

Dear young adult

Your information is written in this MCH Handbook. When you get this Handbook from your parents, look through from cover page to the end carefully. The cover is tired, perhaps because your parents brought it many times to the health facility during routine health monitoring and sickness. They also made use of the information in the Handbook and studied how to take care of you. From the information in this Handbook you can know how you were born and grew up till you were five years old. It can also help you know how to take care of your health, be a healthy citizen and build a healthy nation.

Please keep this handbook safe, handle it carefully. When your child will grow up, please show them this MCH Handbook and give them their own handbooks as presents from parents.

Parents' sweet messages at each juncture, at:

Confirmation of pregnancy

Child at age 4 months

Child at age 6 months

Child at age 1 year

Child at age 2 years

Child at age 3 years

Child at age 4 years

Child at age 5 years

Dear Father and Mother!

Congratulations on this pregnancy! The Ministry of Health would like to celebrate with you and presents this Mother and Child Health (MCH) Handbook to you. Please read it well together with family members and understand the contents well. If you have any question, please ask a health worker or a Community Health Volunteer (CHV) without any hesitation.

Carry this Handbook every time you visit a health facility and show it to the health worker.

This MCH Handbook will be used during pregnancy, child birth and after child birth until the child is 5 years old. Please keep the Handbook safe and hand it over to the child when he/she is a young adult as a present with instructions to keep it safe. Your child will read its contents and understand his/her health history before birth until 5 years of age. The child will also realize your love, health workers' and other service providers' contribution towards protecting his/her life. We hope this MCH Handbook will help protect life of mother and child thus lead to; a healthy mother, child and family, and a healthy and prosperous Nation.

Birth Plan: Preparing for a safe and healthy childbirth;

Health worker to discuss with mother/couple and fill in:

- Expected date of childbirth
- Place of childbirth/Health facility name.....
- Birth attendant.....
- Health facility contact: phone number.....
- Support person/birth companion.....
- Transport.....
- Blood donor.....
- Financial plan for childbirth.....

FLUIDS

FOR ANY SICK CHILD

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



CHILD WITH DIARRHOEA

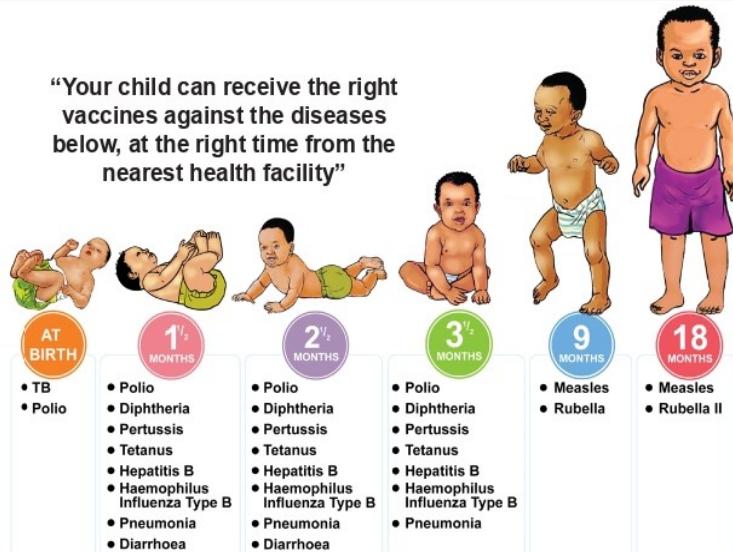
Giving more fluids can be life saving

- 1) For children not on exclusive breastfeeding:
Give extra fluids as much as the child will take:
 - ORS solution
 - Food based fluids such as
 - Soup
 - Rice
 - Yoghurt drink
 - Clean and safe water
 Breastfeed more frequently and longer at each feeding
Continue giving extra fluids until diarrhoea stops
- 2) For babies on exclusive breastfeeding:
Breastfeed more frequently and longer at each breastfeed
Give ORS solutions
- 3) Give zinc as advised by health worker until it is finished.

If the child vomits, wait for 10 minutes then give small frequent sips.

Immunisation Summary/Certificate

"Your child can receive the right vaccines against the diseases below, at the right time from the nearest health facility"



Attend all your Antenatal clinic visits as advised by the health care provider

Table of Contents

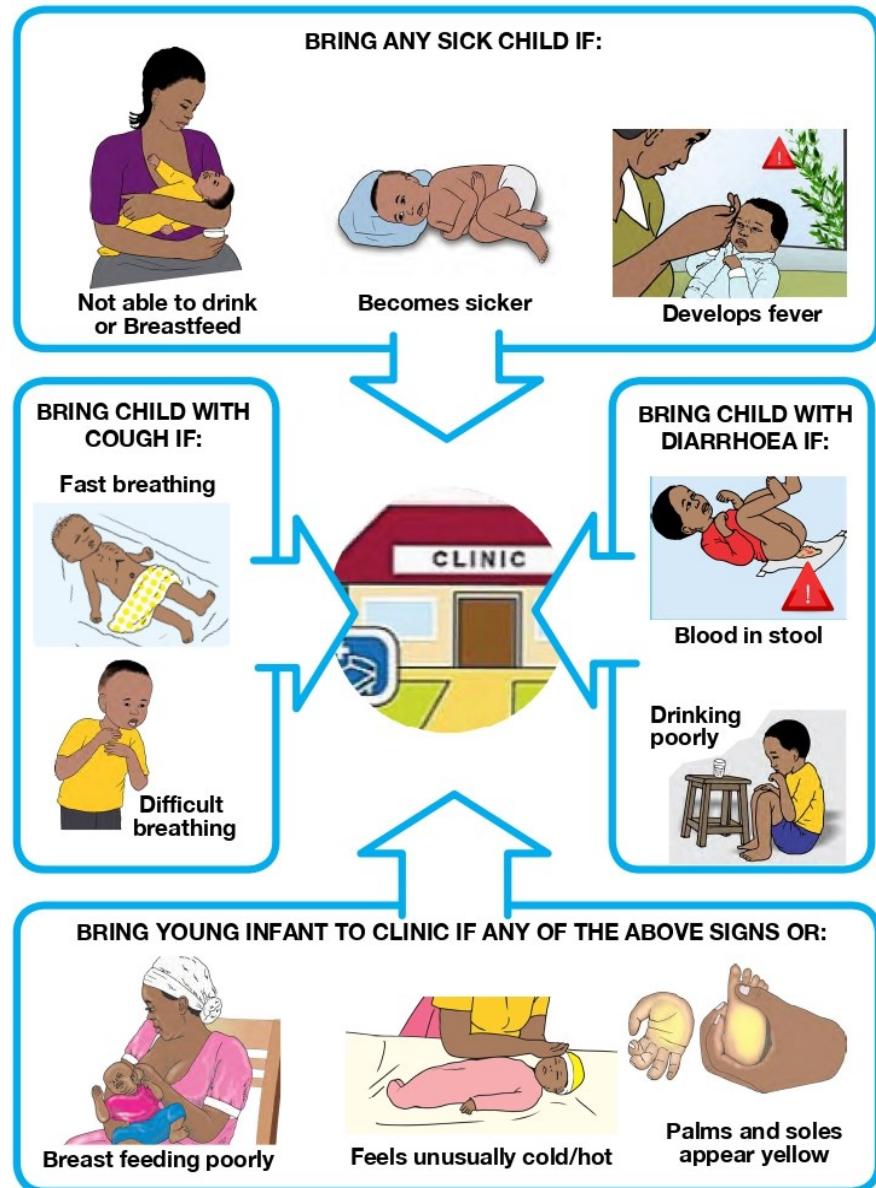
Abbreviations	2	SECTION 2	
Father's Support for Mother & Child Health	3	Child Health Monitoring	23
SECTION 1:		A. Particulars of the Child	23
ANC, Childbirth and Postnatal Care	5	B. Health Record of Child	23
Maternal Profile	5	C. Civil Registration	23
Medical & Surgical History.....	5	D. Civil Registration	23
Previous Pregnancy	6	E. Broad clinical review at first contact below 6 months	24
Physical Examination [1st Visit]	7	F. Feeding information from parent/guardian.....	24
Antenatal Profile	7	G. Other problems as reported by parent/guardian	24
Present Pregnancy Table	8	H. Developmental Milestones	25
Weight Monitoring Chart	8	I. Identification of early eye problems in an infant	25
Clinical Notes	8	J. Record of baby's teeth development	26
Preventive Services	10	Reason for Special Care	26
Malaria Prophylaxis	10	Weight for Age boys	27
Iron And Folic Acid Supplementation (IFAS).10	10	Length/Height for age boys	28
Maternal Serology Repeat Testing	11	Weight for age girls	29
MTCT Interventions for HIV Positive Mothers and their Exposed Infants	12	Length/Height for age girls	30
Dental Health for You and Your Baby	12	Growth Monitoring Return Dates	31
Care During Pregnancy	13	Clinical Notes	32
Infant Feeding	13	Immunization	33
Danger Signs During Pregnancy	14	Other Vaccines	34
Clinical Notes	14	Vitamin A Supplementation (VAS)	35
Childbirth	15	Micronutrient Powders (MNPs)	35
Positioning and Attachment for Breastfeeding	16	Deworming	35
Early Identification of Congenital Abnormalities	17	Identification of exposed children at first contact after delivery, or at 6 weeks or first contact after 6 weeks	36
Healthy Eating During Pregnancy and Breastfeeding	18	Clinical Notes	37
Care of The Mother and Baby after Birth	18	Prevention of mother to child transmission (PMTCT) of HIV/Syphilis and Hepatitis B ..	38
Danger Signs for Mother after Child Birth	19	Health Worker's Consultation	39
Postnatal Care	20	Hospital Admissions	40
Clinical Notes	21	Special Clinical Attendance	40
Reproductive Organs Cancer Screening	22	Counsel the caregiver on feeding recommendations for all children during health and sickness	41
Clinical Notes	22	Recommendations for Care for Child Development	42
Family Planning	22	When to Return Immediately	43
		Fluids	44
		Immunisation Summary/Certificate	44

