

Road to Health

IMPORTANT: Always bring this book when you visit
any clinic, doctor, or hospital.



Nutrition



Love



Protection



Healthcare



Extra Care



Child's name:

Date of birth:

Gender:



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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This book is provided at birth by staff at the health facility.
If birth takes place at home this book must be given the first
time a health worker sees the baby.

This book is **FREE** to ALL BABIES in both public and private
health care. It must be replaced for free if lost or damaged.

This book belongs to:

Place a picture of your child here

CHILD'S NAME:															
CHILD'S SURNAME:															
DATE OF BIRTH:						Y	Y	Y	Y	-	M	M	-	D	D
CHILD'S ID NUMBER:															
BIRTH WEIGHT:				GESTATIONAL AGE:											
MOTHER'S NAME:				FATHER'S NAME:											
MOTHER'S CONTACT DETAILS:				FATHER'S CONTACT DETAILS:											



This book is for you and your child's health worker. It gives you advice on how to raise a happy, healthy child. It is also a record of your child's growth and development, and is used by health workers to make sure that every child gets the care that they need at the right time.

For your child to grow and develop best he/she needs:

- 1** Good nutrition
- 2** Lots of love, playing and talking
- 3** Protection from disease and injury
- 4** Health care when they are sick or injured
- 5** Extra care and support if and when they need it

Read this book from cover to cover to learn how you can help your child grow and develop. Please keep this book in a safe place and take it with you every time that your child visits a clinic, hospital, doctor or other health facility.

Although information from this book may be requested by your child's preschool or school, it should always be kept in your care.

Ask the health worker about your child's health, growth and development at every visit. Speak to your health worker about any concerns.

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These are words that you may find difficult to understand. The meaning of these words are explained at the back of the book.

For health workers ...

- Make sure that every child has a Road to Health book. **If they do not have one make sure they are given one.**
- Always ask for the Road to Health booklet and encourage parents and caregivers to bring it with them every time they visit the clinic, doctor, hospital or any health facility.
- Complete all relevant sections of the booklet at each visit.
- Talk to caregivers about what you are doing and encourage them to ask questions and share any concerns.
- All mothers should be introduced to the booklet during antenatal care.

Clinic Visits

Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 – 6 days				/	/	/	/	/	/			
6 weeks				/ /	/ /	/	/	/	/			
10 weeks				/ /	/ /							
14 weeks												
4 months				/ /	/ /	/ /	/ /	/ /	/ /			
5 months				/ /	/ /	/ /	/ /	/ /	/ /			
6 months				/ /	/ /	/ /	/ /	/ /	/ /			
7 months				/ /	/ /	/ /	/ /	/ /	/ /			
8 months				/ /	/ /	/ /	/ /	/ /	/ /			
9 months					/ /	/ /	/ /	/ /	/ /			
10 months				/ /	/ /	/ /	/ /	/ /	/ /			
11 months				/ /	/ /	/ /	/ /	/ /	/ /			
12 months												
14 months				/ /	/ /	/ /	/ /	/ /	/ /			
16 months				/ /	/ /	/ /	/ /	/ /	/ /			
18 months					/ /							
20 months				/ /	/ /	/ /	/ /	/ /	/ /			
22 months				/ /	/ /	/ /	/ /	/ /	/ /			
2 years					/ /	/ /	/ /	/ /				
2 and a half years			/ /		/ /	/ /	/ /		/ /			
3 years		/ /			/ /	/ /	/ /					
3 and a half years			/ /		/ /	/ /	/ /		/ /			
4 years			/ /		/ /	/ /	/ /					
4 and a half years			/ /		/ /	/ /	/ /		/ /			
5 years												
6 years												
12 years												

tick once done

Not in schedule

Danger signs!

Take your child to the nearest clinic
if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea ?
sunken eyes, and a sunken fontanelle



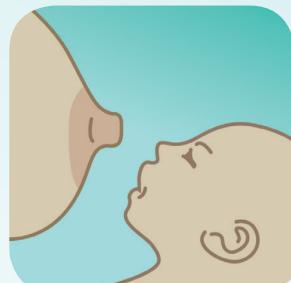
Child is shaking (convulsions) ?



Child has signs of malnutrition ?
(swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed



1. Good nutrition to grow and be healthy

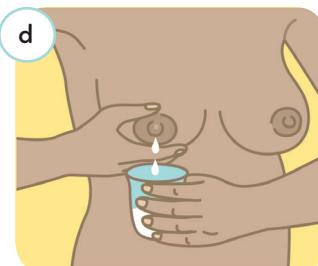
Your child needs the right foods to be healthy and grow well. Ask the health worker if your child is growing well and tell them if you are worried about anything.

Birth to 6 months

- Breastfeeding is the best way to feed your baby. It is the ideal food for your baby to grow, develop and be healthy.
- Give your baby ONLY breast milk for the first six months of life. Do not give porridge, water or any other liquids. Do not give any other home or traditional medicines or remedies. Only give your baby medicines they receive from the clinic or hospital.
- Breastfeed as often as your baby wants, both day and night.
- Breastfeed your baby at least 8 times in 24 hours. The more your baby feeds the more milk you will produce. Almost all mothers will produce enough milk for their baby not to need anything else for the first six months.
- You can express breastmilk for other carers to give to your baby while you are away. They should use a clean cup, rather than a bottle. Store expressed breastmilk in a clean glass or plastic cup with a lid. Defrost in a fridge or at room temperature over 12 hours or by standing in water. Do not boil or microwave.
- It is best not to use bottles or artificial teats (dummies). Some babies find it difficult to suckle at the breast after using a dummy. Bottles are also difficult to clean and may have germs that can make your baby sick.
- If you are HIV-positive, remember to always take your HIV or antiretroviral treatment. This makes breastfeeding safe.
- Breastfeeding mothers should eat healthy food. They must not drink alcohol, smoke or take other harmful drugs.



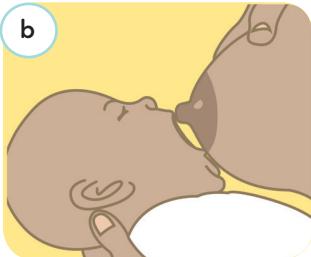
Bring your baby to the breast as opposed to leaning forward to stretch your breast into your baby's mouth. Support your baby's head and neck.



Place your thumb on the top part of where the dark ring around your nipple meets your breast. Place your remaining fingers below where the dark ring around your nipple meets your breast. To express milk, press your pointing finger and thumb together. Make sure that your hand is pushing your breast towards, and not away, from your body.

How long to store expressed breastmilk?

Temperature	Duration
Room temperature	Up to 8 hours
Fridge	Up to 6 days
Ice box freezer in fridge	3 months
Deep freezer (-18°C)	3-6 months



Let your baby's head tip back a little so their top lip can brush against your nipple.



Wait until your baby opens their mouth really wide with their tongue down. You can encourage them by gently stroking their top lip. Your baby needs to get a big mouthful of breast.

Remember:

Before you make the decision not to breastfeed, discuss the matter with a health worker. If you are really unable to breastfeed, you will need to learn how to use formula safely.

Why should I give only breastmilk during the first six months of life?

- Breastmilk contains all the nutrients your baby needs for the first 6 months of life.
- Baby's tummy (intestine/gut) is not yet ready for any other foods, water or other liquids before 6 months.
- Babies may get diarrhoea, constipation , infections and allergies if other foods, or other liquids – including water – are given before the baby is 6 months old.
- Breastmilk contains enough water to quench your baby's thirst during the first 6 months of life, even in hot weather.
- Breastmilk contains special properties that keep your baby healthy. Breastfeeding reduces the chance of your baby getting pneumonia and diarrhoea.
- Giving other foods before six months will cause you to produce less breastmilk and your baby will not get all the nutrients they need to grow and develop well.

For Health Workers...

