



**MINISTRY OF HEALTH**  
**MATERNAL & CHILD HEALTH BOOKLET**  
**AFYA YA MAMA NA MTOTO**



**Issued on**                      **Year**                      **Month**                      **Day**

\_\_\_\_\_

**Name of Mother:**

\_\_\_\_\_

**Name of Father:**

\_\_\_\_\_

**Name of Child**

**Order of Birth**

\_\_\_\_\_

**Certificate of Birth Registration:** \_\_\_\_\_

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

*Onyeshwa kadi hii kila mara  
Uendapo kliniki ya watoto*  
**MATERNAL PROFILE**

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

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

Date of Birth \_\_\_\_\_ Gravida

\_\_\_\_\_ Parity\_\_\_\_\_ Height\_\_\_\_\_

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

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

Address\_\_\_\_\_

Telephone\_\_\_\_\_

Occupation\_\_\_\_\_

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

Next of kin address\_\_\_\_\_

### **MEDICAL AND SURGICAL HISTORY**

Surgical operation \_\_\_\_\_

Blood transfusion\_\_\_\_\_

Family History \_\_\_\_\_ Twins\_\_\_\_\_

Tuberculosis \_\_\_\_\_ Diabetes\_\_\_\_\_

Hypertension \_\_\_\_\_





## PREVENTIVE SERVICES

	DATE	NEXT VISIT
Tetanus toxoid 1		
Tetanus toxoid 2		
Tetanus toxoid 3		
Tetanus toxoid 4		
Tetanus toxoid 5		
Malaria Prophylaxis (IPT)		
Insecticide Treated Net (ITN)		
ARV prophylaxis	AZT+NVP	
	NVP	
Vitamin A on delivery (or within 4 weeks of delivery)		
Dosage 200,000 I.U.		

### T.T. Instructions/notes

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

## DELIVERY

Length of pregnancy \_\_\_\_\_ weeks

Mode of delivery \_\_\_\_\_ Date \_\_\_\_\_

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

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

Apgar score 1 min \_\_\_\_\_ 5 min \_\_\_\_\_ 10min \_\_\_\_\_

Place of Delivery: Hospital \_\_\_\_\_ Home \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Conducted by: Nurse \_\_\_\_\_ Clinical Officer \_\_\_\_\_ Doctor \_\_\_\_\_ Others \_\_\_\_\_

Drugs administered at delivery  AZT+NVP  NVP  Oxytocin  Other





# CHILD HEALTH CARD



MINISTRY OF HEALTH  
KENYA EXPANDED PROGRAM ON IMMUNIZATION/CHILD HEALTH/NUTRITION

<b>HEALTH FACILITY NAME:</b>				
<b>SERVICE DELIVERY POINT (SDP) No:</b>				
<b>CHILD'S NAME:</b>				
<b>SEX:</b>				
<b>MALE:</b>		<b>FEMALE</b>		
<b>CHILD'S CLINIC No:</b>		<b>DATE FIRST SEEN:</b>		
<b>DATE OF BIRTH:</b>				
<b>GESTATION AGE (weeks)</b>				
<b>PLACE OF BIRTH:</b>				
<b>HOME</b>		<b>HEALTH FACILITY</b>		
<b>FATHER'S NAME:</b>				
<b>MOTHER'S NAME:</b>				
<b>PROVINCE:</b>				
<b>DISTRICT:</b>				
<b>DIVISION:</b>				
<b>LOCATION:</b>				
<b>ESTATE/VILLAGE:</b>				
<b>P.O BOX</b>		<b>Town:</b>		
<b>Telephone:</b>				

<b>ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)</b>
<b>DATE:</b>
<b>DESCRIBE:</b>
<b>ANTIGEN/VACCINE:</b> _____
<b>BATCH NUMBER:</b> _____
<b>MANUFACTURE DATE:</b> _____
<b>EXPIRY DATE:</b> _____
<b>MANUFACTURER'S NAME:</b> _____

**IF YOUR CHILD DEVELOPS ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)  
PLEASE REPORT IMMEDIATELY TO THE NEAREST  
HEALTH FACILITY**

