

Ministry of Health
BARBADOS

PERSONAL CHILD
HEALTH RECORD

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PERSONAL CHILD HEALTH RECORD

This Child Health Record is produced to help you understand your child's health and development at each age range, and to assist you in the future when it is time to enroll for a nursery/preschool programme and when starting school.

There is also important child health information provided for parents in the front section of this Record. Use this as a guide for discussing your child's progress when you visit health professionals.

The Child Health Record provides a history for health care providers which will be useful for your child even in adulthood.

To get the most out of it be sure to ask the health care providers to record the results of the physical examination and immunization in the relevant section at the time of your child's visit.

Remember to take the Child Health Record with you every time you take your child to:

- your Polyclinic/Health Centre
- your private doctor or clinic
- hospital
- dentist
- immunization session

HEALTH AND DEVELOPMENT ASSESSMENTS

Children grow and develop rapidly and at different rates, so it is important to check them regularly. The routine assessments in the Child Health Record provide an opportunity for parents to gain information, support and advice to assist in caring for their child. Assessments are intended to support parents to keep their baby well and provide the opportunity for any potential problems to be detected early and to be dealt with promptly.

It also provides growth charts which allow your doctor or nurse to track your child's growth over time.

CONTACTS

Name: _____

Hospital Tel. No.: _____

Polyclinic Name: _____

Polyclinic Tel. No.: _____

Paediatrician's Name: _____

Paediatrician's Tel. No.: _____

Accident and Emergency Department Tel. No.: _____

The date you were given this record: ____/____/____

This Record is about:

Child's Surname: _____

Child's First Name: _____

Other Names: _____

National Registration #: _____

Male Female D. O. B. _____

Address: _____

Mother's Name: _____

Tel. No.: _____

Father's Name: _____

Doctor's Name: _____

Tel. No.: _____

Address: _____

Public Health Nurse: _____

Perinatal History:

Pregnancy:

Gestation:

Delivery:

Apgar: 1 min _____ 3 min _____ 5 min _____

Birth weight _____ Length _____ Head Circumference _____

Abnormalities at birth:

Neonatal problems:

Breastfeeding History:

	3 Months	6 Months	1 Year	2 Years
Fully breastfed				
Partially breastfed				
No breastfeeding				

Other Children in the Family

1. Name: _____
Sex: _____ D.O.B.: ___/___/___
2. Name: _____
Sex: _____ D.O.B.: ___/___/___
3. Name: _____
Sex: _____ D.O.B.: ___/___/___
4. Name: _____
Sex: _____ D.O.B.: ___/___/___
5. Name: _____
Sex: _____ D.O.B.: ___/___/___

Family Antecedents

Please say if anyone in your family has a history of:

- | | <i>Yes</i> | <i>No</i> | <i>Don't Know</i> |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| • Early deafness (under 5 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fits, convulsions, epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Early eye problem (under 5 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Heart disease in anyone aged < 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other family health problems _____ | | | |

GUIDELINES FOR YOUNG CHILD FEEDING

Child's age	Type of foods	How much & how often
0 to 6 months	Practice exclusive breastfeeding (breast alone)	Breastfeed as often as baby wants, day and night.
At 6 – 7 months	<p>Continue breastfeeding</p> <p>Start other foods.</p> <p>Give soft, thick porridge made with milk. Also offer well-mashed family foods.</p> <p>Mix a staple food (e.g. Rice, bread, yam, green banana/fig, and breadfruit), dark green leafy and yellow vegetable, peas and beans and fats and oil. Offer small pieces of fruits too.</p>	<p>Breastfeed as often as baby wants, day and night.</p> <p>Start with 2 – 3 table-spoonfuls of other foods 2 times a day.</p>
At 7-8 months	<p>Continue breastfeeding</p> <p>Continue feeding other foods.</p> <p>Give soft, thick porridge and a mixture of mashed family foods. Offer a variety of foods as listed above.</p>	<p>Breastfeed frequently.</p> <p>Increase gradually to 2/3 cups of other foods at meal time, three (3) times a day.</p>

If the child is not breastfed, ask the health worker for advice on feeding him or her.

GUIDELINES FOR YOUNG CHILD FEEDING

Child's age	Type of foods	How much & how often
<p>At 9 – 11 months</p>	<p>Continue breastfeeding.</p> <p>Continue feeding a variety of foods. Give thick porridge and finely chopped or mashed family foods.</p> <p>Also offer foods that the child can pick up and chew. Avoid foods that can cause choking (nuts, raw carrots).</p>	<p>Breastfeed frequently.</p> <p>Increase gradually cups of other foods 3 times a day. Add snacks between meals.</p>
<p>At 12 – 24 months (1 – 2 years)</p>	<p>Continue breastfeeding if desired.</p> <p>Continue feeding a variety of foods.</p> <p>Give thick porridge and chopped family foods. Let the child try to feed himself or herself but give help.</p>	<p>Breastfeed when necessary.</p> <p>Increase gradually cup of other foods 3 times a day. Add between meals.</p>
<p>Between 2 – 5 years</p>	<p>Give a mixture of family foods at mealtimes and healthy snacks between meals. Offer full cream milk daily. Supervise the child at mealtimes, encourage him or her to eat and give help.</p>	<p>Give baby 3 meals, snacks daily. Gradually increase amount and the foods at meals.</p>

THE CHILD DIET

Fill in the table below by asking mother/guardian about the food/drink eaten by the child on the day before the visit to the clinic/health facility.

Child's Age	Breast milk (✓)Yes (*)No	Other food/drink (Record other food/ drink given to baby)

IMMUNIZATION SCHEDULE

You should take your child to your doctor/clinic as follows

AGE	IMMUNIZATIONS
2 months	1st DPT and Oral /IM Polio, HIB, Hep B & Pneumococcus
4 months	2nd DPT and Oral/ IM Polio, HIB, Hep B & Pneumococcus
6 months	3rd DPT and Oral/IM Polio, HIB, Hep B & Pneumococcus
1 year	Measles/Mumps/Rubella
18 months	1st booster DPT and Oral/IM Polio
3-5 years	2nd Measles/Mumps/Rubella
4 1/2 years	2nd booster DPT and Oral/IM Polio
5 years	BCG (given at school)
11 years	3rd booster DT and Oral/IM Polio

*Tetanus booster 10 yearly thereafter.

