



FAMILY INFORMATION

	Mother	Father		
Name	_____	_____		
Native/Ethnic Name	_____	_____		
Blood Type	_____	_____		
Religion	_____	_____		
Educational Attainment	_____	_____		
Occupation	_____	_____		
Nationality/Tribe	_____	_____		
Age at Marriage	_____	_____		
Place of Marriage	_____			
Number of Live Children	_____			
Address:	_____			
	(House No.	Street	Purok	Barangay

	Municipality/City/Province)			
Contact Number(s):	_____		_____	
Source of household water:	_____			
Type of toilet used:	_____			

NOTE: Keep this book and always bring it with you when you visit the health center or hospital or clinic for any maternal or child health services or consultation.



MOTHER'S RECORD

PAST AND PRESENT ILLNESS/HEALTH PROBLEMS

INSTRUCTION: This is to be accomplished by the mother/pregnant woman with the assistance of the health worker. Please put a check (✓) on the appropriate column.

Health Problem/Illness/Unhealthy Lifestyle	Past	Present
Tuberculosis		
Heart Diseases		
Diabetes (high blood sugar)		
Hypertension (Blood Pressure of 140/90 & over)		
Bronchial Asthma		
Urinary tract infection		
Hepatitis		
Measles/ <i>Kamoras</i>		
Chicken Pox/ <i>Toku</i>		
Rubella/German Measles		
Malaria		
Parasitism/ <i>Bulate</i>		
Goiter		
Tooth decay/gum disease		
Others: Anemia, Edema, etc (specify)		
Medications taken (Specify)		
Previous operations/surgery (Specify)		
Smoking		



PAST AND PRESENT ILLNESS/HEALTH PROBLEMS
(Continuation)

Health Problem/Illness/Unhealthy Lifestyle	Past	Present
Alcohol Intake		
Substance abuse (i.e. shabu, marijuana, etc.)		
No exercise/lack of physical activity		
Poor Nutrition		
Exposure to chemicals like pesticides, lead, mercury, cyanide, merthiolate, etc. (Specify)		

PREVIOUS PREGNANCIES

INSTRUCTION: This is to be accomplished by the pregnant woman with the assistance of the health worker. Write (Y) for Yes if applicable and (N) for No if not.

	No. of Pregnancies						
	1	2	3	4	5	6	7 & above
Type of Delivery:							
- Normal							
- Forceps Delivery							
- Cesarean Section (CS)							
Multiple Births (Y/N) (If yes, specify if twins, triplets, etc.)							
Miscarriage/Abortion (Y/N)							
Stillbirth (Y/N)							
Bleeding during pregnancy (Y/N)							
Profuse* Bleeding after delivery (Y/N)							

*Profuse bleeding – more than 500cc of blood or pads soaked and changed more than once in an hour



PRESENT PREGNANCY

INSTRUCTION: This is to be accomplished by the pregnant woman with the assistance of the health worker during the first visit/ prenatal check-up.

Age: (in years) :	_____
Height of mother (in cm.):	_____
Last Menstrual Period:	_____
Duration of last Menstruation:	_____
Expected Date of Delivery:	_____
Order of Present Pregnancy:	_____
	(1 st , 2 nd , 3 rd , etc)
OB Score: G ____ P ____ (____)	(1) (2) (3) (4)
G	= # of pregnancies
P	= # of deliveries including still births, pre-term deliveries
(1)	= # of term deliveries
(2)	= # of pre-term births
(3)	= # of abortions
(4)	= # of live children

FINDINGS DURING PRENATAL EXAMINATIONS

INSTRUCTION: This is to be accomplished by the health worker during every visit of the pregnant woman.



	Months of Pregnancy															
	1 st Trimester			2 nd Trimester			3 rd Trimester									
	1 st mo.	2 nd mo.	3 rd mo.	4 th mo.	5 th mo.	6 th mo.	7 th mo.	8 th mo.	9 th mo.							
Date of Prenatal visit																
Weight (kg.)																
Blood pressure																
Temperature (°C)																
Height of fundus (in cms)																
Fetal Heartbeat per minute																
Fetal Movement (Y/N)																

FINDINGS DURING PRENATAL EXAMINATIONS (continuation)



	Months of Pregnancy											
	1 st Trimester			2 nd Trimester			3 rd Trimester					
	1 st mo.	2 nd mo.	3 rd mo.	4 th mo.	5 th mo.	6 th mo.	7 th mo.	8 th mo.	9 th mo.			
Presentation of the baby:												
- Shoulder												
- Buttocks/Breech												
- Footling/Hand												
- Head												
Laboratory test results:												
- hemoglobin												
- urinalysis												
- others: HIV, HepB, Syphilis screening, etc. (Specify)												

FINDINGS DURING PRENATAL EXAMINATIONS (continuation)



	Months of Pregnancy															
	1 st Trimester			2 nd Trimester			3 rd Trimester			3 rd Trimester						
	1 st mo.	2 nd mo.	3 rd mo.	4 th mo.	5 th mo.	6 th mo.	7 th mo.	8 th mo.	9 th mo.							
Pallor or anemia (Y/N)																
Swelling of face and hands (Y/N)																
Difficult or fast breathing (Y/N)																
Blurring of vision (Y/N)																
Severe dizziness (Y/N)																
Severe headache (Y/N)																
Severe vomiting (Y/N)																
Severe abdominal pain (Y/N)																

