

# NOT FOR SALE MOH 216



MINISTRY OF PUBLIC HEALTH AND SANITATION AND MINISTRY OF MEDICAL SERVICES

# MOTHER & CHILD HEALTH BOOKLET AFYA YA MAMA NA MTOTO



Onyesha kitabu hiki kila mara uendapo kliniki ya mama na mtoto Carry this booklet at all times during a visit to the mother and child health clinic

**REVISED EDITION JULY 2010** 



# 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**







Fast Breathing

BRING YOUNG INFANT IF (Less than 2 months)





Breastfeeding Poorly

Any above signs

# **FLUIDS**

## FOR ANY SICK CHILD CHILD WITH

# CHILD WITH DIARRHOEA

- Breastfeed frequently and for longer at each feed
- Increase fluid. Give soup, rice water, yoghurt drinks or clean water. If not on exclusive breastfeeding.

# 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.
- For babies on exclusive breastfeeding;
  - Breastfeed more frequently and longer at each feeding.
  - Give ORS solution
- Give zinc as advised by health worker until it is finished.



## **Table of Contents**

Child's Information	
Maternal Profile	
Vedical and Surgical History	
Physical Examination (First Visit)	
Veight for Date Chart	
Antenatal Profile	
nfant Feeding	
Preventive Services	
T.T. Instruction Notes	
Care during pregnancy	
Danger signs during pregancy	
Delivery	
Care of Mother and Baby after birth	
When to return immediately	12
Post Natal Examination	13
amily Planning	
Child Health and Nutrition Card	17
mmunizations	18
Other Vaccines	19
/itamin A capsules from 6 months	19
Deworming for 1 year	20
dentification of early eye problems in an infant	21
Pental	21
Veight for Age boys	
ength/Height for age boys	24
Veight for age girls	
ength/Height for age girls	
Frowth Monitoring Return Date	27
ealth worker consultations	28
lospital Admissions	30
pecial Clinic Attendance	30
easons for Special Care	31
lentification of exposed children at 6 weeks or soon thereafter	32
eeding Recommendations during sickness and health and care for development	33
/hen to return immediately	34

# **CHILD'S INFORMATION** Issued on: Name of Client: Name of Child: (after Birth) **Birth Notification No.:** Certificate of Birth Registration No.: (after acquiring a certificate)

# Feeding Recommendations During Sickness and Health and care for development

# Age up to 6 months



- ☐ Start breastfeeding soon after birth (within 1/2 hour).
- ☐ Breastfeed as often as the baby wants, day and night, at least 8 times in 24 hours.
- □ Express breast milk and leave for the baby when away for 6 hours or more.
- □ Breastfeed exclusively. Do not give other foods or fluids (not even water).
- ☐ If milk is 'not enough' advice accordingly.
- If exclusive breastfeeding is not possible due to the mother's status or the mother is not available (e.g is not alive), seek advice from a health worker.

## 6 Months up to 12 Months



- ☐ Breastfeed as often as the baby wants.
- ☐ Start introducing enriched complementary foods. Food should be soft for ease of chewing and swallowing.
- ☐ Give adequate servings of:

  Thick Uji made from any type of cereals (Maize, sorghum, Millet) enriched with sugar, milk, groundnuts, Soya beans Margarine, fats or oils.
- □ Also mashed foods (banana, potatoes, cassava, rice, ugali) enriched with meat or fish, vegetables, beans, groundnuts, peas, egg .
- ☐ 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.



# 12 Months up to 2Years



- ☐ Breastfeed as often as the child wants.
- ☐ Give adequate servings of enriched foods 5 times a day.
- □ Thick enriched uji and family foods as described for infants 6 months up to 12 months.
- Also give family foods.
- Add small bits of all types of meat, vegetables, oils or fats, groundnuts, beans, green grams, peas, eggs.
- ☐ Give milk and any type of fruit.
- □ Add spoonful of extra oil/fat to child' food.
- ☐ Give 5 times a day.



# 2 Years and Older



- ☐ Give enriched family foods 3 times per dav.
- ☐ Give also at least 2 snacks in between e.g. thick enriched Uji, ripe bananas, Avocado, cooked sweet potatoes, arrow roots or other nutritious snacks.
- ☐ Give at least 2 teacups of milk per day.