- **Babies only need breastmilk and nothing else during the first six months of life. This is called exclusive breastfeeding.**
- **Mothers need help to start breastfeeding immediately after birth.**
- **Mothers need support to continue breastfeeding successfully. Help them to get their baby to attach properly.**
- **Mothers who are not breastfeeding must be counselled on correct replacement feeding.**



6 months to 5 years

Your child's age	What foods to give	How much?
6 – 8 months	<p>Continue breastfeeding on demand. Breastfeed first, then give other foods.</p> <p>Your baby needs iron-rich foods (dried beans, egg, minced meat, boneless fish, chicken or chicken livers, ground mopane worms). These foods must be cooked and mashed to make them soft and easy for your baby to swallow.</p> <p>Also, give your baby:</p> <ul style="list-style-type: none"> Starches (such as fortified maize meal porridge, mashed sweet potatoes or mashed potatoes) Mashed, cooked vegetables (such as pumpkin, butternut, carrots) Soft fruit without pips (such as avocado, bananas, paw-paw, cooked apples) <p>Give your baby clean and safe water to drink from a cup, regularly</p>	<p>Start with 1 – 2 teaspoons, twice a day.</p> <p>Gradually increase the amount and frequency of feeds.</p> 
9 – 11 months	<p>Continue breastfeeding on demand. Breastfeed first, then give other foods.</p> <ul style="list-style-type: none"> Iron rich foods are very important for your baby's growth Increase the amount and variety (different kinds) of foods. Food doesn't need to be smooth as in the past months. Give your child small pieces of foods they can hold (bananas, bread, cooked carrots) Avoid small hard foods that may cause choking like peanuts. Give your baby safe water to drink from a cup, regularly 	<ul style="list-style-type: none"> About a $\frac{1}{4}$ cup, then increase to half a cup by 12 months 5 small meals a day 



Your child's age	What foods to give	How much?
12 months up to 5 years	<p>Continue breastfeeding as often as your child wants up to 2 years and beyond. Give food before breastmilk.</p> <ul style="list-style-type: none">● Give a variety (different kinds) of foods (iron rich foods, starches, vegetables, fruits)● Give foods rich in vitamin A (liver, spinach, pumpkin, yellow sweet potatoes, mango, paw-paw, full cream milk, maas)● Give Vitamin C rich foods (oranges, naartjies, guavas, tomatoes)● Cut up foods in small pieces so that your child can eat on their own● Stay next to your child and encourage them to eat● If not breastfeeding, you can start giving pasteurized full cream cow's milk/maas or yoghurt. Follow up formula is not necessary● Give your child clean, safe water to drink from a cup, during the day	<ul style="list-style-type: none">● About 1 full cup● 5 small meals a day (A child has a small stomach, so they will not eat enough to last many hours)



Remember:

- From the age of 6 months, give your baby clean, safe-to-drink water from a cup during the day. Boil the water and cool before you give it to your child.
- Always stay next to your child when they are eating.
- Keep food and cooking utensils very clean to prevent diarrhoea.
- Always wash your hands and your child's hands with soap and water before preparing food, before eating, and after using the toilet and changing nappies.
- It's not necessary to buy baby food or baby cereals. Homemade foods are good.
- Don't give your child Rooibos tea or any other tea, coffee, creamers, condensed milk, flour water, sugar water, and cold drinks. These foods and drinks do not contain any nutrients and will not help your child to grow.
- Avoid giving your child unhealthy foods like chips, sweets, sugar and fizzy drinks.
- Infant formula increases risk of your baby getting diarrhoea, allergies, and breathing problems.



The following pages are your child's growth charts. Your health worker will measure your child at each visit and record their growth on these charts.

The charts help your health worker find any problems with your child's growth. Ask your health worker to explain to you, using the charts, how your child is growing.



For Health Workers ...

- Remember to tell mothers if their baby is growing well or if they are not thriving.
- Explain the growth charts to parents and caregivers. Answer their questions and any concerns that they may have about their baby's growth and development.
- A child with a MUAC less than 11.5cm or with a weight for height plot under the -3 line or with oedema of both feet is considered to have SEVERE ACUTE MALNUTRITION and should be referred.

Growth monitoring and counselling

Growth charts assess a child's nutritional status.

- Wasting is measured by either the mid-upper arm circumference (MUAC) or weight-for-height (WFH). Both are good indicators of wasting in children. MUAC should be done at all home and clinic visits. A child with a low MUAC or WFH may need hospitalisation or need therapeutic feeding. A child must be referred if either the MUAC OR the WFH measurement classifies the child as having Severe Acute Malnutrition.
- For short-term growth, the weight-for-age chart is used to monitor weight gain.
- Long-term linear growth faltering (stunting) is best assessed using the height-for-age chart.



Mid-upper arm circumference (MUAC)

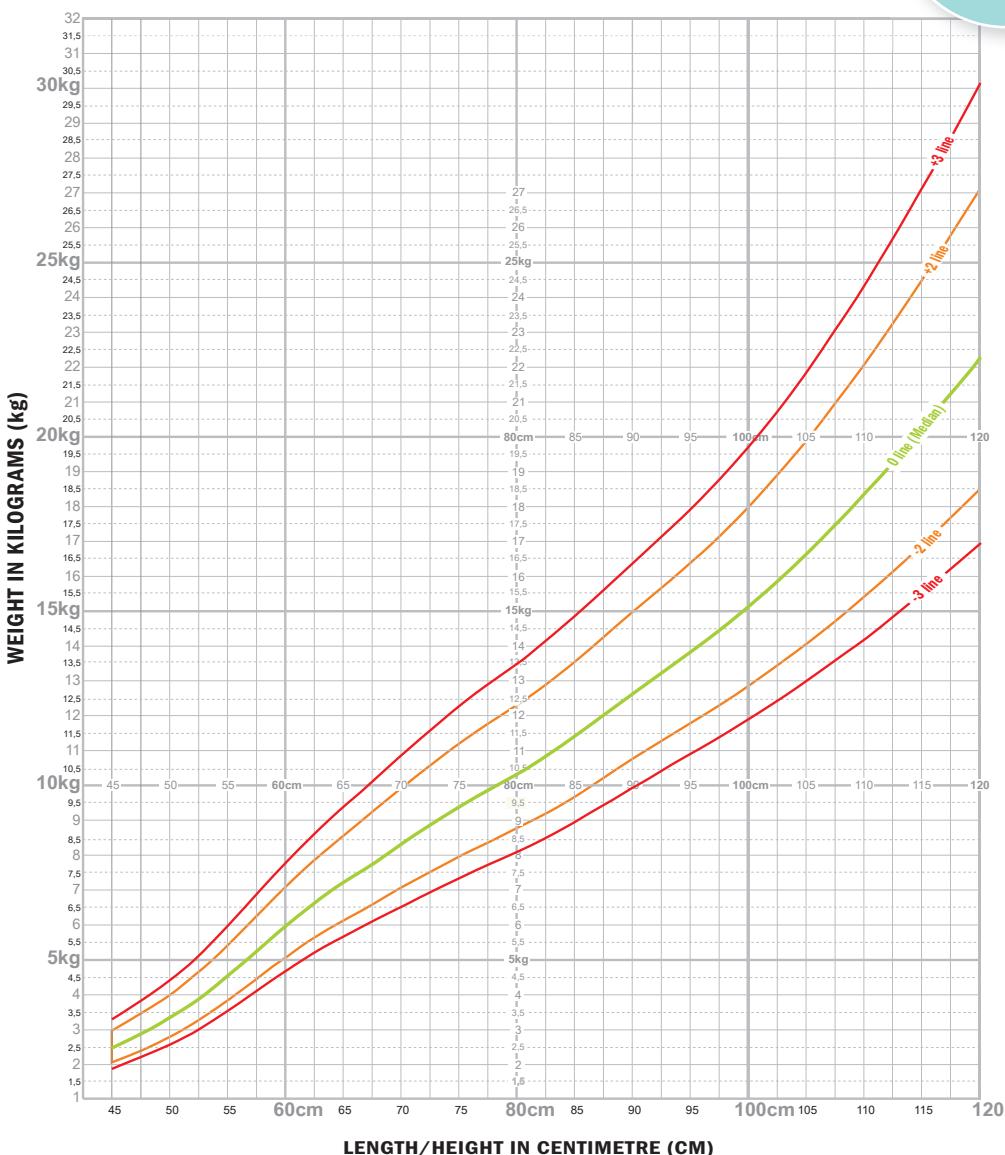
MUAC is used to identify signs of **malnutrition**. MUAC should be measured at all clinic visits, and by community health workers during home visits, from 6 months until the child is 5 years old.

Record the MUAC and classify as follows:

- MUAC less than 11.5 cm indicates SEVERE ACUTE MALNUTRITION
(REFER URGENTLY)
- MUAC between 11.5 cm and 12.5 cm indicates MODERATE ACUTE MALNUTRITION (Manage as in **IMCI guidelines**)
- MUAC 12.5 cm or more indicates NAM (NO ACUTE MALNUTRITION)

Date	MUAC (cm)	Assessment (Circle one)	Action taken	Healthcare worker name
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 		
		 	</	

BOYS: Weight-for-height charts



This **Weight-for-Length Chart** shows body-weight relative to length/height in comparison to the Median (the green line).