FINDINGS DURING PRENATAL EXAMINATIONS (continuation)



FAMILY HEALTH DIARY

	Months of Pregnancy																
	1 st Trimester			2 nd Trimester			3 rd Trimester										
	1 st mo.	2 nd mo.	3 rd mo.	4 th mo.	5 th mo.	6 th mo.	7 th mo.	8 th mo.	9 th mo.								
Vaginal bleeding or spotting (Y/N)																	
Vaginal infection/problems (Y/N):																	
- itching																	
- discharge																	
- others (specify)																	
Painful urination (Y/N)																	
Convulsions or loss of consciousness (Y/N)																	



MATERNAL IMMUNIZATION RECORD

INSTRUCTION: This is to be accomplished by the health worker.

Tetanus Toxoid Immunization	Date Given	When to Return	Remarks
1 st dose – as early as possible during pregnancy			
2 nd dose – after 4 weeks			
3 rd dose – after 6 months			
4 th dose – after 1 year			
5 th dose – after 1 year			



NOTE: Complete the five doses to ensure lifetime protection against tetanus for the mother. This will also protect the baby in the womb (and future babies) against neonatal tetanus.



OTHER PROBLEMS IDENTIFIED + ACTIONS TAKEN

INSTRUCTION: This is to be accomplished by the health worker.



FAMILY HEALTH DIARY

Months of Pregnancy	Date of Visit	Health Problems	Actions Taken
First Trimester			
1 st Month			
2 nd Month			
3 rd Month			
Second Trimester			
4 th Month			
5 th Month			
6 th Month			
Third Trimester			
7 th Month			
8 th Month			
9 th Month			



OTHER PRENATAL HEALTH SERVICES

INSTRUCTION: Put a check (✓) if done.

	Months of Pregnancy									Remarks/ Findings
	1 st trimester			2 nd trimester			3 rd trimester			
	1 st mo.	2 nd mo.	3 rd mo.	4 th mo.	5 th mo.	6 th mo.	7 th mo.	8 th mo.	9 th mo.	
Date										
Vitamin A, 10,000 I.U. capsule (1 cap 2x a wk starting on the 4 th month until delivery to consume 45 capsules)										
Iron folate 60mg/400mcg tablets (given once a day as soon as pregnancy is detected, to consume 48 tabs)										
Deworming - Mebendazole 500mg tablet/ Albendazole 400mg tablet (given at 6 th month onwards)										
Oral Health Check-up (at least twice during the whole duration of pregnancy)										
Breast examination (first and third trimester)										
Sputum examination (if with signs & symptoms of TB)										
Other examinations done(Specify)										



FAMILY HEALTH DIARY



OTHER PRENATAL HEALTH SERVICES (Continuation)

	Months of Pregnancy									Remarks/ Findings
	1 st trimester			2 nd trimester			3 rd trimester			
	1 st mo.	2 nd mo.	3 rd mo.	4 th mo.	5 th mo.	6 th mo.	7 th mo.	8 th mo.	9 th mo.	
Counseling/Health Education on:										
■ newborn screening										
■ breastfeeding										
■ proper nutrition										
■ family planning										
■ proper personal hygiene and self care										
■ discomforts in pregnancy										
■ reduced work load										
■ exercise										
■ Avoidance of cigarette smoke, alcohol intake, substance abuse, others (specify)										
Other interventions (if any). Describe										
Date of next visit										



BIRTH AND EMERGENCY PLAN

INSTRUCTION: This is to be accomplished by the mother and the husband/partner with the assistance of the health worker and/or community health teams.

Attendant during delivery: _____
Name of doctor/nurse/midwife

Place of delivery: _____
Name of hospital/health center/clinic

Estimated cost of the maternity package in the mentioned facility:
 P _____ (inclusive of newborn care)

Mode of payment (Pls. check what applies):
 Cash PhilHealth/PHIC
 Other financing scheme, specify _____

Amount to be saved daily/weekly/monthly (in case of emergency and/or in the absence of insurance coverage for the cost of delivery & newborn care) : _____

Available transport to be used: _____

Person(s) who will bring/accompany pregnant woman to the hospital/health center/clinic: _____

Person(s) to care for/look after the other children while mother is in the health facility:
 _____, _____
Name Name



BIRTH AND EMERGENCY PLAN

Possible donors to be contacted in case of blood transfusion:

1. _____
Name *Tel.no/CP no.*

Adress

2. _____
Name *Tel.no/CP no.*

Adress

3. _____
Name *Tel.no/CP no.*

Adress

In case of complications, referral will be made right away to:

Contact person: _____

Address: _____

Tel. No.: _____

Name of Hospital: _____

Address: _____

Tel. No.: _____

- **All pregnancies are at risk.**
- **Complications are unpredictable and can develop anytime during delivery.**
- **All pregnant women must deliver in a hospital/health center/ birthing clinic and attended to by a skilled birth attendant (doctor, nurse, midwife).**



LABOR AND DELIVERY

Start of labor pains: time: _____ date: _____
Pregnancy outcome (pls check): alive: _____ stillbirth: _____
Age of gestation at delivery: _____ (Indicate estimated age in weeks)
Preterm _____ Full term _____ Post term _____
Date of delivery: _____ Time of delivery: _____
Type of delivery: _____ Place of delivery: _____
Attended by: _____
<i>Name of physician/nurse/midwife</i>

OBSERVATION OF THE BABY AFTER DELIVERY

INSTRUCTION: Write (Y) for yes if observed and (N) if not observed. if N, please indicate actions done.

