

Maternal and Child Health



Handbook

Ministry of Health and Wellness
February 2021



Republic of Mauritius



World Health
Organization

Congratulations

Dear Parents,

The Ministry of Health and Wellness wishes to congratulate you for this special moment and presents you with this Maternal and Child Health handbook to accompany you along this amazing journey. This handbook is a personal health record for the mother during pregnancy, intra-partum, and post-partum periods, and for the child since birth up until 5 years of age. The handbook contains important information to guide healthcare professionals to provide the appropriate care to you and your baby.

Advantages

This handbook is a good source of information and knowledge about the care given during pregnancy. It will also guide you through your child's health and development. The handbook will provide you with the necessary information about nutrition and vaccination. It is a personal record kept by the parents.

Instructions

Read thoroughly all the information given in this handbook. Always bring along this handbook every time you or your child attend any health facilities.



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Parents' Details

Mother

Surname/ Name: _____
ID no: _____
Phone number: _____
Age: _____
Religion: _____
Occupation: _____
Marital Status: _____

Father

Surname/ Name: _____
ID no: _____
Phone number: _____
Age: _____
Religion: _____
Occupation: _____
Marital Status: _____

Next of kin:
Relationship:
Phone number:

Section 1: Mother's Health



Antenatal care

Do Not Miss Your Antenatal Care Appointments!



- You must attend the Antenatal Clinic as soon as you know you are pregnant.
- You must attend regularly your appointments.
- Regular antenatal visits are beneficial for both you and your baby.
 - Regular and routine check-up of your health.
 - Echography will be done to check your baby.
 - Regular blood tests will be carried out.
 - You will be given a lot of information to have a healthy pregnancy and a healthy baby.

Maternal Profile

Age: _____
Married life (years): _____ Level of education: _____
Height: _____ Weight: _____ BMI: _____
LMP: _____ EDD (dates): _____ (Echo): _____
Gravida: _____ Parity: _____
Pregnancy: Spontaneous Assisted
Menarche: _____
Menstrual cycle: Regular Irregular

Previous Medical History

Diabetes Hypertension Anaemia
Others: _____
Drug History: _____
Family History: _____
Past Surgical History: _____
Drug Allergy: _____

Genetic History:

Twins Malformations Others: _____
Contraception Yes No Specify: _____
Blood Transfusion Yes No

Habits:

Smoking Alcohol Illicit drugs

Past Obstetric History

Mother	Date						
	Place of Delivery						
	Gestation						
	Pregnancy						
	Labour						
	Puerperium						

Infant	Sex						
	Weight						
	Living or Stillbirth						
	Feeding						
	Progress						

First Antenatal Visit

Physical Examination

Date: _____ Period of Gestation (POG): _____
BP: _____ Pulse: _____ Temp: _____
CVS: _____ Respiratory: _____
Breasts: _____ Abdomen: _____
Pelvic Exam: _____

Antenatal Profile

First Visit _____ Date: _____ POG: _____
1. FBC _____ Hb: _____ Platelet: _____ WCC: _____
 MCV: _____ Hct: _____
2. Blood Grouping: _____ Rhesus: _____
3. Serology: _____ TPHA: _____ VDRL: _____
 Hepatitis profile: _____ HIV Profile: _____
4. FPG: _____
5. Urine m/c/s: _____

Second trimester _____ Date: _____ POG: _____
1. OGTT

Third trimester _____ Date: _____ POG: _____
1. GBS

Others: _____

Ultrasound Findings

Date	CRL BPD FL Gestational age Multiple gestation Placenta Liquor	
Date	CRL BPD FL Gestational age Multiple gestation Placenta Liquor	
Date	CRL BPD FL Gestational age Multiple gestation Placenta Liquor	
Date	CRL BPD FL Gestational age Multiple gestation Placenta Liquor	

Criteria for Special Attention during Pregnancy

	Risk Factors	Yes	No
1	Age < 18 years		
2	Age > 35 years at first pregnancy		
3	Diabetes/ Gestational Diabetes		
4	Hypertension/ Pregnancy induced Hypertension		
5	Anaemia		
6	Cardiovascular diseases		
7	Epilepsy or any neurological disease		
8	History of neonatal deaths or stillbirths		
9	History of previous Caesarean Section		
10	History of 3 or more spontaneous abortions		
11	Twin or Multiple pregnancy		
12	HIV/ AIDS		
13	Autoimmune Diseases		
14	Any other severe conditions? If so, which condition?		

Antenatal Clinic

Date								
Period of Gestation								
Position of Fetus								
Engagement of presentation								
Fetal Heart								
Weight								
BP								
Sugar								
Urine Sugar/ Albumin								
Pedal Edema								
Hb								
Remarks								
Next Visit								
Sig of Midwife								

Preventive Prenatal Care Services

1. Folic Acid tablets

Prescribed: Yes No Date:

2. Ferrous Fumarate

Prescribed: Yes No Date:

3. Calcium tablets

Prescribed: Yes No Date:

4. Tetanus injection (tdap) at 27 - 36 weeks' gestation

Prescribed: Yes No Date:

5. Flu vaccine as from 18 weeks' gestation

Prescribed: Yes No Date:

6. Rh anti D

Prescribed: Yes No Date:

7. Referral to Dentist

Yes No

Dental care is safe and important during pregnancy

Seek routine and emergency care at any stage of your pregnancy, if needed

Labour & Delivery



*Ready to bring your baby into the world?
The moment you have been waiting for is almost here: the birth of your baby!
Childbirth marks the end of pregnancy. But it also marks the beginning of motherhood.*

Delivery

Date of Birth: _____

Time of birth: _____

Place of delivery _____

Period of gestation _____

Labour: Spontaneous Induced: C-Section

Antibiotics: Yes No

Name: _____ Duration: _____ Diagnosis: _____

Birth: Vaginal Vaginal with forceps

Emergency C/S Elective C/S

Indication of C/S: _____

Anesthesia: None General

Spinal Epidural

Discharge – Postnatal ward

Vitals: _____

Date: _____

BP: _____ RBS: _____ Temp: _____

Wound:

Episiotomy wound

Caesarean Section wound

Counselling Checklists:

Breastfeeding postpartum

Gestational Diabetes – OGTT 6 weeks

Postpartum Contraception

Pregnancy induced Hypertension –
regular BP check

Calcium/Fefol supplements

Nutrition

Wound care

6 weeks' review in ANC clinic CHC/ AHC/
Mediclinic

Postpartum Visit (6 weeks after delivery)

Postpartum Visit is very important!
Attend the nearest health centre 6 weeks after delivery, during ANC clinic

Date: _____

Place: _____

General condition

BP: _____ RBS: _____ Weight: _____

Abdomen (size of uterus): _____

Vaginal Bleeding (Lochia): _____

Episiotomy wound: _____

C-section scar: _____

Breast Exam: _____

Pap's smear done:

Yes

No

p/s findings: _____

Counselling Checklists:

• Breastfeeding

Yes

No

• Postpartum contraception

Yes

No

• OGTT

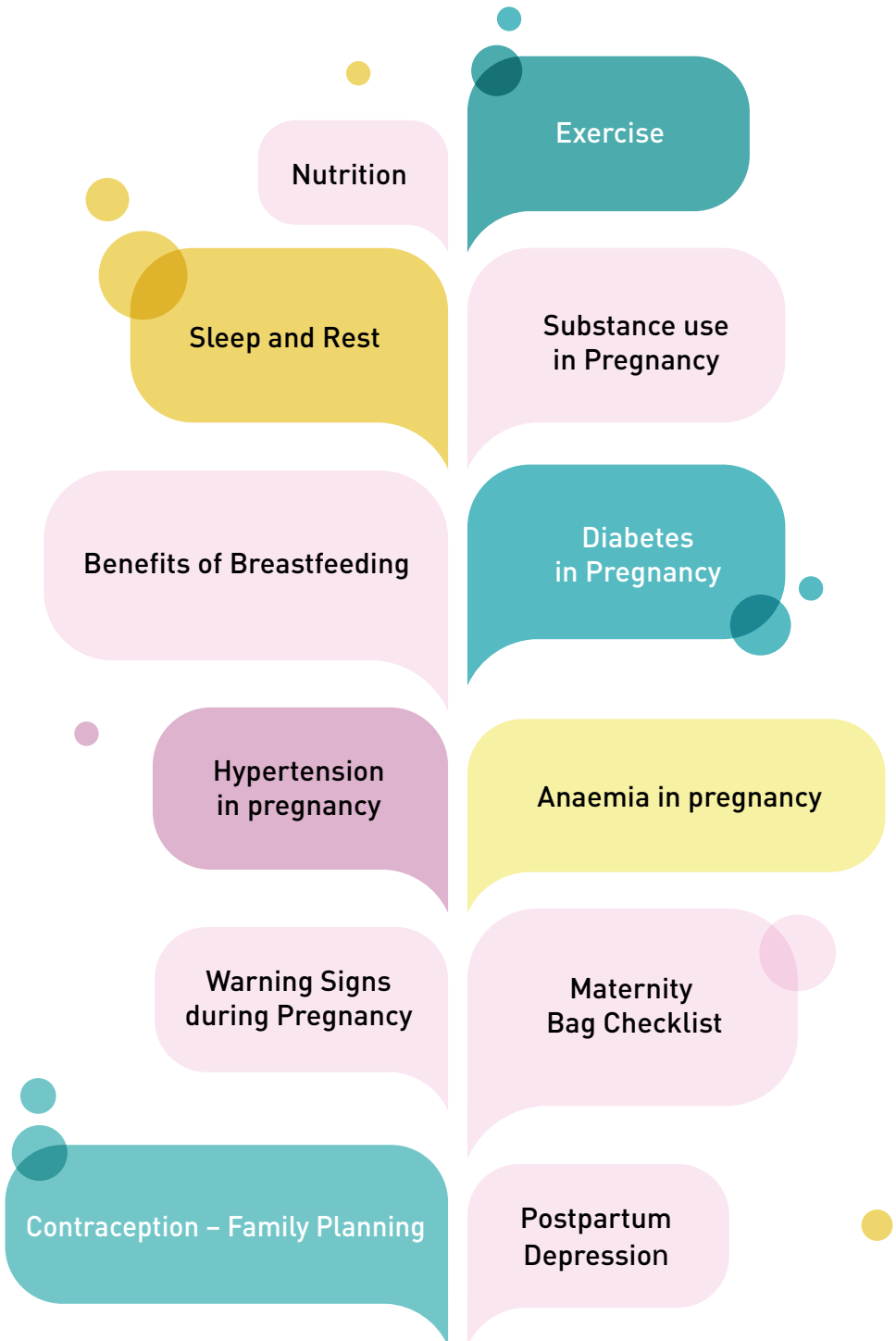
Yes

No

Clinical Notes

Date	Clinical Findings	Treatment	Sig of Dr

Health Information



Nutrition

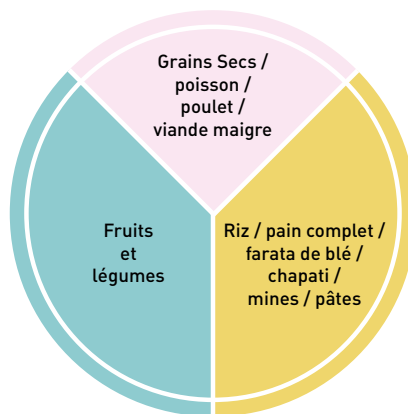
The first 1000 days of life set us up for good health across our lives.

A mother's nutrition during pregnancy and the nutrition a child receives in the first two years of life are vitally important. It influences in determining good health both now and into the future.

Dietary Recommendations

- A healthy and well balanced diet is important for a good health and a good pregnancy and can help reduce some pregnancy symptoms, such as nausea and constipation.
- To maintain a healthy pregnancy, approximately 300 - 350 extra calories are needed each day in the second half of pregnancy.
- These calories should come from a balanced & varied diet of protein, fruits, vegetables and whole grains as shown in the plate model below.
- Sweets should be kept to a minimum; avoid bad fats (see page 24).
- Choose 2 -3 servings of non-fat or skimmed milk or plain yogurt per day.
- Have healthy snacks in between meals, for example, fruits.

Plate model



Fluid Intake During Pregnancy

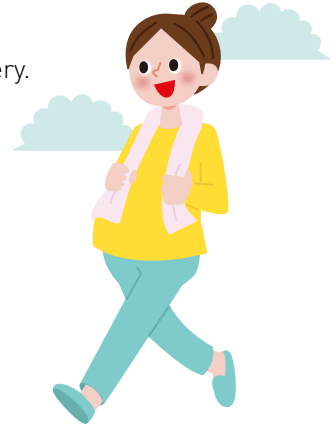
- Drink 6 – 8 glasses of water per day
- Restricting your intake of caffeine (coffee, tea, soft drinks).
- Avoid all forms of alcohol during pregnancy

Exercise in Pregnancy

Most women can, and should, engage in mild to moderate exercise during pregnancy. Exercise can help you stay in shape as well as prepare your body for labour and delivery. Walking, swimming and cycling are all excellent forms of exercise during pregnancy.

Benefits of Exercise During Pregnancy

- Strengthen muscles in preparation for labour and delivery.
- Help to resolve constipation.
- Relieve back pain.
- Improve your mood.
- Improve your sleep.



How to Exercise Safely

- Warm up and cool down when exercising.
- Take 5 to 10 minutes at the beginning of your exercise session to gradually warm up your muscles and prepare your body.
- When you finish your exercise session, gradually slow down rather than stopping abruptly.

Important tips:

- Dress for the weather.
- Wear the appropriate clothing, such as supportive shoes for walking.
- Drink plenty of fluids.
- Eat a healthy, balanced diet.

Safety Tips - DON'T

- Do not overdo it!
- Don't take risks. Avoid any activity that could cause trauma to your abdomen.
- Don't perform exercises that involve bouncy, jerky motions.
- Avoid exercises that compress the uterus.
- Don't do exercises that require you to lie flat on your back. This position is associated with a decrease in blood flow and oxygen delivery.

Rest and Sleep

- Be consistent with your sleep schedule. Go to bed and wake up at the same time every day.
- Prioritize sleep. It's one of the healthiest things you can do for your body.
- Keep daytime naps short.
- Stick to a bedtime routine that relaxes you, and do not vary from it.
- Do not eat at bedtime. Finish eating two to three hours before going to bed.