Attend all your Antenatal clinic visits as advised by the health care provider

Abbreviations

AEFI	Advance Events Following Immunization
ANC	Antenatal Clinic
ARVs	Antiretrovirals
AZT	Zidovudine
BP	Blood Pressure
CHX	Chlorhexidine
CTX	Cotrimoxazole
CWC	Child Welfare Clinic
DBS	Dry Blood spot
EDD	Expected Date of Delivery
FP	Family Planning
Hb	Haemoglobin
HEI	HIV Exposed Infant
ICF	Intensified Case Finding
IPT	Isoniazid Prophylaxis Therapy
IPTp	Intermittent Preventive Treatment in Pregnancy
KEPI	Kenya Expanded Program on Immunization
KMC	Kangaroo Mother Care
KMHFL	Kenya Master Health Facility Listing
LLIN	Long Lasting Insecticidal Nets
LMP	Last Menstrual Period
MCH	Mother Child Health
MNP	Micronutrients Powders
MTCT	Mother To Child Transmission
NVP	Nevirapine
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Care
PrEP	Pre-Exposure Prophylaxis
SP	Sulfadoxine/Pyrimethamine
STI	Sexually Transmitted Infections
TB	Tuberculosis
TD	Tetanus and Diphtheria
TEO	Tetracycline Eye Ointment

WHEN TO RETURN IMMEDIATELY



Recommendations for - Care for Child Development

CONCEPTION TO BIRTH	NEWBORN, BIRTH TO 1 WEEK	1 WEEK UP TO 6 MONTHS	6 MONTHS UP TO 9 MONTHS	9 MONTHS UP TO 12 MONTHS	12 MONTHS UP TO 2 YEARS	2 YEARS AND OLDER
PLAY	Your baby begins learning in the womb. You can bond with the unborn baby when you gently rub your belly. Pat the belly when your unborn baby kicks.	Provide ways for your child to see, hear, feel, move freely and touch you. Slowly move colourful things for your child to see and reach for. Provide ways for your baby to see, hear, feel, move arms and legs freely and touch you. Gently soothe, stroke and hold your baby.	Give your child clean, safe household things to handle, bang and drop. Containers with lids, metal pot and spoon. Examples of play items: Shaker rattle, big ring on a string.	Hide an attractive item for the child under a cloth or box. See if the child can look for it. Play peek-a-boo.	Give your child things to stack up and to put into containers and take out. Nesting and stacking objects, containers and pegs. Examples of play items: Balls and dolls and cars.	Help your child count, name and compare things. Help your child to make simple play items. Examples of play items: Balls and dolls and cars.
COMMUNICATE	Your baby can see and hear baby's name. Skin to skin contact promotes bonding and attachment. Provide ways for your baby to see, hear, move arms and legs freely and touch you. Gently soothe, stroke and hold your baby.	Smile, laugh and talk with your child. Respond to your child by copying your baby's sounds and gestures.	Respond to your child's sounds and interests. Call the child's name, and see how your child responds.	Tell your child the names of things in their environment, such as items, people and animals. Show your child how to say things with hands, like "bye-bye".	Ask your child simple questions. Respond to your child's attempts to talk.	Encourage your child to talk and answer your child's questions. Tell your child stories, sing songs and play games together. Examples of play items: Simple books with pictures, dolls, balls and toy cars.
THINKING HEALTHY	Both you and partner can gently rub your belly and talk to your unborn baby. Take time for intentional relaxed breathing. Sing soothing songs as you rub your belly.	Look into baby's eyes and talk to your baby. Breastfeeding time is a good time to talk to your baby.	Be aware of your child's interests and respond to them	A baby develops well in a loving peaceful home. Other trusted persons can also play with the child. Seek advice from a health care provider when you have challenges.	Praise your child for trying to learn new skills	

Father's Support for Mother & Child Health

Father, you are very important for the health of the mother and child as well as your own health.

During pregnancy

Showing your wife /partner that you care about her can help her both physically and emotionally

- Ensure your wife/partner has support for the house chores.
- Ensure your wife/partner eats healthy foods at least 5 out of the 10 food groups everyday and goes for antenatal care, 8 times during the pregnancy. ([See page 18](#))
- Accompany your wife/partner to the health facility as much as possible.
- Get tested and treated for Sexually Transmitted Infections (STIs) including HIV. If found positive you will receive appropriate advice on how to protect your unborn baby and your treatment.
- Ensure you and your wife/partner have a birth plan
- Be sure to play and communicate with your unborn baby during pregnancy
- Discuss family planning method of choice with your wife/partner

During childbirth

You can help your wife/partner have a safe labour and childbirth:

- Ensure availability of basic needs in the house to avoid any worries as she goes to deliver at the health facility.
- Ensure transport to the health facility is available (Birth preparedness; money, birth companion, emergency kit)
- Ensure other children are taken care of.
- If you stay with her during the birth, you can help by giving her both emotional and physical support.
- Build her confidence by encouraging her by telling her she is doing well.
- Help her walk or squat during contractions or rub her back

After childbirth

- The first six weeks after birth are the most important for both mother and baby.
- Ensure the baby is given ONLY breast milk for the first 6 months for proper growth and disease prevention.
- Take time to hold and care for your baby to establish closeness (bonding) to your new child. This will also give your wife/partner a chance to sleep and rest. She needs a lot of healthy foods, fluids and plenty of rest during this time.
- If the mother is HIV positive the baby should get prophylaxis (nevirapine and AZT) during breastfeeding and a HIV test at 6 weeks of age. NB: A HIV positive couple can get a HIV negative baby.

- Help her rest more by doing some of house chores or getting someone else who can help.
- Ensure the baby is exclusively breastfed (should not be given any foods, fluids and not even water) for 6 months after childbirth.
- Be sure to play and communicate with your baby.
- Avoid sexual contact until the bleeding and the discharge that comes after childbirth stops. (Usually 6 weeks after childbirth).
- Accompany your wife/partner to receive postnatal care.

Family Planning

- To have healthy mothers and babies it is best to space your children at least two years between pregnancies.
- You can help your family be healthy by using family planning, the mother can start an appropriate Family planning method immediately after childbirth.
- Visit the family planning clinic with your wife/partner and decide together which method will work best then share the responsibility for using it.

