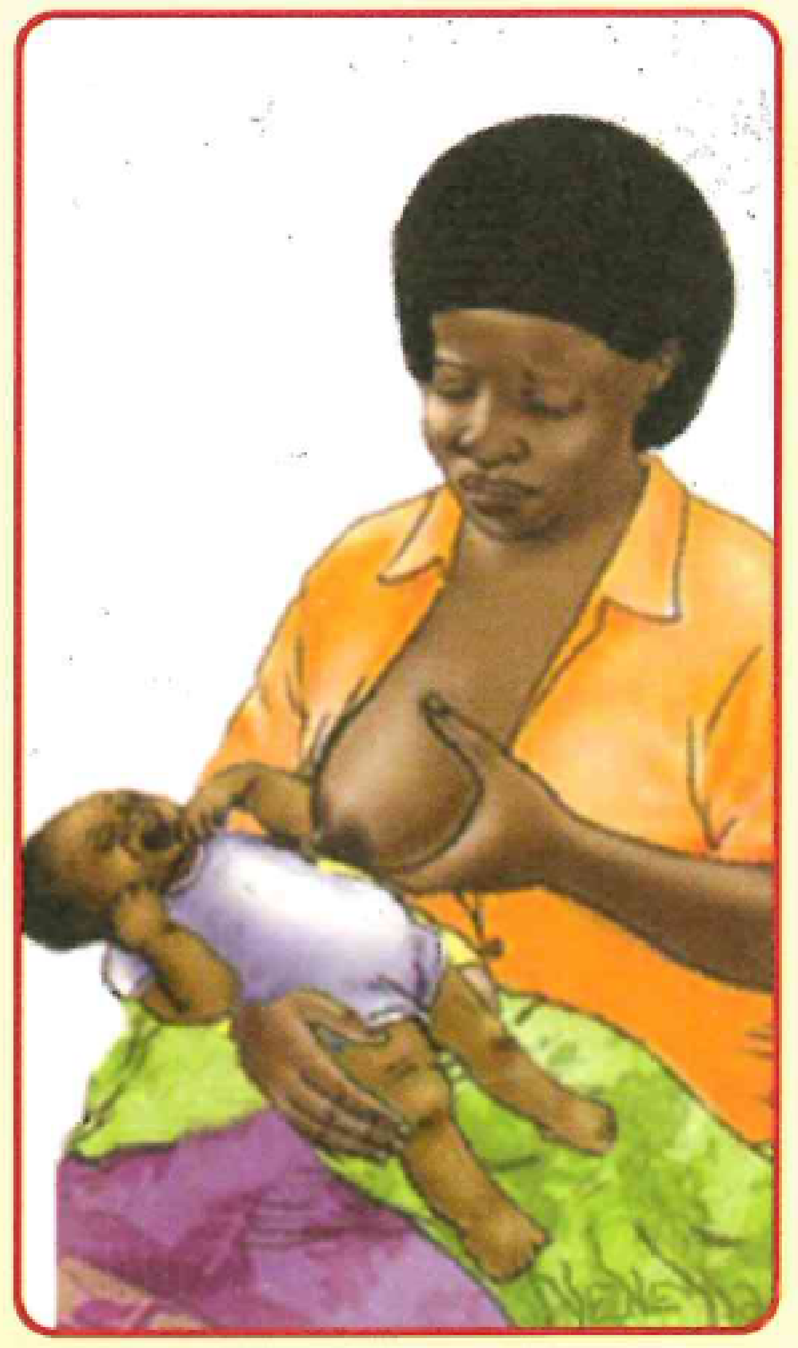
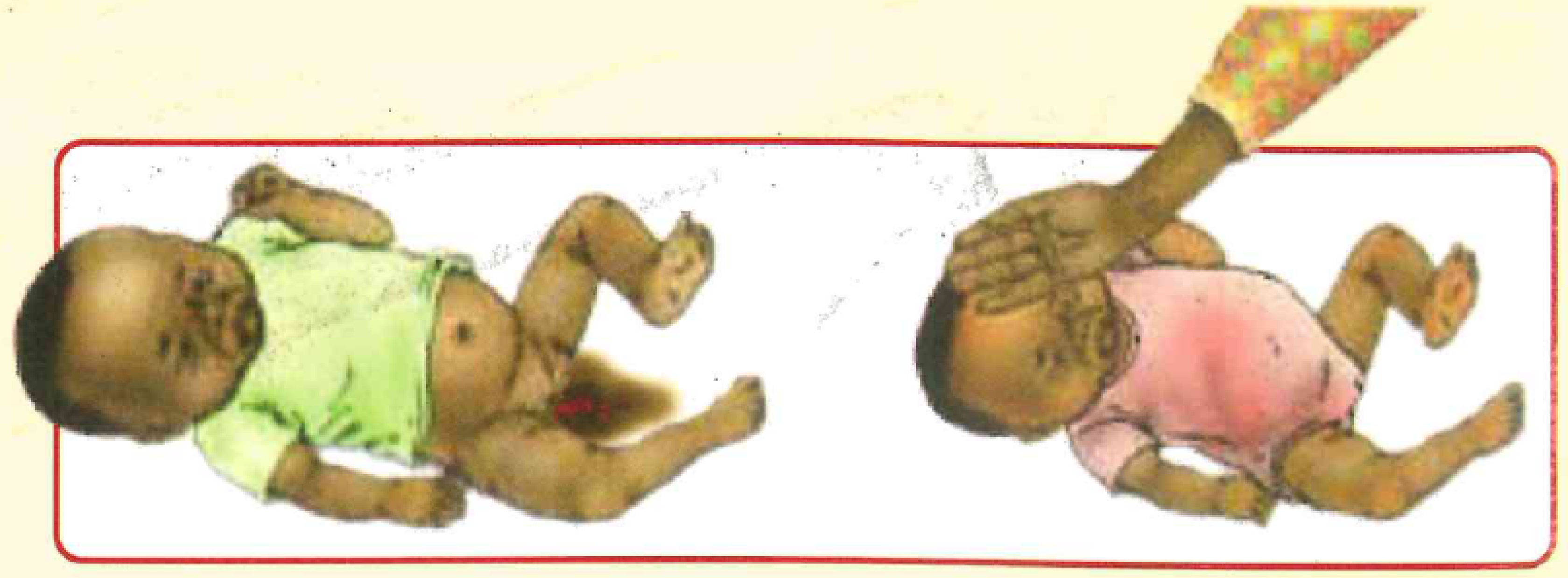
RETURN TO HEALTH CLINIC IMMEDIATELY