Substance use during pregnancy



Alcohol

Alcohol during pregnancy can increase the risk of miscarriage, stillbirth, new-born death and foetal alcohol syndrome (low birth weight, heart defects, facial defects, learning problems and mental retardation).



Tobacco

Women who smoke during pregnancy are more likely to have babies who are too small. Smoking also increases the risk of miscarriage, preterm labour, stillbirth and new-born death.



Drugs: HARMFUL during pregnancy

Cocaine, crack, heroin, marijuana and methadone.

Harmful effects to baby: decreased weight, length and head size, strokes, or bleeding into their brains.

Benefits of Breastfeeding

You should initiate breastfeeding within 1st hour of birth as far as possible

You should exclusively breastfeed your baby for first 6 months of life

Baby

- Colostrum: essential nutrition along with antibodies from mom to baby
- Builds baby's immune system and fewer episodes of illness
- Increased IQ
- Breastfed babies: lower risk of SIDS (sudden infant death syndrome)
- Decreased risks of food allergies.
- Decreased risks of developing asthma
- Lower risk for ear, throat and nose infections
- Lower risk for childhood leukaemia and other cancers
- Reduced risk of hypertension, obesity, diabetes, asthma.

Mother

- Emotional support and bonding
- Promotes postpartum emotional health and postpartum weight loss
- Costs less to breastfeed
- Reduces risk of breast cancer, type 2 diabetes and osteoporosis
- Reduces the risk of uterine and ovarian cancer

Lactation Amenorrhoea

Temporary natural contraception method for first six months
It is effective if:

- Baby is exclusively breastfeeding for the first six months of life (neither water nor other fluids).
- Baby is less than 6 months of age.
- No return of menses.



A lot of things you will hear people say or suggest about breastfeeding can be out-dated or incorrect. We have corrected some of the most common myths here.

Myth #1

Women with flat or inverted nipples cannot breastfeed

This is not true. Babies do not nipple feed but breastfeed. Baby needs to suckle on the areola, and not the nipples, to get milk.

Myth #2

Breastfeeding changes the shape and size of your breast.

Actually, it is pregnancy that changes the structure of breasts.

Try to wear a good support bra during pregnancy and lactating period to support the breasts and prevent over-stretching.

You can also do some exercises to strengthen the chest muscles.

Myth #3

You do not have enough milk.

This is wrong to think so. Actually, the more your baby suckle at your breast, the more milk you will produce to feed your baby. You should feed your baby on demand to maintain a good milk supply.

Myth #4

Formula has more vitamins than breast milk.

In fact, the opposite is true. Formula cannot match the nutrients and vitamins in breastmilk.

More importantly, breastmilk has antibodies, which can only be passed from your body to your baby. This is what helps protect your baby from getting sick.

Myth #5

Modern milk formulas are almost the same as breast milk.

Breast milk is the Best! No milk can replace that. These claims are incorrect. Modern formulas are only superficially similar to breast milk.

Formulas don't vary and are made to suit every baby whereas your own breast milk is just suited for your baby's unique needs.

Diabetes and Pregnancy

Gestational diabetes is a condition in which your blood sugar levels become high during pregnancy at the end of the second trimester.

It almost always goes away as soon as your baby is born. However, if gestational diabetes is not treated during your pregnancy, you may experience some complications.

Diagnosis

1. Fasting blood sugar
2. Oral glucose tolerance test

Values

Normal : 5.3

1st hour : < 10

2nd hour : < 8.6

Symptoms

- Excessive fatigue
- Increased thirst
- Increased frequency of urine
- Headache

Diet

- Avoid sugar and high-sugar foods (desserts, sweets, candy, cookies, soft drinks and fruit juice).
- Eat fresh fruits (high in natural sugar, limit it to one small serving at a time, 2-3 fruits per day).
- Eat reasonable portions of high-carbohydrate foods (breads, cereals, rice, pasta, potatoes, fruits, milk, plain yogurt).
- Avoid bad fats (saturated and trans fat) and choose good fats (poly and monounsaturated fats).



- Space out the carbohydrate foods you consume throughout the day.
- Eating three smaller meals and three or four healthy snacks between meals can help you meet your pregnancy diet goals without elevating your blood sugar.

**Attend the nearest health centre 6 to 12 weeks after delivery
to repeat the test for diabetes**

Continue breastfeeding till the age of 2 years or beyond, this will protect you against diabetes.

Hypertension and Pregnancy

10 to 15% of pregnant women has hypertension. In general, hypertension develops in the second trimester of pregnancy, between 4th and 6th month.

For pregnant women, having blood pressure checked regularly is essential - even if it is not high to begin with.

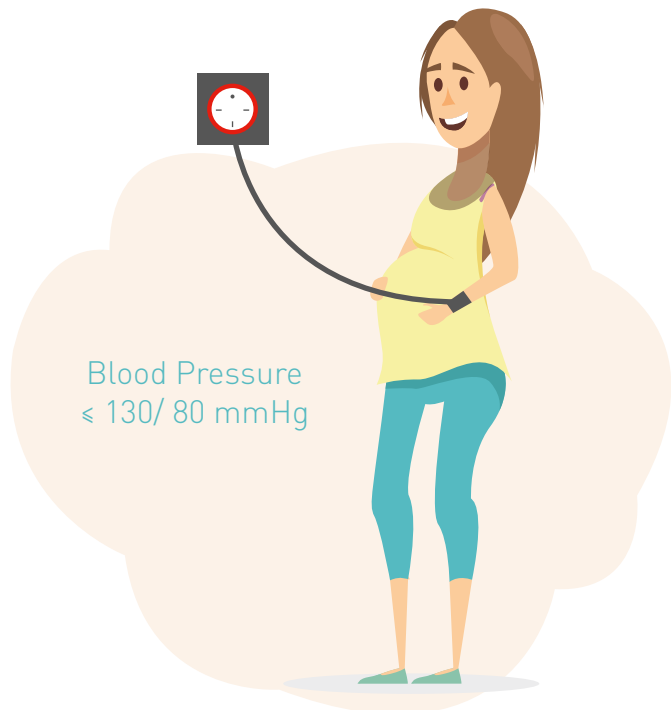
Healthy habits

- A healthy diet.
- Eat at least 5 fruits and vegetables in a day. They add antioxidant and fibres to the diet.
- Limit salt intake to 6g/ day, limit sugar and saturated fats in diet.
- Do not consume alcohol or cigarette.
- Regular physical activity (seek medical advice if needed).

Diagnosis

Blood pressure monitoring at every antenatal visit.

Normal Blood pressure: 130/80 mmHg or less.



Anaemia in Pregnancy

Causes

Low intake of iron and folate
Blood loss

Anemia

Classification:

Mild: 9 - 10.9g/dl
Moderate: 7 - 9g/dl
Severe: < 7g/dl

Anaemia occurs when your haemoglobin (Hb) is less than 11g/dL.

Preventing Anaemia

- Eat iron-rich foods such as lean meat, chicken, fish, eggs, dried beans.
- Eat foods high in folic acid, such as dried beans, dark green leafy vegetables, wheat germ.
- Eat foods high in vitamin C, such as citrus fruits and fresh, raw vegetables.
- Take your prenatal multivitamin and iron supplements which contains extra folate.
- Avoid tea or coffee.