EXPLANATION OF VACCINES

- BCG:** Protects against TB Meningitis and severe forms of TB. Given at 5 years.
- DPT:** Protect against Diphtheria, Pertussis (whooping cough) and Tetanus.
Vaccines given at 2 months, 4 months and 6 months.
Boosters doses given at 18 months and 4 ½ years.
- TOPV:** Trivalent Oral Polio Vaccine. Given at the same time as DPT.
- IPV:** Injectable Polio Vaccine protects against Polio.
- MMR:** Protects against Measles, Mumps and Rubella. Given at 12 months and 3-5 years.
- Hib:** Protects against Haemophilus “B” influenza which causes Meningitis.
3 doses given at 2, 4 and 6 months.
- Hep B:** Protects against Hepatitis B infection. 3 doses given at 2 months, 4 months and 6 months.
- DT (paed):** Protects against Tetanus and Diphtheria. Given to children over 5 years.
- Td:** Given to adolescents and adults.
- VARICELLA:** Protects against Chicken Pox.
- PNEUMOCOCCUS:** Protects against diseases caused by Streptococcus Pneumonia and Meningitis.

If unable to conform to this suggested timetable, consult the nurse at the clinic or your own doctor who will modify the timetable.

IMMUNIZATION RECORD

DOSE	DATE	DPT	OPV/ IPV	HIB	HEP. B	PNEUMO	Doctor's/ Nurse's Signature
First							
Second							
Third							
1st Booster							
2nd Booster							
3rd Booster							
4th Booster							

N.B.: After age 5 years DT Toxid is used.

OTHER IMMUNIZATIONS

INDICATE BY NAME	DATE	DOCTOR'S/NURSE'S SIGNATURE
MMR (First)		
MMR (Second)		
BCG		
Varicella		

ORAL HEALTH

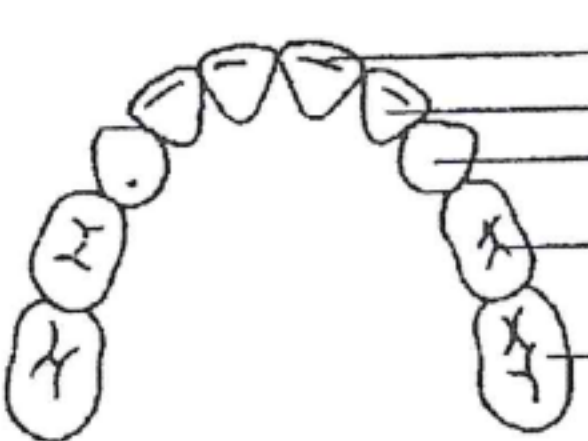
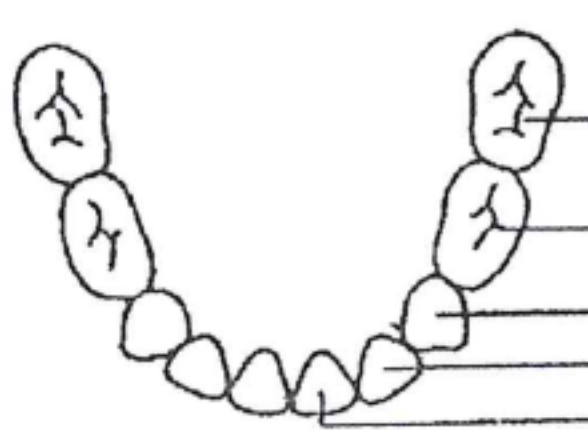
Ideally, your child should begin dental check-ups within six months after the first tooth erupts, but no later than age 4.

Your child should have a dental examination every six months.

Preventing (Early Childhood Caries) Decay of Primary Teeth

- ❖ Do not let your child fall asleep on the breast, or with a bottle of milk, formula or juice.
- ❖ When your child's teeth start coming in (see the chart below), be sure to clean the teeth with a damp cloth or a child's toothbrush.

TOOTH ERUPTION CHART

PRIMARY TEETH		Upper Teeth	Erupt	Shed
	Central incisor	8-12 mos.	6-7 yrs.	
	Lateral incisor	9-13 mos.	7-8 yrs.	
	Canine (cuspid)	16-22 mos.	10-12 yrs.	
	First molar	13-19 mos.	9-11 yrs.	
	Second molar	25-33 mos.	10-12 yrs.	
	Lower Teeth	Erupt	Shed	
	Second molar	23-31 mos.	10-12 yrs.	
	First molar	14-18 mos.	9-11 yrs.	
	Canine (cuspid)	17-23 mos.	9-12 yrs.	
	Lateral incisor	10-16 mos.	7-8 yrs.	
	Central incisor	6-10 mos.	6-7 yrs.	

DENTAL EXAMINATION RECORD

Poor oral health can contribute to a child's poor performance and school. Be sure your child has been seen and have this section completed, especially at these crucial times for school.

Date	Dental Visit Verified <i>Reception Class (5+)</i>	Status <i>Please tick (✓) as appropriate</i>
		Child in need of treatment
		Child undergoing treatment
		Child does not need treatment (dentally fit)
<i>Signature</i> <i>Stamp</i>		Comments:
Date	Dental Visit Verified <i>Form 1 (11+)</i>	Status <i>Please tick (✓) as appropriate</i>
		Child in need of treatment
		Child undergoing treatment
		Child does not need treatment (dentally fit)
<i>Signature</i> <i>Stamp</i>		Comments:

DENTAL HEALTH

Age when your child started brushing his/her teeth _____

Age at first visit to the dentist (Age 1 is a good time to start) _____

In the space below, record any serious dental health problems the child has.

