



MINISTRY OF HEALTH

MOTHER CHILD HEALTH PASSPORT



EVERY MOTHER CHILD COUNTS

Better Information • Better Communication • Better Health

SUPPORTED BY



Mother's Name: _____





Child's Name: _____

Revised 2012

GENERAL INFORMATION

Every pregnant woman will receive a passport. If she delivers twins she will receive two passports. This passport contains useful information for the health of both mother and child.

The passport is available at health facilities and hospitals

 <p>READ THIS HANDBOOK</p>	<p>The mother, her spouse, and other family members should read this passport because it has important information on how to identify any problem in pregnancy and information on the care for the baby immediately after delivery.</p>
 <p>BRING THIS HANDBOOK</p>	<p>You or your family member should Bring this passport every time you or your child visit a health facility</p>
 <p>KEEP THIS BOOK</p>	<p>Keep the passport well. Do not lose it because it contains important health information for you and your child.</p>
 <p>ASK A PROVIDER</p>	<p>Ask your health providers if you have any questions related to this passport</p>

CHILD PROTECTION

Children in Uganda need to be protected because they are vulnerable members of society and are dependent on others, their parents, families, and state for care and protection. In every matter concerning children, the best interest of a child is of paramount importance. The Children's Act backs the Rights of the Child and; **every child has the right to:**

1. A name and a nationality from birth;
2. Know and be cared for by his or her parents or to appropriate alternative care when removed from the family environment;
3. Basic nutrition, shelter, basic health care services and social services;
4. Be protected from maltreatment, neglect, abuse or degradation;
5. Be protected from exploitative labour practice.
6. Not be required or permitted to perform work or provide services that
 - Are inappropriate for a person of that child's age; or
 - Place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development;
7. Not be detained except as a measure of last resort, in which case, in addition to the rights a child enjoys under sections 12 and 35, the child may be detained only for the shortest appropriate period of time, and has the right to be
 - kept separately from detained persons over the age of 18 years; and
 - is treated in a manner, and kept in conditions, that take account of the child's age;

FAMILY PAGE

This blank page can be used by the family to record important information, memories or pictures of the baby.

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VILLAGE HEALTH TEAM RECORD

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VHT REFERRAL RECORD

[illegible]

VHT Home visit Record

a. Birth Recording

VHTs Name: Parish:
 Village/LC 1: District:
 Sub-County:

Date of birth		
Day	Month	Year

Date of birth		
Day	Month	Year

Birth Place



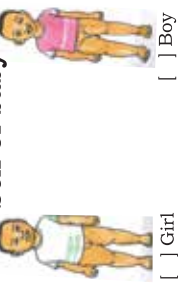
☐ Home ☐ TBA ☐ Health Facility

Condition



☐ Live ☐ Did not breath

Sex of baby



☐ Girl ☐ Boy

b. Weight of New born



☐ Very Small size ☐ Small ☐ Normal

Less than 500 grams	In between	1500 grams and above
---------------------	------------	----------------------

c. Referred to the health facility

☐ No ☐ Yes

Day Referred (circle answer)

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

MOTHER AND CHILD IDENTIFICATION

A. Mother's profile

Mother's Name:
 Birth Date:/...../..... Age: (Years)
 Education: (None/Primary/Secondary/Post Secondary)
 Occupation: Contact/Phone No.
 Married/Single/Widow:

B. Child's profile (after birth)

Child's Name: Sex: (F/M)
 Birth date: .../.../... Birth Weight in Kg: Birth order:
 Birth Registration No:

C. Home Address (where the child lives)

Village/LC1: Parish:
 Sub-county: District:

D. Next of kin identification

Next of kin (Tick) ☐ Mother ☐ Father ☐ Guardian ☐ Other
 Occupation: Contact address/Phone:

RECORD OF PREVIOUS PREGNANCIES

a. Past Medical and Social history

Items	tick	Items	tick
Diabetes		Sickle cell disease	
Cardiac disease		Mental Illness	
Kidney disease		Tuberculosis	
Hypertension		Other complications	
Epilepsy		Smoking	
Asthma		Alcohol	
STI		Health of husband	

b. Past Surgical history (Indicate type and date of surgery performed)

(1) Operations (type) Year.....

(2) Blood transfusions (why?) Year.....

(3) Fracture of pelvis, spine and femur Year.....

c. Past Obstetric and Gynaecological history

Items	No.	Items	tick
No. of pregnancies		Vacuum extraction, forceps	
No. of deliveries		Retained placenta	
No. of living children		PPH	
No. of miscarriages		Operations on the uterus	
No. of still births		Cervical Shrodkar, Mc Donald	
No. of premature births		Interval from last pregnancy (yrs)	
No. of Caesarean Sections		Who assisted previous delivery	

REFERRAL NOTE

Date of referral: Time:..... Health facility:

Diagnosis/reason for referral:.....

