



MINISTRY OF HEALTH

MOTHER CHILD HEALTH PASSPORT



EVERY MOTHER CHILD COUNTS

Better Information • Better Communication • Better Health

Mother's Name: _____

Child's Name: _____

Revised 2012

GENERAL INFORMATION

Every pregnant woman will receive 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

READ THIS
HANDBOOK

The mother, her spouse, and other family members should **read this passport** because

BRING THIS
HANDBOOK

You or your family member should **Bring this passport** every time you or your child visit a health facility

KEEP THIS
BOOK

Keep the passport well. Do not lose it because it contains important health information for you and your child.

ASK A
PROVIDER

Ask your health providers if you have any questions related to this passport

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AFTER DELIVERY

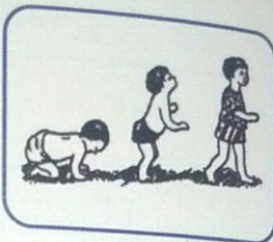
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MOTHER AND CHILD IDENTIFICATION

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	
Hypertensi on		Other complications	
Epilepsy		Smoking	
Asthma		Alcohol	
STI		Health of husband	

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

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

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

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

c. Past Obstetric and Gyn ecological 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 Caesarian Sections		Who assisted previous delivery	

RECORD CURRENT PREGNANCY

a. General

Gravida: Para: First day LNMP: / / EDD / /

Blood group: Hb (mg/dl): RH factor: pos / neg / ? date.....

Syphillis test pos/neg/? Any hospitalization (Y/N) Height

Mother HIV: pos / neg / ? date Partner HIV: pos / neg / ? date

Partner HIV disclosure (Y/N).....

Type of contraception used before this pregnancy:

b. Examination

VISIT and date	1st	2nd	3rd	4th
Any of the these present for one month (Fever, Cough, Diarrhea, Weight loss, headache)				
Temp °C				
Pulse /min/minute)				
Blood pressure (mmHg)				
Weight (kg)				
Hemoglobin (mg/dl)				
Proteinuria				
Weeks of amenorrhea/gestation period				
Fundal height (weeks)				
Fetal position (cephalic/breech/transverse)				
Fetal heart beat (per min)				
Respiratory/CVS/Abdomen/Breasts/LN/ Deformities/Nails/Palms/Jaundice /H.Zooster				
Vaginal examination (bleeding or GUD)				
If HIV+ Cd4 count				
Advice given on risk related to the pregnancy				
REFERRAL, FEEDBACK				
Name of health facility, HW initials				
Next appointment (date)				

SICK MOTHER OUTPATIENT VISIT RECORD

Health workers consultation

Date	Clinical Notes, Diagnosis and treatment (and signature) Use key words, write legibly, 2 to 8 lines per visit

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

Date	Name of Facility	Type of clinic	Problem/Complaint	Treatment, Referral, Advice etc

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. 1 - At first contact or as early as possible during pregnancy T.T. 2 - Give not less than one month after T.T.1 T.T. 3 - Give at least 6 months after T.T.2 or during subsequent pregnancy 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
T.T 2			
T.T 3			
T.T 4			
T.T 5			

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

CARE DURING PREGNANCY

Immediately check your pregnancy with a health provider



Ask your provider to check your blood pressure and weight you 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

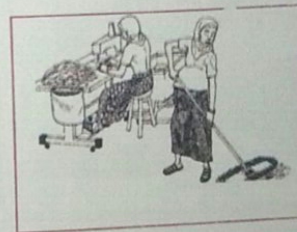


Take 1 iron tablet every day for at least 90 days. Iron tablets will not harm your baby.

