

# Introduction

## **Congratulations on your pregnancy!**

The Maternal and Child Health Record Book (MCH Record Book) contains records of mother and child's health, growth and development (up to five years of age). It has information on how to maintain and care for the mother and child.

## **General Explanation for Care Givers**

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### **Receive the MCH Record Book**

You will receive one MCH Record Book at the first ANC. If you deliver twins, triplets or more, you will receive additional MCH Record Book(s) for each child. MCH Record Book tells you what services you need to take and when you need to visit health facility for the next care.

### **Bring the MCH Record Book**

Please take the MCH Record Book along with you any time you visit the health facility.

### **Complete Continuum of Care (CoC)**

You will receive a star on COC card upon the completion of each service and health education.

### **Read the MCH Record Book at home**

Please read the MCH RB with your partner and family members. It contains health information for entire family members.

### **Feel Free to ask health care providers if you have any questions**

### **Visit Health facility immediately if you notice any danger signs**

MCH Record Book tells you about danger signs and risks for you and for your baby. Please look out for these signs and report immediately to your health care provider.

### **Take good care of the MCH RB**

Please keep the MCH RB well and safe because it contains important health information on you and your child. You may need it in future for the next pregnancy, when you or your child is unwell, child's schooling, or use for travelling purposes.

Picture of Baby and Family	
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## A. Family Identification

Serial No. for Mother: \_\_\_\_\_

Registration No. for Mother: \_\_\_\_\_

Name of Health Facility: \_\_\_\_\_

Date of Issue of this MCH Record Book: \_\_\_\_\_

NHIS No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Landmark: \_\_\_\_\_ Sub District: \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_

Educational Status: None / Primary School / Junior High School / Senior High School / Tertiary

Occupation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Landmark: \_\_\_\_\_ Sub District: \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Educational Status: None / Primary School / Junior High School / Senior High School / Tertiary

Occupation: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Telephone No. for Emergency: \_\_\_\_\_

Telephone No. for Emergency Transportation: \_\_\_\_\_

Name of Midwife/Doctor: \_\_\_\_\_

Telephone No. of Midwife/Doctor: \_\_\_\_\_

## B. Pregnancy Records

### Obstetric History

No. of Pregnancies: \_\_\_\_\_ No. of Births: \_\_\_\_\_ No. of Abortions (Spontaneous: \_\_\_\_\_ / Induced: \_\_\_\_\_)

### Previous Pregnancies (Including miscarriages)

No.	Date of Delivery / Pregnancy Loss	Place of Birth	Problems during Pregnancy	Gestational Age at Birth	Mode of Delivery	Outcome of Delivery	Labour / Postpartum Complications	Child		
								Sex	Birth Weight (kg)	Child's Present Health
1	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
2	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
3	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
4	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
5	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
6	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
7	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died
8	/ /	Hospital / HC / MH / CHPS / Home / Other			SVD / AVD / CS	Live Birth / Still Birth / Miscarriage		M/F		Good/Poor/Died

HC; Health Centre / MH; Maternity Home / SVD; Spontaneous Vaginal Delivery / AVD; Assisted Vaginal Delivery / CS; Cesarean Section.

- **Major Risk Factors** : Circle below with red pen.

Previous CS / Grand multiparity / Previous Post-Partum Haemorrhage / Previous Pregnancy Induced Hypertension / Myomectomy / Sickle cell disease (SS, SC, CC) / Other (specify): \_\_\_\_\_

Infant Feeding		
Did you breastfeed your last child?	Yes	No
Did you exclusively Breastfeed your last child?	Yes	No
If Yes, how long? .....		
If less than 6 months, what was the reason? .....		
If No, what was the reason? .....		
Duration of Breastfeeding .....		

Medical and Surgical History					
Hypertension	No	Yes	Respiratory disease	No	Yes
Heart disease	No	Yes	TB	No	Yes
Sickle cell disease	No	Yes	Mental illness	No	Yes
Diabetes	No	Yes	Other (specify)		
Epilepsy	No	Yes	Previous Surgery:		
HIV infection			.....		
Asthma	No	Yes	.....		
Allergies (Drug/Food)	No	Yes:.....			
Medication history	No	Yes:.....			

Social Risk Factors		
Alcohol	No	Yes:.....
Smoking	No	Yes:.....

Family History					
Hypertension	No	Yes	Multiple pregnancies	No	Yes
Heart disease	No	Yes	Birth defects	No	Yes
Sickle cell disease	No	Yes	Mental health disorder	No	Yes
Diabetes	No	Yes	Other	.....	

Physical Examination at First Visit		
General condition	Normal	Abnormal:.....
Face	Normal	Abnormal:.....
Head & Neck	Normal	Abnormal:.....
Breasts	Normal	Abnormal:.....
Abdomen	Normal	Abnormal:.....
Heart	Normal	Abnormal:.....
Lung	Normal	Abnormal:.....
Other	.....	

## Records of current pregnancy

First day of the last menstrual period (L.M.P.)	Date: / /
Estimated Date of Delivery (EDD)	By SCAN or LMP Date: / /
Height cm	Weight at ANC1 (Before 12 weeks) kg
BMI at ANC1 (Before 12 weeks)	Estimated desired weight at EDD kg
Type of contraception used before this pregnancy (If any)	

Investigations					
Tests	Date	Results	Tests	Date	Results
Blood Group	/ /	A / B / O / AB	Hb* (first visit)	/ /	
Rh typing	/ /	Positive / Negative	Repeat Hb*	/ /	
HBsAg	/ /	Negative / Positive	Repeat Hb* (at 28 weeks)	/ /	
Sickling	/ /	Negative / Positive (AS/SS/SC/AC/Other)	Repeat Hb*	/ /	
G6PD	/ /	No Defect / Full Defect / Partial Defect	Repeat Hb* (at 36 weeks)	/ /	
VDRL/Syphilis	/ /	Negative / Positive	Repeat Hb*	/ /	
HIV Antibody	/ /		Urine RE	/ /	
Repeat HIV Antibody (before 34weeks)	/ /		Repeat Urine RE	/ /	
BF for Malaria	/ /	Negative / Positive	Stool RE	/ /	

\* If Hb is below 11g/dl, refer to protocol.

All laboratory / investigation results must be reviewed before next routine visit is scheduled.

If the result is abnormal, please write with red pen.

Ultrasound Scan Results						
	Date	Placenta location	Amniotic Fluid Volume	Gestational Age	Presentation	Any Abnormality (specify)
First Scan (before 20 weeks)	/ /	Posterior/ Anterior/ Low	Normal/ Abnormal			
Second Scan (after 32 weeks)	/ /	Posterior/ Anterior/ Low	Normal/ Abnormal			
Other	/ /	Posterior/ Anterior/ Low	Normal/ Abnormal			



### Tetanus–Diphtheria Immunization Schedule

Tetanus–Diphtheria Dose	Date Given	Batch Number
Tetanus-diphtheria 1	/ /	
Tetanus-diphtheria 2	/ /	
Tetanus-diphtheria 3	/ /	
Tetanus-diphtheria 4	/ /	
Tetanus-diphtheria 5	/ /	
Tetanus-diphtheria 5+ (received up to five doses. Vaccine not required. Record date seen at facility)		

Malaria Prevention	
Long Lasting Insecticide Treated Net (LLIN)	Date Supplied ..... / .....
G6PD status	No Defect / Full Defect / Partial Defect

Intermittent Preventive Treatment (IPTp) For Malaria	Date Given	Gestational Age in Weeks
IPT 1		
IPT 2		
IPT 3		
IPT 4		
IPT 5		

IPTp should be given to pregnant women after 16 weeks or when mother feels baby's movement till delivery and it should be given at least 1month after last dose.

Deworming : Give after 16 weeks	
Date	/ /

Topics for Client Counselling * Write the date of the counselling			
<b>1<sup>st</sup> Trimester</b>			
How to use the MCH Record Book	/ /	Personal hygiene	/ /
Importance of CoC, How to use CoC card	/ /	Mother to Child Transmission of HIV	/ /
Purpose of antenatal care	/ /	Danger signs in pregnancy	/ /
Diet and Nutrition / Anaemia / IFA Sup.	/ /	Drugs and substance abuse	/ /
Malaria prevention	/ /	Additional Topics	/ /
Rest and exercise	/ /	.....	/ /
<b>2<sup>nd</sup> Trimester</b>			
Pregnancy Induced Hypertension	/ /	Birth preparedness, complication readiness and support person	/ /
Diet and Nutrition / Anaemia / IFA Sup.	/ /	Additional Topics	/ /
Sexual activity and Safe sex	/ /	.....	/ /
<b>3<sup>rd</sup> Trimester</b>			
Signs for labour and progress of delivery	/ /	Importance of postnatal care	/ /
Neonatal care and danger signs in newborn	/ /	Breastfeeding and breast care	/ /
Immunization schedule for baby	/ /	Additional Topics	/ /
Diet and Nutrition / Anaemia / IFA Sup.	/ /	.....	/ /

Nutrition Counselling				
Date of counselling	/ /	/ /	/ /	
Assessment	Hemoglobin	<input type="checkbox"/> Normal (11g/dl or above) <input type="checkbox"/> Moderate anaemia (7 – 11 g/dl) <input type="checkbox"/> Severe anaemia (less than 7g/dl)	<input type="checkbox"/> Normal (11g/dl or above) <input type="checkbox"/> Moderate anaemia (7 – 11 g/dl) <input type="checkbox"/> Severe anaemia (less than 7g/dl)	<input type="checkbox"/> Normal (11g/dl or above) <input type="checkbox"/> Moderate anaemia (7 – 11 g/dl) <input type="checkbox"/> Severe anaemia (less than 7g/dl)
	Feeding history and hygiene practices a) Meal frequency b) Variety			
Analysis (Record actual gaps)				
Actions (1-2 recommended actions)				
Remarks				
Name and signature				

**Maternal Health Records**  
**Progress Notes for ANC**

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PURPOSE ONLY

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## C. Health Messages during Pregnancy

### 1. Essential information and actions for pregnant woman.

#### 1st Antenatal and Important Examinations

- Health care provider (midwife/doctor) will tell you when and how often you are recommended to come to ANC.
- Always keep your appointments with health care provider but in case you feel unwell, see the provider even if it is not yet time for your next visit.
- The following examinations will be conducted during ANC visits to ensure that you and your baby are in good conditions: Blood Pressure, Weight, Blood Tests, HIV status, Urine and Stool Test, Ultrasound Scan
- You will be offered HIV test at ANC, so please take advantage of this.



#### Protecting your pregnancy

- Take iron and folic acid tablets every day during pregnancy to increase iron in your blood. Inadequate iron will lead to sickness (anaemia), which will make you and your baby weak, sick and tired.
- Taking iron tablets is not dangerous for your baby.
- Take deworming tablets according to your test results. Worms can cause anaemia which leads to tiredness and poor health.
- Take tetanus diphtheria immunization once or twice during your antenatal period.