Date	Serious Dental Health Problems	Treatment

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
2 months	- follows objects across field of vision			
	- notices his or her hands			
	- holds head up for short periods			
	- vocalizes; gurgles and coos			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
4 months	- looks at own hands and bright colors			
	- rolls from front to back and back to front			
	- puts hands together and plays with them			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
6 months	- Holds bottle and feeds self			
	- Laughs aloud at you			
	- Follows moving object or person with eyes			
	- Holds head erect when being held in upright position			
	- Supports weight on outstretched arms when on stomach			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
9 months	- Turns head in the direction of a whispered voice			
	- Sits independently without support of hands			
	- Crawls or creeps on hands			
	- Passes an object from one hand to another			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
12 months	- Plays peek-a-boo			
	- Sees small objects like peas and raisins and tries to reach for them			
	- Pulls to stand and holds on to walk around the crib			
	- Bangs toys or blocks together			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
18 months	- Drinks well from a regular cup and tries to feed self with a spoon			
	- Says at least two words beside "mama" and "dada"			
	- Walks unsupported			
	- Picks up small objects between thumbs and finger			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
2 years	- Undresses self			
	- Tells/shows you what he/she wants			
	- Climb stairs			
	- Points to at least one named body part			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
3 years	- Dresses self but cannot button			
	- Jumps with both feet off the ground			
	- Scribbles using fingers instead of fist			
	- Answers simple questions and names at least one colour			
	- Points at and names six body parts			

DEVELOPMENTAL LANDMARKS

Age Norm Domain	Area of Development	Yes	No	Age Achieved
4 years	- Dresses and undresses independently except tying of shoe laces			
	- Listens attentively and obeys multiple instructions			
	- Stands on one foot and balances self			
	- Copies O and +			
	- Buttons own clothing			
	- Can count up to 10			

PERSONAL SCHOOL HEALTH PROFILE

Major health problems – allergies, operations, chronic illness, etc.

VISION

Date	R	L	Signature

HEARING

Date	R	L	Signature

CHILDHOOD SCREENING

	Screening	Age	Date	Recommendation
Hearing				
Vision				
Speech				

HEALTH PROBLEMS

This page is for doctors to fill in with you. It will only be used if there is a problem.

Any Serious Illness:

1. Date Diagnosed
2. Date Diagnosed
3. Date Diagnosed
4. Date Diagnosed

Serious reaction to drugs

1. Date Diagnosed
2. Date Diagnosed
3. Date Diagnosed
4. Date Diagnosed

Serious allergies/accidents

1. Date Diagnosed
2. Date Diagnosed
3. Date Diagnosed
4. Date Diagnosed

BOYS/GIRLS GROWTH CHARTS

Your Public Health Nurse or doctor should fill in these boxes when they weigh your child.

Date	Age (Years/ Months)	Wt. (kg)	Ht. (cm)	*OFC (cm)	Name or Initials

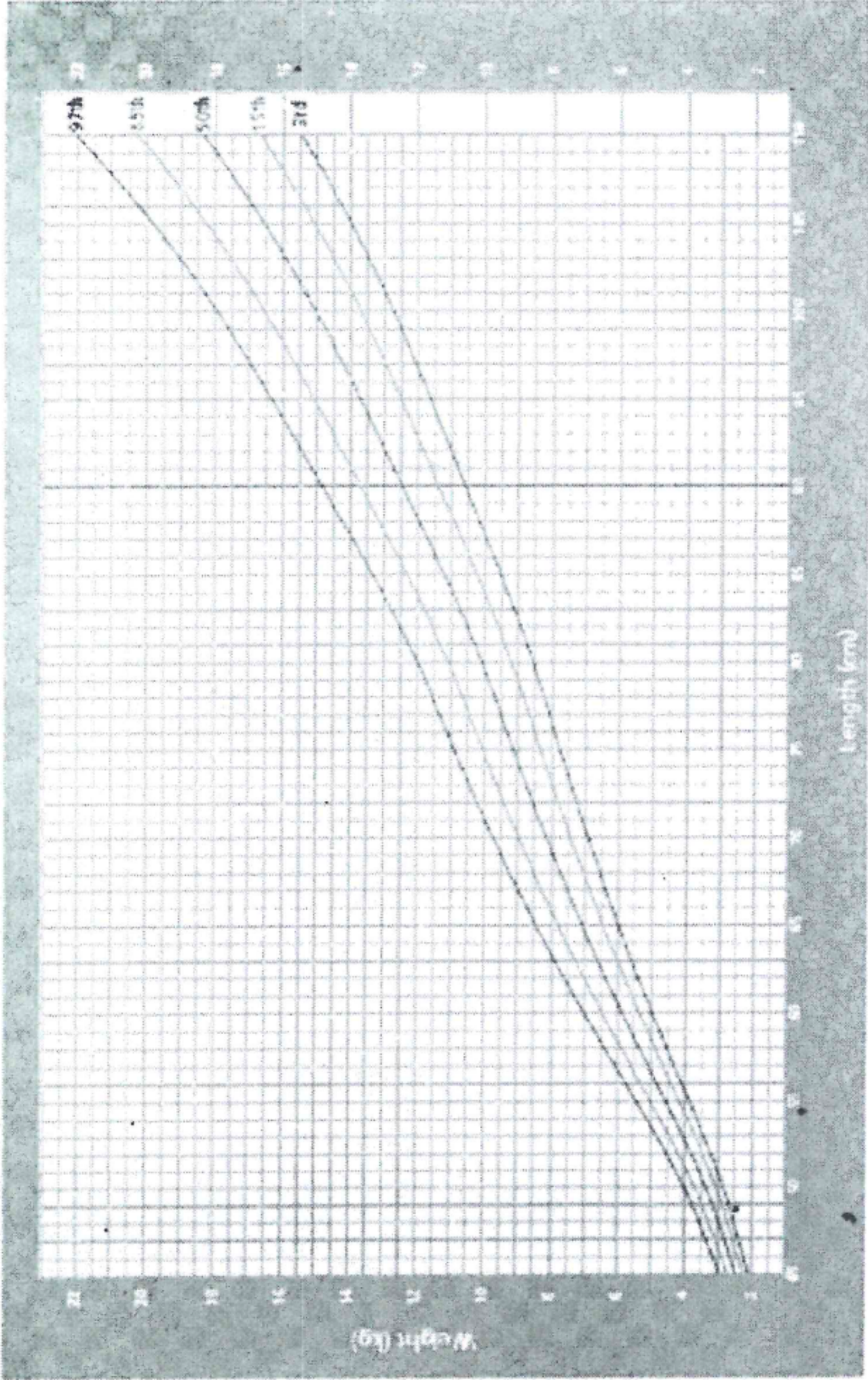
*Occipital Frontal Circumference (OFC) – the measurement of the head.

