



REPUBLIC OF KENYA
MINISTRY OF HEALTH

NOT FOR SALE

MOH216

MOTHER & CHILD HEALTH HANDBOOK

AFYA YA MAMA NA MTOTO



Name of Mother :

Child's Name :

Contact Phone Number :

Onyesha kitabu hiki kila mara uendapo kliniki ya mama na mtoto
Carry this booklet at all times during a visit to the health facility
and show it to the health worker

REVISED EDITION JUNE 2016

Dear father and mother!

Congratulation on this pregnancy! The Ministry of Health would like to celebrate with you and present this Mother and Child Health (MCH) Handbook to you. Please read 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 Booklet 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 hand book safe safe and hand it over to the child when he / she grows up to an adult as a present with instructions to keep it safe. Your child will read its contents and understand his history before birth until 5 years of age. The child will also realize the parents' 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 delivery;Health worker to discuss with mother/ couple and fill in:

- Due date
- Birth attendant.....
- Place of delivery/Health facility name.....
- Health facility contact: phone number.....
- Support person/birth companion.....
- Transport.....
- Blood donor.....
- Saving money for delivery.....

Table of Contents

Father's Support	2
------------------------	---

SECTION 1

(ANC, DELIVERY AND POSTNATAL CARE)

Maternal Profile	4
Medical and Surgical History 5 Physical Examination (First Visit)	5
Clinical Notes	6
Antenatal Profile	7
Infant Feeding	7
Weight for Date Chart	8
Preventive Services	9
T.T. Instruction Notes	10
Dental Health for you and your baby	11
Clinical Notes	14
Care during pregnancy	15
Danger signs during pregnancy	15
Delivery	16
Breastfeeding: Positioning and Attachment	16
Early Identification of Impairments and Disabilities	17
Care of Mother and Baby after birth	18
Guideline for healthy eating	18
Go to health facility immediately if	19
Post Natal Examination	20
Reproductive organs cancer screening	21
Family Planning	21
Clinical Notes	22

SECTION 2

(CHILD HEALTH MONITORING)

Particulars of child and family	23
Broad clinical review at first contact below 6 months	24
Developmental Milestones	25
Identification of early eye problems in an infant	25
Reasons for Special Care	26
Weight for Age boys	27
Length/Height for age boys	28
Weight for age girls	29
Length/Height for age girls	30
Growth Monitoring Return Date	31
Immunizations	32
Other Vaccines	33
Vitamin A capsules from 6 months	34
Deworming from 1 year	34
Identification of exposed children at 6 weeks or soon thereafter	35
Health worker consultations	36
Hospital Admissions	38
Special Clinic Attendance	39
Feeding Recommendations during sickness and health and care for development	41
Recommendations for Care for Child Development	42
When to return immediately	43
Fluids for any sick child	44

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
- Make sure she has help with her work in the house; if you cannot do some of the work get someone to do it
- Make sure she eats healthy foods (balanced diet) and goes for antenatal care at least 4 times during the pregnancy. Accompany her 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.

During childbirth

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

- Making sure there is water and food in the house to avoid any worries as she goes to deliver at the health facility.
- Making sure transport to the health facility is available (Birth preparedness; money, birth companion, emergency kit)
- Taking care of the other children if any or getting someone to take care of them.
- If you stay with her during the birth, you can help by giving her both emotional and physical support.
- Encouraging her by telling her she is doing well.
- Helping her walk or squat during contractions or rub her back

After birth

- The first six weeks after birth are the most important time for a woman to feel strong and healthy again and for the baby's survival.
- Take time to hold and care for your baby to establish closeness (Bonding) to your new child. This will also give your wife a chance to sleep and rest. She needs a lot of healthy foods and plenty of rest during this time.
- If the mother is HIV positive the baby should get Nevirapine 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 her work or getting someone else who can help.
- Avoid sexual contact until the bleeding and the discharge that comes after delivery stops.



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 more healthy by using family planning.
- Visit the family planning clinic with your wife and decide together which method will work best then share the responsibility for using it.

NB: Throughout pregnancy, childbirth and after birth, be alert for danger signs in the mother and baby. If present seek medical help immediately. (See page 11 and 14).

SECTION 1 (ANC, DELIVERY AND POSTNATAL CARE)

MATERNAL PROFILE

Name of Institution	<input type="text"/>								
MFL No	<input type="text"/>	ANC No.	<input type="text"/>						
PNC No.	<input type="text"/>								
Name of Client	<input type="text"/>								
Age	<input type="text"/>	Gravida	<input type="text"/>	Parity	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>
L.M.P	<input type="text"/>		EDD	<input type="text"/>					
Marital Status	<input type="text"/>								
Address	<input type="text"/>								
Telephone	<input type="text"/>								
Education	<input type="text"/>								
Next of Kin	<input type="text"/>			Relationship	<input type="text"/>				
Next of Kin's Contacts/Phone	<input type="text"/>								

MEDICAL & SURGICAL HISTORY)

Surgical Operation - Specify

Diabetes Yes No Hypertension Yes No

Blood Transfusion Tuberculosis

Any Drug Allergy? Specify Others Specify

Family History: Twins Tuberculosis

PREVIOUS PREGNANCY

	PREGNANCY ORDER	YEAR	Number of times ANC Attended	Place of delivery	Maturity	Duration of labour	Type of delivery	Birth weight Kg	Sex	Outcome	Puerperium
1st											
2nd											
3rd											
4th											
5th											
6th											
7th											

PHYSICAL EXAMINATION [1st Visit]

General _____
BP _____ Height _____
CVS _____ Resp. _____
Breasts _____ Abdomen _____
Virginal Examination _____ Discharge/genital Ulcer _____

ANTENATAL PROFILE

Hb

Blood Group

Rhesus

Serology (VDRL/RPR)

TB Screening as per the intensive case finding tool.