#### Prevention of Malaria

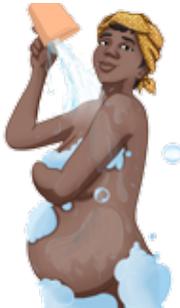
- Malaria can cause anaemia, preterm delivery and delivery of a small unhealthy baby. It can even cause the death of the mother or unborn baby.
- Sleep under a long lasting insecticide treated net to protect you and your unborn baby from malaria.
- Health care provider will give you anti-malaria tablets to take from the time you start feeling the movement of your baby.



## 2. How to maintain your health during pregnancy.

### Personal Hygiene

- Bathe regularly with soap every day (in the morning and in the evening).
- Clean your teeth with tooth brush / chewing stick twice a day (in the morning and before bed).



### Resting, Relaxation and Sleeping

- Get enough rest to restore your energy.
- Get support from partner or other family members with household chores/work.

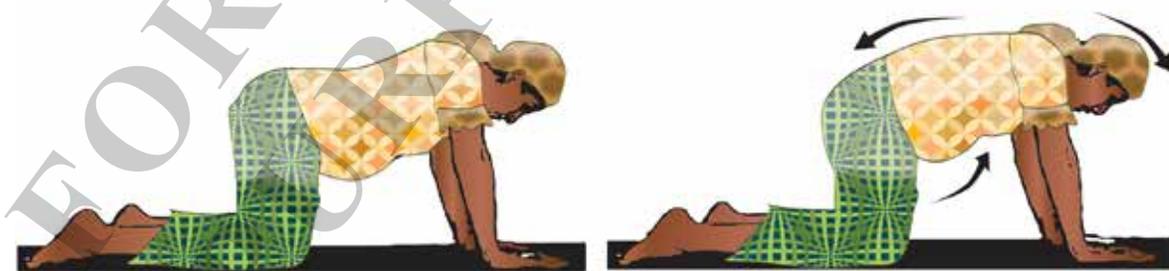


### Safe Sex

- You may have sexual intercourse if this is not against your doctor's advice.

### Exercise

- You are recommended to do simple exercises as long as you feel comfortable.



### Things you should not do during pregnancy

- Smoking
- Taking unprescribed drugs and concoctions
- Taking alcohol
- Engaging in strenuous work
- Lifting of heavy loads



### 3. How to eat well during pregnancy.

- Eat one extra meal each day (4 meals a day) and snack (such as fruits, biscuits, or roasted maize / plantains / groundnuts) to stay healthy.
- The meals to be taken should be prepared from a variety of foods ( 4 STAR diet ★★★★★ ) every day. Eat more iron-rich foods, e.g. meat, fish, etc.
- If you eat well, you will be healthier and your baby will grow healthier and stronger.
- Your family should provide a variety of foods for pregnant women. 4 STAR diet and personal hygiene are also important for all your family members.

#### THE 4 STAR DIET

##### STAPLE

1 STAR ★

Grains such as Maize, Wheat, Rice, Millet, and Sorghum. Roots and tubers such as Cassava, Yam, Cocoyam, Plantain, and Potatoes.



##### LEGUMES AND SEEDS

1 STAR ★

Beans, Agushie, Werewere, Groundnuts, and Sesame.



##### FRUITS AND VEGETABLES

1 STAR ★

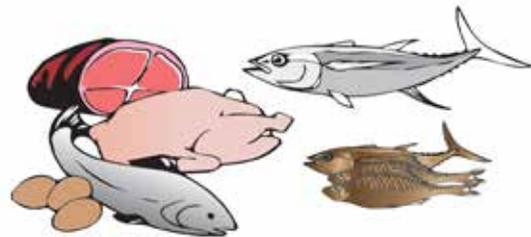
Mango, Pawpaw, Orange, Banana, Pineapple, Watermelon, Avocado, Dark-green Leaves, Carrots, Onions, Tomatoes, Kontomire, Gboma, Cabbage, Yellow sweet potato and Pumpkin.



##### ANIMAL-SOURCE FOODS

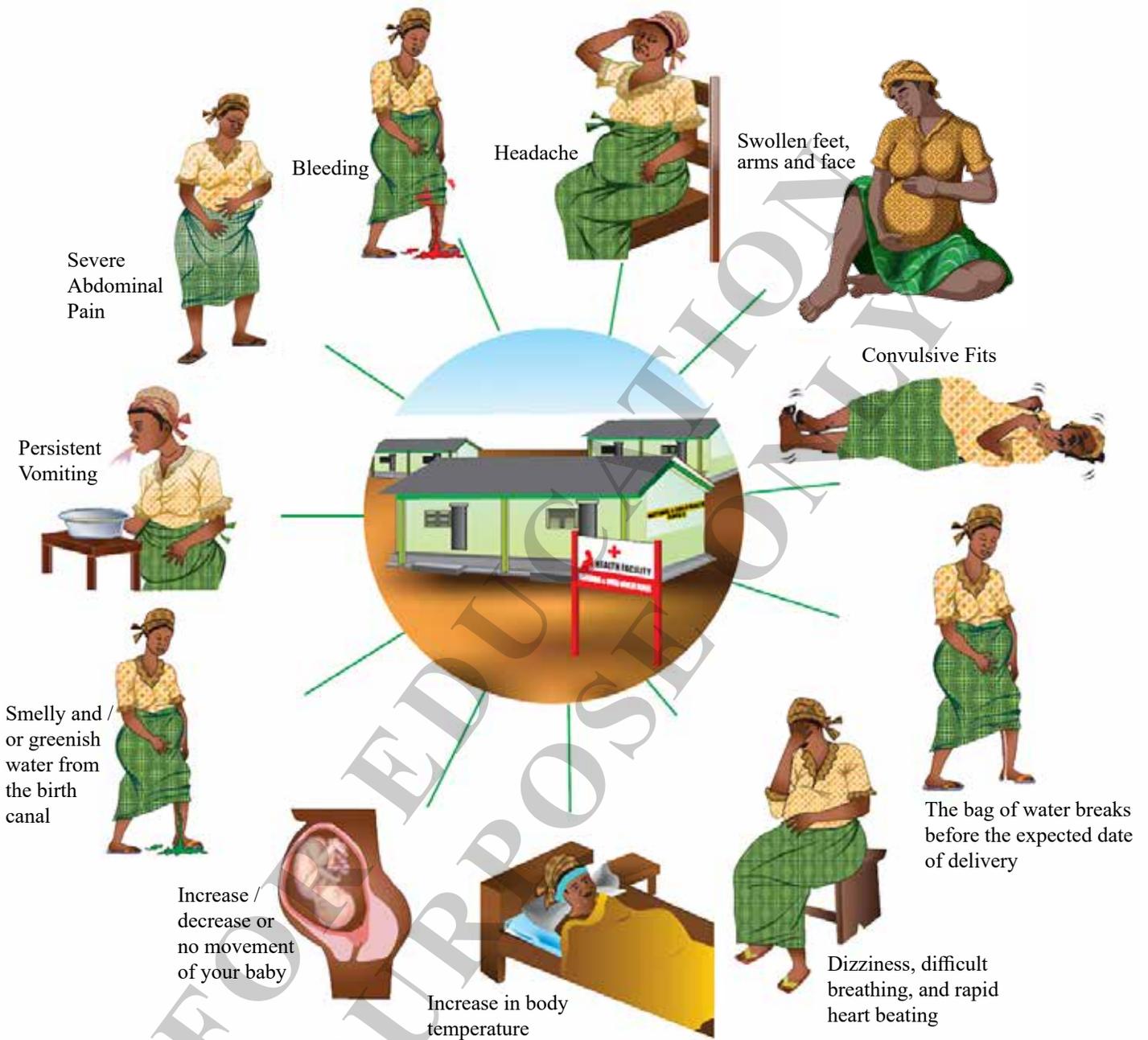
1 STAR ★

Foods such as Chicken, Fish, Liver, Meat, Eggs and Milk and Milk Products.

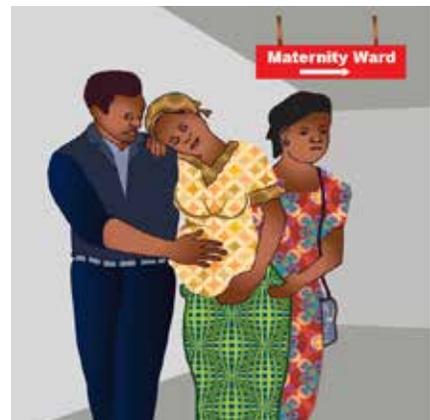


- Oil and fat such as oil seeds, palm oil, fortified vegetable oil and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy.
- You should use Iodized Salt.
- You should drink lots of water and fresh juice as much as possible.

## 4. Danger Signs in Pregnancy.



Your partner or family members should bring you to midwife or doctor immediately if any of these signs appear. Please do not come alone.



## 5. Preparing for delivery.

- Make arrangement for transport, helpers and where to deliver.
- Save money for care and transport.
- Have a valid health insurance card.
- Identify and prepare a blood donor, in case you need blood transfusion.
- Prepare yourself to breastfeed your baby immediately after birth.
- In case of unexpected delivery at home, report to a health facility immediately.



✓ Pick up a comprehensive list from your midwife

### What to take with you.



- 2 packets of sanitary pad and a bar soap



- A bottle of chlorhexidine



- At least 4 disposable rubber sheets



- At least 4 cloths for mother



- At least 2 cot sheets, socks, cap and dresses for baby

## D. Health Messages for Delivery

### 1. Signs of labour.

1. You feel the labor pains every 10-20 minutes or more but the real labor starts when labor pains become regular (the same period of time between the pains and more frequently).
2. You may see mucus / thick slimy fluid mixed with blood.
3. The bag of water may break.



**Go to the health facility immediately if any of these signs appears.**

### 2. Things to do during labour.

- While preparing to go to the health facility, you may still do the following: You can eat, drink, urinate and walk around during this time.
- If the contractions increase, take a deep breath through the nose and release it from the mouth to relief pain.
- If you feel a need to go to toilet, this may mean that the baby is going to come soon. Call for assistance.
- Once you get to the health facility, follow the midwife's / doctor's instructions at all times.



Walk around

Take a deep breath

Rub the back

### 3. PMTCT (Prevention of Mother-To-Child Transmission of HIV)

- If you did not take HIV test during pregnancy, you will be offered the test in labour.
- You can prevent transmitting HIV to your baby if you take HIV test and receive medication.