	Observation	Action Taken
Spontaneously cried out		
Did not cry at once		
Body, hands and feet are pink		
Body, hands and feet are blue		
Strong body movements		
Weak/no movement		
Normal breathing		
Abnormal breathing/not breathing		
APGAR score at 1 and 5 minutes (Indicate score)		
Other observations: cord loop, cord prolapse, birthmarks, etc. (specify)		



INSTRUCTION: Please indicate date when given or done.

	24hours/ 48 hours	1 week	2 - 4 weeks	4 - 8 weeks	Beyond 8 weeks	Remarks
Vitamin A 200,000 IU capsule (within 1 month after delivery, preferably during the 1st wk. after delivery)						
Iron/ Folate tablet,(60mg/400mcg, one tablet daily for 3 months)						
Deworming: Mebendazole 500mg/ Albendazole 400mg tablet (if not given w/in the last 6 mos)						
Perineal care						
Information and Action on:						
- Excessive vaginal bleeding (more than 500 cc of blood)						
- Foul smelling vaginal discharge						
- Fever (39 degrees and above)						
- Pallor						

ESSENTIAL POSTPARTUM CARE, SERVICES, AND COUNSELING (Continuation)



Information and Action on:	24hours/ 48 hours	1 week	2 - 4 weeks	4 - 8 weeks	Beyond 8 weeks	Remarks
- Care of breast						
- Breast problems (i.e. engorgement, sore/ cracked nipples)						
- Exclusive breastfeeding						
- Good positioning & proper attachment in breastfeeding						
- Proper diet						
- Personal hygiene (bathing daily, douche, changing sanitary napkins, etc)						
- Proper cord care						
- Routine baby care						
- Postpartum depression						
- Immunization for baby						
- Family planning						



FAMILY HEALTH DIARY



FAMILY PLANNING RECORD

INSTRUCTION *This is to be accomplished by the woman/mother and husband/partner with the assistance of the health worker.*

Date of scheduled follow-up	Date of Actual Visit	Preferred FP Method		Quantity Given	Remarks
		Natural	Artificial		



PARENTS' REFLECTIONS

INSTRUCTION: *This is to be filled up by both mother and father. Write down thoughts and feelings/emotions on the experience throughout pregnancy, labor, and delivery and the postpartum period. Information herein will be useful for health workers and community health teams in responding to concerns expressed during the various obstetric events.*

MOTHER'S REFLECTIONS	
A. Pregnancy:	_____

B. Labor:	_____

C. Delivery:	_____

D. Post Partum/After Delivery:	_____



PARENTS' REFLECTIONS

INSTRUCTION: *This is to be filled up by both mother and father. Write down thoughts and feelings/emotions on the experience throughout pregnancy, labor, and delivery and the postpartum period. Information herein will be useful for health workers and community health teams in responding to concerns expressed during the various obstetric events.*

FATHER'S REFLECTIONS	
A. Pregnancy:	_____

B. Labor:	_____

C. Delivery:	_____

D. Post Partum/After Delivery:	_____



CHILD'S RECORD

Details of Birth

Name: _____

Nickname/Ethnic Name: _____

Sex _____ Blood Type _____ Birth Weight (kg) _____ Length (cm) _____

Attendant at birth: _____

Head circumference (cm): _____ Chest circumference (cm): _____

APGAR Score at 1 minute: _____ At 5 minutes: _____

Date of birth registration _____ Place of registration _____

Date of Newborn Screening _____ Name of Hospital/Clinic _____

Result: _____

IMMEDIATE NEWBORN CARE

INSTRUCTION: This is to be accomplished by the health worker. Write (Y) for Yes if done and (N) for No.

	Done	Remarks
Cleaning of airways (mouth, nose)		
Resuscitation		
Thorough Physical Examination		
Cord dressing		
Baby wiped, dried and wrapped		
Anal Temperature (write temp. reading)		
Crede's eye prophylaxis (i.e. Tetracycline)		
Vit. K injection		
Foot printing		
Breastfeeding initiated within 30 min. (If not initiated within 30 minutes, put exact time in "Remarks" column)		



CHILD IMMUNIZATION

INSTRUCTION: Please put the date when immunization is given.

Immunization	At birth	6 wks	10 wks	14 wks	9 mos.	>12 mos.	Remarks
BCG (to be given w/n 24 hrs after birth)							
Hep B (1 st dose to be given w/n 24 hrs after birth)							
DPT							
OPV							
A M V (Measles)							
O t h e r vaccines (specify)							

NOTE: A Fully Immunized Child is a child who has received 1dose of BCG, 3 doses of Oral Polio Vaccine, DPT and Hep B & 1 dose of measles before reaching the age of 1 year.