Pre referral treatment given (tick): [] Specify.....

H/W Name & Designation:

Feedback on referral

Date of referral: Time:..... Health facility:

HW name & designation: Confirmed diagnosis:.....

Treatment given (tick): [] Specify.....

Patient follow up: [] Specify.....

Date of referral: Time:..... Health facility:

Diagnosis/reason for referral:.....

Pre referral treatment given (tick): [] Specify.....

H/W Name & Designation:

Feedback on referral

Date of referral: Time:..... Health facility:

HW name & designation: Confirmed diagnosis:.....

Treatment given (tick): [] Specify.....

Patient follow up: [] Specify.....

Date of referral: Time:..... Health facility:

Diagnosis/reason for referral:.....

Pre referral treatment given (tick): [] Specify.....

H/W Name & Designation:

Feedback on referral

Date of referral: Time:..... Health facility:

HW name & designation: Confirmed diagnosis:.....

Treatment given (tick): [] Specify.....

Patient follow up: [] Specify.....

[illegible][illegible]

SICK CHILD OUTPATIENT VISIT RECORD

[illegible]

SPECIAL-CLINICS VISIT DURING PREGNANCY

SICK MOTHER ADMISSION RECORD

Facility Name	Admission Number	Date of Admission	Date of Discharge	Discharge Diagnosis, Treatment, Referral, Advise

SPECIAL CLINIC ATTENDANCE

[illegible]

PREVENTIVE SERVICES

Vaccine	Date	Next Visit	Tetanus Toxoid Instructions
T.T 1			Ask about the number of T.T injections received in a mother's life to date. If none given, start as follows;
T.T 2			T.T. 1 – At first contact or as early as possible during pregnancy.
T.T 3			T.T. 2 – Give not less than one month after T.T.1
T.T 4			T.T. 3 – Give at least 6 months after T.T.2 or during subsequent pregnancy.
T.T 5			T.T. 4 – Give at least 1 year after T.T.3 or during subsequent pregnancy. T.T. 5 – Give at least 1 year after T.T.4 or during subsequent pregnancy. Gives protection for life

Prevention of malaria and anemia

Intervention	Date	Next Visit		Date
Intermittent Presumptive treatment: IPT1			Iron Sulphate supplementation	
IPT2			Folic acid supplementation	
IPT3			Deworming (Mebendazole 500 mg)	
Insecticide treated net (ITN)				

c. PMTC care

<input type="checkbox"/> Infant feeding counseling done	<input type="checkbox"/> Mother on ARV prophylaxis	<input type="checkbox"/> AZT+AdNVP: Y/N/?/NA
<input type="checkbox"/> Infant feeding options discussed		<input type="checkbox"/> SdNVP alone: Y/N/?/NA
Mother's decision* <input type="checkbox"/> Exclusive B/feeding <input type="checkbox"/> Replacement feeding <input type="checkbox"/> Not decided	<input type="checkbox"/> Mother on HAART (ARV)	<input type="checkbox"/> AZT+TC+NVP: Y/N/?/NA
		<input type="checkbox"/> Others:.....
<input type="checkbox"/> Referred to Psychosocial group		

*Tick the appropriate answer

SICK CHILD OUTPATIENT VISIT RECORD

[illegible]

WHEN TO RETURN

Come for follow-up for the child's problems if the child has:

	Return for follow-up in:
Pneumonia Dysentery Malaria, if fever persists Measles with eye mouth Complications	2 days
Persistent diarrhoea Acute ear infection Chronic ear infections Feeding problems	3 days
Pallor	14 days
Very low weight for age	30 days



WHEN TO RETURN IMMEDIATELY

BRING ANY SICK CHILD



If not able to drink



If becomes sicker



If develops a fever

BRING CHILD WITH DIARRHOEA



If blood in stool



If drinking poorly

BRING CHILD WITH DIARRHOEA



If difficult breathing

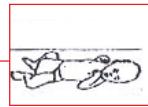


If fast breathing

BRING YOUNG INFANT (less than 2 months old)



If breastfeeding poorly



If any of above signs

POOR IMAGES

CARE DURING PREGNANCY

Immediately check your pregnancy with a health provider.



Ask your provider to check your blood pressure and weight on every visit. Your weight will increase as pregnancy advances.



Ask the provider to check your pregnancy on every visit. Your womb gets bigger as pregnancy progresses.



Ask for tetanus toxoid (TT) immunization from the provider. This will prevent your baby getting tetanus.



Take 1 iron tablet every day for at least 90 days. Iron tablets will not harm your baby. Take 3 Fansidar tablets once every three months starting at three months of pregnancy. This will prevent you and your baby getting malaria.



Avoid heavy workload during pregnancy rest more.