# IMMUNIZATIONS

## PROTECT YOUR CHILD

BCG VACCINE: at birth		Date Given	Date of next visit
(Intra-dermal left fore arm)			
Dose: (0.05mls for child below 1 year)			
Dose: (0.1 mls for child above 1 year)			
BCG-Scar Checked	DATE CHECKED	PRESENT	
		ABSENT	
	DATE REDONE		

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/ HAEMOPHILUS INFLUENZAE Type b	Date Given	Date of next visit
Dose:(0.5mls) Intra Muscular outer right thigh		
1st dose at 6 weeks		
2nd dose at 10 weeks		
3rd dose at 14 weeks		

<b>ORAL POLIO VACCINE (OPV)</b>	Date Given	Date of next Visit
Dose: 2 drops orally		
Birth Dose: at birth or within 2 wks (OPV 0)		
1st dose at 6 weeks (OPV 1)		
2nd dose at 10 weeks (OPV 2)		
3rd dose at 14 weeks (OPV 3)		

YELLOW FEVER VACCINE at 9 Months	Date Given
Dose: (0.5mls) Intra-Muscular left upper deltoid	

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

**VITAMIN A CAPSULES FROM 6 MONTHS**

<b>VITAMIN A CAPSULE: Given orally</b>		Tick Age given	Date of next visit
At 6 months or at first contact after 6 months			
Dose	Age		
100,000 IU	at 6 months		
200,000 IU	at 12 months (1 Year)		
200,000 IU	at 18 months (1 1/2 Years)		
200,000 IU	at 24 months (2 Years)		
200,000 IU	at 30 months (2 1/2 Years)		
200,000 IU	at 36 months (3 Years)		
200,000 IU	at 42 months (3 1/2 Years)		
200,000 IU	at 48 months (4 years)		
200,000 IU	at 54 months (4 1/2 Years)		
200,000 IU	at 60 months (5 Years)		

<b>SUPPLEMENTAL VACCINES</b>	
VACCINE	DATE GIVEN

<b>DEVELOPMENT MILESTONES</b>		
	<b>AGE ACHIEVED</b>	<b>NORMAL LIMITS</b>
<b>Social Smile</b>		<b>4-6 weeks</b>
<b>Head Holding/Control</b>		<b>1-3 months</b>
<b>Turns towards the origin of sound</b>		<b>2-3 months</b>
<b>Extend hand to grasp a toy</b>		<b>2-3 months</b>
<b>Sitting</b>		<b>5-9 months</b>
<b>Standing</b>		<b>7-13 months</b>
<b>Walking</b>		<b>12-18 months</b>
<b>Talking</b>		<b>9-24 months</b>
Refer for further assessment if a milestone delays beyond the normal age limit indicated above		