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 for delivery? :/...../..... Who do you live with? :

Where do you intend to deliver? :

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






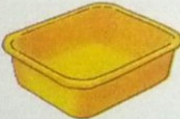




Who will stay with you at the health unit during labour? :

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

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

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 (Ekeiveera) 	<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

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 & feet

LABOUR PROGRESS CHART (PARTOGRAM)

Hospital or Health Centre: _____ IP no: _____
 Name: _____ Date of admission: _____ Time of admission: _____
 Age: _____ Gravida: _____ Para: _____
 LNMP: _____ EDD: _____ Weeks of Gestation: _____
 Risk Factors: _____ Membranes ruptured at: _____
 PMTCT code: _____

FETAL HEART RATE: _____
 MEMBRANES LIQUOR MOULDING: _____
 CERVICAL DILATATION IN CM: _____
 DESCENT OF HEAD: _____
 HOURS TIME: _____
 CONTRACTIONS PER 10 MINUTES FREQUENCY DURATION: _____
 PULSE BP TEMPERATURE URINE DRUGS GIVEN OR IV FLUIDS: _____
 URINE TEST: ALBUMIN _____ SUGAR _____ ACETONE _____
 CONTRACTION KEY: LESS THAN 20 SECONDS BETWEEN 20-40 SECONDS MORE THAN 40 SECONDS

DELIVERY RECORD

a. Mother's condition:

Date of delivery: .../.../... Time of delivery:
 Place of delivery* (Healthy facility/Home/Others):
 Birth attendant* (Doctor/Midwife/Others):
 Type of delivery* [] NVD [] Breech [] Assisted [] Caesarian
 [] 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

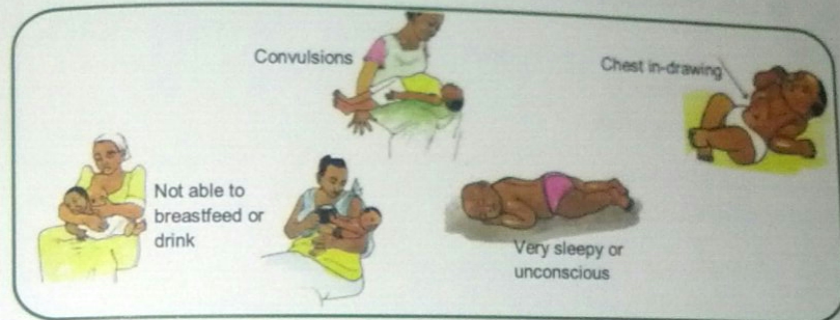


Do not apply anything on the cord. Leave the cord dry and open. Any germs can enter the baby's body through the cord stump and cause illness

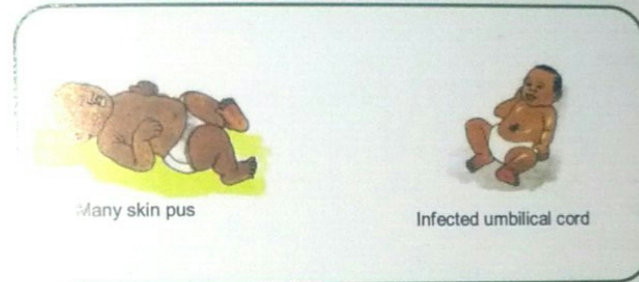


GENERAL DANGER SIGNS

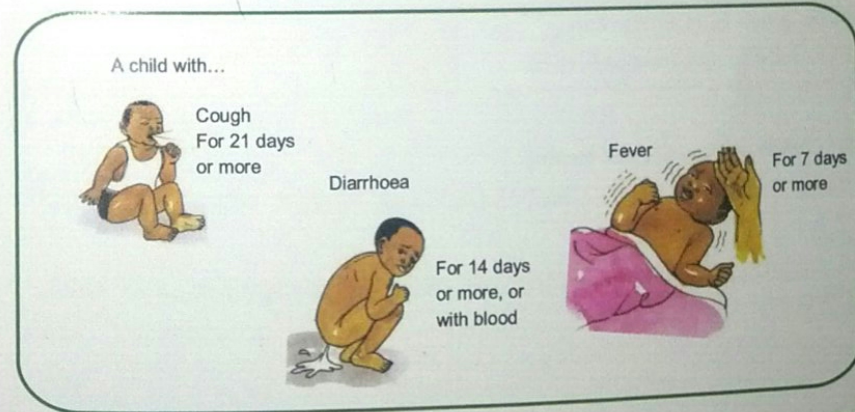
For any sick child



For a new born



For a child with cough, diarrhoea or fever



NEWBORN POSTNATAL CHECKS RECORD

a. Babies condition

Date/Visit	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

Visit	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)

