



Republic of Zambia  
Ministry of Health

# MATERNAL AND CHILD HEALTH HAND BOOK



**NOT FOR SALE**

# MATERNAL HEALTH



## 1. General Information

<b>a</b>	Safe Motherhood number (SMH)	
<b>b</b>	Name	
<b>c</b>	NRC Number	
<b>d</b>	Address	
<b>e</b>	Age	
<b>f</b>	Religion	
<b>g</b>	Contact Number	
<b>h</b>	Marital Status	
<b>i</b>	Education Level	
<b>j</b>	Physical disability	
<b>k</b>	Blood Group	(A/ AB/ B/ O) Rhesus factor
<b>L</b>	Next of Kin (name)	Contact number:

## 2. Current Pregnancy Profile

<b>a</b>	Last Menstrual Period (LMP):	
<b>b</b>	EDD (Expected Date of Delivery):	
<b>c</b>	Parity:	
<b>d</b>	Gravida:	

### Previous pregnancies:

<b>a</b>	Pregnancy order	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
<b>b</b>	Year							
<b>c</b>	Number of times ANC attended							
<b>d</b>	Place of delivery							

f	Duration of labour							
g	Mode of delivery (normal/ abnormal – C/S, Instrumental)							
h	Birth weight (Kg)							
i	Outcome Preterm, term, FSB, MSB, Other specify							
j	Puerperium							

### Medical surgical history

a	Surgical operation	Specify:( )
b	Diabetes	Yes / No
c	Hypertension	Yes / No
d	Tuberculosis	Yes / No
e	Asthma	Yes / No
f	Cardiac disease	Yes / No
g	Sickle cell disease	Yes / No
h	Blood transfusion	Yes / No
i	Any drug allergies	Yes / No
j	Family history	Twins / Tuberculosis
k	Other (specify)	

### 3. Antenatal (ANC)

#### Present Pregnancy Table

No.of visits						
Date						
Urine						
Weight						
Bp.						
H.b.						
Pallor						
Maturity						
Fundal Height						
Presentation						
Lie						
Foetal Heart						
Foetal Movt						
Next Visit						

#### Preventive services table

Date	Date	Next Visit
Tetanus toxoid 1		
Tetanus toxoid 2		
Tetanus toxoid 3		
Tetanus toxoid 4		
Tetanus toxoid 5		
*Malaria Prophylaxis (IPT1) at 13 weeks		
Malaria Prophylaxis (IPT2) at 4 weeks		

Malaria Prophylaxis (IPT3) at 4 weeks		
Malaria Prophylaxis (IPT4) at 4 weeks		
Malaria Prophylaxis (IPT5) at 4 weeks		
Malaria Prophylaxis (IPT6) at 4 weeks		
Long lasting Insecticidal net (LLIN)		
Deworming tablets		
Iron and Folate		
*IPT give SP 4 weeks intervals from 13 weeks gestation to term, in malaria epidemic areas, see ANC Guidelines.		
*Deworming (Mebendazole 500mgs) given once in the 2 <sup>nd</sup> trimester date given		
*Iron and Folate – use Folic Acid 0.4mg if receiving Fansidar		

### **PMTCT Testing & Counselling (PITCH)**

Test date (d/m/y)			
Re-test (Y/N)			
Test result (R, NR, I)			
Test performed (TR, TA)			
Referred for ART (Y/N)			
Counselling performed (CR, CA)			

Enrolled in care (Y/N)			
Initiated on treatment (Y/N)			
Viral Load			
ART Given			
Disclosed to partner (Y/N)			
Couple counselled (Y/N)			
Partner result (R, NR, I)			
Partner treatment (Y/N)			
Remember to re-test client after 3 months if negative at previous test			

### Schedule for Ferrous and Folic Acid

Ferrous Fumarate (Combined Tablet - 60mg iron and 400 ug folic acid) or any other available	Contact 2	16 weeks	90 tablets	Date Given
	Contact 3	28 weeks	90 tablets	Date Given
	Contact 4	32 weeks	60 tablets	Date Given
	Contact 5	36 weeks	30 tablets	Date Given

### Care during pregnancy

- Eat one extra meal every day during pregnancy
- Eat plenty of fruits and vegetables
- Drink plenty of water at least 8 glasses per day (2 liters)
- Take iron and folic acid tablets
- Avoid heavy work, rest more
- Sleep under a long lasting insecticidal net (LLIN)
- Go for ANC visit as soon as possible, and at least 4 times during the pregnancy

## Danger signs during pregnancy



Additional signs like breaking of water, getting tired easily, swelling of the face and hands, breathlessness, always seek skilled care at the health facility.

***NB: Have a birth plan ready (where to deliver, transport, birth companion, save some money for delivery, e.t.c)***

After delivery go to the health facility immediately if you have the following signs: **Heavy bleeding, fever, severe headache, foul smelling vaginal discharge and fits**



## Birth plan (Birth Preparedness)

Prepare for normal delivery and in case of emergency

Question	Response
1. When will the baby be born?	
2. Where are you planning to have your baby?	
3. When will you go to the facility to have the baby?	
4. How will you get there?	
5. Who will accompany and support you during childbirth?	
6. Who will stay and help the family while you are away?	
7. Who will be available to recognize danger signs?	
8. Who will help you contact health center staff in case of emergency?	
9. How will you go to the health facility in case of emergency?	
10. How much do you need to save?	
a) Transportation from home to facility	
b) Transportation in case of emergency (from facility to hospital)	
c) Materials and supplies	
11. What kind of skilled person will be there to help at the health facility?	
12. Is the husband aware of this birth plan?	

Signatures:

Clients \_\_\_\_\_

SMAG or NHC \_\_\_\_\_

Remember if you notice any danger signs during pregnancy, childbirth, or immediately after delivery, contact SMAGs or health facility at once!