## E. Delivery Records

Delivery Outcome	
Weeks of Pregnancy	.....Weeks
Date of Delivery	/ /
Time of Delivery	..... am / pm
Time of Placenta Delivery	..... am / pm
Duration of Labour & Delivery	..... Hours ..... Minutes
Type of Delivery	Normal / Vacuum / Caesarean Section / Other:.....
Indication for Vacuum / CS	.....
Anesthesia	No / Yes: Epidural Anesthesia / Spinal Anesthesia / General Anesthesia
Estimated Blood Loss	.....ml
Blood Transfusion	No / Yes
State of Placenta and Membranes	Complete / Incomplete / Other (Specify): ..... Manual Removal of Placenta: No / Yes
State of Perineum	Intact / Tear / Episiotomy
Labour & Delivery Complications	.....
Birth Attendant	Doctor / Midwife / Nurse / TBA / Relative / Other:.....
Name of Birth Attendant	.....
Place of Delivery	Hospital / Health Centre / CHPS / Home / Other:.....
Name of Health Facility	.....
Did breastfeeding start within 30 minutes after delivery?	Yes / No
Was infant placed in skin-to-skin contact with mother?	Yes / No If no, why? ( )

Mother's Condition at Discharge	
Date	/ /
General Examination	BP:.....mm/Hg. Pulse:.....b/min. Temp:.....°C
Condition of Uterus	Contracted / Not Contracted Fundal Height:.....cm
Lochia	Colour:..... Odour:.....
Incision Perineum / CS	Clean / Infected / Other:.....
Condition of Breast:	Lactating / Not Lactating / Engorged
Number of days IFA Supplied	
Date of Next Visit	/ /

Planned dates for PNC	
PNC1 (24 – 48hrs)	/ /
PNC2 (6th / 7th day)	/ /
PNC3 (at 6 weeks)	/ /

Baby's Condition at Birth	
Delivery Outcome	Live Birth / Stillbirth / Early Neonatal Death
Sex of Babies	Male / Female / Unidentified
Number of Babies	Single / Multiple: Twin / Triplet / Other.....
Baby's Body Measurements	Weight ..... kg
	Length ..... cm
	Head Circumference ..... cm
APGAR Score	1min ..... / 10    5min ..... / 10
Resuscitation	No / Yes (Specify):.....
Congenital Malformation	No / Yes (Specify):.....
Complications at Birth	No: Yes: Diagnosis..... Referred to:.....

Discharge Summary	
Date	..... / ..... / .....
General Examination	Heart Rate:..... b/min    Respiratory Rate:..... c/min Temperature:..... °C Weight:..... kg (For the baby discharged from NICU)
Breastfeeding / Breast Milk Initiation	Yes / No
Baby Suckling established	Yes / No
Meconium passed	Yes / No
Urine passed	Yes / No
Chloramphenicol / Tetracycline for eye care	Yes / No
Cord care	Yes / No
Vitamin K	Date : ..... / ..... / .....
BCG	Date : ..... / ..... / .....
Hepatitis B	Date : ..... / ..... / .....
Oral Polio	Date : ..... / ..... / .....
Baby's condition at discharge	Normal Abnormal: .....

Please fill in the Immunization Records on page 51.

## F. Postnatal Records for Mother

Name of Health Facility:

Contact No.:

### Postnatal Records

Date of Visit	Weight (kg)	BP (mmHg)	Pulse (b/min)	Temp (°C)	Urine* Protein / Sugar	Fundal Height (cm)	Lochia Colour / Odour	Incision Perineum/CS	Condition of Breast and Nipple	Mood Changes**	Number of days IFA*** supplied	Complaints / Remarks	Name & Signature
/ /								Clean / Infected		No / Yes			
/ /								Clean / Infected		No / Yes			
/ /								Clean / Infected		No / Yes			
/ /								Clean / Infected		No / Yes			

\* Urine Protein / Urine Sugar; Please write - / + / ++ / +++

\*\* Mood changes: Health worker should ask the mother that "Have you observed any unusual change in your mood?" If the mother says "Yes", please consult the doctor or midwife concerning these matters.

\*\*\* IFA: Iron and Folic Acid

### Investigations for Mother after Delivery

Date	/ /	/ /	/ /	/ /	/ /
Hb					g/dl
HIV Antibody (offer if not done)					g/dl
Other					

### Family Planning Service for Mother after Delivery

Date	/ /	/ /	/ /	/ /
Family Planning Counselling				Yes / No
Method of Choice				
Remarks				

**Maternal Health Records**

**Progress Notes for Mother after Delivery**

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PURPOSE ONLY

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**Progress Notes for Mother after Delivery**

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## G. Child Identification

Serial No. for Child: \_\_\_\_\_

Registration No. for Child: \_\_\_\_\_

Name of Health Facility: \_\_\_\_\_

Date First Seen: \_\_\_\_\_

Birth Registration No.: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Gestational Age at Delivery: \_\_\_\_\_ Weeks

Birth Weight: \_\_\_\_\_ kg Length: \_\_\_\_\_ cm Head Circumference: \_\_\_\_\_ cm

Sex: \_\_\_\_\_ Male / \_\_\_\_\_ Female / \_\_\_\_\_ Unidentified

Sickle Cell Status: \_\_\_\_\_

G6PD Status: \_\_\_\_\_

NHIS Number: \_\_\_\_\_

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## H. Postnatal Records for Child

Name of Facility:

Contact No.:

Postnatal Care	First Visit 24 - 48 Hours	Follow Up Visit 6 - 7 Days	Follow Up Visit 6 Weeks
Date	/ /	/ /	/ /
Weight (kg)			
Length (cm)			
Head Circumference (cm)			
Heart Rate (b/min)			
Respiratory Rate(c/min)			
Temperature (°C)			
Feeding	Breastfeeding / Other	Breastfeeding / Other	Breastfeeding / Other
Activities	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Pallor	No / Yes	No / Yes	No / Yes
Jaundice	No / Yes	No / Yes	No / Yes
Head	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Eyes	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Abdomen	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Limbs	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Back	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Skin	Normal / Abnormal	Normal / Abnormal	Normal / Abnormal
Passing Urine	Yes / No	Yes / No	Yes / No
Passing Stools	Yes / No	Yes / No	Yes / No
Condition of Umbilical Cord			
Remarks			
Name & Signature			
Date of Next Visit			

\*Note: Please fill in the Immunization Records on page 51.

### Early Infant Diagnosis for HIV Exposed Babies

	6-7 Days	6 Weeks	18 Months
Date of Test	/ /	/ /	/ /
Result	280 / 279	280 / 279	280 / 279

# I. Health Messages for Mother after Delivery

## 1. How to maintain the health of mother after delivery.

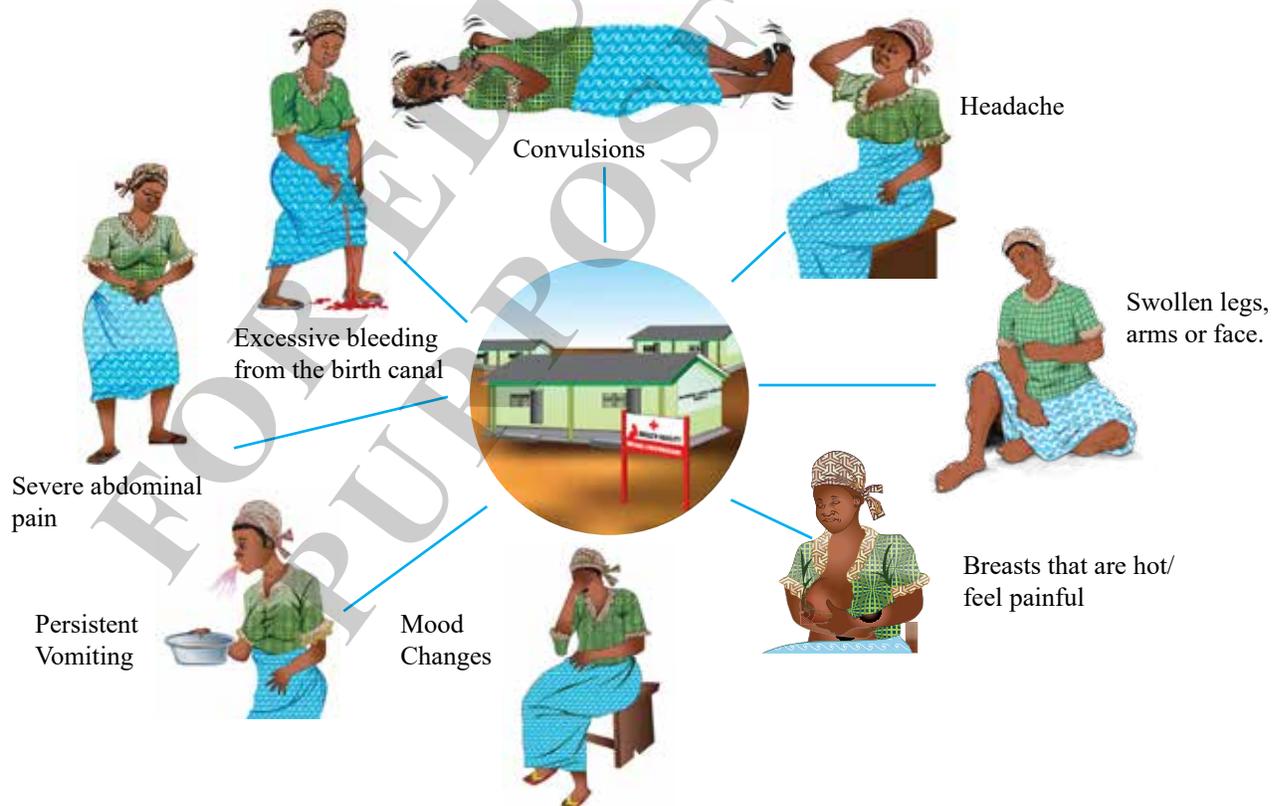
- Get enough rest so that you would be in good condition to take good care of yourself and your baby.
- Keep yourself clean and dry, change your sanitary towel each time it is wet.
- If you were given a cut in the area around the birth canal, make sure to keep the place always clean and dry.



## 2. How to eat well during breastfeeding.

- Eat two extra meals a day to maintain your health.
- Take foods from different food groups (4 STAR diet★★★★) at each meal. (page 17)
- Families should ensure that you have two extra meals a day to maintain your health during breastfeeding.
- Continue to take iron and folic acid till 6 weeks after delivery to have good blood and keep you strong to take care of your baby.

## 3. Danger signs and disorders in mother after delivery.



- Your partner or family members should bring you to midwife or doctor immediately if any of the above signs occurs. Please do not come alone.
- Take your MCH Record Book along with you.

## J. Health Messages on Family Planning

Family planning has several benefits for your health as well as the welfare of your family. Please share this information with your sisters or friends, particularly teenagers.

### 1. When can you use Family Planning methods?

- After a baby is born.
- If the couple want to space birth.
- If the couple do not want to have children anymore.
- When the woman is too young or too old to have a baby.
- If the couple want to delay pregnancy.



Mother too young



Mother too old



Pregnancies too close

### 2. Different types of contraception.



#### Male & Female Condoms

- Protect you from sexually transmitted diseases, including HIV infection
- Provide effective contraception immediately



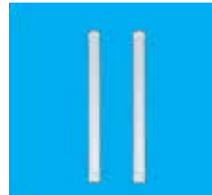
#### Injectables

- Protect against pregnancy for 1-3 months



#### Oral Contraceptive Pills

- Can be stopped at any time without a provider's help



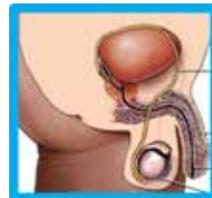
#### Implants

- Long acting and easily reversible
- Highly effective



#### IUD

- Safe and highly effective
- Rapid return to fertility
- Does not affect breastfeeding

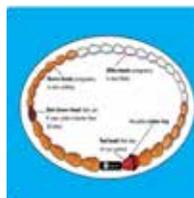


#### Vasectomy

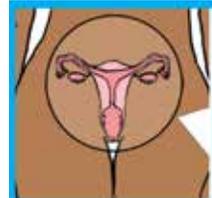
- Safe, convenient and permanent



#### Breastfeeding



#### Cycle Beads



#### Tubal Ligation

- Safe, convenient and permanent

Ask your health care provider which method suits you.