IPT Isoniazid Date Given Next Visit

HIV:

 Reactive

 Non Reactive

Not tested

Urinalysis

Couple HIV Counseling and testing done Yes No

If No, Counsel and test

INFANT FEEDING

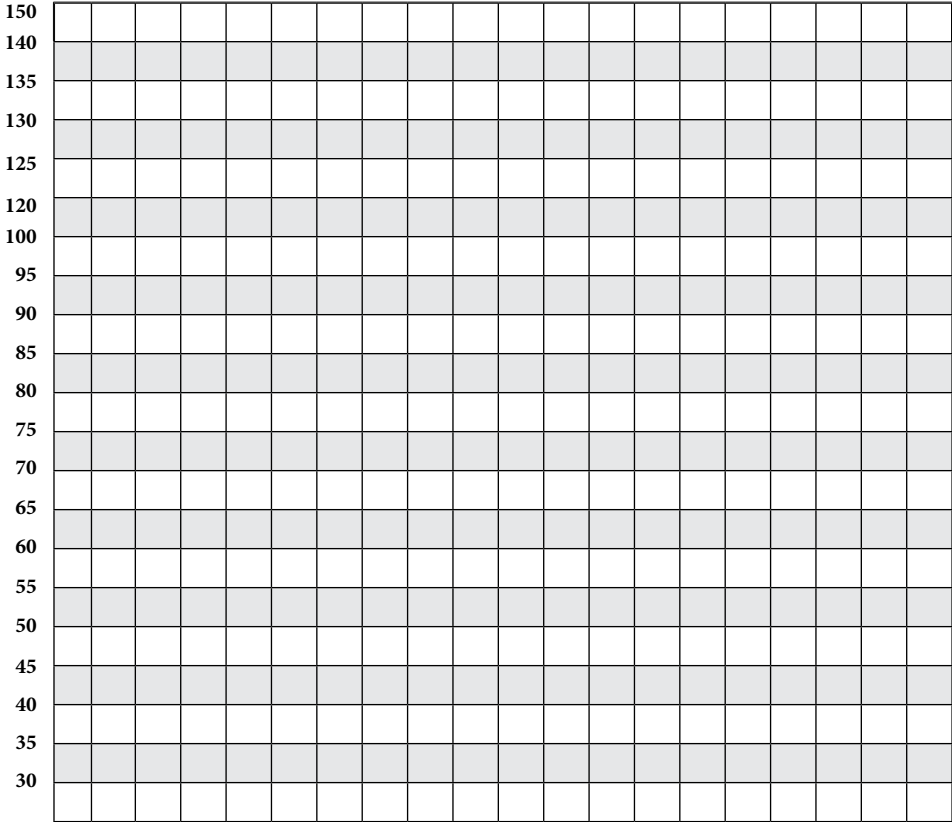
Infant feeding Counseling done Yes No

Counseling on exclusive breastfeeding done Yes No

PRESENT PREGNANCY TABLE

No. of Visits	Date	Urine	Weight	Bp.	H.b.	Pallor	Maturity	Fundal Height	Presentation	Lie	Foetal Heart	Foetal Movt.	Next Visit

WEIGHT GAIN CHART



GESTATION IN WEEKS

Recommended Weight Gain: A total of at least 12 kgs during pregnancy with an average of 1 kg per month

PREVENTIVE SERVICES

Date	Date	Next Visit
**Tetanus toxoid 1		
Tetanus toxoid 2		
Tetanus toxoid 3		
Tetanus toxoid 4		
Tetanus toxoid 5		
*Malaria Prophylaxis (IPT1) at 16 weeks		
Malaria Prophylaxis (IPT2) at 4 weeks		
Malaria Prophylaxis (IPT3) at 4 weeks		
Malaria Prophylaxis (IPT4) at 4 weeks		
Malaria Prophylaxis (IPT5) at 4 weeks		
Malaria Prophylaxis (IPT6) at 4 weeks		
Malaria Prophylaxis (IPT7) at 4 weeks		
* IPT give SP at 4 weeks intervals from 16 weeks gestation to term, in malaria endemic areas.		
Long lasting Insecticidal net (LLIN)		
Deworming (Mebendazole 500mgs) given once in the 2nd trimester date given		
Iron and Folate	270Tablets	

	1st Visit	16 weeks	90 tablets	Date Given
Ferrous Fumarate (Combined Tablet-60mg iron and 400 µg folic acid) or any other available	2nd Visit	28 weeks	90 tablets	Date Given
	3rd Visit	32 weeks	60 tablets	Date Given
	4th Visit	36 weeks	30 tablets	Date Given

**T.T. 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 TTs. If none given start as follows.

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

Special note: When using the 5-T.T. 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.T.-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.T.2 & T.T. 3 is more risky than a long delay between T.T.3 & T.T4 or between T.T.4 & T.T.5)

PMTCT INTERVENTIONS FOR HIV POSITIVE MOTHERS AND THEIR EXPOSED INFANTS					
MOTHER					
Interventions	Date started /service given				Comment
ART for life					Given to all regardless of CD4 and viral load
CTX prophylaxis 960 mg OD					Given to all regardless of client CD4 or viral load
IPT tablets					Given when client is eligible
Viral load sample					All should have a viral load not more than 6 months old
HIV EXPOSED INFANT					
Intervention	Date started /service given				Comment
ARV NVP syrup					To issue to mother at first contact. Infant to be given from birth , Pg 34 for dose
ARV AZT syrup					
CTX prophylaxis syrup					To be issued and given to infant from 6 weeks
IPT syrup					To be given if infant eligible
EID PCR sample					To be taken at 6 or first contact thereafter

CLINICAL NOTES

Date	Clinical Notes	

DENTAL HEALTH FOR YOU AND YOUR BABY

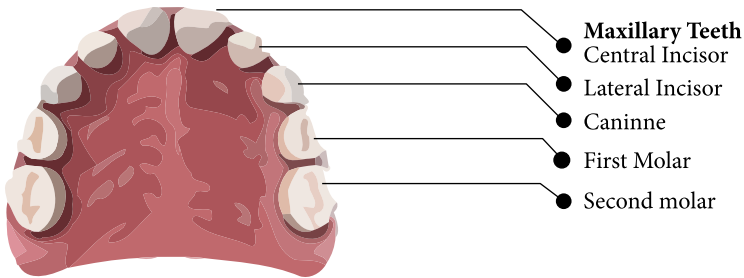
Your baby's teeth are important for chewing, speaking and to guide the growth of the face and jaws in readiness for permanent set of teeth later in life. Baby teeth start to develop during week 6 of pregnancy. At birth, your baby will have small bulges in the mouth marking the areas of teeth inside the gum. The bulges 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 the time when teeth

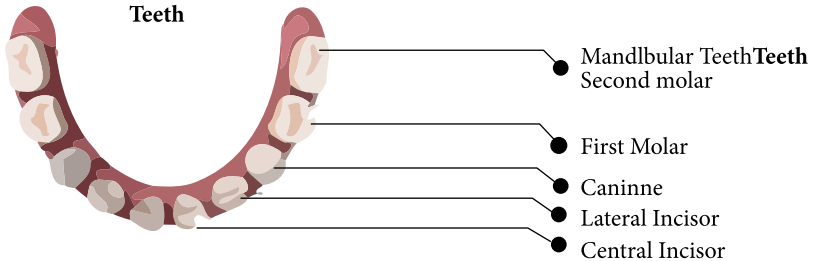
are coming in, the gums may be itchy, and your baby may show signs of increased salivation. This is normal and does not need the use of "teething gels" or "teething powders". Dentists /oral health officer do not recommend their use as some may affect your baby.