BOYS/GIRLS GROWTH CHARTS



Weight-for-length (GIRLS)

Birth to 2 years (percentiles)

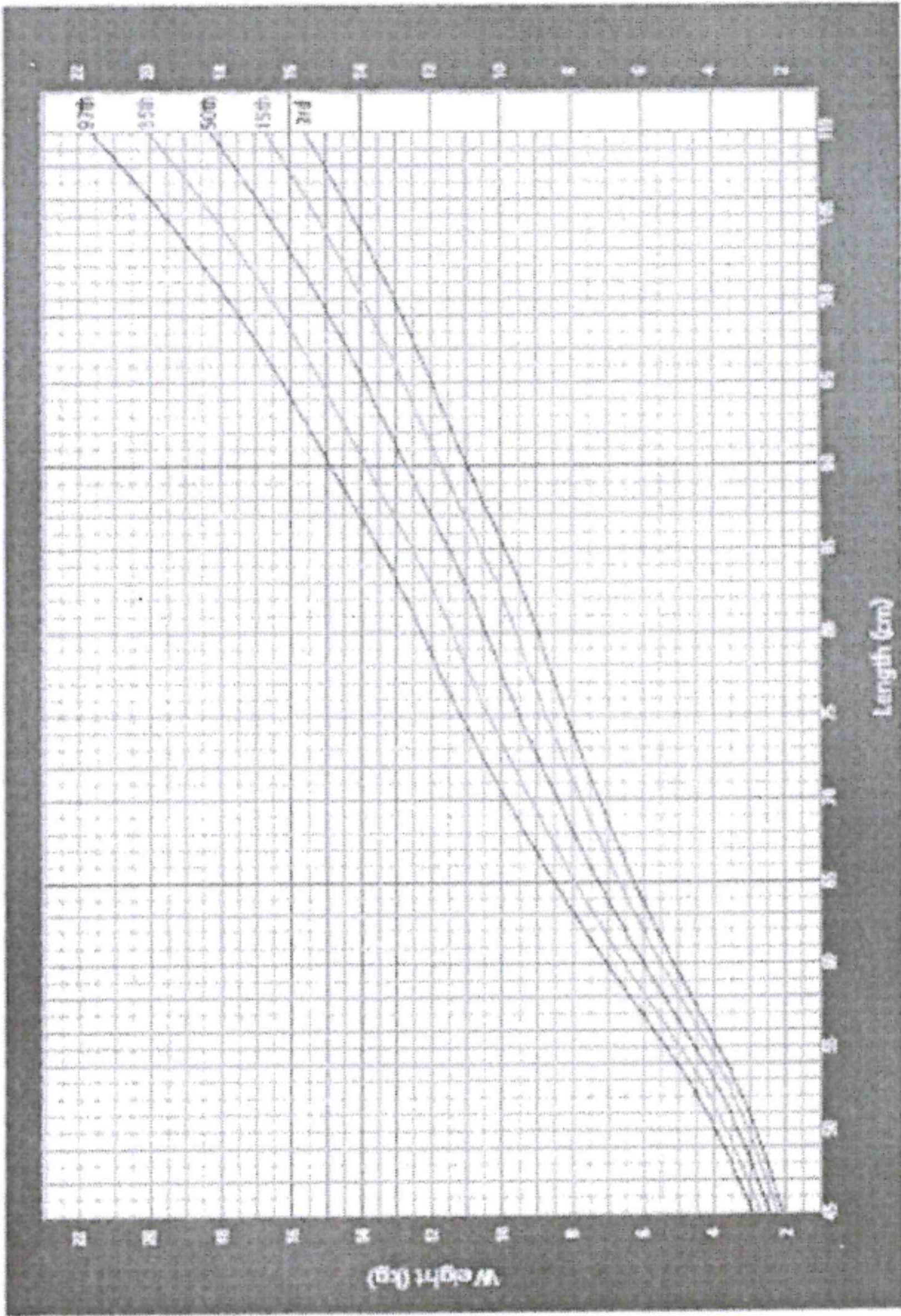


WHO Child Growth Standards

BOYS/GIRLS GROWTH CHARTS

Weight-for-length BOYS

Birth to 2 years (percentiles)