## K. Health Messages for Newborn Baby (Less than 1 month)

### 1. Birth Registration.

- Register your baby with the birth registry. It is free of charge before your baby's first birthday.

### 2. Signs of a healthy newborn baby.

- Moves actively.
- Able to suckle breasts.
- Has birth weight 2.5kg or more.



### 3. How to breastfeed your baby.

- Breastfeed your baby within 30 minutes after delivery to help the flow of breast milk and to prevent you from bleeding too much.
- Breastfeed your baby day and night as often as possible and every time he / she wants.
- Do not give your baby any fluids; water, milk, herbal preparation, glucose water or any food other than breast milk until 6 months.
- Give the first produced breast milk (Yellowish) directly to your baby. It protects him/her from diseases. Do not throw it away.



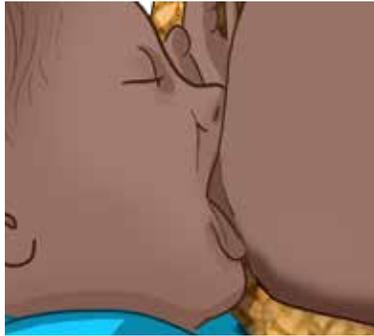
### Exclusive Breastfeeding for the first 6 months of life

In order to breastfeed successfully, you need to position and attach your baby to your breast properly.

- You should be relaxed and comfortable.
- The key points for baby's position during breastfeeding are:
  - 1 The baby's head and body are in a straight line.
  - 2 The baby's face is opposite the breast.
  - 3 The baby's whole body is turned towards the mother.  
(Baby's abdomen touches mother's abdomen)
  4. The baby is held very close to the mother.



- The key points for attachment are:
  - 1 The baby's mouth is wide open.
  - 2 You can see more of the darker skin of the breast (areola) above the baby's mouth than below.
  - 3 The baby's lower lip is turned outwards.
  - 4 The baby's chin is touching mother's breast.



#### 4. How to take care of newborn baby.

##### Keeping your baby warm

- Wrap your baby with a clean and dry sheet. Change it as soon as it get wet or soiled.
- Do not put your baby in a cold or windy place.
- Hold your baby closely in order to have skin to skin contact with you.
- Bathe term baby 6 hours or more after birth.
- Delay bathing a small baby (low birth weight) for 24 hours.
- Bathe sick baby when stable / well.
- Smear body with oil (use baby oil, shea butter, or palm kernel oil).



##### Preventing your baby from infection

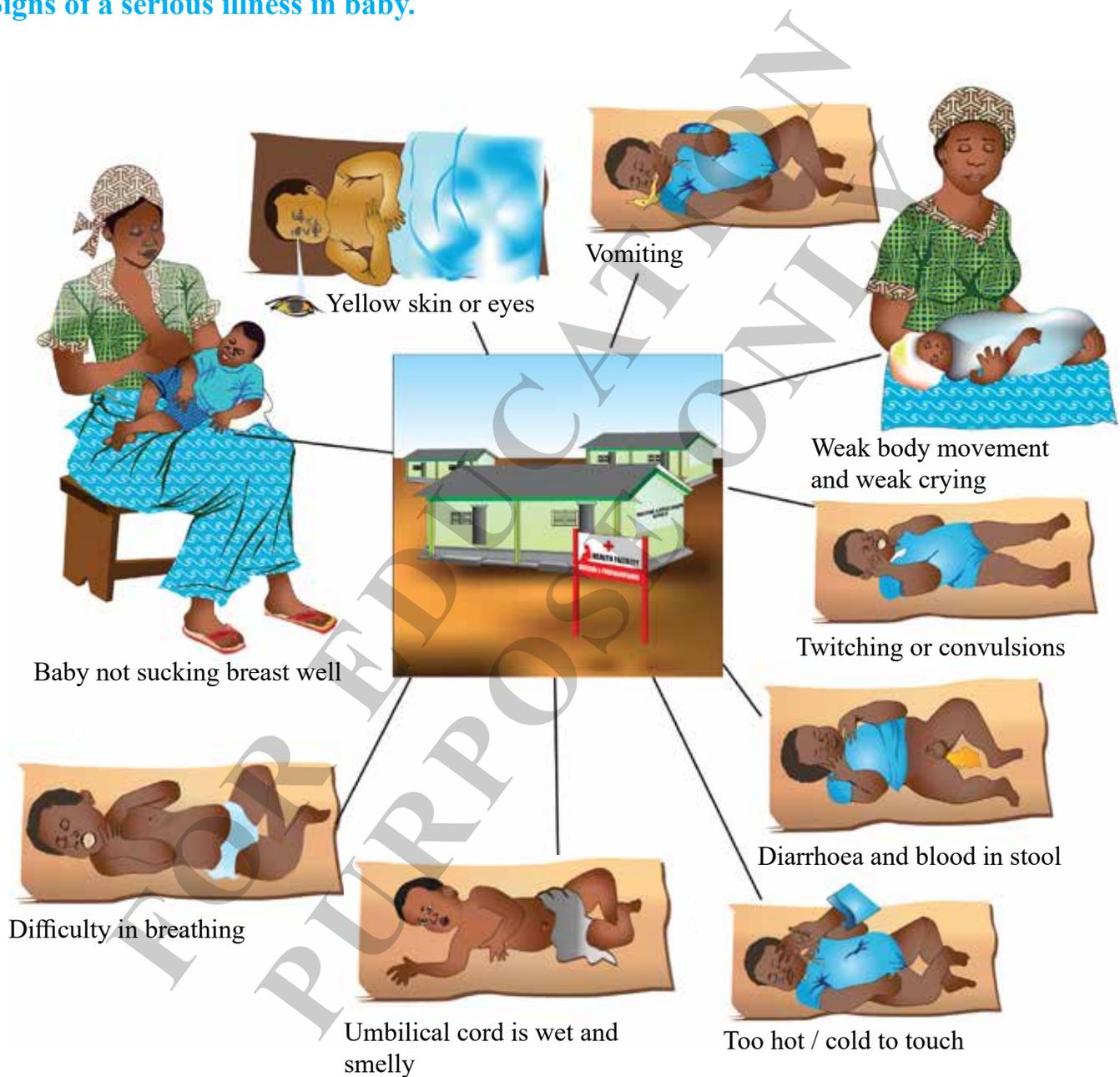
Prevent umbilical cord from getting wet. Clean the umbilical cord with spirit or chlorhexidine everyday until the cord falls off and wound heals. Do not apply any herbs or other material to the cord.



## Postnatal Care (PNC)

- Have your health and your baby's conditions checked by a health care provider within the first 48 hours after delivery, 6-7 days after delivery, and at 6 weeks.

### 5. Signs of a serious illness in baby.



Bring your baby to the health facility immediately if any of the above signs occurs.  
Take your MCH Record Book along with you.

## L. Health Messages for Child (Age 1 month up to 5 years)

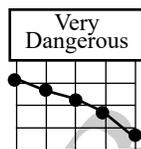
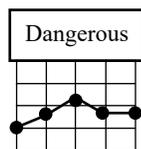
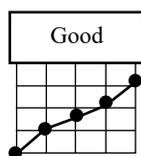
### 1. Growth Monitoring and Promotion

#### Child Welfare Clinic (CWC)

- You should take your child to the health facility for child welfare services every month in the 1st year, every 3 months from 1 to 2 years, and every 6 months from 2 to 5 years.

#### Signs of healthy growing child.

- The body weight is increasing every month following the area around the green line of the Growth Chart.
- Growth and development are progressing as the child gets older.
- Child is happy, cheerful, active, energetic, responsive, and rarely ill.



### 2. National Immunization and Vitamin A Schedule.

#### Vitamin A Supplementation

- Vitamin A makes eyes healthy, prevents blindness and protects from diseases.
- Vitamin A is given to your child every 6 months from the age of 6 months up to 5 years.



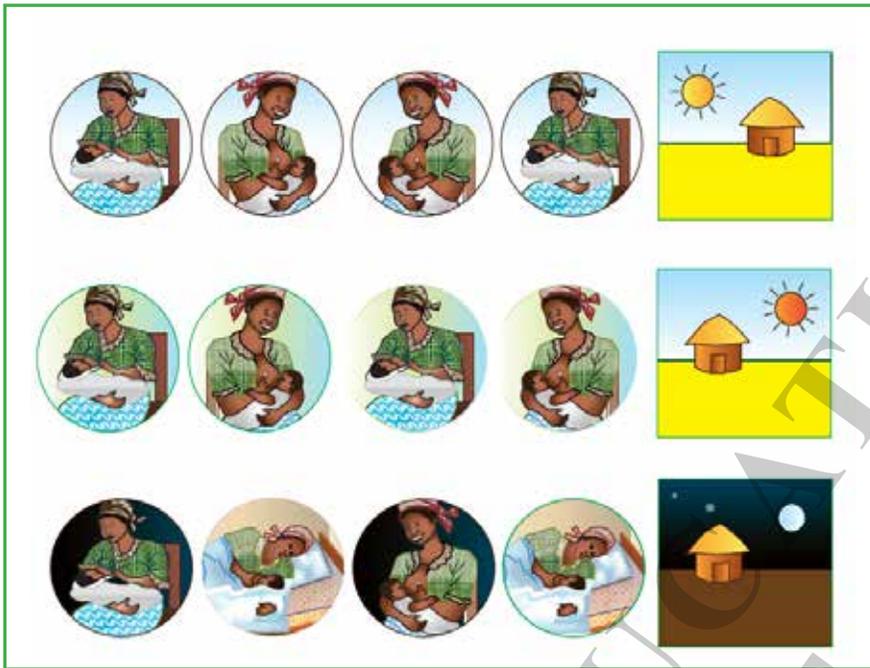
## Schedule of Immunization and Vitamin A

- Complete your child's immunization by 18 months.
- All vaccines are safe and effective. If you find anything unusual, e.g. swelling, rash, fever etc., send your child to the nearest health facility for attention.