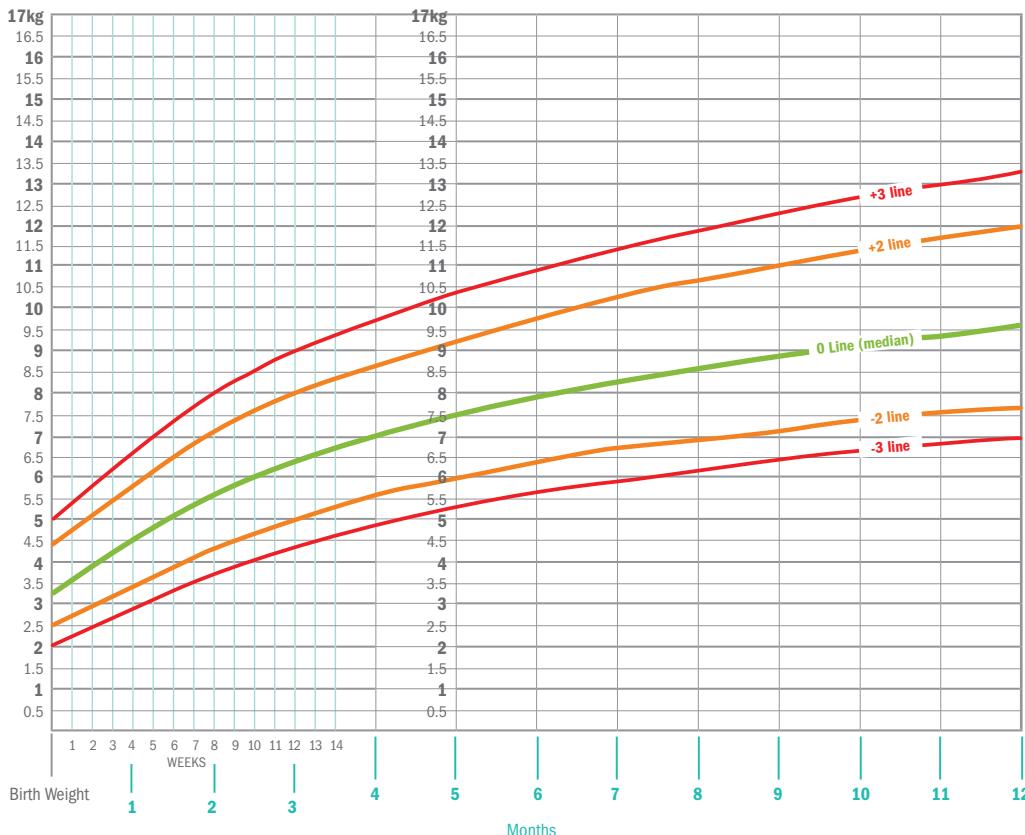
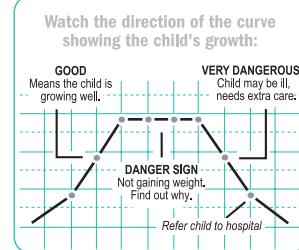
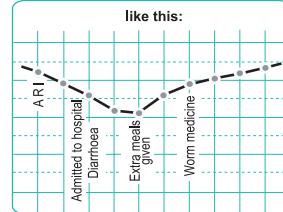
- A boy whose weight-for-length/height is above the +3 (red) line, is **obese**.
- A boy whose weight-for-length/height is above the +2 line (orange), is **overweight**.
- A boy whose weight-for-length/height is below the -2 line (orange), is **wasted**.
- A boy whose weight-for-length/height is below the -3 line (red), is **severely wasted (SEVERE ACUTE MALNUTRITION)**. Refer for urgent specialised care.



BOYS: Weight-for-age charts

Write on the chart

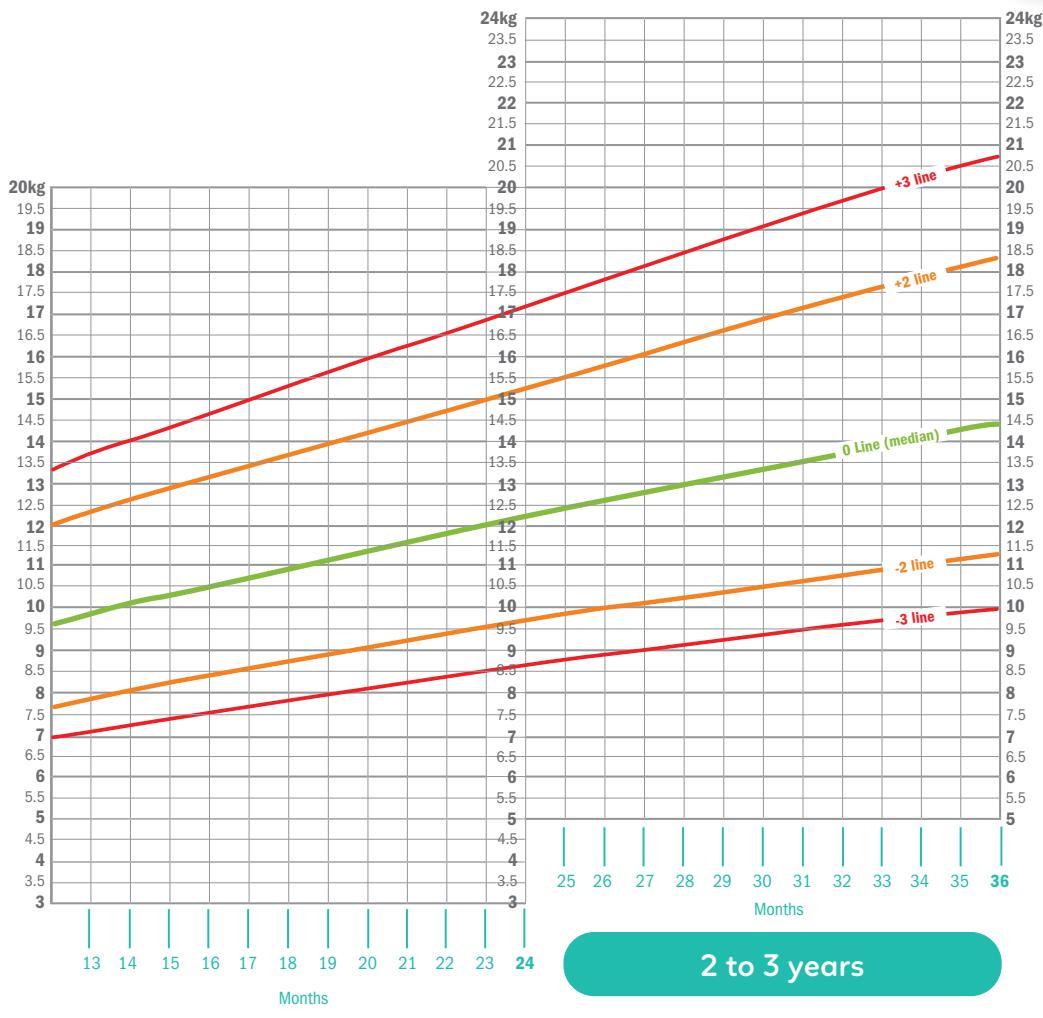
- Any illness e.g. diarrhoea, ARI, etc.
- Admission to hospital,
- Solids introduced,
- Breastfeeding stopped,
- Birth of next child, etc.



Birth to 1 year



BOYS: Weight-for-age charts



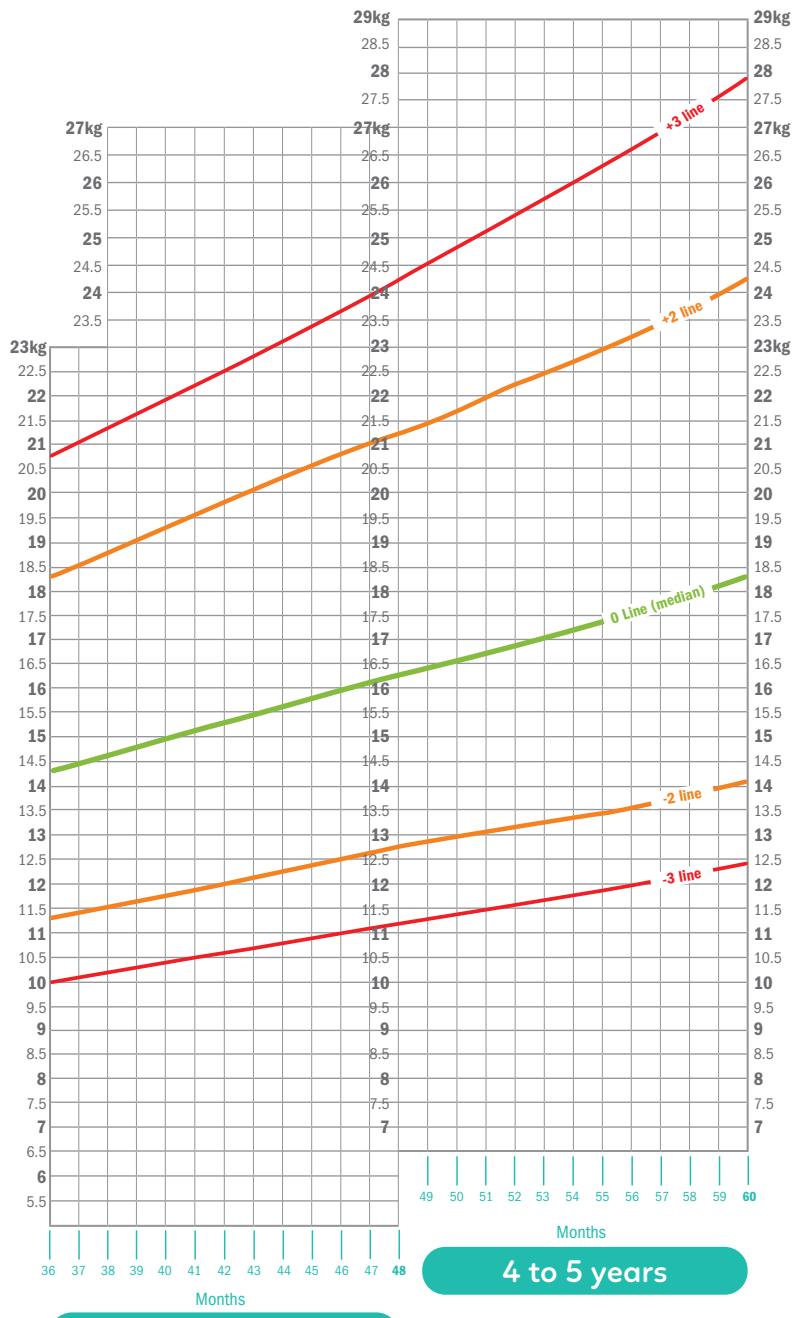
Interpretation of lines:

- This Weight-for-Age Chart shows body-weight relative to age in comparison to the Median (green 0-line).
- A boy whose weight-for-age is below the orange -2 line, is underweight.
- A boy whose weight-for-age is below the red -3 line, is severely underweight.
- If his line crosses a z-score line and the shift is away from the median, this may indicate a problem or risk of a problem.
- If his line shifts away from his birth trend line, this may indicate a problem or a risk of a problem.



