

**Final Draft**

**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 at each age range, and to assist you in the future when it is time to enroll for a nursery/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.

The Child Health record provides a history for health care providers which will be useful for your child even in adulthood.

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

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

- your Polyclinic/Health Centre
- your private doctor or clinic
- hospital
- dentist
- immunization session

## HEALTH AND DEVELOPMENT ASSESSMENTS

Children grow and develop 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 detected early and to be dealt with promptly.

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

### Contacts

Name: \_\_\_\_\_

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

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

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

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

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

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

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

### This record is about:

Child's Surname: \_\_\_\_\_

Child's First name: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**Perinatal History:**

Pregnancy:

Gestation:

Delivery:

Apgar: 1 min \_\_\_\_\_ 3 min \_\_\_\_\_ 5 min \_\_\_\_\_

Birth weight \_\_\_\_\_ kg 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. \_\_\_\_\_

**Family Antecedents**

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

- |                                      | Yes                      | No                       | Don't know               |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| • Early deafness (under 5 years)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fits, convulsions, epilepsy        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Early eye problem (under 5 years)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Heart disease in anyone aged < 50  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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 if desired  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 when necessary  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 meals



## EXPLANATION OF VACCINES

### BCG

Protects against TB Meningitis and severe forms of TB. Given at 5 yrs

### DPT

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

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

Boosters doses given at 18 months and 4 ½ years.

### TOPV

Trivalent Oral Polio Vaccine.

Given at the same time as DPT

### IPV

Injectable Polio Vaccine protect against Polio

### MMR

Protects against Measles, Mumps and Rubella. Given at 12 months and 3-5 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.

### DT (paed)

Protects against Tetanus and Diphtheria. Given to over 5 years.

### Td

.Given to adolescents and adults.

### VARICELLA

Protects against Chicken Pox.

### PNEUMOCOCCUS

Protects against diseases caused by Streptococcus Pneumonia and Meningitis.

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

## IMMUNIZATION RECORD

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

## ORAL HEALTH

Ideally, your child should begin dental check-ups within six months after the first tooth erupts, but no later than age 4.

Your child should have a dental examination every six months.

### Preventing (Early Childhood Caries) Decay of Primary Teeth

- Do not let your child fall asleep on the breast, or with a bottle of milk, formula or juice.
- When your child's teeth start coming in (see the chart below), be sure to clean the teeth with a damp cloth or a child's toothbrush.

### TOOTH ERUPTION CHART

PRIMARY TEETH				
		Upper Teeth	Erupt	Shed
	Central incisor		8-12 mos.	6-7 yrs.
	Lateral incisor		9-13 mos.	7-8 yrs.
	Canine (cuspid)		16-22 mos.	10-12 yrs.
	First molar		13-19 mos.	9-11 yrs.
	Second molar		25-33 mos.	10-12 yrs.
			Lower Teeth	Erupt
	Second molar		23-31 mos.	10-12 yrs.
	First molar		14-18 mos.	9-11 yrs.
	Canine (cuspid)		17-23 mos.	9-12 yrs.
	Lateral incisor		10-16 mos.	7-8 yrs.
	Central incisor		6-10 mos.	6-7 yrs.

## DENTAL EXAMINATION RECORD

Poor oral health can contribute to a child's poor performance and school. Be sure your child has been seen and have this section completed, especially at these crucial times for school.

Date	Dental Visit Verified <i>Reception Class (5+)</i>	Status <i>Please tick (✓) as appropriate</i>
		Child in need of treatment
		Child undergoing treatment
		Child does not need treatment (dentally fit).
Signature ..... Stamp .....		Comments
Date	Dental Visit Verified <i>Form 1 (11+)</i>	Status <i>Please tick (✓) as appropriate</i>
		Child in need of treatment
		Child undergoing treatment
		Child does not need treatment (dentally fit).
Signature ..... Stamp .....		Comments



## 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>2 months</b>	-follows objects across field of vision			
	- Notices his or her hands			
	-holds head up for short periods			
	-vocalizes; gurgles and coos			

## DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
<b>4 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
<b>6 months</b>	-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
<b>9 months</b>	-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
<b>12 months</b>	-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
<b>18 months</b>	- 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
2 Years	- Undresses 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
3 years	- Dresses self but cannot button			
	- 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
4 Years	-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