BIRTH PREPAREDNESS PLAN

a. General

Due date of delivery? :/...../..... Who do you live with? :

Where do you intend to deliver? :

Who will accompany you to the health unit when labour starts? :

Who will stay with you at the health unit during labour? :

Who will you leave at home to look after it while you are away? :

Placenta disposal: [] To be disposed at facility [] Mother to take it home

Has mother and father taken HIV test? : [] Yes [] No If yes, when: .../.../.....

b. You may need to take these supplies with you to the health unit*

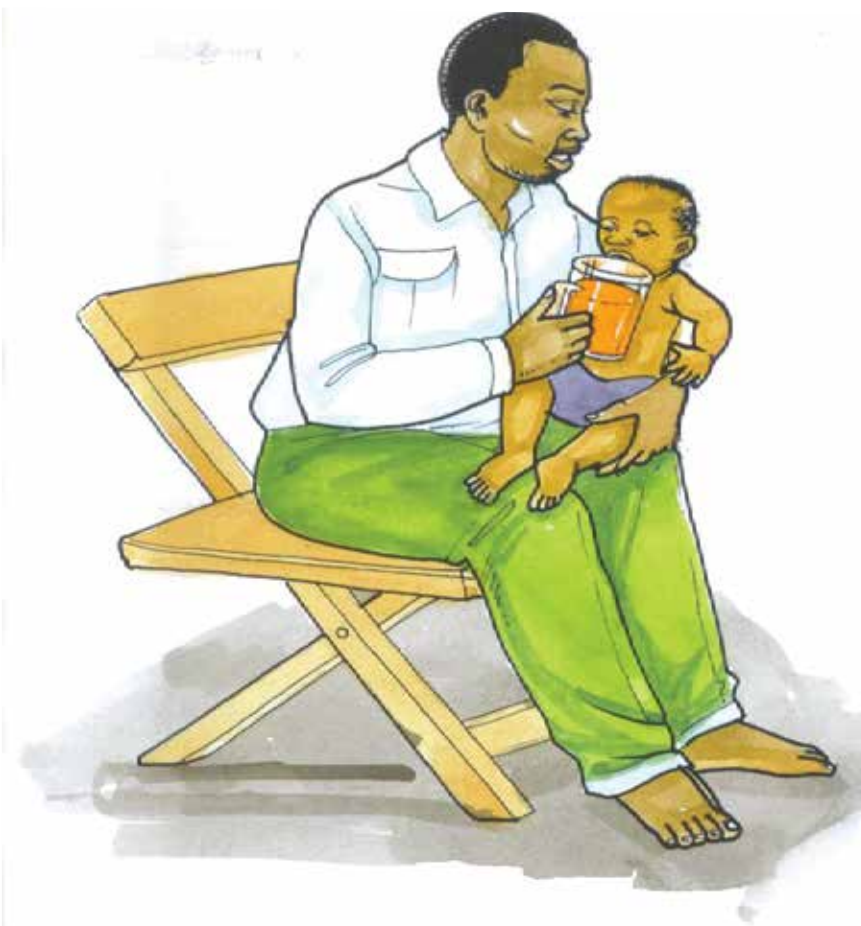
<input type="checkbox"/> 4 Pairs of gloves 	<input type="checkbox"/> Plastic sheet (Ekiveera) 	<input type="checkbox"/> 3 pieces of string (about 20cm each) 	<input type="checkbox"/> Razor blade 
<input type="checkbox"/> Sanitary pads 	<input type="checkbox"/> Baby clothing 	<input type="checkbox"/> Basin 	<input type="checkbox"/> Gauze: (material for dressing that can be bought from a pharmacy) 
<input type="checkbox"/> Soap 	<input type="checkbox"/> Clean clothing for you 	<input type="checkbox"/> Sugar and tea leaves 	<input type="checkbox"/> Money for emergencies e.g. Transport & other needs 

*Tick all that apply

GIVING FLUIDS

Give more fluids and continue feeding

Give plenty of:
Clean water
Soup
Yoghurt Drinks
Light Porridge
ORS





PREVENTING AND RESPONDING TO ILLNESS WHAT IS MOST IMPORTANT TO SAVE YOUR CHILD'S LIFE



Watch for signs of illness

If your child is ill, take your child right away to the health facility.

If that is not possible bring your child to the community health worker.



For your sick child at home, offer more fluids and continue feeding.



Vaccinate your child according to the immunization schedule.



In Malaria areas have your child sleep under an insecticide treated bed net.



Wash your hands carefully with soap and water.

After using the toilet

After cleaning baby's bottom

Before preparing or serving food

Before feeding children or eating



When your child is age 6 months, begin giving your child nutritious complementary foods.

Continue to breastfeed your child up to age 2 years and beyond.



Exclusively breastfeed your baby up to age 6 months.

Breastfeed as often as your baby wants. Do not give other foods

DANGER SIGNS DURING PREGNANCY

If you notice any of these symptoms during pregnancy or after delivery go to the health unit immediately.



