

**NIGERIAN BAPTIST CONVENTION
CONVENTION HEALTH WEEK PROGRAMME:
YOU AND YOUR
CHILDREN'S HEALTH**

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OUTLINE

- INTRODUCTION
- PRENATAL HEALTH (Health before pregnancy)
- PREGNANCY
- BIRTH
- NEONATAL PERIOD
- INFANCY
- UNDER FIVE

INTRODUCTION – DEFINITION OF TITLE

- Health is not just absence of sickness. It is the complete state of

- ***Physical***

- ***Mental***

- ***Emotional***

- ***Spiritual***

well-being of an individual. (World Health Organisation)

INTRODUCTION – DEFINITION OF TITLE (WHO)

- **Child** = “a person who is 19 years old or younger, unless national law defines a person to be an adult at an earlier age.” Includes:
 - **Neonates** (newborn) = from birth up to the age of 1 month (4 weeks or 28 days),
 - **Infants** (up to the age of 1 year),
 - **Under-fives** (from birth to 5 years),
 - **School age** (6 – 12 years), and
 - **Adolescents** (10 to 19 years inclusive).

INTRODUCTION – DEFINITION OF TITLE

- “You” = parents, potential parents, and anyone in a position to play a parental role to a child or children.

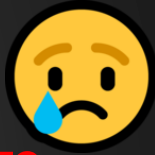
INTRODUCTION

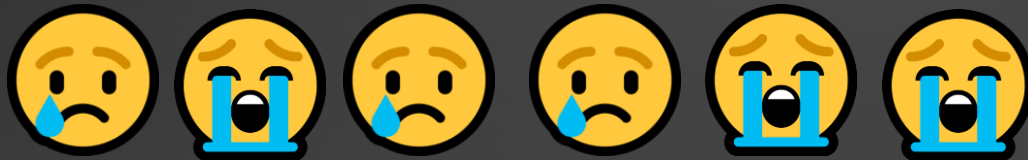
- 1st 5 yrs of a child's life are critical for laying the foundations for healthy adulthood.
- During that time, children are growing faster and shaping the future of their health more definitively than at any other point in their lives.
- In 1st yr of life alone, babies add 25 cm to length and triple their initial birth weight.
- 90% of brain development occurs in 1st 5 years
- However, this period of rapid growth and development is also a ***period of major vulnerability.***

INTRODUCTION

- Most of the discussion on the topic “You and Your Children’s Health” will therefore focus on this most vulnerable period of a child’s life.

INTRODUCTION – SOME STATISTICS. (NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2018)

- **Neonatal mortality:** probability of dying within the 1st month of life = **38/1,000 live births**
- **Infant mortality:** probability of dying before the 1st birthday = **67/1,000 live births** 
- **Under-5 mortality:** probability of dying between birth and 5th birthday = **132/1,000 live births (ie, In Nigeria, approx 1 out of every 8 babies born will not reach age of 5 years!)**
- **51% of all deaths among children under age 5 in Nigeria take place before a child's 1st birthday**
- **30% occur during the 1st month of life.**



BEFORE PREGNANCY

- *It takes 2 to make a baby!*
 - should be *husband* and *wife* (**NOT 2 unmarried individuals!**)
- Healthy mother (and father) = healthy baby
- Know blood genotype, blood group and HIV status before marriage
- Mother should eat healthy diet, avoid risky lifestyle behaviour

BEFORE PREGNANCY

- Pregnancy should be ***planned*** – (desired) and the mother should be ***physically, emotionally, psychologically and spiritually ready*** to carry the pregnancy to term, delivery and beyond.