In case of emergency:

Phone number of SMAGs: \_\_\_\_\_

Phone number of health center \_\_\_\_\_

#### 4. Mother and Baby's condition at birth

##### Mother's condition during delivery:

a	Gestation Age	( ) weeks ( ) days
b	Date of delivery	
c	Type of presentation	Normal position ( ) / breech position ( ) / others ( )
d	Method of delivery	SVD ( ) / C/S ( ) / Instrumental ( ) / Vacuum ( )
e	Place of delivery	Hospital ( ) / Health centre ( ) / Health post ( ) / Others specify ( )
f	Name of facility	
g	Duration of labour	6hrs ( ) / 6 -12 hrs ( ) / 12 -24 hrs ( ) / more than 24hrs ( )
h	Approximate blood loss (ml)	mild ( ) / moderate ( ) / heavy ( ) ml
i	Blood transfusion	yes ( ) / no ( )
j	Complications	Fever ( ) / Convulsions ( ) / Others specify ( )
k	Delivery conducted by	Midwife ( ) / Obstetrician ( ) / Nurse ( ) / Doctor ( ) / other specify ( )
	Name:	Signature:

### Baby's condition at Birth

A	Sex	F ( ) / M ( ) / Unidentified ( )
B	Weight	( ) gm
C	Head circumference	( ) cm
D	Length	( ) cm
E	Baby HIV exposed	( Yes / No )
F	Apgar score	1min..... 5min.... 10min ...
G	Breastfeeding is initiated within 1 hour.	Yes ( ) No ( )

### Special conditions/ Treatment

	Condition	Treatment
A	Neonatal Asphyxia ( Yes / No )	
B	Prematurity ( Yes / No )	
C	Congenital defects ( Yes / No )	
D	Other (specify)	

**Referral:**

a	Date/ month/ year	
b	Time	
c	Referred to (health service facility)	
d	Temporary intervention	
e	Referred by (name)	

**Referral feedback:**

a	Name of Health Facility	
b	Diagnosis	
c	Intervention	
d	Advice	
e	Referral feed-back by (name):	
f	Date	

## 5. Postnatal Care (PNC)

### A) Mother

Timing of visit	6 Hours	48 Hours	6 days	6 weeks
Date/visit				
Blood pressure				
Temp				
Pulse				
Respiratory Rate				
General Condition				
Breast				
c/S scar				
Involution of uterus				
Condition of episiotomy				
Lochia (smell amount and colour)				
Pelvis Exam				
Vaginal examination as a must				
Hemoglobin				
Counseling on family planning (Yes, No, N/A)				
FP method.....				

### PMTCT after delivery

Mother's HIV status	
Mother on HAART (Yes, No, N/A)	

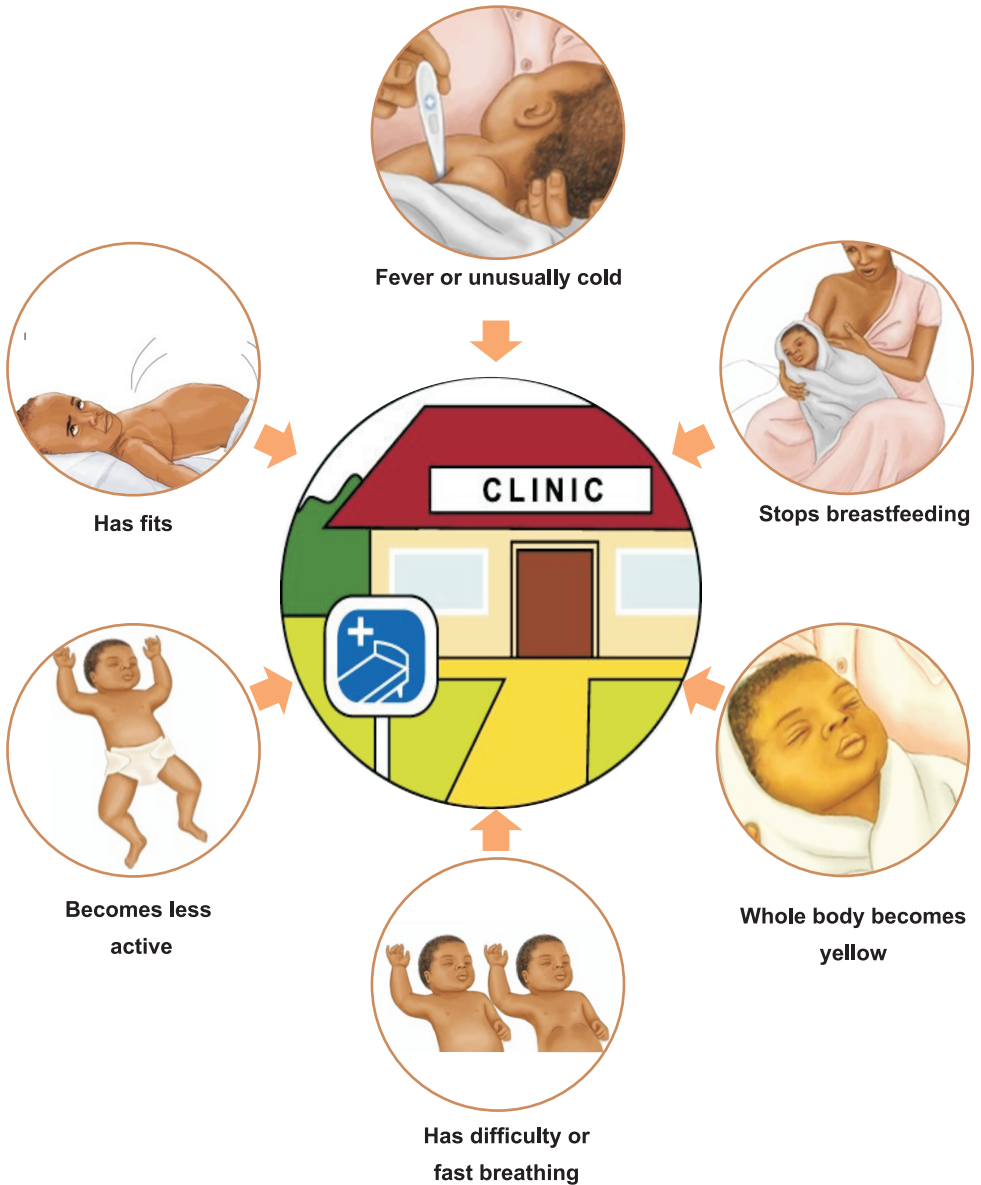
## B) Baby

Timing of visit	6 Hours	48 Hours	6 days	6 weeks
Baby's general condition Well..... unwell.....I				
Baby's Temperature				
Baby's breath per minute				
*Baby's feeding method				
**Baby's breastfeeding: positioning & attachment Correct.... Not correct.....				
Umbilical code				
Baby's immunization started (Yes, No)				
*Encourage exclusive breastfeeding unless advised otherwise by the health worker				
**Positioning attachment for breastfeeding; refer to .....				