NB: Throughout pregnancy, childbirth and there after, be alert for danger signs in the mother and baby. If present seek medical help immediately. (See page14 and 19)



Attend all your Antenatal clinic visits as advised by the health care provider

Counsel the caregiver on feeding recommendations FOR ALL CHILDREN during health and sickness

BREASTFEEDING					
Newborn upto 1 week	<ul style="list-style-type: none"> Immediately after birth, put the baby on skin-to-skin contact with the mother for at least one hour. Initiate breastfeeding within the first hour after birth. Give your baby colostrum (the first yellowish, clear, whitish milk). It protects the baby from many illnesses. Breastfeed on demand (day and night, as often as the baby wants) at least 8 times in 24 hours. Frequent feeding produces more milk. If the baby is small (low birth weight - <2500g), feed at least every 2 to 3 hours. Wake the baby for feeding after 3 hours, if baby does not wake self. DO NOT give other foods. Breast milk is all your baby needs. Breastfeed on demand (day and night, as often as the baby wants) at least 8 times in 24 hours. Frequent feeding produces more milk. Breast milk is all your baby needs. DO NOT give other foods or fluids 				
1 WEEK UP TO 6 MONTHS	<ul style="list-style-type: none"> Breastfeed as often as the child wants. Look for signs of hunger: (fuss, sucking/moving lips, opening mouth, making sounds, sticking out the tongue, putting hands in his mouth, making rapid eye movement before his/her eyes are open, baby may cry) Breastfeed on demand (day and night, as often as the baby wants) at least 8 times in 24 hours. Frequent feeding produces more milk. DO NOT give other foods or fluids 				
Non-breastfed baby	<ul style="list-style-type: none"> If infant is <6 months, consult your health care worker Depending on the age, give in addition: <ul style="list-style-type: none"> 1-2 cups of milk per day 1-2 extra meals per day 2-3 cups water per day Adequate animal foods Use multiple micronutrient powders with complementary foods 				
Feeding sick children	<table border="1"> <thead> <tr> <th colspan="2">During illness</th></tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Encourage the child to drink and to eat - with lots of patience Feed small amounts frequently Give foods that the child likes Give a variety of nutrient-rich foods Continue to breastfeed - often ill children breastfeed more frequently </td><td> <ul style="list-style-type: none"> Feed your child at least 4 of these 7 food groups daily and continue breastfeeding for 2 years or beyond. </td></tr> </tbody> </table> <ul style="list-style-type: none"> Note: <ul style="list-style-type: none"> Introduce one type of food at a time Do not mix more than 2 types of cereals Give your child protein foods from 6 months Use a separate plate/bowl to feed your baby Observe hygiene! <ul style="list-style-type: none"> Wash your hands at critical times (after visiting the toilet, after cleaning baby bottoms, before eating, before cooking, before/after handling a sick person). Keep cooking surfaces and utensils clean Keep play items and areas clean Take your child to the clinic every month until he/she is 5 years old Take your child to the Health Facility for Vitamin A Supplementation at 6 months and every 6 months upto 5 years. 	During illness		<ul style="list-style-type: none"> Encourage the child to drink and to eat - with lots of patience Feed small amounts frequently Give foods that the child likes Give a variety of nutrient-rich foods Continue to breastfeed - often ill children breastfeed more frequently 	<ul style="list-style-type: none"> Feed your child at least 4 of these 7 food groups daily and continue breastfeeding for 2 years or beyond.
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PREVIOUS PREGNANCY

Take your child to the health facility, every month until he/she is 5 years old

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) OF HIV/SYPHILIS AND HEPATITIS B

HIV

Your baby is HIV exposed because you are HIV positive. It is important that you exclusively breastfeed your baby. For positioning and attachment for breastfeeding (**See pages 16**). Continue taking baby to the health facility for immunization, Vitamin A /Micronutrients supplementation/ deworming, Antiretroviral and septrin medicines as their growth is monitored every month till they become 5 years of age.



Syphilis

What is syphilis? Syphilis is an infection that can be contracted through unprotected sex. If a pregnant mother gets infected with Syphilis and she is not treated adequately, she can suffer a miscarriage or give birth to a premature or dead baby or deliver a baby with a very low birth weight or a baby already infected with Syphilis. The baby born of a mother who has Syphilis can die within four months of life. Syphilis can be passed on from mother to the baby during the process of childbirth.

What are the symptoms of syphilis?

Symptoms start 2 to 3 weeks after sexual contact with an infected person. It starts with a painless sore on the penis, vagina, anus, or mouth.

These ulcers mostly heal on their own within a few weeks. Since they don't hurt, many people don't get treatment for them. Then there are no symptoms until later in life where the disease will result in damaged brain, nerves, eyes or heart.

How can I test for syphilis?

Testing is done for all pregnant mothers alongside HIV testing [Dual testing] at the Antenatal Clinic. If your test is positive, your partner should also be tested and treated if he is found to be positive.

Is there treatment for syphilis?

Yes, if you test positive for Syphilis, your healthcare provider will start you on appropriate medicines to stop risk of transmitting to your baby.

How can I prevent getting infected by syphilis?

- Being faithful to your sexual partner and vice versa.
- Avoiding sex when you or your partner has any symptoms that could be caused by Syphilis infection
- Using a condom every time you have sex

Hepatitis B

- Hepatitis B is a serious liver infection caused by the hepatitis B virus. The virus is passed from one person to another through unprotected sex with an infected partner or sharing needles with an infected person or from an infected mother to her baby during delivery.
- Many people do not know that they are carrying the virus, as they can have it for years before developing symptoms. A person or mother infected with Hepatitis B, can eventually develop liver disease which has no cure. It can also lead to early death of the child from liver cancer, cirrhosis or liver failure.
- It is important for every pregnant woman to know their hepatitis B status in order to prevent passing the virus to their unborn baby during delivery (**See page 7**).

Take your child to the health facility, every month until he/she is 5 years old

PHYSICAL EXAMINATION [1st Visit]

General examination: _____

BP: _____ Pulse rate: _____

CVS: _____ Resp.: _____

Breasts: _____ Abdomen: _____

Examination of the external genitalia: _____

Discharge/genital Ulcer: _____

ANTENATAL PROFILE

Hb: _____

Blood Group: _____

Rhesus: _____

Urinalysis: _____

Blood RBS: _____

TB Screening as per the intensive case finding tool

Screening outcome: _____

Negative: Positive:

(If negative, and no TB signs, give Isoniazid Preventive Therapy (IPT) as per eligibility. If positive, send for TB diagnosis)

Isoniazid Preventive Therapy (IPT): Date given: _____ Next Visit: _____

Obstetric Ultrasound:

1st one done before 24 weeks (18-20 weeks) Gestation: _____ Date: _____

2nd one done in 3rd trimester, Gestation: _____ Date: _____

Triple testing (HIV/Syphilis/Hepatitis B): Date: _____

HIV: R NR Not tested Inconclusive

(If not tested refer for further counselling)

Syphilis: R NR Not tested Inconclusive

(If not tested refer for further counselling)

Hepatitis B: R NR Not tested Inconclusive

(If not tested refer for further counselling): If HIV Non-Reactive Re-testing: Date _____

If reactive, (**see page 12**) for management of the mother. If still non reactive (**see page 11**) for repeat serology testing.

Note: Refer to current ART guideline for management of inconclusive results.

Couple HIV counselling and testing done Yes: No:

(If No, counsel and test. If negative, (**see page 11**) for retesting schedule.)

Partner HIV Status

Reactive Non-Reactive Not Tested

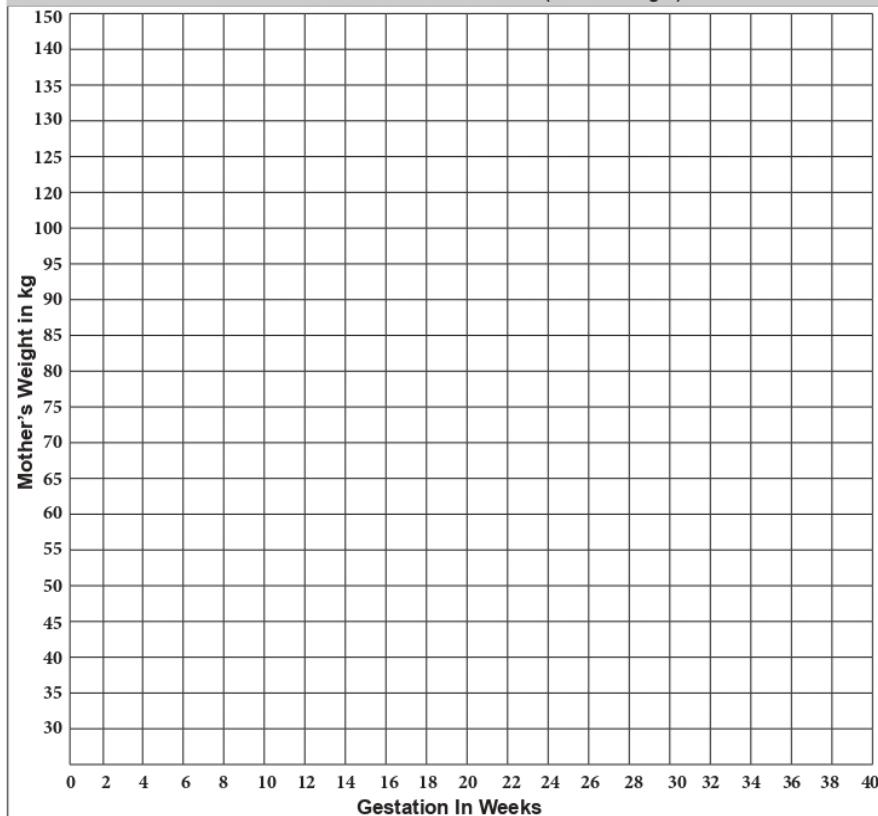
If reactive refer partner for HIV Care.