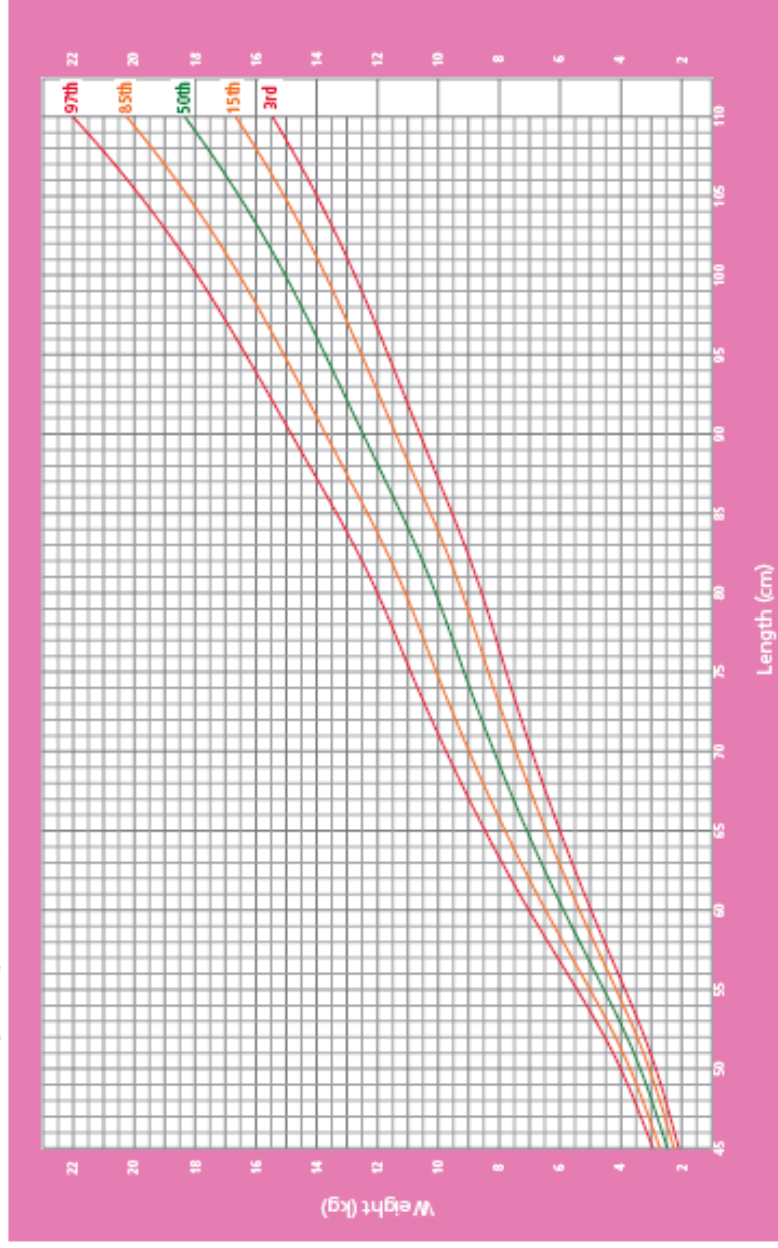
## CHILDHOOD SCREENING

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



# Weight-for-length GIRLS

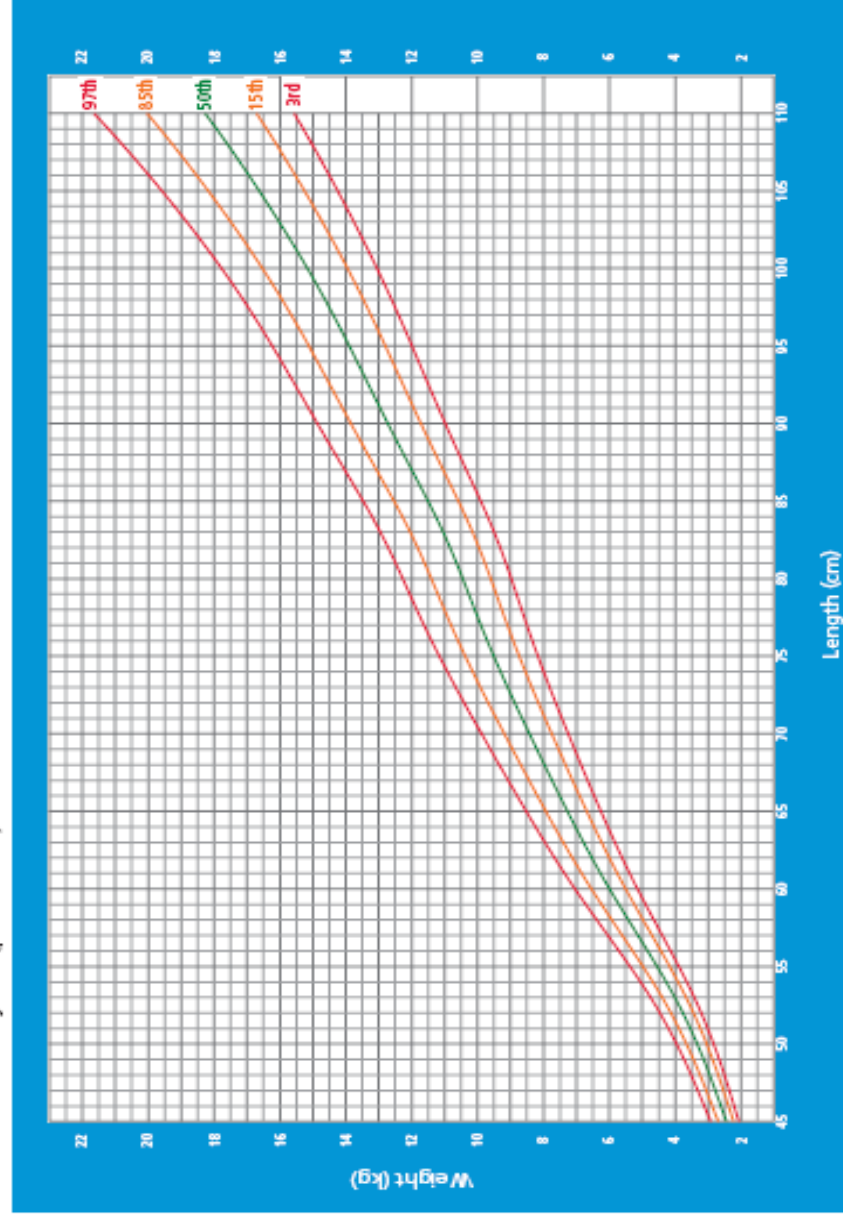
Birth to 2 years (percentiles)