Iron-Rich Foods

The recommended dietary allowance (RDA) of iron during pregnancy is 30 milligrams.



Warning signs during pregnancy



If you ever experience any of the above symptoms, please attend nearest health centres or regional hospitals with this handbook.

DO NOT WAIT FOR THE NEXT APPOINTMENT!

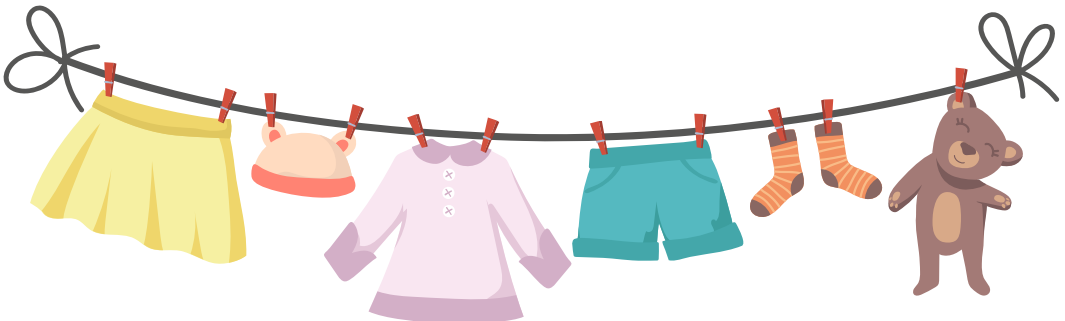
Maternity bag Checklist

Mother

- 2 or 3 front opening Cotton nighties or pyjamas
- 3 nursing bras
- Underwear
- Maternity pads
- Loose fitting day clothes
- Towels
- Slippers
- Socks
- Going home outfits
- Toiletries
 - Toothbrush
 - Toothpaste
 - Soap or gel wash
 - Hairbrush and hairbands
 - Face cream, body cream

Baby

- Disposable nappies
- Wipes, cream, baby wash, baby cream
- Towels
- Face towels
- Baby clothes
- Caps
- Socks
- Vests
- Onesies
- Blankets
- 2 going home outfits



Contraception – Family Planning

Contraception is important after pregnancy.

To have healthy mothers and babies, at least 2 years spacing between pregnancies is important.

Visit the family planning clinic in nearby CHC/ AHC/ Mediclinic with your partner and decide about the method most appropriate for you.

Contraception methods

- Implant.
- Depo Provera injection.
- Progestogen-only pill.
- Condoms.
- Intra uterine device (IUD).
- Combined oral contraceptive pill.

Breastfeeding as contraception

- You are exclusively breastfeeding (no water or fluids to the baby).
- You are not having menses.
- Your baby is less than 6 months' old.

Postpartum Depression

Feeling low? Feeling sad? You want to cry?

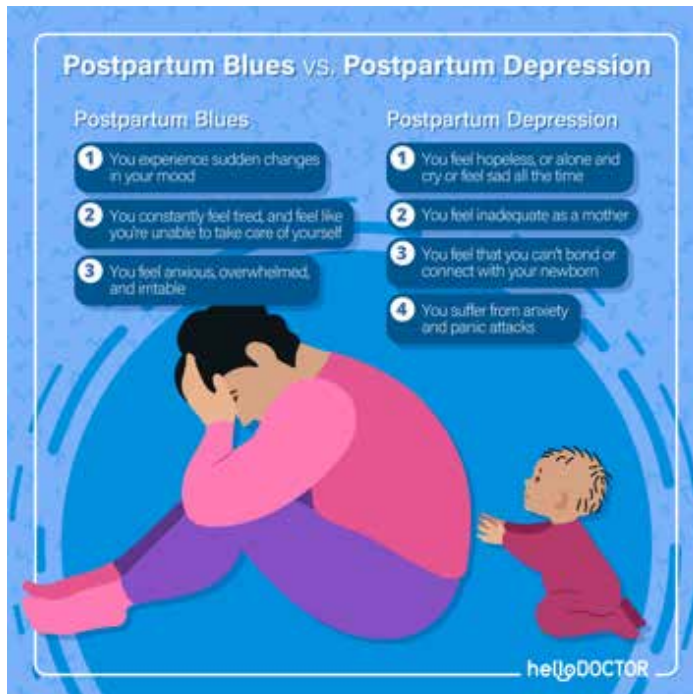
If you even have 1 or 2 of these symptoms, seek medical advice.

- You feel empty and alone, despite just having added a baby to your life.
- You feel completely overwhelmed, as though you will never be a good mom.
- You feel no bond or connection to this new life you helped to create.
- You are constantly irritated or angry and you have no patience. You may even resent your baby because of how your life has changed.
- You are uncontrollably sad and can't stop crying or shake off feelings of sadness.
- You feel out of focus and can't concentrate on anything least of all your new-born.
- You have thoughts of harming yourself or baby.

Postpartum depression is nothing to be ashamed of – it affects about 1 in 7 new moms and absolutely does not mean you are failing as a parent. And there are several options to treat it. The first step is recognizing the signs of postpartum depression.

You are not alone in this thing – help is out there!

Don't hesitate to speak up, seek medical help!



Section 2: Child's Health



Child Details

Surname: _____

Name: _____

Date of Birth: _____

Sex: _____

Address: _____

***Your child's health is your priority!
Protect your child's right to health care!***

Child's Details

Gestation: _____

Mother's Blood group: _____

Illness during Pregnancy: _____

Delivery: Vaginal

Caesarean Section

Duration of Labour: _____

Antibiotics received before or during labour: _____

Child's Blood Group:

Rh

Positive

Negative

Coombs test D: ____

Vitamin K inj: ____

Yes

No

Medical History _____

Family History _____

Allergic History _____

Special Interventions required:

Yes

No

If yes, please specify _____

Others: _____

Neonatal Examination

Weight: _____ Length: _____ Head Circumference: _____

Apgar Score: at 1 minute: _____ at 5 minutes: _____

Examination	At Birth	On discharge
General Condition <ul style="list-style-type: none">• Cyanosis• Icterus		
Head		
Neck		
Chest		
Heart		
Lungs		
Abdomen		
Genitals		
Extremities		
Skin		

Clinical Notes: _____

Discharge:

Weight on discharge: _____ Date of discharge: _____

Examined by: _____ Signature: _____

Consultation/ Examination (0 – 6 weeks)

Date				
Age				
Weight				
Length				
Head Circumference				
Clinical Examination				
Observation & Prescription				
Signature				

Physical Examination

	6 weeks old	6 months old
Date of examination		
Place of exam		
Weight (kg)		
Length (cm)		
Head Circumference		
Milestones	Social Smile <input type="checkbox"/> Yes <input type="checkbox"/> No Head Holding <input type="checkbox"/> Yes <input type="checkbox"/> No	Sitting <input type="checkbox"/> Yes <input type="checkbox"/> No Stand with support <input type="checkbox"/> Yes <input type="checkbox"/> No Response to light <input type="checkbox"/> Yes <input type="checkbox"/> No Response to sound <input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition	Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No Complementary feeds <input type="checkbox"/> Yes <input type="checkbox"/> No	Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No Complementary feeds <input type="checkbox"/> Yes <input type="checkbox"/> No
Reflexes		
Fontanelles		
Eyes	Right Left	Right Left
Ears	Right Left	Right Left
Nose and throat		
Neck		
Heart		
Lungs		
Umbilicus		
Abdomen		
Genitals		
Hips & Limbs	Right Left	Right Left
Signature of Doctor		