Attend all your Antenatal clinic visits as advised by the health care provider

PRESENT PREGNANCY TABLE

Refer to page 10 for schedule of contacts

WEIGHT MONITORING CHART (Plot the weight)



Recommended Weight Gain: A total of at least 7kg to 12kg during pregnancy with an average of:

1st trimester 0.5kg/month, 2nd trimester 1-1.5kg/month, 3rd trimester 2- 2.2kg/month.

Attend all your Antenatal clinic visits as advised by the health care provider

CLINICAL NOTES

Take your child to the health facility, every month until he/she is 5 years old

IDENTIFICATION OF EXPOSED CHILDREN AT FIRST CONTACT AFTER DELIVERY, OR AT 6 WEEKS OR FIRST CONTACT AFTER 6 WEEKS

Establish HIV Exposure Status of all infants at first contact

To establish if the infant is exposed conduct a maternal antibody test. If the mother serology is reactive the baby is Exposed (HE).

For an infant accompanied by a guardian and with unknown maternal HIV status, conduct HIV antibody test to establish if the infant is HIV exposed.

If the infant is exposed (HEI); Collect a DBS for DNA PCR at first contact after delivery or at 6 weeks, or first contact after 6 weeks

All HEIs should be tested as per the table below

Type of Test	Date of Sample Collection	Results
1 st DNA PCR 1st contact after delivery or at 6 weeks, or first contact after 6 weeks.		
If 1 st PCR test positive, collect a confirmatory DNA PCR and baseline viral load, and start on ARV		
2 nd DNA PCR at 6 months		
3 rd DNA PCR at 12 months		
Antibody test at 18 months		
If breast feeding, conduct HIV antibody test at 24 months (Repeat the HIV antibody test every 6 months until complete cessation of breastfeeding)		
Final antibody test 6 weeks after complete cessation of breastfeeding		

Key: • DNA PCR-DNA polymerase chain reaction • DBS-Dried blood spot

Note: Encourage exclusive breastfeeding for all infants including HED.

HIV Exposed Infant

ARV Prophylaxis: AZT+NVP for 6 weeks (Dose to be adjusted as per the infant weight/Age)	Start at birth- give to mother at first contact Continue NVP for minimum 12 weeks if not breastfeeding. If breastfeeding, continue NVP until 6 weeks after complete cessation of breastfeeding. Stop NVP syrup immediately if infant turns HIV positive and start ART.
CTX Prophylaxis: CTX syrup 2.5 MI OD (Dose to be adjusted as per the infant weight/Age)	Start at 6 weeks after birth or at first contact after 6 weeks. Continue until 6 weeks after complete cessation of breastfeeding.
Infant IPT syrup	Given as per Infant's eligibility.

HIV Infected Infant

HIV Infected Infant	
ART for life. (Dose to be adjusted as per the infant weight/Age)	Stop NVP syrup immediately and start appropriate ART regimen if infant turns HIV positive. Refer to current ART guideline for HAART regimen.
CTX syrup 2.5 MI OD. (Dose to be adjusted as per the infant weight/Age)	Start at 6 weeks after birth or at first contact after 6 weeks. Adjust dose as per weight.
IPT syrup	Given as per child's eligibility.

Take your child to the health facility, every month until he/she is 5 years old

Attend all your Antenatal clinic visits as advised by the health care provider

PREVENTIVE SERVICES

Tetanus Diphtheria (TD) injection	Time given	Date given	Next visit
1 st injection	First visit		
2 nd injection	4 weeks after 1 st dose but 2 weeks before childbirth		
3 rd injection	6 months after 2 nd dose		
4 th injection	1 year after 3 rd inj/ subsequent pregnancy		
5 th injection	1 year after 4 th inj/ subsequent pregnancy		

MALARIA PROPHYLAXIS

Timing of Contact	Dose#	Date given	Next visit
1: Up to 12 weeks			
1a: 13 - 16 weeks	IPTp - SP dose 1		
2: 20 weeks	IPTp - SP dose 2		
3: 26 weeks	IPTp - SP dose 3		
4: 30 weeks	IPTp - SP dose 4		
5: 34 weeks	IPTp - SP dose 5		
6: 36 weeks	No SP, if last dose received <1 Month ago		
7: 38 weeks	IPTp - SP dose 6 (if no dose in past month)		
8: 40 weeks			
NB: IPTp give SP at 4 weeks intervals from 13 weeks gestation to term in malaria endemic areas			
Long lasting Insecticide Treated Net (LLITN)			

Deworming (Mebendazole 500mgs) given once in the 2nd trimester date given		
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**IRON AND FOLIC ACID SUPPLEMENTATION (IFAS) 270 tablets;
Dosage - 1 tablet per day; Taken with meals**

Elemental Iron (Combined Tablets 60mg Iron and 400µg Folic acid) Or any other equivalent available	Contacts	Gestation in weeks	No. of Tablets	Date Given
	Upto 12weeks	60		
1	12 weeks	56		
2	20 weeks	42		
3	26 weeks	28		
4	30 weeks	28		
5	34 weeks	14		
6	36 weeks	14		
7	38 weeks	14		
8	40 weeks	14		

N/B The first 4 weeks are especially critical to the unborn baby in prevention of Neural Tube Defects (birth defects of the brain, spine or spinal cord; the most common ones are spina bifida and anencephaly). Take IFAS as per the health worker's advise to prevent these defects.

*NOTE: • IFAS should be taken from conception to delivery and thereafter if some tablets have remained.
• At every visit, give doses that will last until the next visit.*

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VITAMIN A SUPPLEMENTATION (VAS)

VITAMIN A CAPSULE; Given orally (Start at 6 months or at first contact thereafter)				
Dose	Age	Age given	Date given	Date of next visit
100,000IU	6 months			
200,000 IU	12 months (1 year)			
200,000 IU	18 months (1 ½ years)			
200,000 IU	24 months (2 years)			
200,000 IU	30 months (2 ½ years)			
200,000 IU	36 months (3 years)			
200,000 IU	42 months (3 ½ years)			
200,000 IU	48 months (4 years)			
200,000 IU	54 months (4 ½ years)			
200,000 IU	59 months (5 years)			

Note:

- Do not give Vitamin A Supplementation if 30 days have not elapsed since the last dose, then return child to schedule as per age.
- For treatment of measles or Vitamin A deficiency related eye conditions, give appropriate dose on day zero, 24 hrs later and 14 days later.

MICRONUTRIENT POWDERS (MNPs) - Dosage: 10 sachets per month

Age in months	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Number issued																		
Date issued																		
Date of next visit																		

NOTE: 1) Give 1 sachet every 3rd day; 2) Add to semi-solid food and mix; 3) Add in warm food NOT HOT; 4) Should be eaten within half an hour after mixing. 5) MNPs should not be added to liquid foods or drinks.

DEWORMING

Give once every six months to all children one year and above. Albendazole 200mg (Half a tablet) for children 1 to 2 years and 400mg (One tablet) for children 2 years and above				
Age	Dosage/Tablet	Age given	Date given	Next visit
12 months (1 year)				
18 months (1 ½ years)				
24 months (2 years)				
30 months (2 ½ years)				
36 months (3 years)				
42 months (3 ½ years)				
48 months (4 years)				
54 months (4 ½ years)				
59 months (5 years)				

Take your child to the health facility, every month until he/she is 5 years old

MEASLES RUBELLA VACCINE (MR) at 6 months; in the event of a measles rubella outbreak or HIV Exposed Infant (HEI)	Date Given
Dose 0.5ml, deep subcutaneous injection into the right upper arm deltoid muscle.	
MEASLES RUBELLA VACCINE (MR) at 9 months	Date Given
Dose 0.5ml, deep subcutaneous injection, over the deltoid muscle, upper right arm.	
MEASLES RUBELLA VACCINE (MR) at 18 Months	Date Given
Dose 0.5ml, deep subcutaneous injection, over the deltoid muscle, upper right arm.	
YELLOW FEVER VACCINE at 9 months**	Date Given
Dose; (0.5mls) Intra Muscular left upper deltoid	

** Only in selected counties.

OTHER VACCINES

VACCINE	DATE GIVEN

NB: Other vaccines refer to those not in the usual KEPi schedule and may include, Typhoid etc.
If your child develops any adverse events following immunization (AEFI) please report immediately to the nearest health facility.

ANY ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI)

DATE: _____ DESCRIBE: _____
 Antigen /Vaccine: _____
 Batch Number: _____
 Manufacture Date: _____
 Expiry Date: _____
 Manufacturer's Name: _____

Tetanus Diphtheria (TD) Vaccination:

- If a pregnant woman has not been previously vaccinated, or her immunization status is unknown, she should receive two doses of tetanus diphtheria vaccine one month apart with the 2nd dose given at least 2 weeks before childbirth. 2 doses protect against tetanus infection for 1-3 years.
- A 3rd dose is recommended six months after the second dose, which should extend protection to at least 5 years.
- Two further doses for women who are first vaccinated against tetanus during pregnancy should be given after the 3rd dose, in the two subsequent years or during two subsequent pregnancies.
- If a woman has had 1-4 TD injections in the past, she should receive one dose of TD during each subsequent pregnancy to a total of 5 doses
- 5 doses protect throughout the childbearing years.