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.

"Normal set of baby's teeth by 2 years"



Primary Teeth



Cleaning your baby's teeth

Clean teeth with soft wet cloth or a soft baby-tooth brush



Use a smear of tooth paste with baby-tooth brush to clean baby's teeth between 1-2 years



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

It is best to clean baby's teeth just before bed time. You need to assist your baby with tooth brushing until they reach the age of 6-8 years (Until you see they can tie their shoe-laces!)

Ensure baby does not put dirty toys in their mouth. Baby's teeth do not cause diarrhea, but the gums may be itchy and baby may put things around them into the mouth. Give them clean toys and teething rings to soothe the gums during this time.

Feed baby on healthy foods and snacks; avoid sweetened juices, sweets, chocolates; keeping these sugary foods for special occasions only

Do not let your baby go to sleep while feeding from a bottle or on your breast.

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.

Record of baby's tooth 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.

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.

Dental treatment can be carried out during pregnancy without causing any harm to your baby. You will just need to inform your dentist that you are pregnant 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. It is advisable to eat sugary snacks closer to your main meals and brush your teeth soon after.

Visit your dentist/oral health officer if your gums bleed during tooth brushing. This may get worse when you are pregnant. Try and get your teeth treated when you plan for a pregnancy so that your teeth do not make your eating habits poor. You need good teeth to eat well and keep your body healthy for the healthy development of your baby

Observation	Age of baby	Normal limits	Signs 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	

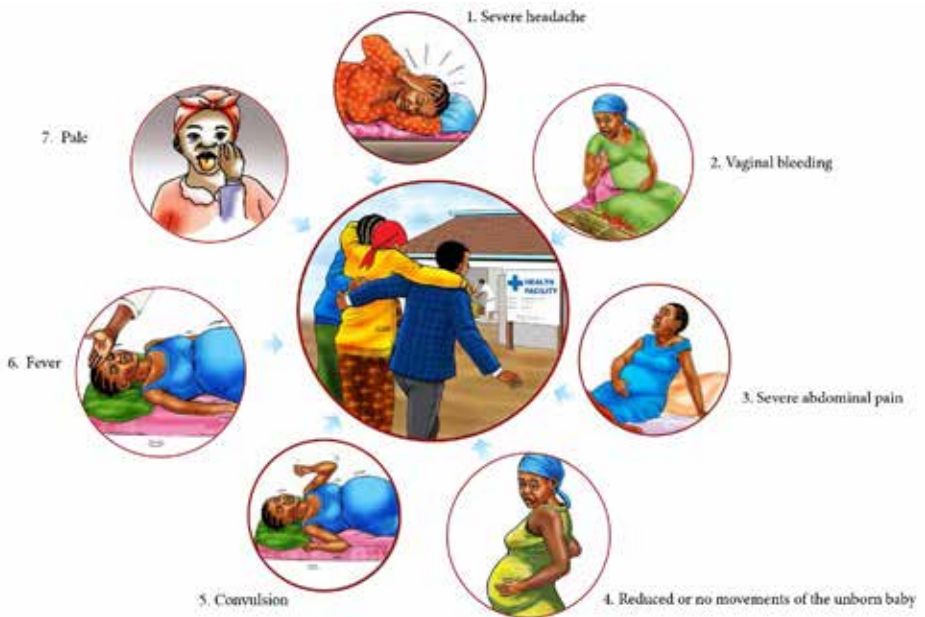
CLINICAL NOTES

Date	Clinical Notes	

CARE DURING PREGNANCY

- Eat one extra meal every day during pregnancy
- Eat plenty of fruits and vegetables
- Drink plenty of water at least 8 glasses per day(2litres)
- Take iron and folic acid tablets
- Avoid heavy work, rest more
- Sleep under an long lasting insecticidal net (LLIN)
- Go for ANC visit as soon as possible, and at least 4 times during the pregnancy

Danger signs during pregnancy



Breaking of water, Getting tired easily, Swelling of the face and hands, Breathlessness.
Be prepared always to seek skilled care incase of any of the above signs.

NB: Have a birth plan ready (where to deliver, transport, birth companion, save some money for delivery, etc.)

DELIVERY

During of pregnancy ___ 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 _____

Blood loss (Light/Medium/Heavy) _____ Pre-eclampsia _____ Eclampsia _____

Obstructed labour Yes No Condition of mother _____

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

Meconium stained liquor (grade) 0,1,2,3, Drugs administered at delivery:

Mother Oxytocin/Syntocinon HAART

Baby: Vit K TEO Cord care, apply CHX** OD for at least 10 days or till the cord drops off

Baby HIV exposed: NVP prophylaxis

Birth Weight _____ Birth Length cm _____ Head circumference _____

Place of delivery: Health facility Home , Other (Specify) _____

Conducted by: Nurse Midwife Clinical Officer Doctor , Other (Specify) _____

- Note:
- The baby should be breastfed within 1 hour after delivery
 - Keep the baby warm (Kangaroo mother care skin to skin)
 - Delay bathing the baby for at least 24 hours after birth
 - If preterm or low birth weight less than 2500gms initiate KMC at least 18 hours per day

GOOD POSITIONING FOR BREASTFEEDING



- Is the infant correctly positioned? Positioning refers to how the baby is
- Infant's head and body straight
 - Infant facing the mother with the nose opposite the nipple
 - Infant's body close to the mother's body (Infant's Tummy to mother's tummy)
 - 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

Good Position



- Is the infant able to attach? To check for attachment look for:
- Chin touching the breast
 - Mouth wide open
 - lower lip turned outward
 - More areola seen above than below the mouth

AGAIN ALL THE 4 SIGNS OF GOOD ATTACHMENT MUST BE PRESENT FOR ONE TO DECIDE THE INFANT HAS GOOD ATTACHMENT

Good Attachment

Signs of effective suckling:

- Slow deep sucks, sometimes pausing
- Chicks round when suckling
- Baby releases breast when milk is finished or he/she is satisfied
- Mother supporting infant's whole body and not just neck and shoulders.