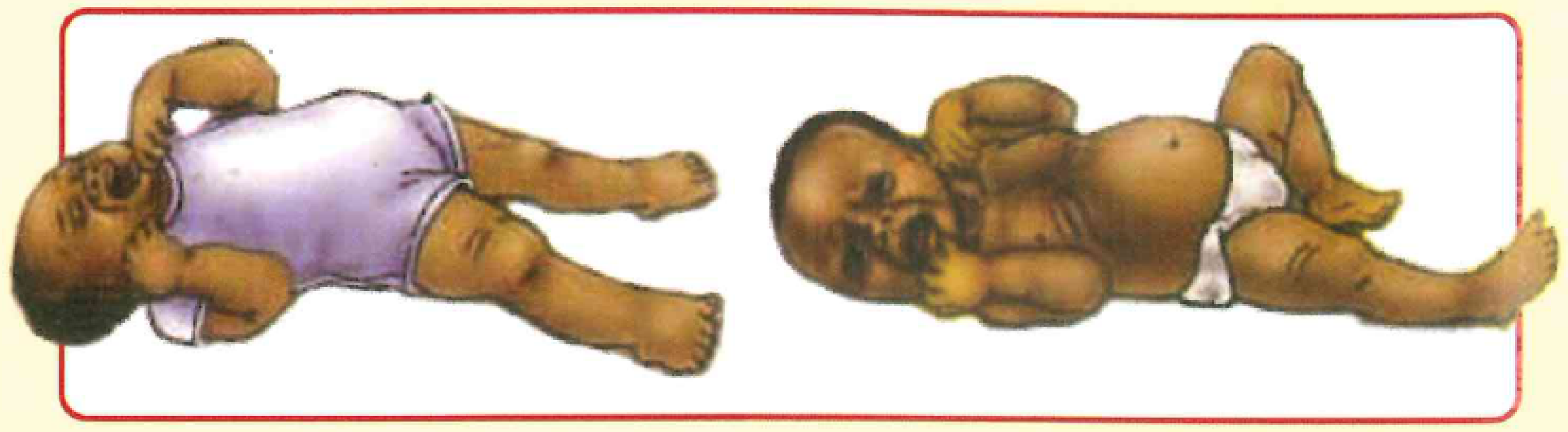
DANGER SIGNS



- CHILD WON'T BREAST FEED OR DRINK
- CHILD IS FEEDING POORLY



- BLOOD IN POO-POO
- FREQUENT RUNNY STOMACH
- FEVER



- HARD FOR CHILD TO BREATH
- DIFFICULT BREATHING
- HANDS AND FEET APPEAR YELLOW
- SICK AND SLEEPY OR WEAK

RETURN TO HEALTH CLINIC IMMEDIATELY

FIJI CHILD HEALTH RECORD

This is your child's health record, you must take care of it and present it at every health clinic visit.

MCH Number:

Child's name:

Child's NHN:

Mother's Name:

Mother's NHN number:

Father's Name:

Phone [mobile]:

Phone [land line]:

Child's Home Address:

Nearest MCH Clinic:

First MCH Clinic Date:

Rerevaka na Kalou ka doka na Tui

MINISTRY of Health

Shaping Fiji's Health

CLINIC DATES

TAKE CHILD TO CLINIC ON THESE DATES

WRITE DATE OF CHILD'S NEXT CLINIC VISIT: 1st VISIT

CLINIC TASK RECORD

ACTUAL VISIT DATE AND NURSES INITLS:	WEIGHT AND LENGTH	GENERAL CHECK UP	IMMUNISATION	DEVELOP. MILESTONES	ORAL HEALTH CHECK	ORAL HEALTH REFERRAL	N.I.M.S.?
WEEKS 1	○	○					
2	○	○					
4	○	○					
6	○	○	○				
8	○	○		○			
10	○	○	○				
12	○	○			○		
14	○	○	○				
MONTHS 4	○	○					
5	○	○					
6	○	○		○	○		○
7	○	○					○
8	○	○					○
9	○	○		○	○		○
10	○	○					○
11	○	○					○
12	○	○	○	○	○	○	○
13	○	○					○
14	○	○					○
15	○	○					○
16	○	○					○
17	○	○					○
18	○	○	○	○			○
19	○	○					○
20	○	○					○
21	○	○					○
22	○	○					○
23	○	○					○
24	○	○		○		○	○
27	○	○					○
30	○	○					○
33	○	○					○
36	○	○				○	○
YEAR 4	○	○				○	○
YEAR 5	○	○	○ PRE-SCHOOL IMMUN. CARD			○	○

CLINIC NOTES

FIRST CHILD FOR MOTHER?	YES ○	NO ○

CHILD DEVELOPMENT

Follow this guide to keep your child's diet nutritious and their gums and teeth healthy and strong.

Do not add sugar or salt to your child's food for first five years.

EXCLUSIVE BREAST FEEDING FOR FIRST SIX MONTHS

Mashed food 3 times a day. Breast feed as often as baby wants. If formula fed, give food 5 times a day.

Give 5 meals a day. Breast feed as often as baby wants.

Remember! You may continue to breast feed well into the second year of life

3 Meals a day with 2 smaller ones in between. Be sure to add fruit and vegetables to every meal.

birth — 6 months — 12 mths — 18 mths — 2 yrs — 3 yrs — 4 yrs — 5 yrs

no teeth

Check baby's mouth; wipe tongue and gums with damp clean cloth.

2-4 teeth

Wipe gums, teeth and tongue daily with a clean, damp cloth.

6-8 teeth

Brush your child's teeth with a small, soft toothbrush. First dental visit by age 1.

12-14 teeth

Half a pea-size amount of fluoride toothpaste.

20 Teeth

Remember! You can take your child to the dentist at any time.