Only when the interval between the 1st and 2nd pregnancy is greater than (or equal to) 10yrs, should the schedule be re-started from T.D.-1.

(This rule does not apply to intervals greater than 10yrs between the 2nd-3rd pregnancies or the 3rd-4th pregnancies. Meaning that a long delay between T.D.2 & T.D. 3 is more risky than a long delay between T.D.3 & T.D.4 or between T.D.4 & T.D.5)

MATERNAL SEROLOGY REPEAT TESTING			
Date test done (dd/mm/yy)	Serology results	Date of Next appointment	Comments
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		If reactive, counsel to start on ART immediately and test the partner.
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		If non reactive, book for a repeat serology test.
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		Continue testing until complete cessation of breastfeeding.
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		
	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Tested		

Note: Repeat serology test for the mother as per current national ART guideline.

PMTCT INTERVENTIONS FOR HIV POSITIVE MOTHERS AND THEIR EXPOSED INFANTS					
MOTHER					
Interventions	Date started /service given and dose			Comment	
ART for life	Visit #1 date Regimen:	Visit #2 date Regimen:	Visit #3 date: Regimen:	Visit #4 date Regimen:	Given to all regardless of CD4 and viral load. If change in regimen indicate reason:
Viral load (VL) sample	Date Viral load taken Results	Date Viral load taken Results	Date Viral load taken Results	Date Viral load taken Results	All should have a viral load. Refer to current ART guidelines for viral load monitoring.

NOTE: Assess all HEIs for initiation of ARV prophylaxis immediately after childbirth or at first contact after birth.

Give the mother the ART prophylaxis to give to the baby immediately after birth and continue until 6 weeks after complete cessation of breastfeeding. (See page 36)

CTX Prophylaxis syrup is to be issued from 6 weeks after birth (See page 20) for post-natal assessment; and (See page 36) for ART&CTX prophylaxis

COUNSEL MOTHER ON MANAGEMENT OF THE HEI (See page 36) for HEI prophylaxis or ART treatment.

DENTAL HEALTH FOR YOU AND YOUR BABY

Your baby's teeth are important for chewing, speaking and to guide the growth of the face and jaws in readiness for permanent set of teeth later in life. Baby teeth start to develop during week 6 of pregnancy. At birth, your baby will have small swellings in the mouth marking the areas of teeth inside the gum. The swellings are your baby's developing teeth, they are not 'false' or "plastic" teeth. The first baby teeth may come in when baby is 4-12 months old. During this time when teeth are coming in, the gums may be itchy, and your baby may show signs of increased salivation. This is normal and does not need the use of "teething gels" or "teething powders". Dentists/ oral health officer do not recommend their use as some may affect your baby.

Some babies may be born with one or more teeth in the mouth. These are called "Neonatal teeth". If they cause pain to the mother during breast feeding, take your baby to the dentist so that they can be safely removed.

Cleaning your baby's teeth

Prevent tooth decay by brushing baby teeth twice a day, (after morning feed and at night before going to sleep), avoiding sugary foods and drinks, and not putting babies to sleep with bottles. Clean baby teeth with a designated soft wet cloth or a soft baby-tooth brush. Start cleaning baby's teeth as soon as they appear.



Rice-grain-sized Smear for age less than 2 years



Pea- size for age 2 to 5 years



Regular for age more than 5 years

- Cavity-preventing fluoride toothpaste starting with baby's very first tooth is recommended.
- Use a rice-grain-sized smear of toothpaste for your baby or toddler age less than 2 years, graduating to a pea-sized by age 2 to 5 years, just like in the image on the left, so that even when the baby swallows, the amount is insignificant.

Attend all your Antenatal clinic visits as advised by the health care provider

IMMUNIZATION

PROTECT YOUR CHILD

BCG VACCINE: at birth (intra-dermal left fore arm)	Date Given	Date of next visit
Dose:(0.05mls for child below 1 year)		
Dose:(0.1mls for child above 1 year)		
BCG-Scar Checked (Date Checked)		
PRESENT		
ABSENT		
Repeat vaccine BCG (Date repeated)		

POLIO VACCINE: (Bivalent Oral Polio Vaccine(bOPV):	Date Given	Date of next visit
Dose: 2 drops orally		
Birth Dose at birth or within 2wks		
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		
3 rd Dose at 14 weeks		

IPV (Inactivated Polio Vaccine)		
IPV (0.5mls) Dose at 14 weeks Intramuscular into the outer aspect of the right thigh 2.5cm (2 fingers apart) from the site of PCV10 injection.		

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/HAE莫PHILUS INFLUENZA Type b	Date given	Date of next visit
Dose:(0.5mls) Intra Muscular left outer thigh		
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		
3 rd Dose at 14 weeks		

PNEUMOCOCCAL CONJUGATE VACCINE	Date given	Date of next visit
Dose: (0.5mls) intramuscular into the upper outer aspect of the right thigh		
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		
3 rd Dose at 14 weeks		

ROTA VIRUS VACCINE	Date given	Date of next visit
1.5mls administered orally, slowly		
1 st Dose at 6 weeks		
2 nd Dose at 10 weeks		

Take your child to the health facility, every month until he/she is 5 years old

CLINICAL NOTES

- You need to assist your baby with teeth brushing until they reach the age of 6-8 years (Until you see they can tie their shoe-laces).
 - Baby's teeth do not cause diarrhoea, but the gums may be itchy and baby may put things like dirty toys around them into the mouth causing stomach upsets. Ensure they have clean toys and teething rings to soothe the gums during this time.
 - Feed baby on healthy foods and snacks; avoid sweetened juices, sweets, chocolates.
 - Take your baby to the dentist at the age of 1 year. The dentist will review baby's progress and give you more advice on the care of your baby's teeth.

Dental care for pregnant mothers

Brush your teeth thoroughly twice a day (after breakfast and before bed) with fluoridated toothpaste. If you feel like vomiting when you brush your teeth, try brushing about one hour after your last meal. Visit your dentist/oral health officer to discuss other tooth-cleaning methods that may work for you, if your gums bleed during tooth brushing or if you have any other problem with your teeth as this may get worse when you are pregnant.

Get your teeth checked when you plan for a pregnancy to ensure you have good teeth to eat well and keep your body healthy for the healthy development of your baby.

Dental treatment can be carried out during pregnancy without causing any harm to your baby. You will just need to inform your dentist so they can take the necessary care during your treatment.

During pregnancy, some mothers get the urge to eat more sugary snacks. This practice can increase the occurrence of tooth decay and it is best to avoid

Lost teeth due to dental problems or for any other reason can be replaced at a dental clinic.

CARE DURING PREGNANCY

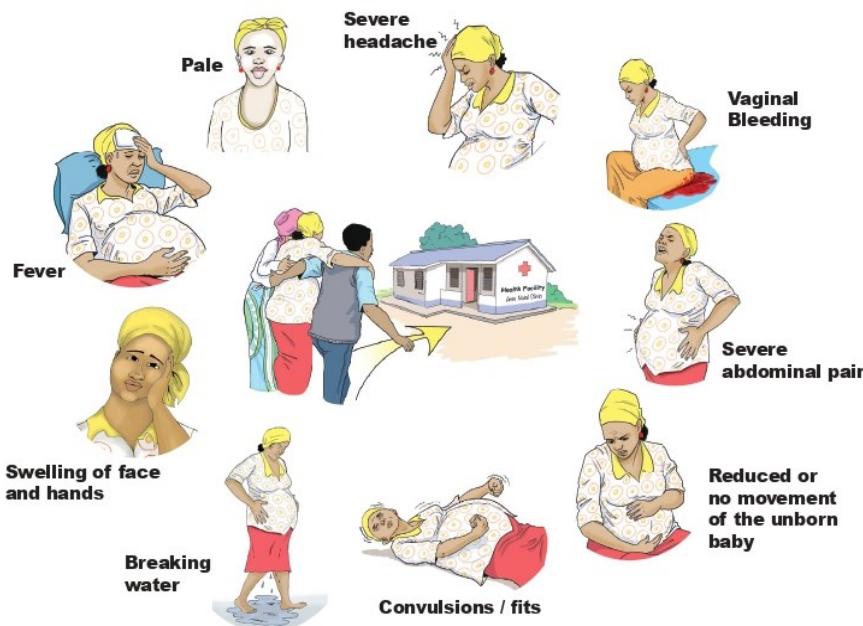
- Eat one extra meal every day during pregnancy
 - Eat at least 5 of the 10 food groups everyday
 - Drink plenty of water at least 8 glasses per day(2 litres)
 - Take iron and folic acid supplements (IFAS) everyday throughout pregnancy
 - Avoid heavy work, rest more
 - Sleep under an long lasting insecticidal net (LLIN)
 - Go for ANC visit as soon as possible and attend 8 times during the pregnancy
 - Do regular non-strenuous exercises

INFANT FEEDING

Infant feeding counseling done: Yes No:

Counseling on exclusive breastfeeding and benefits of colostrum done. Yes: No:

DANGER SIGNS DURING PREGNANCY



NB: Be prepared always to seek skilled care at the health facility in case of any of the above signs.