BOYS: Weight-for-age charts

3 to 5 years

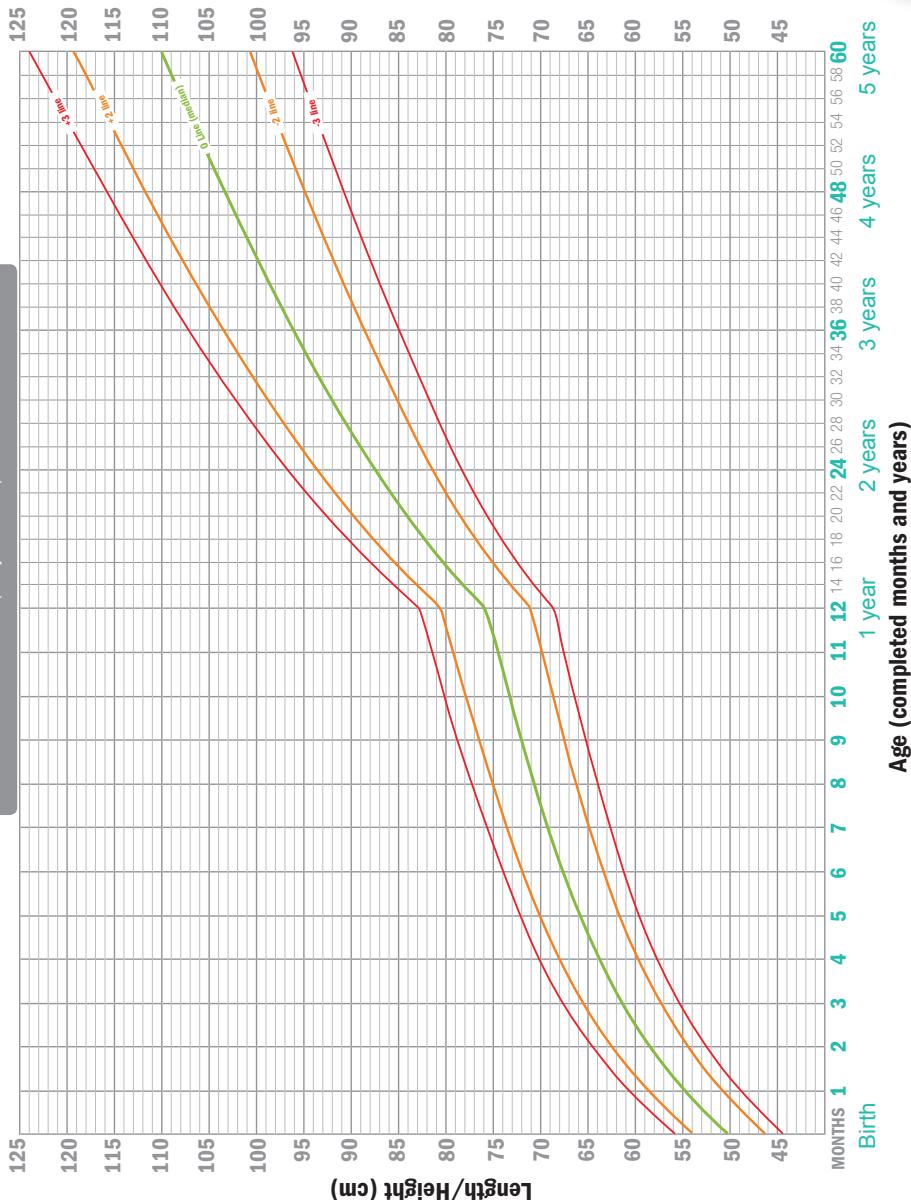


BOYS: Height-for-age charts

birth to 5 years



FOR PERIODIC USE
(every 6 months)



INTERPRETATION OF LINES

This **Length/Height-for-Age Chart** shows height relative to age in comparison to the Median green (0-line)

A boy whose length/height-for-age is below the orange -2 line, is **stunted**

A boy whose length/height-for-age is below the red -3 line, is **severely stunted**

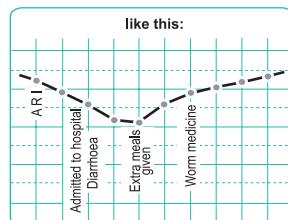


GIRLS: Weight-for-age charts

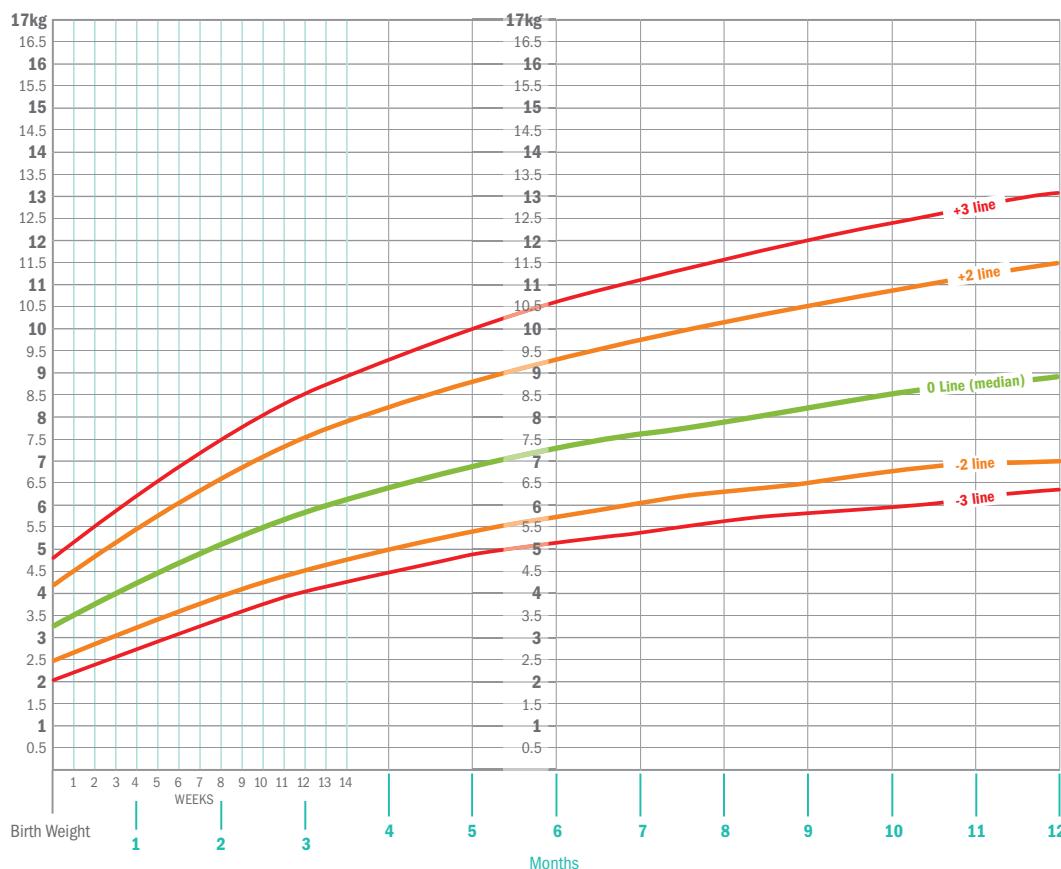
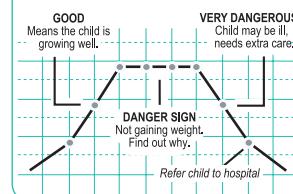
Write on the chart

- Any illness e.g. diarrhoea, ARI, etc.
- Admission to hospital,
- Solids introduced,
- Breastfeeding stopped,
- Birth of next child, etc.

like this:



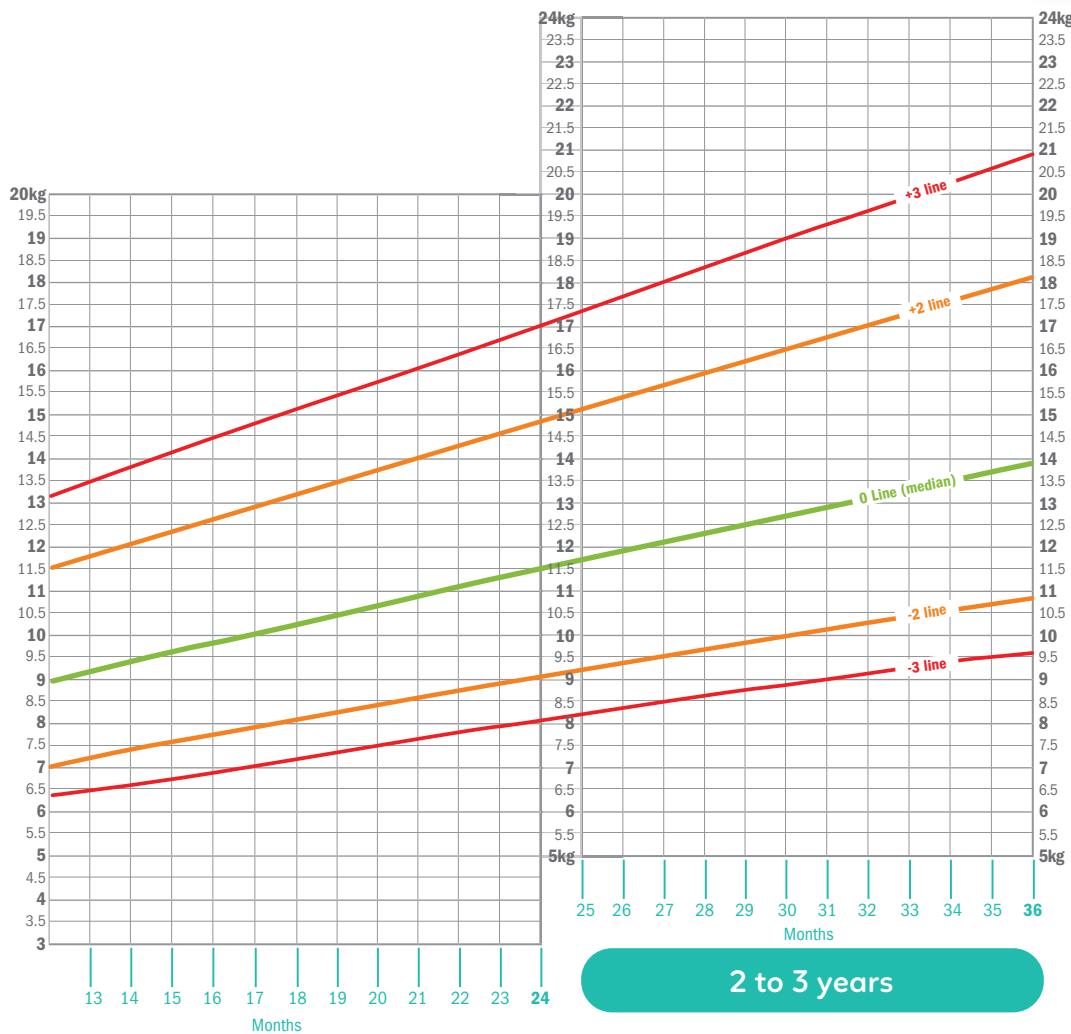
Watch the direction of the curve showing the child's growth:



Birth to 1 year



GIRLS: Weight-for-age charts



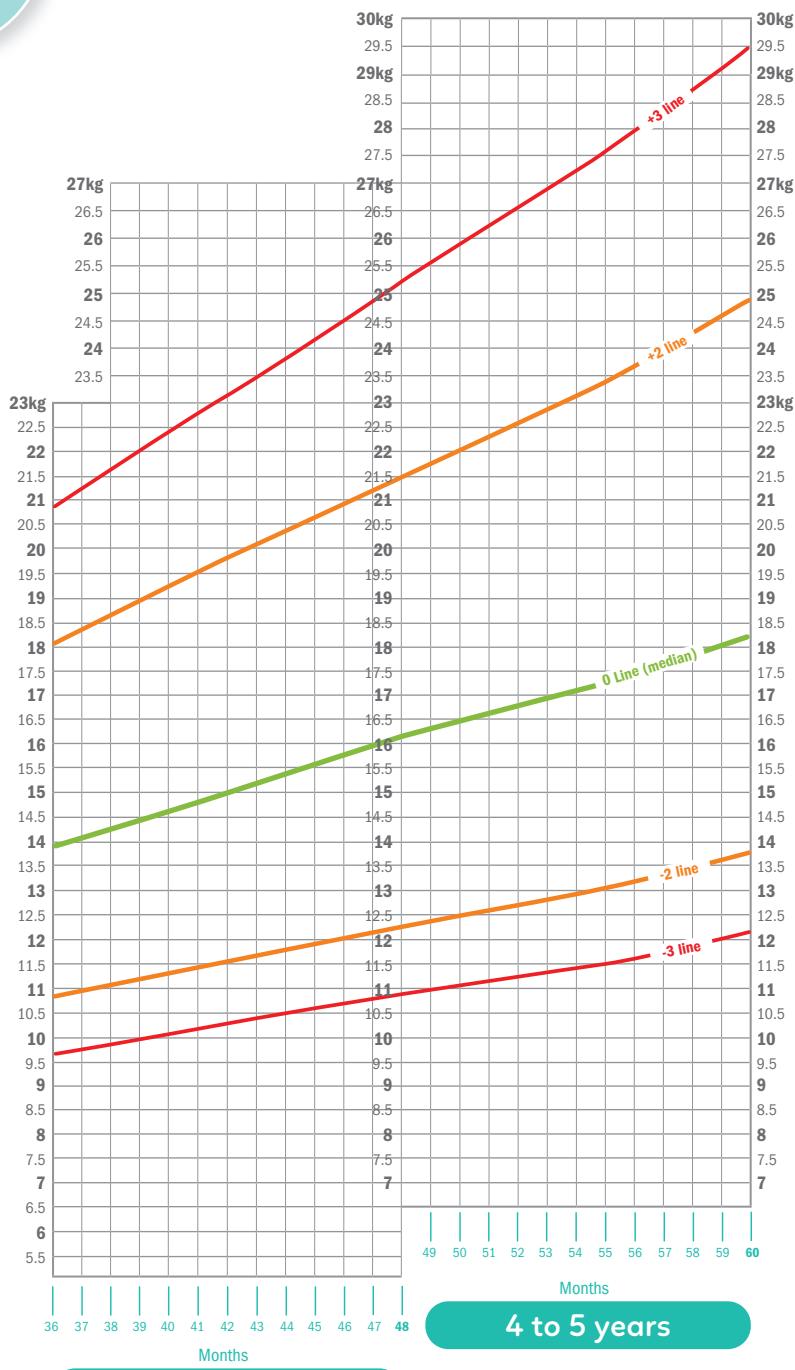
Interpretation of lines:

- This Weight-for-Age Chart shows body-weight relative to age in comparison to the Median (0-line).
- A girl whose weight-for-age is below the orange (-2 line), is underweight.
- A girl whose weight-for-age is below the red (-3 line), is severely underweight.
- If her line crosses a z-score line and the shift is away from the median, this may indicate a problem or risk of a problem.
- If her line shifts away from her birth trend line, this may indicate a problem or a risk of a problem.