How to attach:

- Touch the baby's upper lip with your nipple
- Wait until the baby's mouth is open wide
- Move the baby quickly onto your breast, aiming the baby's lower lip well below the nipple
- Mother feels relaxed

NB: During breastfeeding, show the mother correct positioning and attachment. ** Chlorhexidine 7.1% delivering 4%

Early Identification of impairments and disabilities

Tick as appropriate if a sign is observed

How is the baby's head size (Normal, extra small – micro cephalic, extra big - hydrocephalic)? Others Specify _____
Does the baby have any abnormalities in the mouth / gum (cleft lip/pallate)? Others Specify _____
Look at the baby's arms and legs:-Check if the limbs have any abnormalities (club foot, congenital hip dislocation, jointed fingers or toes, extra fingers and toes) Others Specify _____ Check if the arms, legs, back look normal _____ Check the muscle tone for floppiness or rigidity _____ Check if the joints move normally; whether they are flexible. Specify _____ Check that the child has 5 fingers and 5 toes. Others Specify _____ Feel the baby's arms and shoulders; are they normal? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes specify _____
Look at the baby's back: Are there any swellings, bulge, protrusions, sores or marks along the spine (spina bifida) _____ Look at the baby's anus and genitalia – Is the genital orifice in the correct place? Is the anus normal (imperforate anus)? _____
Does the baby become stiff or floppy when lying in certain positions (cerebral palsy)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes specify _____

NOTE:

While this would be a guide to screen for abnormalities in babies during the first few weeks after birth, it is recommended that the table on page 25 of the MCH booklet (developmental milestones) should be a guiding tool thereafter to screening for any future or hidden disabilities. It is also advised that babies should be referred for further appropriate management once an abnormality or disability has been identified.

CARE OF THE MOTHER AND BABY AFTER BIRTH



Eat two extra meals during breastfeeding period



Give only breast milk to the baby



Keep baby warm all times



Sleep with the baby under an insecticide treated bednet (LLIN)



Go for Postnatal Clinic (as soon as possible if home birth)

Guideline for healthy Eating

Food Group	Benefits	Food sources
Grain, grain products and other starchy foods	Provide energy and important minerals such as iron and calcium Whole meal cereals are healthy and contain more nutrients	Maize, wheat, bread, sorghum, millet or cassava, potatoes, green bananas etc
Pulses (bean, peas, lentils)	Good sources of protein, energy, minerals and vitamins	Beans, lentils, chickpeas, cow peas etc
Nuts and seeds	Good sources of protein, energy, minerals, vitamins and healthy fats.	Nuts: Cashew nuts, almonds, wall nuts, Brazil nuts etc Seeds: Sunflower, pumpkin, sesame seeds
Dairy	Rich sources of calcium important for healthy bones and teeth	Fresh milk, yoghurt, cheese, butter, mala etc
Meat, poultry and fish	Important sources of protein, energy, minerals such as iron and zinc and vitamins	Meat: Beef, goat, lamb, mutton etc Poultry: Chicken, duck, turkey etc Fish: Tilapia, tuna, sardines, omena etc
Eggs	Good source of proteins, minerals and vitamins	Chicken, duck, Quail eggs etc
Dark green leafy vegetables	Contain a variety of vitamins and minerals which protect you and your baby from diseases.	Dark green leaves: Cassava leaves, pumpkin leaves, amaranth leaves, spinach, kales etc
Other vitamin A rich fruits and vegetables	Good sources of vitamins and minerals such as Vitamin C and folate	Ripe mangoes, papaya, melon etc Carrot, pumpkin, orange-fleshed sweet potato
Other vegetables	Good sources of vitamins and minerals	Cauliflower, cabbage, cucumber etc
Other fruits	Good sources of vitamins and minerals	Apple, avocado, banana, blackberry etc

GO TO THE HEALTH FACILITY IMMEDIATELY IF MOTHER HAS:



Heavy bleeding



Fever

Severe Headache, Foul smelling Vaginal discharge, fits, Engorged breast

Baby has :



Stops breastfeeding well



Has difficult or fast breathing



Feels hot or unusually cold



Becomes less active



Body becomes yellow especially on the eyes, palms and soles

POST NATAL EXAMINATION

A) MOTHER

Timing of Visit	48Hours	1-2 weeks	4-6 weeks	3targeted Visits
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				
Vaginal examination as a must				
Haemoglobin				
Mother's HIV status				
Mother on HAART (Yes, No, N/A)				
Mother cotrimoxazole prophylaxis initiated (Yes, No, N/A)				
HIV re-testing at 6 weeks, 14 weeks and 9 months				
Counseling on family planning (Yes, No, N/A)				
FP method.....				

B) BABY

Baby's general Condition well.....unwell.....				
Baby's Temp				
Baby's breath per minute				
*Baby's feeding method				
**Baby's breastfeeding: positioning & attachment correct _____ Not correct _____				
Umbilical cord				
Baby immunization started (Yes, No)				
HEI infant given ART prophylaxis (Yes, No, N/A)				
Infant cotrimoxazole prophylaxis initiated (Yes, No, N/A)				
*Encourage exclusive breastfeeding unless advised otherwise by the health worker **Positioning and attachment for breast feeding: refer to page 16. NB: fill in page 24 to 25 (child health monitoring)				

REPRODUCTIVE ORGANS CANCER SCREENING (TICK AS APPROPRIATE)

Date	Examination	Test	Results				Treatment			
	CERVIX	VIA	VIA Negative	VIA Positive	Suspicious for Cancer		Cryo	LEEP	Other (Specify)	Referral
		VILI	VILI Negative	VILI Positive						
		Pap smear	Normal	LSIL	HSIL	Overt Cancer	Cryo	LEEP	Other (specify)	Referral
	BREAST	CBE	Normal	Benign lump	Suspicious lump		FNA	Excision	Other (Specify)	Referral

Key:

VIA - Visual Inspection with Acetic Acid

VIA - Visual Inspection with Lugols Iodine

Cryo - Cryotherapy

LEEP - Loop electro surgical excision procedure

LSIL – Low-grade squamous intraepithelial lesions

HSIL – High grade squamous intraepithelial lesions

CBE – Clinical breast examination

FNA- Fine Needles Aspiration

FAMILY PLANNING (INDICATE COUNSELING AND METHOD PROVIDED)

Date	Clinical Notes	Next Visit

CLINICAL NOTES

Date	Clinical Notes	

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 in kgs.....Birth Length in cm.....
Other birth characteristics**
Birth order in family (e.g. 1st, 2nd, 3rd born):
Date 1st seen (DD/MM/YY) ___/___/___

B. Health record of child:

Health facility <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify) _____
Birth Notification No. _____ Date: _____
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:	Location:
Town/Trading centre:	
Estate & House No./village:	
Postal address:	

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

Age at first contact:
Weight in kgs:
Length/height (cm):
HIV status : Exposed _____ Date _____ Positive Date _____ Unknown _____ If unknown conduct antibody test as per protocol
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 (<i>normal/indeterminate/testes in scrotum/hypospadias etc</i>):
Anus:

TB:Test baby for TB as per the TB ICF card

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 _____
Complementary food: Other foods introduced: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes counsel on exclusive breastfeeding. Refer to feeding recommendations page 39
Retention of feeds/indigestion:

*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

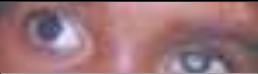
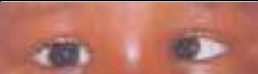
G. Other behavioural characteristics from parent/guardian

Sleep &waking up cycles: Describe
Irritability: Yes <input type="checkbox"/> No <input type="checkbox"/>
Thumb/finger sucking: Yes <input type="checkbox"/> No <input type="checkbox"/>
Others (e.g. twitches, convulsuion):

H. Development milestones

	Age Achieved	Normal Limits	Within time	Delayed
Social Smile		4-6 weeks		
Head Holding/Control		1-3 months		
Turns towards the origin of sound		2-3 months		
Extend hand to grasp a toy		2-3 months		
Siting		5-9 months		
Standing		7-13 months		
Walking		12-18 months		
Talking		19-24 months		
<i>Refer for further assessment if a milestone delays beyond the normal age limit indicated above</i>				

I. Identification Of Early Eye problems In An Infant

EYE CARE ASSESSMENT (Tick on the appropriate unshaded box/es 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.