#### Age up to 4 months

Play: Provide ways for your child to see, hear, feel, and move.



Communicate: Look into your child's eyes and smile at him or her. When you are breastfeeding is a good time

### Age 4 upto 6 months

Play: Have large colourful things for your child to reach for, and new things to see



Communicate: Talk to your child and get a conversation going with sounds or gestures.

## *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 names of things and people.

#### Play: Give your child things to stack up, and to put into containers and take out.



Communicate: Ask your child simple questions. Respond to your child's attempts to talk. Play games like "bye

# Play: Help your child count, name, and compare things. Make simple toys for your child.



Communicate: Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games.

## Feeding Recommendations For a Child Who Has PERSISTENT DIARRHOEA

- ☐ If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- ☐ If taking other milk:
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as Mala, or other yoghurt drinks as these are tolerated better OR
     replace half the milk with nutrient-rich semisolid food such as fermented porridge, thick enriched porridge.
  - enriched staple food
- ☐ For other foods, follow feeding recommendations for the child's age. Encourage the child to feed
- ☐ Give an extra meal per day and continue until one month after diarrhoea has stopped.
- ☐ Give vitamin and mineral supplements.

#### FEEDING DURING ILLNESS

- If breastfeeding give more frequent breastfeeds per day and night.
- If not able to breastfeed, express breast milk and give by cup.
- If not breastfeeding give replacement feeds as per recommendations.
- If feeding is poor, give small frequent enriched feeds especially those that the child normally likes.

GIVE ONE EXTRA MEAL PER DAY UP TO 2 WEEKS AFTER ILLNESS ENCOURAGE THE CHILD TO FEED

FOR A CHILD WHO IS HIV POSITIVE ADD AN EXTRA TEASPOON OF OIL TO EVERY MEAL

FOR A CHILD WITH AN OPPORTUNISTIC INFECTION ADD AN EXTRA MEAL PER DAY

Page 4 of 34 **NOT FOR SALE** 

NOT FOR SALE

Page 33 of 34

## **MEDICAL AND SURGICAL HISTORY**

Surgical operation	Diabetes	Hypertension	
Blood Transfusion	Tubercu	losis	
Family History: Twins	Tube	erculosis	

	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		

## **REASONS FOR SPECIAL CARE (Tick as appropriate)**

•	Birth weight less than 2.5 kg	
•	Birth less than 2 years after last birth	
•	Fifth or more child	
•	Teenage mother	
•	Brothers or sisters undernourished	
•	Multiple births (Twins, triplets)	
•	Child in the family dead	
•	Orphan	
•	Child has disability	
•	Parent HIV positive	
•	History / signs of child abuse / neglect	
•	Any other (Specify)	

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

Page 6 of 34 NOT FOR SALE Page 31 of 34

## Identification of exposed children at 6 weeks or soon thereafter

	Mother serology	Baby serology						
		Antibody	PCR					
Reactive								
Non-Reactive								
Not tested								

# Cotrimoxazole prophylaxis for exposed children at 6 weeks or soon thereafter

Age	Date given	Quantity dispensed(mls)	Date of next appointment	Comments
6 weeks				
10 weeks				
14 weeks				
4 months				
5 months				
6 months				
7 months				
8 months				
9 months				
10 months				
11 months				
12 months				
18 months				

## Immunologic staging for exposed Children

Child's Age	Date	PCR	Antibody Test
6 weeks or first contact thereafter			
9 months			
18 months			

## **MATERNAL PROFILE**

Name of institution	· · · · · · · · · · · · · · · · · · ·					
ANC No.						
Name of Client						
Age Gravida						
L.M.P	EDD					
Marital Status	Education					
Address						
Telephone						
Occupation						
Next of kin	Relationship					
Next of kin's contacts/phone						

Page 32 of 34 NOT FOR SALE Page 5 of 34

HEALTH WORKERS CONSULTATION							
DATE	Clinical Notes, Diagnosis & Treatment (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							

SPECIAL CLINIC ATTENDANCE										
Hospital Name	Name of Clinic	Drugs from Clinic								
			1.							
			2.							
			3.							

