



**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**



## Table of Contents

Child's Information .....	4
Maternal Profile .....	5
Medical and Surgical History .....	6
Physical Examination (First Visit) .....	7
Weight for Date Chart .....	7
Antenatal Profile .....	8
Infant Feeding .....	8
Preventive Services .....	8
T.T. Instruction Notes .....	9
Care during pregnancy .....	10
Danger signs during pregnancy .....	10
Delivery .....	11
Care of Mother and Baby after birth .....	11
When to return immediately .....	12
Post Natal Examination .....	13
Family Planning .....	14
Child Health and Nutrition Card .....	17
Immunizations .....	18
Other Vaccines .....	19
Vitamin A capsules from 6 months .....	19
Deworming for 1 year .....	20
Identification of early eye problems in an infant .....	21
Dental .....	21
Weight for Age boys .....	23
Length/Height for age boys .....	24
Weight for age girls .....	25
Length/Height for age girls .....	26
Growth Monitoring Return Date .....	27
Health worker consultations .....	28
Hospital Admissions .....	30
Special Clinic Attendance .....	30
Reasons for Special Care .....	31
Identification of exposed children at 6 weeks or soon thereafter .....	32
Feeding Recommendations during sickness and health and care for development .....	33
When to return immediately .....	34

## ***CHILD'S INFORMATION***

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**Issued on:**

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**Name of Client:**

**Name of Child:  
(after Birth)**

**Birth Notification No.:**

**Certificate of Birth Registration No.: (after acquiring a certificate)**

## MATERNAL PROFILE

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Name of institution \_\_\_\_\_

ANC No. \_\_\_\_\_

Name of Client \_\_\_\_\_

Age \_\_\_\_\_ Gravida \_\_\_\_\_ Parity \_\_\_\_\_ Height \_\_\_\_\_

L.M.P. \_\_\_\_\_ EDD \_\_\_\_\_

Marital Status \_\_\_\_\_ Education \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Next of kin \_\_\_\_\_ Relationship \_\_\_\_\_

Next of kin's contacts/phone \_\_\_\_\_

**MEDICAL AND SURGICAL HISTORY**

Surgical operation \_\_\_\_\_ Diabetes \_\_\_\_\_ Hypertension \_\_\_\_\_

Blood Transfusion \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Family History: Twins \_\_\_\_\_ Tuberculosis \_\_\_\_\_

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	



### ANTENATAL PROFILE

- Hb \_\_\_\_\_
- Blood Group \_\_\_\_\_
- Rhesus \_\_\_\_\_
- Serology (VDRL/RPR) \_\_\_\_\_
- TB Screening \_\_\_\_\_
- HIV:
  - Reactive
  - Non reactive
  - Not Tested
- Urinalysis \_\_\_\_\_
- BS for MPS \_\_\_\_\_

### INFANT FEEDING

- Infant feeding counseling done (all mothers): Yes  No
- Counseling on exclusive breastfeeding done: Yes  No
  - Infant feeding options for HIV infected discussed: Yes  No
  - If yes, mother's Decision
    - Exclusive breastfeeding
    - Replacement feeding
    - Not decided

### 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 500mgs)		
Insecticide Treated net (ITN)		

Mother on ARV Prophylaxis	AZT + SdNVP
	SdNVP alone
Baby	NVP once daily till breast 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 should be asked about the number of tetanus toxoid injections they have received in their life to date – including those given after injuries and through schools.

This forms part of the 5 TTs. If none given, start as follows;

- T.T. 1- Give to Primigravida or on first contact
- T.T. 2- Give not less than 4 weeks after T.T. 1
- T.T. 3- Give during the 2nd pregnancy any time before 8 months of pregnancy
- T.T. 4- Give during 3rd pregnancy, any time before 8 months of pregnancy
- T.T. 5- Give during 4th pregnancy. Gives protection for life



**Present Pregnancy**

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

Date	Clinical notes

## 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

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## 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 in case of any of the above.
- Have a birth plan ready (where to deliver, transport, birth companion, etc.)

