

*Give the child  
the best start  
in life!*

A gift to the Filipino Child



# MOTHER AND CHILD BOOK

A joint effort of the following:



Department of Health



World Health  
Organization



Australian Government  
AusAID



unite for children

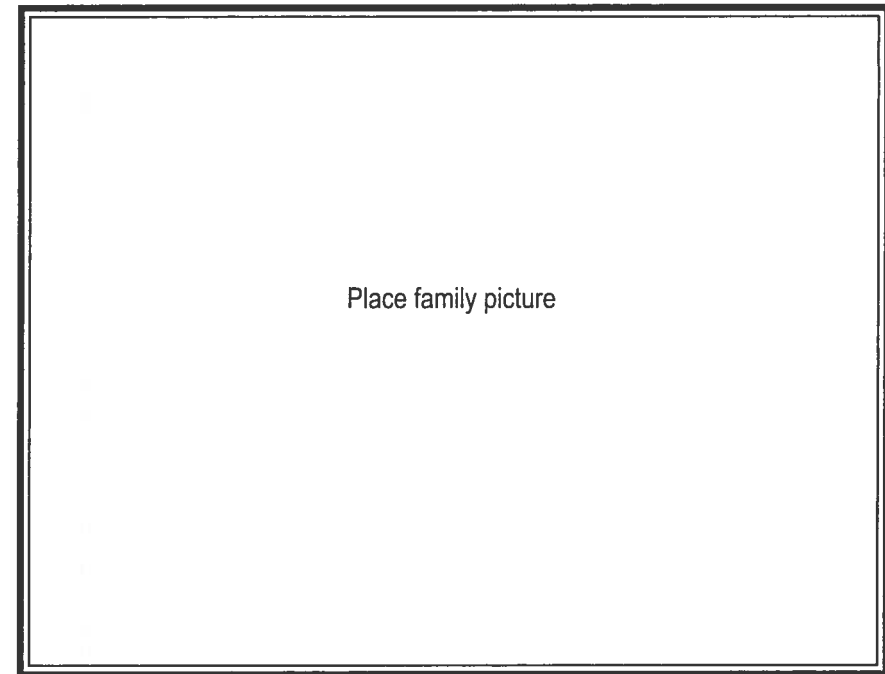
This book belongs to

Blank white box for the owner's name.



Family Serial no. \_\_\_\_\_

(Get number from the Family Folder at the Health Center)



Place family picture

Name of Mother: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Educational level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Educational level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

PhilHealth Membership: \_\_\_\_\_

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

*(House No. Street Parok Barangay Municipality/City/Province)*



### Health Record During Pregnancy

This pregnancy is special, so I will make sure that I get the best care for me and my unborn child.

Here are some important information regarding my health:

Age (yrs. old): \_\_\_\_\_  
 Weight (kgs.): \_\_\_\_\_  
 Height (cms.): \_\_\_\_\_  
 Body mass index: \_\_\_\_\_  
 Last menstrual period: \_\_\_\_\_  
 Expected date of delivery: \_\_\_\_\_  
 Age of pregnancy: \_\_\_\_\_  
 This is my : \_\_\_\_\_ pregnancy  
 (number)



#### Previous Pregnancies

| Type of delivery                                  | Pregnancy Number and Date of Delivery |   |   |   |   |   |
|---|---------------------------------------|---|---|---|---|---|
|   | 1                                     | 2 | 3 | 4 | 5 | 6 |
| Normal (N) or                                     |                                       |   |   |   |   |   |
| Cesarean Delivery (CD)                            |                                       |   |   |   |   |   |
| Miscarriage (Y/N)                                 |                                       |   |   |   |   |   |
| Stillbirth (Y/N)                                  |                                       |   |   |   |   |   |
| Assisted delivery (forceps, etc.). Specify        |                                       |   |   |   |   |   |
| Twins/Multiple Births                             |                                       |   |   |   |   |   |
| Bleeding during pregnancy or after delivery (Y/N) |                                       |   |   |   |   |   |
| Child still alive                                 |                                       |   |   |   |   |   |

\* Y = Yes    N = No



### Present Pregnancy

| Trimester<br>Month  | 1 <sup>st</sup> |                 |                 | 2 <sup>nd</sup> |                 |                 | 3 <sup>rd</sup> |                 |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|   | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | 5 <sup>th</sup> | 6 <sup>th</sup> | 7 <sup>th</sup> | 8 <sup>th</sup> | 9 <sup>th</sup> |
| Date of Visit   |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Weight in kg.   |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Blood pressure  |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Temperature (C°)  |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Height of abdomen (in cms.)   |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Fetal Heartbeat (per minute)  |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Vaginal bleeding (Y/N)  |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Urinary Tract Infection (Y/N)   |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Pallor or Anemia (Y/N)  |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Abnormal presentation (Y/N) (not head presentation)   |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Swelling of face and hands (Y/N)  |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Vaginal Infection (Y/N)   |                 |                 |                 |                 |                 |                 |                 |                 |                 |
| Lab. Test results (e.g. Hgb, urine, RPR (rapid plasma reagin), blood film for malaria parasites, Hep B screening) |                 |                 |                 |                 |                 |                 |                 |                 |                 |

Remarks:





| Past and Present Illness/Health Problems          |        |   |                |   |         |
|---|--------|---|----------------|---|---------|
| Please put a check (✓) on the appropriate column. |        |   |                |   |         |
| Health Problems/Illness/<br>Unhealthy Lifestyle   | Yes/No |   | Family History |   | Remarks |
|   | Y      | N | Y              | N |         |
| Tuberculosis (14 days or more of cough)           |        |   |                |   |         |
| Heart Diseases (shortness of breath)              |        |   |                |   |         |
| Diabetes (high blood sugar)                       |        |   |                |   |         |
| Hypertension (high blood pressure)                |        |   |                |   |         |
| Bronchial Asthma                                  |        |   |                |   |         |
| Urinary Tract Infection                           |        |   |                |   |         |
| Smoking   |        |   |                |   |         |
| Alcohol Intake                                    |        |   |                |   |         |
| Malaria   |        |   |                |   |         |
| Parasitism  |        |   |                |   |         |
| Goiter  |        |   |                |   |         |
| Anemia (pallor)                                   |        |   |                |   |         |
| Tooth Decay/Gum Disease                           |        |   |                |   |         |
| Genital Tract Infection                           |        |   |                |   |         |

| Immunization Record  |                |                |
|--|----------------|----------------|
| Tetanus toxoid immunization                                  | Date Given     | When to return |
| 1 <sup>st</sup> dose – as early as possible during pregnancy |                |                |
| 2 <sup>nd</sup> dose – at least 4 weeks later                |                |                |
| 3 <sup>rd</sup> dose – at least 6 months later               |                |                |
| 4 <sup>th</sup> dose – at least 1 year later                 |                |                |
| 5 <sup>th</sup> dose – at least 1 year later                 |                |                |
| Other Vaccines (specify)                                     |                |                |
| Fully Immunized  | [ ] YES [ ] NO |                |

### Warning Signs During Pregnancy

If I experience any of the following warning signs, I should immediately seek consultation at a health facility. Put a check (✓).

- Swelling of the legs, hands and/or face
- Severe headache, dizziness, blurring of vision
- Vaginal Bleeding or vaginal spotting
- Pallor or anemia
- Fever and chills
- Vomiting
- Fast or difficult breathing
- Severe abdominal pain
- Vaginal Discharge and/or genital sores
- Painful Urination
- Watery vaginal discharge
- Convulsions or loss of consciousness
- Absence of/or reduced fetal movements (less than 10 kicks in 12 hours in the second half of pregnancy)



**Be sure to get the complete 5 doses of tetanus toxoid for your lifetime protection against tetanus. This will also protect the baby in your womb (and your future babies) against neonatal tetanus.**



| Oral Health Condition<br>(To be filled up by the Dentist)  |                 |   |                 |   |                 |                 |                 |                 |                 |  |
|--|-----------------|---|-----------------|---|-----------------|-----------------|-----------------|-----------------|-----------------|--|
|  |                 | <b>Legend</b><br>Permanent ✓<br>D Decayed<br>F Filled<br>M Missing<br>Un Unerupted<br>S Sealant<br>PF Permanent Filling<br>TF Temporary Filling<br>X Extraction<br>0 Others |                 | <b>Tooth Condition</b><br>Sound<br>Decayed<br>Filled<br>Missing<br>Unerupted<br>Sealant<br>Permanent Filling<br>Temporary Filling<br>Extraction<br>Others |                 |                 |                 |                 |                 |  |
| A. Check (✓) if present (X) if absent  | 1 <sup>st</sup> | 2 <sup>nd</sup>   | 3 <sup>rd</sup> | 4 <sup>th</sup>   | 5 <sup>th</sup> | 6 <sup>th</sup> | 7 <sup>th</sup> | 8 <sup>th</sup> | 9 <sup>th</sup> |  |
| Date of Oral Examination   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Dental Caries  |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Gingivitis/Periodontal Disease   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Debris   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Calculus   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Abnormal Growth  |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Cleft Lip/Palate   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Others (supernumerary/mesiodens, etc)  |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| B. Indicate Number   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| No. of Perm. Teeth Present   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| No. of Perm. Sound Teeth   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| No. of Decayed Teeth (D)   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| No. of Missing Teeth (M)   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| No. Filled Teeth (F)   |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Total DMF Teeth  |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Services Rendered  |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| Others (supernumerary/mesiodens, etc)  |                 |   |                 |   |                 |                 |                 |                 |                 |  |
| <p><b>Remember that:</b></p> <p><input type="checkbox"/> It is not true "one tooth is lost with every pregnancy". Increase in hormones during pregnancy result in increase in the amount of plaque on your teeth. If the plaque is not removed, it can cause red swollen, tender gums that may cause bleeding..</p> <p><input type="checkbox"/> Brushing your teeth after each meal will prevent this.</p> <p><input type="checkbox"/> Eat nutritious foods rich in calcium (milk, cheese, seafood) Vitamin C (fresh fruits), vegetables &amp; B12 (meat, nuts) to help keep your teeth and gums healthy and strong.</p> |                 |   |                 |   |                 |                 |                 |                 |                 |  |

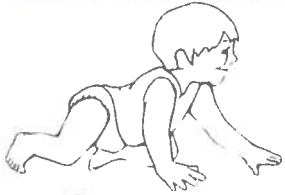


| Treatment and other Services<br>Check (✓) if done   | 1 <sup>st</sup>  | 2 <sup>nd</sup> | 3 <sup>rd</sup> | 4 <sup>th</sup> | 5 <sup>th</sup> | 6 <sup>th</sup> | 7 <sup>th</sup> | 8 <sup>th</sup> | 9 <sup>th</sup> |
|---|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|   | Iron with Folic Acid (and other Micronutrient Supplements) |                 |                 |                 |                 |                 |                 |                 |                 |
| Check for STI/HIV/AIDS  |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Dental check-up   |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Hepatitis B Screening   |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Breast examination  |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Sputum exam (if with signs/symptoms of tuberculosis, cough more than 14 days)   |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Advise on newborn screening, breastfeeding, proper nutrition and reduced work load  |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Counseling on FP, spacing for the next pregnancy, limiting to achieved desired family size  |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Deworming   |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Malaria prophylaxis (endemic areas)   |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Other services, specify (including Pap Smear)   |  |                 |                 |                 |                 |                 |                 |                 |                 |
| Date of next visit  |  |                 |                 |                 |                 |                 |                 |                 |                 |
| *Refer to HIV Counseling + testing if (+) risks of Syphilis / STI<br>* Routine risk assessment<br>___ Have you or your sex partner had more than one partner in the past three months?<br>___ Did you or your partner ever inject illicit drugs?<br>___ Did you or your partner have or in the past suffered from symptoms of STI (genital tract symptoms, such as dysuria, discharge or sores) |  |                 |                 |                 |                 |                 |                 |                 |                 |





## My Development Inside My Mother's Womb



**Mama, this is your month by month guide on how I am growing inside you. Anything you eat or do may affect my growth and development.**



### 0-4 weeks

I already have the beginnings of my brain, a simple spinal cord and marks where my face will be. I measure about 2mm in length. **Look at beautiful scenes and pictures. Avoid any medications or drugs that can affect me.**

### 4-8 weeks

My heart begins to beat around six weeks, and all the other organs start to develop. Facial bones form, my eyes and eye color develop, and my fingers and toes appear. **Listen to sweet and soothing music. You need to eat food rich in protein, calcium, iron, zinc and folate.**



**What you will eat also provide nutrients for me. However, do not eat more than you should or you may gain excess weight.**