MOTHER'S POST PARTUM CHECKS

a. Mother's Condition

	6 HRS	Discharge	1-2 WKS	4-6 WKS
Date				
Complaint				
Blood pressure (mm/g)				
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

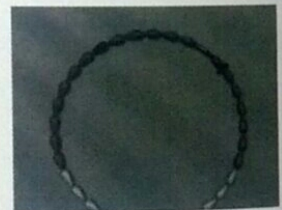


Uses condom during intercourse



Intra uterine device is inserted into the woman's womb

Intra uterine device is inserted into the woman's womb

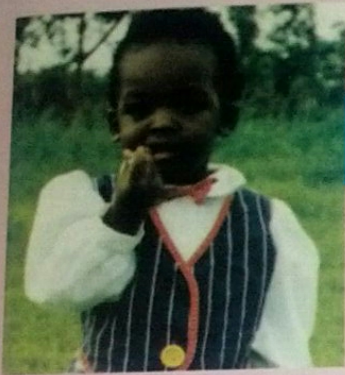


Husbands sperm channel is tied

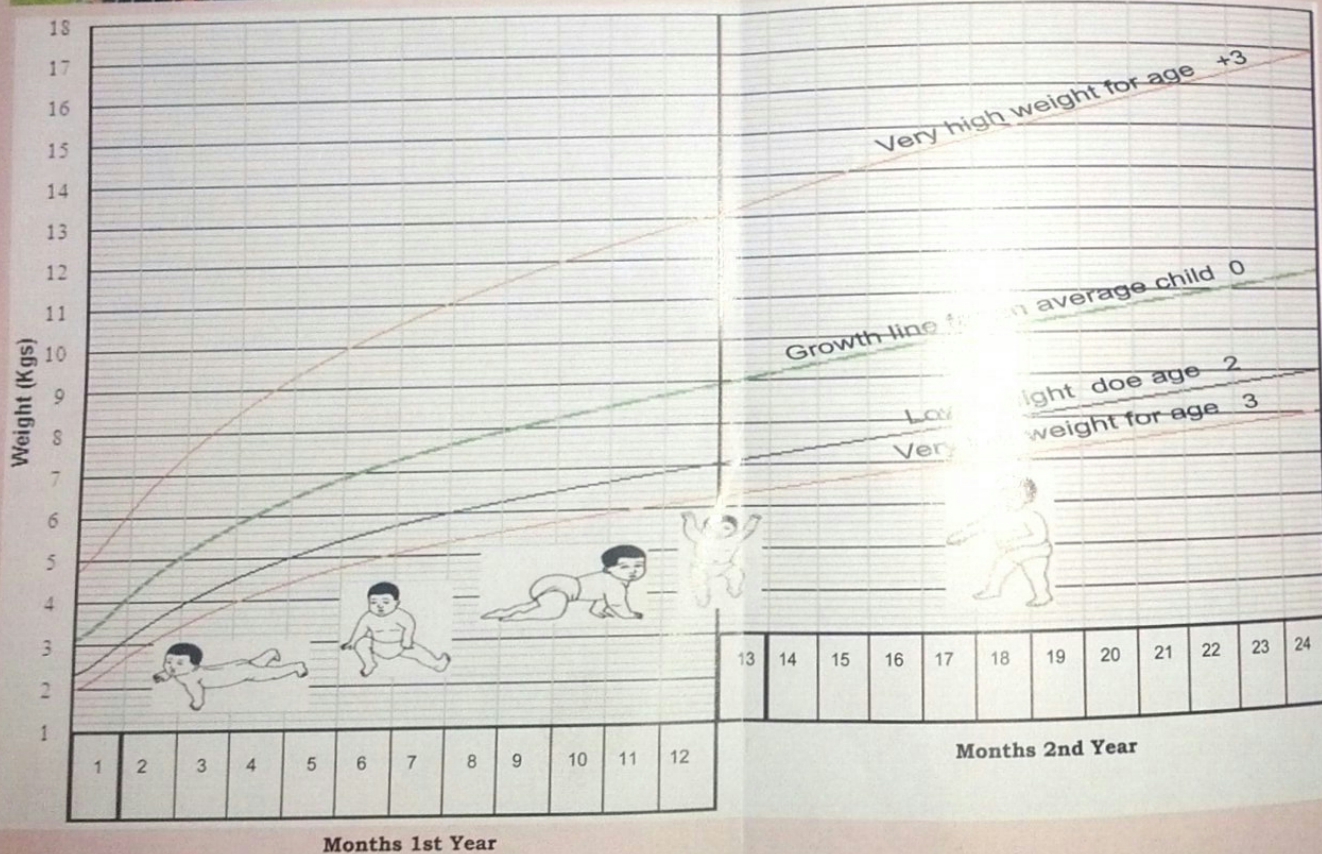
Woman's egg canal is tied or cut

GROWTH CHART

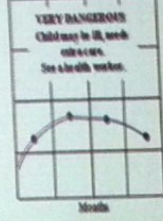
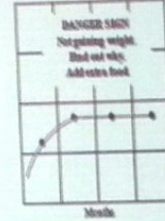
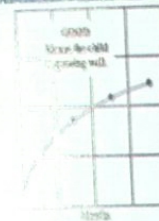
Weight for age: GIRL (Birth to 2 years)



IMPORTANT: Give your baby only breast milk for the first 16 months
Add foods and other liquids only at 6 months

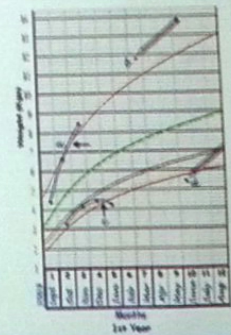


Watch the line showing the child's growth.
The growth curve should continue to go up every time you have your child weighed.



A child is severely over-weight for his or her age when the growth line crosses the upper-most curve ("a") or the weight lies above the upper-most curve ("b")