## DELIVERY

Duration of pregnancy \_\_\_\_\_weeks

Mode of delivery \_\_\_\_\_Date \_\_\_\_\_

Blood loss (Light/Medium/Heavy) \_\_\_\_\_

Condition of mother \_\_\_\_\_

Apgar score 1 min \_\_\_ 5 min \_\_\_ 10min \_\_\_ Resuscitation done Yes  No

Drugs 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



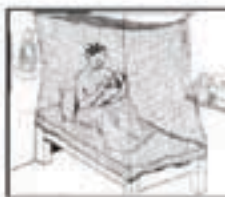
Eat two extra meals during lactation



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.

Go to the health facility immediately if

Mother has:



Heavy bleeding



Fever

Baby:



Stops breastfeeding well



Has difficult or fast breathing



Feels hot or unusually cold



Becomes less active



Whole body becomes yellow

## 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)
	<i>Cervix</i>	VIA/VILI		
		PAP smear		
	<i>Breast</i>			

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









## 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:	<input type="checkbox"/>	<input type="checkbox"/>
Child's clinic no.	Date first seen:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date of birth			
Gestation at birth(weeks)		Birth Weight	
Place of birth	Health facility <input type="checkbox"/>	Home <input type="checkbox"/>	Other <input style="width: 100px;" type="text"/>
Fathers name:			
Mother's name:			
Province:			
District:			
Division:			
Location:			
Estate/Village:			
P.O. Box:		Town:	
Telephone:			



**Mama najua unanipenda na  
kwa hivyo utahakikisha  
nimepata chanjo zote**

## IMMUNIZATIONS

### PROTECT YOUR CHILD

<b>BCG VACCINE: at birth</b>	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		

<b>ORAL POLIO VACCINE (OPV)</b>	Date Given	Date of next Visit
Dose: 2 drops orally		
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)		

<b>DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/ HAEMOPHILUS INFLUENZAE Type b</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		

<b>PNEUMOCOCCAL VACCINE</b>	Date Given	Date of 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		

<b>MEASLES VACCINE at 9 Months</b>	Date Given
Dose: (0.5mls) Subcutaneously right upper arm	

<b>YELLOW FEVER VACCINE at 9 Months **</b>	Date Given
Dose: (0.5mls) Intra Muscular left upper deltoid	

\*\* Only in selected districts in Rift Valley

## 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)		

## DEWORMING FROM 1 YEAR

DEWORMING		Date of next visit
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		
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
<i>Refer for further assessment if a milestone delays beyond the normal age limit indicated above</i>		

## IDENTIFICATION OF EARLY EYE PROBLEMS IN AN INFANT

EYE CARE ASSESSMENT		AGE IN MONTHS		
		At Birth	At 6 Months	At 9 months
<b>TETRACYCLINE EYE OINTMENT (TEO) GIVEN?</b>	TEO (ONLY at birth)			
<b>PUPIL</b>	Black			
	White (If white refer)			
<b>SIGHT</b>	Following Objects			
	Not following objects (Refer to eye clinic)			
<b>SQUINT (Crossed Eyes )</b>	Squint (Refer to eye clinic)			
	 No Squint			
<b>ANY Other Problems</b>	Yes (Refer to eye clinic)			
	No			

### DENTAL

1. 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.
5. 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)