Age	Image	Vaccine
At Birth		BCG Oral Polio Vaccine (OPV) 0 Hepatitis B
6 Weeks		OPV 1 DPT/Hepatitis B/Hib 1 Pneumococcal 1 Rotavirus 1
10 Weeks		OPV 2 DPT/Hepatitis B/ Hib 2 Pneumococcal 2 Rotavirus 2
14 Weeks		OPV 3 DPT/Hepatitis B/Hib 3 Pneumococcal 3 Inactivated Polio Vaccine (IPV)
6 Months		Vitamin A
9 Months		Measles-Rubella 1 Yellow Fever
12 Months		Vitamin A
18 Months		Vitamin A Measles-Rubella 2 Meningitis A

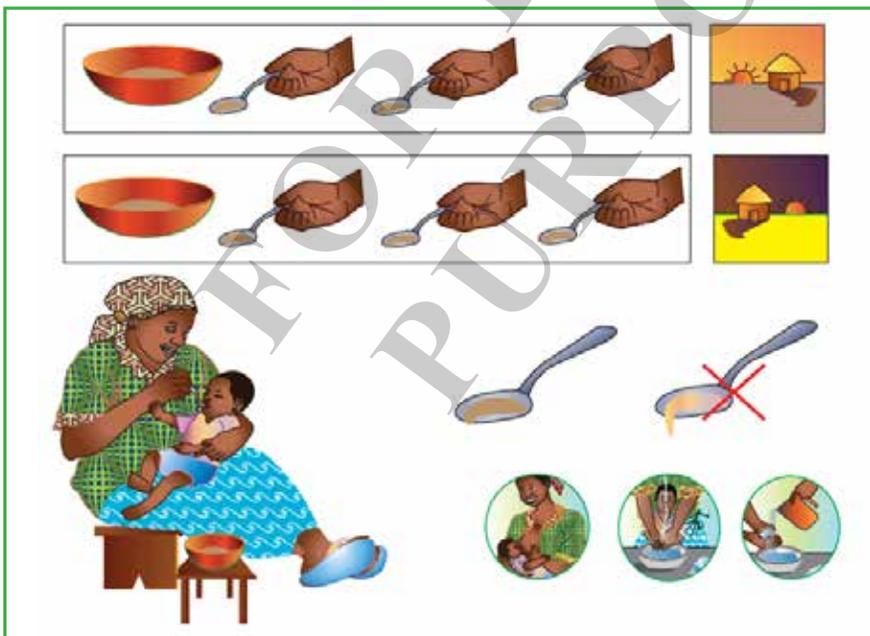
### 3. Feeding your child.

At the age of 0 to 6 months



- Give breastmilk only for the first 6 months.
- Breastfeed your baby whenever he / she demands day and night.
- Do not give your baby any fluid; water, milk, herbal preparation, glucose water or any food other than breast milk until 6 months.
- Continue breastfeeding up to 2 years or longer.

Start complementary feeding at 6 months



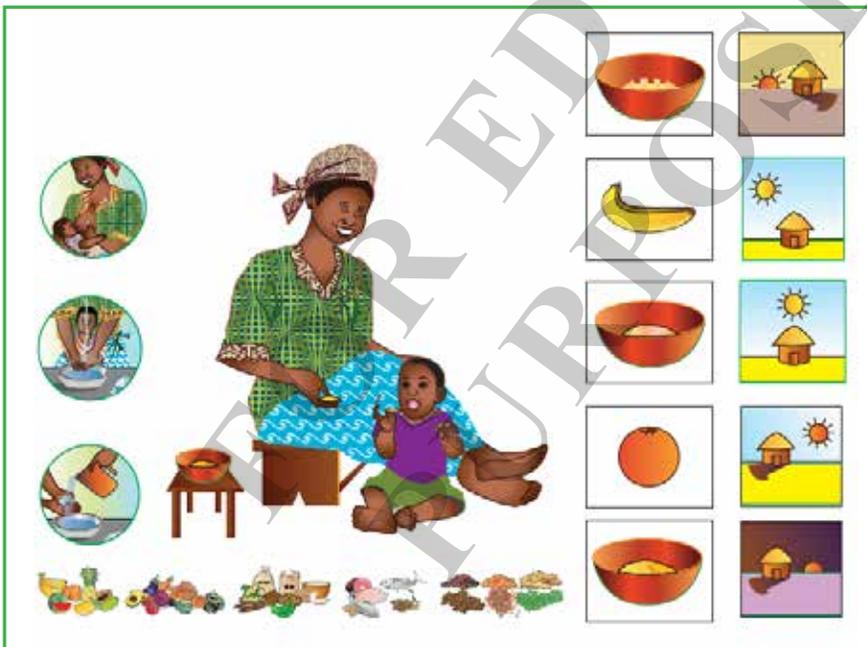
- Begin to give complementary food at 6 months.
- **Texture:** Thick porridge, well mashed food, without pepper.
- **How often:** 2 to 3 times a day. (give 4 times if not breastfed).
- **How much:** 2 to 3 tablespoons at each meal.

## From 6 up to 9 months



- **Texture:** Mashed / pureed / blended foods.
- **How often:** 3 times a day (give 4 times if not breastfed) and 1 snack.
- **How much:** 3 tablespoons per a feed. Increase gradually to one-half (1/2) of cup/bowl (250 ml).
- Give fruits every day.
- **Variety:** Feed a variety of foods - 4 STAR diet (referring to page 17).

## From 9 up to 12 months



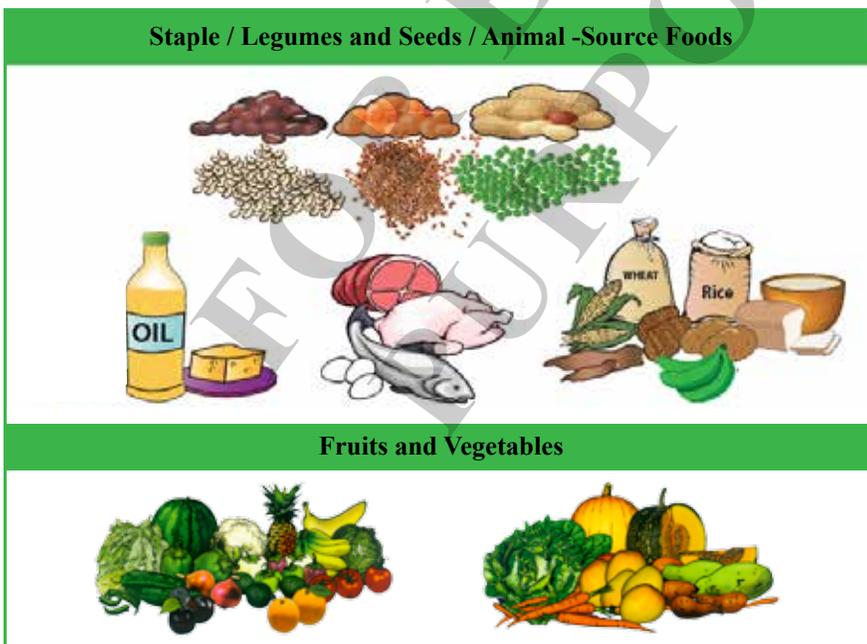
- **Texture:** Finely chopped or mashed food and foods that child can pick up with his / her fingers.
- **How often:** 3 times a day (give 4 times if not breastfed) and 2 snacks.
- **How much:** At least one-half (1/2) of cup/bowl (250 ml) at each meal.
- Give fruits every day.
- **Variety of foods:** Feed a variety of foods - 4 STAR diet (referring to page 17).
- If you use ready-made complementary food, follow the instruction for the age of child.
- Teach your child to eat by himself / herself using a spoon and a plate.

## From 12 up to 24 months



- **Texture:** Family foods, sliced or finely chopped food.
- **How often:** 3 - 4 times a day (give 5 times if not breastfed) and 2 snacks.
- **How much:** Three-quarters (3/4) up to 1 full cup (250 ml) at each meal.
- Give fruits every day.
- **Variety of foods:** Feed a variety of foods - 4 STAR diet (referring to page 17).
- Help the child eat by himself / herself.

## From 2 to 5 years



- Give family foods 4 times a day, which consist of banku, boiled yam, rice and stew or soup with fish, chicken, eggs, beans, vegetables, and fruits.
- Give 2 snacks such as beans, banana, and biscuit twice a day between meal times.
- Do not give sweet and sticky food between meal times.

#### 4. How to maintain personal hygiene to prevent illness.

- Wash your hands with soap and clean water before eating, food preparation and feeding, and after using toilet and changing diaper.
- Train your child on proper hand washing practice.
- Clean the house every day to remove dust and dirt.
- Bathe your child with soap at least once a day.
- Train your child on how to use the toilet.
- Cut your child's fingernails and toenails when they overgrow.
- Keep your child away from smoke.

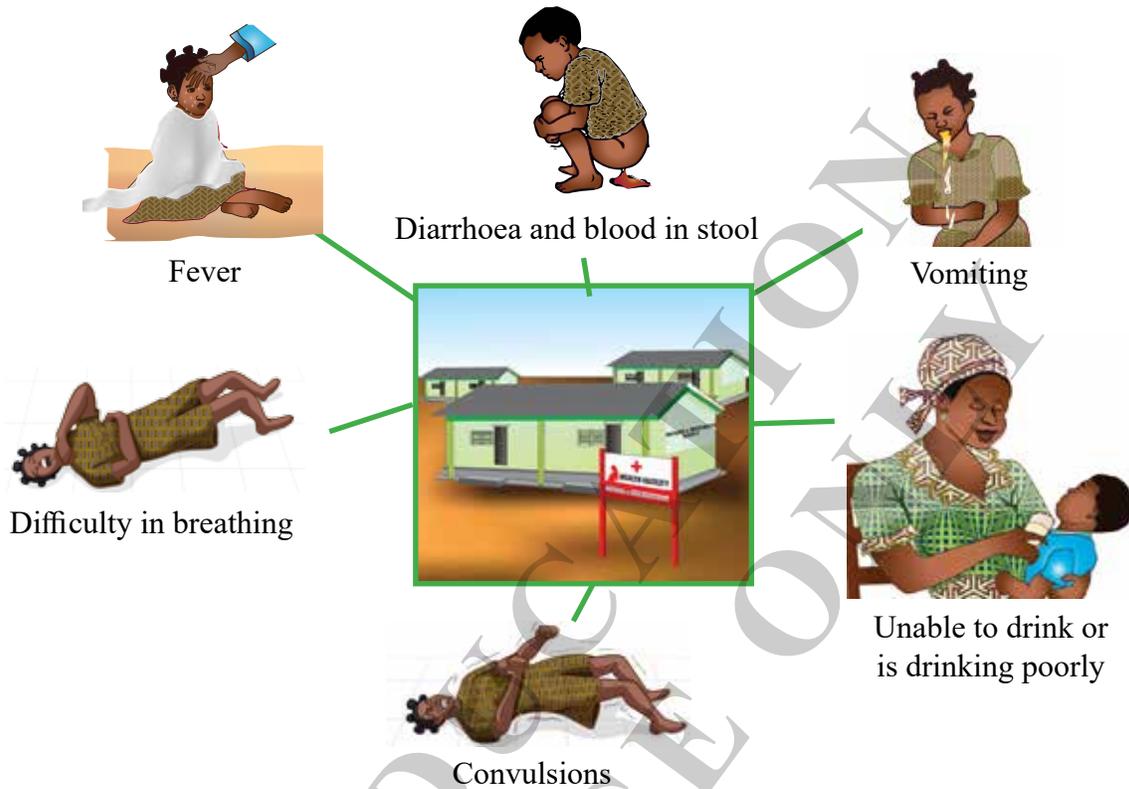


#### 5. How to take care of your child's teeth.

- If no teeth or teeth are emerging, clean the child's gums daily with warm moist cotton cloth.
- If teeth are emerging, clean teeth using soft moist cotton twice a day, in the morning and before bed.
- Teach your child to brush his / her own teeth from 3 years of age.
- Do not let your child eat sweet and sticky food.