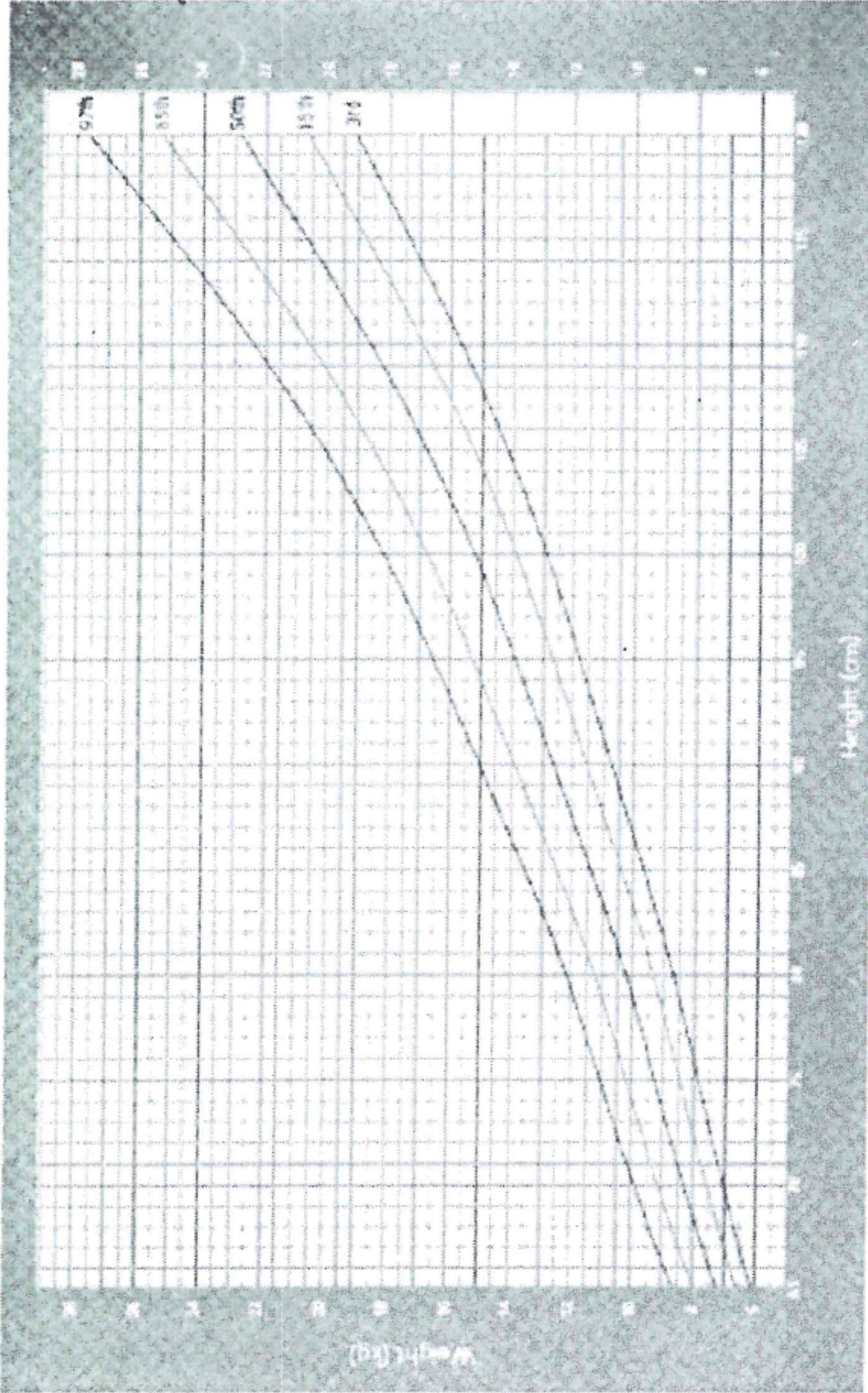
WHO Child Growth Standards

BOYS/GIRLS GROWTH CHARTS



Weight-for-height GIRLS

2 to 5 years (percentiles)