## PMTCT for the baby after delivery

HEI infant given ART prophylaxis (Yes, No, N/A)	
Infant cotrimoxazole prophylaxis initiated (Yes, No, N/A)	

# Danger signs in the Newborn





## 6. Postpartum Family Planning

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	Date/ month / year		
a	Health facility		
b	Type of contraception		
c	Next visit		

## 7. Maternal Nutrition

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### **Counselling on maternal nutrition both ANC and PNC**

- Eat well, that is, eat different types of foods such as cereals, vegetables, fruits, legumes and pulses, meats, milk and milk products.
- Take iron and folic acid supplementation to prevent anaemia. Folic acid helps to prevent neural tube defects (NTD) during first month; it is also linked to lower risk for preterm birth, fetal growth restriction and Low Birth Weight later in pregnancy.
- Use fortified foods or variety of foods with vitamins and minerals added.
- Promotion of safe water and hygiene and sanitation



# CHILD HEALTH

Child's Name: \_\_\_\_\_

Child's Sex: \_\_\_\_\_

Date of Birth.: \_\_\_\_\_ Place of Birth.: \_\_\_\_\_

Child's Clinic No.:(Facility) \_\_\_\_\_

Child's Birth Registration No.:(Home Affairs) \_\_\_\_\_

Mother's or Guardian's Name.: \_\_\_\_\_

NRC No: \_\_\_\_\_

Father's or Guardian's Name: \_\_\_\_\_

NRC No: \_\_\_\_\_

Where the family lives (address): \_\_\_\_\_

\_\_\_\_\_

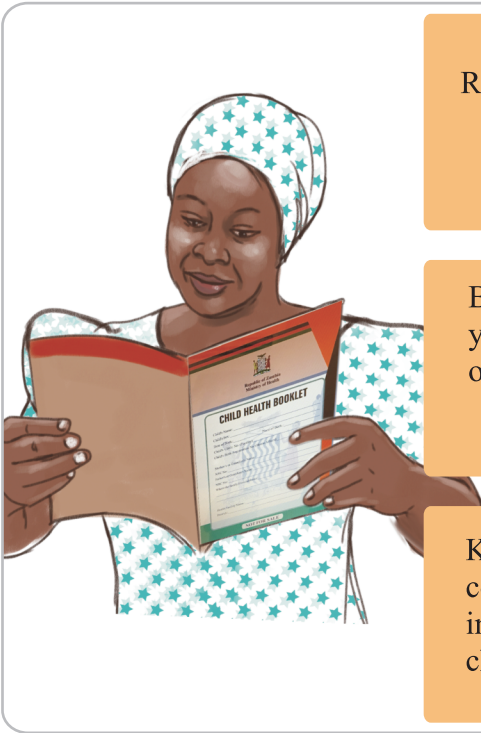
\_\_\_\_\_

Health Facility Name.: \_\_\_\_\_

District.: \_\_\_\_\_

Each child should receive a child health booklet which is available for free in all health facilities in Zambia

## Instructions to parents and other caregivers



Read this child health booklet carefully

Bring this booklet every time you take your child to the clinic or hospital

Keep this booklet carefully. It contains important health information for you and your child

Ask your health care provider about these issues

- ☞ Breastfeeding
- ☞ Complementary feeding
- ☞ Immunisation
- ☞ Vitamin A supplementation
- ☞ Family planning
- ☞ Gender based violence/Child sexual abuse
- ☞ Feeding during and after illness
- ☞ Safe food and drinking water
- ☞ Treatment of diarrhoea
- ☞ Malaria
- ☞ HIV/AIDS

## CHILD'S PARTICULARS

Date first seen: \_\_\_\_\_

Birth weight: \_\_\_\_\_

Length at birth: \_\_\_\_\_

Head circumference at birth: \_\_\_\_\_

<i>Tick if the child has/is</i>	Yes	No.
Birth weight less than 2.5kg		
Birth defects/handicaps		
Born within 2 years of last delivery		
Not fully protected against Tetanus at birth		
Father dead		
Mother dead		
Gestational age at birth less than 37 weeks		
Gestational age at birth more than 42 weeks		

Number of brothers/ sisters	Alive	
	Dead	
Type of Delivery ( <i>Tick</i> )      SVD <input type="checkbox"/> Breech <input type="checkbox"/> C/S <input type="checkbox"/>		

Remarks/any other reason for special attention (Specify)

EARLY INFANT DIAGNOSIS

Testing for the child

DATE	TYPE OF TEST	P	N	I	I - Follow up results	
					P	N
	NAT at birth					
	NAT 6 weeks					
	NAT 10 weeks					
	NAT 14 weeks					
	NAT 6 months					
	NAT 9 months					

		R	NR	I	NAT P	NAT N
	Rapid Test 12 M					
	Rapid Test 18 M					
	Rapid Test 24 M					

MOA

IOA

Follow up time	6wks	10wks	14wks	9M	18M	24M
Cotrimoxazole						

Date baby referred for ART...../...../.....

Date initiated on ART...../...../.....

Age at initiation of ART.....

Rapid testing for the mother

Rapid test dates	Test result		
	R	NR	I
At birth			
At 3 months			
At 6 months			
At 9 months			
At 12 months			
At 15 months			
At 18 months			
At 21 months			
At 24 months			

IMMUNISATION RECORD

Vaccination against Tuberculosis (BCG), Polio (OPV & IPV), Diphtheria, Pertussis, & Tetanus (DPT), Hepatitis B (HepB), Meningitis and Pneumonia (Hib), Measles & Rubella (MR), Diarrhea (Rota), Streptococcal Pneumonia (PCV) and Cervical Cancer and Warts (HPV)

**At Birth**

BCG *(If no scar at 12 weeks, repeat dose unless symptomatic HIV)* Date:.....

OPV0 (From birth to 13 days) Date:.....

**At 6 weeks or soon after**

OPV1 Date:.....

DTP HepB-Hib1 Date:.....

PCV1 Date:.....

Rota1 Date:.....

**4 weeks after the 1<sup>st</sup> dose of the above vaccines or soon after**

OPV2 Date:.....

DTP HepB-Hib2 Date:.....

PCV2 Date:.....

Rota2 Date:.....

**4 weeks after the 2<sup>nd</sup> dose of the above vaccines or soon after**

OPV3 Date:.....

DTP HepB-Hib3 Date:.....

PCV3 Date:.....

IPV Date:.....

**At 9 months or soon after, unless symptomatic HIV**

**13-24 months or soon after, unless symptomatic HIV**

MR1 Date:..... MR2 Date:.....

OPV4  
(OPV4 if OPV0 was not given) Date:.....

**HPV for eligible girls**

HPV1 Date:..... HPV2 Date:.....

**Other**

Date:..... Date:.....

Date:..... Date:.....

Date:..... Date:.....

**VITAMIN A SUPPLEMENTATION**  
(every 6 months)

**VITAMIN A SUPPLEMENTATION**

Dosage: 0-5 months, 50,000 IU only if not breastfed;  
6-11 months, 100,000 IU;  
12-59 months, 200,000 IU every six months

Date	Dosage	Date	Dosage

**DEWORMING**  
(every 6 months)

For albendazole, children aged 12 months to 23 months give 200mg, those 24 months and above 400mg. For Mebendazole 12 months and above give 500mg.