IN PREGNANCY

- To ensure optimum health of the baby in the womb, there must be ***regular, supervised antenatal care*** – plan for delivery
- 1st 3 months are crucial – organ systems are being laid down, may be easily damaged by drugs, infections etc
- eg, heart and blood vessels are formed and functional before the end of the 4th week of pregnancy
- ***Any insults to the baby during these first weeks and months of pregnancy can cause devastating abnormalities to any or all the organs in the foetus.***

IN PREGNANCY

- Throughout pregnancy, baby derives nutrition from the mother through the umbilical cord.
- She must therefore ensure that she stays healthy,
 - *eats the right food in the right quantity*
 - *abstains from substances that might harm the unborn baby* - alcohol
 - tobacco,
 - hard drugs,
 - native concoctions (often of doubtful composition and concentration)

**WATCH WHAT
YOU EAT OR
DRINK!**



**It could
affect your
baby!**

@PENCILCELEBRITIES

IN PREGNANCY – ANTENATAL CARE

- Attending regular antenatal care in a reputable clinic ensures that the mother's health is monitored (wellbeing, weight, blood pressure, urine, etc), and that baby is growing well, according to expectation.
- During such visits, **health education** will be given, preparing mothers for delivery.
- Expectant mothers will also be expected to take **routine haematinics** (drugs that boost blood formation, such as iron tablets and folic acid) regularly because of the increased demands of the unborn child

IN PREGNANCY – TREATMENT AND PREVENTION OF MALARIA

- They will also be expected to take ***Intermittent Preventive Treatment for malaria in pregnancy (IPTp)***, 1st to clear the blood of malaria parasites, and then to prevent malaria infection during the time she is pregnant, because of the damaging effect of malaria on the unborn baby

IN PREGNANCY – TETANUS TOXOID

- Expectant mothers should also receive **2 doses** of ***tetanus toxoid*** during pregnancy. This is a vaccination which helps to protect the baby from tetanus infection – a very dangerous killer disease, which can affect children of any age, and adults alike.
- ***Newborns are particularly vulnerable*** because they may be infected from poor cord care, circumcision or ear piercing.
- ***Even in the best medical centres, many such newborns die of tetanus.***

IN PREGNANCY, ULTRASOUND SCANS

- During pregnancy, several *ultrasound scans* will be performed. Useful for
 - knowing no of babies expected - 1, 2, 3 or!!!
 - Monitoring well-being and growth of the baby/babies
 - detecting any abnormalities
 - planning mode of delivery, whether vaginal or by operation (Caesarean Section).
 - determination of sex of the baby

IN PREGNANCY

- *Don't listen to fables, myths, fake news etc–*
- *Take advice from informed, health personnel*
- *Speak God's word to your unborn child!*
(They do hear)
- *Believe God for a successful outcome*

DELIVERY

- Prepare for it *long before expected date*
- Although childbirth is a natural endowment of God to women, *safe, supervised delivery* is the best way to give the baby the best start to a healthy life outside the womb
- *Many mothers die* from the harmful effects of difficult, prolonged labour, or from bleeding, either before, during or after delivery
- *Many babies also die* as a result of such insults sustained during delivery
- *Those that do not die may suffer severe brain damage or other injuries* to other organs, with lifelong unpalatable effects

DELIVERY – WHERE?

- Ideally, the delivery should take place *in the facility where the pregnancy was supervised*, (assuming adequate supervision!) since the personnel there would be more likely to be in a better position to have familiarised themselves with the patient and vice versa.

DELIVERY – HOW?

- Most deliveries would be expected to occur ***naturally*** (through the ***vagina*** and ***head-first***, sometimes ***bottom first***) with the aid of a competent doctor (obstetrician) or midwife.
- Complicated deliveries may have to take place by ***forceps*** or even ***Caesarean Section (C/S)***
- The facility must have the ***personnel*** and ***equipment*** to carry out such deliveries, otherwise, patient should be referred to a competent facility ***early*** for the necessary intervention.

DELIVERY

- *Adequate planning is key!*
- It is important that the baby does not suffocate during the delivery
- The evidence that all is well is usually the yell that accompanies the delivery!

BREASTFEEDING – WHO RECOMMENDATIONS

- Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth.
- All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery.
- Mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties.