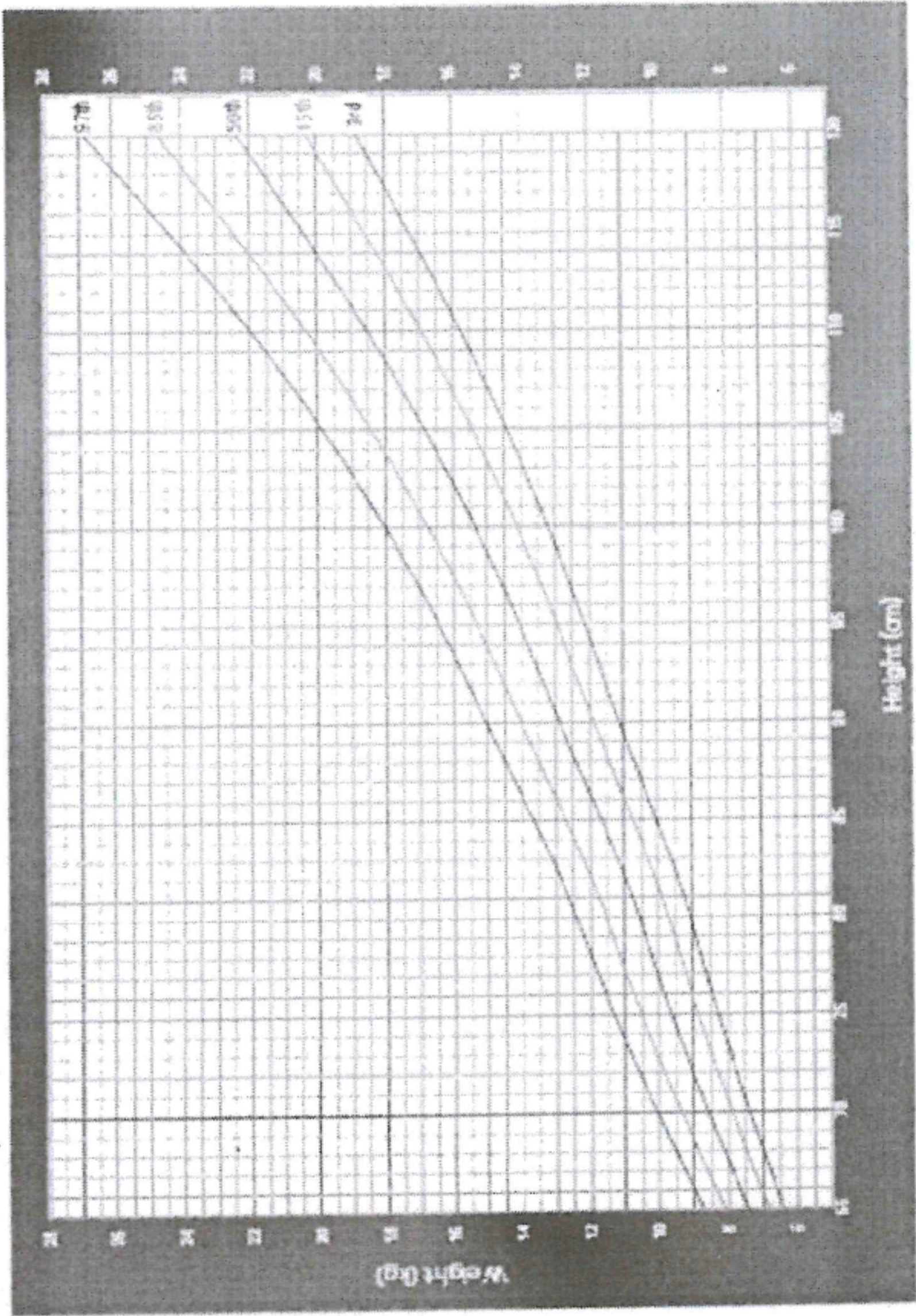


WHO Child Growth Standards

BOYS/GIRLS GROWTH CHARTS

Weight-for-height BOYS

2 to 5 years (percentiles)

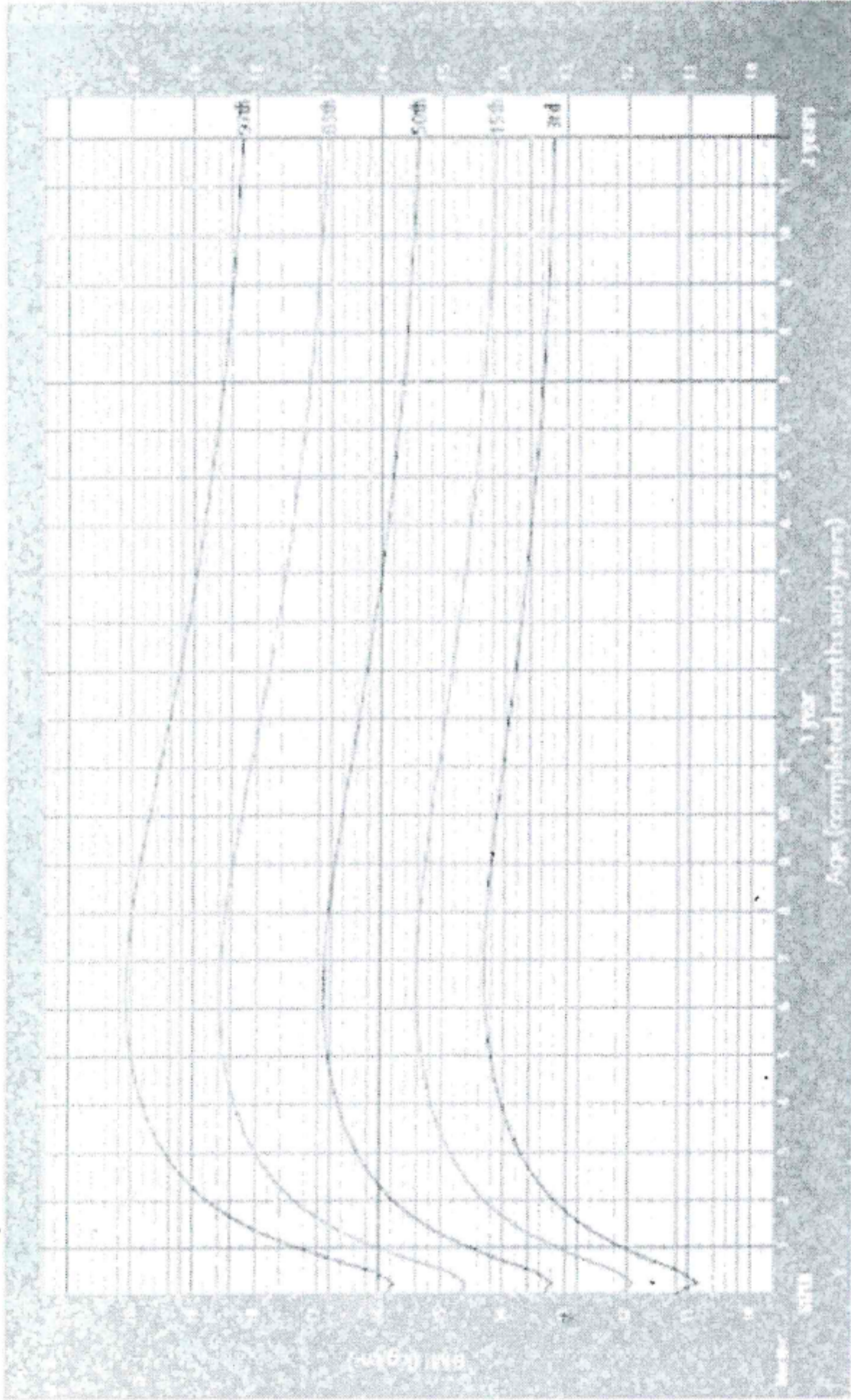


WHO Child Growth Standards

BOYS/GIRLS GROWTH CHARTS

MILK-FORAGE GIRLS

Birth to 2 years (percentiles)