Date	Medication & dosage

Date	Medication & dosage

**MONITORING OF INFANT AND YOUNG CHILD FEEDING**

Follow up time	Birth	6 Days	1M	6W	2M	3M	4M	5M	6M
Infant feeding code									
Follow up time	7M	8M	9M	10M	11M	12M	15M	18M	24M
Infant feeding code									

**Feeding Code:**

- 1) Exclusive breast feeding in the first 6 months (breast-feeding only, no water, no other fluids except medicines indicated by medical personnel)
- 2) Exclusive Infant Formula
- 3) Animal Milk
- 4) Mixed feeding before six months (breast milk and other foods)
- 5) Continued breast feeding in addition to complementary foods
- 6) Milk based feed after six months in addition to complementary foods
- 7) Other, specify

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NUTRITION COUNSELLING RECORD

RECORD OF VISITS AND NUTRITION COUNSELLING FOLLOW UP

Age (mths)	DATE	NUTRITIONAL STATUS • <-2 WAZ / HAZ (Underweight/ stunting) • Between -2 and +2 WAZ /HAZ (Normal Wz/Ht) • +2 HAZ (Overweight)	ADVICE GIVEN	COUNSELLOR DETAIL		FOLLOW UP
				H Facility/ Place/NHC Zone:	Counsellor name:	
0-6						
6-8						
9-11						




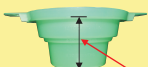
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# CHILD HEALTH BOOKLET

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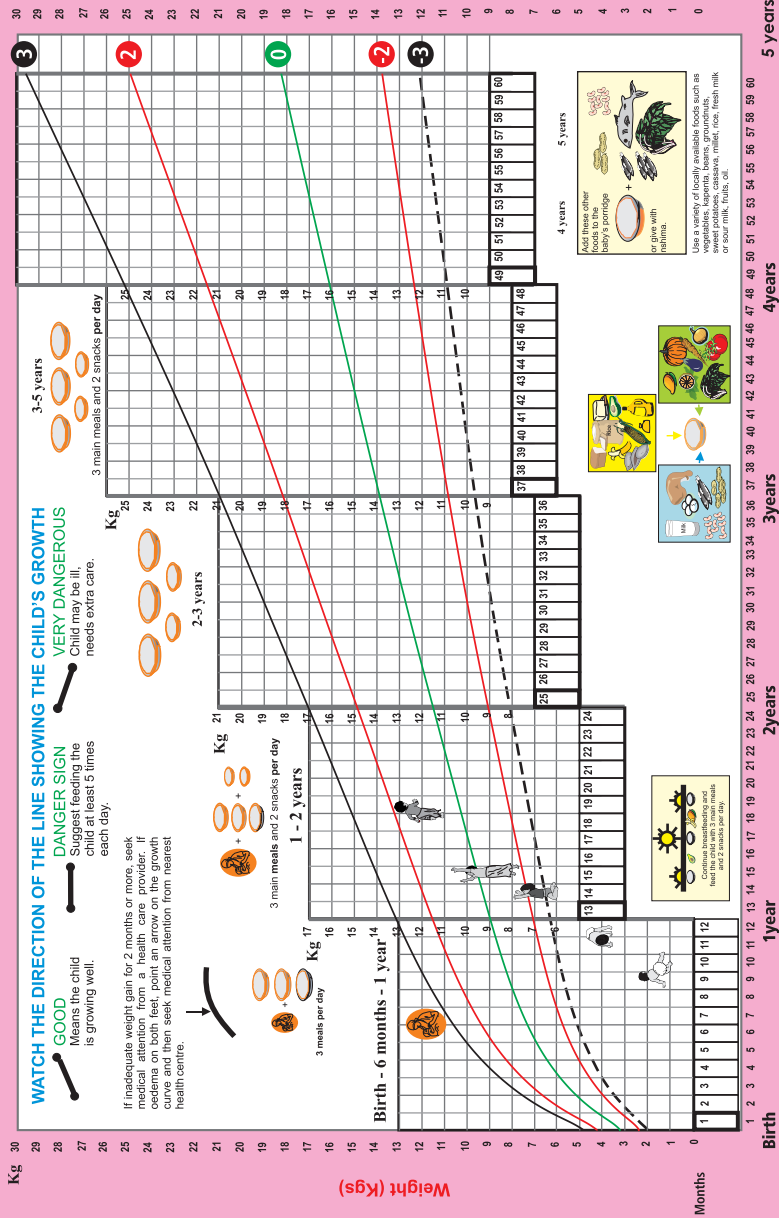
<b>12-18</b>												<b>19-24</b>								<b>24- above</b>					

## Feeding Frequency Chart

Age in months	Frequency	Type of food	Remarks
6 – 9 months	2 to 3 times a day  Start with 2-3 full teaspoons per feed  	The food given should be soft, like porridge and mashed fruits and vegetables  Porridges should be thick enough so that it does not run off the spoon.  	Continue breastfeeding your baby whenever he or she wants – day and night. Breastfeed your baby up to 2 years or older.  Be patient and actively encourage your baby to eat.  Do not use feeding bottles to feed your baby. Feeding bottles are very difficult to clean and can make your baby sick with diarrhoea.
9 -12 months	From 9 months onwards, feed your child at least 3-4 main meals a day    Give your young child $\frac{3}{4}$ of a 250 ml cup/bowl at each feed.	By 9 months the young child should be able to eat finger foods such as pieces of ripe mango and pawpaw, banana and vegetables.	Continue breastfeeding until your baby is 2 years or older  Give your baby his or her own plate and make sure he or she eats all the food given. This will help you know how much your baby has eaten.
12 –24 months	From 12 months onwards, feed your child 5 times a day (3 or 4 meals and 2 or 1 snack respectively).    Give your young child one 250 ml cup/bowl at each feed.	Cut the food into small pieces so that the child can easily chew and swallow.  By 12 months other solid foods and family meals can be given as many times as possible each day.	Continue breastfeeding your child up to 2 years old or beyond.  Children eat more slowly than adults, so put the child's portion of the meal in his or her own bowl.
NB: Depending on the child's appetite - 1 or 2 snacks a day may be offered			