WHO Child Growth Standards

# Weight-for-length BOYS

Birth to 2 years (percentiles)



WHO Child Growth Standards

# Weight-for-height GIRLS

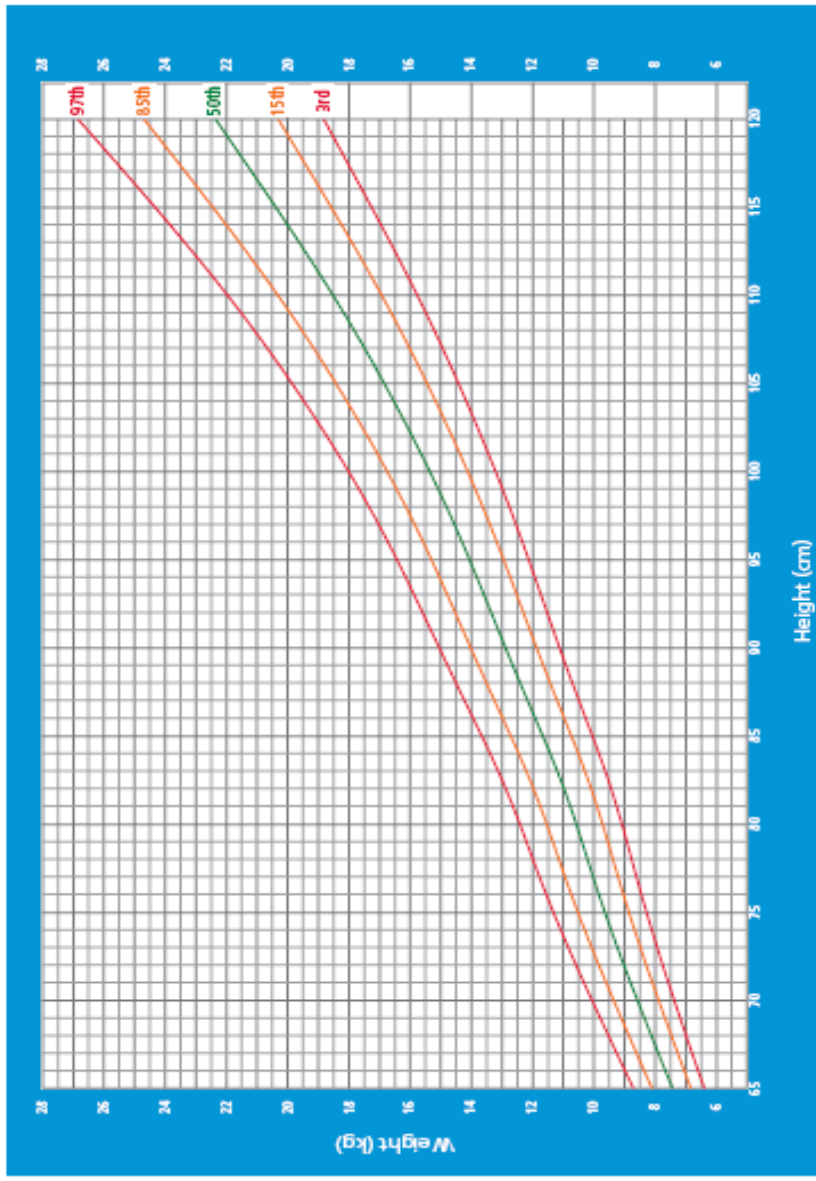
2 to 5 years (percentiles)