GROWTH MONITORING RETURN DATES

CLINICAL NOTES

Attend all your Antenatal clinic visits as advised by the health care provider

Take your child to the health facility, every month until he/she is 5 years old

POSITIONING AND ATTACHMENT FOR BREASTFEEDING

Correct Positioning



Good Attachment



Is the infant correctly positioned? Positioning refers to when:

1. Baby's head and body is straight
2. Baby facing the mother with the nose opposite the nipple
3. Baby's body close to the mother's body (Infant's Tummy to mother's tummy)
4. Mother supporting infant's whole body and not just neck and shoulders.

All the 4 signs of correct positioning must be present to decide there is correct positioning

Is the infant correctly positioned?

Yes No

How to attach:

1. Touch the baby's upper lip with your nipple
2. Wait until the baby's mouth is open wide
3. Move the baby quickly onto your breast, aiming the baby's lower lip well below the nipple

Is the infant able to attach? To check for attachment look for:

1. Chin touching the breast
2. Mouth wide open
3. Lower lip turned outward
4. More areola seen above than below the mouth

All the 4 signs of good attachment must be present for one to decide that there is good attachment

Is the infant well attached to the breast?

Yes No

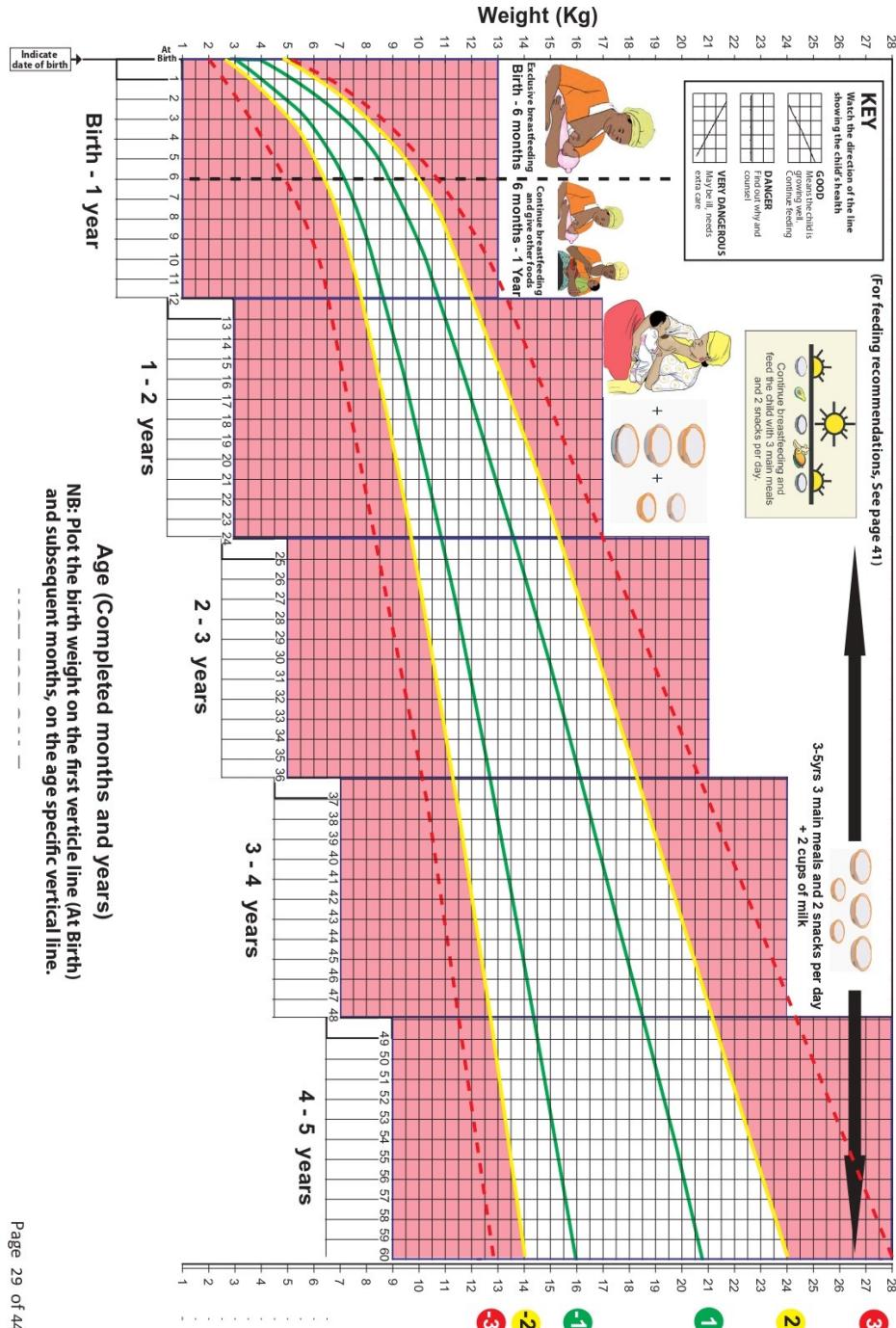
Signs of effective suckling:

1. Slow deep sucks, sometimes pausing
2. Cheeks round when suckling
3. Baby releases breast when milk is finished or he/she is satisfied
4. Mother feels relaxed

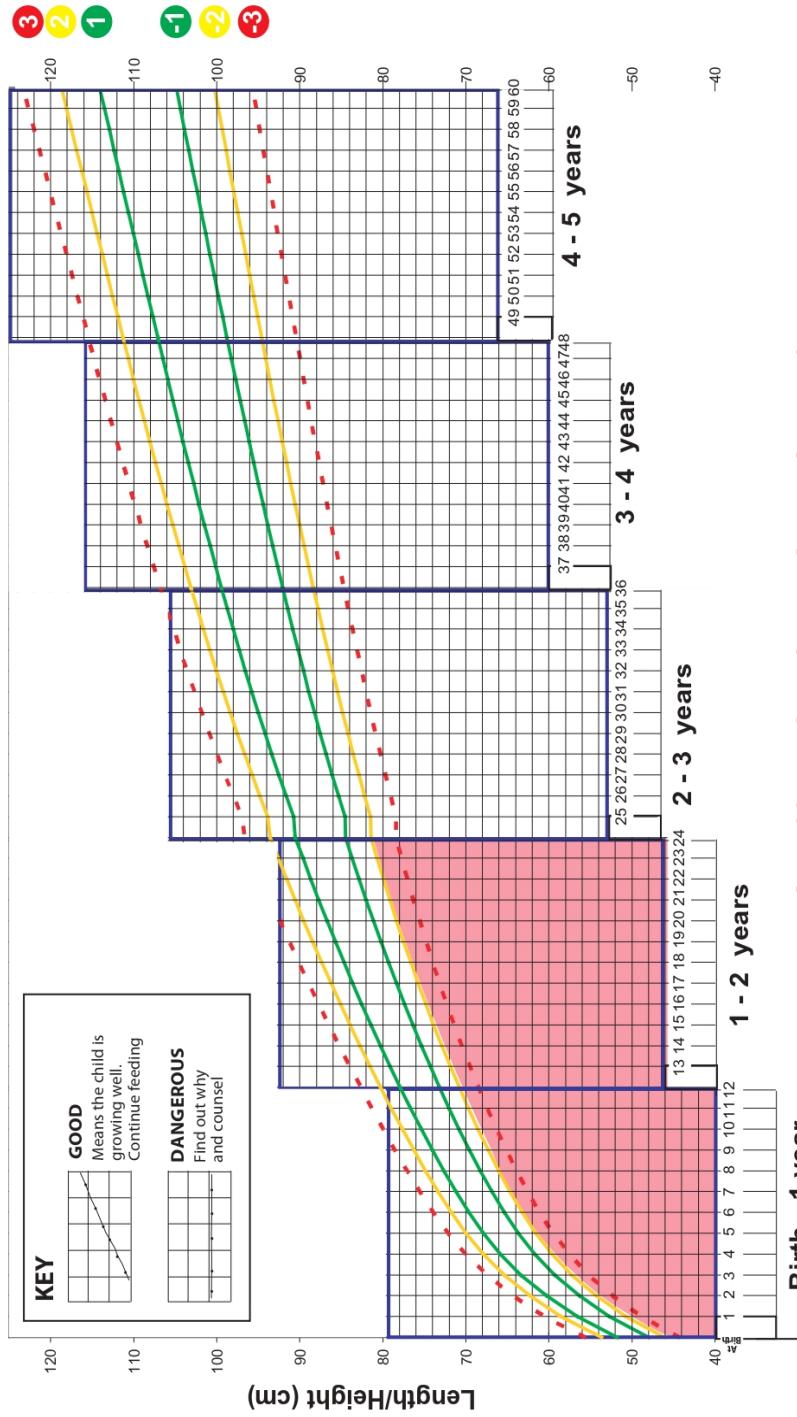
NB: During breastfeeding, show the mother correct positioning and good attachment.