# Weight-for-age GIRLS

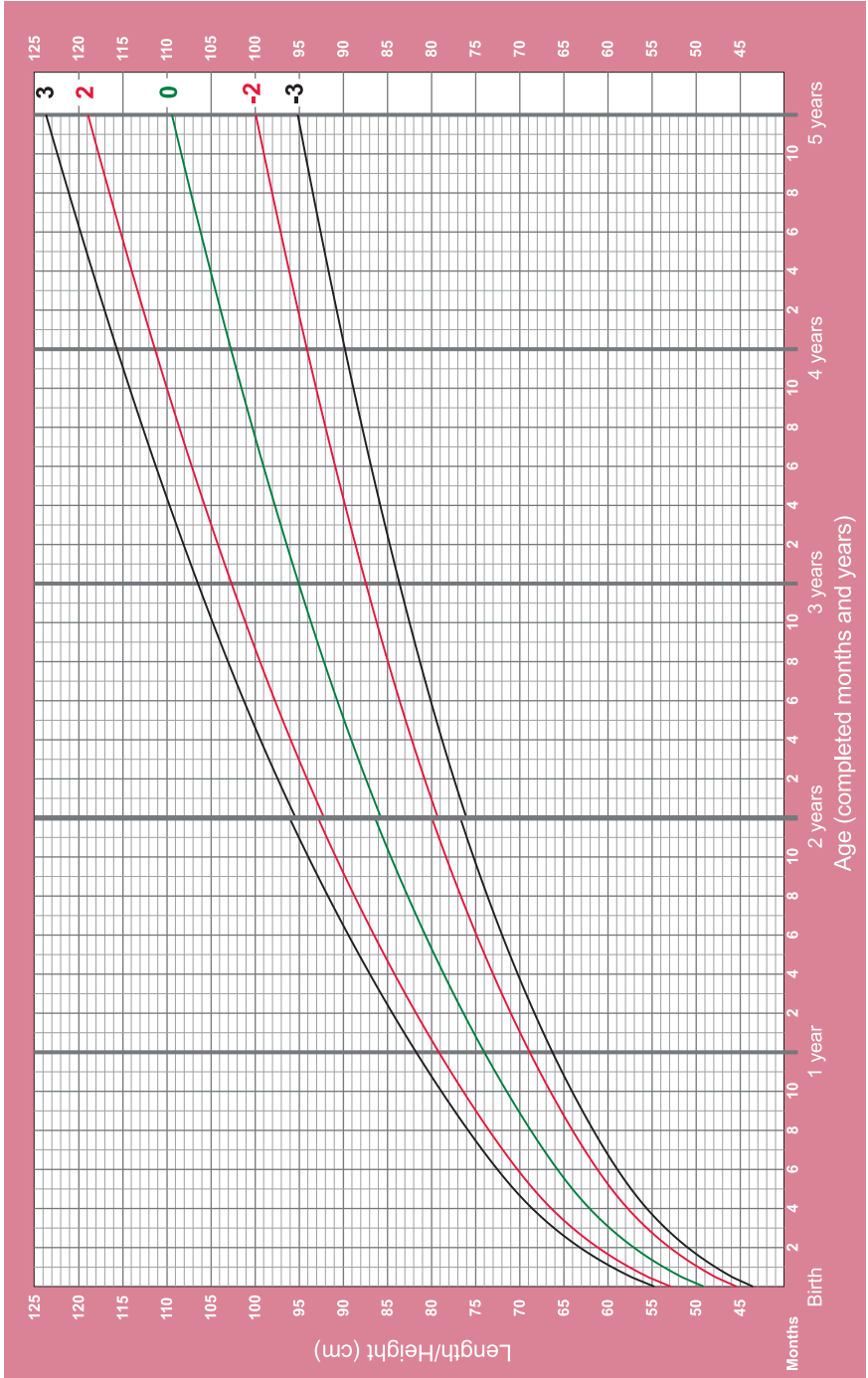
Birth to 5 years (z-scores)



Age (completed months and years)

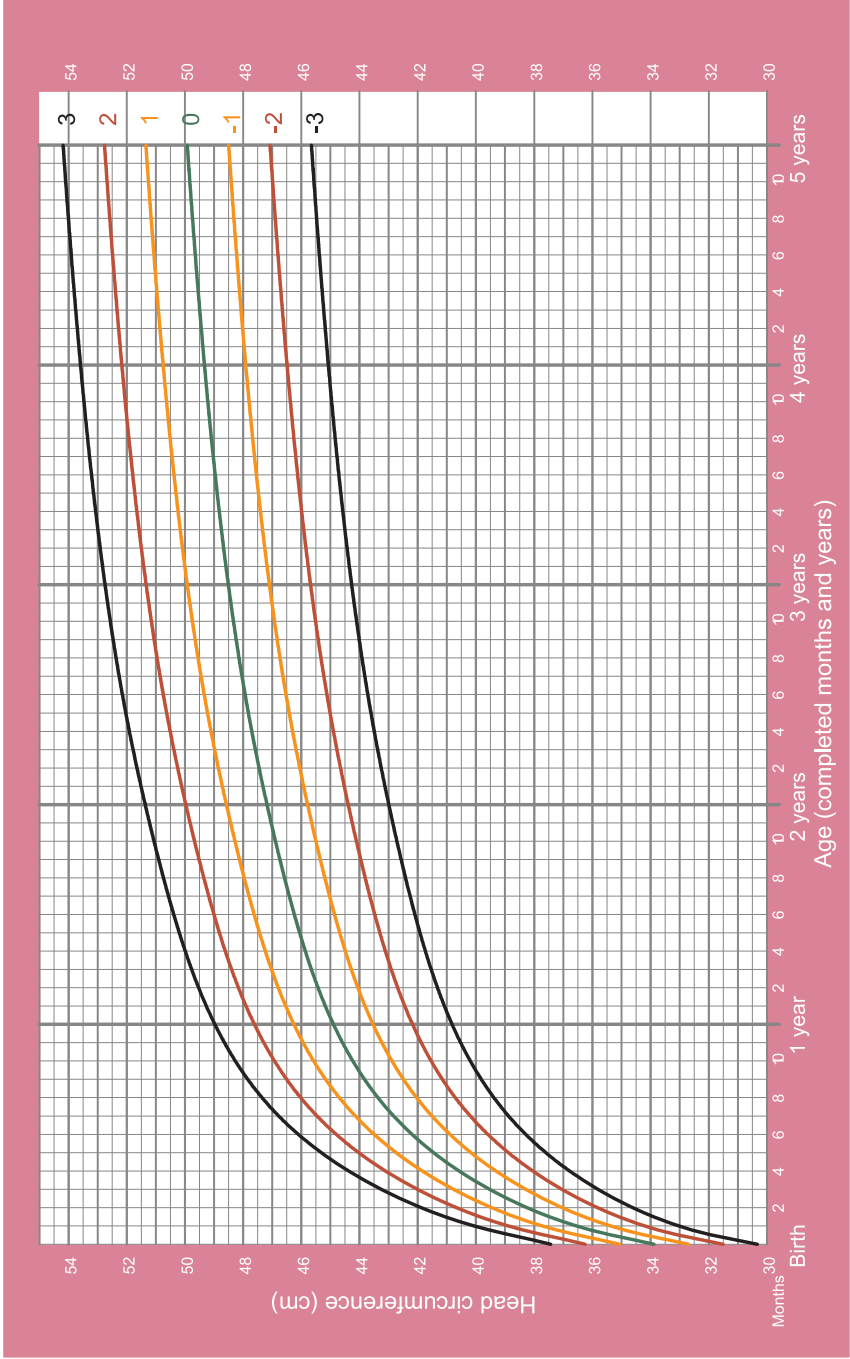
# Length/height-for-age GIRLS

Birth to 5 years (z-scores)