BENEFITS OF BREASTFEEDING - FOR THE BABY:

- Less illness - lower risk of:
 - Gastrointestinal infections (e.g. diarrhoea and vomiting)
 - Atopic (allergic) disease (including eczema and asthma)
 - Middle ear infections
 - Urinary tract infections
 - Respiratory infections
 - Obesity in childhood and later life

BENEFITS OF BREASTFEEDING - FOR THE BABY (CONTD)

- Lower risk of
 - Type 1 and 2 diabetes in childhood or later life
 - Some childhood cancers
 - Sudden infant death syndrome (SIDS).

Breastfed babies are also less likely to be hospitalised for illnesses and infections.

BENEFITS OF BREASTFEEDING - FOR THE BABY (CONTD)

- Growth and development
 - Breastmilk contains important components to protect and build the baby's immature immune system.
 - Breastmilk is more easily digested than infant formulas, and changes from feed to feed to suit each baby's unique needs, making it the ideal food to promote healthy growth and development.

BENEFITS OF BREASTFEEDING - FOR THE BABY (CONTD)

- Psychological benefits
 - The close interaction and frequent skin-to-skin contact during breastfeeding can enhance bonding and emotional attachment between mother and baby.

BENEFITS OF BREASTFEEDING - FOR THE MOTHER:

- Assists the uterus to return to its pre-pregnant state faster
- Can help women to lose weight after baby's birth
- May reduce the risk of mothers with gestational diabetes developing type 2 diabetes
- Reduces the risk of ovarian cancer and pre-menopausal breast cancer
- May reduce the risk of osteoporosis (brittle bones).

BENEFITS OF BREASTFEEDING - FOR SOCIETY

Breastfeeding is

- Environmentally friendly - no waste products; no carbon footprint.
- Economical - does not cost money
- Decreased risk of illness results in reduced hospital admissions and healthcare costs.

BREAST MILK IS BEST FOR BABY!



NEONATAL PERIOD (BIRTH TO 1 MONTH)

Attention should be paid to

- Early breastfeeding; *exclusive* breastfeeding
- Cord care
- Avoidance of infections
- Immunisations
- Neonatal jaundice

NEONATAL PERIOD - CORD CARE

Whenever you are caring for the umbilical cord:

- Wash your hands.
- When bathing baby, wash cord carefully with water and dry
- Fold nappy and plastic under cord area, leaving cord exposed to air.
- Observe and report any signs of infection (redness, stickiness or offensive odour).
- Keep the cord dry and exposed to air.

NEONATAL PERIOD - CORD CARE

Whenever you are caring for the umbilical cord:

- The nappy should allow for the cord to sit outside it.
- Wash hands before handling; where possible, avoid touching the cord stump.
- The cord will fall off between days 5-10, you do not need to remove the clamp on discharge from hospital.
- There might be slight bleeding at the time of separation of the cord.

NEONATAL PERIOD - IMMUNISATION

- The newborn baby's immune system is still very immature, ∴ he/she is very prone to infections, ∴ as much as possible, should be shielded and protected from exposure to germs.
- Many infections are life-threatening, especially in infancy and early childhood.
- Nigeria has a programme of immunisation (National Programme of Immunisation – NPI) which offers vaccination against these killer diseases

NEONATAL PERIOD - IMMUNISATION

- NPI schedule starts from birth, when the baby should receive BCG, 1st dose of Oral Polio Vaccine and Hepatitis B vaccine.
- Other vaccines should be given later in infancy and beyond, and will be covered in the next section (Infancy).
- ***Ensuring full immunisation of your child is the best you can do to prevent serious killer infections and give the best chance to him/her of keeping healthy and attaining the maximum potential in life.***

NEONATAL JAUNDICE (NNJ)

- Jaundice = yellowish staining of the skin and white part of the eyes by a pigment in the blood - **bilirubin**.
- **Bilirubin** is formed by breakdown of red blood cells, and normally, the liver processes it to make it excretable in the urine
- It ***normally*** does not stain the skin or eyes unless it reaches certain levels in the blood.