## PHYSICAL EXAMINATION (First Visit)

Genera	I																		_	
CVSResp																				
Breasts	stsAbdomen																			
Vaginal ExaminationDischarge/GUD WEIGHT FOR DATE CHART																				
WEIGHT FOR DATE CHART Weight in kg WEIGHT GAIN SLOPE																				
150																				
145																				
140																				
135																				
130																				
125																				
120																				
115																				
110																				
105																				
100																				
95																				
90																				
85																				
80																				
75																				
70																				
65																				
60																				
55																				
50																				
45																				
40																				
35																				
30																				
0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40

Gestation in weeks

Page 8 of 34

ANTENATAL PROFILE  □ Hb INFANT FEEDING  Infant feeding counseling done (all mothers): Yes □ No□					
□ Blood Group					
□ Rhesus □					
☐ Serology (VDRL/RPR)					
□ TB Screening		If yes, mother's Decis    Exclusive breast			
□ HIV:		<ul> <li>Replacement fe</li> </ul>	eding 🗖		
o Reactive □ _		<ul> <li>Not decided □</li> </ul>			
<ul><li>o Non reactive □</li><li>o Not Tested □</li></ul>					
-					
☐ Urinalysis					
BS for MPS					
PREVENTIVE SERVICES					
		DATE	NEXT VISIT		
Tetanus toxoid 1					
Tetanus toxoid 2					
Tetanus toxoid 3					
Tetanus toxoid 4					
Tetanus toxoid 5					
Malaria Prophylaxis (IPT1)					
Malaria Prophylaxis (IPT2)					
Malaria Prophylaxis (IPT3)					
Iron and Folate  Deworming (Mebendazole 50	Omas)				
Insecticide Treated net (ITN)	onigs)				
Insecticide freated fiet (1114)					
Mother on ARV Prophylaxis	AZT + SdNVP				
	SdNVP alone				
Baby	NVP once daily till b	reast feeding stops			
Mother on HAART (ARV)	AZT + 3TC + NVP				
	Other:				
Baby	NVP once daily for 6	weeks whether breast	feeding or not		
T.T. Instructions/notes  All the ante-natal clients she have received in their life to					
This forms part of the 5 TTs	s. If none given, start a	s follows;			
☐ T.T. 1- Give to Primigravida					
☐ T.T. 2- Give not less than 4	weeks after T.T. 1				
☐ T.T. 3- Give during the 2nd		efore 8 months of prear	nancy		
☐ T.T. 4- Give during 3rd preg		, ,	•		
Π T.T. 5- Give during 3rd preg			·9		

HEALTH WORKERS CONSULTATION		
DATE	Clinical Notes, Diagnosis & Treatment (and signature) (use key words, write legibly, 2 to 8 lines per visit)	

NOT FOR SALE Page 29 of 34

HEALTH WORKERS CONSULTATION		
DATE	Clinical Notes, Diagnosis & Treatment (and signature) (use key words, write legibly, 2 to 8 lines per visit)	

	Present Pregnancy										
Date	Urine	Weight	B.P.	H.b.	Pallor	Maturity	Fundal Height	Presen tation	Lie	Foetal heart	Foetal movt

Date	Clinical notes

Page 28 of 34 NOT FOR SALE Page 9 of 34

## Care during pregnancy

- ☐ Eat one extra meal during pregnancy
- ☐ Take iron and folic acid tablets
- □ Avoid heavy work, rest more
- ☐ Sleep under an insecticide treated bednet
- ☐ Go for ANC visit as soon as possible, and at least 4 times during the pregnancy

