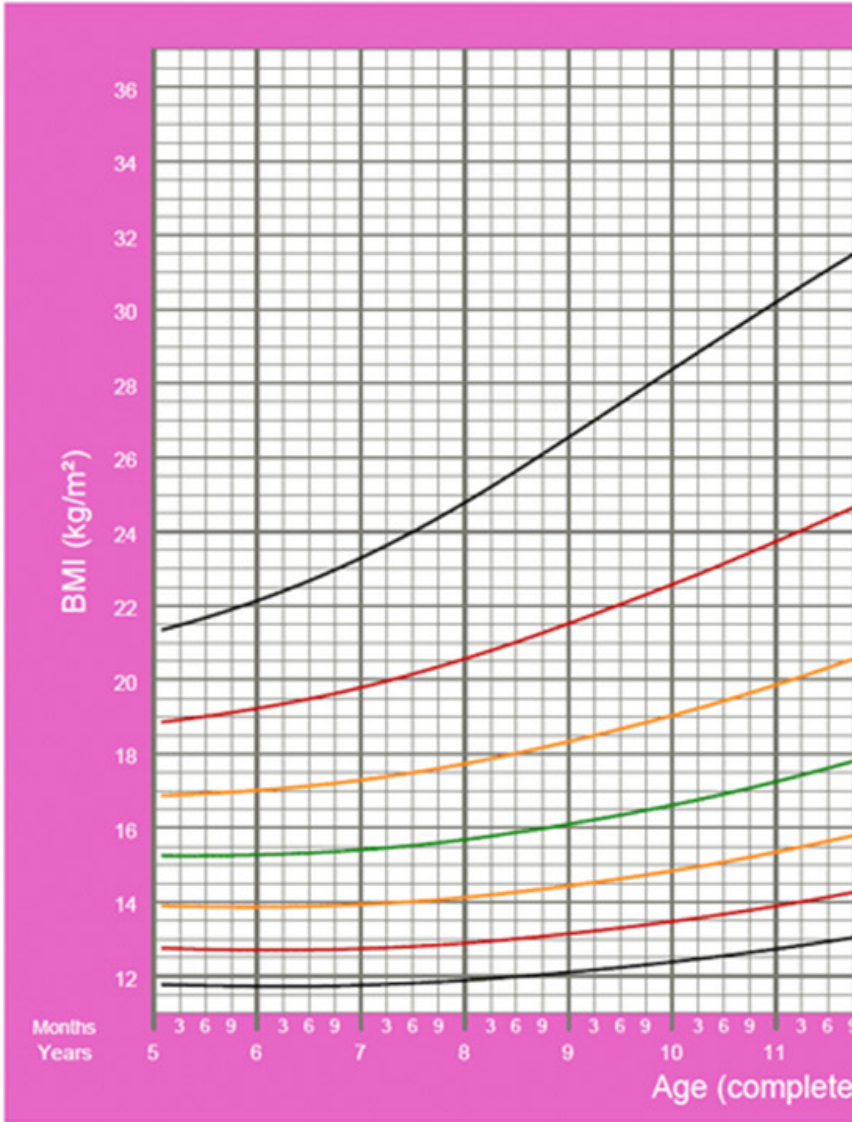
Below the line -3 is severely underweight