VIT. A SUPPLEMENTATION AND DEWORMING

INSTRUCTION: To be filled up by mother or father or health worker. Please indicate date when dose is given.

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Vit.A												
Deworming												



DENTAL CHECKUP RECORD

INSTRUCTION: To be filled up by the dentist.

Date of Visit to Dentist	Service(s) Done



OTHER PROBLEMS IDENTIFIED AND ACTIONS TAKEN

INSTRUCTION: To be filled up by mother or father or health worker.

Date	Problem	Actions Taken



*Note: This page will be for the
Growth Monitoring Chart for Boys*



*Note: This page will be for the
Growth Monitoring Chart for Girls*



KEY HEALTH MESSAGES AND HELPFUL TIPS FOR THE FAMILY

Things that the Pregnant Woman & Family Should Remember During Pregnancy:

- Have at least 4 prenatal check up with a health worker(1 during the first three months,1 within the 4th to 6th months , one during the 8th and one on the 9th month). Whenever possible, the pregnant woman should be accompanied by husband/partner during these visits to the health worker.
- Eat foods that are rich in protein, iron and calcium such as dark green leafy yellow vegetables, milk and fish
- Use iodized salt daily.
- Practice oral and personal hygiene. Visit the dentist every 6 months.
- Start breast care in preparation for breastfeeding.
- Do not resort to self medication because this can harm the mother and the baby.
- Make sure to receive tetanus toxoid immunization to protect the mother and the baby.
- Prepare for possible emergency (money, blood donor, transportation).
- Avoid exposure to chemicals(pesticides/ insecticides),cigarette smoke and avoid alcohol.
- If living in a malaria-endemic area, sleep inside an insecticide-treated mosquito net every night.





Things that the Pregnant Woman & Family Should Remember During Pregnancy: *(Continuation)*

- Keep surroundings clean and do the 4S against dengue (**S**earch and destroy mosquito breeding sites; **s**eek early consultation; **s**elf-protection; and **s**ay “no” to indiscriminate fogging)
- Dispose of wastes properly.
- Seek immediate consultation at the health facility if any of the following warning signs and symptoms of pregnancy is experienced:
 - Swelling of legs, hand, &/or face
 - Severe headache, dizziness, vomiting
 - Blurring of vision
 - Convulsions
 - Fast or difficult breathing
 - Severe abdominal pain
 - Pallor
 - Vaginal bleeding
 - Watery vaginal discharge
 - Painful urination
 - Fever and chills
 - Absence of/or reduced fetal movements (less than 10 kicks in 12 hours in the second half of the pregnancy)



DEVELOPMENT OF THE BABY IN THE MOTHER'S WOMB AND REMINDERS TO THE EXPECTANT WOMAN

0-4 weeks

- The baby has the beginnings of a brain, a simple spinal cord and marks where the face will be.
- The baby measures about 2mm in length.
- **Look at beautiful scenes and pictures.**
- **Avoid any medications or drugs that can affect the developing baby.**



4-8 weeks

- The heart begins to beat around six weeks, and all the other organs start to develop.
- Facial bones form, eyes and eye color develop, and fingers and toes appear.
- **Listen to sweet and soothing music.**
- **Eat foods rich in protein, calcium, iron, zinc and folate. What you will eat also provide nutrients for the baby. However, do not eat more than you should or you may gain excess weight.**



8-12 weeks

- Major organs are now formed. The head is large compared to the rest of the body to accommodate the growing brain.
- Chin, nose and eyelids have become defined.
- Baby floats in the amniotic fluid.
- Baby will be kicking gently.
- **Don't forget to take your iron with folic acid supplements daily.**
- **Take time to relax and have some fresh air.**





- **Avoid salty foods as this will cause swelling around your feet, ankles and fingers.**

12-16 weeks

- Baby's legs are longer than the arms.
- Lungs are developing and heartbeat can be heard by ultra sound.
- Baby has facial expressions, and eyebrows and eyelashes grow.
- Can turn head and open mouth.
- The hair coarsens and develops its color.
- **Consult a health worker right away if you have any health problem.**
- **Eat a well-balanced diet.**



16-20 weeks

- Movements more coordinated now, although growth has slowed a little.
- Baby can suck thumb and responds to the sound of its mother's voice.
- Taste buds develop and can differentiate between sweet and bitter flavors
- Fingerprints develop and body is covered with fine hair called *lanugo*.
- **Talk to the baby. Resolve to breastfeed the baby.**
- **Listen to/play beautiful music.**
- **Take regular light exercises.**



20-24 weeks

- Baby's body is still thin, but now in proportion with the head
- Bone centers are hardening.
- Genitals are developed, nostrils open, and baby makes breathing motions.
- Sleep pattern is developed.
- **Take a rest, as the baby would like to rest too.**





- **Talk to the baby at least 15 minutes daily. Let it feel your love for it.**
- **Listen to sweet and soothing music everyday.**

24-28 weeks

- Fat builds up under baby's skin, head hair grows, eyelids open and brain is more active.
- Can hear a lot now, including internal and external noises. Baby can recognize mother's voice and heartbeat will quicken when mother speaks.
- **Take care so baby will reach term.**
- **Reduce work load and start eating calorie-rich food.**