## 6. Signs of serious illness in children.



Bring your child to the health facility immediately if any of the above signs occurs.  
Take your MCH Record Book along with you.

## 7. How to treat common childhood illnesses at home.

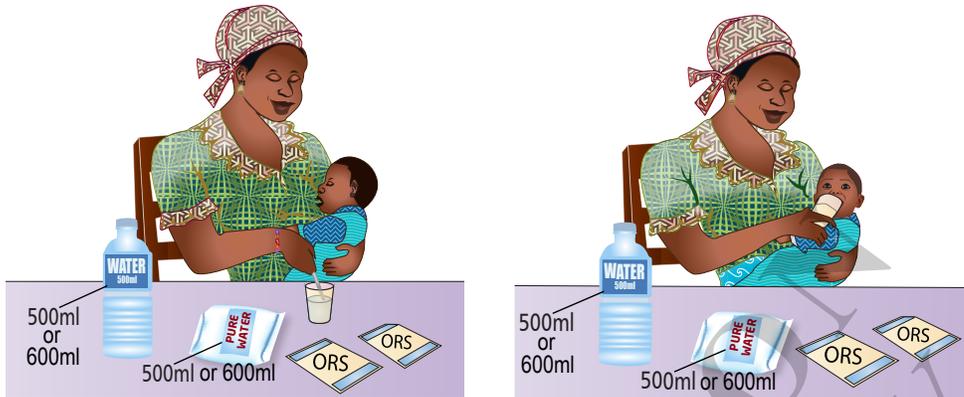
### Diarrhoea

- If your child is still breastfed, give breast milk more often.
- Give ORS each time the child has diarrhoea until it stops.
- Also give Zinc tablets for 10-14 days even if diarrhoea stops earlier.
- Your child should still eat as usual.
- Prevent your child from having diarrhoea by: making sure he / she drinks safe water and washes hands with soap before eating and after defecating.



### How to prepare ORS (Oral Rehydration Salts) and Zinc

1. Pour one sachet of ORS into a bowl
2. Add 500ml or 600ml of water depending on manufacturer's instructions and mix well.
3. Give ORS to the child slowly
4. You may give clean or safe water, rice water, porridge, mashed kenkey or coconut juice in addition to ORS.



- Use Zinc tablets in addition to treatment for diarrhoea at home. Dissolve the Zinc tablets with a little clean water, ORS or breastmilk in case the child is still breastfeeding.
- Proceed to the health facility if diarrhoea persists.

Age	How much Zinc to give	Time Period
2 - 6 Months	10 mg	14 days
7 Months – 5 Years	20 mg	14 days

## Fever

- If your child is able to take breast milk, give the breast milk more often and express it if necessary.
- Give more fluids such as water and fresh juice than usual.
- Do not dress your child in heavy clothing.
- Sponge your child with water at room temperature, give paracetamol if available, and go to the health facility.



## Malaria Prevention

- Prevent malaria by sleeping with your child under a long lasting insecticide treated net every night.
- If your child has any of these signs: fever, vomiting, dark urine, difficulty to wake up or convulsing, go to the nearest health facility immediately.



## Treatment for malaria Artesunate Amodiaquin (AS-AQ)

Weight range (Approximate age range)	Product	1st day of treatment	2nd day of treatment	3rd day of treatment
4.5kg to 9kg (Under 1 year)	AS-AQ 25mg/67.5mg blister of 3 tablets	1 Tablet 	1 Tablet 	1 Tablet 
9kg to 18kg (1 to 5 years)	AS-AQ 50mg/135mg blister of 3 tablets	1 Tablet 	1 Tablet 	1 Tablet 

\*Note: The health care provider may also provide alternative if the above regimen does not work.

## Sickle Cell Disease

Sickle Cell Disease is the most common blood disease that children can inherit from their parents.

Signs and symptoms include:

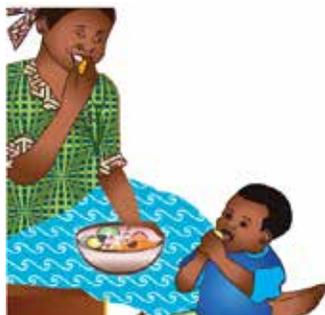
- Yellow eyes, mouth, palms, and other parts of the body.
- Painful, Swelling of the hands and feet.
- Easily fall sick.
- Enlargement of the abdomen.
- Frequent shortage of blood.

To find out if your child has sickle cell disease, take him / her to the health facility for laboratory tests as soon as possible.

\*Note: Children with Sickle Cell Disease easily get malaria, Pnuemonea and other infections, so they should be protected.

## Here are some tips on the care for a child with sickle cell disease:

1. Give breast milk only for the first 6 months of life for protection against infections.
2. After 6 months, give the child other foods in addition to breast milk until he / she is at least 2 years old.
3. Protect the child from cold weather.
4. Let the child sleep under a long lasting insecticide treated net every night.
5. Give the child daily folic acid and other medicines prescribed by health care providers.
6. Do not give iron tablets / syrup except when prescribed by health care providers.
7. Give the child a lot of fluids to drink.
8. Always use warm water to bathe the child.
9. Keep all appointments with health care providers even if the child is well.







# Weight-for-age BOYS

Birth to 5 years (z-scores)

9-12 months:

Walk holding onto support  
up while lying on his belly



18-24 months

Scribble with a pen

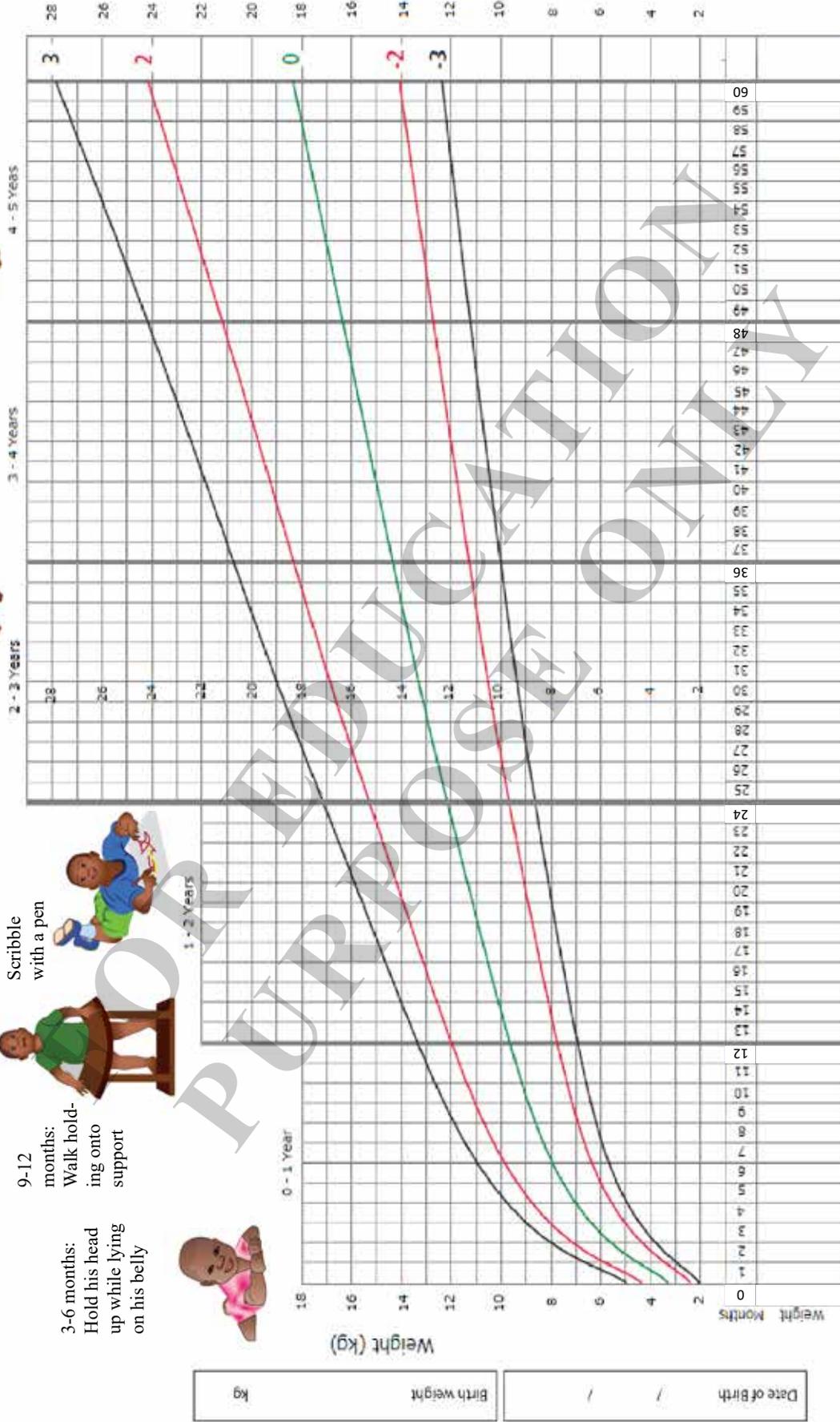


1 - 2 Years

2-3 years: Stand on one leg without support



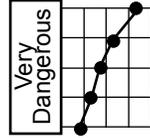
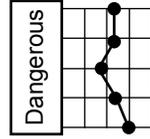
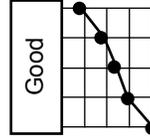
Take off his own cloths



Date of Birth: / /

Birth weight: kg

Age (completed months)