### 8-12 weeks

My major organs are now formed. My head is large compared to the rest of my body to accommodate the rapid growing brain. I have a defined chin, nose and eyelids. I float in the amniotic fluid. I will be kicking gently. **Don't forget to take your iron**

**with folic acid supplements daily. Take time to relax and have some fresh air. Avoid salty foods as this will cause swelling around your feet, ankles and fingers.**



### 12-16 weeks

My legs are longer than my arms. My lungs are developing and my heartbeat can be heard by ultra sound. I have facial expressions, eyebrows and eyelashes. I can turn my head and open my mouth. The hair on my head coarsens and develops its color. **Consult a health worker right away if you have some health problem. Eat a well-balanced diet.**



### 16-20 weeks

I am more coordinated now, although my growth has slowed a little. I can suck my thumb and I respond to the sound of your voice. My taste buds develop and I can differentiate between sweet and bitter flavors. I am developing fingerprints and my body is covered with fine hair called "*lanugo*." **Talk to me. Play beautiful music for my listening pleasure. Make a promise to breastfeed me as soon as I am born. Take regular light exercises.**

### 20-24 weeks

My body is still thin, but now in proportion with my head. My bone centers are hardening. My genitals are developed, my nostrils open, and I make breathing motions. I have developed sleep patterns. **Take a rest, as I would like to rest too. Talk to me at least 15 minutes daily. Let me feel your love for me. Listen to sweet and soothing music everyday.**







**24-28 weeks**

I am now preparing myself for birth. Fat builds up under my skin, my head hair grows, my eyelids open and my brain is more active. I can hear a lot now, including internal and external noises. I can recognize your voice, and my heartbeat will quicken when you speak. **Take care because I**

**want to be born as a full term baby. Please reduce your work load and start eating calorie-rich foods in addition to protein-rich foods.**

**28-32 weeks**

I am now perfectly formed. I can see light through your abdominal wall, making me blink. I move around less as I put on weight. My lungs are not fully mature yet, but I have a good chance of survival if I am born now. **Let Dad touch your abdomen and tell him to talk to me.**



**36 weeks**

I am ready for birth by practicing my breathing, sucking and swallowing. The fine downy hair on my body has gone. My intestines are filled with meconium (first bowel movement) which I will pass in the first two days after birth. My head has now dropped into your pelvis ready for birth. It could be any day now. Be sure that you are prepared for my coming.



**Birth and Emergency Plan**

I know that any complication can develop during delivery. I know that I should deliver my baby in a health facility.

I will be attended at delivery by \_\_\_\_\_  
*Name of doctor/nurse/midwife or others. Specify.*

I plan to deliver at \_\_\_\_\_  
*Name of hospital/maternity clinic*

This is a Philhealth accredited facility \_\_\_\_\_ Yes \_\_\_\_\_ No

The estimated cost of the maternity/newborn care package in this facility is P \_\_\_\_\_ ( inclusive of newborn care)

The mode of payment is \_\_\_\_\_

The available transport is \_\_\_\_\_

I have contacted \_\_\_\_\_ to bring me to the hospital/maternity clinic  
*Name*

I will be accompanied by \_\_\_\_\_  
\_\_\_\_\_ will take care for my children/home while

I am in health facility.

I will exclusively breastfeed my baby up to 6 mos.  Yes  No

In case of a need for blood transfusion, my possible donors with their addresses and contact numbers are:

\_\_\_\_\_ *Name* \_\_\_\_\_ *Address*

\_\_\_\_\_ *Name* \_\_\_\_\_ *Address*

In case of severe complications, I will be referred right away to:

Physician: \_\_\_\_\_

Referral Hospital: \_\_\_\_\_

Tel.No./mobile no.(cell no.): \_\_\_\_\_

I have set aside money for emergency, newborn screening and screening for hearing impairment.  Yes  No

In case of emergency, please notify:

Contact person: \_\_\_\_\_

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

Relation: \_\_\_\_\_

Tel. No./cell no.: \_\_\_\_\_





### Preparations Before Giving Birth

I already made necessary preparations for giving birth. These are the things I will be using during delivery.

I will not forget to bring this Mother and Child Book.

#### For Myself

1. Set of skirt and blouse or loose dress with front opening
2. Panties/bra
3. Bathrobe
4. One set of casual clothes
5. Towel
6. Brush/comb
7. Maternity sanitary napkins
8. Shampoo/soap
9. Toilet paper
10. Toothbrush/toothpaste
11. Slippers

#### For My Baby

1. Baby blanket
2. Baby clothes
3. Disposable or cloth diapers
4. Bonnet
5. Mittens or gloves
6. Socks
7. Safety pins/diaper clips
8. Mild baby soap

#### These are the things I prepared for my baby at home

- |                                   |                              |
|-----------------------------------|------------------------------|
| 1. Crib with mattress             | 9. Bonnet                    |
| 2. Baby pillows                   | 10. Waterproof sheets        |
| 3. Mosquito nets                  | 11. Baby tub/basin           |
| 4. Soft wash cloths               | 12. Safety pins/diaper clips |
| 5. Cotton balls                   | 13. Cotton buds              |
| 6. Diapers (cloth/<br>disposable) | 14. Soft towel               |
| 7. Baby blankets/sheets           | 15. Mittens/gloves           |
| 8. Socks                          | 16. Baby clothes             |
|                                   | 17. Bib                      |



### Baby Care Routine

I am already advised on the following baby care routine:

- I am already advised on the following baby care routine:
- Keeping my baby warm, through skin to skin contact "kangaroo care" or wrapping him with a blanket immediately after delivery.
- I should wash hands thoroughly with soap and water before handling my baby and especially after changing diapers.
- Delay bathing my baby for at least 6 hours after birth
- Leave the cord uncovered until it dries. I will not put anything on the cord. The cord will come off in approximately 7-10 days.
- I should immediately bring my child to the Health Center or hospital if the cord smells or navel turns red.
- I will keep my baby away from smoke and other hazardous substance.
- I should breastfeed my baby frequently and for longer periods.
- I will bring my baby to the hospital if:
  - My baby refuses to feed
  - There is a foul smelling discharge or pus in the umbilical cord
  - My baby feels hot when touched (Temperature  $\geq 37.8^{\circ}\text{C}$ )
  - My baby feels cold when touched (Temperature  $35.4^{\circ}\text{C}$  or less)
  - Convulsions occur
  - Fast Breathing (60 breathes or more)
  - There is difficulty in breathing
  - Yellow soles, eyes or skin (jaundice)





### Labor and Delivery



Initiation of breastfeeding and immediate skin to skin contact within 30 minutes after delivery will help establish breastfeeding and mother-to-child bonding.

I started to experience labor pains at \_\_\_\_\_ (time) on \_\_\_\_\_ (date)

I delivered my baby alive on : \_\_\_\_\_

Date of delivery: \_\_\_\_\_ Time : \_\_\_\_\_

Type of delivery: \_\_\_\_\_ Place of delivery : \_\_\_\_\_

Attended by: \_\_\_\_\_

Partograph use: \_\_\_\_\_ (attach)

What I observed with my baby after delivery

#### Action Taken

- Spontaneously cried out \_\_\_\_\_
- Did not cry at once \_\_\_\_\_
- Normal breathing \_\_\_\_\_
- Abnormal breathing/not breathing \_\_\_\_\_
- Strong movements \_\_\_\_\_
- Weak/no movement \_\_\_\_\_
- Baby placed on my abdomen for skin to skin contact \_\_\_\_\_
- Baby started breastfeeding within \_\_\_\_\_ hours (ideally within 1 hour)
- Baby stayed with me all the time \_\_\_\_\_
- Eye drops given \_\_\_\_\_
- Vitamin K injection given \_\_\_\_\_

My baby is:

Sex: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Length: \_\_\_\_\_ Chest circumference: \_\_\_\_\_

Head circumference: \_\_\_\_\_



### Postpartum Care Within 42 Days

| Within 24 hours   | Within 1 week preferably 2-3 days  | At 4-6 weeks   |
|---|--|--|
| <input type="checkbox"/> Rapid Assessment and management of emergency signs (ie. difficult breathing, cyanosis, shock, bleeding, fever, severe abdominal pain, convulsions) | <input type="checkbox"/> Physical Examination  | <input type="checkbox"/> Physical Examination<br><input type="checkbox"/> Check for danger signs |
| <input type="checkbox"/> Vitamin A 200,000 IU cap (once within 4 weeks after delivery) (Y/N)  | <input type="checkbox"/> Check vaginal bleeding/ foul smelling discharge   | <input type="checkbox"/> Iron/folic acid supplement  |
| <input type="checkbox"/> RPR if not done during pregnancy   | <input type="checkbox"/> Blood Pressure  | <input type="checkbox"/> Check for danger signs  |
| <input type="checkbox"/> Tetanus Toxoid if not given  | <input type="checkbox"/> Iron folic acid supplement  | <input type="checkbox"/> Counsel on nutrition and Family planning                                |
| <input type="checkbox"/> Iron/folic acid supplementation (up to 3 months)   | <input type="checkbox"/> Vit. A if not yet given   |  |
| <input type="checkbox"/> Counsel on nutrition, FP and birth spacing, newborn care, follow-up visits   | <input type="checkbox"/> Check for breastfeeding problems  |  |
| <input type="checkbox"/> Breastfeeding support  | <input type="checkbox"/> Check for danger signs<br>- fever<br>- urinary tract infection<br>- perineal pain<br>- anemia |  |



**Take a bath daily. Change sanitary pad every 4 to 6 hours. You should be seen by a health worker 3 times after delivery based on the schedule above**



You can become pregnant within several weeks after delivery, if you have sexual relations, and is not breastfeeding exclusively.

If you have decided to plan your next pregnancy by spacing for 3 years or want to stop getting pregnant, avail of the chosen FP method before discharge.

Talk to a health worker with your husband/partner, about choosing a family planning method, which best meets you and your partner's needs.

FAMILY PLANNING

| Date of Follow-up | Date of Visit | Prescribed FP Method | Quantity given (if supply available in the facility) | Facility | Provider | Referred FP Method not available in the facility | Previous FP Method Used (if any) | Presence of Partner Yes / No | REMARKS (if client is referred to another facility, specify)<br><br>(indicate schedule) |
|-------------------|---------------|----------------------|--|----------|----------|--|----------------------------------|------------------------------|---|
|                   |               |                      |  |          |          |  |                                  |                              |   |



Rights of a Pregnant Mother

1. The Right to life.
2. The Right to Equality, and to be Free from all Forms of Discrimination.
3. The Right to Information and Education.
4. The Right to Health Care and Health Protection.
5. Right to choose who will accompany her in the delivery room.
6. Right to most comfortable position when giving birth.
7. Right not to be shaved.
8. Right to put her newborn on her abdomen immediately after giving birth.
9. Right to breastfeed her newborn immediately after birth.
10. Right to have her baby with her all the time.

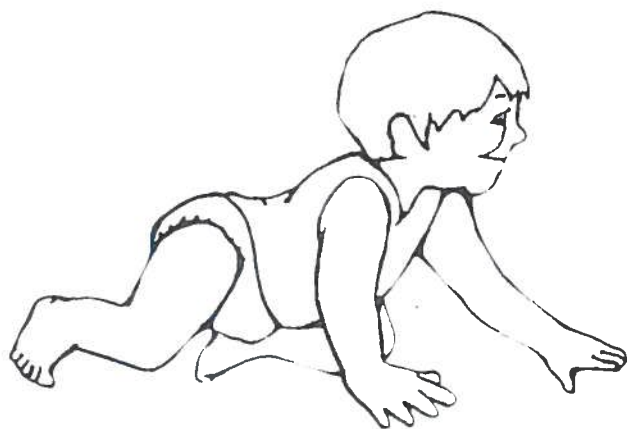




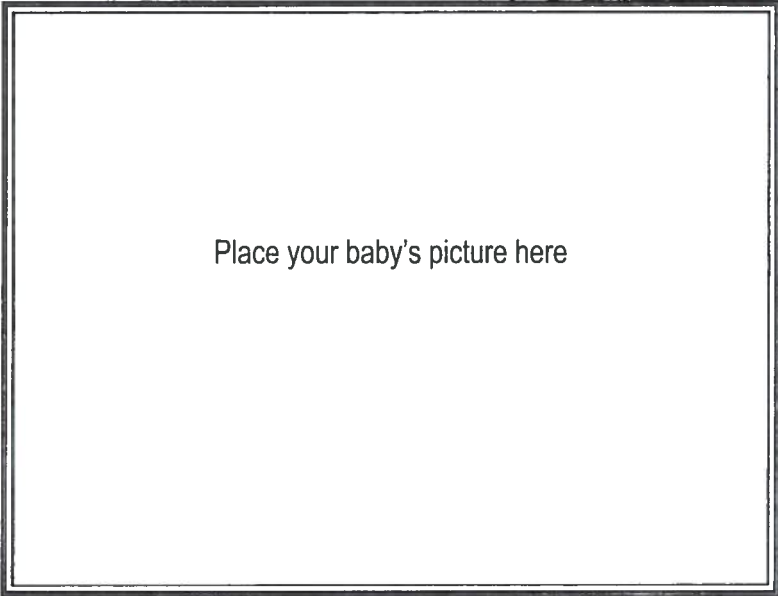
This is my personal diary. It contains record of the essential health services I need for survival and growth. Important events and milestones in my growth and development should be recorded here.