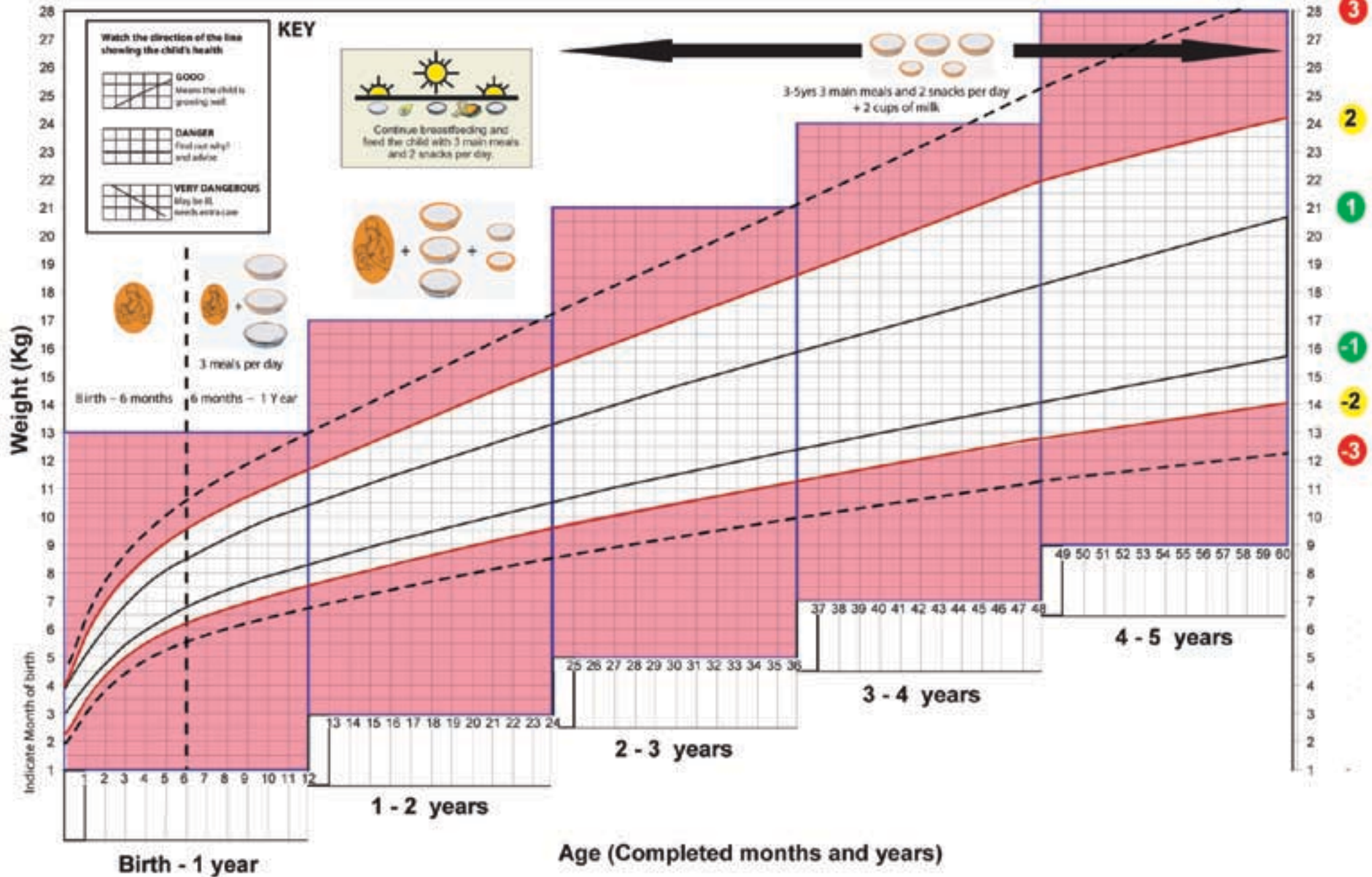
Present = 1  
 Decay = 0  
 Restored = R  
 Missing = -