NNJ CONTD

- However, jaundice occurs quite commonly in newborn babies, usually due to
 - ↑ breakdown of red blood cells
 - Immature liver, which is unable to handle the load.
- In such cases, the jaundice is
 - slight,
 - appears usually on the 2nd or 3rd day
 - disappears within 1 or 2 weeks.

= **physiological jaundice.**

NNJ CONTD

- Any jaundice that is
 - ***too early,***
 - ***too deep or***
 - ***too prolonged,****is NOT physiological and should be investigated for its cause.*
- The main danger of NNJ (apart from the condition that may have caused it) is that ***blood levels of bilirubin may rise so high as to cause irreversible brain damage, or even DEATH.***

NNJ CONTD

Causes include:

- infections,
- blood disorders and blood group incompatibilities between mother and child,
- some drugs/chemicals, eg naphthalene balls (camphor),
- liver problems etc.

∴ ***all babies with NNJ should be evaluated by competent personnel in a hospital/health facility***, so that the cause can be established, and appropriate treatment instituted if necessary.

NEONATAL PERIOD – HARMFUL PRACTICES TO AVOID

- Fomenting of the cord or umbilicus with hot water or rag heated on a lantern
- Application of yam flour or other powders or substances to the cord
- Application of breastmilk or other substances to the eyes
- Female circumcision

INFANCY – (BIRTH TO 1 YR)

Throughout the 1st year of life, attention should be paid to

- Feeding
- Growth
- Developmental milestones
- Immunisation

INFANCY – FEEDING, GROWTH

- **Feeding. WHO recommends**
 - ***Exclusive*** breastfeeding (no water, other fluids or foods) for 1st 6 mths
 - ***Continued*** breastfeeding for 2 yrs or more
 - addition of timely, adequate, safe and properly fed ***complementary foods***.
 - graduate to the family diet as tolerated
- **Growth** - babies generally double birth weight by 6 months
 - triple birth weight by 1 yr

INFANCY - DEVELOPMENTAL MILESTONES

- **Developmental milestones. usually:**
 - Smiling: 6 wks
 - Neck control: 3 mths
 - Sitting unsupported: 4 – 6 mths
 - Crawling: 7 – 9 mths
 - Standing unsupported: 9 – 12 mths
 - Walking: 12 – 18 mths
- Failure to attain milestones in time might indicate a neurologic problem
- Any worries should be reported to a competent facility for investigation, assurance or treatment as appropriate.

INFANCY - IMMUNISATION

- **(Prevention is better and cheaper than cure!).**
- The infant immune system is still very immature, therefore they are very prone to infections.
- Many infections are life-threatening, especially in infancy and early childhood.
- Many of the common diseases that kill Nigerian children are vaccine preventable.
- ***Ensuring full immunisation of your child is the best you can do to give the best chance to him/her of keeping healthy and attaining the maximum potential in life.***

INFANCY – IMMUNISATION

NB.

- Many organisms cause pneumonia and diarrhoea
- ***The available vaccines protect against some, but not all causes of pneumonia and diarrhoea.***
- The good news is that ***the available vaccines target the deadliest causes of these diseases.***
- Full immunisation against any infection does not always guarantee 100% protection.
- However, in the unlikely event that the disease **does occur, it is most unlikely to be the severe form.**
- ***• • It is always better to immunise your child!***

ORAL POLIO VACCINATION (OPV)



MEASLES VACCINATION



IMMUNISATION - PROBLEMS

- Rejection of routine immunisation
- Misperceptions about routine immunisation
- Influence of religion
- Political problems
- Shortage of vaccines and immunisation supplies
- Inadequate cold chain equipment

PNEUMONIA

- Pneumonia (infection in the lungs) is the **leading cause of death in children under 5 years** of life in Nigeria.
- ***Infants are particularly vulnerable.***
- ***Pneumonia is caused by a variety of germs*** - viruses, bacteria and fungi.
- ***It is not due to exposure or cold environment***, as is popularly but erroneously believed.
- The common symptoms are fever, catarrh, cough, associated with ***fast and or difficult breathing.***

PNEUMONIA

- Whilst many children may suffer from mild catarrh and cough without serious consequences, ***once fast and or difficult breathing is present, such a child should be taken to a competent health care centre or hospital*** to be treated with appropriate antimicrobial agents.