# Danger signs during pregnancy







Any vaginal bleeding

Fits

Severe abdominal pain







Severe headache

Very pale

Fever



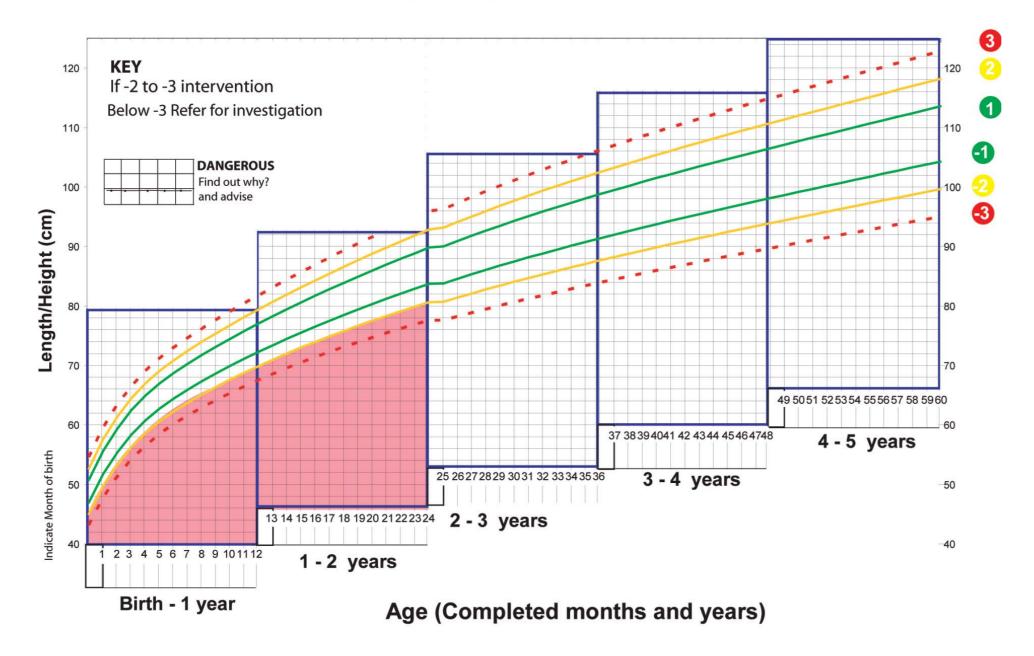
Reduced or no foetal movements

- Be prepared always to seek skilled care incase of any of the above.
- Have a birth plan ready (where to deliver, transport, birth companion, etc.)

GROWTH MONITORING RETURN DATES				
DATE	DATE	DATE	DATE	

Page 10 of 34 NOT FOR SALE Page 27 of 34

# Length/Height-for-Age GIRLS



Page 26 of 34 NOT FOR SALE

### **DELIVERY**

Duration of pregnancyweeks
Mode of deliveryDate
Blood loss (Light/Medium/Heavy)
Condition of mother
Apgar score 1 min5 min10minRescuscitation done Yes □ No □
Orugs administered at delivery: Mother: □ Oxytocin/Ergometrine □ AZT+NVP □ NVP
Baby: □ Vitamin A (non-exclusively breastfed babies) (50,000 IU) □ AZT+NVP □ NVP □ Vit K □ TEO □
Place of Delivery: Health facility Home Other (Specify)
Conducted by: Nurse Clinical Officer Doctor
Others

Note: The baby should be breastfed within 30 minutes after delivery

## Care of the mother and baby after birth



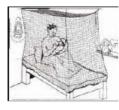
Eat two extra meals during lactation



Give only breast milk to the baby



Keep the baby warm at all times



Sleep with the baby under an insecticide treated bednet



Go for PNC visit to the clinic (as soon as possible if home birth)

Note: Teach the mother on how to clean the cord with boiled clean water.