I have a right to a name and nationality.

Register my birth at the Local Civil registry.



### My Birth Record



Place your baby's picture here

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

Nickname: \_\_\_\_\_  Boy  Girl

Parent's names

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Type of delivery: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gestational age at birth: \_\_\_\_\_

Single/multiple birth: \_\_\_\_\_

Place of delivery: \_\_\_\_\_

Attendant at birth: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Birth weight: \_\_\_\_\_ Length: \_\_\_\_\_

Head circumference: \_\_\_\_\_ Chest circumference: \_\_\_\_\_

Birth order: \_\_\_\_\_

Birth registered on: \_\_\_\_\_ at: \_\_\_\_\_

(date) (place)

Adverse event data: \_\_\_\_\_

(severe illness or death of parent sibling < 5 years old)



| Postnatal care                                       |   |  |  |
|--|---|--|--|
| Within 24 hours                                      | 1st week preferably 2-3 days                        | 2-4 weeks  | At 4-6 weeks                                     |
| <input type="checkbox"/> Skin-to-skin contact/warmth | <input type="checkbox"/> Newborn assessment         | <input type="checkbox"/> Newborn assessment      | <input type="checkbox"/> Infant assessment       |
| <input type="checkbox"/> Breastfeeding initiation    | <input type="checkbox"/> Exclusive breastfeeding    | <input type="checkbox"/> Exclusive breastfeeding | <input type="checkbox"/> Exclusive breastfeeding |
| <input type="checkbox"/> Newborn assessment          | <input type="checkbox"/> Newborn Screening          |  | <input type="checkbox"/> Vaccination             |
| <input type="checkbox"/> Eye prophylaxis             | <input type="checkbox"/> Cord care                  |  |  |
| <input type="checkbox"/> Vitamin K                   | <input type="checkbox"/> Newborn, hearing screening |  |  |
| <input type="checkbox"/> BCG                         |   |  |  |
| <input type="checkbox"/> Hepa B                      | <input type="checkbox"/> Check birth registration   |  |  |
| <input type="checkbox"/> Weight _____                |   |  |  |

Bring to health center as soon as possible if baby have any of the following signs:

- Feeding less or not feeding at all
- Convulsions
- Fever
- Feels cold
- Inflamed cord with pus or blood
- Yellow soles, eyes or skin
- No movement or less movement
- Pus in the eye and skin
- Difficulty in breathing/fast breathing

### What I Need During the First Few Weeks After Birth



Always keep me warm. The best way is through skin-to-skin contact by placing me on your abdomen (before cutting the cord or on your chest after the cord has been cut). Cover me with soft cloth.

Make sure that eye prophylaxis is applied to my eyes to prevent infection and subsequent blindness.

To keep me warm, immediately wipe and wrap me and delay bathing for at least 6 hours.



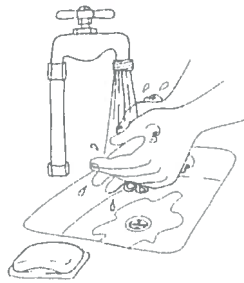
Keep me always at your side or within your reach. Always keep me warm by wrapping me with a blanket. I love the way you keep me in your arms



Start to breastfeed me within the first thirty minutes after birth and for as long as I want. This will help you produce more milk. I know that your breast milk alone is the best food for me up to six months of age.

Do not give me any other formula or water, or semi-solid food.

**If you have difficulty in giving me your breast milk, consult a health worker nearest you.**



Take care of my cord.

Wash your hand before and after cord care.

Wash the cord only when soiled. Use boiled water that has been cooled and mild soap for cleaning. Allow it to air dry. Do not wipe with any cloth to avoid infection

Do not bandage my umbilical stump or abdomen. Do not apply any substance or medicine to my cord stump.

You should seek immediate care if my umbilicus is red or with pus or blood.



Bring me to the hospital for newborn screening after the 24th hour.

Date: \_\_\_\_\_ Health Facility: \_\_\_\_\_

Result: \_\_\_\_\_



Have your newborn screened for congenital metabolic disorders to prevent mental retardation and possible death



### My Immunization Record

Immunization protects me against several infectious diseases. If I am not immunized, I am more likely to get sick, become undernourished, become disabled, or die. All my essential immunization should be completed before my first birthday



Bring me to a health facility on the scheduled dates.

|                                   | At birth<br>*Within 24 hours | 6 weeks | 10 weeks | 14 weeks | 9 months | 12-15 months | 16 months & above |
|-----------------------------------|------------------------------|---------|----------|----------|----------|--------------|-------------------|
| BCG*                              |                              |         |          |          |          |              |                   |
| DPT                               |                              |         |          |          |          |              |                   |
| OPV                               |                              |         |          |          |          |              |                   |
| HBV*                              |                              |         |          |          |          |              |                   |
| AMV<br>(9 Months)                 |                              |         |          |          |          |              |                   |
| MMR                               |                              |         |          |          |          |              |                   |
| DPT-Hep<br>B-Hib<br>(Pentavalent) |                              |         |          |          |          |              |                   |
| Other<br>Vaccines                 |                              |         |          |          |          |              |                   |

### Vitamin A Supplementation

| Date      | 6 months | 1st year | 2nd year | 3rd year | 4th year | 5th year |
|-----------|----------|----------|----------|----------|----------|----------|
| Vitamin A |          |          |          |          |          |          |
| Deworming |          |          |          |          |          |          |

I should start Vitamin A supplementation when I reach 6 months and should have Vitamin A supplementation every 6 months thereafter.

My deworming should start when I am 12 months old and can be regularly dewormed every 6 months thereafter.





## Checking My Growth and Development

I am a growing child. Please make sure that I grow and develop the way normal children of my age do.

Keep track of my growth by having me weighed regularly—that is every month from birth up to 2 years of age and quarterly from 2 years to 6 years of age.

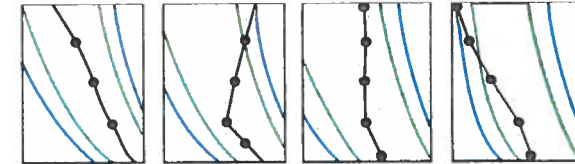
My weight as well as other important events should be plotted on the growth chart because these events may contribute to my losing or gaining weight.

On the growth chart you will see these events with their corresponding codes.



### HOW TO INTERPRET GROWTH CHARTS

It is important to consider the child's whole situation when interpreting trends on the growth chart. How to interpret trends of growth on charts:



A child who is growing well has a trend line that tracks fairly close to the same Z-score line and will be on or between the -2 and +2 Z-score lines. The caregiver should be encouraged to continue giving proper care to the child.

A normal or undernourished child with a sharp decline on the growth line indicates growth problem to be investigated and remedied.

A child with a flat growth curve is in danger of developing malnutrition. The child should be referred to the trained health worker for appropriate advice and/or intervention.

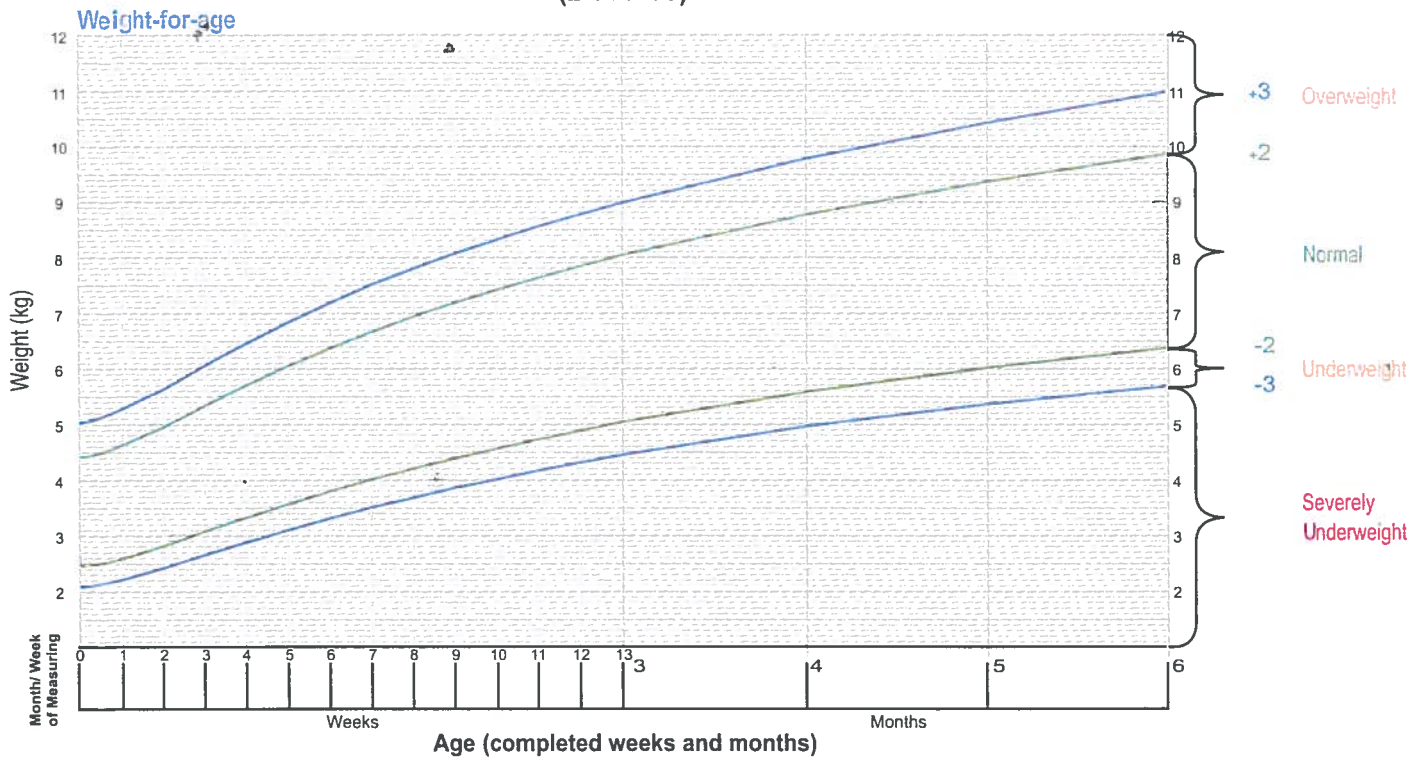
A child who is already overweight should not have a rising growth line. Counseling to increase the child's physical activity while maintaining a healthy diet should be done.

To determine correctly if a child is obese, refer to the Weight-for-length or Weight-for-height charts.