INSTRUCTIONS

FOLLOW THESE INSTRUCTIONS TO KEEP YOUR CHILD HEALTHY

IMMUNISATION RECORD

Age	Vaccine	Date Vaccine Administered	Vaccine Batch Number	Clinic Received	Signature
Birth	Hepatitis B				
	note date & time				
	BCG				
6 Weeks	DTP-Hep B-Hib				
	OPV				
	Pneumococcal				
	Rotavirus				
10 Weeks	DTP-Hep B-Hib				
	OPV				
	Pneumococcal				
14 Weeks	DTP-Hep B-Hib				
	OPV				
	Pneumococcal				
	Rotavirus				
12 Months	MR				
18 Months	OPV				

ADDITIONAL VACCINES

DELIVERY INFORMATION

Birth Weight [kg]:

Length [cm]:

Discharge Weight [kg]:

Head Circumference [cm]:

Place of Birth:

Time of Birth:

Type of Delivery:

Time and date of 1st attachment to breast:

Discharge Date:

Feeding Detail on Discharge:	
BREAST	○
FORMULA	○

Special Care?	Y	N
	○	○

APGAR SCORE:	
1 min:	
5 min:	
10 min:	

Vitamin K?	Y	N
	○	○
Date:		
Time:		
INTL:		

Reason?

ESSENTIAL INFORMATION

Child's Full Name:

Village/Address:

Date of Birth:

MCH Number:

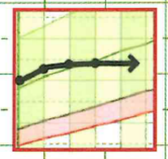
NHN:

Race:

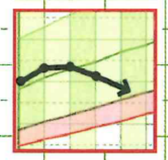
Mother/Care-Giver's Name:

WEIGHT CHART AND LENGTH

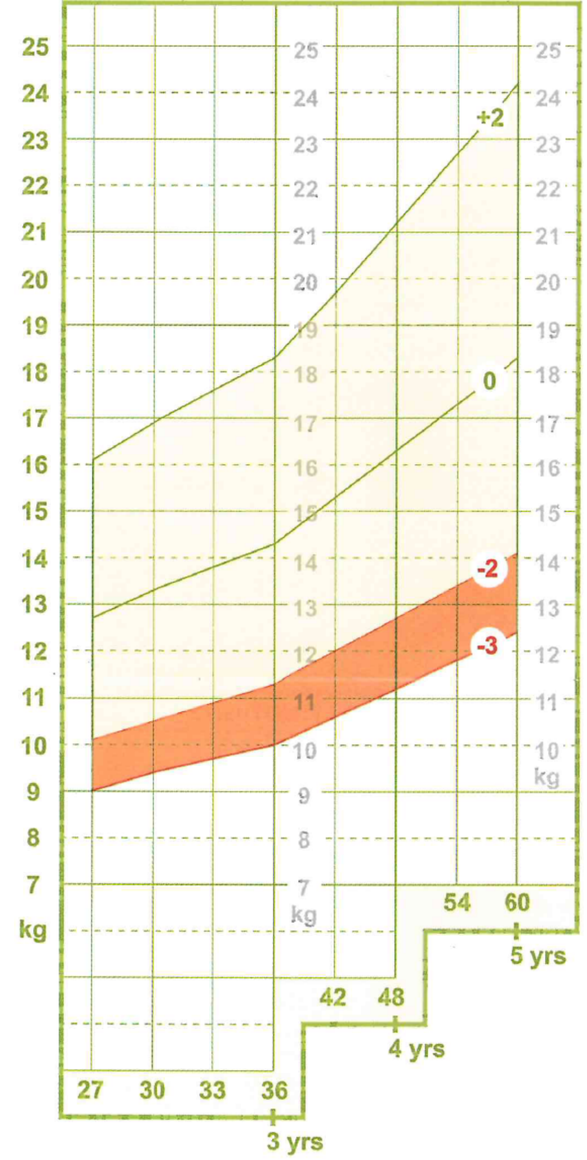
DANGER



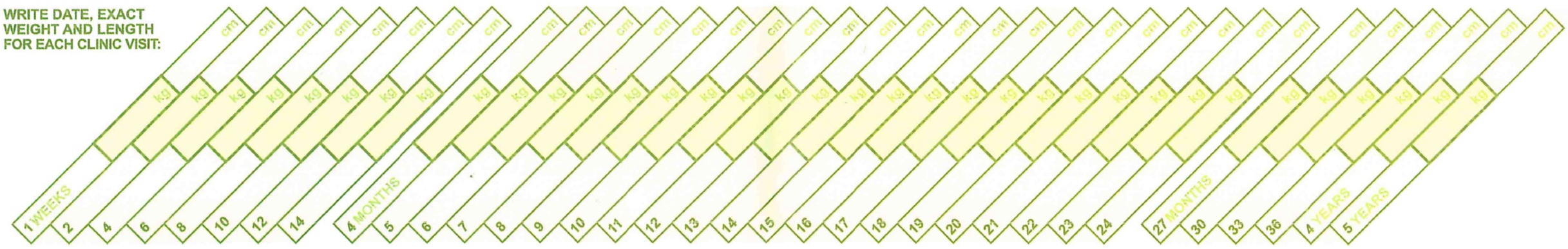
If child's weight does not increase for 2 or more clinic visits, refer to MO or SDHS immediately.
Record in clinic notes.



Notify supervisor immediately if child's weight decreases. Refer to MO or SDHS immediately.
Record in clinic notes.



WRITE DATE, EXACT WEIGHT AND LENGTH FOR EACH CLINIC VISIT:



DEVELOPMENTAL MILESTONES

If child scores 2 or more NO responses, re-test at next clinic visit; record in clinic notes.

If child does not achieve milestones within 1 month of evaluation, refer to MO; record in clinic notes.

Refer to MO immediately if any ▲ are checked.

8 weeks

	Y	N
Does child respond to loud sounds?	○	○
Does child watch things as they move?	○	○
Does child smile at people?	○	○
Does child bring hands to mouth?	○	○
When placed on belly does child hold head up when pushing upwards?	○	○

Date: **Signature:**

6 months

	Y	N
Child has difficulty getting things to mouth?	▲	○
Child seems very floppy, like rag doll?	▲	○
Child seems very stiff with tight muscles?	▲	○
Does child try to get things that are in reach?	○	○
Does child show affection to caregivers?	○	○
Does child respond to surrounding sounds?	○	○
Does child make vowel sounds ["ah", "eh","oh"]?	○	○
Does child roll over in both directions?	○	○
Does child laugh or make squealing sounds?	○	○

Date: **Signature:**

9 months

	Y	N
Does child bear weight on legs with support?	○	○
Does child sit with help?	○	○
Does child babble ["mamma," "baba," "dada"]?	○	○
Does child play games involving back-and-forth play?	○	○
Does child respond to own name?	○	○