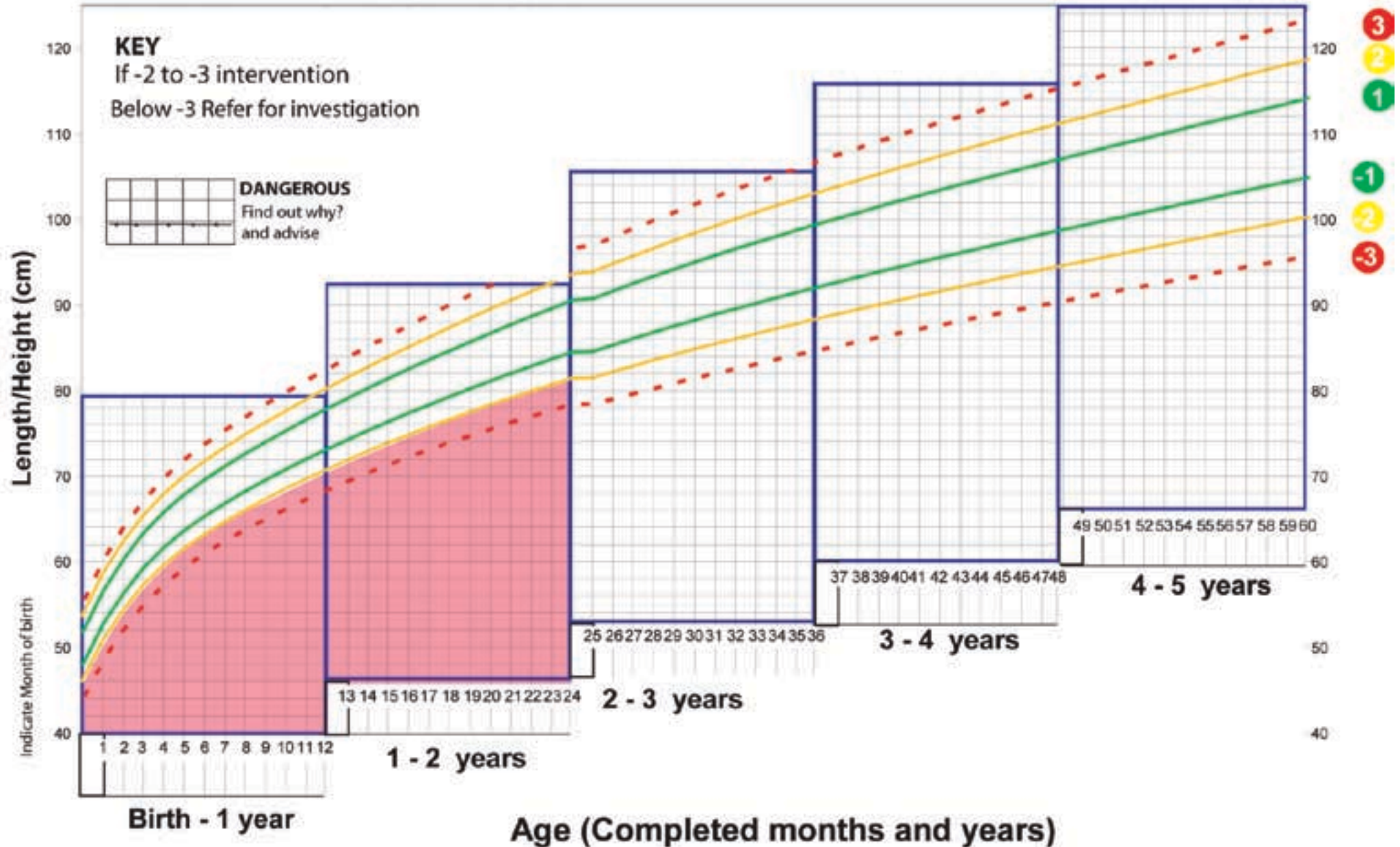
# Weight-for-Age BOYS

(See page 25 for special care)

±3 Refer for further investigations  
 ±2 to ±3 Refer for nutritional counselling