Consultation/ Examination (7 weeks – 6 months)

Date				
Age				
Weight				
Length				
Head Circumference				
Clinical Examination				
Observation & Prescription				
Signature				

Consultation/ Examination (7 months – 12 months)

Date				
Age				
Weight				
Length				
Head Circumference				
Clinical Examination				
Observation & Prescription				
Signature				

Physical Examination

	1 Year old	2 Years Old	3 Years old
Date of Exam			
Place of Exam			
Weight			
Height			
Milestones	Sitting <input type="checkbox"/> Yes <input type="checkbox"/> No Standing <input type="checkbox"/> Yes <input type="checkbox"/> No Walking <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eyes - Left - Right			
Ears - Left - Right			
Nose & Throat			
Teeth			
Heart			
Lungs			
Abdomen			
Umbilicus			
Genitals			
Hips Lower limbs			
Signature of doctor			

Additional notes

Consultation/ Examination (13 months – 24 months)

Date				
Age				
Weight				
Length				
Head Circumference				
Clinical Examination				
Observation & Prescription				
Signature				

Consultation/ Examination (as from 24 months)

Date				
Age				
Weight				
Length				
Head Circumference				
Clinical Examination				
Observation & Prescription				
Signature				

Consultation/ Examination (as from 24 months)

Date				
Age				
Weight				
Length				
Head Circumference				
Clinical Examination				
Observation & Prescription				
Signature				

Growth Charts

Children come in all shapes and sizes, and all babies grow at their own pace.

Baby growth charts are important tools healthcare providers use to check your little one's overall health.

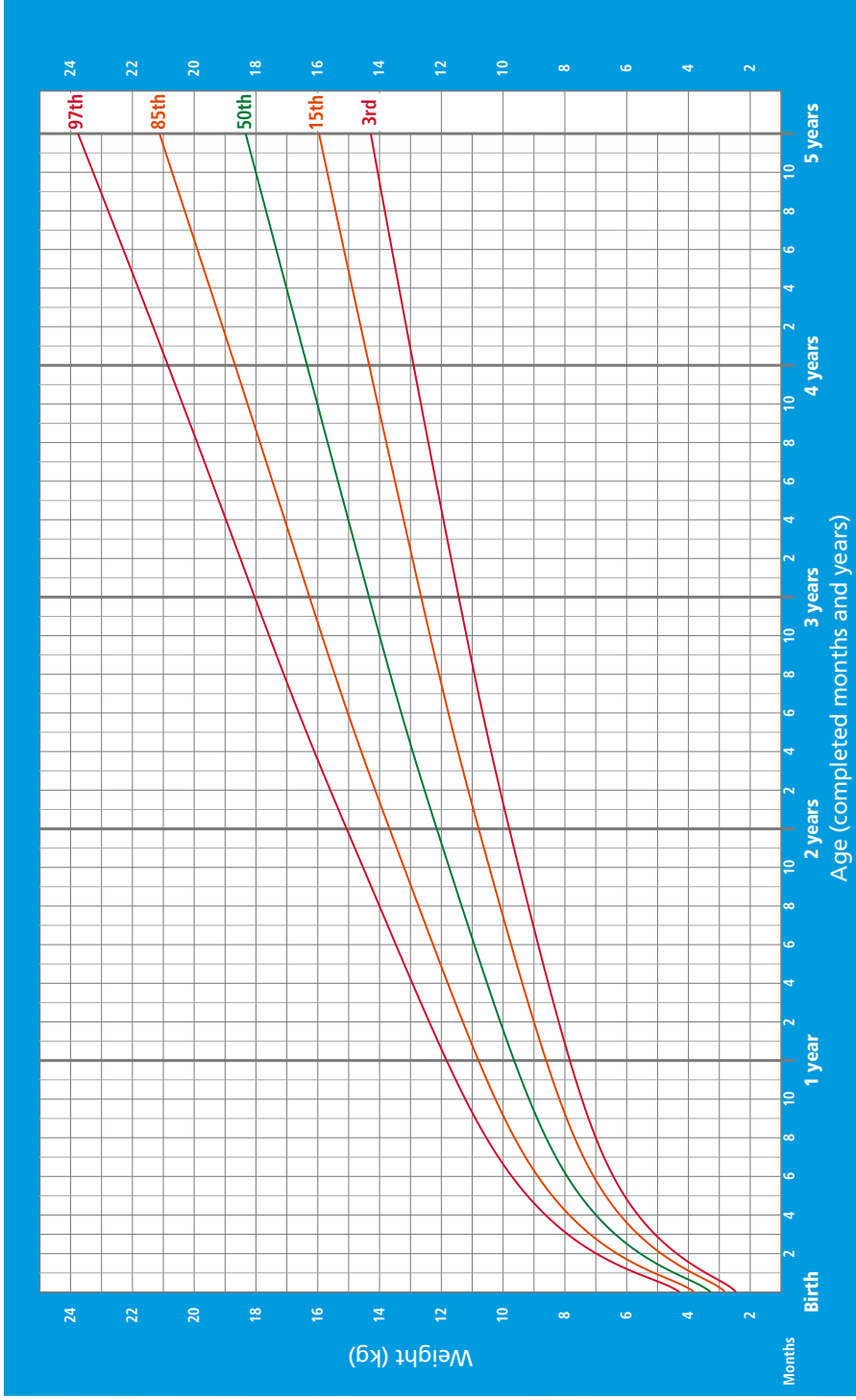
The charts are used to assess how your baby is growing compared with other children of the same age and gender and to see how your child is developing over time.



Weight-for-age BOYS



Birth to 5 years (percentiles)