Reason for Special Care (Tick as appropriate)

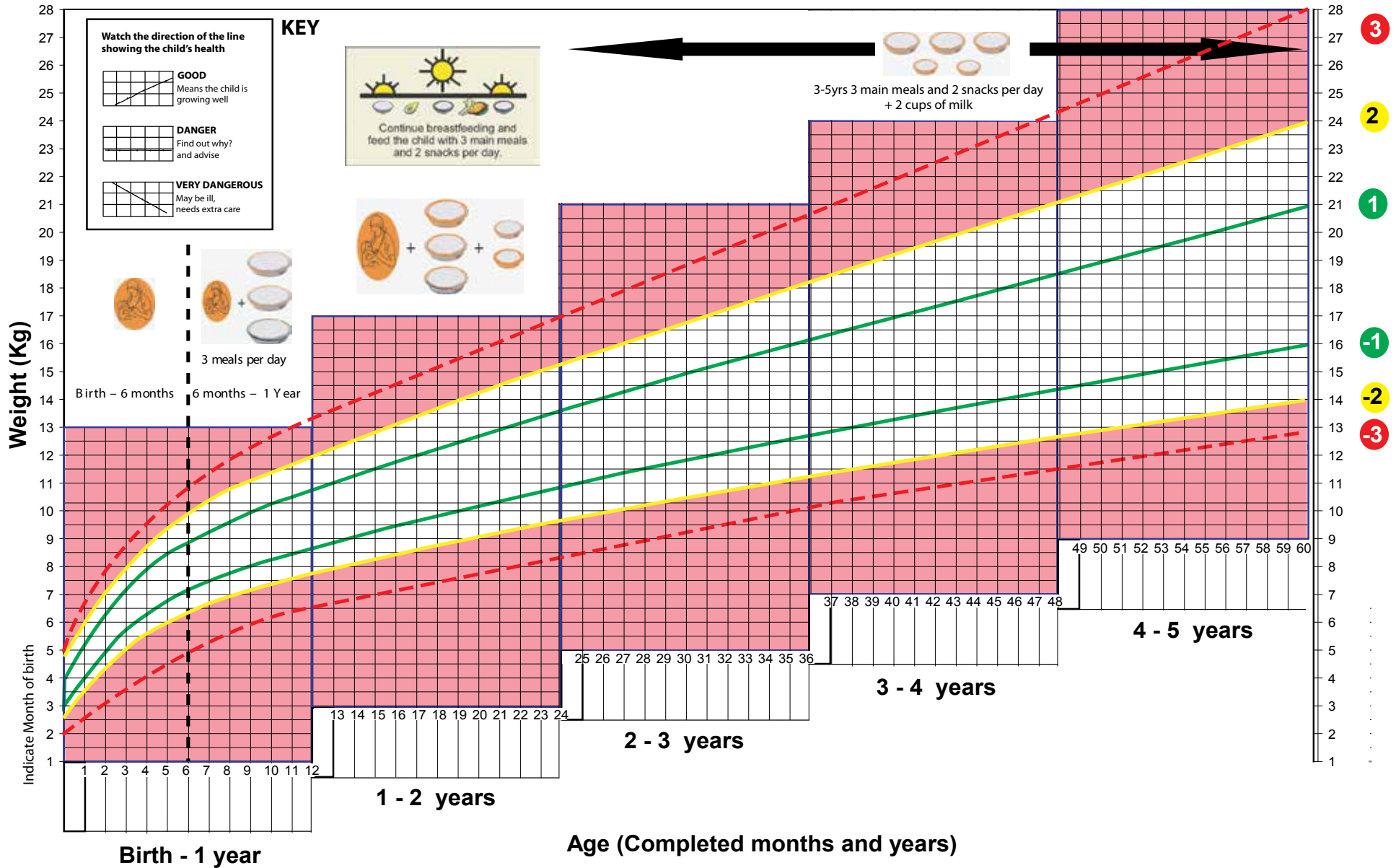
- Birth weight less than 2.5kg
- Birth less than 2 years after last birth
- Fifth or more child
- Teenage mother
- Brothers or sisters undernourished
- Multiple births (Twins, Triplets)
- Orphan
- Child has disability
- HE1
- History/signs of child abuse/neglect
- Any other(specify)