A child is severely under-weight when the growth curve crosses the lower-most curve ("c") or the weight lies below the lower-most curve ("d")

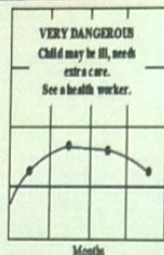
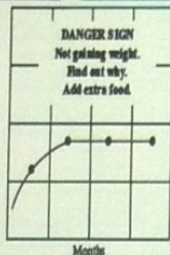
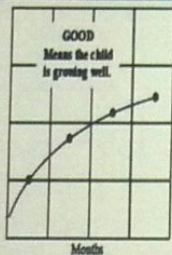


Spent time with your child. Playing with him or her; talking to him or her; and encouraging him or her to learn will help him or her to develop.

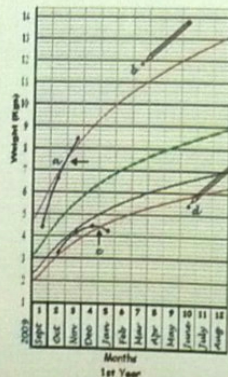
Weight the child during each visit, properly record on the card and interpret to the mother or caretaker



Watch the line showing the child's growth:
The growth curve should continue to go up every time you have your child weighed.



- A child is severely over-weight for his or her age when the growth line crosses the upper-most curve ("a") or the weight lies above the upper-most curve ("b")
- A child is severely under-weight when the growth curve crosses the lower-most curve ("c") or the weight lies below the lower-most curve ("d")