Weight-for-age GIRLS

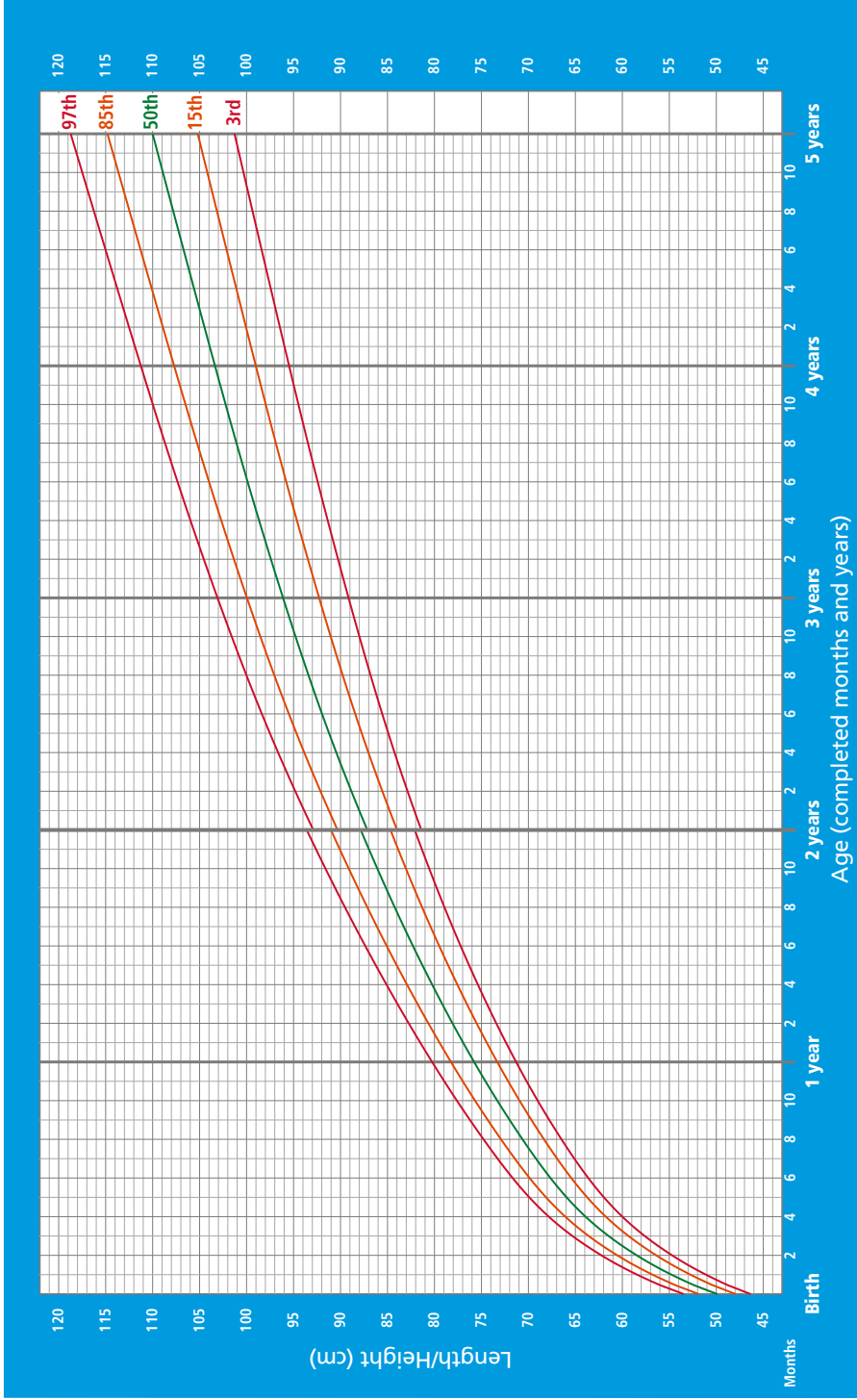
Birth to 5 years (percentiles)



Length/height-for-age BOYS



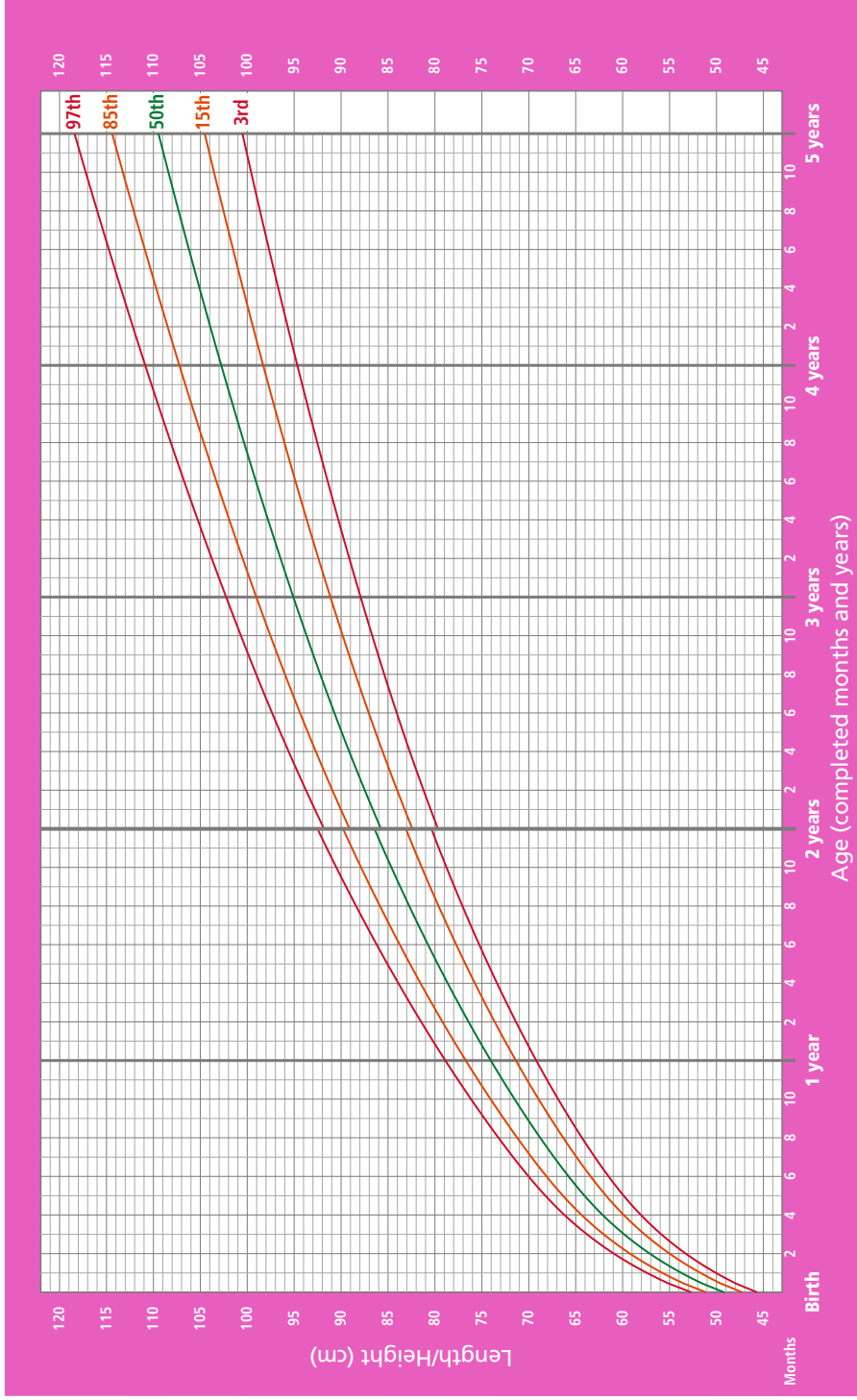
Birth to 5 years (percentiles)



Length/height-for-age GIRLS



Birth to 5 years (percentiles)



Immunisation

*Vaccines are safe.
Vaccines are effective.
Vaccines save life.*

Do not miss appointments for vaccination.

In case of a missed appointment, kindly call to take another appointment.

Always bring this handbook when visiting any health centre for vaccination or other purpose.