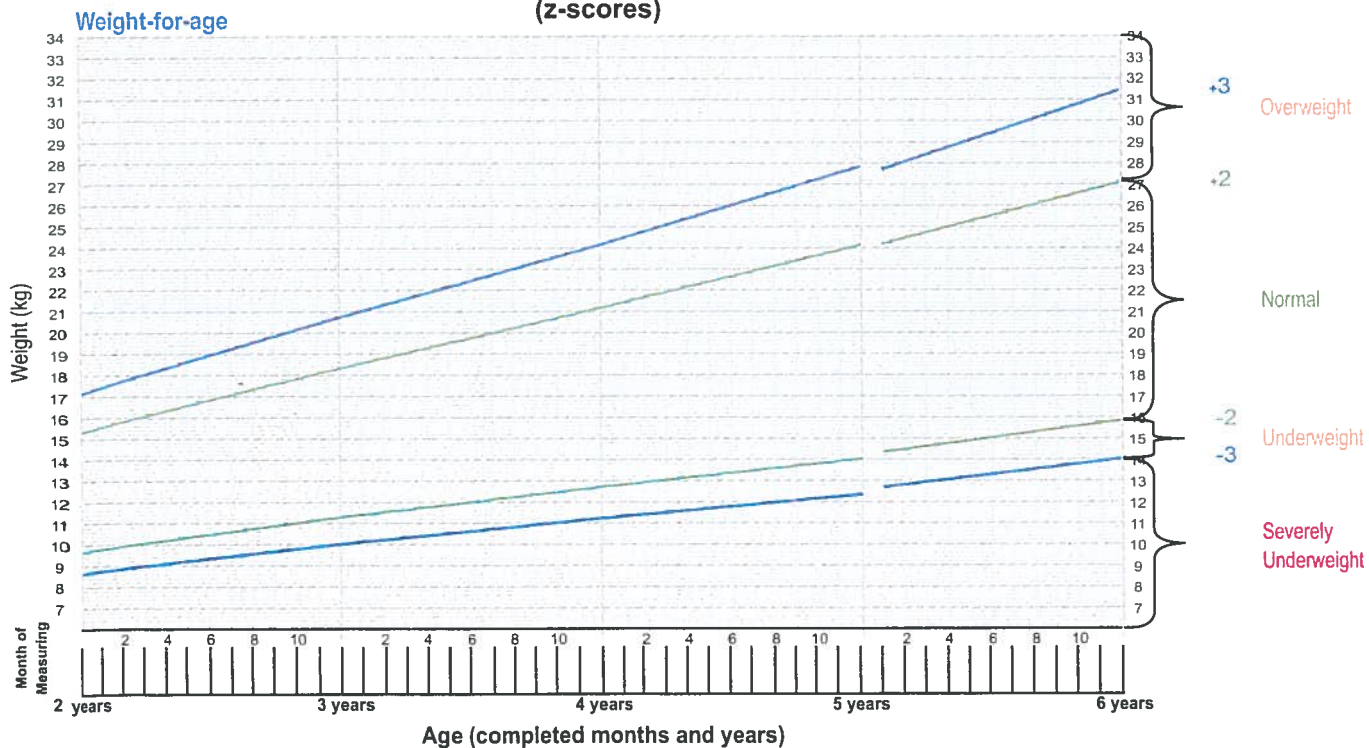
Using the symbols below, record relevant information or condition of the child at the time of visit to the health center/clinic:

- - weight
- B - breastfeeding
- CF - complementary feeding
- A - therapeutic vitamin A
- EB - exclusive breastfeeding
- F - fever
- C - cold/cough
- CP - cleft palate
- D - diarrhea
- H - hospitalized
- I - injury
- O - others

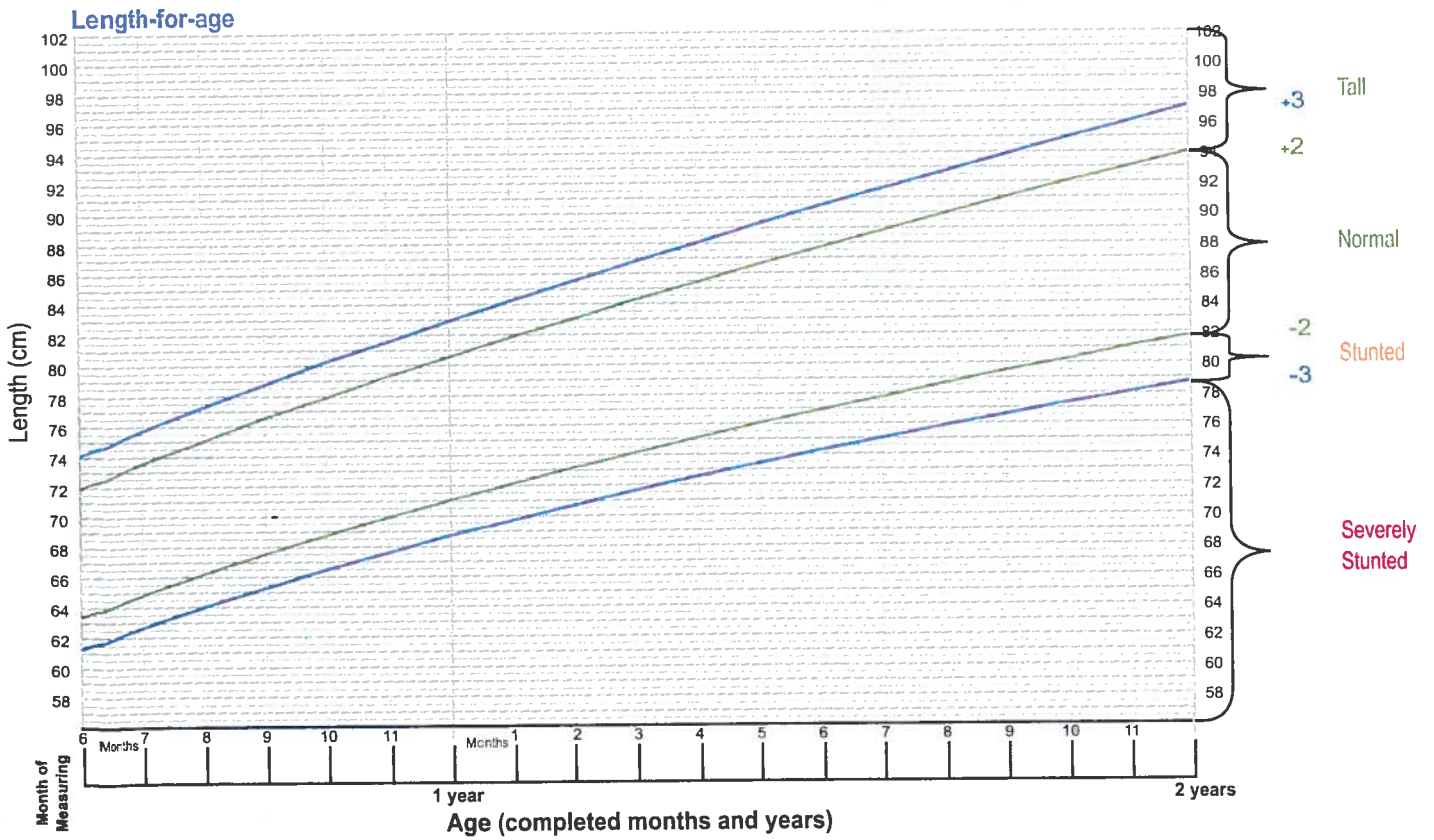
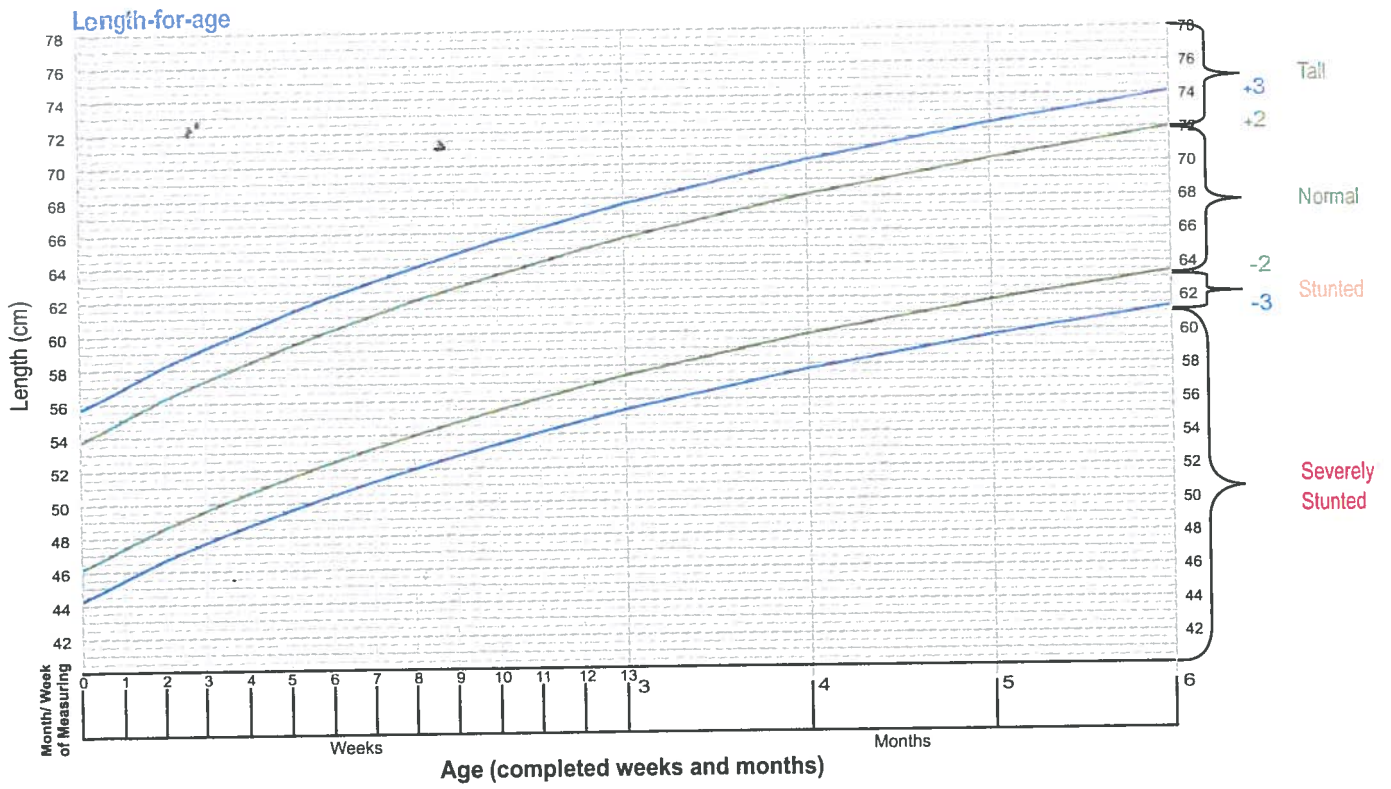
### Birth to 6 months, BOYS (z-scores)



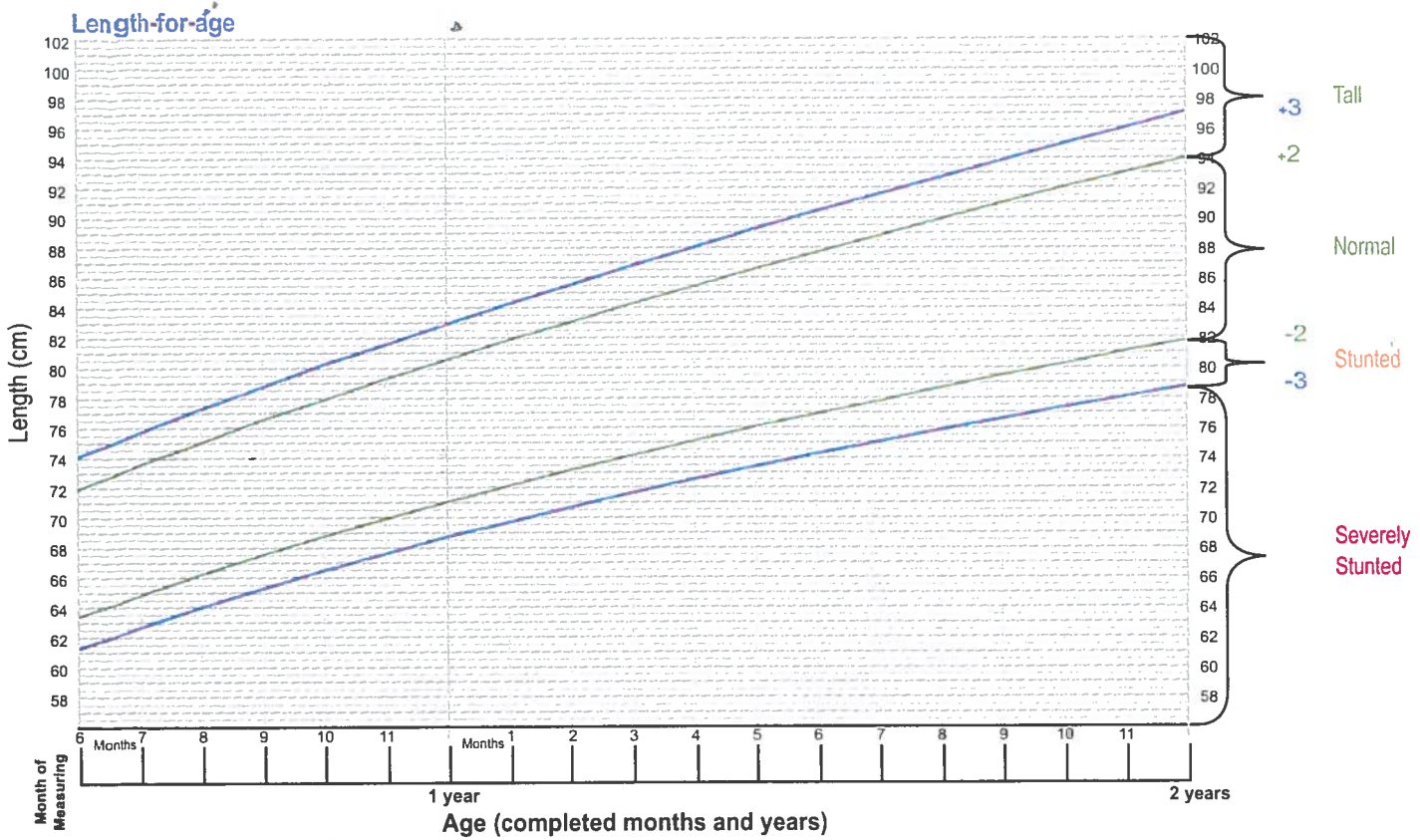
### 24 to 71 months, BOYS (z-scores)