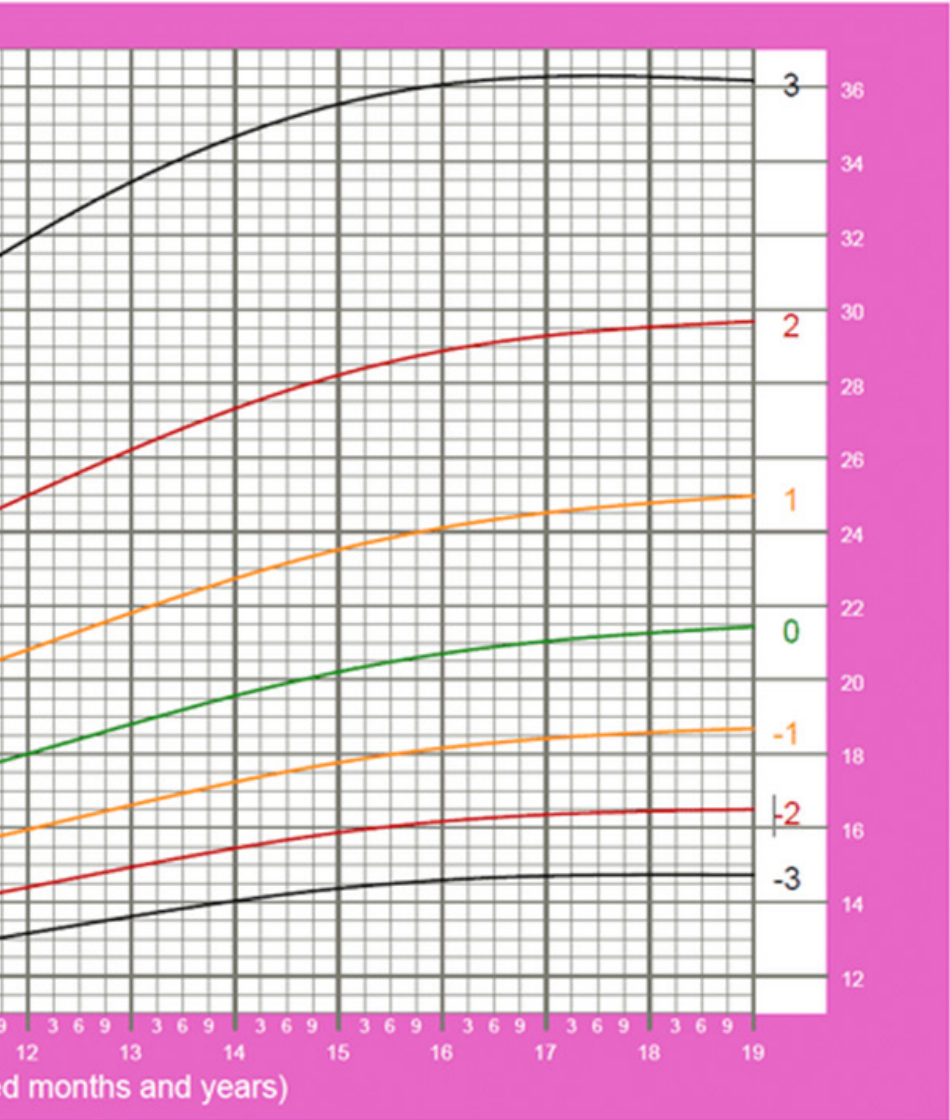


WHO Child Growth Standards

BMI-for-age GIRLS

5 to 19 years (z-scores)