PNEUMONIA – PREVENTION

- Preventive measures against pneumonia include:
 - exclusive breast feeding for 6 months,
 - avoiding cooking with firewood, kerosene or saw dust,
 - ensuring immunisation with routine as well as pneumonia vaccine
 - attention to personal and environmental hygiene
 - avoiding sleeping in overcrowded rooms.

DIARRHOEA AND VOMITING

- Diarrhoea and vomiting are 2 quite common symptoms in children, especially in infancy.
- They may occur separately, but often occur together. Vomiting, in particular, commonly occurs in many infections, especially malaria.

DIARRHOEA

- Diarrhoea is “the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual).” (WHO)
- Frequent passing of formed stools is ***not*** diarrhoea, nor is the passing of loose, "pasty" stools by breastfed babies.
- ***Diarrhoea is the 2nd leading cause of death in children under five years old globally.***
- ***It is a leading cause of malnutrition in children under five years old.***

DIARRHOEA

- Diarrhoea is both preventable and treatable. A significant proportion of diarrhoeal disease can be prevented through safe drinking-water and adequate sanitation and hygiene.
- When frequent, loose stools are passed, water and electrolytes are lost from the body
- If not replaced, may lead to **dehydration**, the major cause of illness and death due to diarrhoea.

DIARRHOEA

- Infants and children are the most susceptible to sickness and death from diarrhoea, so as much as is possible, it should be prevented, and/or treated early before much damage is done.

DIARRHOEA

- Diarrhoea is usually a symptom of an infection in the intestinal tract (GIT), caused by a variety of bacterial, viral and parasitic organisms.
- Infection is spread through contaminated food or drinking-water, or from person-to-person as a result of poor hygiene and unsanitary habits.
- ***Diarrhoea may also be a symptom of infection outside the GIT, often accompanied with vomiting, making dehydration worse.***

DIARRHOEA

- Diarrhoea stools may vary in colour (depending on the cause) from pale to dark; yellowish/ brown/ greenish.
- May contain mucus, blood, or undigested food particles.
- Passage of some mucus in stool is not abnormal, but blood in stool is definitely abnormal.
- Mothers should note changes in consistency, colour, frequency and volume of stools passed and seek advice from competent and appropriate personnel.

DIARRHOEA – SIGNS OF DEHYDRATION

- If one is lucky, there may be **no dehydration**
- With **some dehydration**, there may be:
 - Dry mouth (lips and tongue)
 - No tears when baby cries.

Two or more of the following signs:

- Restlessness,
- Irritability,
- Sunken eyes
- Baby is thirsty; drinks eagerly.

DIARRHOEA – SIGNS OF DEHYDRATION

- With **severe dehydration**, at least 2 of the following may be present:
 - lethargy (weakness)/unconsciousness
 - Sunken eyes
 - Unable to drink, or drinks poorly
 - Skin pinch goes back very slowly (more than 2 seconds)
 - Depressed anterior fontanelle

DIARRHOEA - TREATMENT

Key measures to treat diarrhoea include:

1. Rehydration: with oral rehydration salts (ORS) solution.

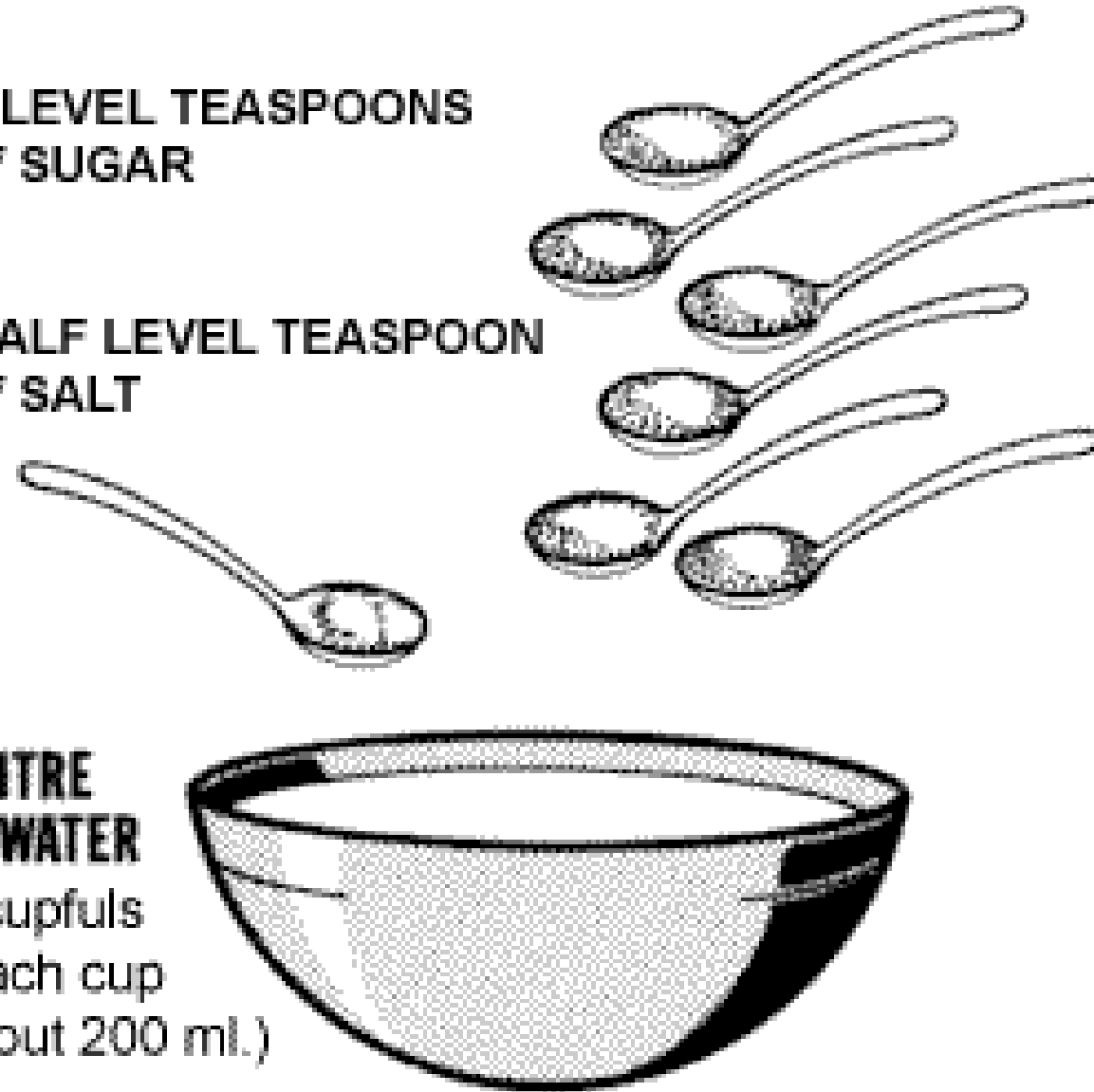
- ORS is a mixture of clean water, salt and sugar.
- It can be bought at the chemist's shop, or homemade salt-sugar-solution (SSS) can be given instead.
- ORS is absorbed in the small intestine and replaces the water and electrolytes lost in the faeces.