LOVE THEM • PROTECT THEM • IMMUNISE THEM

Immunisation Boys

Vaccine	Age	Date Given	Initial of Nurse	Next appointment
BCG	0-3 Months			
Rotavirus Vaccine 1	6 Weeks			
Hexavalent 1/ OPV 1	6 Weeks			
PCV 1	6 Weeks			
Rotavirus Vaccine 2	10 weeks			
Hexavalent 2/ OPV 2	10 weeks			
PCV 2	14 weeks			
Hexavalent 3/ OPV 3	14 weeks			
MMR 1	9 months			
PCV 3	10 months			
MMR 2	17 months			
Booster Hexavalent/ OPV 4	18 months			
Booster Tdap/ IPV	5 years			
Tdap	11 – 12 years			

Immunisation Girls

Vaccine	Age	Date	Sig	Next apnt
BCG	0-3 Months			
Rotavirus Vaccine 1	6 Weeks			
Hexavalent 1/ OPV 1	6 Weeks			
PCV 1	6 Weeks			
Rotavirus Vaccine 2	10 weeks			
Hexavalent 2/ OPV 2	10 weeks			
PCV 2	14 weeks			
Hexavalent 3/ OPV 3	14 weeks			
MMR 1	9 months			
PCV 3	10 months			
MMR 2	17 months			
Booster Hexavalent/ OPV 4	18 months			
Booster Tdap/ IPV	5 years			
HPV Vaccine 1				
HPV Vaccine 2				
Tdap	11 – 12 years			

Current Vaccines

Hexavalent:

- Diphtheria
- Pertussis
- Tetanus
- Haemophilus Influenzae Type B
- Polio (Inactivated)
- Hepatitis B

MMR: Measles, Mumps, Rubella

PCV: Pneumococcal Conjugate Vaccine

OPV: Oral Polio Vaccine

HPV: Human Papilloma Virus Vaccine

Tdap: Diphtheria, Tetanus, Pertussis

IPV: Inactivated Polio

Additional Vaccinations

Vaccine	Age	Date	Initial of provider

Additional Notes

Date	Remarks

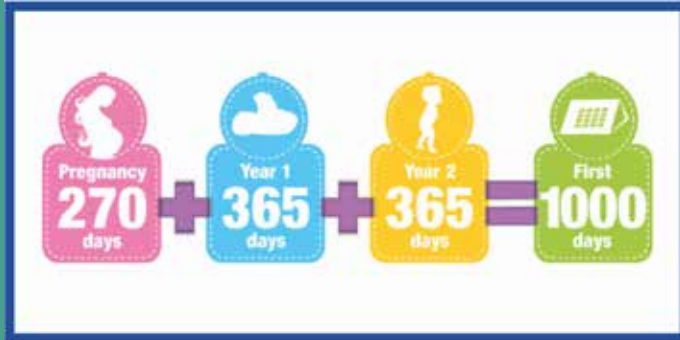
Hospital Admissions

Date of Admission	Medical Notes	Date of Discharge	Seen By

Health Information



The First 1,000 days can shape a Child's Future



If babies get the right nutrition in those 1000 days, they are 10 times more likely to overcome life threatening childhood diseases



A well-nourished child is more likely to:
Continue her education
Have a higher IQ
Earn upto 46% more in lifetime

The first thousand days in a person's life is most crucial , as it establishes a solid platform for a child's physical, mental and social health, leading to the rest of their life.

Breastfeeding

Getting started

- Start breastfeeding soon after delivery, ideally within the first hour of birth if you and your baby's conditions permit. This is the time when the baby's suckling instinct is the strongest.
- Early skin to skin contact with your baby immediately after birth helps in early initiation to breastfeeding and helps to stimulate milk flow. It also ensures emotional bonding of mother-baby.
- Colostrum, the milk produced by the mothers during the first few days of life, is the most superior source of nourishment for your new-born.

breastfeeding positions

football hold
Tuck baby under one arm, like a football. Hold baby with one arm while the other supports your breast.

cross-body
Bring baby across your body, tummy to tummy. Hold baby and support the neck. Hold breast with other hand.

cradle hold
Support baby with the arm on the same side of the breast as she's nursing on.

side-lying
Lie down on your side with baby facing you. Baby will nurse from the breast that is resting on the bed.

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Getting Plenty of Milk

Feed your newborn at signs of hunger, at least 8-12 times per day. These signs will help you know that baby is getting enough milk.

✓ Weight Gain

Newborns may lose 7-10% of their birth weight in the first few days. Following this initial drop, they should gain steadily, 5-7 ounces per week or more for the first month.

✓ Diapers

At least 1 wet and 1 soiled diaper for each day of life (1 on day 1, 2 on day 2). By day 4, baby should have 6+ wet diapers and 3-4 stools or more per day.

✓ Stool Changes

During the first few days as baby feeds, the color and consistency of his stool changes. These changes let you know that baby is feeding well.



Day 1

Baby's stool is called meconium and is black/brown, thick and sticky.



Day 3

Transitional stool, which is greenish and less sticky than meconium.

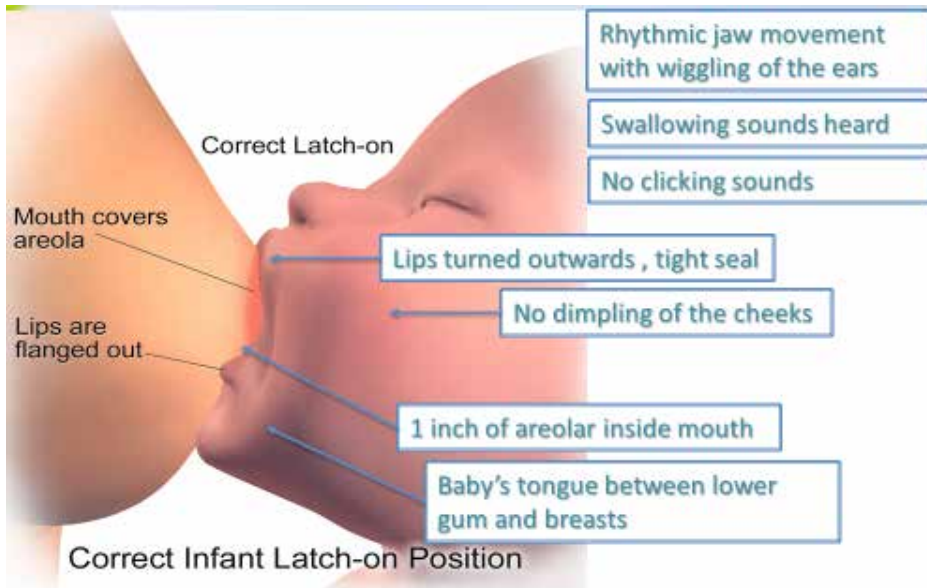


Day 5

Baby's stool becomes mustard yellow and may be watery or seedy.

The How of breastfeeding

- Adopt a relax and comfortable position.
- A good latch is important for your baby to breastfeed.



How often?

- Feed baby frequently on demand - 8-12 times per day for the first months.
- Allow baby to suckle until he is satisfied.
- Empty one breast first, before offering the second breast.
- Most breastfeeding sessions take 20 to 45 minutes. However, because new-born babies are often sleepy, this length of time may require patience and persistence.
- Feed on the first side until your baby stops suckling, hands are no longer fisted, and your baby appears sleepy and relaxed

How long?

The World Health Organization (WHO): Exclusive breastfeeding for the first six months.

Mothers are encouraged to continue to breastfeed up to two years or beyond with complementary feeds to confer the maximum benefits of breastfeeding for mummy and baby.