NAME OF CHILD: \_\_\_\_\_

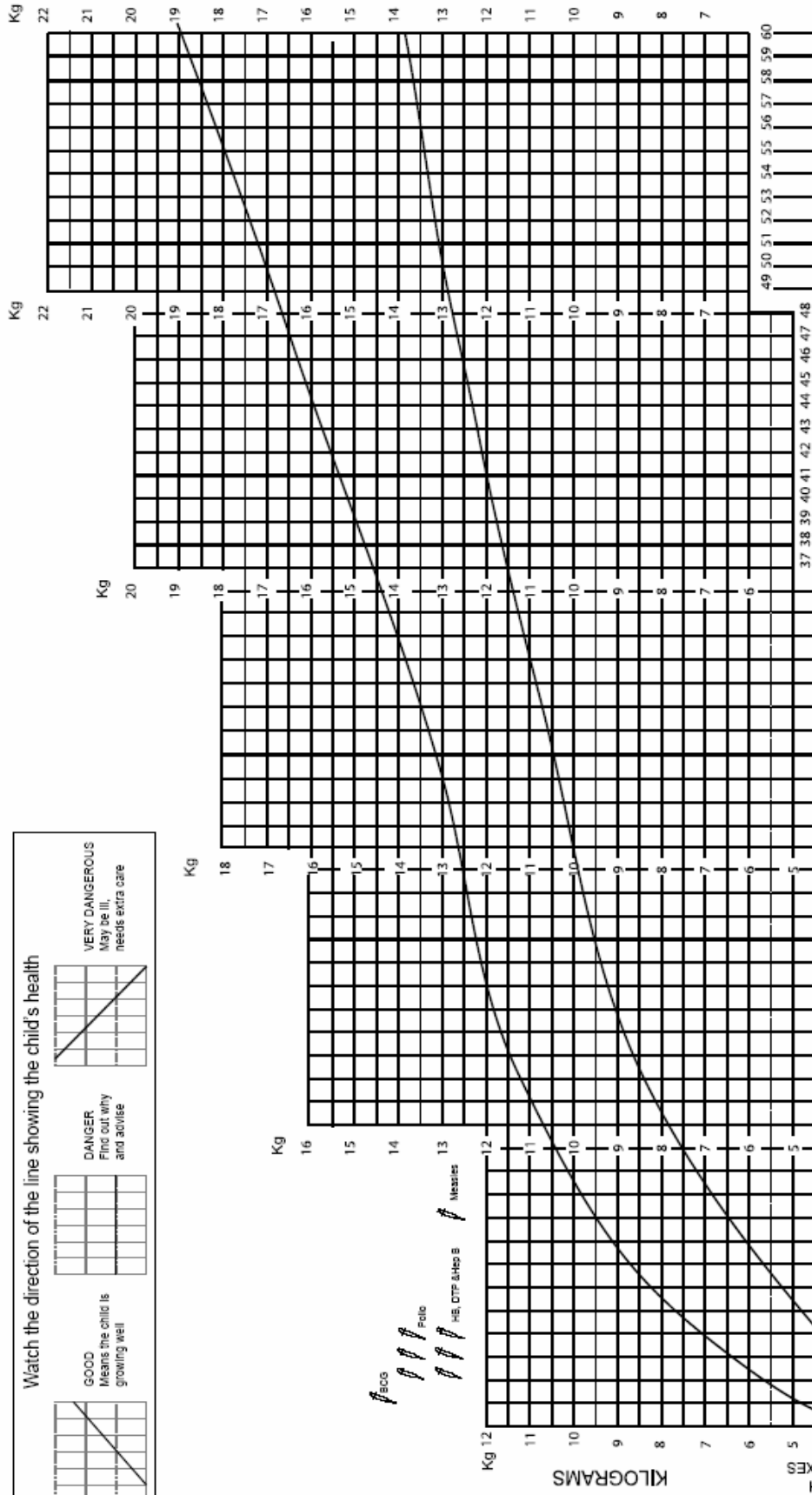
BIRTH WEIGHT: \_\_\_\_\_

Watch the direction of the line showing the child's health

**GOOD**  
Means the child is growing well

**DANGER**  
Find out why and advise

**VERY DANGEROUS**  
May be ill, needs extra care



RECORD ON THE CHART

- Diarrhoea
- Measles
- Solids introduced
- Breastfeeding stopped
- Birth of next child
- Tested for HIV

REASONS FOR SPECIAL CARE

<input type="checkbox"/> Birthweight less than 2.5 Kg	<input type="checkbox"/> Birth less than 2 years after last birth	<input type="checkbox"/> Fifth child or more	<input type="checkbox"/> Single parent
<input type="checkbox"/> Brother or sisters undemourished	<input type="checkbox"/> Child on replacement feeding	<input type="checkbox"/> Twins	<input type="checkbox"/> Four or more children in family died

Upper Line: WHO 5th centile boys  
Lower Line: WHO 3rd centile girls

**IDENTIFICATION OF EXPOSED CHILDREN AT 6 WEEKS OR SOON THEREAFTER**

	MOTHER SEROLOGY	BABY SEROLOGY/PCR	
		ANTIBODY	PCR
REACTIVE			
NON-REACTIVE			
NOT TESTED			

**CO-TRIMOXAZOLE PROPHYLAXIS FOR EXPOSED CHILDREN AT 6 WEEKS OR SOON THEREAFTER**

Age	Date given	Quantity dispensed in mls	Date of next appointment	Comments
6 weeks				
10 weeks				
14 weeks				
4 months				
5 months				
6 months				
7 months				
8 months				
9 months				
10 months				
11 months				
12 months				
18 months				

**IMMUNOLOGIC STAGING FOR EXPOSED CHILDREN**

Child's Age	Date	HB	DBS/PCR	Antibody test	%CD <sub>4</sub> count		Total Lymphocyte Count	
					<20%	>20%	<3500/mm <sup>3</sup>	>3500mm <sup>3</sup>
6 weeks								
6 months								
12 months								
18 months								