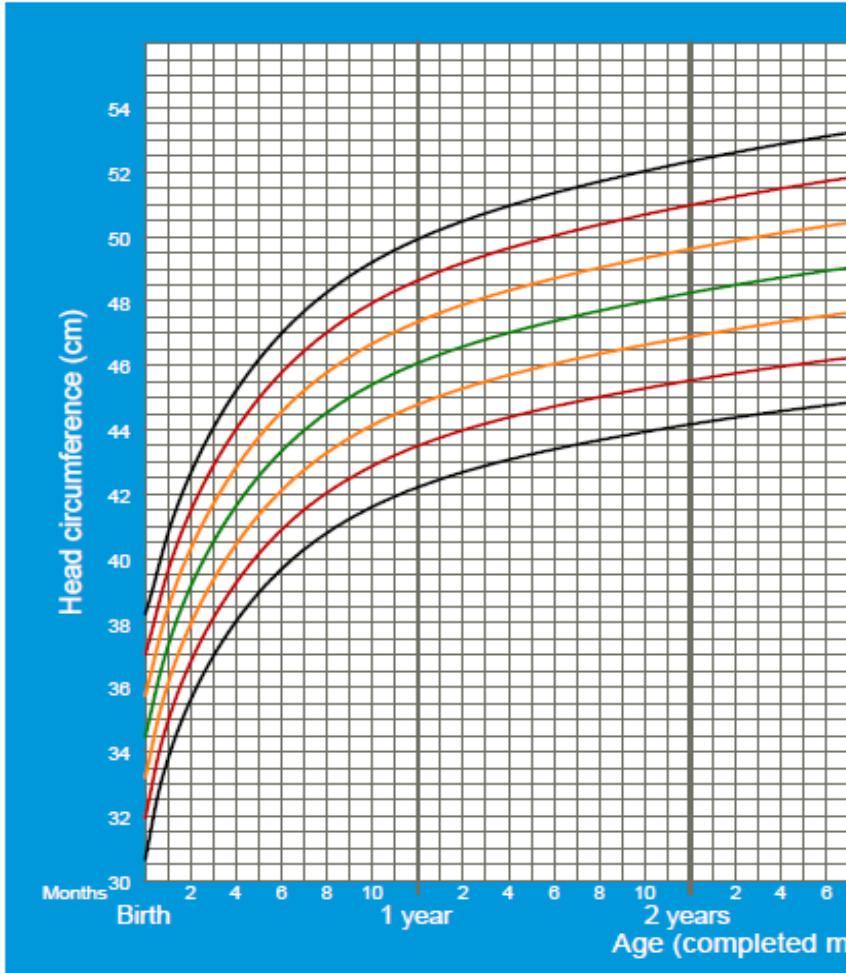




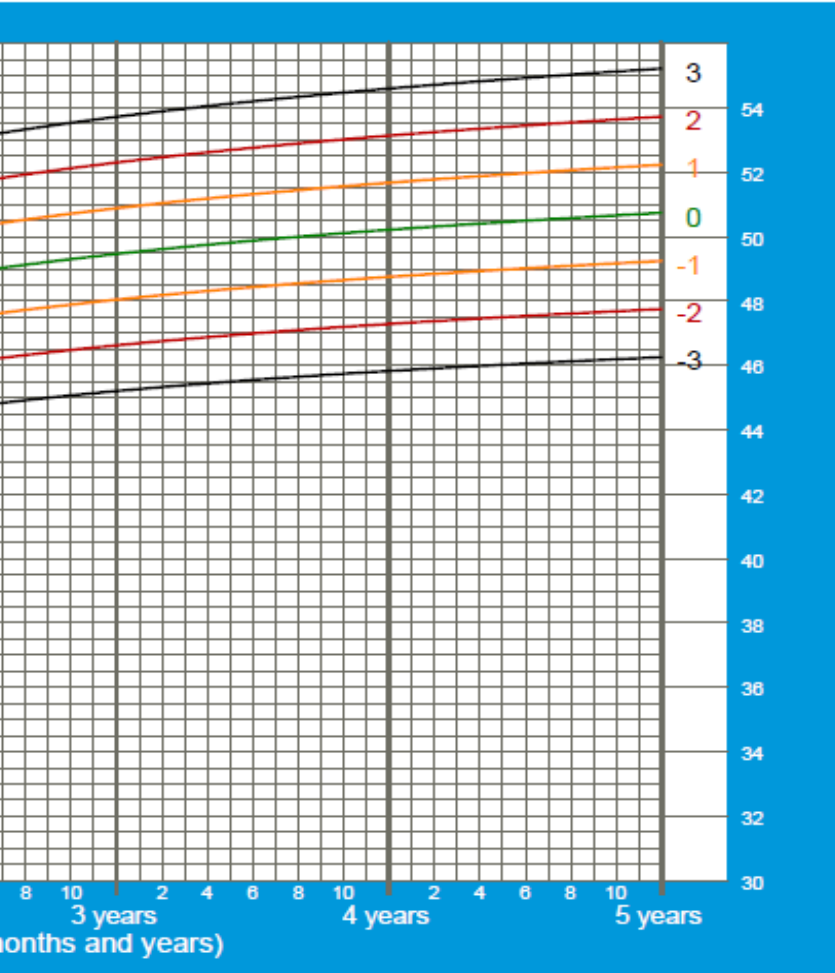
2007 WHO Reference

Head circumference-for

Birth to 5 years (z-scores)