Any vaginal bleeding



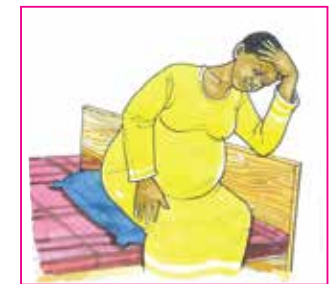
Fever



Mother fitting or having convulsion



Severe abdominal pain



Several headache

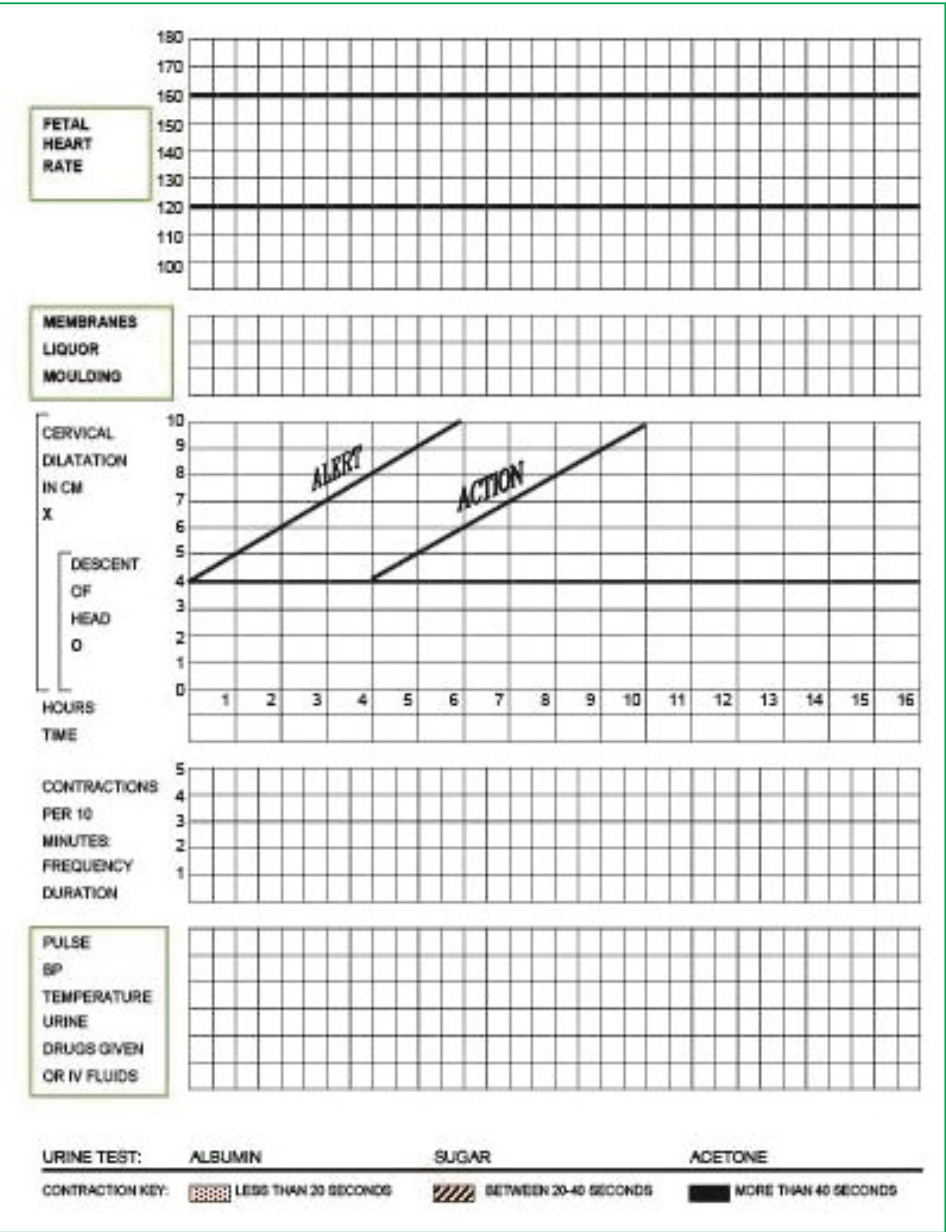


Excessive vomiting



Swelling of face, hands & legs

LABOUR PROGRESS CHART (PARTOGRAM)



CHILD VITAMIN A CAPSULE AND DEWORMING

		Given Date		Given Date
6 MONTHS	Vitamin A		Mebendazole	
12 MONTHS	Vitamin A		Mebendazole	
18 MONTHS	Vitamin A		Mebendazole	
24 MONTHS	Vitamin A		Mebendazole	
30 MONTHS	Vitamin A		Mebendazole	
36 MONTHS	Vitamin A		Mebendazole	
42 MONTHS	Vitamin A		Mebendazole	
48 MONTHS	Vitamin A		Mebendazole	
54 MONTHS	Vitamin A		Mebendazole	
60 MONTHS	Vitamin A		Mebendazole	