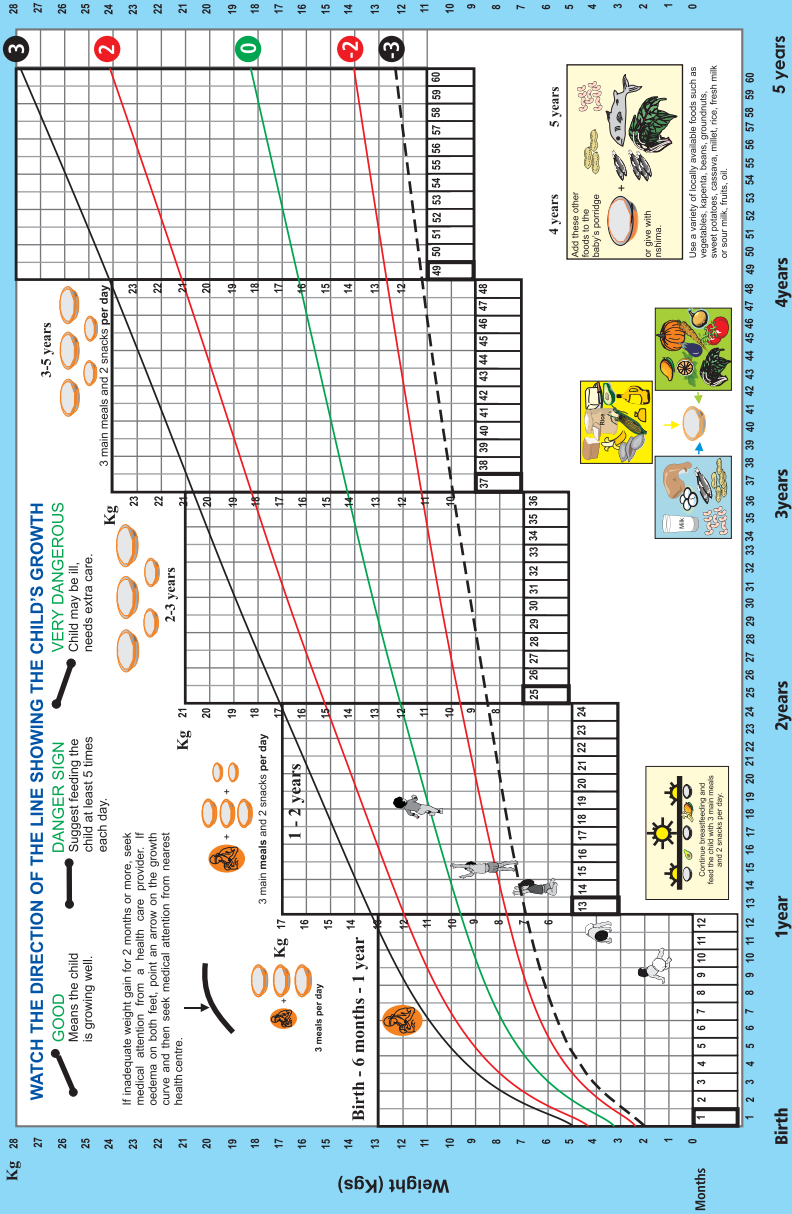
# Head circumference-for-age GIRLS

Birth to 5 years (z-scores)



# Weight-for-age BOYS

Birth to 5 years (z-scores)



Age (completed months and years)