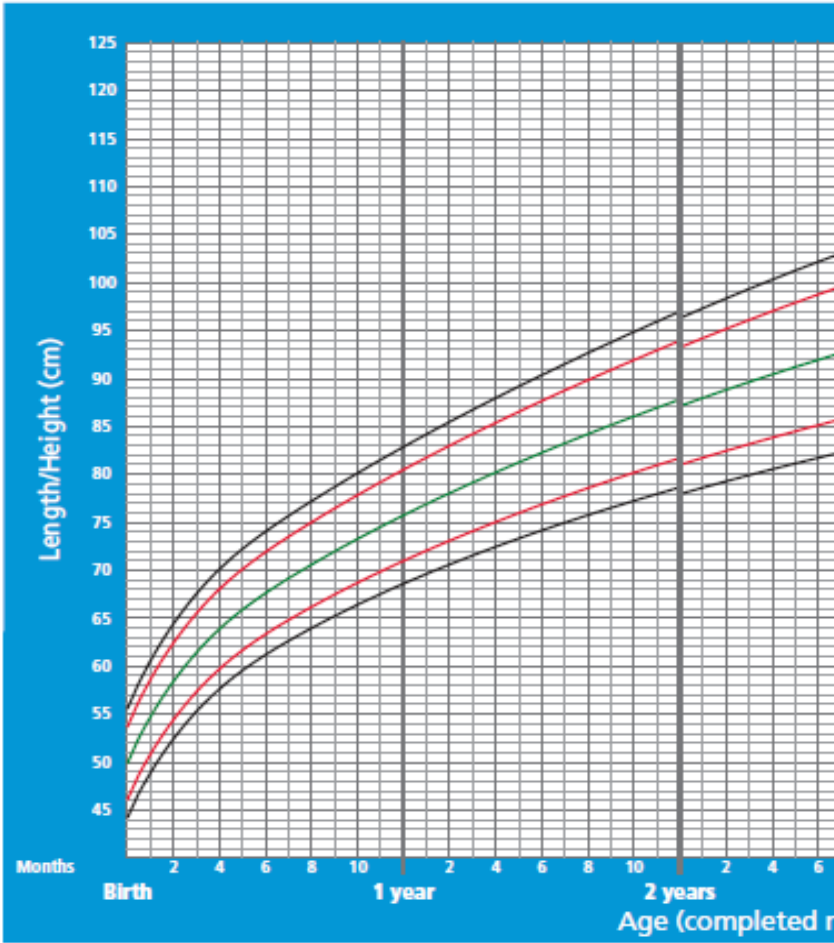
Pre-age BOYS



WHO Child Growth Standards

Length/height-for-age

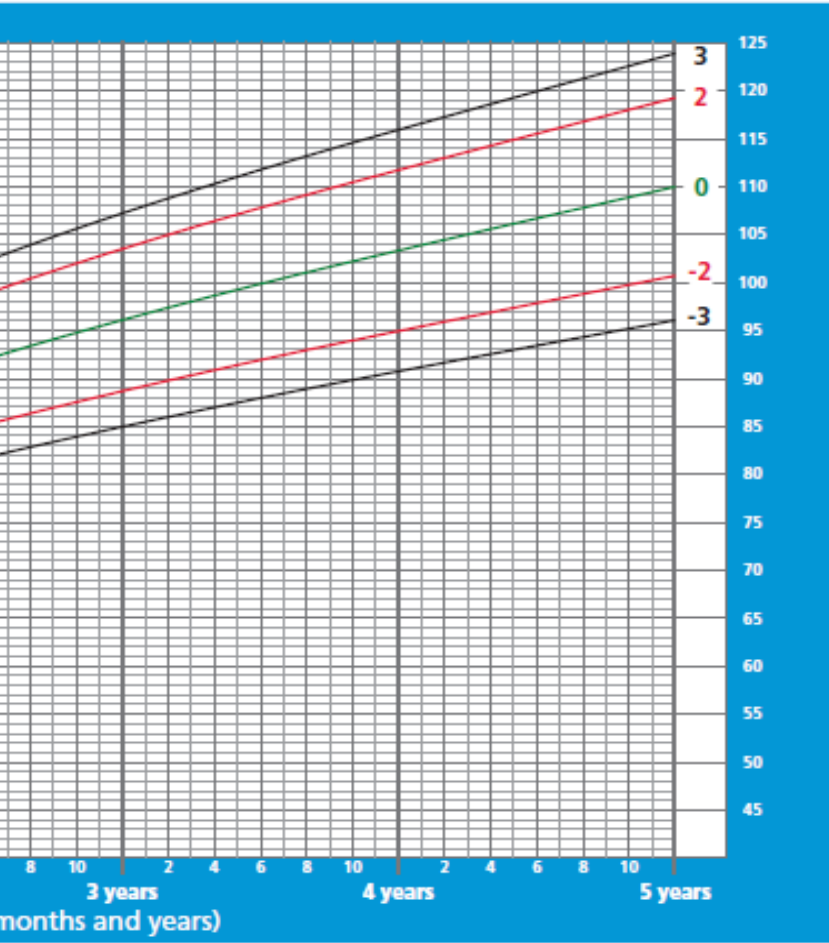
Birth to 5 years (z-scores)