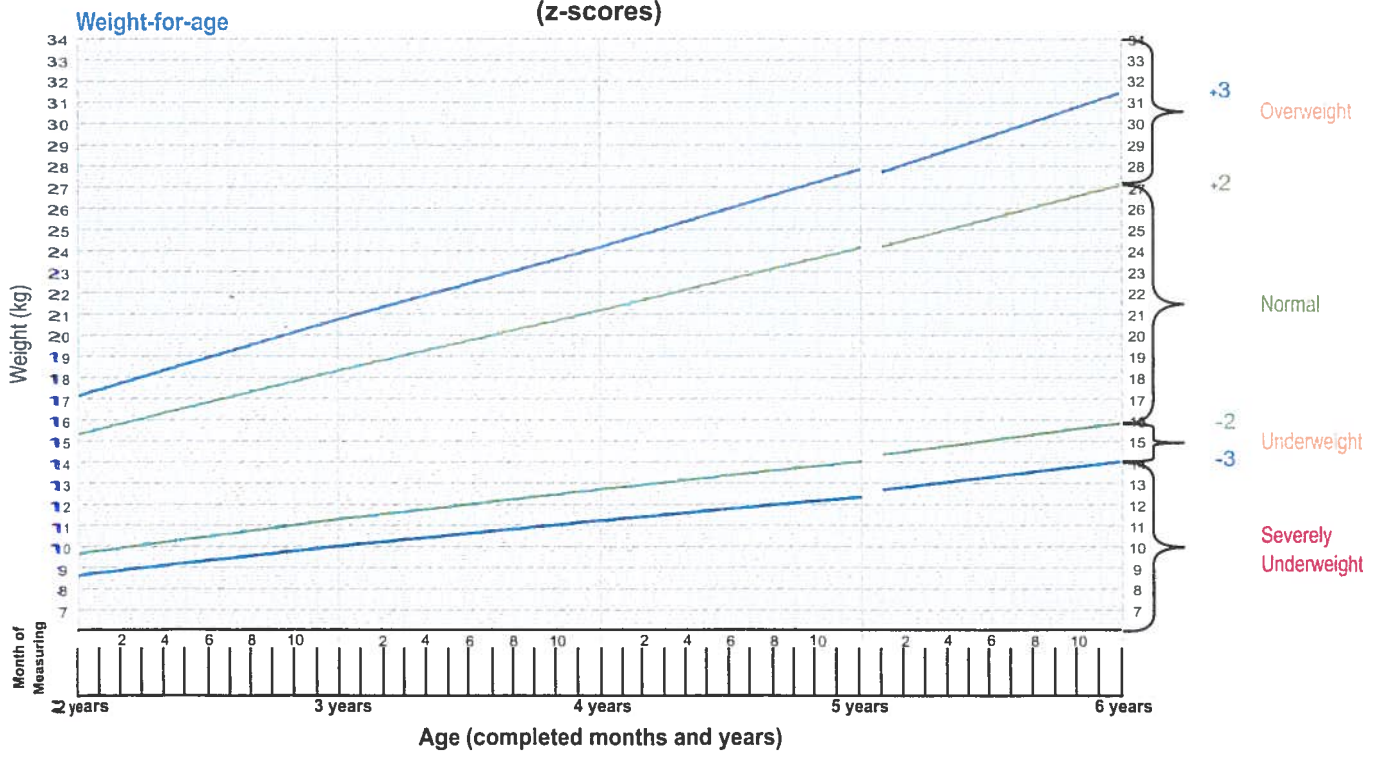




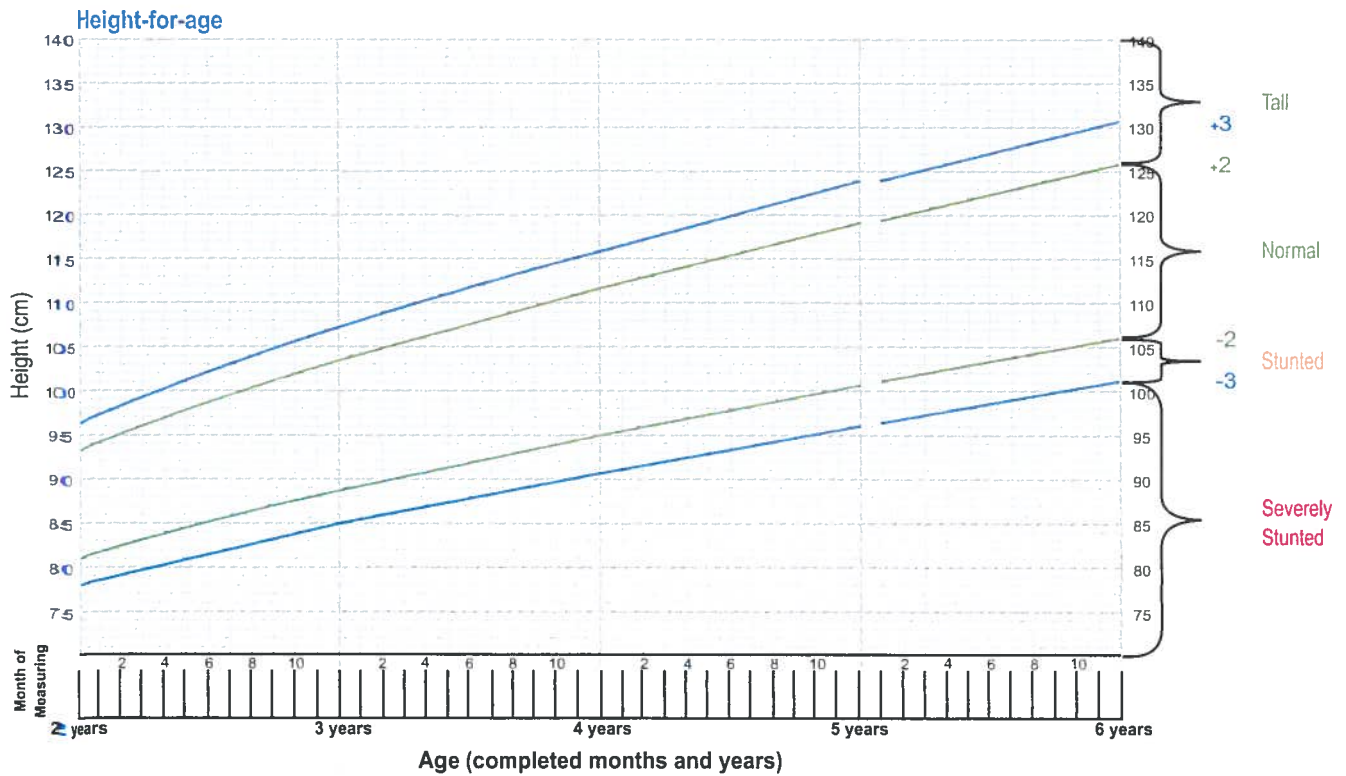
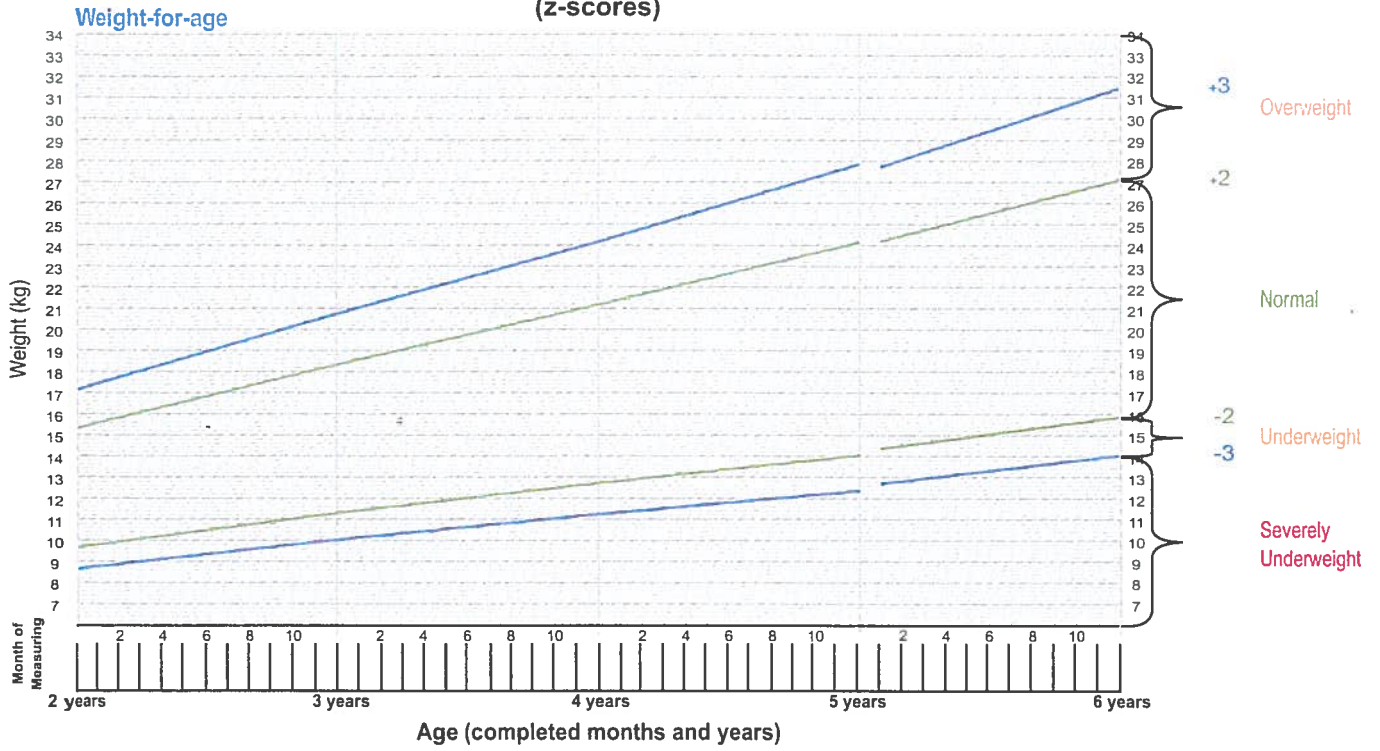


Reference: WHO Child Growth Standards, Methods and Development, 2006

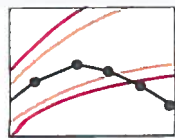
### 24 to 71 months, BOYS (z-scores)



24 to 71 months, BOYS  
(z-scores)

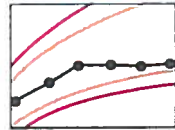




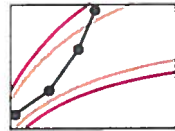


the child.

A normal or undernourished child with a sharp decline on the growth line indicates growth problem to be investigated and remedied.



A child with a flat growth curve is in danger of developing malnutrition. The child should be referred to the trained health worker for appropriate advice and/or intervention.