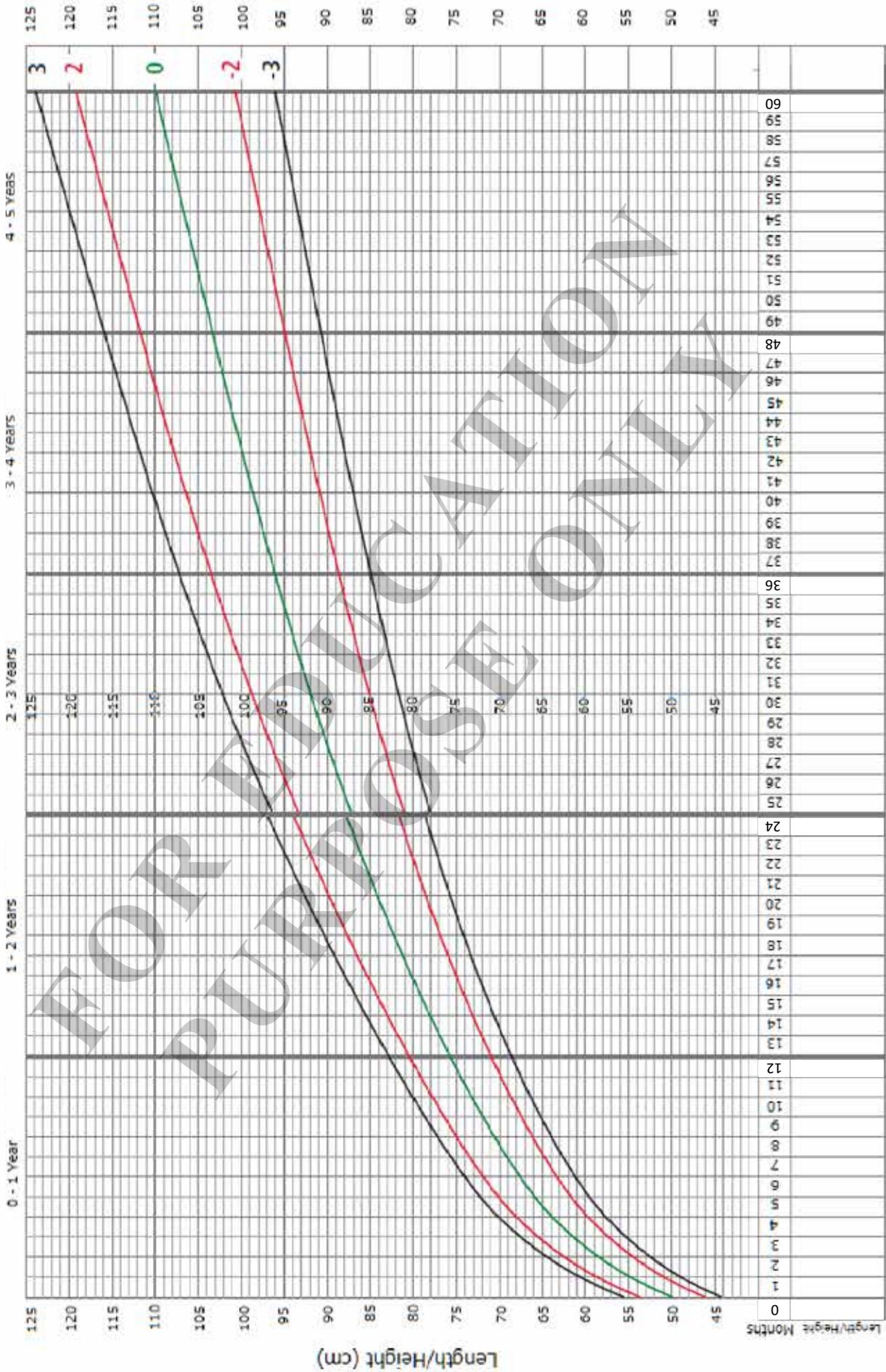


WHO Child Growth Standards

# Length/height-for-age BOYS

Birth to 5 years (z-scores)

Date of Birth / / Birth Length cm



WHO Child Growth Standards

Age (completed months)

# Weight-for-age GIRLS

Birth to 5 years (z-scores)

9-12

months: Walk holding onto support



18-24 months: Scribble with a pen



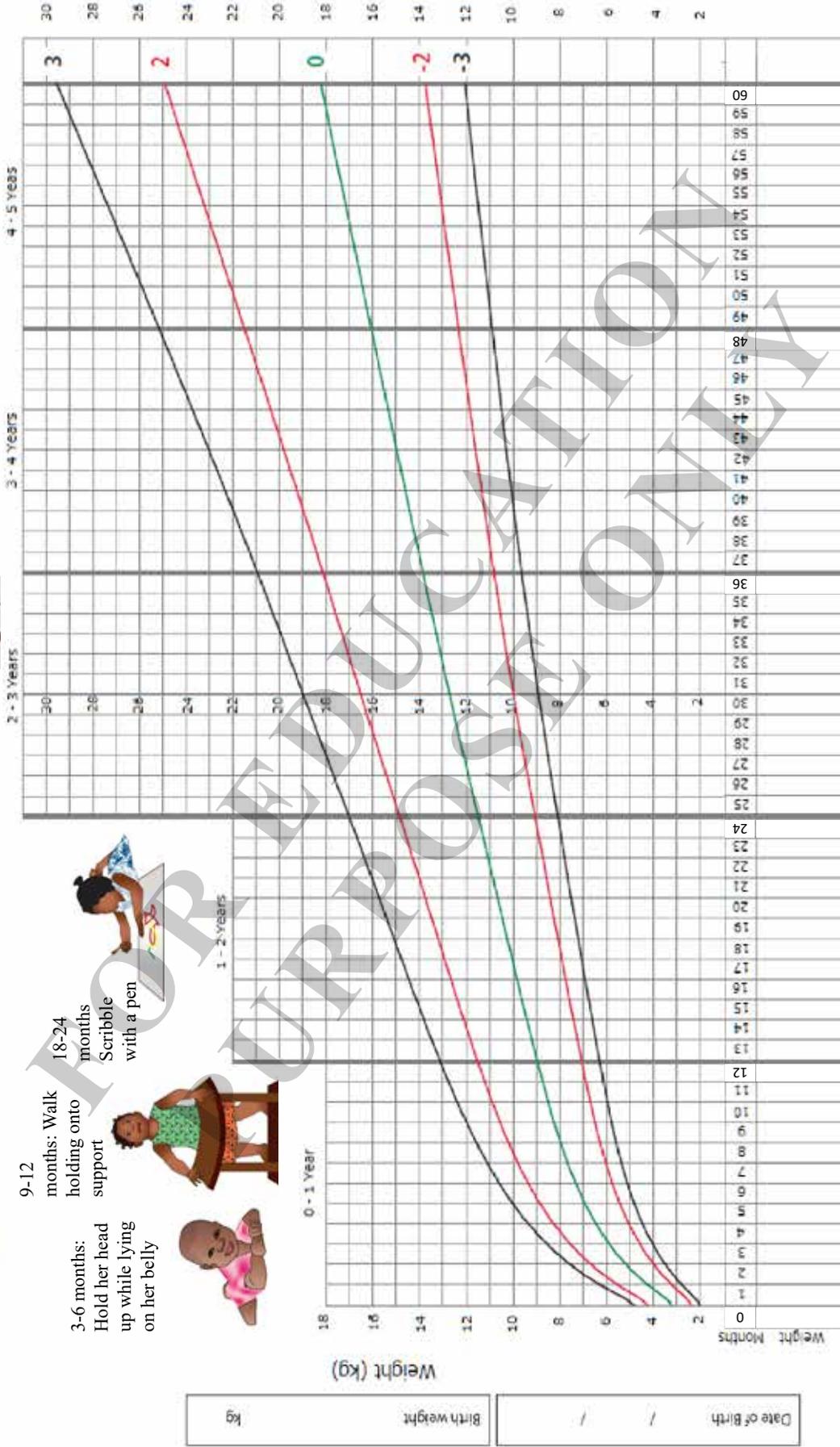
3-6 months: Hold her head up while lying on her belly



2-3 years: Stand on one leg without support

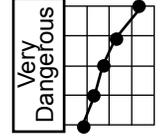
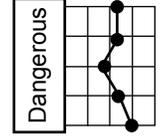
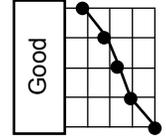


Take off her own clothes



Date of Birth: / / Birth weight: Kg

Age (completed months)

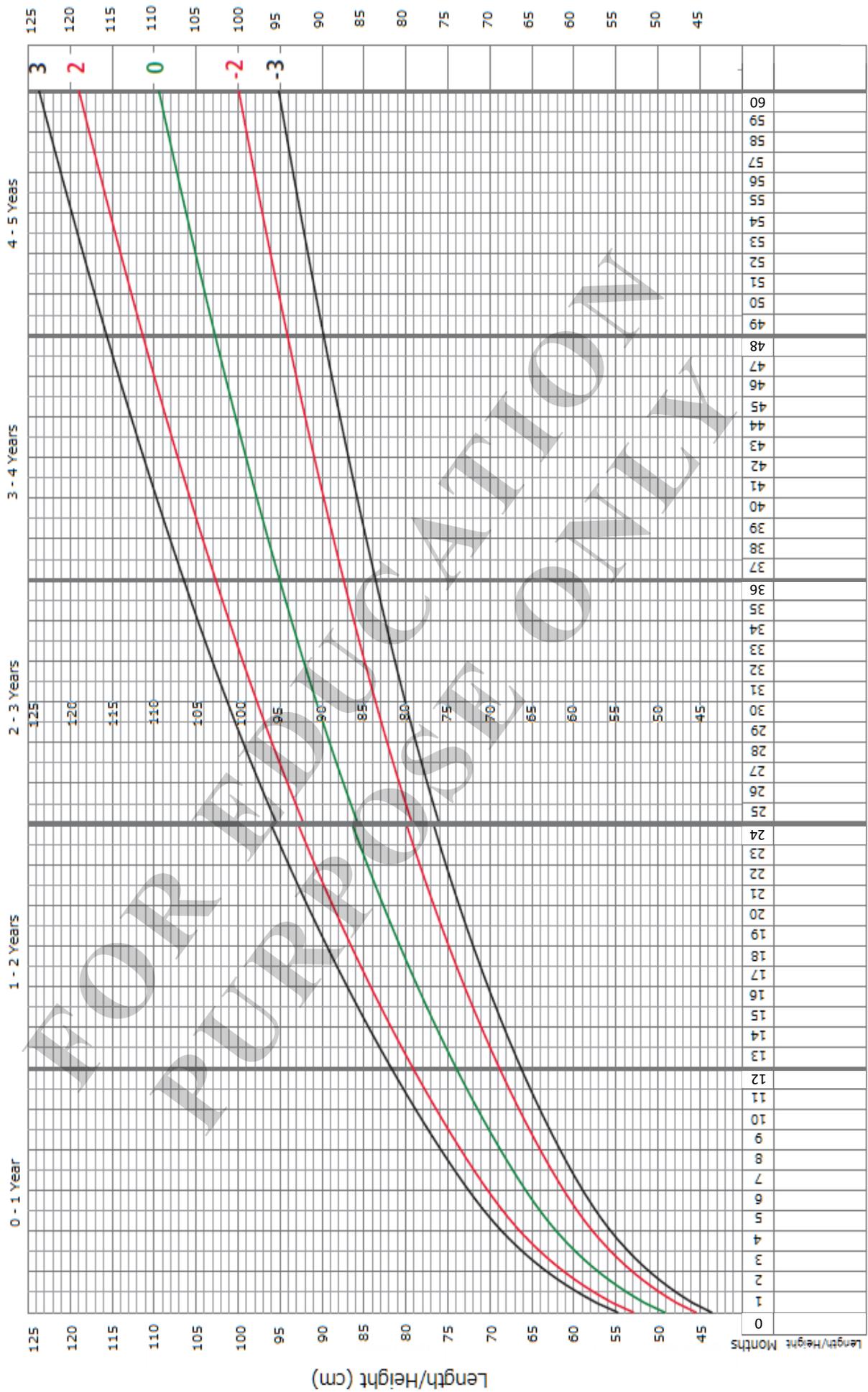


WHO Child Growth Standards

# Length/height-for-age GIRLS

Birth to 5 years (z-scores)

Date of Birth / / Birth Length cm



WHO Child Growth Standards

Age (completed months)

### Nutrition Counseling Table

Date	Assessment of Growth				Analysis List Identified Gaps in Feeding and Care	Action Recommended Actions (Doable options agreed with Client)	Remarks (Additional notes on Assessment, Analysis and Actions)	Name & Signature
	Weight (kg) Z-score*	Height (cm) Z-score*	Interpretation of Chart or Curve	Recent History of Illness				
/ /								
/ /								
/ /								
/ /								
/ /								
/ /								

\* Mark in red if Z-score of plotted point (weight or height) is below - 2.