# Length/Height-for-Age BOYS

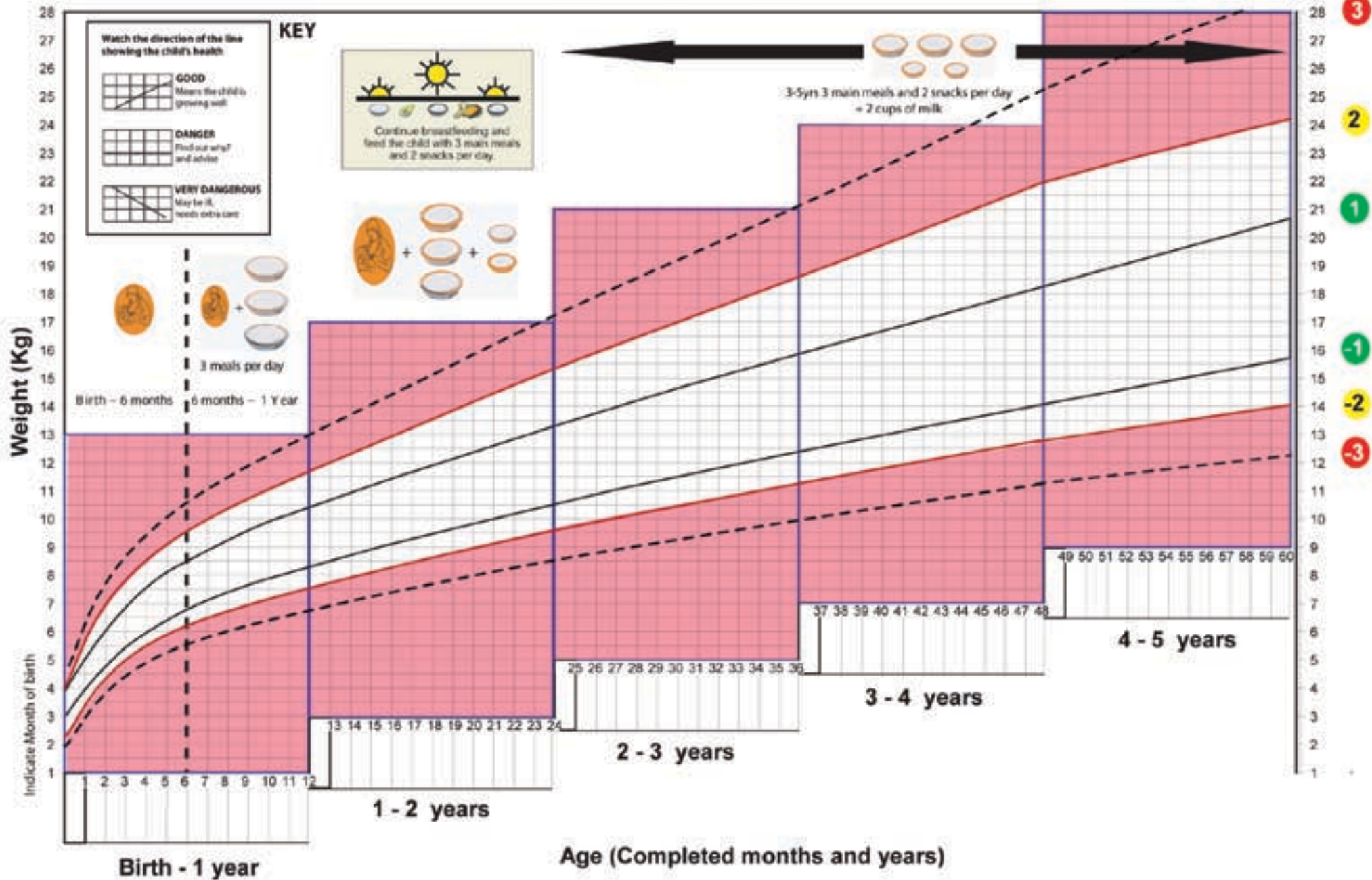




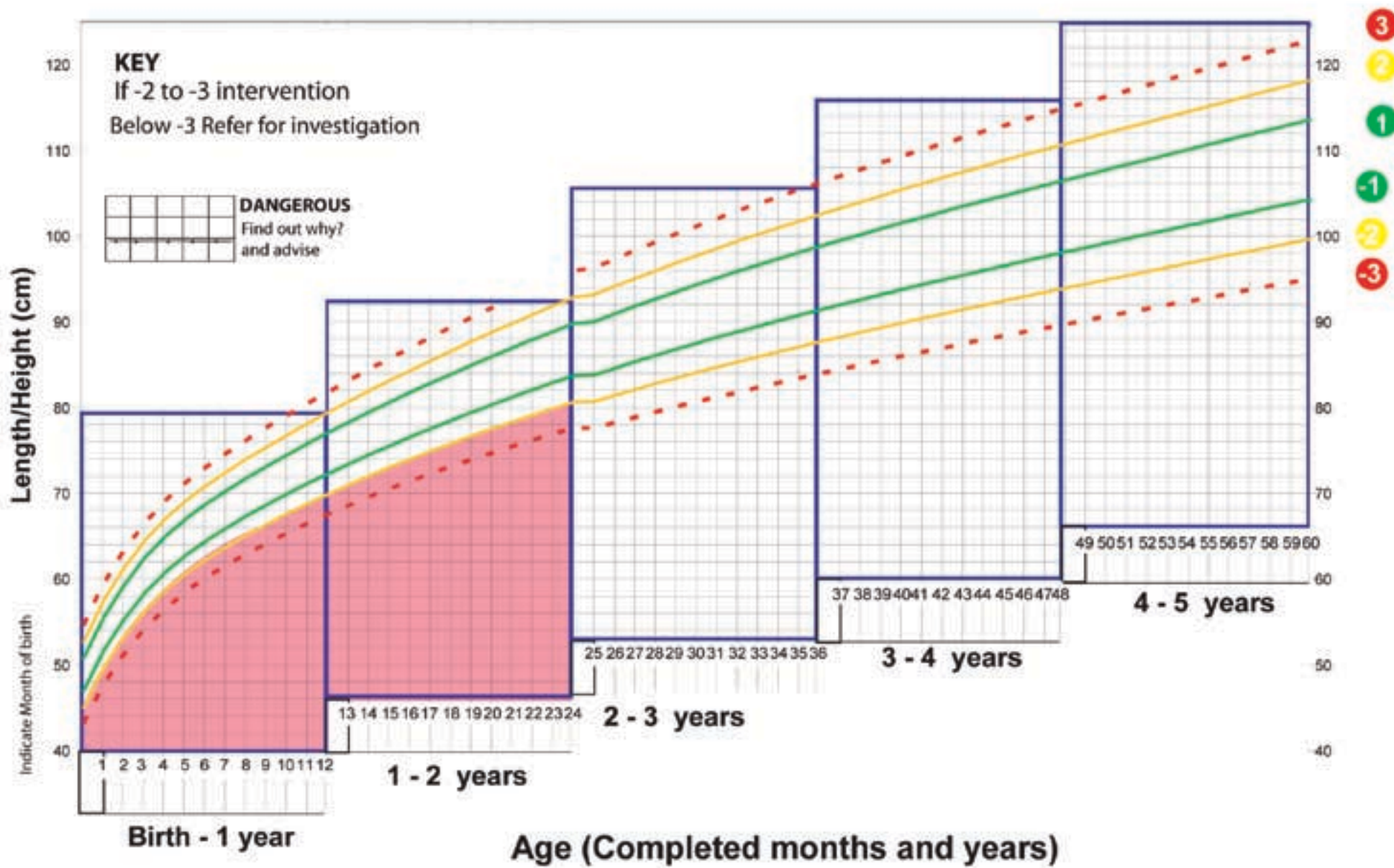
# Weight-for-GIRLS

(See page 25 for special care)

±3 Refer for further investigations  
 ±2 to ±3 Refer for nutritional counselling