GIRLS: Weight-for-age charts

3 to 5 years

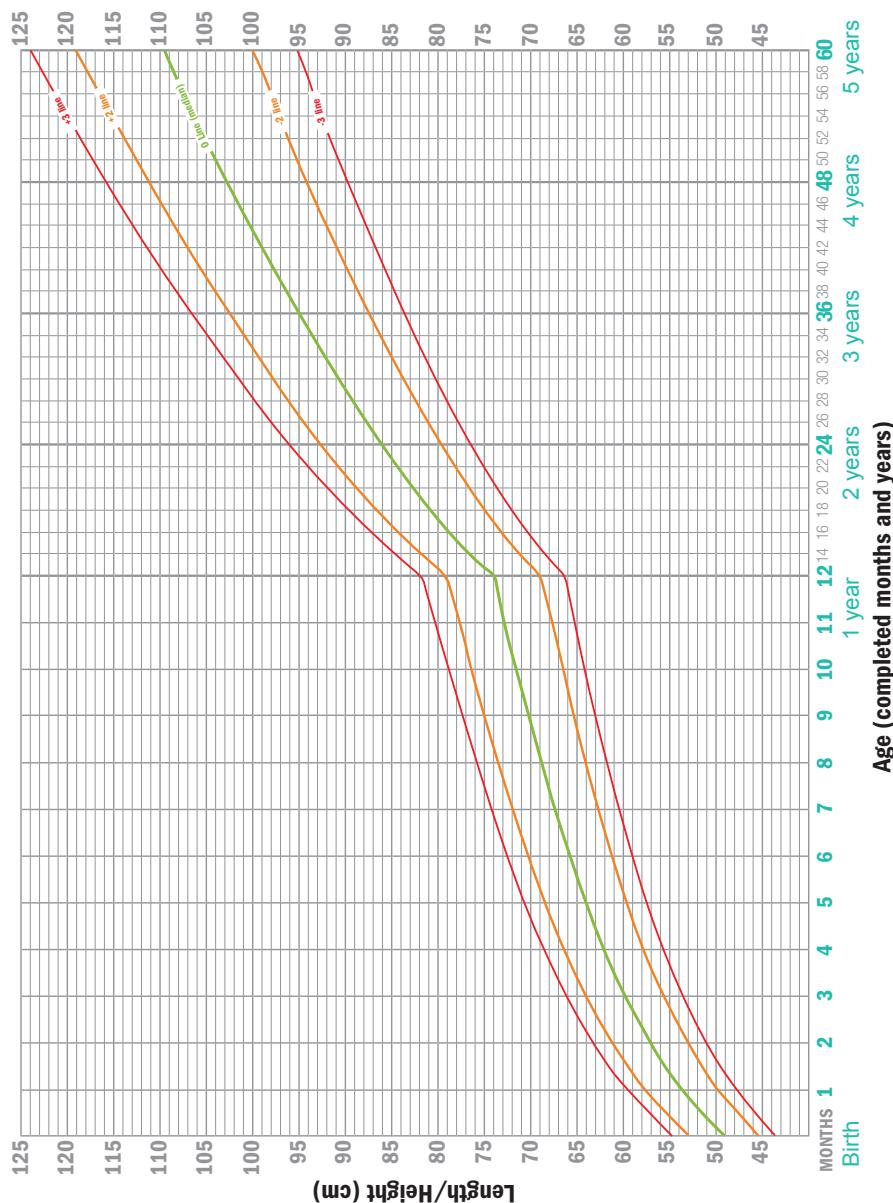


GIRLS: Height-for-age charts



birth to 5 years

FOR PERIODIC USE
(every 6 months)

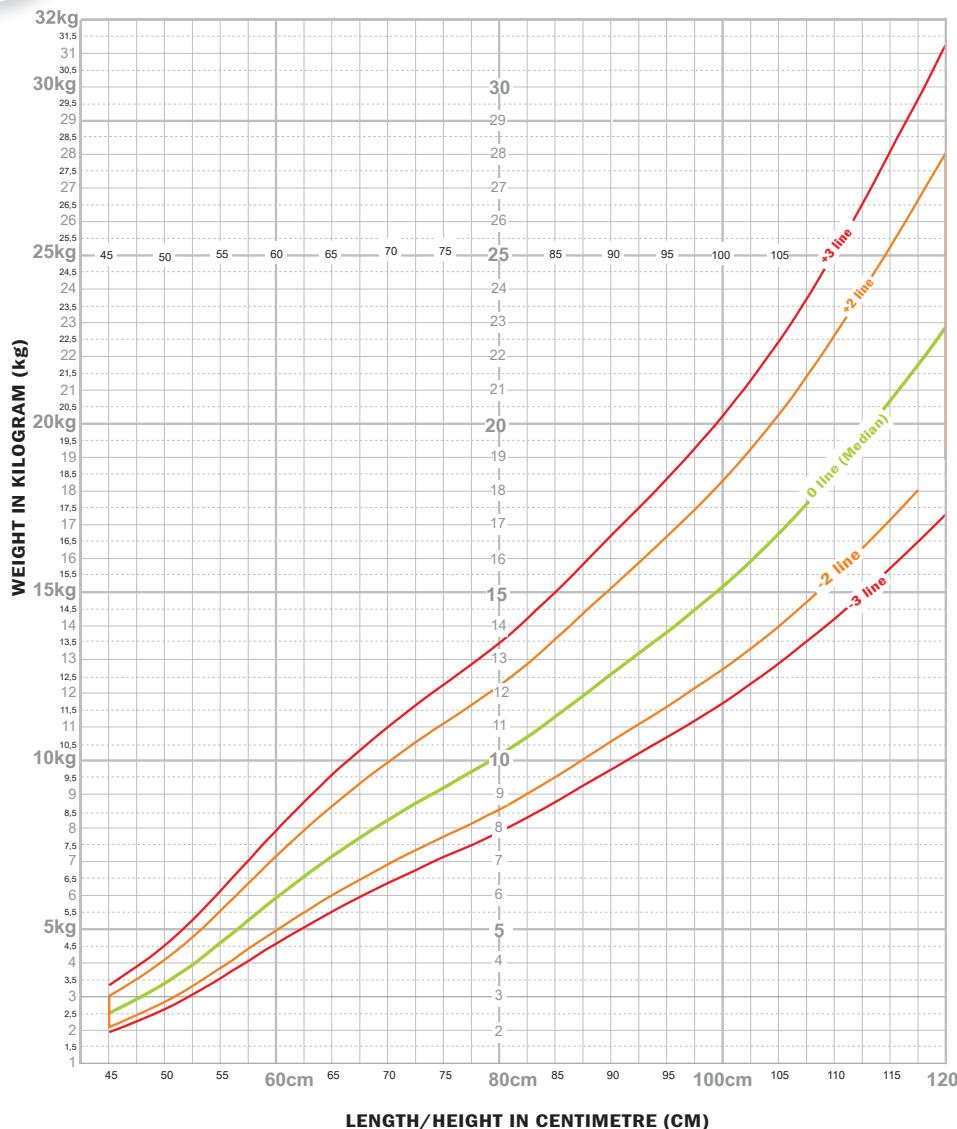


INTERPRETATION OF LINES

This **Length/Height-for-Age Chart** shows height relative to age in comparison to the Median green (0-line). A girl whose length/height-for-age is below the orange -2 line, is **stunted**. A girl whose length/height-for-age is below the red -3 line, is **severely stunted**.



GIRLS: Weight-for-height chart



This **Weight-for-Height/Length Chart** shows body-weight relative to length/height in comparison to the Median (the 0 z-score line).

- A girl whose weight-for-length/height is above the (red) +3 line, is **obese**.
- A girl whose weight-for-length/height is above the (orange) +2 line, is **overweight**.
- A girl whose weight-for-length/height is below the (orange) -2 line, is **wasted**.
- A girl whose weight-for-length/height is below the (red) -3 line, is **severely wasted (SEVERE ACUTE MALNUTRITION)**. Refer for urgent specialised care.



Nutritional Assessment

For Health Workers...

- Complete the table every time the child's nutritional status is assessed.



2. Love, play and talk for healthy development

Young children need a safe environment and loving caregivers who can help them explore the world around them. Ordinary loving things that you do such as holding, talking, playing and reading to your child are what helps them grow and develop.



There are some basic things you can do to help your child to develop and learn:

- **Be there for your child.** You are the most important person in your child's life. All children want to feel safe, loved and cared for.
- **Bond with your child.** Keep your baby close to you as much as possible in the first weeks of life. This will help to calm them and help them to sleep, grow and feed well.
- **Be responsive.** Pay attention to your child's interests, emotions and their likes and dislikes and respond to them – this will help you to understand them better and to best meet your child's needs
- **Your baby learns from birth.** Hold, hug, sing, and talk to your baby, especially during feeding, bathing and dressing
- **Children learn through playing, exploring and interacting with others.** Give your child the chance to explore and play in a safe space and to play with clean household objects or toys.
- **Tell stories and read to your child.** Talk about the pictures, let them ask questions, allow them to tell you a story or what happened in the storybook as you go along.



Developmental screening



	Hearing/ communication	Vision and adaptive	Cognitive/ behaviour	Motor skills	Caregiver concerns
6 weeks 10 weeks					
14 weeks Date ___ / ___ / ___ Sign _____	<input type="checkbox"/> Startles to loud sounds	<input type="checkbox"/> Follows face or close objects with eyes	<input type="checkbox"/> Smiles at people	<input type="checkbox"/> Holds head upright when held against shoulder <input type="checkbox"/> Hands are open most of the time	
6 months Date ___ / ___ / ___ Sign _____	<input type="checkbox"/> Moves eyes or head in direction of sounds <input type="checkbox"/> Responds by making sounds when talked to	<input type="checkbox"/> Eyes move well together (no squint) <input type="checkbox"/> Recognises familiar faces <input type="checkbox"/> Looks at own hands	<input type="checkbox"/> Laughs aloud <input type="checkbox"/> Uses different cries or sounds to show hunger, tiredness, discomfort	<input type="checkbox"/> Grasps toy in each hand <input type="checkbox"/> Lifts head when lying on tummy	
9 months Date ___ / ___ / ___ Sign _____	<input type="checkbox"/> Babbles ('ma-ma', 'da-da') <input type="checkbox"/> Turns when called	<input type="checkbox"/> Eyes focus on far objects	<input type="checkbox"/> Throws, bangs toys/objects <input type="checkbox"/> Reacts when caregiver leaves, calms when she/he returns	<input type="checkbox"/> Sits without support <input type="checkbox"/> Moves objects from hand to hand	
12 months Date ___ / ___ / ___ Sign _____	<input type="checkbox"/> Uses simple gestures (e.g. lifts arms to be picked up) <input type="checkbox"/> Has one meaningful word (dada, mama) although sounds may not be clear <input type="checkbox"/> Imitates different speech sounds	<input type="checkbox"/> Looks for toys/objects that disappear <input type="checkbox"/> Looks closely at toys/objects and pictures	<input type="checkbox"/> Imitates gestures (e.g. clapping hands) <input type="checkbox"/> Understands 'no'	<input type="checkbox"/> Stands with support <input type="checkbox"/> Picks up small objects with thumb and index finger	

For Health Workers...