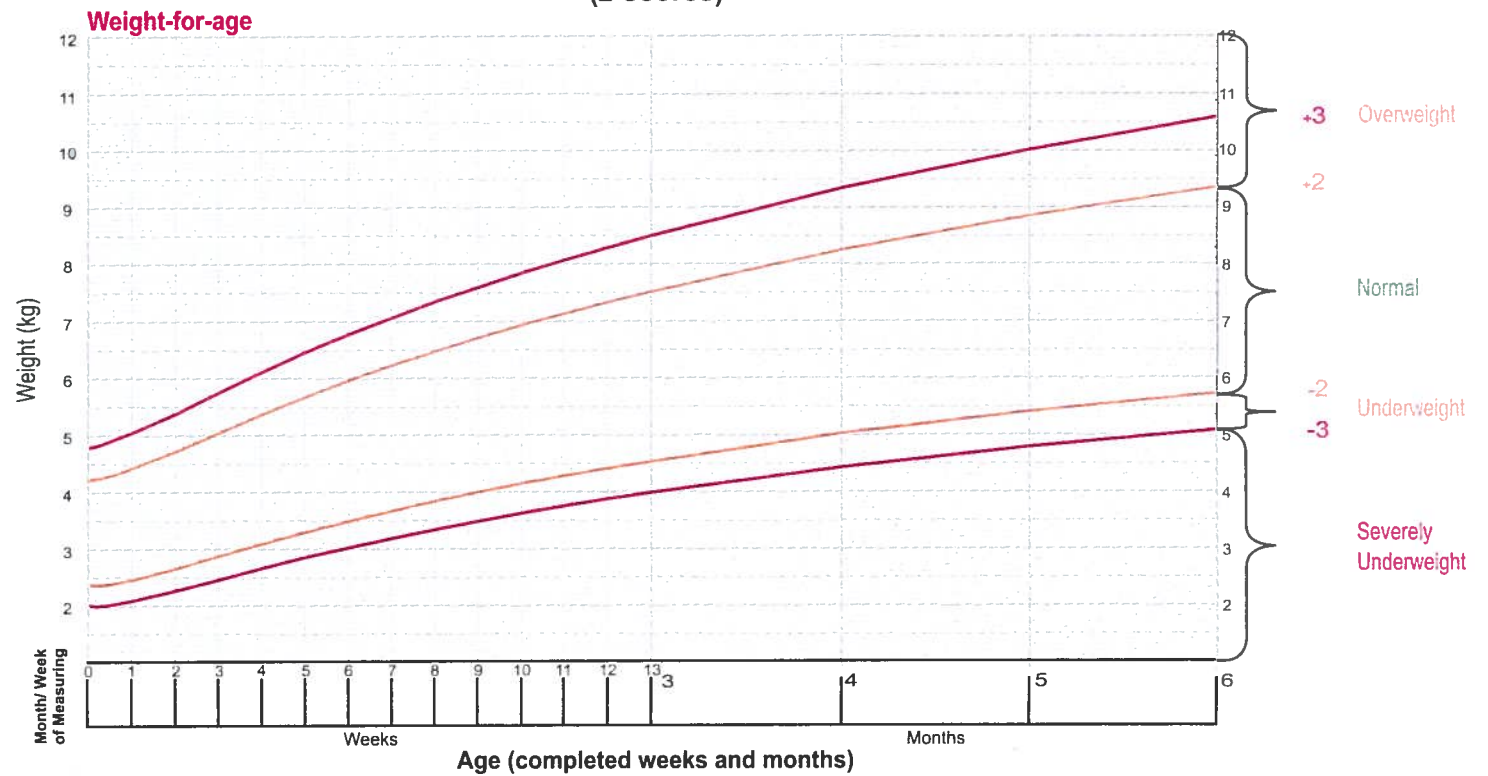


A child who is already overweight should not have a rising growth line. Counseling to increase the child's physical activity while maintaining a healthy diet should be done.

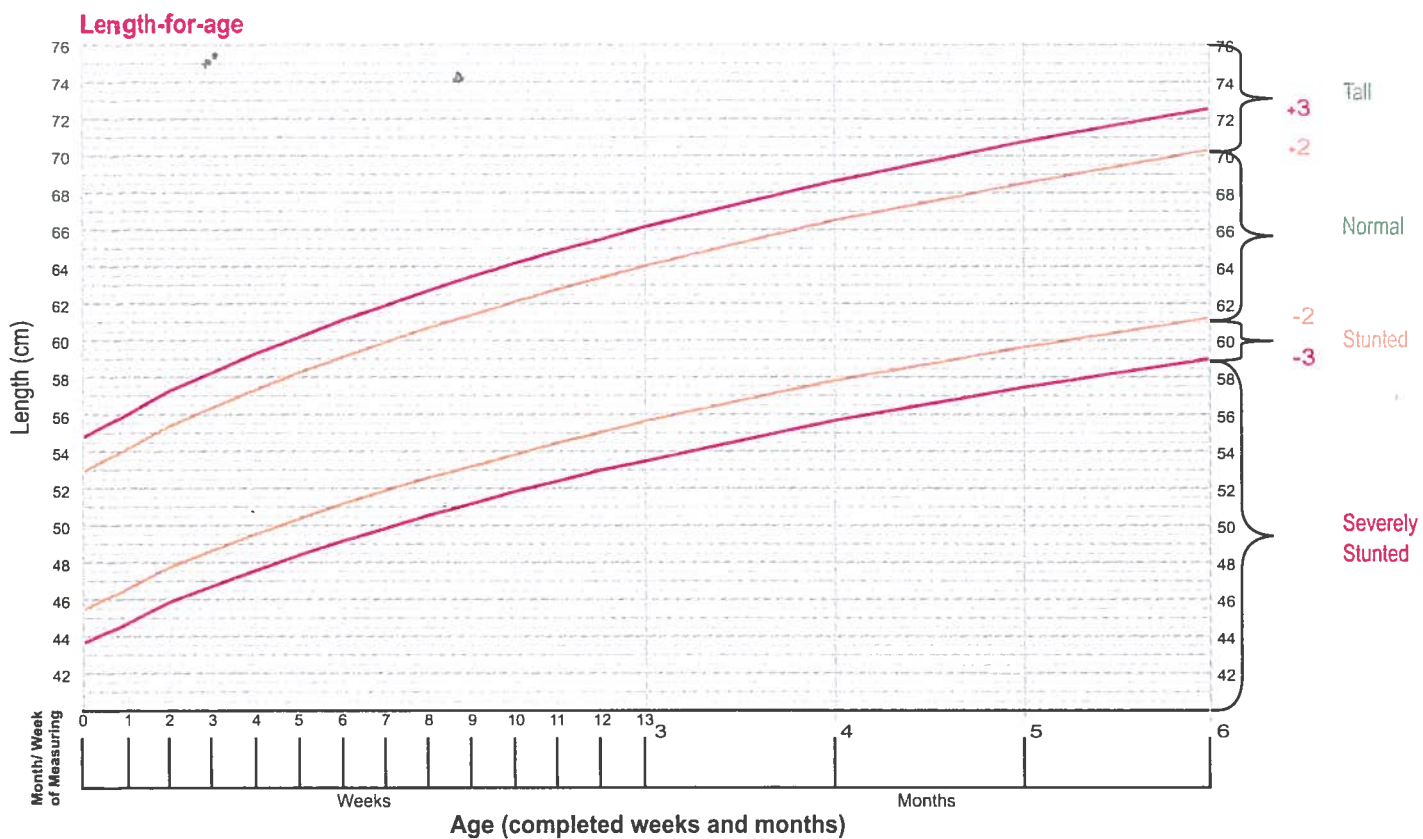
To determine correctly if a child is obese, refer to the Weight-for-length or Weight-for-height charts.

- A - therapeutic vitamin A
- EB - exclusive breastfeeding
- F - fever
- C - cold/cough
- CP - cleft palate
- D - diarrhea
- H - hospitalized
- I - injury
- O - others