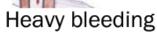
**NOT FOR SALE** 

Page 11 of 34

## Go to the health facility immediately if

## Mother has:







Fever

## Baby:



Stops breastfeeding well



Has difficult or fast breathing



Feels hot or unusually cold



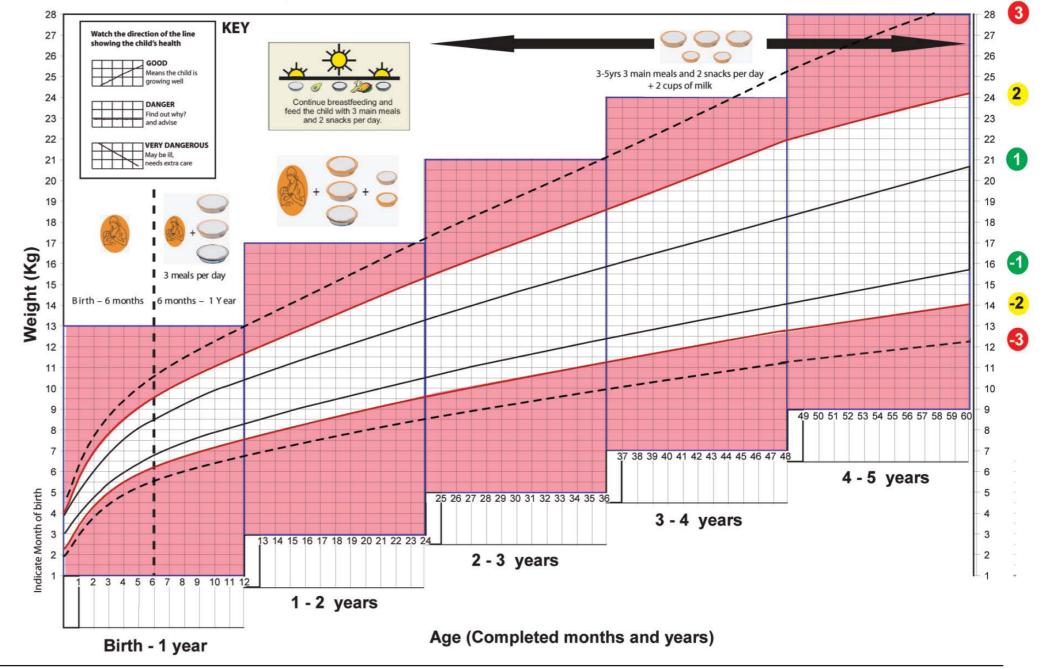
Becomes less active



Whole body becomes yellow

# Weight-for-GIRLS

(See page 31 for special care)



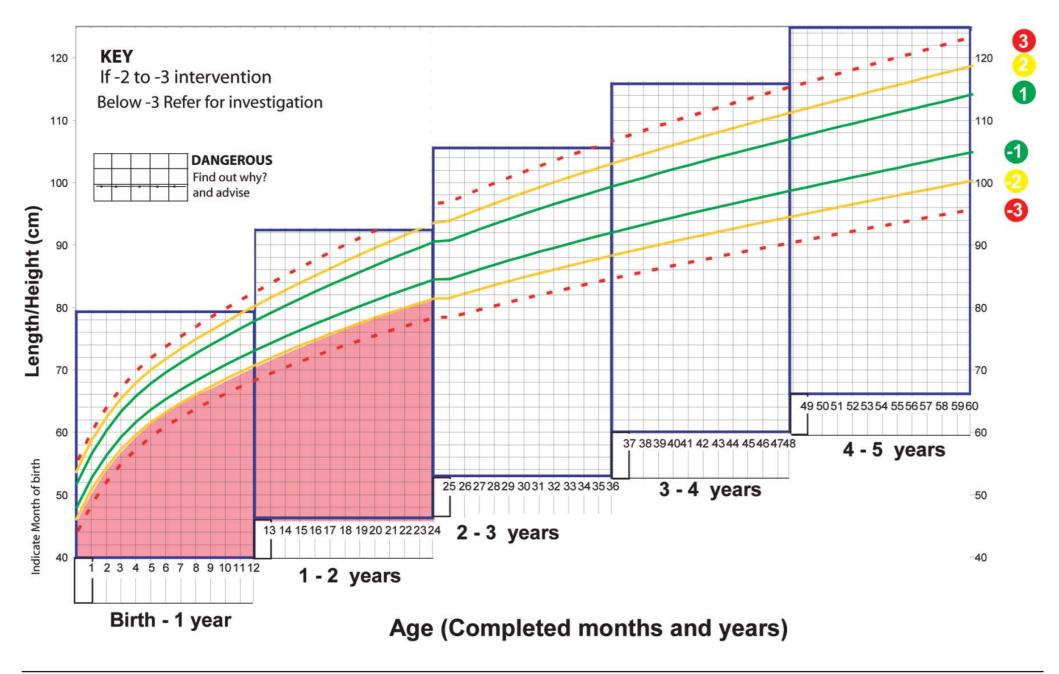
Page 12 of 34 NOT FOR SALE NOT FOR SALE

±3 Refer for further investigations

±2 to±3 Refer for nutritional counselling

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# Length/Height-for-Age BOYS