Complementary Feeding

Weaning is the process of gradually introducing solid foods in an infant diet during the first year of life, starting from 6 months of life.

It requires patience and understanding from both you and your child. By 12 months of age, family food can be introduced.

Your baby is ready for weaning when...

- Baby is 6 months of age.
- Holds objects (e.g. biscuit) and takes everything to mouth.
- Chewing movements start.
- Tendency to push solids out decreases.
- Eruption of teeth and beginning of biting movements.
- Digestive system and kidneys function well.

Preparation of feeds

- Clean and fresh food, prepared immediately and not stored for more than 3 hours.
- Do not add sugar and salt in food.
- Always use boiled and cooled water to prepare feeds for baby.
- Avoid bottle water as the sodium content is high.
- Easily digestible and palatable.
- High in energy.
- Easy to prepare, well balanced and nourishing.
- Butter, oil, cheese or margarine can be added in small quantity to feeds.

How to wean an infant?

- The baby should be well supported, ideally sitting in a high chair.
- The baby should not be left unattended due to the risk of choking.
- Food should be given using a plastic weaning spoon.
- A few teaspoons should be offered before one feed.
- As more solid food is introduced, milk intake is gradually reduced.



What food?

- Rice based cereals
 - Prepare and mix with water or milk.
 - Prepare in bowl, and give with spoon, avoid feeding bottles.
- Vegetables
 - Broccoli, courgette, cauliflowers, carrots, cabbage.
 - Cook to soften them, then mash or blend veggies to a suitable texture.
- Fruits
 - Banana, pear, papaya, mango, apple.
 - Mash or blend soft ripe fruits to a suitable texture for your baby, or give them as finger foods.
 - Harder fruits need to be cooked to soften them. Wash and remove any hard skin.
- Starchy food
 - Rice, potatoes, porridge.
- Protein food
 - Chicken, lean meat, lentils, beans, chickpeas, tofu, fish, eggs.
- Dairy products – yoghurt, cheese.



Do's

- Continue breastfeeding and formula feeding.
- Introduce one new food at a time.
- Help the baby to hold the food as needed.
- Expect a mess. Self-feeding is encouraged.
- Shorten feedings and space out their frequency.
- Offer food variety. Offer food of different shapes and colours.
- Sit with the baby during meals.
- Talk to him and maintain eye contact.

Don'ts

- Don't wean baby in period of sickness.
- Don't rush to give solid foods.
- Don't leave baby alone during meal.
- Don't introduce more than one new food at a time.
- Don't introduce food that are hard, hot or sticky.
- Don't give tea, coffee, aerated beverages, sugary drinks, honey, whole nuts.
- Discard unused feed.

Food Chart

	Breakfast	Lunch	Afternoon	Dinner	Night
Week 1 & 2 Introduce cereals by spoon	Cereals Then Breastmilk Or Formula Milk	Breastmilk Formula Milk	Breastmilk Formula Milk	Cereal followed by milk	Breastmilk Formula Milk
Week 3, 4, & 5 Introduce vegetables	Cereals Then Breastmilk Or Formula Milk	Vegetables followed by milk Mashed vegetables (chouchou, calebasses, broccoli, carrot, patisson, courgette) Introduce a new vegetable every 3 days.	Breastmilk Formula Milk	Cereals followed by milk	Breastmilk Formula Milk
Week 6, 7 & 8	Cereals Then Breastmilk Or Formula Milk	Mashed vegetables followed by milk	Fruits followed by milk Mashed fruits (Pomme, banana, papaya, mangue, poire, avocat, melon d'eau) Change fruits every 3 days	Cereals followed by milk	Breastmilk Formula Milk
Week 9 till 9 months Introduce carbohydrates, pulses and protein of animal origin.	Fruits with cereals	Mix 2 – 3 vegetables together. Add pulses 2-3 times per week Give boiled and cooled water.	Mix 2 – 3 fruits together, followed by milk	1. Introduce carbohydrate (rice, pasta, potato, bread) 2. Introduce fish, chicken or fish 3. Add vegetables Give boiled and cooled water	Breastmilk Formula Milk
At 9 months Introduce eggs and yogurt	Fruits with cereals	1 st week: EGG first 3 days, give white egg Next 3 days, give egg yolk Then half egg, twice a week	2 nd week: Plain yogurt Biscuits		Breastmilk Formula Milk
At 1 year	Fruits with cereals	Introduce other vegetables gradually	Introduce other fruits gradually	Introduce seafoods gradually	Breastmilk Formula Milk

Kids with Flu - What You Need to know

Common symptoms of flu:



Sore throat



Fever



Cough



Runny nose



Headache



Fatigue



Chills

Children with the flu can typically be treated at home with rest and fluids. You can wait to see a doctor if your child is urinating normally and is playful, eating well and interactive.

If your child has the flu, he/she is contagious as early as one day before symptoms develop – and up to five to seven days after.

WARNING SIGNS: take your child to the nearest health centre

- Shortness of breath or difficulty breathing
- Unresponsive
- Excessive vomiting
- Appear dehydrated with decreased urination, or have dry lips or sunken eyes

REMEMBER:

- Fluids
- Rest
- Flu vaccine in adults and children older than 6 months

Danger Signs – Baby and Child

If your child shows any symptoms or signs listed below, kindly take him to the nearest health centre

General

- Less responsive than usual or cannot be woken up
- Glazed eyes and not focusing on anything
- Seems floppy, drowsy or less alert than usual
- Convulsion or fits
- Unusual cry (high pitched, weak or continuous)
- Severe abdominal pain
- Bungle in the groin that gets bigger with crying

Temperature

- Feels cold or hot (temperature below 35°C or above 38.5°C).

Skin colour and circulation

- Blue colour around mouth
- Rash – reddish purple spots or bruises
- Skin: paler than usual or suddenly goes very white
- Nails are blue

Breathing

- Struggles to breathe or stop breathing
- Breathes more quickly than normal or grunts when breathing out

Vomiting and diarrhoea

- Blood in poo
- Not drinking sufficient water
- Fewer wet nappies or visits to toilet
- Vomit is green



Immunisation

- Immunisation is the best way to protect your child's health from diseases that could cause serious complications and harm.
- Vaccines are safe and effective.
- Children should be vaccinated on time to offer them maximum protection as early as possible.

Side effects

- Pain, redness and swelling at site of injection.
- Fever.

In case of side effects:

- Cold compress – ice cubes in a towel.
- Medicine to lower temperature if fever > 38.5°C.
- Consult a doctor if fever persists more than 48 hours.

Inform the health personnel if your child:

- Is sick or having fever.
- Has any past history of reaction to any previous vaccine.
- Has received any vaccine in past few days or weeks.
- Has any medical treatment.
- Is on medications such as steroids.

Vaccines protect against diseases

Tuberculosis

Diphtheria

Pertussis (whooping cough)

Tetanus

Poliomyelitis

Hepatitis B

Meningitis

Pneumonia

• Haemophilus influenzae type b (Hib)

• Pneumococcus

Measles

Mumps

Rubella

Rotavirus – diarrhoea

Appointment Schedule for Antenatal & Postnatal Clinics

Date	Time	Remarks

Appointment Schedule for Well Baby Clinic and Weighing

Date	Time	Remarks