HOMEMADE SALT-SUGAR-SOLUTION (SSS)

**6 LEVEL TEASPOONS
of SUGAR**

**HALF LEVEL TEASPOON
of SALT**

**1 LITRE
OF WATER**
5 cupfuls
(each cup
about 200 ml.)



DIARRHOEA - TREATMENT

2. Zinc supplements: zinc supplements reduce the duration of a diarrhoea episode by 25% and are associated with a 30% reduction in stool volume.
3. Rehydration: with intravenous fluids in case of severe dehydration or shock, or if the child is either unable to drink, or
4. Nutrient-rich foods: the vicious circle of malnutrition and diarrhoea can be broken by continuing to give nutrient-rich foods – including breast milk – during an episode, and by giving a nutritious diet – including exclusive breastfeeding for the 1st 6 months of life – to children when they are well.

10 THINGS YOU SHOULD KNOW ABOUT REHYDRATING A CHILD.

1. Wash your hands with soap and water before preparing solution.
2. Prepare a solution, in a clean pot, by mixing - 6 level teaspoons of sugar and 1/2 level teaspoon of Salt

or

- 1 packet of Oral Rehydration Salts (ORS)

Mix with

- One litre of clean drinking or boiled water (after it has cooled) Stir the mixture till all the contents dissolve.

10 THINGS YOU SHOULD KNOW ABOUT REHYDRATING A CHILD.

3. Wash your hands and the baby's hands with soap and water before feeding solution.
4. Give the sick child as much of the solution as it needs, in small amounts frequently.
5. Give child alternately other fluids - such as breast milk and juices.
6. Continue to give solids as tolerated if the child is 4 months or older.

10 THINGS YOU SHOULD KNOW ABOUT REHYDRATING A CHILD.

7. If the child still needs ORS after 24 hours, make a fresh solution.
8. **ORS does not stop diarrhoea.** It prevents dehydration. The diarrhoea will stop by itself.
9. If child vomits, wait ten minutes and give it ORS again. Usually vomiting will stop.
10. If diarrhoea increases and /or vomiting persists, take child over to a health clinic.

DIARRHOEA – PREVENTION

Key measures to prevent diarrhoea include:

- access to safe drinking-water,
- use of improved sanitation,
- hand washing with soap,
- exclusive breastfeeding for the 1st 6 months of life,
- good personal and food hygiene, health education about how infections spread, and
- rotavirus vaccination.

MALARIA

- Malaria is
 - a preventable and treatable disease
 - a major public health problem in Nigeria and many regions of the world
 - ***the 3rd largest killer of children between the ages of 1 month and 5 years, following pneumonia and diarrhoea.***
- ***Children under 5 years of age are one of most vulnerable groups affected by malaria.***
- ***Every 2 minutes, a child dies of malaria!***

MALARIA

- Malaria is caused by Plasmodium parasites.
- Although there are 5 species of plasmodium, the one that causes the most severe malaria is the ***Plasmodium falciparum***.
- The parasites are spread to people through the bites of infected female Anopheles mosquitoes.

MALARIA - SYMPTOMS

- In a vulnerable individual, symptoms of malaria usually appear 10–15 days after the infective mosquito bite.
- Babies under 6 months have some immunity from the mother acquired during pregnancy.
- Common symptoms are fever, weakness, vomiting headache, and chills, which may be associated with rigors (shivering).
- Convulsions occasionally occur due to the high fever.

MALARIA - COMPLICATIONS

- If not treated within 24 hours, *P. falciparum* malaria can progress to severe illness, with one or more of the following **complications**:
 - severe anaemia
 - respiratory distress in relation to metabolic acidosis
 - cerebral malaria (affecting the brain and the patient loses consciousness),

These complications often lead to

- **DEATH.**

MALARIA - DIAGNOSIS

- To prevent complications and death, treatment must be prompt.
- The WHO recommends **accurate diagnosis *before* treatment** is instituted.
- Diagnosis is by
 - Identification of malaria parasites in the blood by microscopy
 - Rapid Diagnostic Test kit - if equipment or expertise for microscopy are not available

MALARIA - TREATMENT

- Treatment should be ***prompt*** and ***complete***.
- ***Treatment with single agents*** such as chloroquine, amodiaquine, artesunate etc, ***is no longer advised because of the tendency of the parasite to develop resistance to these drugs.***
- Instead, ***combination therapy (treatment)*** with an ***artemisinin derivative*** is preferred and is known as ***Artemisinin Combination Therapy (ACT)***.