### Birth to 6 months, GIRLS (z-scores)

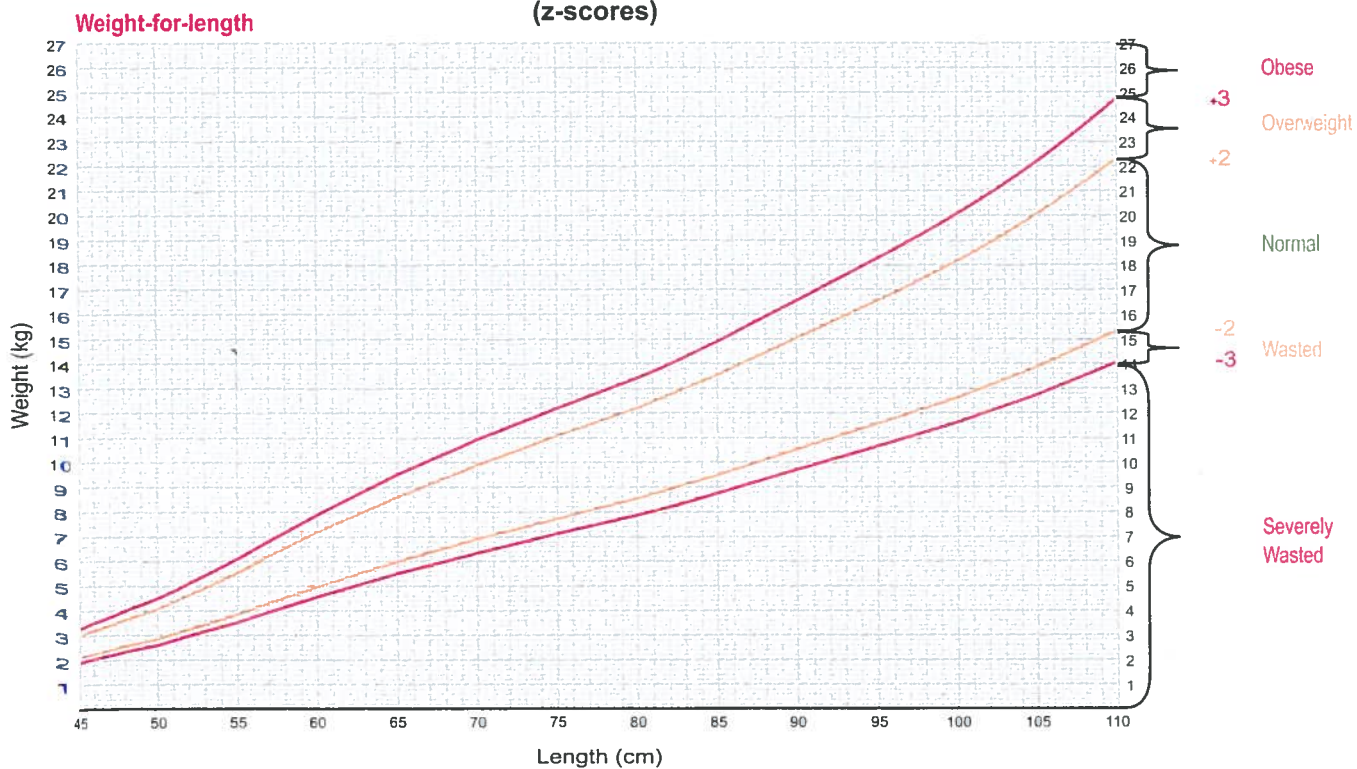




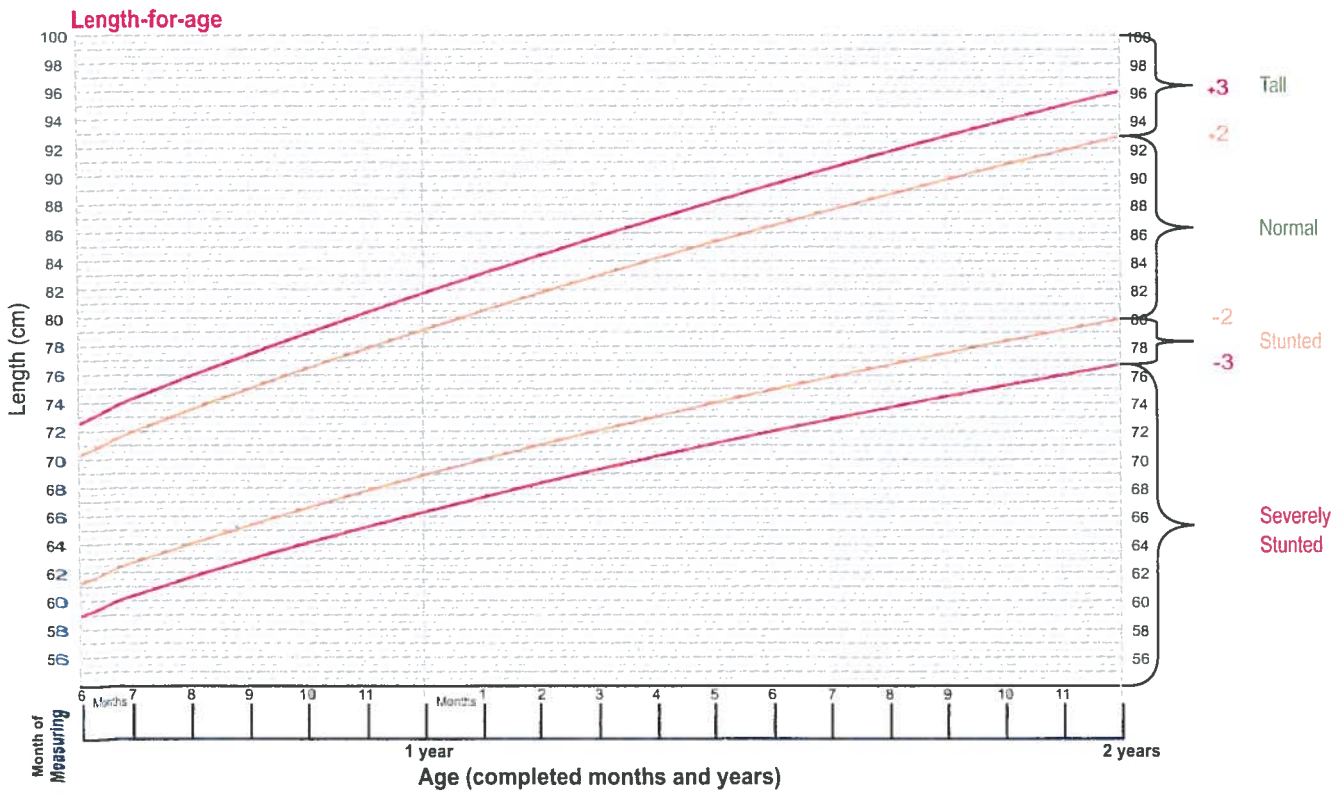
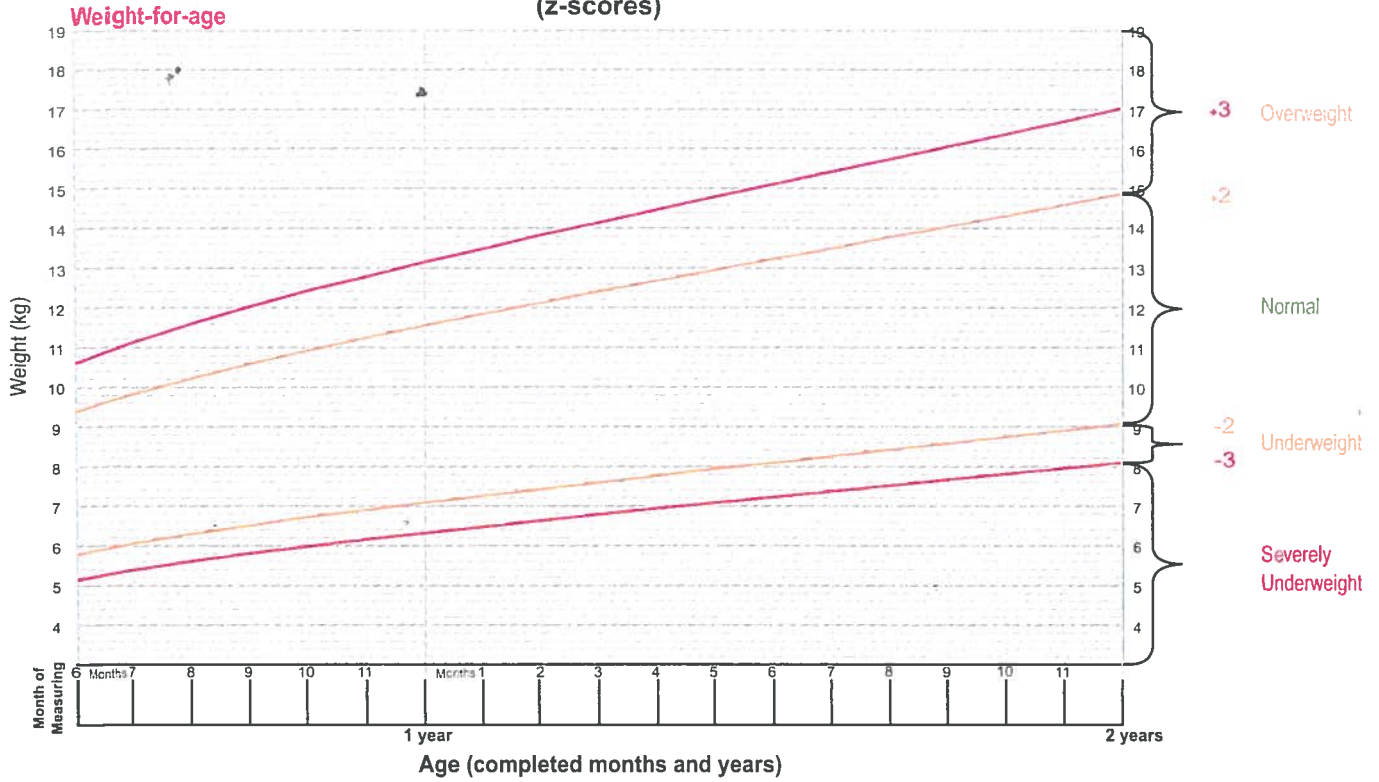


Reference: WHO Child Growth Standards, Methods and Development, 2006

### Birth to 24 months, GIRLS (z-scores)



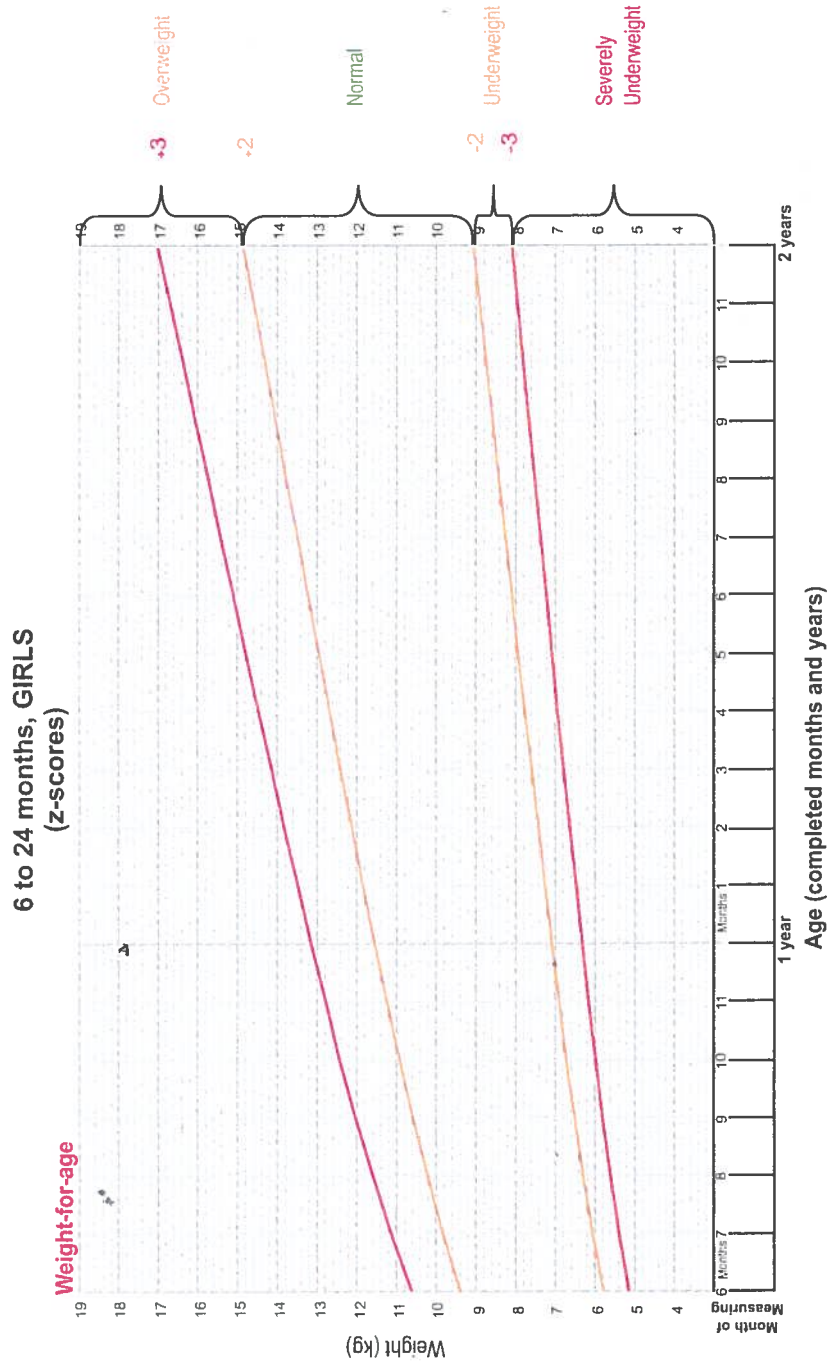
6 to 24 months, GIRLS  
(z-scores)



Reference: WHO Child Growth Standards, Methods and Development, 2006







## An Early Childhood Screening Tool

(Adapted from Coordinator's Notebook, an International Resource for ECD)



You and your husband or other caregivers who are part of the child's daily life can do this level of screening.

Your child may have a problem in these areas when he or she presents any of the following behaviors.

If your child is identified to have problems, you should immediately see a health worker:

The following is a simple screening tool which you, your husband or any caregiver can use. Place a check (✓) mark in the appropriate box if you observe the child have this difficulty. Remember to immediately consult a health worker if a problem has been identified.

### HEARING—If your child:

- Does not turn towards the source of new sounds or voices
- Has frequent ear infections (discharge from ear, earache)
- Does not respond when you call unless he can see you
- Watches your lips when you speak
- Talks in a very loud or soft voice
- Does not talk or talks strangely

### SEEING—If your child:

- Often is unable to find small objects which he or she dropped
- Has red eyes or chronic discharge from eyes, a cloudy appearance to eyes, or frequently rub eyes and says they hurt
- Often bumps into things while moving around
- Holds head in an awkward position when trying to look at something
- Sometimes or always crosses one or both eyes (after 6 months of age)





**TALKING**—If your child:

- Does not say *mama/mommy/nanay* by 18 months of age
- Cannot name a few familiar objects or people by age 2
- Cannot repeat simple songs or rhythms by age 3
- Is not talking in short sentences by age 4
- Is not understood by people outside the family by age 5
- Is talking differently from other children of the same age

**UNDERSTANDING**—If your child:

- Does not react to own name by age 1
- Cannot identify parts of face by age 3
- Cannot answer simple questions by age 4
- Cannot follow simple stories by age 3
- Seems to have difficulty in understanding things you are saying, when compared to other children at the same age

**PLAYING**—If your child:

- Does not enjoy playing waving games by age 1
- Does not play with common objects (e.g. spoon and pot) by age 3
- Does not join games with other children by age 4 (e.g. catch, hide and seek)
- Does not play like other children of the same age

**MOVING**—If your child:

- Is unable to sit unsupported by 10 months
- Cannot walk without help by age 2
- Cannot balance on one (1) foot for a short time by age 4
- Moves very differently from other children of the age



## Developmental Milestones



### At 4 Months of Age

I am able to appreciate bright colors, follow moving objects with my eyes, smile, recognize your voice and your face.

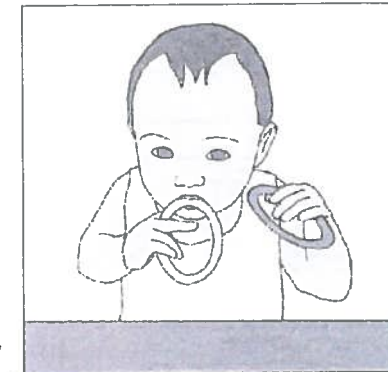
I am fond of gurgling and making vocal sounds, lifting my head and laughing. My smiles are special for Mommy and Daddy.

Age when observed:

**Show me bright colored objects, talk to me, give me more space to play to stretch my arms and legs.**

### At 8 Months

I can turn over, hold my head erect and sit up-right. I can reach for objects and put these in my mouth. I am starting to learn about the people and things in the space around me. I can differentiate between family members and strangers.



Age when observed:

**Let other members of the family hold and carry me. This is the best time for me to learn to talk to another person.**

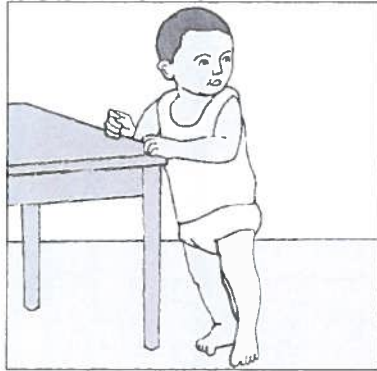
**Let me reach for and touch clean, safe and colorful objects.**

**Give me safe colorful toys in different sizes and shapes that I can play with.**



**12 Months:**

I recognize and search out people. I can sit alone and stand up without help. I can say meaningful words. Talk to me and teach me the name of things around me. Speaking to me will encourage language acquisition



Age when observed:

***Give me the chance to walk and run actively around but under your watchful eyes. Please be more patient and understand that this is my way of learning.***



**At 24 Months:**

I may stumble at first but wait till I am 20 months old when I can run and steadily climb up the stairs. I can enjoy stories and experimenting with things.