5 years

4 years

3 years

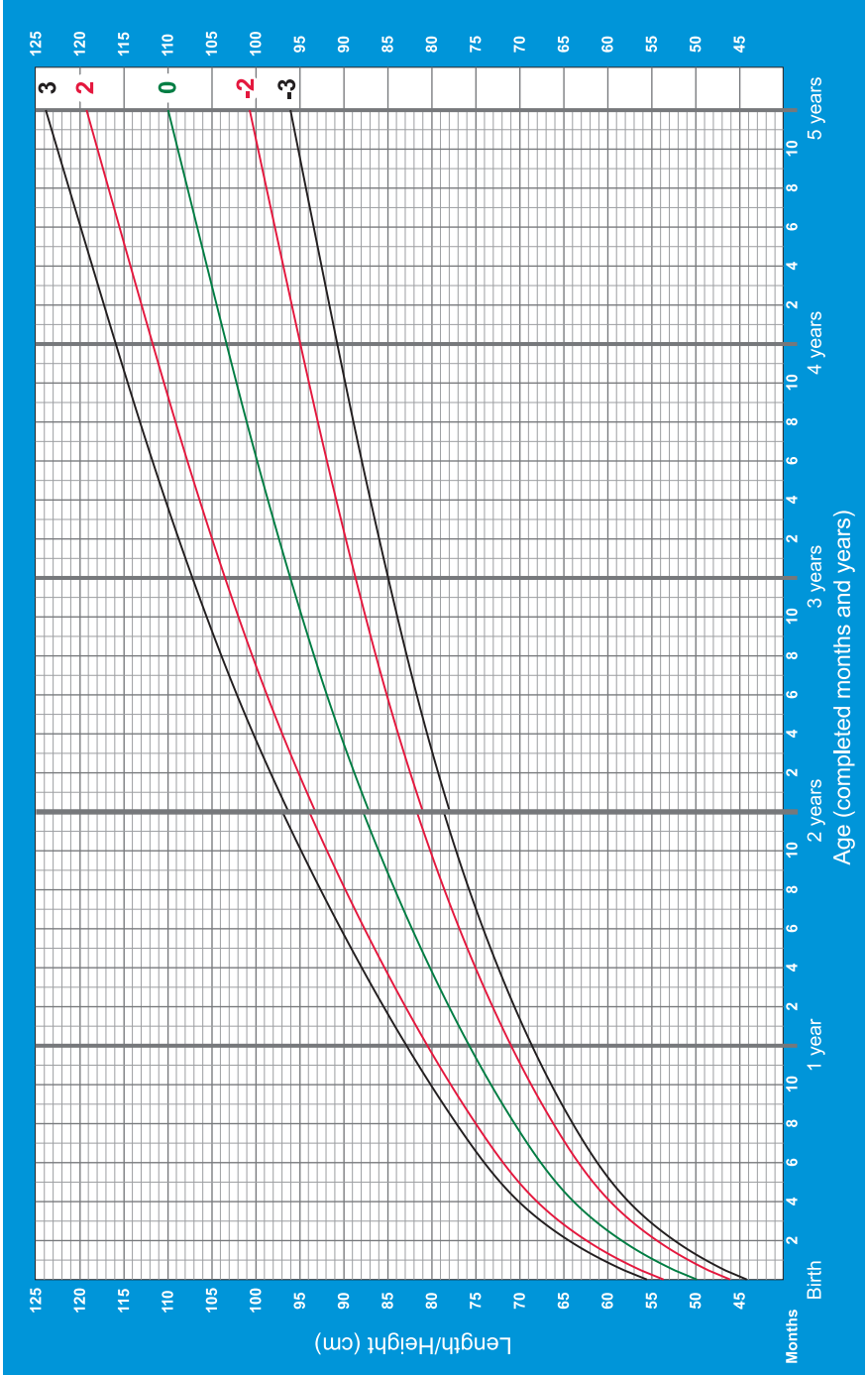
2 years

1 year

Birth

# Length/height-for-age BOYS

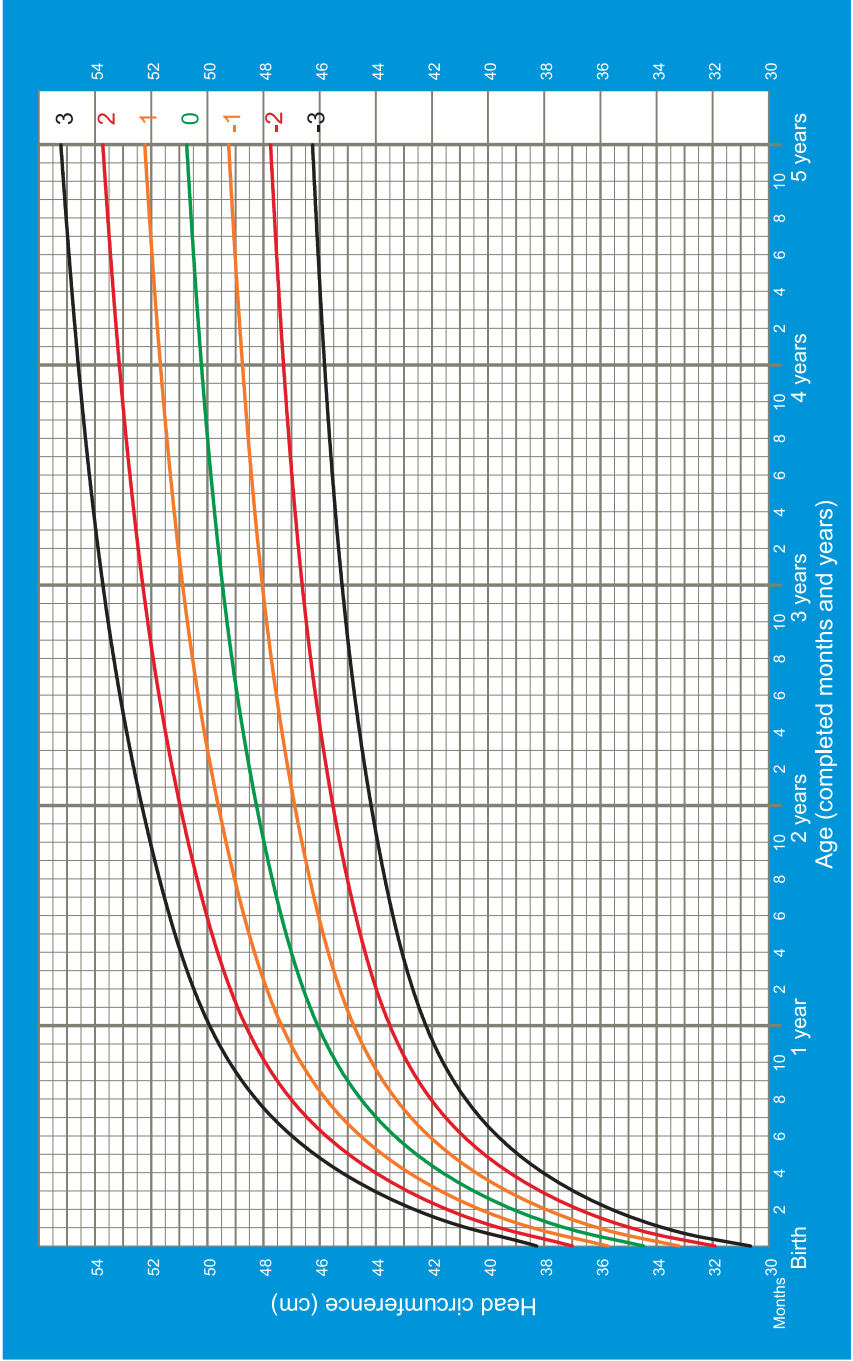
Birth to 5 years (z-scores)





# Head circumference-for-age BOYS

Birth to 5 years (z-scores)