MALARIA - TREATMENT

- ACT can be prescribed and obtained in appropriate health facilities.
- Simple, uncomplicated malaria can be treated at home with ACT, but ***severe malaria must be treated in a competent health facility.***

MALARIA - PREVENTION

- Prevention of malaria is majorly by vector (mosquito) control by
 - Sleeping under long-lasting insecticide treated mosquito nets and
 - Using insecticide sprays as necessary.
- Environment should be kept clean and free of stagnant water in which the mosquito breeds.
- Some very vulnerable children, eg patients with sickle cell disease, may need to take preventive medicine in addition.

UNDER-FIVE

- The 1st 5 yrs of life shapes everything to come and sets the physical and mental foundation for education and adult life.
- Apart from topics discussed under Infancy, (also relevant for Under 5s) attention should be paid to booster doses of immunisation, and other immunisations which further help to protect children from infectious diseases.

TAKE HOME (CONCLUSIONS)

Prevention is always better, easier and cheaper than cure, so:

- Imbibe and teach your children healthy/hygienic habits, eg washing of hands to prevent introducing/spreading infection to them
- Avoid self-medication – seek advice/help from appropriate, trained personnel
- Ensure complete immunisation
- Be vigilant and careful
- ***Bring up your children to know God!***

TAKE HOME - PARENTS, EVERYONE:

- Be A BELIEVER IN CHRIST (ie, be born again)
 - The thief comes only to kill, steal and destroy.
I (Jesus) have come that they (you) may have LIFE more abundantly(Jn 10:10).
 - Beloved, I pray that you may prosper in all things
and be in health EVEN AS YOUR SOUL PROSPERS
(3Jn: 2)
- Be SOBER, be VIGILANT
 - ***Be sober, be vigilant***, for your adversary the devil, walks about like a roaring lion, seeking whom he may devour (1Pet 5:8)

TAKE HOME - PARENTS, EVERYONE:

- Be PRAYERFUL & CAREFUL
 - **Pray** without ceasing (1Thess 5:17)
- Know the WORD OF GOD
 - Let the **word of Christ** dwell in you richly with all wisdom, teaching and admonishing one another in psalms and hymns and spiritual songs, singing with grace in your hearts to the Lord (Col 3:16)
 - And take the helmet of salvation, and **the word of God**, which is the sword of the Spirit ... (Eph 6:17)

TAKE HOME – EVERYONE:

- Use the NAME OF JESUS
 - The **Name** of the **Lord** is a strong tower; the righteous run into it and are safe. (Prov 18:10)
 - Therefore, God has highly exalted Him and given Him *the **Name** which is **above every other Name**, that **at the Name of Jesus**, every knee should bow and that every tongue should confess that **JESUS CHRIST IS LORD**, to the glory of God the Father. (Phil 2:9-11)*
- Use the BLOOD OF JESUS
 - And they overcame him by the **blood of the Lamb** and by the word of their testimony,(Rev 12:11)

**MAY THE LORD PROTECT US AND OUR
CHILDREN FROM ALL EVIL AND GRANT US THE
GRACE, WISDOM AND MEANS TO BRING UP
GOOD, HEALTHY CHILDREN,
IN JESUS' NAME,**



SOME USEFUL WEBSITES

1. <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/maternity/nutrition/breastfeeding/importance>
2. <https://nphcda.gov.ng/>
3. <https://theirworld.org/news/find-out-five-vital-things-children-under-five-need>
4. <https://outreachgroup.com.ng/immunization-vaccines-schedules-in-nigeria/>

SOME USEFUL WEBSITES

5. <https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>
6. <https://rehydrate.org/solutions/homemade.htm>
7. https://www.who.int/malaria/areas/high_risk_groups/children/en/
8. <https://www.who.int/news-room/fact-sheets/detail/malaria>

THANK YOU FOR LISTENING!