- If breast milk is not enough, immediately visit a health facility.

Take your child to the health facility, every month until he/she is 5 years old



Length/Height-for-Age BOYS



Page 28 of 44

EARLY IDENTIFICATION OF CONGENITAL ABNORMALITIES

Tick as appropriate if a sign is observed

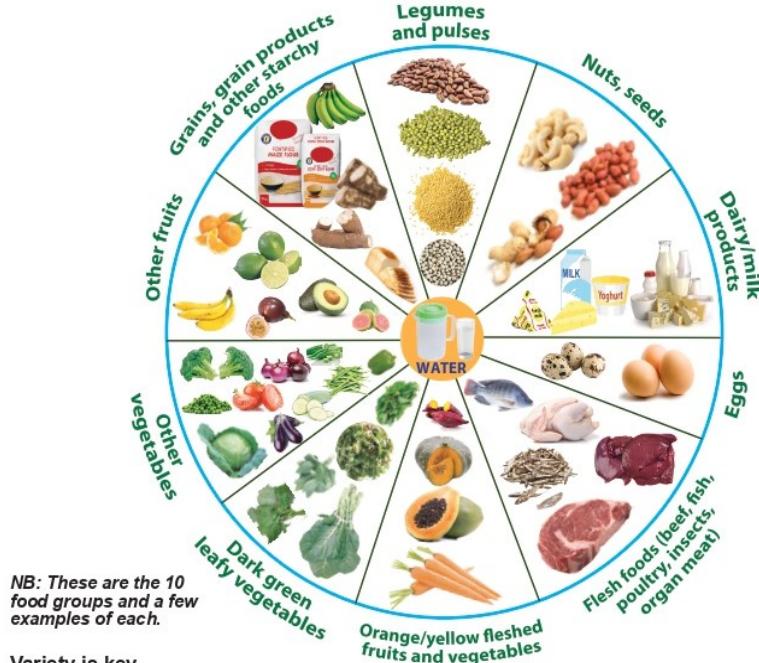
Head size:	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Extra small (micro cephalic): <input type="checkbox"/> ▪ Extra big (hydrocephalic): <input type="checkbox"/> ▪ Others Specify: _____	Remarks
Mouth and Gums	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Cleft lip: <input type="checkbox"/> ▪ Palate: <input type="checkbox"/> ▪ Others Specify: _____	
Ears	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Specify: _____	
Arms and legs	Normal Arms <input type="checkbox"/> Normal Legs <input type="checkbox"/> Normal Back <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Club foot: <input type="checkbox"/> ▪ Congenital hip dislocation: <input type="checkbox"/> ▪ Jointed fingers or toes: <input type="checkbox"/> ▪ Extra fingers and toes: <input type="checkbox"/> ▪ Others Specify: _____	
Muscle Tone	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Floppiness <input type="checkbox"/> ▪ Rigidity <input type="checkbox"/> ▪ Other specify: _____	
Joints movement	Flexible <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Not Flexible <input type="checkbox"/> ▪ Other specify: _____	
Fingers & Toes	Normal 5 fingers and 5 toes <input type="checkbox"/>	<input type="checkbox"/> Abnormal Specify: _____	
Arms & Shoulders	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal Specify: _____	
Spine/neck/back	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Any Swellings <input type="checkbox"/> ▪ Protrusions <input type="checkbox"/> ▪ Sores or Marks along the spine <input type="checkbox"/> ▪ Specify: _____	
Body Movement	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal ▪ Baby becomes floppy when lying in certain position <input type="checkbox"/> ▪ Cerebral palsy? <input type="checkbox"/> If yes, specify: _____	
Abdominal wall	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal Specify: _____	
Genitalia	Normal <input type="checkbox"/>	<input type="checkbox"/> Abnormal	
Anus	Perforate (Normal) <input type="checkbox"/>	Imperforate (Abnormal) <input type="checkbox"/>	

List any abnormal findings (not captured previously): _____

NB: Assessment to be done within 48 hours after childbirth. To be repeated at 6 weeks.

Take your child to the health facility, every month until he/she is 5 years old

HEALTHY EATING DURING PREGNANCY AND BREASTFEEDING:



Variety is key

- Eat at least 5 of the 10 food groups each day.
- Eat a variety of foods within each food group and of different colours across all the food groups.
- Consume plenty of safe water throughout the day.
- Take one extra meal per day.
- Take lots of nutritious fluids (Porridge, soup, fresh fruit juice).

CARE OF THE MOTHER AND BABY AFTER BIRTH



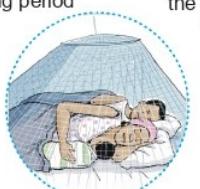
Eat two extra small meals during breastfeeding period



Give only breast milk to the baby for the first 6 months of life



Keep baby warmly wrapped, including cap and socks at all times



Sleep with the baby under an insecticide treated net (LLIN)

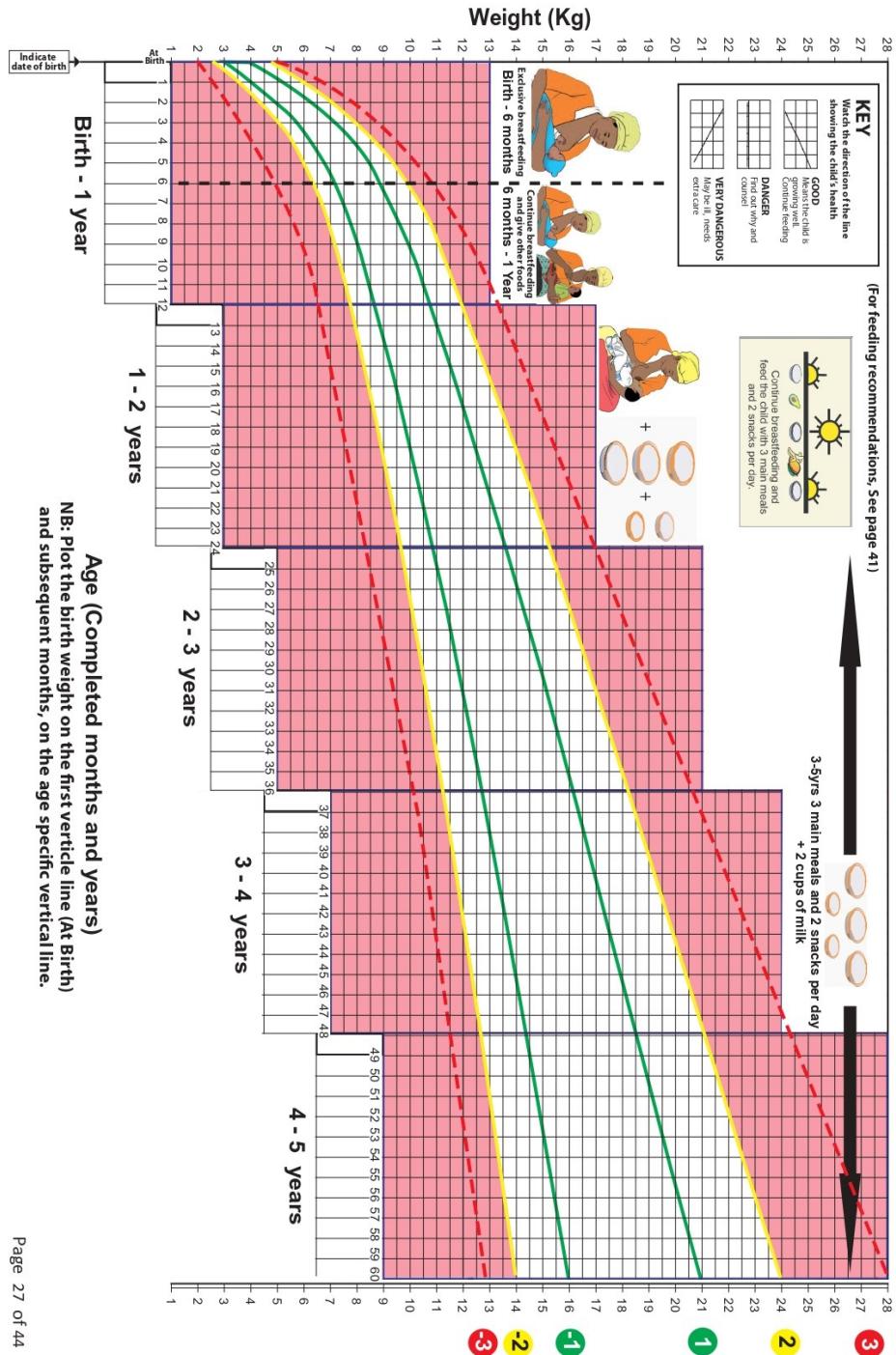


If childbirth occurs at home, immediately take the mother and the baby to the health facility

Take your child to the health facility, every month until he/she is 5 years old

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

Weight-for-Age BOYS



J. Record of baby's teeth development

It should be fun for your baby to know when they got their teeth. Here is a chart for you to keep this record.