ADDITIONAL VACCINES

[illegible]

DELIVERY RECORD

a. Mother's condition:

Date of delivery: .../.... /.... Time of delivery:

Place of delivery* (Health facility/Home/Others):

Birth attendant* (Doctor/Midwife/Others):

Type of delivery* [] NVD [] Breech [] Assisted [] Caesarean

[] Labor included ROM:(hrs), 1st stage:(hr) 2nd stage:.....(hr)

Delivery of placenta (tick): ☐ Complete ☐ Incomplete ☐ Abnormalities

Given: ☐ Pitocin (10IU) ☐ Ergometrin (0.4mg), ☐ Misoprostol (600µg)

Amount of blood loss (mls) [] Episiotomy [] Tears

Mother's condition* (Healthy/Sick/Deceased):

Intra-Postpartum disorder* [] Fever [] Convulsions [] Smelly Lochia

b) Newborn condition

Gestational age (in weeks): [] Term [] Preterm [] Post term

Sex: [] Female [] Male Birth Weight:(Kg)

☐ Cried immediately ☐ Cried after a while ☐ Did not cry

☐ Bluish limbs ☐ Whole body blue ☐ Whole body pink

☐ Breast fed within 1 hour of birth ☐ Physical abnormality:.....

If deceased: ☐ Stillbirth ☐ Intra-partum death ☐ Postpartum death

IMMEDIATE CARE FOR THE NEWBORN

Wrap the baby in dry, warm cloth including head and feet. Put the baby in skin-to-skin contact with mother.



Start breastfeeding immediately after birth. Feed the baby on only breast milk, on demand, at least 8 times in a day.

Position the baby properly and attach the baby well on the breast. This will improve the amount of milk produced.



Delay the baby's first bath until after 24 hours. This will protect the baby from illness.








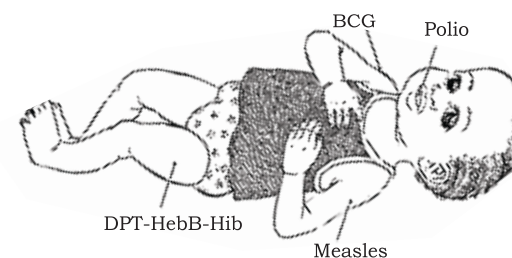
Wash hands before handling the baby. Germs in the hands can cause infection to the baby through the cord, skin and mouth. Bath the baby with clean soap and water.

Do not apply anything on the cord. Leave the cord dry and open. Any germs can enter the baby's body through the cord stump and cause illness.



CHILD IMMUNIZATION

AGE		VACCINE		DATE GIVEN	NEXT VISIT
	At birth	Polio 0 BCG	Mouth drops Right upper arm		
	6 Weeks	Polio 1 DPT-HebB+Hib 1 Rota 1 Pneumococcal 1	Mouth drops Left upper thigh Orally, slow administration on inner aspect of the check. Right outer thigh		
	10 Weeks	Polio 2 DPT-HebB+Hib Rota 2 Pneumococcal 2	Mouth drops Left upper thigh Orally, slow administration on inner aspect of the check. Right outer thigh		
	14 weeks	Polio 3 DPT-HebB+Hib 3 IPV Pneumococcal 3	Mouth drops Left upper thigh IM, outer upper aspect of the right thigh, 2cm from PCV site Right outer thigh		
	9 months	Measles	Left Upper Arm		





CARE FOR CHILD DEVELOPMENT AND STIMULATION

Newborn
Birth up to
1 week



Your baby learns from birth.

Play: provide ways for your baby to see, hear, move arms and legs freely, and touch your baby, gently stroke and hold your baby, even skin to skin.

Communicate: look into your baby's eyes and talk to your baby, when you are breast feeding it's a good time. Even a new born baby sees your face and hears your voice.



1 week
up to 6
months



Play: provide ways for your child to see, hear, feel and move, show colorful things for your child to see and reach for, sample toys, shaker, ring on a string,



Communicate: smile and laugh with your child, talk to your child, get a conversation going by copying your child's sounds and gestures.

6 months
up to 12
months



Play: give your child clean safe household things to handle, bang and drop.
sample toys: containers with leads, metal pot and spoon.



Communicate: respond to your child's sounds and interests. Tell your child the name of the things and people, sample toy: doll with face.

12 months
up to
2 years



Play: give your child things to stick up, and to put into containers and take out, sample toys: nesting and stacking objects, container and clothes clips

Communicate: ask your child simple questions, respond to your child's attempt to talk. Show and talk about nature, picture and things.