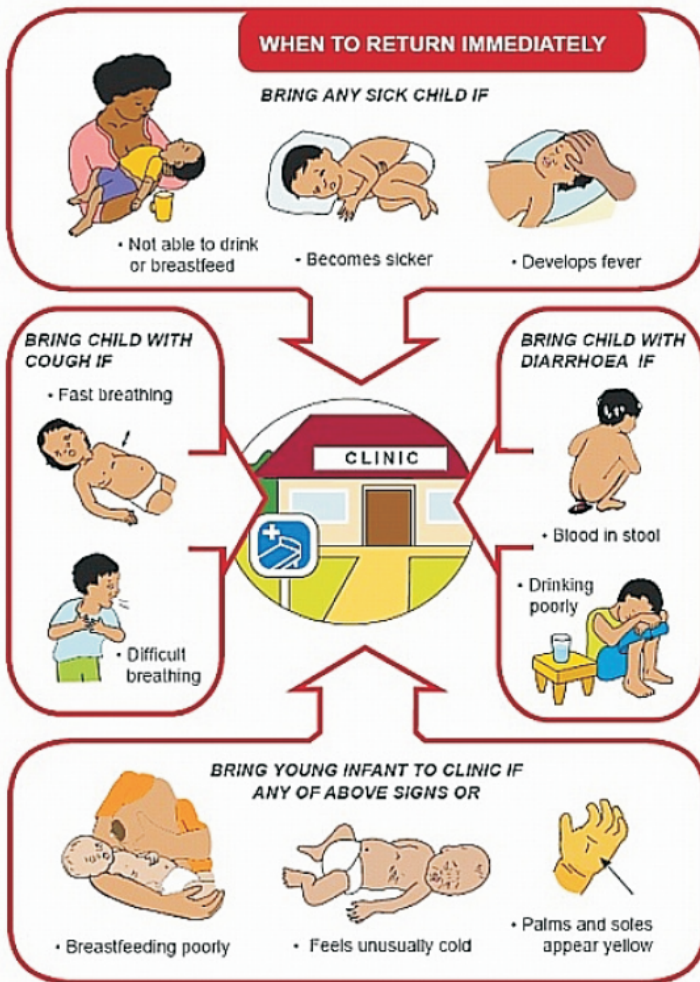


IMNCI

**DANGER SIGNS**

If your child has any of the signs listed below, go to the health facility immediately;

- Difficulties in breathing/ fast breathing
- Not able to drink or feed (including breastfeeding)
- Vomiting feeds
- Body hotness or excessive coldness
- Convulsions/fitting
- Unusually sleepy/ appears weak/excessive crying
- Diarrhea \* see section on diarrhea
- Losing / not gaining weight
- Swelling of both feet
- Abnormally enlarged head
- Yellowing of the eyes, palm and skin
- Delayed growth and development \* see section on developmental milestones
- And any other concerns that you may have



**GIVE GOOD HOME CARE FOR YOUR CHILD**

**FOR ANY SICK CHILD:**

- If child is breastfed, breastfeed more frequently and for longer at each feed
- If child is taking breast milk substitutes, increase the amount of milk given
- Increase other fluids. You may give soup, rice, water, yoghurt drinks or clean water, Give these fluids as much as the child will take. Give frequent small sips from a cup.
- If the child vomits, wait for 10 minutes then continue – but more slowly



**EXCLUSIVELY BREASTFEED THE YOUNG INFANT**

- Give only breastfeeds to the young infant
- Breastfeed frequently, as often and for as long as the infant wants



**MAKE SURE THAT THE YOUNG INFANT IS KEPT WARM AT ALL TIMES**

- In cool weather cover the young infant's head and feet and dress the infant with extra clothing



**FOR A CHILD WITH DIARRHOEA:**

- Breastfeed frequently and for longer at each feed
- Give fluids:
  - ORS
  - Food based fluids, such as soup, rice water, yogurt drinks
  - Clean Water
- Give Zinc supplement, if the child is aged more than 2 months and zinc is given
- Continue giving extra fluids until the diarrhoea stops

## FEEDING RECOMMENDATIONS DURING SICKNESS AND HEALTH

Up to 6 months



- Breastfeed as often as the child wants, day and night, at least 8 times in 24 hours.
- Do not give other foods or fluids.

6 up to 12 months



- Breastfeed as often as the child wants.
- Give adequate servings of:

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- 3 times per day if breastfed, plus snacks
- 5 times per day if not breastfed, plus snacks

12 months up to 2 years



- Breastfeed as often as the child wants.
- Give adequate servings of:

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- or family foods
- 3 or 4 times per day, plus snacks
- 5 times per day plus snacks, if not breastfed

2 years and older



- Breastfeed as often as the child wants.
- Give family foods at 3 meals each day. Also, twice daily, give nutritious food between meals, such as:

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## FEEDING RECOMMENDATIONS FOR A CHILD WHO HAS PERSISTENT DIARRHOEA

- If still breastfeeding, give more frequent, longer breastfeeds, day and night.
- If taking other milk:
  - replace with increased breastfeeding OR
  - replace with fermented milk products, such as yoghurt OR
  - replace half the milk with nutrient-rich semisolid food



## ASSESS FOR DEVELOPMENTAL MILESTONES

Does the child act and behave like other children of her/his age?  
Follow the appropriate age for the child and the corresponding messages with pictures below

2-4 months	Follows objects with eyes 	Turns head toward sounds 	Holds head upright 	Smiles when you speak 	
4-6 months	Starts to sit 	Reaches and grasps objects with a hand 	Rolls over 	Babbles Ahahah... 	Takes objects to mouth 
6-9 months	Mamama... 	Sits without support Repeats syllables 	Moves objects from one hand to the other 	Plays peek-a-boo 	Responds to own name Jelital! 
9-12 months	Takes steps with support 	Picks up small object or string with two fingers 	Imitates simple gestures 	Points to objects and says 2-3 words 	
12-18 months	Walks without support 	Drinks from a cup 	Says 7-10 words Lion! 	Points to body parts Where is your nose? 	
18-24 months	Kicks a ball and starts to run 	Points at pictures on request 	Sings and uses short sentences Bring pawpaw? 	Builds tower with 3 blocks or small boxes 	
24 months and older	Jumps and runs 	Begins to dress and undress by her/himself 	Groups similar objects 	Plays with other children 	Says first name and tells a short story 

**If the child shows delays in one or more areas, refer the child to a specialist.**

## KEY DEVELOPMENTAL MILESTONES ASSESSMENT SUMMARY

MILESTONES	NORMAL LIMITS	AGE ACHIEVED
Social Smile	4-6 weeks	
Head Holding/Control	1-3 months	
Turns towards the origin of sound	2-3 months	
Extend hand to grasp a toy	2-3 months	
Sitting	5-9 months	
Standing	7-13 months	
Walking	12-18 months	
Talking	9-24 months	

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

Sing and talk to your child every day starting from pregnancy.



Ask your child questions. Respond to your child's questions.



Play simple games with your child. They help the child's brain to develop.



Give safe household objects to your child for playing. Make simple toys for your child.



Spend a bit of time with your child every day. Show your love to your child.



Source: Hilton Foundation and PATH

**SPECIAL CLINIC ATTENDANCE**

Date	Name of facility	Problem/ Complaint	Treatment, Referral, Advice

**SPECIAL CLINIC ATTENDANCE**

Date	Name of facility	Problem/ Complaint	Treatment, Referral, Advice



**SUMMARY OF SICK CHILD HEALTH FACILITY VISIT**

<b>Health Worker's consultation</b>	
<b>Date</b>	<b>Clinical notes, Diagnosis and treatment (and signature) use key words, write legibility, 2 to 8 lines per visit.</b>

**SUMMARY OF SICK CHILD HEALTH FACILITY VISIT**

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