Page 24 of 34 **NOT FOR SALE** 

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### POST NATAL EXAMINATION

Date/visit	48 hours	1 - 2 weeks	4 - 6 weeks	3 targeted Visits
Blood pressure				
Temp				
Pulse				
Respiratory rate				
General condition				
Breast				
C/S scar				
Involution of uterus				
Condition of episiotomy				
Lochia				
Pelvic exam				
Haemoglobin				
Mother's HIV status				
Baby's condition				
Baby's feeding method*				
Umbilical cord				
Baby immunization started(Yes,No )				
Mother given Vit. A (Yes, No)				
Mother given ARV prophylaxis (Yes, No, N/A)				
Mother on HAART(Yes, No, N/A)				
Mother cotrimoxazole prophylaxis initiated(Yes,No,N/A)				
Infant given ARV prophylaxis(Yes,No,N/A)				
Infant cotrimoxazole prophylaxis initiated (Yes,No,N/A)				
Counseling on family planning (Yes, No)				

## RH —> RT Cancer screening (from 8 weeks post delivery onwards)

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

- \* Encourage exclusive breastfeeding unless mother is HIV +ve and has chosen replacement feeding.
- During breastfeeding, show the mother correct positioning and attachment.

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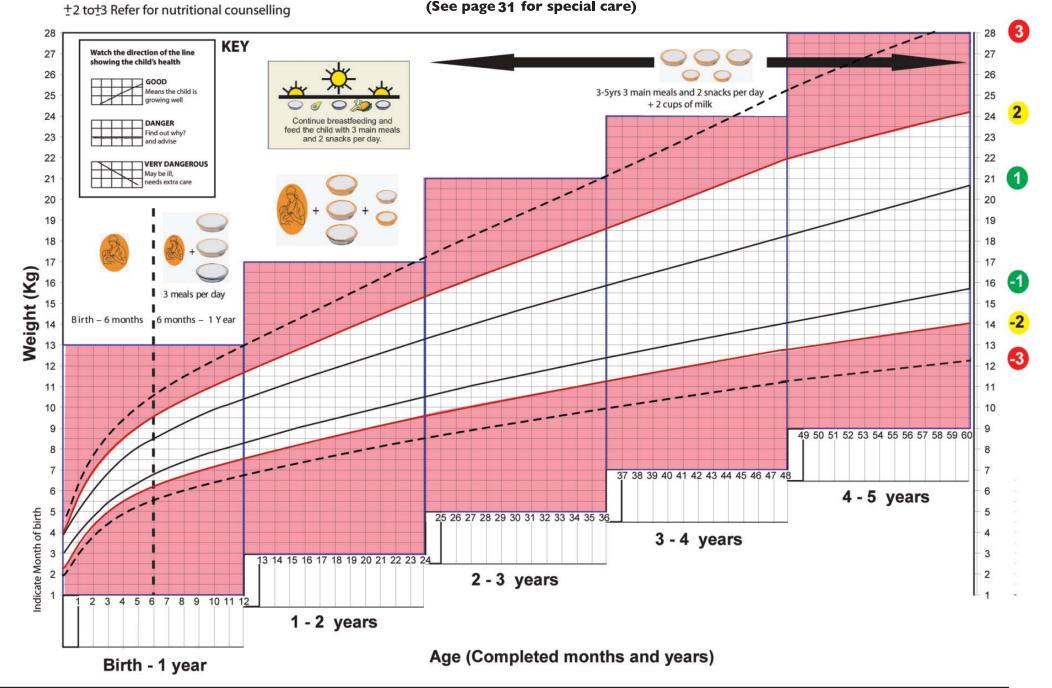
Page 13 of 34

## **FAMILY PLANNING**

Date	Clinical Notes

Weight-for-Age BOYS ±3 Refer for further investigations

(See page 31 for special care)



### **CLINICAL NOTES**

Date	Clinical Notes

### **CLINICAL NOTES**

Date	Clinical Notes

Page 22 of 34 NOT FOR SALE Page 15 of 34

#### **CLINICAL NOTES**

Date	Clinical Notes

### **IDENTIFICATION OF EARLY EYE PROBLEMS IN AN INFANT**

EYE CARE ASSES	SSMENT	AGE IN MONTHS		
		At Birth	At 6 Months	At 9 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)			
910	No Squint			
ANY Other Problems	Yes (Refer to eye clinic)			
	No			

#### **DENTAL**

- Avoid sugary foods e.g sweets and biscuits. Feed your child on a healthy diet for strong teeth.
- 2. Assist your child to brush his/her teeth as soon as the first tooth appears until six years of age when they can brush by themselves.
- 3. Encourage your child to brush in the morning after breakfast and evening after supper.
- 4. Have your child's teeth checked in a dental clinic at age 1,2,3,4 and 5 years.
- The child's teeth play an important role in speech/jaw development, eating and beauty. They should therefore be maintained at all times.