28-32 weeks

- Baby now perfectly formed.
- Can see light through the mother's abdominal wall and blinks.
- Moves around less as it puts on weight.
- Lungs are not fully mature yet but baby has a good chance of survival if born at this time.
- **Let the father touch your abdomen and to talk to the baby.**



36 weeks

- Baby is readying for birth by practicing breathing, sucking and swallowing.
- The fine downy hair on the body has gone.
- Intestines are filled with meconium (first bowel movement) which will be passed out in the first two days after birth.
- Baby's head has now dropped into mother's pelvis ready for birth.
- **Be sure that you are prepared for the baby's coming.**





THINGS TO PREPARE FOR BIRTH OF THE BABY

For the Mother	For the Baby
<ul style="list-style-type: none"> ▪ One or two sets of comfortable or loose dress with front opening ▪ Panties/bra ▪ Towel ▪ Comb ▪ Maternity sanitary napkins ▪ Cloth/cotton girdle (<i>bakget</i>) ▪ Shampoo/soap ▪ Toilet paper ▪ Toothbrush/toothpaste ▪ Slippers ▪ Family Health Diary ▪ PhilHealth Card/ money 	<ul style="list-style-type: none"> ▪ Baby blankets ▪ Baby clothes ▪ Diapers ▪ Bonnet ▪ Mittens or gloves ▪ Socks ▪ Mild baby soap ▪ Soft baby towel ▪ Mosquito net ▪ Wash cloths ▪ Safety pins ▪ <i>Eban or Oban (Blanket baby carrier)</i>

APGAR SCORING FOR NEWBORNS

A score is given for each sign and added at 1 minute and 5 minutes. If there are problems with the baby, an additional score is given at 10 minutes.

Sign	0 Point	1 Point	2 Points
A ctivity (muscle tone)	absent	arms and legs flexed	active movement
P ulse	absent	below 100 beats/min	above 100
G rimace (reflex irritability)	no response to stimulation	grimace/feeble cry when stimulated	sneeze, cough, pulls away
A ppearance (skin color)	blue-gray, pale all over	blue at extremities, body pink	pink all over
R espiration	absent	slow/weak or irregular	strong, good crying

Interpretation:

Scores 3 and below : critically low; requires immediate resuscitation
 4-6 : fairly low; might require some resuscitative measures
 7-10 : normal



ROUTINE BABY CARE

- Keep baby warm always through skin to skin contact with the infant held close to the mother's chest with a blanket or *eban/uban* covering the baby and tied around the neck of the mother (kangaroo carry).
- Exclusive breastfeeding (no other food or water/ fluids) up to six months of age. Breastfeed baby frequently and for longer periods.
- Sponge bath baby daily until the cord falls off, then give full bath
- Keep the baby away from smoke or other hazardous substances.
- Proper cord care:
 - Wash hands before and after cord care.
 - Wash cord only when soiled. If soiled, wash it with clean water, pat dry with clean cloth or allow it to air dry.
 - Do not apply talc, powder, medicine, merthiolate, iodine, betadine or anything to the cord stump.
 - Keep stump loosely covered with clean clothes. Do not put bandage on stump or abdomen.
 - Do not pull the stump. The cord will come off by itself after 6-7 days.
- Seek immediate consultation at the health facility if:
 - Baby refuses to feed
 - Baby has a foul smelling discharge from the cord or bleeding from the stump or umbilical redness extending to skin
 - Baby feels hot when touched
 - Baby has convulsions
 - Baby is floppy or stiff





NEWBORN SCREENING

- Newborn screening is an essential service to find out if a baby has a hereditary metabolic disorder that, if left untreated, may lead to mental retardation or even death.
- It is done by pricking the heel of a newborn and obtaining a few drops of blood to be tested at designated laboratories.
- It is ideally done 48 to 72 hours after the baby is born.
- It is available in any participating hospital, Rural Health Units and lying-in clinic
- The cost is between P550.00 to P600.00.
- The following are the metabolic disorders detected with newborn screening:

Metabolic Disorder	Clinical Description	Effects on the Baby
Congenital hypothyroidism	Lack or absence of thyroid hormone which is needed for growth of the brain and body	Stunted growth and severe mental retardation if not detected and treated before 4 weeks old
Congenital Adrenal Hyperplasia (CAH)	Inborn defect in the production of the hormone, cortisol, that causes salt-losing dehydration and abnormally high levels of male sex hormones in both boys and girls	Baby may die within 7-14 days if not detected early
Galactosemia	Baby unable to process galactose(sugar present in milk)	Causes cataracts, liver and brain damage
Phenylketonuria (PKU)	A disorder in which the baby cannot properly use phenylalanine, an amino acid which is a building block of protein	Brain damage
Glucose-6-phosphate dehydrogenase (G6PD) deficiency	Lack of the enzyme, G6PD	Episodic hemolytic anemia (destruction of red blood cells) induced by infections and certain drugs/substances