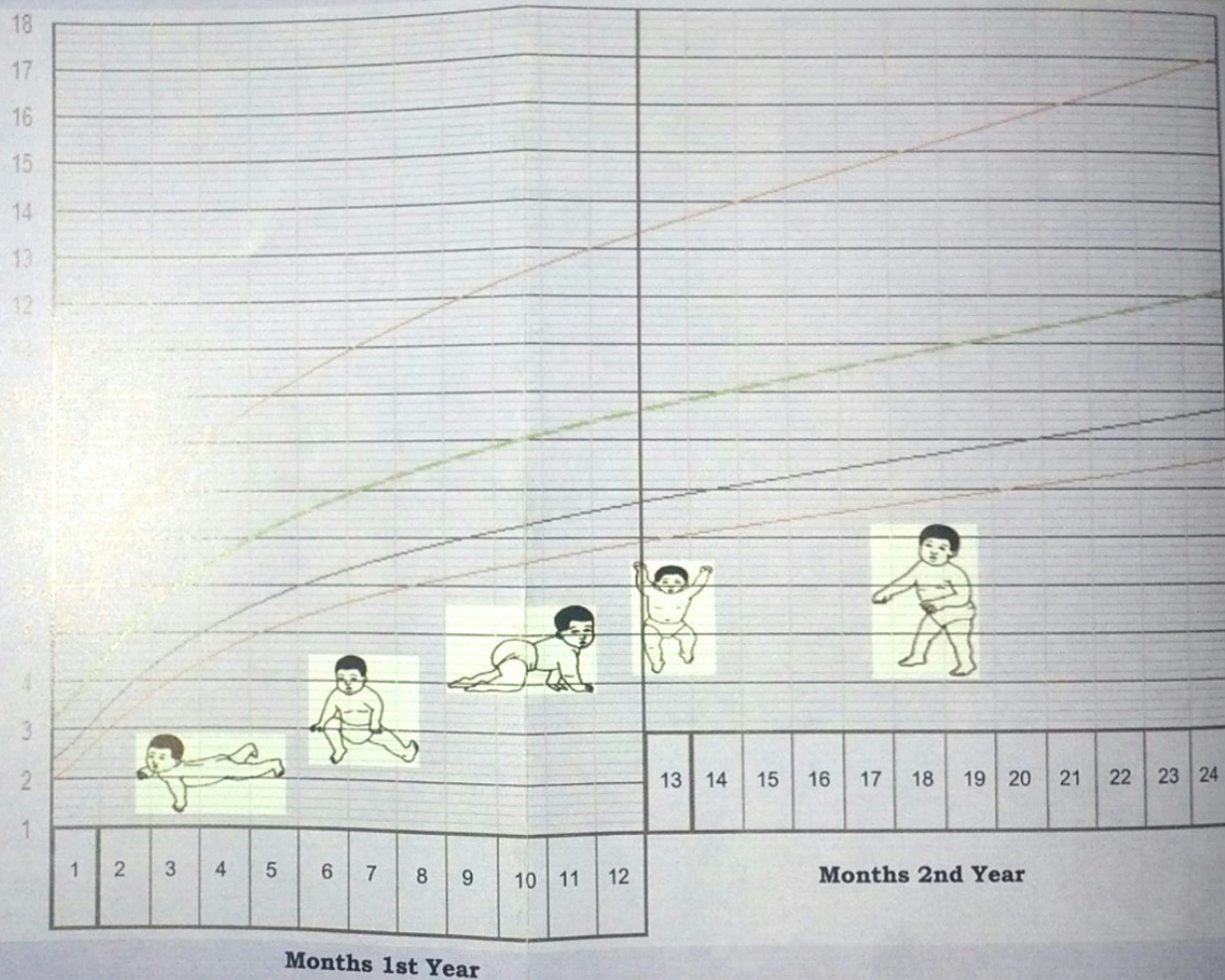
Spend time with your child. Playing with him or her; talking to him or her; and encouraging him or her to learn will help him or her to develop.

GROWTH CHART

Weight for age: BOY (Birth to 2 years)



IMPORTANT: Give your baby only breast milk for the first 16 months
Add foods and other liquids only at 6 months



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

FEEDING RECOMMENDATIONS

Up to 6 months of age



Breastfeed as often as the child wants, day and night at least 8 times in 24 hours

Do not give other food or fluids

Only the child between 4 – 6 months

Appears hungry after breastfeeding OR

Is not gaining weight adequately add

complimentary foods (listed under 6 months up to 12 months)

Give those foods 1 or 2 times per day after breastfeeding

Up to 6 months of age



Breastfeed as often as the child wants

Give adequate servings of:

Thick porridge made out of either maize or cassava/ potatoes/soya flour. Add sugar and oil. Add either milk or pounded ground nut