## Feeding Recommendations During Health and Sickness

### Up to 6 months of Age

- Start breastfeeding soon after birth (within ½ hour)
- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours
- Express breast milk and leave for the baby when away for 6 hours or more
- Breastfeed exclusively. Do not give other foods or fluids (not even water)
- If exclusive breastfeeding is not possible due to the mother's health status or the mother is not available (e.g. is not alive), seek advice from a health worker on appropriate replacement feeds

#### For babies on replacement feeding

- Start milk within half an hour after birth
- Feed on demand
- Use an open cup or spoon
- Discard leftover milk after feeds



### 12 Months up to 2 years

- Breastfeed as often as the child wants
- Give adequate servings of enriched foods 5 times a day
- Thick enriched Uji and family food as described for infants 6 months up to 12 months
- Also give family foods
- Add small bits of all types of meat, vegetables, oils or fats, groundnuts, beans, green grams, peas, eggs.
- Give milk and any type of fruit.
- Add spoonful of extra oil/fat to child's food.
- Give 5 times a day.



### 6 Months up to 12 Months

- Breastfeed as often as the child wants
- Start introducing enriched complementary foods
- Foods should be soft for ease of chewing and swallowing
- Give adequate servings of:
  - Thick Uji made from any type of cereal (Maize, Sorghum, Millet) enriched with sugar, milk, groundnuts, soya beans, margarine, fats or oils.
  - Alkomaashed foods (potatoes, cassava, rice, ugali) enriched with meat or fish, vegetables, beans, groundnuts, peas, egg.
  - Give milk and any type of fruit
  - Add one spoonful of extra oil/fat to child's food.
  - Give 3 times per day if breastfed, and 5 times per day if not breastfed
  - For children on replacement feeds, give half litre of milk per day if milk is the only source of protein or 250mlk if other animal proteins is in the diet



### Feeding During Illness

- If breastfeeding, give more frequent breastfeeds per day and night
- If not able to breastfeed, express breast milk and give by cup.
- If on replacement feeds follow the health worker's recommendations
- If feeding is poor, small frequent enriched feeds especially those that the child normally likes
- **GIVE ONE EXTRA MEAL PER DAY UP TO 2 WEEKS AFTER ILLNESS.**
- **ENCOURAGE THE CHILD TO FEED**

#### For a child who is HIV positive

- Add an extra teaspoon of oil to every meal
- If child has opportunistic infection (TB, LP)
  - Add an extra meal per day.

### Feeding recommendations for a child who has PERSISTENT DIARRHOEA

- If still breastfeeding, give frequent, longer breastfeeds, day and night.
- If taking other milk:
  - Replace with increased breastfeeding OR
  - Replace with fermented milk products, such as Mala, or other yoghurt drinks as these are tolerated better OR
  - Replace half the milk with nutrient-rich semisolid food such as fermented porridge, thick enriched porridge, enriched staple food
- For other foods, follow feeding recommendations for the child's age.
- Encourage the child to feed.
- Give an extra meal per day and continue until one month after diarrhea has stopped
- Vitamin supplements can be given where appropriate if available.



**SCHEDULE FOR FOLLOW UP OF THE EXPOSED INFANT**

	First contact before 6wks	Wk 6	Wk 10	Wk 14	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 12
Date											
Weight	+	+	+	+	+	+	+	+	+	+	+
Height	+	+	+	+	+	+	+	+	+	+	+
Exposure status	+	+								+	+
Cotrimoxazole prophylaxis		+	+	+	+	+	+	+	+	+	+
Feeding practice	+	+	+	+	+	+	+	+	+	+	+
Clinical staging	+	+	+	+	+	+	+	+	+	+	+
%CD4 count			+								
Confirmatory Antibody tests											+
PCR		+									
ARVs	As per eligibility criteria										

**NB: For infection status DNA PCR should be done at 6 weeks or at first contact thereafter. All children who are HIV infected should be evaluated for treatment through clinical and immunological staging. At 12 & 18 months confirm child status by rapid ELISA antibody test and evaluate for treatment and cessation of CTX as needed.**