COMMON PROBLEMS WHEN BREASTFEEDING

Breastfeeding Problems	Characteristics	What to Do
Nipple Cracks/ Fissures	<ul style="list-style-type: none">▪ Pain▪ Sometimes bleeding	<ul style="list-style-type: none">▪ Express breast milk and feed the baby using a dropper/ cup▪ Wash with clean water and mild soap and apply analgesic cream▪ Resume breastfeeding after 1-2 days of healing
Engorgement of the breast	<ul style="list-style-type: none">▪ Full, hard, tender, reddish▪ Chilly sensation and fever	<ul style="list-style-type: none">▪ Breastfeed immediately after birth▪ Hot or cold compress▪ Don't stop breastfeeding
Not enough breast milk	<ul style="list-style-type: none">▪ No milk flow especially in the first few days▪ Mother may be too tired and anxious which prevent the milk to flow▪ Introduction of bottle feeding interferes in the establishment of breastfeeding due to less sucking, less stimulation and therefore less production of milk	<ul style="list-style-type: none">▪ The first milk (colostrum) in the first 3-4 days after delivery is enough because the baby has enough stored energy until the milk flows▪ Mother to relax a few minutes before feeding the baby▪ Initiate breastfeeding within 30 minutes of delivery▪ Breastfeed frequently day and night for as long as the child wants▪ Don't introduce bottle feeding. Baby should be introduced to the breast



COMMON PROBLEMS WHEN BREASTFEEDING (Continuation)

Breastfeeding Problems	Characteristics	What to Do
Temporary separation of mother and child	<ul style="list-style-type: none"> ▪ Mother goes to work/field 	<ul style="list-style-type: none"> ▪ Express breast milk to be given to the baby through cup feeding
Flat or inverted nipple	<ul style="list-style-type: none"> ▪ Nipple is buried or almost at level with the areola 	<ul style="list-style-type: none"> ▪ Using the thumb and forefinger, gently pinch the nipple and roll it on both sides ▪ Let husband/older child suck out the nipple ▪ Exercise the nipple or breast pump can be used
Sore nipples	<ul style="list-style-type: none"> ▪ Temporary pain felt by sucking with improper positioning 	<ul style="list-style-type: none"> ▪ Nipple and areola are in side the baby's mouth when sucking ▪ Good positioning and proper attachment during breastfeeding*
Blocked duct	<ul style="list-style-type: none"> ▪ Lump, hard, tender and redness in the breast 	<ul style="list-style-type: none"> ▪ Gently massage with strokes directed towards the nipple ▪ Breastfeed the baby. Offer the affected breast first to ensure emptying
Mastitis	<ul style="list-style-type: none"> ▪ Breasts are painful, red, swollen and hot ▪ Mother may have chills and fever (flu like) 	<ul style="list-style-type: none"> ▪ Breastfeed the baby with the unaffected breast ▪ Give antibiotics to combat infection and pain reliever ▪ Apply hot or cold compress to relieve the pain



COMMON PROBLEMS WHEN BREASTFEEDING (Continuation)

Breastfeeding Problems	Characteristics	What to Do
Mastitis	<ul style="list-style-type: none">▪ Ducts are affected▪ Presence of pus due to infection	<ul style="list-style-type: none">▪ Apply hot or cold compress to relieve the pain▪ Give antibiotics and pain reliever
Breast abscess	<ul style="list-style-type: none">▪ Hard breast and lumpy to soft and fluctuant	<ul style="list-style-type: none">▪ Continue breastfeeding on the unaffected breast▪ Incision drainage of the affected breast▪ Resume breastfeeding on affected breast when pus is minimal or has disappeared

***Signs of good attachment during breastfeeding**

1. Baby's chin touching breast
2. Baby's mouth wide open
3. Baby's lower lip turned outward
4. More of areola (dark portion around the mother's nipple) seen above than below the mouth

***Signs of proper positioning while breastfeeding**

1. Baby's head and body straight
2. Child facing mother's breast
3. Baby's body close to her mother
4. Whole body well supported





FEEDING RECOMMENDATIONS

Age in months	Food to give & frequency
Birth to 6 mos	<ul style="list-style-type: none"> ■ Exclusive breastfeeding as often as the child wants, at least 8 times in 24 hrs ■ Do not give any other foods or fluids
6 mos to 12 mos	<ul style="list-style-type: none"> ■ Breastfeed as often as child wants ■ Add any of the following 2-3x a day: Lugaw with added oil, mashed vegetables (like camote, squash, potatoes), steamed tokwa, flaked fish, finely-ground meat, egg yolk, fruits like mango, banana, avocado, chico ■ Nutritious snacks such as taho
12 mos to 24 mos	<ul style="list-style-type: none"> ■ Breastfeed as often as the child wants ■ Give adequate amount of family foods with oil or margarine (5x per day): rice, camote, potato, fish, chicken meat, monggo, dark green leafy & yellow vegetables, milk and eggs, fruits, steamed tokwa
24 mos and older	<ul style="list-style-type: none"> ■ Give adequate amount of family table foods , 3x a day at mealtimes ■ Give nutritious snacks between meals, 2x a day, such as: boiled camote, boiled corn, boiled saba, peanuts, taho, fruits and fruit juices