**IF YOU HAVE TICKED ANY OF THE ABOVE:
COUNSEL THE CAREGIVER AND/OR REFER AS APPROPRIATE**

Weight-for-Age BOYS

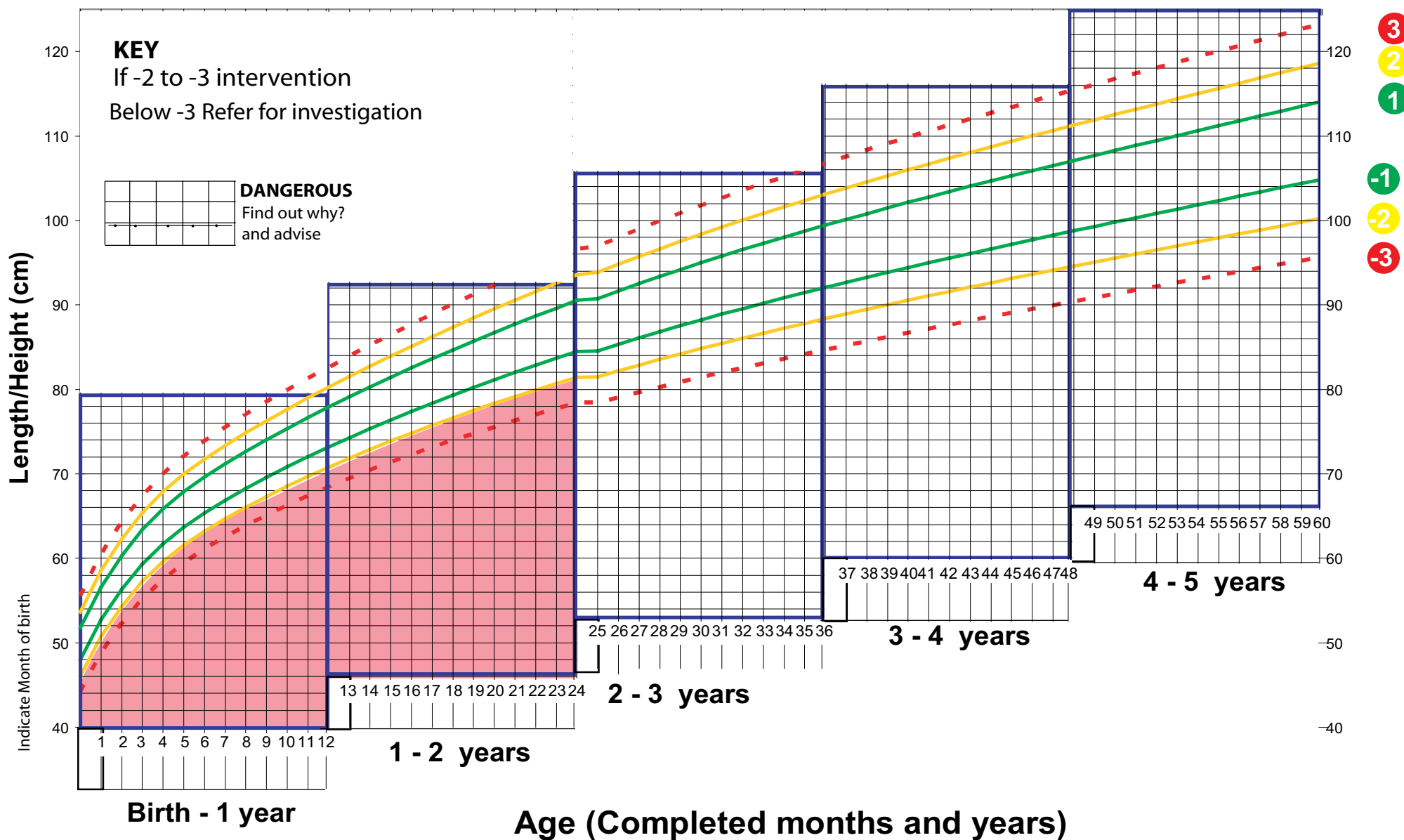
±3 Refer for further investigations
 ±2 to ±3 Refer for nutritional counselling

See page 26 for reasons for special care



Length/Height-for-Age BOYS

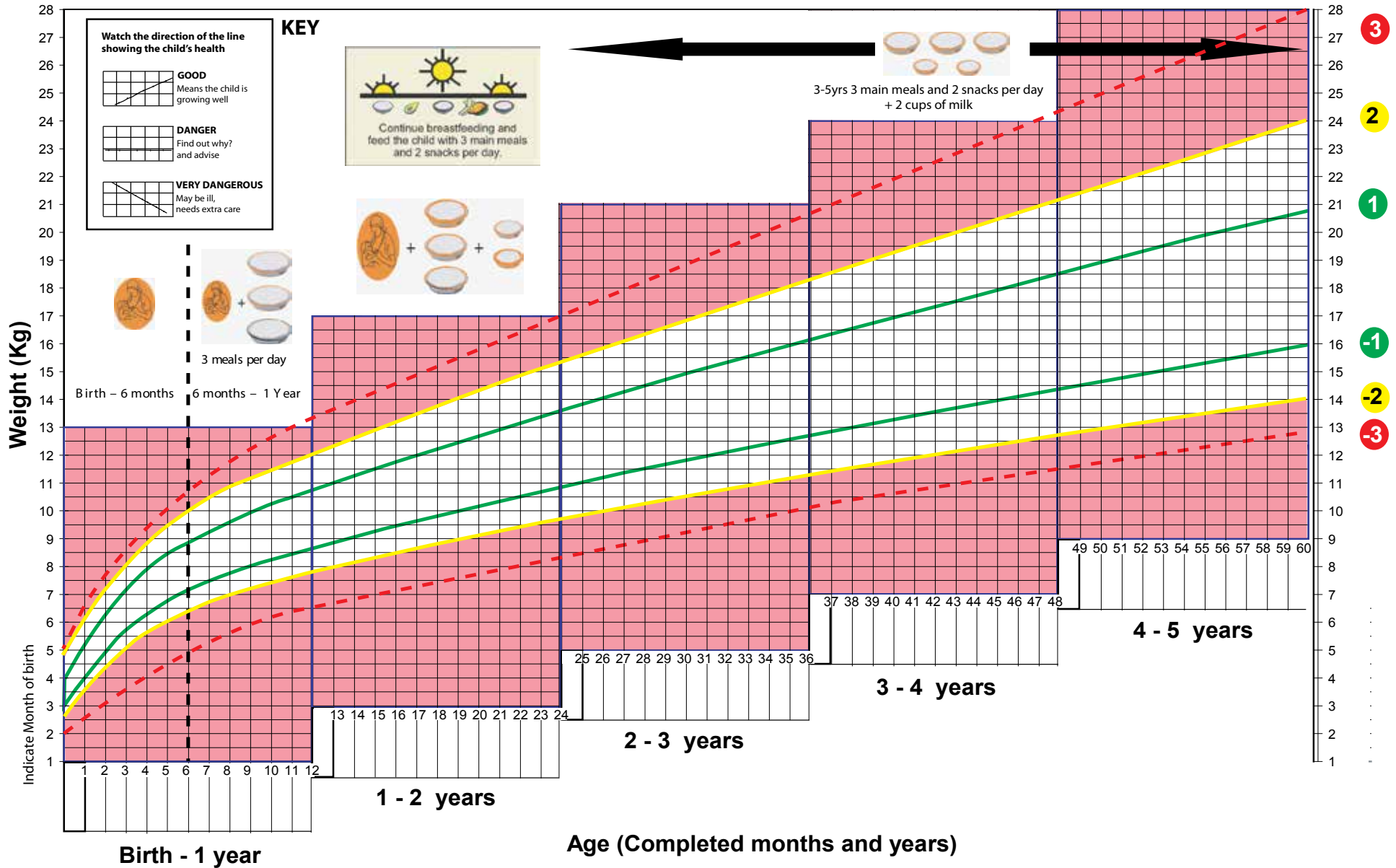
See page 26 for reasons for special care