AT EVERY VISIT: Ask the parents or caregiver if they have any specific concerns about how their child hears, sees, communicates, learns, behaves, interacts with others and uses their hands, arms, legs and body.

Tick the boxes above if the caregiver says that the child CAN do the following or if it was OBSERVED during the visit. Try to elicit the behaviour or movement if not observed through spontaneous play and interaction.

If the child can complete the task, tick the box . If the child cannot complete the task, cross the box . If you were unable to assess the task, indicate ND (not done) next to the relevant task.



	Hearing/ communication	Vision and adaptive	Cognitive/ behaviour	Motor skills	Caregiver concerns
18 months Date ___/___/_ Sign _____	<input type="checkbox"/> Understands names of at least 2 common objects e.g. cup <input type="checkbox"/> Uses at least 3 words other than names	<input type="checkbox"/> Looks at small things and pictures	<input type="checkbox"/> Follows simple commands (e.g. 'come here')	<input type="checkbox"/> Walks alone <input type="checkbox"/> Uses fingers to feed	
3 years Date ___/___/_ Sign _____	<input type="checkbox"/> Child speaks in simple 3 word sentences	<input type="checkbox"/> Sees small shapes clearly at a distance (across room)	<input type="checkbox"/> Plays with other children/adults <input type="checkbox"/> Uses pretend play (e.g. feeds doll)	<input type="checkbox"/> Runs well <input type="checkbox"/> Eats on own	
5-6 years Date ___/___/_ Sign _____	<input type="checkbox"/> Speaks in full sentences <input type="checkbox"/> Caregiver understands child's speech	<input type="checkbox"/> No reported/observed vision problems (Use illiterate E chart if available)	<input type="checkbox"/> Interacts with children and adults <input type="checkbox"/> Understands multiple commands (e.g. 'go to the kitchen and bring me your plate')	<input type="checkbox"/> Hops on one foot <input type="checkbox"/> Holds with fingers at top or middle of pencil or stick to draw <input type="checkbox"/> Dresses self	
REFERRED TO:	<input type="checkbox"/> Speech therapy <input type="checkbox"/> Audiology <input type="checkbox"/> Doctor	<input type="checkbox"/> Doctor <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmic nurse <input type="checkbox"/> Occupational therapist	<input type="checkbox"/> Occupational therapist <input type="checkbox"/> Doctor <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech therapist	<input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Doctor	

If specified health professional not available, refer to one of the following health professionals for an initial developmental assessment: Doctor/physiotherapist/occupational therapist/speech therapist



Always ask a health worker about your child's development if you are concerned about any of the following:

Eye problems:

- A white pupil/spot on the pupil
- Eyes are not able to fix on and follow a moving object such as a finger or toy
- One or both eyes being bigger or smaller than usual
- Crossed eyes or one eye looking in another direction

Hearing problems:

- Hearing loss
- Not responding to loud noises
- Seems to hear some sounds and not others
- Your child can no longer do tasks that they could before
- Your child is not communicating through speech or gestures at 18 months
- Not walking at 18 months
- Head looks large
- Head looks small
- Does not use both sides of the body/limbs equally
- Stiff arms and legs
- Floppy arms and legs

Head Circumference

Measure every child's head circumference at 14 weeks and at 12 months
Record the child's head circumference, and **refer if larger or smaller than the range shown below.**

14 weeks (cm)	
Range	38 – 43 cm
12 months (cm)	
Range	43.5 – 48.5cm

For Health Workers...

Children are at a higher risk for development problems if they have any of the following:

- Born premature/low birth weight
- Birth defect
- HIV
- Severe or moderate acute malnutrition/stunted
- Iron deficiency anaemia
- Recurrent illnesses; frequent hospitalisation



3. Protection from preventable childhood diseases and injuries

Children should NOT only be taken to the clinic when they are ill. You should also take your child for their full course of immunisations/vaccines and routine treatments according to the timetables on pages 27 and 28.

- Immunisations are free. They protect your baby from common childhood illnesses and disease. Make sure your baby gets all his or her immunisations.
- Go to the clinic for your follow-up visits for you and your baby within six days of birth and at six weeks.
- Make sure that you know when your baby needs to return to the clinic for immunisations or other care. If you miss the date for your clinic visit, make sure that you return as soon as possible.
- If you are HIV positive, get your baby tested for HIV at birth and at 10 weeks.
- All children between 6 months and five years should receive Vitamin A and deworming medicines every six months. This helps to keep them healthy.
- Remember to wash your hands after using the toilet, changing nappies, before preparing meals and before feeding children. Wash your hands properly - wash both sides of your hands, between your fingers and your wrists with soap and clean water.
- Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.
- A child should not be left unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.
- Protect yourself too. Decide on a contraceptive method of choice and also use male or female condoms to prevent both unplanned pregnancy and sexually transmitted infections (dual protection).
- Good oral health will keep your child's teeth healthy and strong and prevent unnecessary pain and discomfort.

For Health Workers...

- Remember that every visit to the health facility is a chance to provide preventive health services and health promotion.
- Check the child's nutritional status and whether any immunisation or treatment is due.
- Show the caregiver proper hand washing.
- Always give the caregiver a date for their baby's next visit to the clinic.
- Remember to urgently notify your EPI co-ordinator of any cases of Acute Flaccid Paralysis (AFP) or suspected measles, as well as adverse events after immunisation (excluding mild fever and minor local reactions).



Immunisations

EPI (Expanded Programme of Immunisation) Schedule

Child's Name				Child's Date of Birth	
Age	Vaccine	Route & Site	Batch no.	Date given	Signature
Birth	BCG	Intradermal Right arm			
	OPV0	Oral			
6 weeks	OPV1	Oral			
	Rotavirus 1	Oral			
	PCV1	IM Right thigh			
	Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh			
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh			
14 weeks	Rotavirus 2	Oral			
	PCV2	IM Right thigh			
	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh			
6 months	Measles 1	S/C Right thigh			
9 months	PCV 3	IM Right Thigh			
12 months	Measles 2	S/C Right arm			
18 months	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm			
6 years	Td	IM Left arm			
12 years	Td	Left arm			
Additional Vaccinations					
Girls 9 years and older	HPV1	IM Non-dominant arm			
	HPV2				



Vitamin A and deworming doses

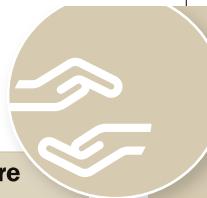
	Vitamin A	Date	Signature	Mebendazole	Date	Signature
6 months	100 000IU					
12 months	200 000IU			100mg bd for 3 days		
18 months	200 000IU			100mg bd for 3 days		

From 24 months, every child should receive Vitamin A and mebendazole (500mg) every six months (up to 5 years of age).

Record when these doses are given, and the return date below.

Protect your child's teeth

- Use a small, clean cloth to clean your baby's gums before the first teeth appear.
 - Start to clean your baby's teeth as soon as the first tooth comes through.
 - Once teeth appear, use a small, soft toothbrush with a small fingernail sized amount of child toothpaste to brush teeth.
 - Brush teeth and along the gum line twice a day; in the morning and at night before bed.
 - Discourage the giving of sugary snacks and drinks.
 - Look in your child's mouth regularly to spot early signs of tooth decay and consult a dentist or other health worker if you notice anything abnormal.
 - Never put your baby to sleep with a feeding bottle (remember that breastfeeding or cup-feeding is always better than bottle-feeding).



Frequency of screening	Findings (report as upper or lower, front or back teeth, right or left side of mouth)	Follow-up	Signature
1st visit on appearance of first tooth (or at 6 months measles immunisation)			
At age 12 months (measles immunisation)			
In the 2nd year			
In the 3rd year			
In the 4th year			
In the 5th year			

For Health Workers...

Complete the table at the specified visits, if you observe any oral abnormalities.



4. Health care for sick children

Children need health care when they are sick. Look out for the danger signs listed below. Take your child to the nearest clinic immediately if you see any of the listed signs.

- If your child is sick and is not able to drink or breastfeed, vomits everything or has convulsions (shakes) they should be taken to the clinic or hospital immediately.
- Young babies (especially those less than two months) can become very sick very quickly. If your young baby is not feeding properly or has a fever, take them to the clinic immediately.
- If your child has diarrhoea (loose stools) you should give them a Sugar Salt Solution (SSS) to drink after each stool.
- If your child has diarrhoea or is drinking poorly or has eyes that look sunken or blood in the stool, take them to the clinic immediately.
- If your child has a cough or cold and has fast or difficult breathing they should be taken to the clinic immediately.