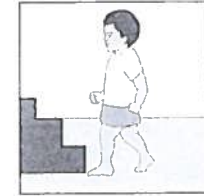
Age when observed:

***Read to me stories. Spend some time talking to me. I can now understand what you are saying and I can follow simple directions.***



**At 2-4 Years**

I can walk up and down the stairs, pedal three-wheeled bicycles, gain control of hands and fingers. This is the right time I want to do everything by myself. I will prefer encouragement even if I don't do well. Don't be too negative about my likes and dislikes, insistence or egoistic demands, but listen to me first. I will appreciate it if you will explain to me your reasons for your decisions. This is the best opportunity for me to learn sharing, cooperation and helping.



Age when observed:

***Enroll me in the day care nearby where I can socialize with friends.***

**Around 5-6 Years old:**

I can draw pictures using my own imagination and can distinguish colors. I can button my shirt and tie my own shoe laces. Let me dress myself even if it takes time. I will begin to pronounce words more clearly and smoothly by listening and talking to me with slow and correct pronunciations. I will probably have close friends and acquire social skills.



Age when observed:

***Help me to play with friends on good terms, keeping promises and rules. It will be good for me to have a housework. I will assert my independence and therefore I will need help in learning how to control my own behavior.***



***Give me more opportunities for play and exploration and help with some tasks. These are skills that I should learn to help me get ready for formal schooling.***

***Encourage me to be independent but set limitations to prevent untoward incidents. Doing this early in life will make me healthy and disciplined.***



### My Baby Teeth

My baby teeth are important because:

- These act as guide for the growth of my permanent teeth
- These help me to eat well
- They stimulate my jaw to grow
- They play a major role in my proper speech development especially the FRONT TEETH

### My Oral Health Condition

A. Check ( / ) if present ( X ) if absent (to be filled up by Dentist)

|                                       |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
| Date of Oral Examination              |  |  |  |  |  |
| Dental Caries                         |  |  |  |  |  |
| Gingivitis/Periodontal Disease        |  |  |  |  |  |
| Debris                                |  |  |  |  |  |
| Calculus                              |  |  |  |  |  |
| Abnormal Growth                       |  |  |  |  |  |
| Cleft Lip/Palate                      |  |  |  |  |  |
| Others (supernumerary/mesiodens, etc) |  |  |  |  |  |

B. Indicate Number

|                            |  |  |  |  |  |
|----------------------------|--|--|--|--|--|
| No. of Perm. Teeth Present |  |  |  |  |  |
| No. of Perm. Sound Teeth   |  |  |  |  |  |
| No. of Decayed Teeth (D)   |  |  |  |  |  |
| No. of Missing Teeth (M)   |  |  |  |  |  |
| No. Filled Teeth (F)       |  |  |  |  |  |
| Total DMF Teeth            |  |  |  |  |  |
| No. of Temp. Teeth Present |  |  |  |  |  |
| No. of Temp. Sound Teeth   |  |  |  |  |  |
| No. of decayed Teeth (d)   |  |  |  |  |  |
| No. of filled Teeth (f)    |  |  |  |  |  |
| Total df Teeth             |  |  |  |  |  |



### During the First 6 Years:

- Clean my gums and tongue with clean cloth, gauze or cotton soaked in cooked boiled water at least once a day
- Teething starts at 5-6 months. Give me biscuits to relieve the pain and discomfort caused by teething.
- As soon as my first tooth erupts, start brushing it using a soft bristled toothbrush and toothpaste with fluoride and bring me to the dentist for my first dental visit.
- As I grow, teach me to brush my teeth properly after every meal. I should not rinse with water after brushing, and just spit out the fluoride toothpaste.
- Encourage me to eat vegetables and drink fruit juices and milk.
- Don't let me use teethingers or pacifiers for these can cause mal-alignment of my teeth and deform my jaw.
- Give me sweets occasionally but always make sure that I brush my teeth after eating to prevent dental caries.
- Discourage thumb sucking, lip biting, teeth grinding, nail biting and tongue thrusting as this develop into undesirable habits and improper growth of my teeth.

### 6 Years Onwards:

- My teeth starts to loosen and fall out giving way to the eruption of the permanent teeth starting 6 years old.
- Let me continue proper brushing of teeth every after meal.
- Let me continue eating nutritious foods .
- Bring me to the dentist 2 times a year for check up and treatment. If available, the dentist will put sealant on my teeth when I am about 5-6 years old.
- At age 12, all my teeth are placed with permanent teeth.
- My set of permanent teeth is completed when I reach 17-22 years of age.





**A. Oral Health Condition** (to be filled up by Dentist)

Year I - Date \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
|    |    |    |    | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  |  |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |    |    |  |  |

Year II - Date \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
|    |    |    |    | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  |  |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |    |    |  |  |

Year III - Date \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
|    |    |    |    | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  |  |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |    |    |  |  |



Year IV - Date \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
|    |    |    |    | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  |  |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |    |    |  |  |

Year V - Date \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
|    |    |    |    | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  |  |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |
|    |    |    |    | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |    |    |  |  |

Capital letters shall be used for recording the condition of permanent dentition and small letters for the status of temporary dentition

|         | Permanent | Tooth Condition                       | Temporary |
|---------|-----------|---------------------------------------|-----------|
| Legend: | ✓         | Sound                                 | ✓         |
|         | D         | Decayed                               | d         |
|         | F         | Filled                                | f         |
|         | M         | Missing                               | m         |
|         | Un        | Unerupted                             | un        |
|         | JC        | Jacket Crown                          | jc        |
|         | P         | Pontic                                | p         |
| Legend: | S -       | Sealant                               |           |
|         | PF -      | Permanent Filling (composite, Am/ART) |           |
|         | TF -      | Temporary Filling                     |           |
|         | X -       | Extraction                            |           |
|         | O -       | Others                                |           |





### Feeding Recommendations



**From birth to 6 months of age,** I should only have breastmilk with no other food, including water. Newborns like me should be breastfed 10 to 12 times a day, or as often as I want, for around 15 minutes on each breast at each feeding.

**From 6 months up to 12 months,** I should be breastfed as often as I want, and to be given complementary foods to satisfy my needs. Give me adequate amount of lugaw with added oil or

select from any of the following variety of foods:

- Mashed vegetables, monggo, potato or camote
- Pulverized roasted dilis or flaked fish
- Chopped meat or chicken
- Egg yolk
- Steamed tokwa
- Fruits like banana, mango, avocado with added oil or mayonaise



Give me foods 1 or 2 times per day after breastfeeding, gradually increasing to 3 times per day. I also need nutritious snacks like *taho*.



**From 12 months up to two years,** I still want to be breastfeed often. Give me adequate amount of family foods like rice, camote, potato, fish, chicken, meat, monggo, steamed tokwa, pulverized roasted dilis, eggs, dark green vegetables (malunggay, squash) fruits (banana, papaya). Add oil or margarine. Please feed me 5 times per day. I would prefer my own serving in a separate plate or bowl. Make my eating a pleasurable and learning experience by being there with me.



From two years onwards, I can eat a variety of foods. Give me three meals per day from prepared family food. Give me nutritious foods between meals, such as boiled yellow camote, boiled yellow corn, boiled saba banana, taho, fruits, fruit juice twice daily. Don't forget to give me at least a glass of milk daily.







### Tips



Here are some tips for making eating time a learning time for your child.

- Name the utensils, foods and colors
- Show your child some things that are small and some things that are big Talk to your child about how to tell the taste of the food
- Let your child touch and pick up the food, but make sure the hands are clean.



### Practical Tips to Ensure My Safety



I am a growing child. I need proper care and guidance to achieve optimum health. Nevertheless, sometimes accidents may happen no matter how careful you are. These may often lead to trauma, both physically and emotionally, or death. Prevention plays a very important role in promoting my safety.

It is certainly much cheaper and relatively easier to undertake. Follow these simple guidelines to minimize the occurrence of accidents.

- Never leave me alone without an adult supervising me.
- Let me sleep on my crib.
- Let me sleep on my back or on my side.
- Never leave me to bathe alone until I am 6 years old.
- Never toss me around
- Keep me out of direct sunlight to avoid skin burn.
- Keep matches, lighted candles, and hot liquids away from me.
- Keep me away from cooking stoves, boiling water, knives and other sharp objects and utensils
- Keep kerosene, medicines, caustics and insecticides away from me.
- Never smoke or allow someone to smoke near me
- Keep small and sharp objects away from me.
- Keep plastic bags away from me to avoid suffocation
- Keep me away from electrical outlets and cords.
- Never leave water on a bucket or tub without cover.
- Install safety locks on cabinets, drawers and wooden cribs.
- Install side guards on beds, grills on windows, barriers along stairs.
- Always let me use a seatbelt when in a car.
- Never allow me to play on the street.
- Never leave me alone inside a vehicle.
- Never allow me near swimming pools, ponds, rivers without adult supervision.



### I am a Healthy Growing Child

I:

- was exclusively breastfed up to 6 months and continued to be breastfed up to 2 years of age.
- was screened for congenital metabolic disorder and hearing.
- started eating complementary foods at the age of 6 months.
- am fully immunized.
- received Vitamin A supplementation regularly every 6 months.
- received my first deworming at age 12 months and have my deworming every 6 months.
- eat nutritious food.
- have a good set of teeth because of my regular visits to the dentist.
- have weight which is within normal range.
- have no delays in my growth and development.
- do not have any form of disability (specify if with disability).
- can express myself freely.
- play and interact with other children.
- attend a day care school/pre-school.

**I am now ready for school.**

**Please enroll me in Grade I.**



### My Rights as a Child

- To be born, to have a name and nationality
- To have a family who will love and care for me
- To live in a peaceful community and a wholesome environment
- To have adequate food and a healthy and active body
- To obtain a good education and develop my potential
- To be given opportunities for play and leisure
- To be protected against abuse, exploitation, neglect, violence and danger
- To be defended and given assistance by the government
- To be able to express my own views

**Promote the Convention on the Rights of the Child.**

**Build Child-Friendly Communities!**



### A Child's 10 Commandments to Parents

1. My hands are small. Please don't expect perfection whenever I make bed, draw a picture or throw ball. My legs are short. Please slow down so that I can keep up with you.
2. My eyes have not seen the world as yours have. Please let me explore safely, don't restrict me unnecessarily.
3. Housework will always be there. I'm little for such a short time—please take time to willingly explain things to me about this wonderful world.
4. My feelings are tender; please be attentive to my needs. Don't nag me all day long (You wouldn't want to be nagged for your inquisitiveness). Treat me as the way you want to be treated.
5. I am a special gift from God. Please take care of me as God intended you to do—holding me accountable for my actions, giving me guidelines to live by and explaining to me in a loving manner.
6. I need encouragement and praise, but not your criticism to grow. Please go easy on the criticism; remember, you can criticize the things that I do without criticizing me
7. Please give me freedom to make decisions concerning myself. Allow me to fail so that I can learn from my mistakes. Then someday I'll be prepared to make the kind of decisions life requires me.
8. Please don't do things over for me. Somehow that makes me feel that my efforts didn't quite measure up to your expectations. I know it's hard, but please don't try to compare me with my brother or my sister.
9. Please don't be afraid to leave for a weekend. Kids need vacations from parents, just as parents need vacation from their kids.
10. Please take me to church regularly, setting a good example for me to follow. I enjoy learning about God.



### Schedule of Home Visits During Pregnancy and Post natal

| Pregnancy Visit                               | Services Given | Date of Next Visit | Name of Health Provider |
|---|----------------|--------------------|-------------------------|
| 1st visit (as early on pregnancy as possible) |                |                    |                         |
| 1st visit (as early on pregnancy as possible) | (AOG)          |                    |                         |
| 2nd visit (about 2 months before delivery)    | (AOG)          |                    |                         |
| Postnatal Visit                               |                |                    |                         |
| 1st Postnatal Visit (Day 1)                   |                |                    |                         |
| 2nd Postnatal Visit (Day 3)                   |                |                    |                         |
| 3rd Postnatal Visit (Day 7)                   |                |                    |                         |
| Extra Visits for small Babies                 |                |                    |                         |
| Day 2   |                |                    |                         |
| Day 14  |                |                    |                         |