A child whose length/height for age is

- Below line -2 is stunted
- Below line -3 is severely stunted

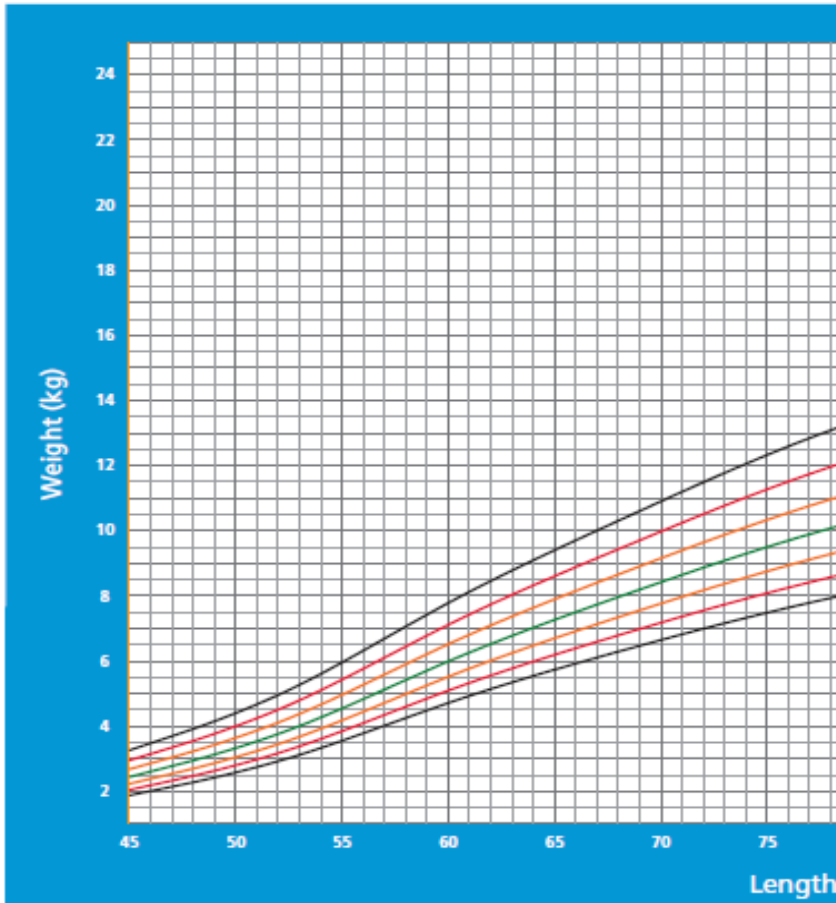
BOYS



WHO Child Growth Standards

Weight-for-length BOY

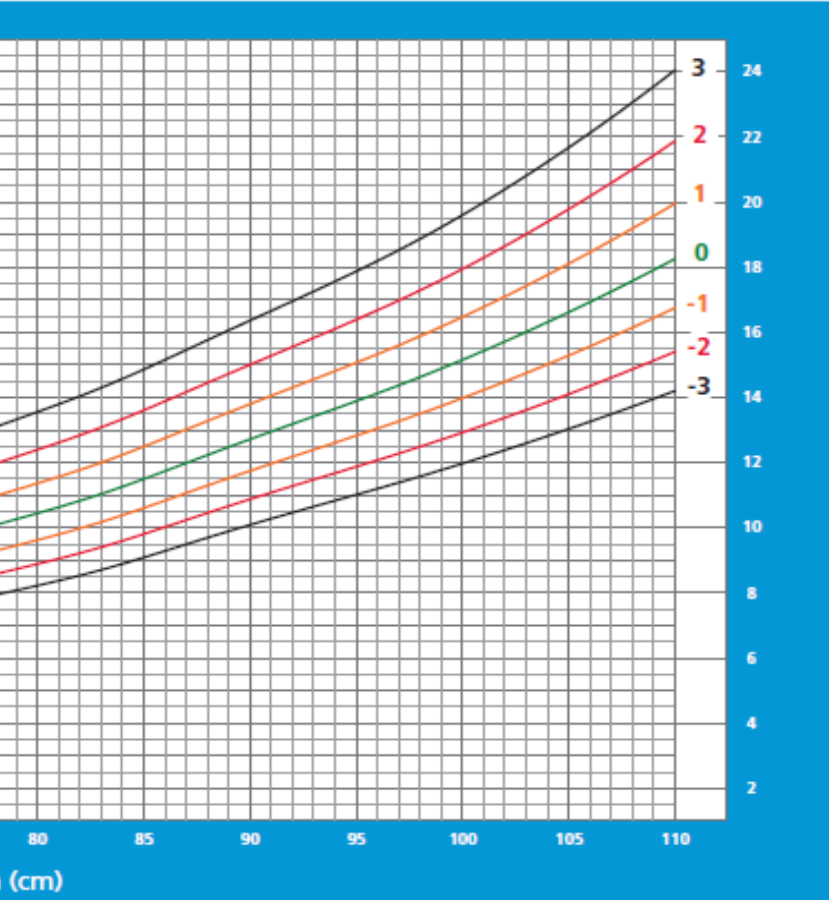
Birth to 2 years (z-scores)



A child whose weight-for-length is

- Above line 3 is obese
- Above line 2 is over-weight
- Below line -2 is thin/wasted
- Below line -3 is very thin/severely wasted (**refer for urgent specialist care**)