WHO Child Growth Standards

# Weight-for-height BOYS

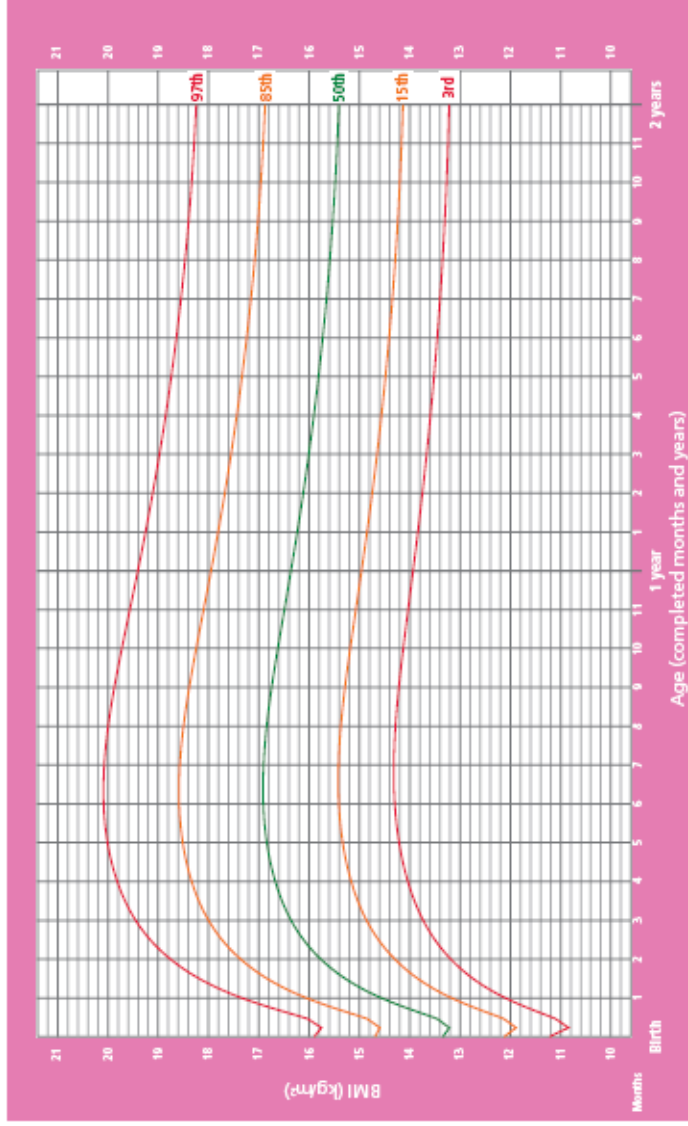
2 to 5 years (percentiles)