Observation	Normal limits	Age of baby when tooth seen	Date seen
Lower Incisor	4-10 months		
Upper Incisor	6-12 months		
Lower Canine	12-23		
Upper Canine	12-23		
Lower First Molar	12-18		
Upper First Molar	12-18		
Lower Second Molar	24-30		
Upper Second Molar	24-30		

Reason for Special Care (Tick as appropriate)

- Birth weight less than 2.5kg
- Birth less than 2 years after last birth
- Birth order (Fifth child or more)
- Born of a teenage mother
- Born of a mentally ill mother
- Child with developmental delays
- Any of the child's siblings been undernourished
- Multiple births (Twins,Triplets)
- Children with special needs
- Orphans and vulnerable children
- Child has disability
- HIV Exposed Infants (HEI)
- History/signs of child abuse/neglect
- Cleft lip/palate
- Any other(specify) _____

IF YOU HAVE TICKED ANY OF THE ABOVE:

COUNSEL THE CAREGIVER AND/OR REFER FOR FURTHER MANAGEMENT

DANGER SIGNS FOR MOTHER AFTER CHILD BIRTH

Mother has:



Heavy bleeding



Fever



Severe Headache



Foul smelling vaginal discharge



Fits/ Convulsions

Baby:



Stops breastfeeding well



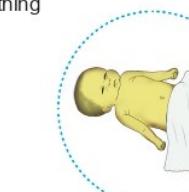
Has difficult or fast breathing



Feels hot or unusually cold



Becomes less active



Body becomes yellow especially on the eyes, palms and soles

Note: In case of any of these danger signs, immediately visit a health facility

POSTNATAL CARE				
A) MOTHER	Within 48 hours	1-2 weeks	4-6 weeks	4-6 months
Timing of Visit				
Date/visit				
Blood pressure				
Temp				
Pulse				
Respiratory Rate				
General Condition				
Breast				
C/S scar				
Involution of uterus				
Pelvic Exam				
Condition of episiotomy				
Lochia (smell amount and colour)				
Haemoglobin (HB)				
Mother's HIV status (<i>Test if was not tested or tested negative during ANC, labour and delivery. If reactive, start on HAART immediately. (See page 11)</i>) All HIV negative mothers should receive HIV test at 6 weeks after child birth.				
Mother on HAART (Yes, No, N/A) <i>If No, start on HAART.</i>				
HIV re-testing at 6 weeks post childbirth (Linked to CWC clinic) and every 6 months thereafter until complete cessation of breastfeeding. <i>(See page 36)</i>				
Counseling on family planning: Yes/No/N/A				
FP method, specify				
Screen for maternal mental health				
B) BABY				
General condition: Well/Unwell				
Temp				
Breaths per minute				
*Feeding method: Exclusive breastfeeding Yes /No				
**Breastfeeding:	Positioning: Correct/Not correct			
	Attachment: Good/Poor			
Umbilical cord status: Clean / dry / bleeding / infected. Others specify.				
Irritable, Yes/No				
Any other problem?				
Immunization started: Yes/No				
HEI given ART prophylaxis Yes/No <i>(If no start on ART PROPHYLAXIS. (See page 36)</i>				
Baby cotrimoxazole prophylaxis initiated: Yes/No/N/A				
*Encourage exclusive breastfeeding for all babies. If mother is HIV positive, she should adhere to ARV medicines and the baby to be given ARV prophylaxis. **For positioning and attachment for breast feeding: <i>(See page 16)</i> .				
NB: Fill in (page 23 to 26) Child health monitoring.				

Take your child to the health facility, every month until he/she is 5 years old

H. Developmental Milestones

Milestones	Age Achieved	Normal Limits	Within time	Delayed
Social smile/follows a colourful object dangled before their eyes		0 - 2 months		
Holds the head upright / follows the object or face with their eyes / turns the head or responds in any other way to sound / smiles when you speak		2 - 4 months		
Rolls over / reaches for and grasps objects with hand / takes objects to her mouth / babbles (makes sounds)		4 - 6 months		
Sits without support / moves object from one hand to the other/ repeats syllables (bababa, mamama)		6 - 9 months		
Takes steps with support / picks up small object or string with 2 fingers / says 2-3 words / imitates simple gestures (claps hands, bye)		9 - 12 months		
Walks without support / drinks from a cup / says 7-10 words / points to some body parts on request		12-18 months		
Kicks a ball / builds tower with 3 blocks or small boxes / points at pictures on request / speaks in short sentences		18 - 24 months		
Jumps/ undresses and dresses themselves / says name, tells short story/ interested in playing with other children		24 months and older		

Refer for further assessment if a milestone delays beyond the normal age limit as indicated above

I. Identification of early eye problems in an infant

EYE CARE ASSESSMENT (Tick on the appropriate unshaded boxes for age)	AGE IN MONTHS			
	At Birth	At 6 months	At 9 months	At 18 months
TETRACYCLINE EYE OINTMENT (TEO) GIVEN	TEO (ONLY at Birth)			
PUPIL	Black			
	White <i>(If white refer urgently)</i>			
SIGHT	Following objects			
	Not following objects <i>(Refer to eye clinic)</i>			
SQUINT (Crossed eyes)	Squint <i>(Refer to eye clinic)</i>			
	No Squint			
ANY other Problem	Yes <i>(Refer to eye clinic)</i>			
	No			

NB: Some eye problems in children apart from causing visual impairment or blindness could also cause death of the child. Early identification and treatment for the problem is critical.
Preterm infants on oxygen to have Retinopathy of Prematurity (ROP) examination.

Take your child to the health facility, every month until he/she is 5 years old

E. Broad clinical review at first contact below 6 months

Age at first contact:	
Weight (gms):	
Length/height (cm):	
Z score (Refer to the growth charts (See pages 27 to 30))	
HIV status:	
Exposed: <input type="checkbox"/>	Date: _____
Reactive: <input type="checkbox"/>	Non reactive: <input type="checkbox"/> Date: _____
Unknown: <input type="checkbox"/>	
<i>If unknown conduct HIV test (See page 36) Refer to current ART guideline.</i>	
Haemoglobin (HB)	
Physical features:	
Colouration (cyanosis/jaundice/macules/hypopigmentation):	
Head circumference (cm):	Eyes (refer to section I):
Ears:	Mouth:
Chest:	Heart:
Abdomen:	Umbilical cord/umbilicus:
Spine:	Arms & hands:
Legs & feet:	
Genitalia Normal: <input type="checkbox"/>	Abnormal: <input type="checkbox"/>
(Specify: Indeterminate, undescended testes/ hypospadias etc) _____	
Anus: Perforate (Normal) <input type="checkbox"/> Imperforate (Abnormal) <input type="checkbox"/>	
TB: Screen baby for TB as per the TB ICF card	

F. Feeding information from parent/guardian

Breastfeeding: Well: <input type="checkbox"/>	Poorly: <input type="checkbox"/>	Unable to breastfeed: <input type="checkbox"/>
Other feeds introduced below 6 months: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, at what age _____		
<i>Counsel on exclusive breastfeeding</i>		
Complementary food from 6 months: Other foods introduced: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no counsel on complementary feeding</i>		
*Retention of feeds/indigestion:		
<i>*NB: A baby who is exclusively breastfed may pass stool many times or may not pass any for some days. This is normal unless he/she has abdominal distension or is vomiting.</i>		

G. Other problems as reported by parent/guardian

Does the baby have problems sleeping?:	
Irritability:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Others specify:	

Refer for further management as appropriate

Take your child to the health facility, every month until he/she is 5 years old

Take your child to the health facility, every month until he/she is 5 years old