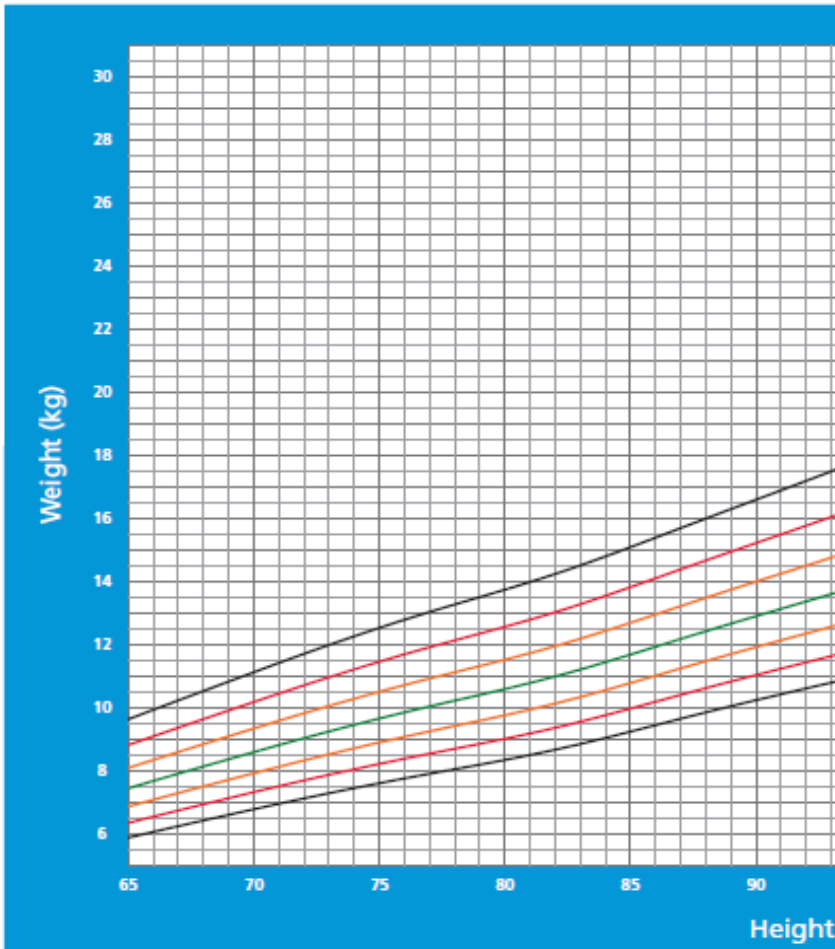
S



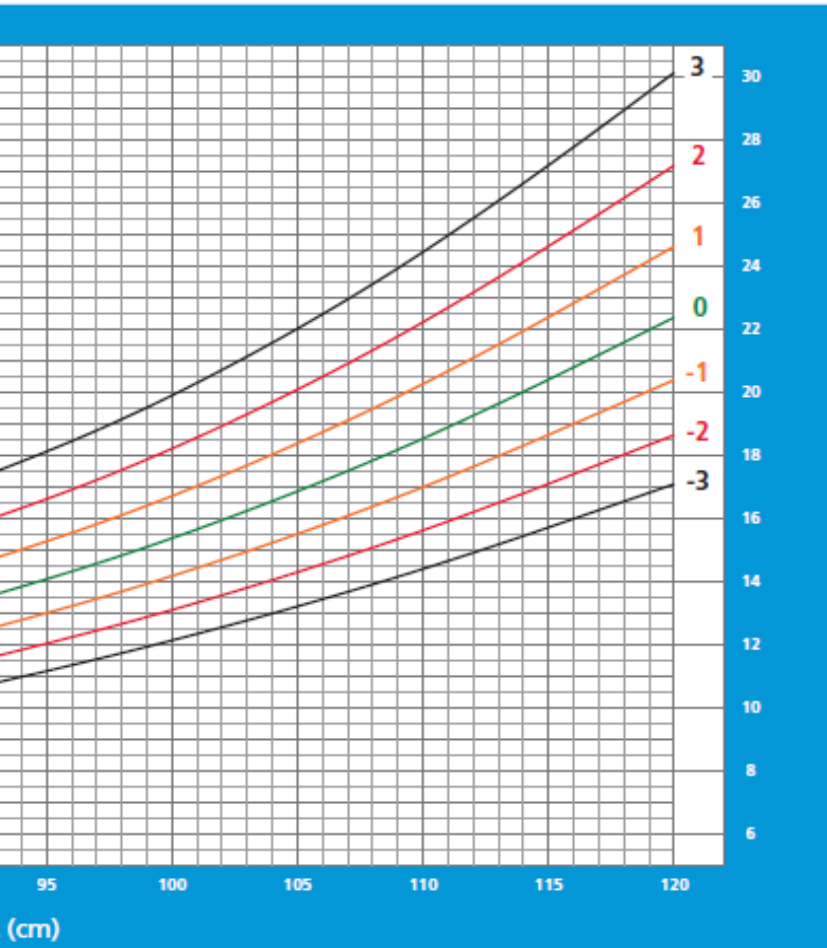
WHO Child Growth Standards

Weight-for-height BOY

2 to 5 years (z-scores)