Does child seem to recognize familiar people?	○	○
Does child look to where you point?	○	○
Does child transfer toys from one hand to the other?	○	○

Date: **Signature:**

12 Months

	Y	N
Does child crawl?	○	○
Does child stand when supported?	○	○
Does child search for things that she sees you hide?	○	○
Does child point to things?	○	○
Does child learn gestures like waving or shaking head?	○	○
Does child say single words like "mama" or "dada"?	○	○
Has child lost any of the skills he/she previously had?	▲	○

Date: **Signature:**

18 Months

	Y	N
Does child point to show things to others?	○	○
Can child walk?	○	○
Does child know what familiar things are for?	○	○
Does child copy others?	○	○
Does child learn new words?	○	○
Does child say at least 6 words?	○	○
Does child notice or mind when a caregiver leaves or returns?	○	○
Has child lost any of the skills he/she previously had?	▲	○

Date: **Signature:**

24 Months

	Y	N
Does child know what to do with common things, like a brush, phone, fork, or spoon?	○	○
Does child copy actions and words?	○	○
Does child follow simple insructions?	○	○
Does child use 2-word phrases [for example: "drink milk"]?	○	○
Does child walk steadily?	○	○
Has child lost any of the skills he/she previously had?	▲	○

Date: **Signature:**

Maternal Child Health Card, Ministry of Health Fiji. Version 1, 2012.
This card is printed on Teslin SP1000 substrate, a non-wood paper. Infant danger signs and nutrition illustrations provided by UNICEF/URC/CHS. For further information regarding this MCH Card, please consult the MCH Card Technical Manual.

MINISTRY OF Health
Shaping Fiji's Health

PEACE CORPS

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