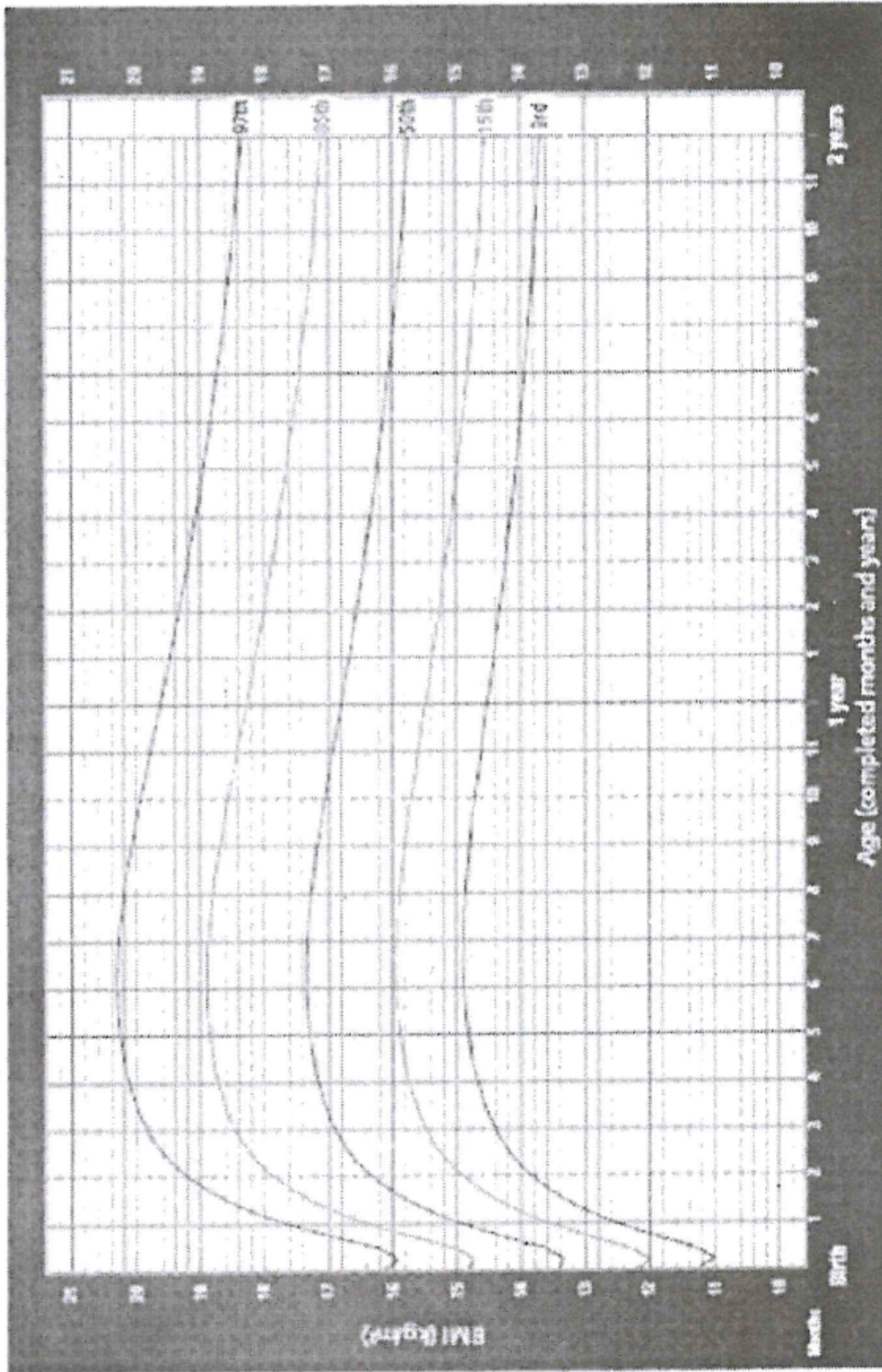
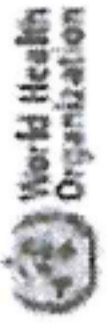


WHO Child Growth Standards

BOYS/GIRLS GROWTH CHARTS

BMI-for-age BOYS

Birth to 2 years (percentiles)