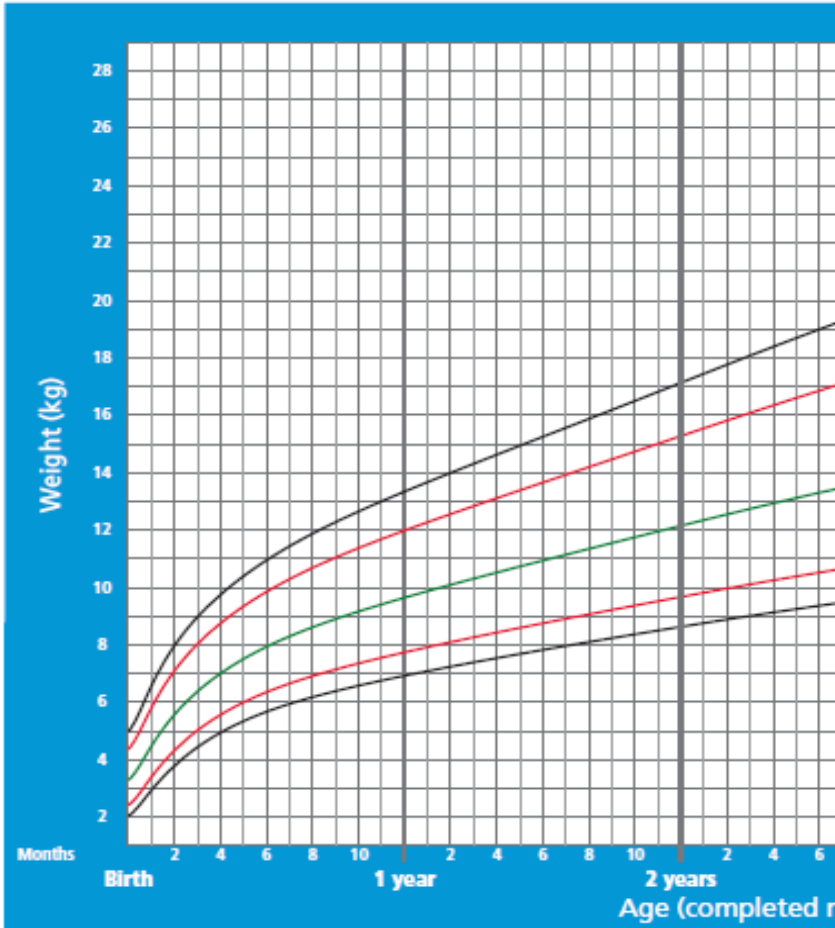
S



WHO Child Growth Standards

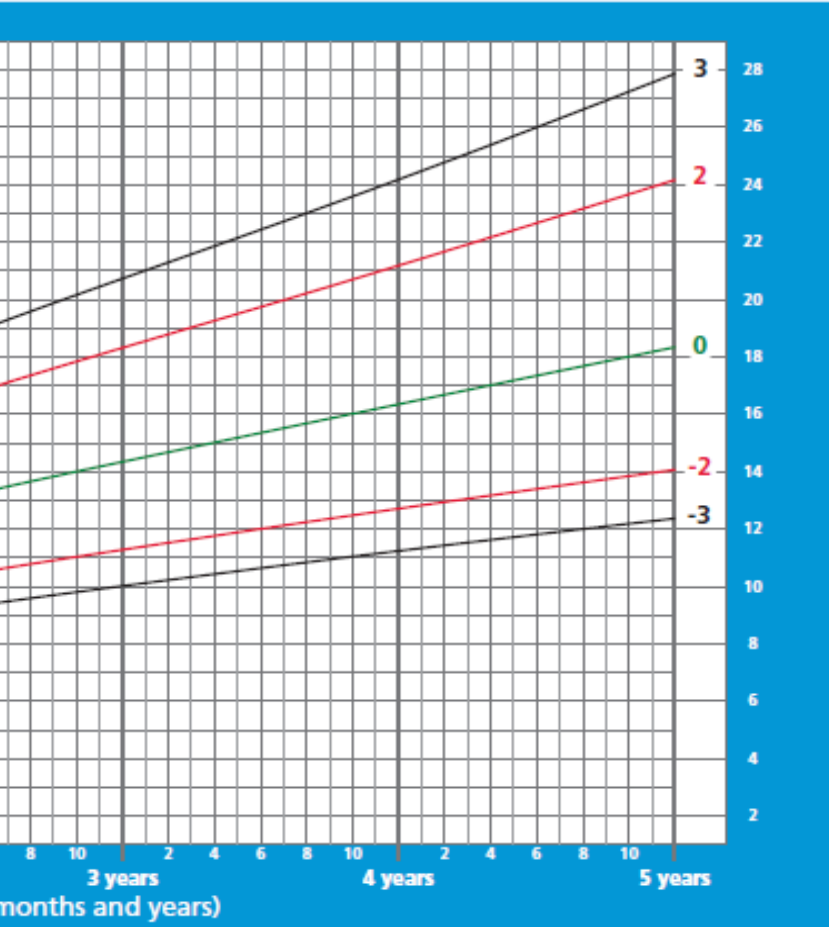
Weight-for-age BOYS

Birth to 5 years (z-scores)



A child whose weight-for-age is

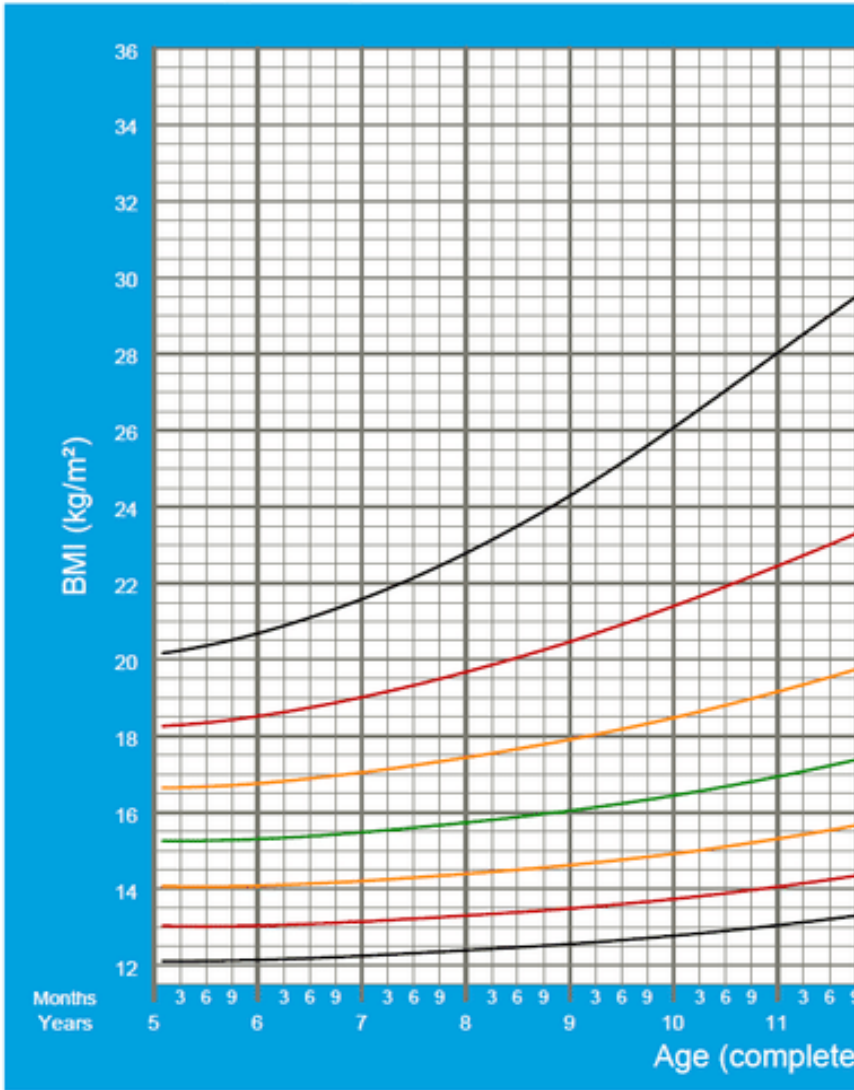
- Below the line -2 is underweight
- Below the line -3 is severely underweight