# Length/Height-for-Age GIRLS



**GROWTH MONITORING RETURN DATES**

DATE	DATE	DATE	DATE



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

## 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	Reason for Attendance	Drugs from Clinic
			1.
			2.
			3.

**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: COUNSEL THE CAREGIVER AND / OR REFER AS APPROPRIATE**

### 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			



# Feeding Recommendations During Sickness and Health and care for development

<p><b>Age up to 6 months</b></p>  <ul style="list-style-type: none"> <li><input type="checkbox"/> Start breastfeeding soon after birth (within 1/2 hour).</li> <li><input type="checkbox"/> Breastfeed as often as the baby wants, day and night, at least 8 times in 24 hours.</li> <li><input type="checkbox"/> Express breast milk and leave for the baby when away for 6 hours or more.</li> <li><input type="checkbox"/> Breastfeed exclusively. Do not give other foods or fluids (not even water).</li> <li><input type="checkbox"/> If milk is 'not enough' advice accordingly.</li> <li><input type="checkbox"/> 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.</li> </ul>	<p><b>6 Months up to 12 Months</b></p>  <ul style="list-style-type: none"> <li><input type="checkbox"/> Breastfeed as often as the baby wants.</li> <li><input type="checkbox"/> Start introducing enriched complementary foods. Food should be soft for ease of chewing and swallowing.</li> <li><input type="checkbox"/> Give adequate servings of:             <ul style="list-style-type: none"> <li>Thick Uji made from any type of cereals (Maize, sorghum, Millet ) enriched with sugar, milk, groundnuts, Soya beans Margarine, fats or oils.</li> </ul> </li> <li><input type="checkbox"/> Also mashed foods (banana, potatoes, cassava, rice, ugali) enriched with meat or fish, vegetables, beans, groundnuts, peas, egg .</li> <li><input type="checkbox"/> Give milk and any type of fruit.</li> <li><input type="checkbox"/> Add one spoonful of extra oil/fat to child's food.</li> <li><input type="checkbox"/> Give 3 times per day if breastfed; and 5 times per day if not breastfed.</li> </ul> 	<p><b>12 Months up to 2Years</b></p>  <ul style="list-style-type: none"> <li><input type="checkbox"/> Breastfeed as often as the child wants.</li> <li><input type="checkbox"/> Give adequate servings of enriched foods 5 times a day.</li> <li><input type="checkbox"/> Thick enriched uji and family foods as described for infants 6 months up to 12 months.</li> <li><input type="checkbox"/> Also give family foods.</li> <li><input type="checkbox"/> Add small bits of all types of meat, vegetables, oils or fats, groundnuts, beans, green grams, peas, eggs.</li> <li><input type="checkbox"/> Give milk and any type of fruit.</li> <li><input type="checkbox"/> Add spoonful of extra oil/fat to child' food.</li> <li><input type="checkbox"/> Give 5 times a day.</li> </ul> 	<p><b>2 Years and Older</b></p>  <ul style="list-style-type: none"> <li><input type="checkbox"/> Give enriched family foods 3 times per day.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Give at least 2 teacups of milk per day.</li> </ul> 
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<p><b>Age up to 4 months</b></p> <p><i>Play:</i> Provide ways for your child to see, hear, feel, and move.</p>  <p><i>Communicate:</i> Look into your child's eyes and smile at him or her. When you are breastfeeding is a good time</p>	<p><b>Age 4 upto 6 months</b></p> <p><i>Play:</i> Have large colourful things for your child to reach for, and new things to see</p>  <p><i>Communicate:</i> Talk to your child and get a conversation going with sounds or gestures.</p>	<p><i>Play:</i> Give your child clean, safe household things to handle, bang and drop.</p>  <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Communicate:</i> Respond to your child's sounds and interests. Tell your child the names of things and people.</li> </ul>	<p><i>Play:</i> Give your child things to stack up, and to put into containers and take out.</p>  <p><i>Communicate:</i> Ask your child simple questions. Respond to your child's attempts to talk. Play games like "bye</p>	<p><i>Play:</i> Help your child count, name, and compare things. Make simple toys for your child.</p>  <p><i>Communicate:</i> Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games.</p>
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## 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**



# When to return immediately,

## BRING ANY SICK CHILD IF



Not able to drink

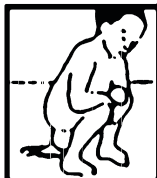


Becomes Sicker



Develops Fever

## BRING CHILD WITH DIARRHOEA IF



Blood in Stool



Drinking Poorly

## BRING CHILD WITH COUGH IF



Difficulty in Breathing

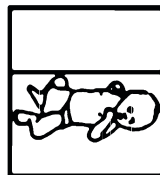


Fast Breathing

## BRING YOUNG INFANT IF (Less than 2 months)



Breastfeeding Poorly



Any above signs

# FLUIDS

## FOR ANY SICK CHILD

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

## CHILD WITH DIARRHOEA

### 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.

2) For babies on exclusive breastfeeding;

- Breastfeed more frequently and longer at each feeding.

• Give ORS solution

3) Give zinc as advised by health worker until it is finished.



# MOTHER & CHILD HEALTH BOOKLET