How to use a sugar-salt solution for children with diarrhoea



1 litre of cooled
boiled water



8 level teaspoons
of sugar



half a teaspoon
of salt (level)

- Give a sugar-salt solution (SSS) in addition to feeds.
- Give SSS after each loose stool, using frequent small sips from a cup.
 - Half a cup for children under 2 years.
 - 1 cup for children 2 – 5 years.
- If your child vomits, wait 10 minutes then continue, but more slowly.
- If your child wants more than suggested, give more.
- Continue feeding your child.

General clinical notes

Signature and name												
Clinical notes (assess, classify, counsel, treat and follow up)												
Date and signature												



For Health Workers...

These notes should be completed for all sick child visits to the clinic or hospital.

Also complete, if the child was referred for further assessment or management by other health professionals (e.g. therapists, dieticians etc).



General clinical notes (cntd)

Clinical notes (assess, classify, counsel, treat and follow up)

Date	Clinical notes (assess, classify, counsel, treat and follow up)	Signature and name



Date	Clinical notes (assess, classify, counsel, treat and follow up)	Signature and name



General clinical notes (cntd)

Clinical notes (assess, classify, counsel, treat and follow up)

Date	Clinical notes (assess, classify, counsel, treat and follow up)	Signature and name



Date	Clinical notes (assess, classify, counsel, treat and follow up)	Signature and name



Referrals and follow-up record

Hospital admission record



Long term health conditions

This table is for treatment facility/specialist clinic staff to record the main details of the health care for children with long-term health conditions such as asthma, epilepsy, congenital heart disease, cerebral palsy, etc.



Antenatal, birth and newborn history

Place of Birth			
Birth Weight		Length at Birth	
Head Circumference at birth		Gestational Age (weeks)	
Breastfeeding	HIV exposure	Prenatal ARVs	Infant prophylaxis
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Duration
	No <input type="checkbox"/>	No <input type="checkbox"/>	
Unknown <input type="checkbox"/>	If PCR test done, place sticker on pg 39 also record follow-up tests on pg 39.		
APGARS	1 min	5 min	
Antenatal History			
RPR result	Rhesus	Blood Group (if available)	
Antenatal (Maternal history)		Intrapartum history (including mode of delivery)	
Are risk factors present?			
Low birthweight (less than 2.5kg)	<input type="checkbox"/>	Mother has died or is ill	<input type="checkbox"/>
Known congenital or neurological problem	<input type="checkbox"/>	Infant not exclusively breastfed	<input type="checkbox"/>
Social risk	<input type="checkbox"/>	Teenage caregiver	<input type="checkbox"/>
Other			
List newborn problems (list if resolved or on-going)		Follow-up required	
Preterm	<input type="checkbox"/>		
Low birthweight (< 2.5kg)	<input type="checkbox"/>		
ICU admission	<input type="checkbox"/>		
Birth defects	<input type="checkbox"/>		
Hypoxic brain injury	<input type="checkbox"/>		
Convulsions/fits	<input type="checkbox"/>		
Jaundice	<input type="checkbox"/>		



Screening and test results



5. Special care for children who need a little more help

Your baby's development, growth and health depends on so much more than just good health care. It depends on the daily care and protection you and your family provide to your baby from the moment that he or she is born (and in fact from when your baby is still in the womb and even before your baby was conceived).

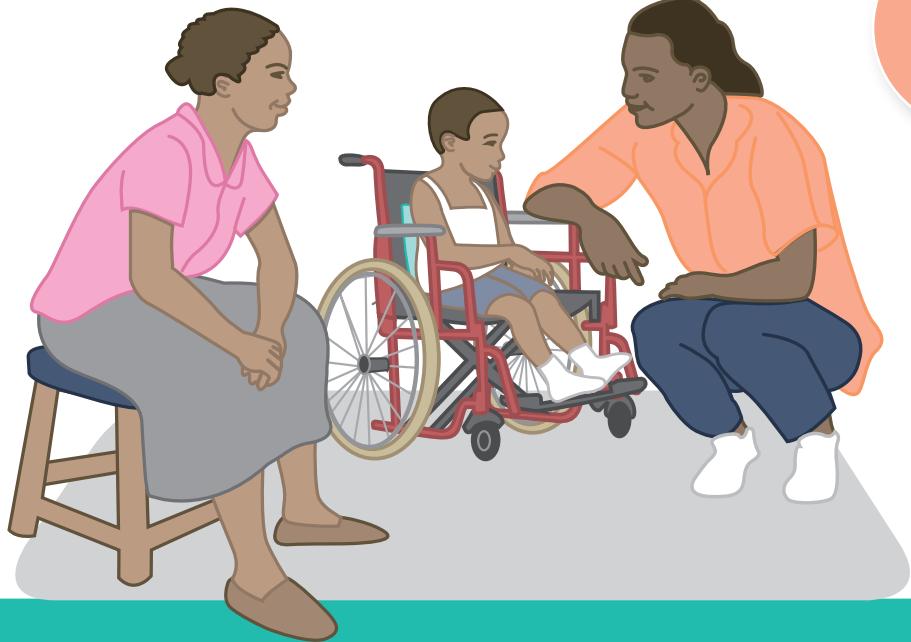
HIV – If you are HIV positive, make sure that you get the treatment that you and your baby need to stay healthy. If you are unsure of your status, ask the health worker for HIV counselling and testing for you and your baby.

TB – TB is common. Tell the nurse at the clinic if you have a cough lasting longer than two weeks, weight loss or night sweats, or if there is someone in your household with TB. If there is, your baby should receive medicine to prevent TB for six months.

Serious Injuries – Many serious injuries can be prevented if you look after your child carefully and keep their environment safe.

Supervision – Your child should not be left alone, unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.

Disability – Children with mental and physical disabilities need extra care. If your baby has a disability you will need support with caring for and protecting your baby. Tell your health worker and they will refer you to a social worker for parenting support. It is good to join a support group so you can share your experiences.



For health workers:

This table incorporates key social risks for children. Complete this table at the 6 or 14 week visit.

Are social risk factors present?	Notes (include details of risk, referral and/or extra care provided)
Child has a birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Mother has died or is ill <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Teenage parent or caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Child receives a child support grant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Child receives a care dependency grant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Child receives a foster care grant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	



Risks to your child's development

There are some home circumstances that create a risk to the health and wellbeing of your child. This is because they may limit your ability to care for, and protect your child. If you are experiencing any of the following circumstances, tell your community health worker, nurse or doctor and they will give you advice and refer you to the right support-provider.

- If you are a teen mother or a grandparent looking after a young child it is important to tell your health worker so that they can refer you for extra support if you need it.
- If you are exposed to violence or abuse in your home, you must let your health worker know. They can refer you to a social worker and the police if necessary to protect you and your baby from physical harm.
- If you or your partner, use drugs or alcohol, this is a risk to your baby. Tell your health worker so that they can refer you for support.
- If you are feeling that you are not coping, you are stressed or have been sad for a long period of time (depressed) ?, talk to your health worker so that they can advise you on what to do or refer you for extra care and support.



REMEMBER:

The law says you must register your baby's birth before they turn one month old. Take your ID and baby's father's ID book to the hospital where you will give birth. Many hospitals offer a birth registration service.

Register your baby's birth

It is important to make sure that your baby has a birth certificate as soon as he or she is born. All babies have a right to a birth certificate, even if you are not South African.

This Road to Health book is not proof of identity; every child has a right to be registered at birth and to get a birth certificate. Getting a birth certificate for your child will help you access services and support.

Support and Care Grants

- If you are not working or do not earn enough money every month to provide food, clothing or transport for your child, you may qualify for the **Child Support Grant (CSG)**. If you do qualify, you can get the CSG from when your baby is born. It is important that you get it as early as possible as this will help provide for good development in the first months of baby's life.
- If you have a disability or your baby has a disability, the Government provides either the **Disability Grant** for you, or the **Care Dependency Grant** for your baby to help cover the costs of the additional care that is required. Ask your health worker or a social worker about this grant.
- If you are fostering a child in your care, you will be able to claim a **Foster Care Grant** to help with the costs of providing for the child.

?

Difficult to understand words

Health services	
Your local clinic	
Your doctor	
AIDS Helpline	0800 012 322
Depression/Mental Health helplines	0800 12 13 14/011 262 6396, sms 31393
Emergency ambulance	10177 From a mobile: 112
Poison information centre	0861 555 777
MomConnect	*134*550#
Birth registration and identity documents	
Home Affairs Toll Free helpline	0800 601 190
Child protection and safety	
Police emergency number	10111
Childline toll free	0800 055 555 0800 123 321
Grants	
SASSA Toll Free helpline	0800 601 011 0800 600 160 GrantEnquiries@sassa.gov.za
Child care and education	
Your local ECD centre, creche, preschool, child minder	
Other numbers	

Danger signs!

Take your child to the nearest clinic
if you see any of the following.



Child is coughing
and breathing fast
(more than 50
breaths per minute)



Child under 2
months old has a
fever and is not
feeding



Child is
vomiting
everything



Child has diarrhoea,
sunken eyes, and a
sunken fontanelle



Child is shaking
(convulsions)



Child has signs of
malnutrition (swollen
ankles and feet)



Child is not moving
or does not wake up



Child is unable to
breastfeed