WHO Child Growth Standards

## BMI-for-age GIRLS

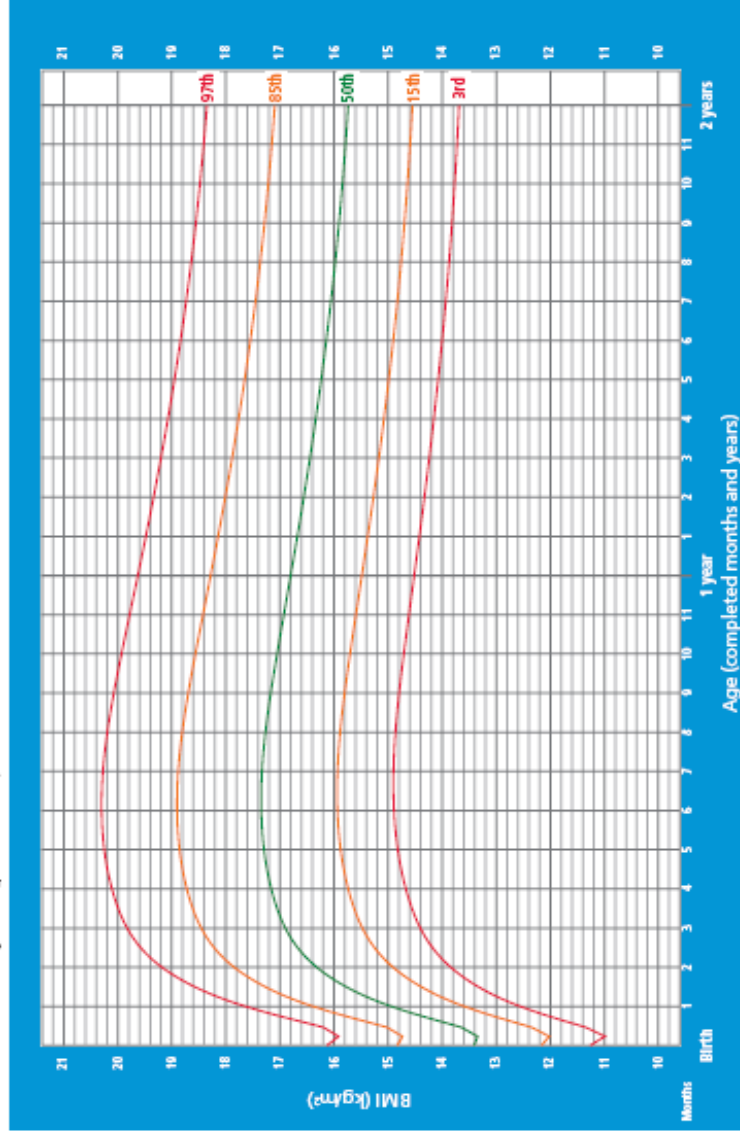
Birth to 2 years (percentiles)



WHO Child Growth Standards

## BMI-for-age BOYS

Birth to 2 years (percentiles)