Nutrition counseling should be conducted at 6weeks, 14weeks (3months), 6months, 9months, 12months, 18months and 24months.

## Nutrition Counseling Table

Date	Assessment of Growth						Analysis List Identified Gaps in Feeding and Care	Action Recommended Actions agreed with Client	Remarks (Additional notes on Assessment, Analysis and Actions)	Name & Signature
	Weight (kg) Z-score*	Height (cm) Z-score*	Interpretation of Chart or Curve	Recent History of Illness	Recent History of Feeding					
/ /										
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/ /										

\* Mark in red if Z-score of plotted point (weight or height) is below - 2.

Nutrition counseling should be conducted at 6weeks, 14weeks (3months), 6months, 9months, 12months, 18months and 24months.

### Immunization and Vitamin A Supplementation

Age	Vaccine	Date Given	Batch Number	Place Given	Name & Signature	Date of Next Visit
At Birth	BCG	/ /	V: D:			/ /
	OPV 0	/ /	V:			/ /
	Hepatitis B	/ /	V:			/ /
6 Weeks	OPV 1	/ /	V:			/ /
	DPT/ Hep B/ Hib 1	/ /	V:			/ /
	Pneumococcal 1	/ /	V:			/ /
10 Weeks	Rotavirus 1	/ /	V:			/ /
	OPV 2	/ /	V:			/ /
	DPT/ Hep B/ Hib 2	/ /	V:			/ /
14 Weeks	Pneumococcal 2	/ /	V:			/ /
	Rotavirus 2	/ /	V:			/ /
	OPV 3	/ /	V:			/ /
9 Months	DPT/ Hep B/ Hib 3	/ /	V:			/ /
	Pneumococcal 3	/ /	V:			/ /
	IPV	/ /	V:			/ /
18 Months	Measles-Rubella 1	/ /	V: D:			/ /
	Yellow Fever	/ /	V: D:			/ /
	Measles-Rubella 2	/ /	V: D:			/ /
18 Months	Meningitis A	/ /	V: D:			/ /
	LLIN	/ /				/ /

DPT; Diphtheria, Pertussis, and Tetanus / Hib; Haemophilus Influenza b / IPV; Inactivated Polio Vaccine

V; Vaccine Batch Number / D; Diluent Batch Number

Other Vaccines	
Age	
Vaccine	
Date Given	/ / /
Batch Number	V: / / / D: / / /
Place Given	
Name & Signature	

Vitamin A Supplementation					
Age	6 Months (VA1)	1 Year (VA2)	1 Year 6 Months (VA3)	2 Years (VA4)	2 Years 6 Months (VA5)
Date Given	/ /	/ /	/ /	/ /	/ /
Age	3 Years (VA6)	3 Years 6 Months (VA7)	4 Years (VA8)	4 Years 6 Months (VA9)	5 Years (VA10)
Date Given	/ /	/ /	/ /	/ /	/ /

Deworming							
Deworming: Give after 2 Years							
Age	2 Years	2 Years 6 Months	3 Years	3 Years 6 Months	4 Years	4 Years 6 Months	5 Years
Date Given	/ /	/ /	/ /	/ /	/ /	/ /	/ /

**Baby and Child Health Records**

**Progress Notes for Child**

FOR EDUCATION  
PURPOSE ONLY

**Baby and Child Health Records**

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FOR EDUCATION  
PURPOSE ONLY

## N. Look Out for These Signs

Your child might have a problem in these areas. If your child shows any of the following behaviors / signs, take him / her to the health facility immediately.

### Hearing – If your child:

- Does not turn toward the source of new sounds or voices at the age of 6 months.
- Has frequent ear infection. (discharge from ear, earache)
- Does not respond when you call unless he / she can see you at the age of 12 months.
- Does not talk or talks strangely at the age of 18 months.

### Seeing – If your child:

- Has red or discharging eyes.
- Has a cloudy appearance of the eyes.
- Frequently rubs eyes and says they hurt.
- Often bumps into things while moving around.
- Holds head in an awkward position when trying to look at something.
- Has eyes which sometimes or always look in different directions.
- Has a white spot in the eye.

### How to protect your child from home accidents.

- Keep dangerous things out of your child's reach such as: knives, drugs, insecticide, poison, kerosene, detergent, and alcohol.
- Do not let your child play near hot things such as: stove, iron, and hot water.
- Do not let your child play with an electric cord.
- Watch your child when he/she is playing. Do not let him/her play near wells, ponds, rivers, streams or highways.
- Please keep coins, marbles, beads, seeds and other small objects out of reach of children.



## O. Stages of Growth (Developmental Milestones)

Life's early years have a profound impact on a child's future. When loved, nourished and cared for in safe and stimulating environments, children develop their skills.

- Give your child affection and show your love.
- Be aware of your child's interests and respond to them.
- Praise your child for trying to learn new skills.

If your child can not do the following at the corresponding age, take him/her to the health facility.



Developmental Milestones	Recommendations for Child Care
<p><b>At the age of 1 month</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stare at his / her mother</li> <li><input type="checkbox"/> Utter small sounds</li> <li><input type="checkbox"/> Smile</li> </ul> 	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Provide ways for your child to see, hear, feel, move freely, and touch you.</li> <li>• Smile and laugh with your child. Talk to your child.</li> </ul> 
<p><b>At the age of 3 months</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Support his / her head upward while lying on his/ her belly</li> <li><input type="checkbox"/> Laugh</li> <li><input type="checkbox"/> Move head to left and right side</li> </ul>	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Give your child clean, safe object like toys to handle, bang, and drop.</li> <li>• Respond to your child's sounds and interests. Tell your child the names of things and people.</li> </ul> 
<p><b>At the age of 6 months</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Imitate sounds</li> <li><input type="checkbox"/> Reach the nearest object</li> <li><input type="checkbox"/> Roll over on its own</li> <li><input type="checkbox"/> Turn his / her head to follow a sound</li> </ul> 	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Ask your child simple questions. Respond to your child's attempts to talk.</li> </ul> 
<p><b>At the age of 9 months</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sit on unsupported</li> <li><input type="checkbox"/> Say ma..ma..ma., da..da..da..</li> <li><input type="checkbox"/> Enjoy playing alone and clapping hands</li> <li><input type="checkbox"/> Hold a biscuit</li> </ul>	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Help your child count, name and compare things.</li> <li>• Teach your child stories, songs and games.</li> </ul> 
<p><b>At the age of 12 months</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pinch a small object</li> <li><input type="checkbox"/> Imitate simple words, papa, mama</li> <li><input type="checkbox"/> Stand and walk while holding on</li> </ul> 	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Help your child count, name and compare things.</li> <li>• Teach your child stories, songs and games.</li> </ul> 
<p><b>At the age of 2 years</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Point and identify body parts</li> <li><input type="checkbox"/> Climb a ladder and run</li> <li><input type="checkbox"/> Imitate chores such as sweeping the floor, moping</li> <li><input type="checkbox"/> Scribble things on paper</li> </ul>	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Help your child count, name and compare things.</li> <li>• Teach your child stories, songs and games.</li> </ul> 
<p><b>At the age of 3 years</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stand on one foot without holding on</li> <li><input type="checkbox"/> Talk in understandable words</li> <li><input type="checkbox"/> Identify colours and numbers</li> <li><input type="checkbox"/> Eat without assistance</li> <li><input type="checkbox"/> Throw a ball</li> </ul> 	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Help your child count, name and compare things.</li> <li>• Teach your child stories, songs and games.</li> </ul> 
<p><b>At the age of 5 years</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Jump</li> <li><input type="checkbox"/> Draw a person with three body parts (head, body, arm/legs)</li> <li><input type="checkbox"/> Describe his / her experiences</li> <li><input type="checkbox"/> Play together with others</li> <li><input type="checkbox"/> Answer simple questions</li> <li><input type="checkbox"/> Count to ten</li> <li><input type="checkbox"/> Wash and dry his / her hands. Put on his / her own clothes</li> </ul>	<p><b>Play &amp; Communicate</b></p> <ul style="list-style-type: none"> <li>• Help your child count, name and compare things.</li> <li>• Teach your child stories, songs and games.</li> </ul> 





# Maternal and Child Health CoC Card

ANC 1	ANC 2	ANC 3	ANC 4	ANC 5	ANC 6	ANC 7	ANC 8	Skilled Delivery
By 12 weeks								Facility Delivery
Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of delivery / /
								
Mother ★	Mother ★	Mother ★	Mother ★	Mother ★	Mother ★	Mother ★	Mother ★	Mother ★
								Child ★

## Essential Services

Malaria Drug 	IPT1 ★	IPT2 ★	IPT3 ★	IPT4 ★	IPT 5 ★
Tetanus diphtheria 	Td1 ★	Td2 ★	Td3 ★	Td4 ★	Td5 ★
Blood Test 	Hb1 ★		Hb2 ★		Hb3 ★
HIV Antibody 	Test1 ★				Test2 ★

## Immunization



## Vitamin A



## Health Education

Importance of CoC ★	Nutrition Counselling ★	Danger Sign during Pregnancy ★	Preparation for Delivery ★	Breastfeeding within 30 mins ★
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PNC1 by 48 hours (by 2 days)	PNC2 at 7 days	PNC3 at 6 weeks	CWC at 14 weeks	CWC at 6 months	CWC at 18 months	CWC at 24 months
Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /	Date of Visit / /
						
Mother ★	Mother ★	Mother ★				
Child ★	Child ★	Child ★	Child ★	Child ★	Child ★	Child ★

## Essential Services for Child

At Birth ★		6 weeks ★	10 weeks ★	14 weeks ★		9 months ★	18 months ★	
					6 months ★	12 months ★	18 months ★	24 months ★

**\*Note:** Take your child for CWC every month till the age of 1 year. Continue visiting CWC every 3 months from 1 to 2 years and every 6 months from 2 to 5 years.

Exclusive Breastfeeding ★	Family Planning ★	General Child Care and illness ★	Child Growth Monitoring ★	Complementary Feeding ★	Domestic Safety ★
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\*Acknowledgement: CoC card has been developed through Ghana EMBRACE Implementation Research Project (2012 - 2016)

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