Weight-for-Age GIRLS

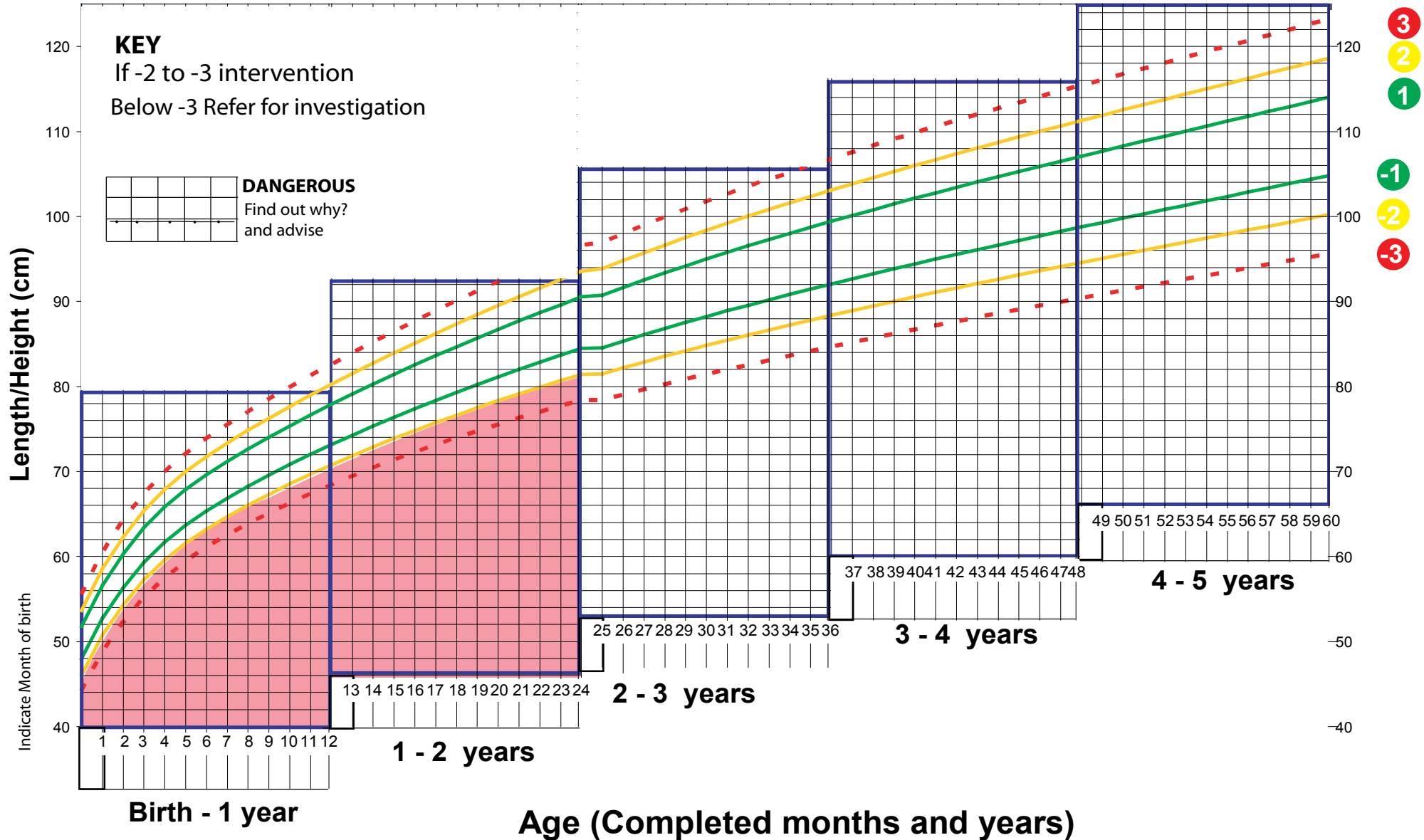
±3 Refer for further investigations
 ±2 to ±3 Refer for nutritional counselling

See page 26 for reasons for special care



Length/Height-for-Age GIRLS

See page 26 for reasons for special care



GROWTH MONITORING RETURNS DATES

DATE	DATE	DATE	DATE

IMMUNIZATION

PROTECT YOUR CHILD

BCG VACCINE: at birth	Date Given	Date of next visit
(Intra- dermal left fore arm)		
Dose:(0.05mls for child below 1 year)		
Dose:(0.1mls for child above 1 year)		
BCG-Scar Checked	Date Checked	
PRESENT		
ABSENT		Date BCG 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)	Date Given	Date of next visit
IPV (0.5mls) Dose at 14 weeks Intramuscular in the right outer thigh 2.5 cm (2 fingers apart) from the site of PCV10 injection		

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

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

ROTA VIRUS VACCINE (ROTARIX)	Date given	Date of next visit
1.5mls administered orally, slowly		
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; (0.5mls) subcutaneous right upper thigh	
MEASLES RUBELLA VACCINE (MR) at 9 months	Date Given
Dose; (0.5mls) subcutaneous right upper thigh	
MEASLES RUBELLA VACCINE (MR) at 18 Months	Date Given
Dose; (0.5mls) subcutaneous right upper thigh	

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: _____
MANUFACTURE'S NAME: _____

VITAMIN A CAPSULES FROM 6 MONTHS

VITAMIN A CAPSULE; Given orally		Write Age given		Date of next visit
At 6months or at firstcontact thereafter				
Dose	Age	Age given	Date given	
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			

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)					

Identification of exposed children at 6 weeks or soon thereafter

Establish HIV Exposure Status of all Infants at first contact

To establish if the infant is exposed conduct a Maternal or Infant antibody test.

If the Mother or Infant serology is **positive** the baby is Exposed (HEI)

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

All HEIs should be tested as per the table below;

Type of test	Date sample collected	Result
1st DNA PCR at 6 weeks or 1st contact		
2 nd DNA PCR at 6 months		
3 rd DNA PCR at 12 months		
Final antibody test at 18 months		

Key:

- DNA PCR-DNA polymerase chain reaction
- DBS-Dried blood spot

NB: Encourage exclusive breastfeeding for all infants including HEI.

All HIV exposed Infants should be given ARV prophylaxis from birth composed of two drugs NVP for a total of 12 weeks and AZT for a total of 6 weeks. They should receive cotrimoxazole CTX prophylaxis from 6 weeks of life till discharge from HEI follow up as per the dosage table below.