SAMPLE MENU OF COMPLEMENTARY FOODS FOR A DAY'S MEAL

What to Give	How much to Give				
	6 months	7 months	8 months	9 months	10-12 months
Lugao	5-10 tbsp thin lugao	1 1 - 1 2 tbsp thick lugao	¾ cup soft cooked rice	¾ cup soft cooked rice	1 cup soft cooked rice
Vegetables (cooked) - yellow or green leafy vegetables	1-2 tbsp vegetable soup	2-3 tbsp (mashed)	4 tbsp (mashed)	4 tbsp (mashed)	4 tbsp (chopped)
Cooked dried beans (mongo/white beans, etc)	1-2 tbsp (mashed)	2-3 tbsp (mashed)	3 tbsp (mashed)	4 tbsp (mashed)	4 tbsp (mashed)
Fish/liver/chicken/meat	1 bsp (flaked)	2 tbsp (flaked)	2 tbsp (flaked)	2 tbsp (chopped)	3-4 tbsp (chopped)
Egg (hard boiled)	1/2 – 1 pc egg yolk	1 whole egg	1 whole egg	1 whole egg	1 whole egg
Fat (cooking oil/margarine)	2 tea-spoon	2 tea-spoon	2 tea-spoon	2 tea-spoon	2 tea-spoon
F r u i t s (banana,mango, avocado,etc)	4 tbsp (bite size)	5 tbsp (bite size)	5 tbsp (bite size)	5 tbsp (bite size)	5 tbsp (bite size)
Breastmilk	Breastfeed regularly				

INTRODUCE FOOD ONE AT A TIME





**FEEDING RECOMMENDATIONS
FOR A CHILD WHO HAS PERSISTENT DIARRHEA**

- If still breastfeeding, give more frequent, longer breastfeeding, day and night
- If taking other milk, such as milk supplements, replace with increased breastfeeding and replace half the milk with nutrient-rich semi-solid food
- Do not use condensed or evaporated filled milk.
- For other foods, follow feeding recommendations for the child's age.

VITAMIN A SUPPLEMENTATION AND DEWORMING

- Vitamin A supplementation is given when the baby is 6 months old and every 6 months thereafter.
- Deworming should start when the baby is 1 year old and every 6 months thereafter.



TB IN CHILDREN

Children with the following symptoms should be brought to a health worker for further evaluation:

- Cough or wheezing for two weeks or more
- Unexplained fever of two weeks or more after common causes such as malaria or pneumonia have been excluded
- Loss of weight/failure to gain weight/weight faltering/ loss of appetite
- Failure to respond to 2 weeks of appropriate antibiotic therapy for lower respiratory tract infection
- Failure to gain previous state of health 2 weeks after a viral infection or exanthema like measles
- Fatigue/reduced playfulness/lethargy

DEVELOPMENTAL MILESTONES

Age	Milestones in Child's Development	Play Recommendations & Suitable Toys*	Ways of Developing Early Communication Skills
At 4 mos.	<ul style="list-style-type: none">▪ Able to appreciate bright colors, follows moving objects with eyes, smiles and laughs▪ Recognizes voices and faces▪ Makes gurgling and vocal sounds	<ul style="list-style-type: none">▪ Have large colorful objects for child to reach for and hold▪ Provide area for child to move, play and develop his senses of sight, touch and hearing▪ Toys: rattles, brightly colored balls, washable stuffed toys	<ul style="list-style-type: none">▪ Look into baby's eyes and smile at him/her▪ Get a conversation going with sounds or gestures while breastfeeding
At 8 mos.	<ul style="list-style-type: none">▪ Can turn over, hold head erect and sit upright.▪ Can reach for objects and put in mouth	<ul style="list-style-type: none">▪ Give clean, safe colorful objects in different sizes and shapes to hold, play with, bang and drop.	<ul style="list-style-type: none">▪ Respond to your child's sounds and interests.▪ Respond to child's attempts to talk



DEVELOPMENTAL MILESTONES (Continuation)

Age	Milestones in Child's Development	Play Recommendations & Suitable Toys*	Ways of Developing Early Communication Skills
At 8 mos.	<ul style="list-style-type: none"> ■ Can differentiate between family members and strangers 		
At 12 mos.	<ul style="list-style-type: none"> ■ Recognizes and searches out people ■ Can sit alone and stand up without help ■ Can say meaningful words 	<ul style="list-style-type: none"> ■ Give child things to stack up, put into containers and take out ■ Allow child to walk and run actively around but under an adult's watchful eyes ■ Toys: large smooth blocks, push-pull toys 	<ul style="list-style-type: none"> ■ Ask child simple questions ■ Tell names of things and people
At 24 mos.	<ul style="list-style-type: none"> ■ May stumble at first but can run and steadily climb up the stairs ■ Enjoys stories and experiments with things ■ Follows simple directions 	<ul style="list-style-type: none"> ■ Counting and naming games ■ Comparing things 	<ul style="list-style-type: none"> ■ Encourage child to talk and answer the child's questions ■ Tell stories, teach songs, rhymes
At 2-4 yrs.	<ul style="list-style-type: none"> ■ Can walk up and down the stairs, pedal three-wheeled bicycles, gain control of hands and fingers ■ Wants to do everything by self 	<ul style="list-style-type: none"> ■ Outdoor games: swing, slides, bicycling, hide and seek 	<ul style="list-style-type: none"> ■ Listen to child and encourage him/her to express himself/herself ■ Scribbles/writes, starts to draw