### **DENTAL FORMULA**

EDCBA ABCDE EDCBA ABCDE

(to be filled at age 5)

Present =
Decay =
Restored =
Missing =

Page 16 of 34 NOT FOR SALE Page 21 of 34

## **DEWORMING FROM 1 YEAR**

DEWORMING  Give once every six months to all children one year and above: If Mebendazole 500mg or Albendazole 200mg for children 1 to 2 years and 400mg for children 2years and above			Date of next visit
Age	Drug	Dosage	
12 months (1 Year)			
18 months (1 1/2 Years)			
24 months (2 Years)			
30 months (2 1/2 Years)			
36 months (3 Years)			
42 months (3 1/2 Years)			
48 months (4 years)			
54 months (4 1/2 Years)			
60 months (5 Years)			

Development milestones		
	Age achieved	Normal limits
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
Sitting		5-9 months
Standing		7-13 months
Walking		12-18 months
Talking		9-24 months
Refer for further assessment if a milestone delays beyond the normal age limit indicated above		

## **CHILD HEALTH AND NUTRITION CARD**



#### MINISTRY OF PUBLIC HEALTH AND SANITATION AND MINISTRY OF MEDICAL SERVICES

Health facility name:	
Service delivery point (SDP) No:	
Child's name:	Sex:
Child's clinic no.	Date first seen:
Date of birth	
Gestation at birth(weeks)	Birth Weight
Place of birth Health facility	Home Other
Fathers name:	
Mother's name:	
Province:	
District:	
Division:	
Location:	
Estate/Village:	
P.O. Box:	Town:
Telephone:	



Page 20 of 34 NOT FOR SALE Page 17 of 34

## **IMMUNIZATIONS**

### 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: (0.1 mls for child above 1 year)		
BCG-Scar Checked	Date checked	Date BCG repeated
PRESENT		
ABSENT		

ORAL POLIO VACCINE (OPV)		Date of
Dose: 2 drops orally	Date Given	next Visit
Birth Dose: at birth or within 2 wks (OPV 0)		
1st dose at 6 weeks (OPV 1)		
2nd dose at 10 weeks (OPV 2)		
3rd dose at 14 weeks (OPV 3)		

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

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

MEASLES VACCINE at 9 Months  Dose: (0.5mls) Subcutaneously right upper arm	Date Given
YELLOW FEVER VACCINE at 9 Months**	Date Given
Dose: (0.5mls) Intra Muscular left upper deltoid	

<sup>\*\*</sup> Only in selected districts in Rift Valley

## Page 18 of 34 **NOT FOR SALE**

### **Other Vaccines**

Vaccine	Date Given

NB: Other vaccines refer to those not in the usual KEPI schedule and may include MMR, Typhoid etc.

If your child develops any adverse events following immunization (AEFI)
Please report immediately to the nearest health facility

ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)
DATE:
DESCRIBE:
ANTIGEN/VACCINE:
BATCH NUMBER:
MANUFACTURE DATE:
EXPIRY DATE:
MANUFACTURER'S NAME:

### **VITAMIN A CAPSULES FROM 6 MONTHS**

VITAMIN A CAPSULE: Given orally		Tick Age given	Date of next visit
At 6 months or at first contact thereafter			
Dose	Age		
100,000 IU	6 months		
200,000 IU	12 months (1 Year)		
200,000 IU	18 months (1 1/2 Years)		
200,000 IU	24 months (2 Years)		
200,000 IU	30 months (2 1/2 Years)		
200,000 IU	36 months (3 Years)		
200,000 IU	42 months (3 1/2 Years)		
200,000 IU	48 months (4 years)		
200,000 IU	54 months (4 1/2 Years)		
200,000 IU	60 months (5 Years)		

NOT FOR SALE Page 19 of 34