ARV and CTX prophylaxis dosage

ARV prophylaxis		
Age/Weight of child	Dosing of NVP Once a day For 12 weeks	Dosing of AZT Twice a day for 6 weeks
Birth to 6 weeks		
Birth weight < 2000 g	2 mg/kg per dose	4 mg/kg per dose
Birth weight 2000-2499 g	1 ml of syrup	1 ml of syrup
Birth weight ≥2500 g	1.5 ml of syrup	1.5 ml of syrup
> 6 weeks to 12 weeks	2 ml of syrup	
CTX Prophylaxis		
Age/Weight of child	Dosage	Other instructions
All HEIs from 6 weeks of age	2.5ml OD	Till discharge from HEI follow up <i>Dose to be adjusted by weight</i>

HIV infected infant	
ART for life (Dose to be adjusted as per the infant weight/ Age)	Stop NVP syrup immediately and start appropriate regimen if infant turns HIV positive
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

HEALTH WORKER'S CONSULTATION	
Date	Clinical notes, diagnosis & treatment 9 and signature) (use key words, write legibly, 2 to 8 lines per visit)

HEALTH WORKER'S CONSULTATION	
Date	Clinical notes, diagnosis & treatment 9 and signature) (use key words, write legibly, 2 to 8 lines per visit)

HOSPITAL ADMISSIONS

Hospital Name	Admission Number	Date of Admission	Date of Discharge	Discharge Diagnosis







CLINICAL NOTES

Date	Clinical Notes	

FEEDING RECOMMENDATIONS

Feeding Recommendations

Feeding recommendations FOR ALL CHILDREN during sickness and health, and including HIV EXPOSED children on ARV prophylaxis

Newborn, birth up to 1 week	1 week up to 6 months	6 up to 9 months	9 up to 12 months	12 months up to 2 years	2 years and older
 <ul style="list-style-type: none"> Immediately after birth, put your baby in skin contact with you. Allow your baby to take the breast within the first hour. Give your baby colostrum, the first yellowish, thick milk. It protects the baby from many illnesses. Breastfeed day and night, as often as your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk. If your baby is small (low birth weight), 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 or fluids. Breast milk is all your baby needs. This is especially important for infants of HIV-positive mothers. Mixed feeding increases the risk of HIV mother-to-child transmission when compared to exclusive breastfeeding. If milk is not enough, seek advice from a health worker If exclusive breastfeeding is not possible due to the mother's health status or the mother is not available (eg. Is not alive), seek advice from a health worker. 	 <ul style="list-style-type: none"> Breastfeed as often as your child wants. Look for signs of hunger, such as beginning to fuss, sucking fingers, or moving lips. Breastfeed day and night whenever your baby wants, at least 8 times in 24 hours. Frequent feeding produces more milk. Do not give other foods or fluids. Breast milk is all your baby needs. If milk is not enough, seek advice from a health worker 	 <ul style="list-style-type: none"> Breastfeed as often as your child wants. Also give thick porridge or well-mashed foods, including animal-source foods and vitamin A-rich fruits and vegetables. Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cups (1 cup = 250 ml). Give 2 to 3 meals each day. Offer 1 or 2 snacks each day between meals when the child seems hungry. 	 <ul style="list-style-type: none"> Breastfeed as often as your child wants. Also give a variety of mashed or finely chopped family food, including animal-source foods and vitamin A-rich fruits and vegetables. Give 1/2 cup at each meal (1 cup = 250 ml). Give 3 to 4 meals each day. Offer 1 or 2 snacks between meals. The child will eat if hungry. For snacks, give small chewable items that the child can hold. Let your child try to eat the snack, but provide help if needed. 	 <ul style="list-style-type: none"> Breastfeed as often as your child wants. Also give a variety of mashed or finely chopped family food, including animal-source foods and vitamin A-rich fruits and vegetables. Give 3/4 cup at each meal (1 cup = 250 ml). Give 3 to 4 meals each day. Offer 1 to 2 snacks between meals. Continue to feed your child slowly, patiently. Encourage—but do not force—your child to eat. After last bullet, add: -Add small bits of one of all types of meat, vegetables, oils or fats, groundnuts, beans, green grams, peas, eggs.-Add a spoon of extra oil/fat to child's food.worker. 	 <ul style="list-style-type: none"> Give a variety of family foods to your child, including animal-source foods and vitamin A-rich fruits and vegetables. Give at least 1 full cup (250 ml) at each meal. Give 3 to 4 meals each day. Offer 1 or 2 snacks between meals. If your child refuses a new food, offer "tastes" several times. Show that you like the food. Be patient. Talk with your child during a meal, and keep eye contact.

6 up to 9 months















Give adequate servings of: thick uji made from any type of cereals (maize, sorghum, millet) enriched with sugar, milk, groundnuts, margarine, fats or oils.

NB: Do not mix more than two cereals Also mashed foods (bananas, potatoes, cassava, rice, ugali) enriched with meat or fish, vegetables, beans, groundnuts, peas, eggs

NB: Introduce one type of food at a time Give milk and any type of fruit Add one spoonful of extra oil/fat to child's food. Give 3 times per day if breastfed, and 5 times per day if not breastfed.

A good daily diet should be adequate in quantity and include an energy-rich food (for example, thick cereal with added oil); meat, fish, eggs, or pulses; and fruits and vegetables.

Recomendations for Care for Child's Development

Before Birth	NEWBORN, BIRTH UP 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
<p>Your Unborn Child Learns in Utero</p>  <p>Play Talk and read to your baby frequently. This way, she will know your voice well by the time she is born. With enough conversation directed her way, she can hear dad's voice also.</p> <p>Provide a calming touch. If the baby seems restless, soothe her by gently stroking/ massage your abdomen.</p>  <p>Communicate Create a pleasant environment. Although muffled by mom's womb, sounds from the outside do reach baby.</p> <p>Avoid unpleasant noise when possible to create a relaxing ambiance for your baby.</p>	<p>Your baby learns from birth</p>  <p>PLAY Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.</p>  <p>COMMUNICATE Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.</p>	 <p>PLAY 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. Sample toys: shaker rattle, big ring on a string.</p>  <p>COMMUNICATE Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures</p>	 <p>PLAY Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.</p>  <p>COMMUNICATE Respond to your child's sounds and interests. Call the child's name, and see your child respond.</p>	 <p>PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.</p>  <p>COMMUNICATE Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". Sample toy: doll with face.</p>	 <p>PLAY Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.</p>  <p>COMMUNICATE Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.</p>	 <p>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 chalkboard, puzzle.</p>  <p>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.</p>
<p>• 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</p>						

When to return immediately



BRING ANY SICK CHILD IF



Not able to drink



Becomes sicker



Develops fever

BRING CHILD WITH DIARRHOEA IF



Blood in stool



Drinking poorly

BRING CHILD WITH COUGH IF



Difficulty in breathing



Fast Breathing

BRING YOUNG INFANT IF (Less than 2 months)



Breastfeeding poorly



Any above sign

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 DIARROHOEA

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

Dear grown up youth whose information is written in this MCH Handbook, when you get this Booklet 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 booklet and studied how to take care of you. From the information in this Booklet 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 booklet safe, handle it carefully. When your child will grow up, please show them this MCH Handbook and give them their own Booklets 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

.....