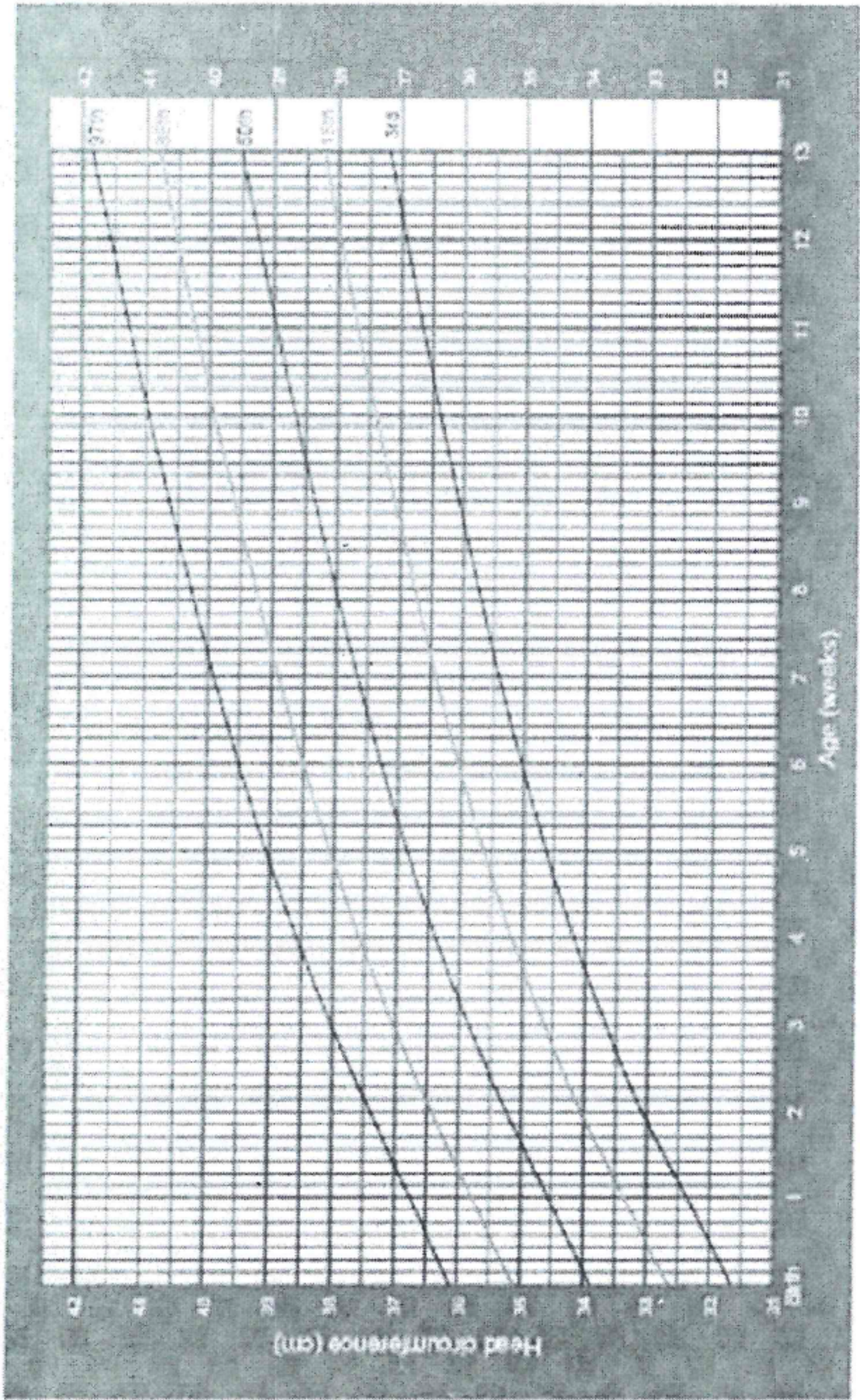
WHO Child Growth Standards

BOYS/GIRLS GROWTH CHARTS

Head circumference-for-age GIRLS



Birth to 13 weeks (percentiles)

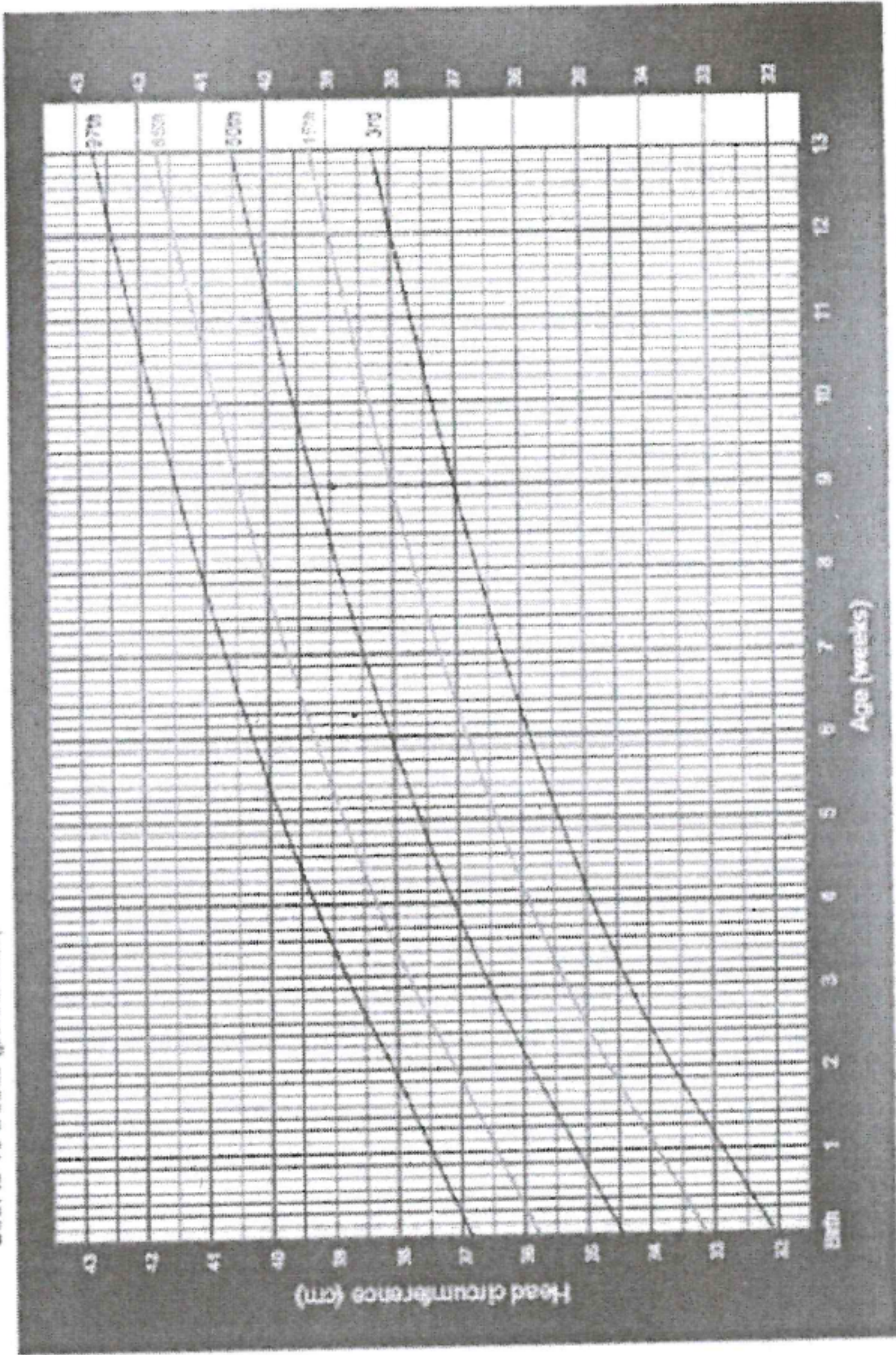


WHO Child Growth Standards

Head circumference-for-age BOYS



Birth to 13 weeks (percentiles)



PERSONAL NOTES OF PARENTS

If you have any concerns about your child’s development, please contact your polyclinic or paediatrician.