WHO Child Growth Standards

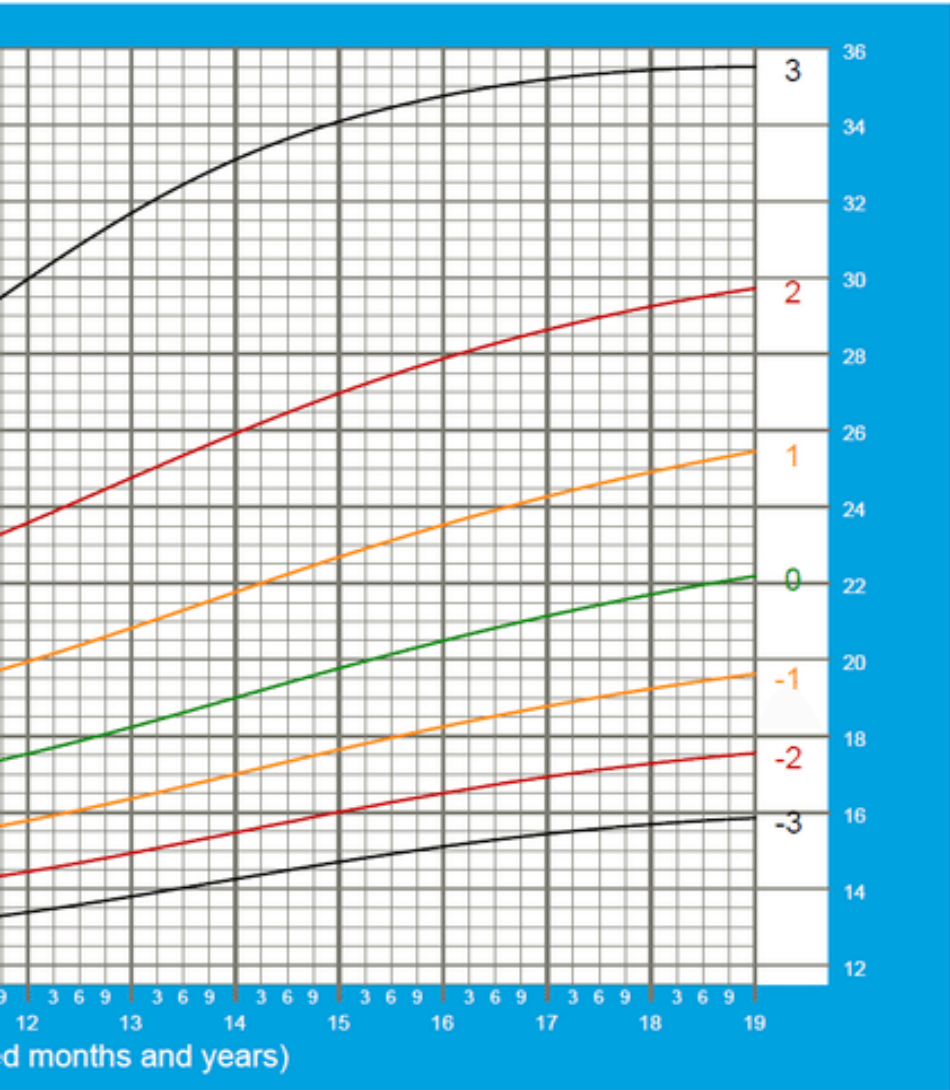
BMI-for-age BOYS

5 to 19 years (z-scores)





World Health Organization



2007 WHO Reference



MINISTRY OF HEALTH AND WELLNESS
SAINT LUCIA
2019