Mixtures of mashed foods made out of either matooke/ potatoes/cassava/posho (maize/millet)/rice. Mix with fish/beans/pounded groundnuts. Add green vegetables

Give a snack like egg/banana/bread 3 times per day if breastfed 5 times per day if not breastfed

12 months up to 2 years



Breastfeed as often as the child wants

Give adequate servings of:

Mixtures of mashed foods made out of either matooke/potatoes/cassava/posho (maize/millet)/rice. Mix with fish/beans/pounded groundnuts. Add green vegetables

Thick porridge made out of either maize/cassava/millet/soya flour. Add sugar and oil mix with either milk or pounded ground nuts

2 years and Older



Give family foods at 3 meals each day. Also twice daily, also twice daily, give a nutritious snack between meals, such as: banana/eggs/bread

Feeding Recommendations For a Child Who HAS PERSISTENT DIARRHEA

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 semisolid food

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



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. Gently stroke and hold your baby.

Communicate: Look into baby's eyes and talk to your baby, when breast feeding. 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.



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

6 months
up to 12
months



Play: Give your child clean safe household things to handle, bang and drop.



Communicate: Respond to your child's sounds and interests. Tell your child the name of the things you see, sample toys.

12 months
up to
2 years



Play: Give your child things to stuck up.

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








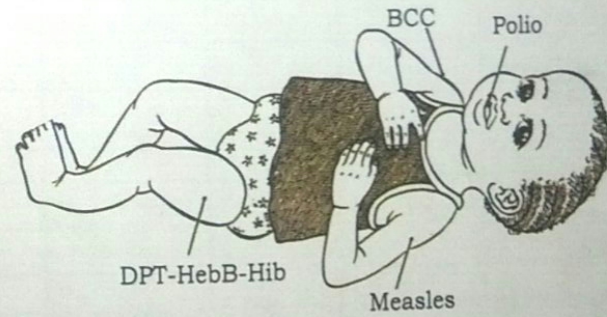
Play: help your child count, name and compare things. Make simple colorful toys for your child.



Communicate: Encourage your child to talk and answer your child questions, teach your child stories, songs and games.

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 Pneumococcal 1	Mouth drops Left upper thigh Right outer thigh		
	10 Weeks	Polio 2 DPT-HebB+Hib Pneumococcal 2	Mouth drops Left upper thigh Right outer thigh		
	14 weeks	Polio 3 DPT-HebB+Hib 3 Pneumococcal 3	Mouth drops Left upper thigh Right outer thigh		
	9 months	Measles	Left Upper Arm		



SICK CHILD OUTPATIENT VISIT RECORD

Health workers consultation

Date

Clinical Notes, Diagnosis and treatment (and signature)
Use key words, write legibly, 2 to 8 lines per visit

SICK CHILD OUTPATIENT VISIT RECORD

Health workers consultation

Date

Clinical Notes, Diagnosis and treatment (and signature) Use
key words, write legibly, 2 to 8 lines per visit

VHT Home visit Record

a. Birth Recording

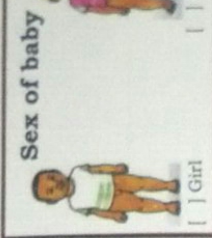
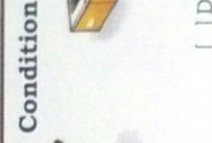
VHTs Name: Parish:
 Village/LC 1: District:
 Sub/County:

Date of birth		
Date	Month	Year

Date of home visit	
Visit 1	
Visit 2	
Visit 3	

Birth Place

Home TBA Health Facility



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

VHT REFERRAL RECORD

Date	Classification	Treated within <24 h	Artesunate	VHT Name
	Diarrhea			
	Fever < 7 days			
	Fast breathing			
	Danger Sign			
	Yes			
	No			
	Small			
	Large			
	Stock out			

Museveni

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

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
 - a. Are inappropriate for a person of that child's age; or
 - b. 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
 - o kept separately from detained persons over the age of 18 years; and
 - o is treated in a manner, and kept in conditions, that take account of the child's age;