2 years
and
older



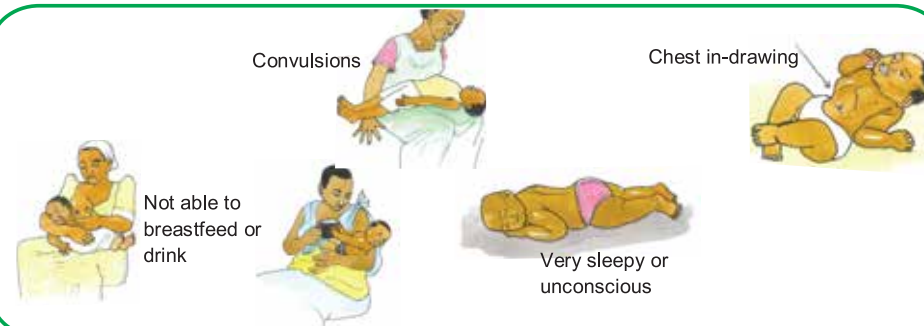
Play: help your child count, name and compare things. Make simple toys for your child sample toys: objects of different colours and shapes to sort, stick or chalk board puzzle.



Communicate: encourage your child to talk and answer your child's questions, teach your child stories, songs and games, talk about pictures or books.
Sample toy: book with pictures

GENERAL DANGER SIGNS

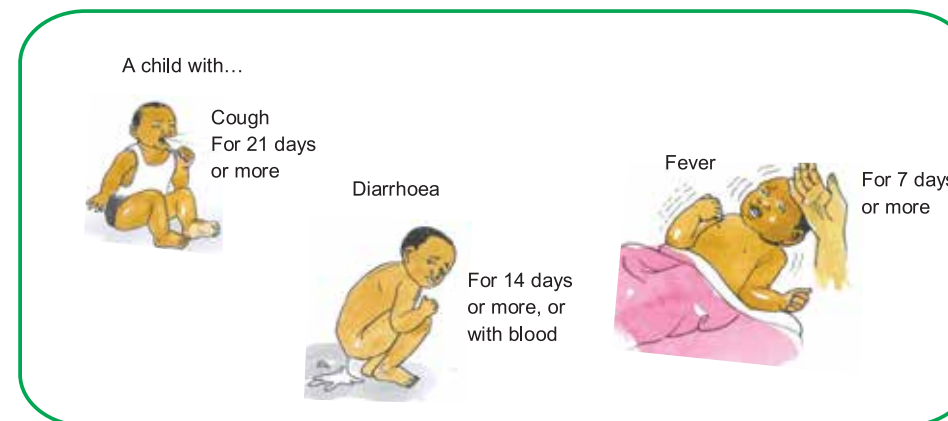
For any sick child



For a new born



For a child with cough, diarrhoea or fever



NEWBORN POSTNATAL CHECKS RECORD

a. Babies condition

Date/Contact	6 HRS	Discharge	1-2 WKS	4-6 WKS
Baby's general condition				
Umbilical cord (Clean, Infected, Referred)				
Jaundice (Yes/No/Referred)				
Bleeding (Cord/Skin/GIT/Nil)				
Pulse/min				
Temp (°C)				
Hb (g/dl)				
EID results (Reactive, non-reactive)				





b. Care provision

Date/Contact	6 HRS	Discharge	1-2 WKS	4-6 WKS
Date				
Vitamin K injection				
Prophylaxis eye antibiotics				
Infant on ARV prophylaxis (Yes/No/NA)				
Infant on HAART (ARV) (Yes/No/NA)				
Infant on Cotrim prophylaxis (Y/N/NA)				
Follow-up site for PCR/CTX/CD4				
Sickle cell screening /confirmatory test				

c. Infant and young child feeding

Time	Birth	1w	6w	10w	14w	6m	9m	12m	18m	24m
IYCF Code										
Code baby's feeding method: Exclusive (01), Exclusive replacement feeding (02), Mixed (03), Artificial (09)										

FEEDING RECOMMENDATIONS

Up to 6 months of age	 <p>Breastfeed as often as the child wants, day and night at least 8 times in 24 hours</p> <p>Do not give other food or fluids</p> <p>Only the child between 4 – 6 months</p> <p>Appears hungry after breastfeeding OR</p> <p>Is not gaining weight adequately add complementary foods (listed under 6 months up to 12 months)</p> <p>Give those foods 1 or 2 times per day after breastfeeding</p>	 <p>Breastfeed as often as the child wants</p> <p>Give adequate servings:</p> <p>Thick porridge made out of either maize or cassava/millet/soya flour. Add sugar and oil mix with either milk or pounded ground nut</p> <p>Mixtures of mashed foods made out of either matooke/ potatoes/cassava/posho maize/millet /rice. Mix with fish/beans/pounded groundnuts. Add green vegetables</p> <p>Give a snack like egg/banana/bread 3 times per day if breastfed 5 times per day if not breastfed</p>	 <p>Breastfeed as often as the child wants</p> <p>Give adequate servings of:</p> <p>Mixtures of mashed foods made out of either matooke/potatoes/cassava/posho maize/millet /rice. Mix with fish/beans/pounded groundnuts. Add green vegetables</p> <p>Thick porridge made out of either maize/cassava/millet/soya flour. Add sugar and oil mix with either milk or pounded ground nuts</p>	 <p>Give family foods atleast 3 meals each day. Also twice daily, give a nutritious snack between meals, such as: banana/eggs/ bread</p>
6 months upto 12 months				
12 months up to 2 years				
2 years and Older				