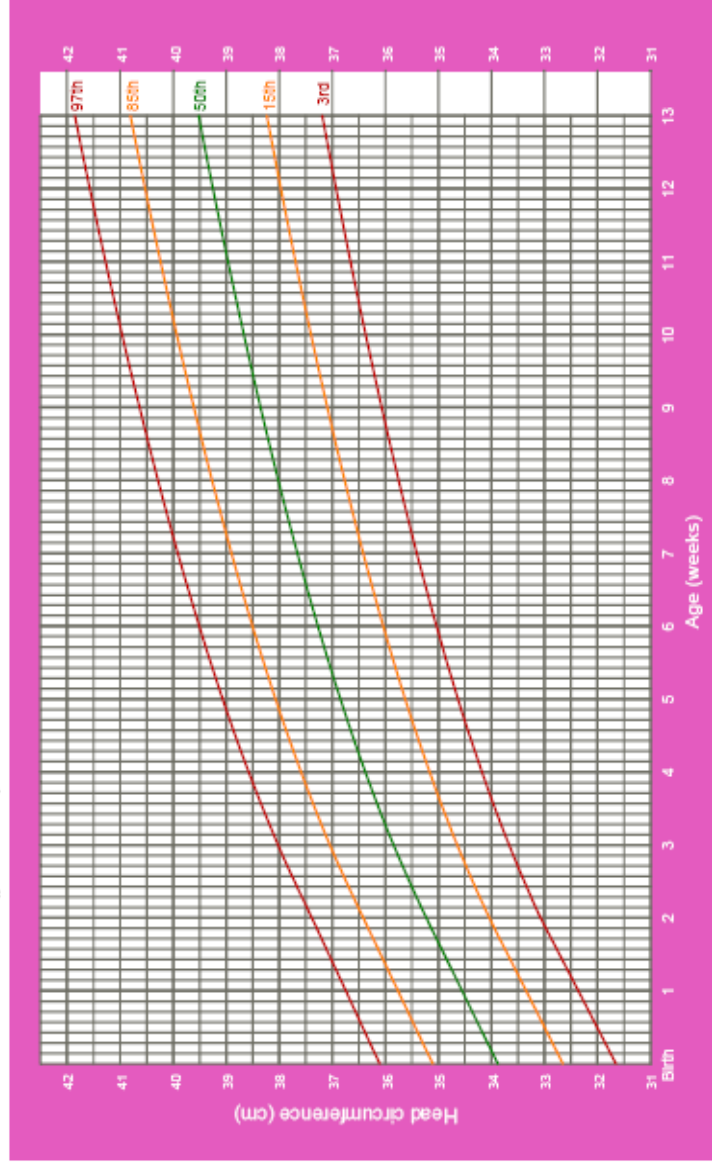
WHO Child Growth Standards



## Head circumference-for-age GIRLS



Birth to 13 weeks (percentiles)

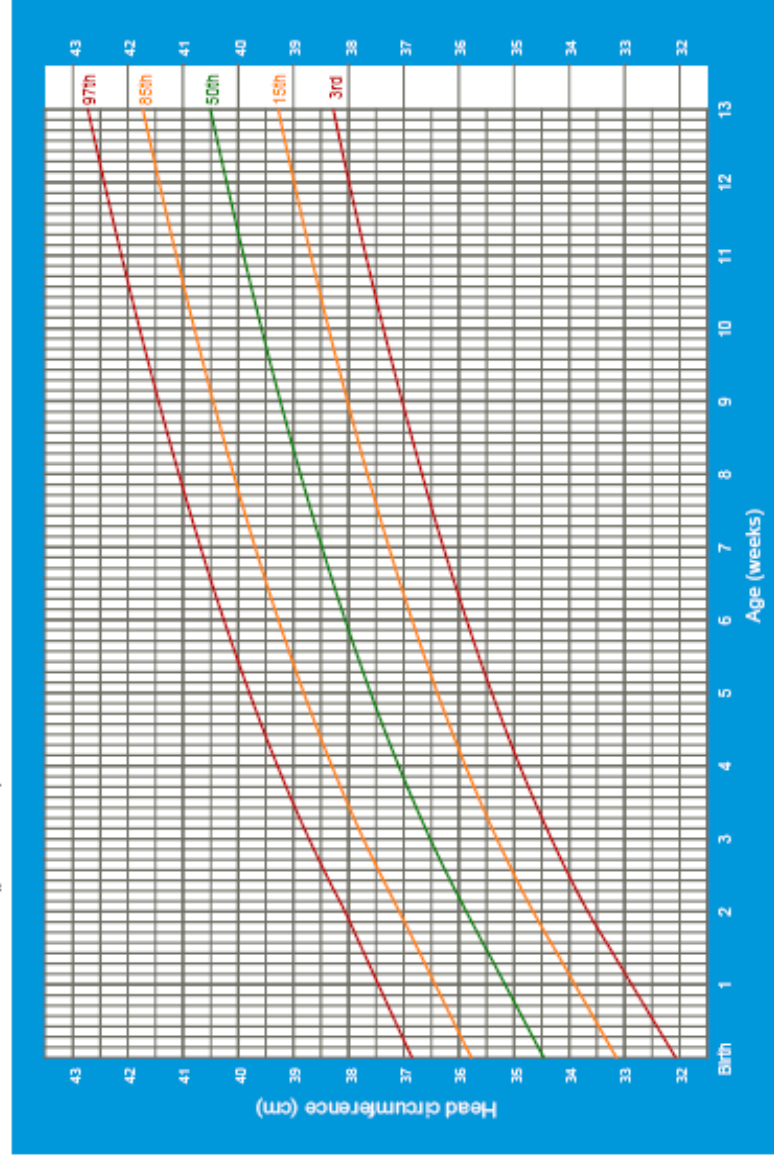


WHO Child Growth Standards

## Head circumference-for-age BOYS



Birth to 13 weeks (percentiles)



WHO Child Growth Standards