Feeding Recommendations for a Child who has persistent Diarrhoea

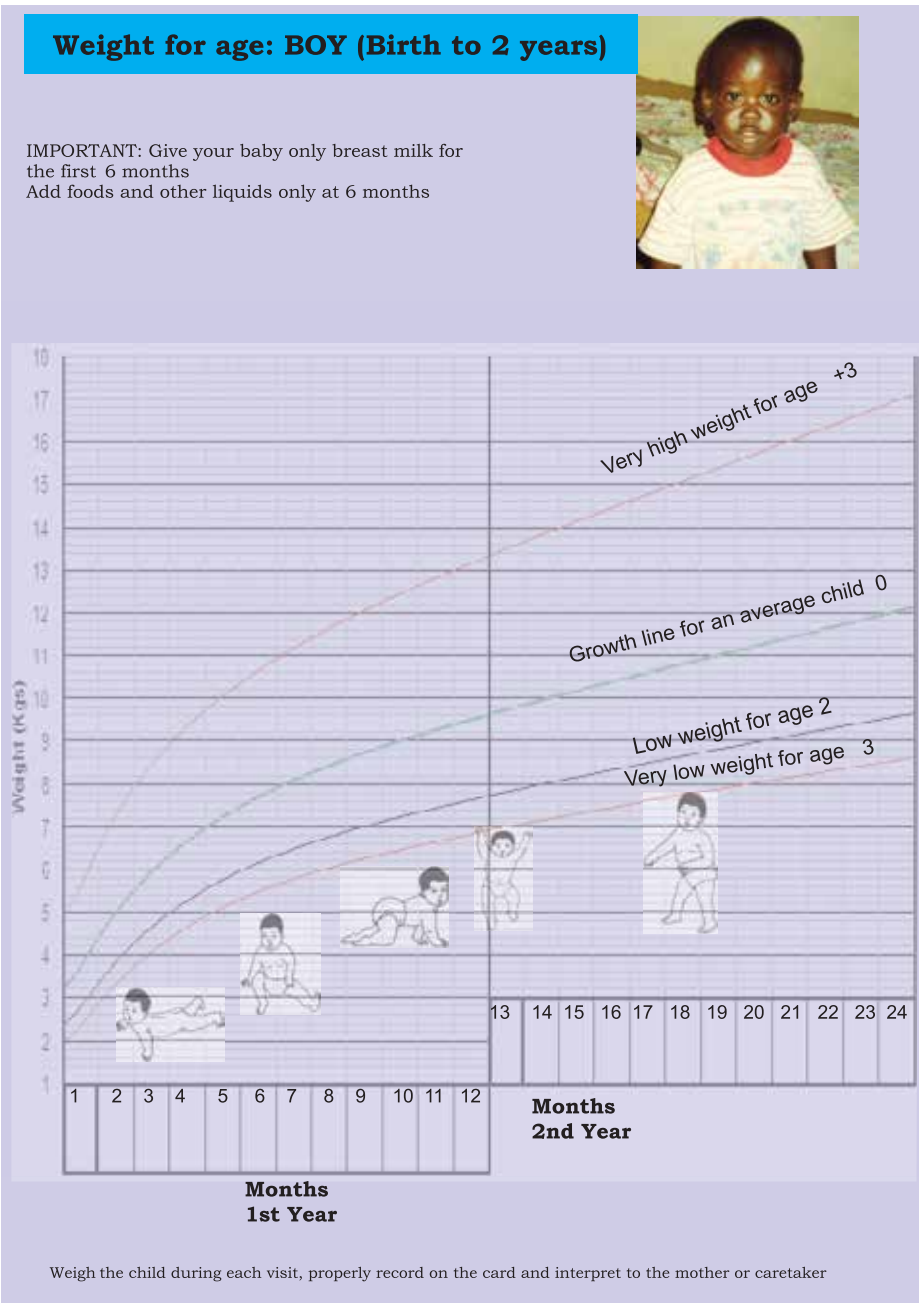
If still breastfeeding, give more frequent, longer breastfeeding, day and night

If taking other milk:

- Replace with increased breastfeeding OR
- Replace with formatted milk products, such as yoghurt OR
- Replace half the milk with nutrient-rich semi solid food

For other foods, follow feeding recommendations for the child's age

GROWTH CHART



MOTHER'S POST PARTUM CHECKS

a. Mother's Condition

	6 HRS	Discharge	1-2 WKS	4-6 WKS
Date				
Complaint				
Blood pressure (mmHg)				
Pulse/minute				
Temperature (°C)				
Hemorrhage, amount (mls)				
Lochia (color, amount and smell)				
Breast (pain/redness/discharge)				
C/S scar (Clean, Infected, Referred)				
Involution of uterus				
Episiotomy (Clean, Infected)				
Hemoglobin (mg/gl)				
Mother's HIV (pos/neg/?)				

b. Care provision

	6 HRS	Discharge	1-2 WKS	4-6 WKS
Vitamin A intervention, Fe, Folic				
ARV prophylaxis, HAART (Yes/No/NA)				
Counseled on family planning (Y/N)				
Partner counseled /involved				

c. Cancer screening (from 8 weeks post delivery onwards)

Date	Examination	Test	Results	Remarks (referral/treatment/etc)
Cervix		VIA/VILI		
		PAP smear		
Breast				

FAMILY PLANNING

a. General

Family Planning Counseling done:

Next family planning appointment:

b. Family Planning Methods (tick selection)

☐ Take birth control pills everyday



☐ Get Family Planning injection



☐ Family planning implant inserted into the woman's arm



☐ Uses condom during intercourse



☐ Moon beads used to count the woman's fertile days



☐ Intra uterine device is inserted into the woman's womb



☐ Husbands sperm channel is tied

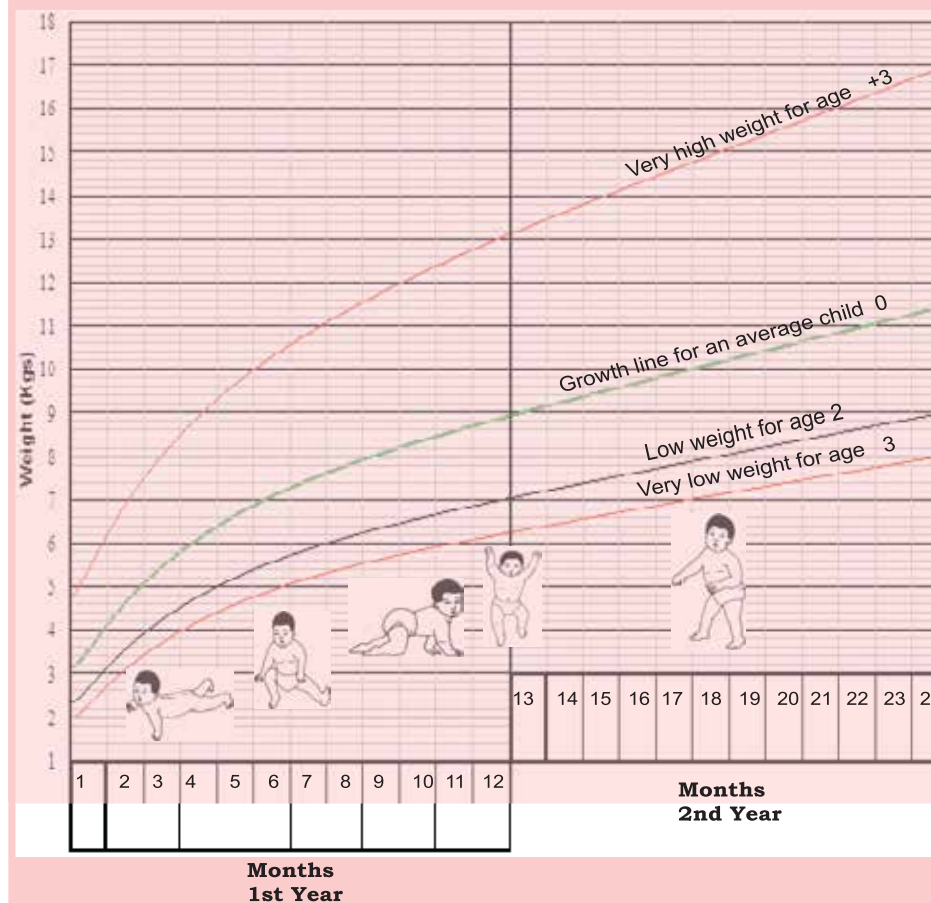
☐ Woman's egg canal is tied or cut

GROWTH CHART



Weight for age: GIRL (Birth to 2 years)

IMPORTANT: Give your baby only breast milk for the first 6 months
Add foods and other liquids only at 6 months



Weigh the child during each visit, properly record on the card and interpret to the mother or caretaker