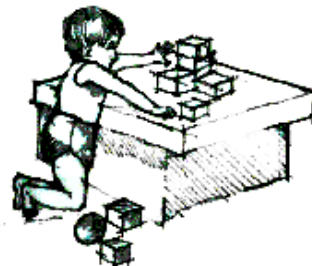


DEVELOPMENTAL MILESTONES (Continuation)

Age	Milestones in Child's Development	Play Recommendations & Suitable Toys*	Ways of Developing Early Communication Skills
At 2-4 yrs.	<ul style="list-style-type: none"> ■ Can walk up and down the stairs, pedal three-wheeled bicycles, gain control of hands and fingers 	<ul style="list-style-type: none"> ■ Toys: push-pull toys, wheeled animals with rounded handles, dolls ■ Stuffed toys, appropriately colored and illustrated books, sturdy kiddy cars 	<ul style="list-style-type: none"> ■ Read/tell stories, recite rhymes, sing songs ■ Enroll at a day care center to socialize with friends
Around 5 - 6 yrs.	<ul style="list-style-type: none"> ■ Can draw pictures using own imagination ■ Can button shirt and tie own shoe laces ■ Dresses alone 	<ul style="list-style-type: none"> ■ Allow child to play with friends on good terms, keeping rules and promises ■ Give more opportunities for play and exploration ■ Toys: puppets, push toys, building blocks, magnetic board, puzzle, pictures and color matching games 	<ul style="list-style-type: none"> ■ Listen to child and talk with slow and correct pronunciation of words ■ Read and write

* Characteristics of a Good Safe Toy

- educational
- stimulating
- attractive and beautiful in colors and form
- durable and economical
- safe
 - clean
 - non toxic
 - non flammable
 - large enough not to be swallowed
 - free from sharp points or cutting edge
 - does not make a loud noise that can damage hearing
 - not electric or battery – operated





AN EARLY CHILDHOOD SCREENING TOOL

(Adopted from Coordinator's Notebook,
an International Resource for ECD)

The following is a simple screening tool which parents or any caregiver/health worker who is part of a child's daily life can use. Immediately consult a health worker if the child presents some of these behaviors:

HEARING – If the child:

- Does not turn towards the source of new sounds or voices
- Has frequent ear infections (discharge from ear, earache)
- Does not respond when called unless he/she can see you
- Watches ones lips when he/she speaks
- Talks in a very loud or soft voice
- Does not talk or talks strangely

SEEING – If the child:

- Often is unable to find small objects which he or she dropped
- Has red eyes or chronic discharge from eyes, a cloudy appearance to eyes, or frequently rubs eyes and says that they hurt
- Often bumps into things while moving around
- Holds head in an awkward position when trying to look at something
- Sometimes or always crosses one or both eyes (after 6 months of age)

TALKING – If the child:

- Does not say mama/mommy/nanay by 18 months of age
- Cannot name a few familiar objects or people by age 2



- Cannot repeat simple songs or rhythms by age 3
- Is not talking in short sentences by age 4
- Is not understood by people outside the family by age 5
- Is talking differently from other children of the same age

UNDERSTANDING - If the child:

- Does not react to own name by age 1
- Cannot identify parts of face by age 3
- Cannot answer simple questions by age 4
- Cannot follow simple stories by age 3
- Seems to have difficulty in understanding things one is saying, when compared to other children of the same age

PLAYING – If the child:

- Does not enjoy playing waving games by age 1
- Does not play with common objects(e.g. spoon and pot) by age 3
- Does not join games with other children by age 4 (e.g. catch, hide and seek)
- Does not play like other children of the same age

MOVING – If the child:

- Is unable to sit unsupported by 10 months
- Cannot walk without help by age 2
- Cannot balance on one (1) foot for a short time by age 4
- Moves very differently from other children of the same age



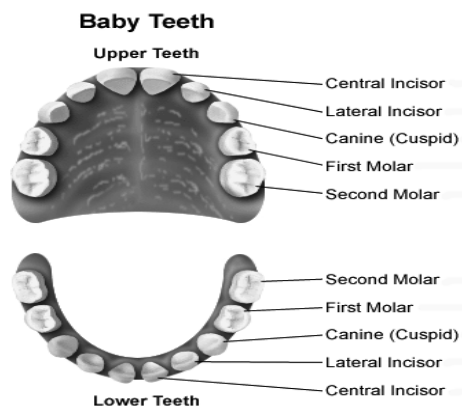
ORAL HEALTH CARE

The baby's teeth are important because:

- These act as guide for the growth of permanent teeth
- These help the baby to eat well
- These stimulate the jaw to grow
- They play a major role in proper speech development especially the FRONT TEETH

TOOTH ERUPTION SCHEDULE

TEETH	AGE
Central incisor	6 months – 7 months
Lateral Incisor	10 months
Cuspid	18 months
First molar	14 months
Second molar	24 months





TEETH DEVELOPMENT AND CARE

Age	Dental Developmental Milestone	Proper Oral/Dental Care
Birth to 4 mos		Clean gums and tongue with clean cloth, gauze or cotton soaked in cooled boiled water at least once a day
5 mos to 6 mos	Teething starts	<ul style="list-style-type: none">■ Bring child to the dentist as soon as first tooth appears■ Start brushing teeth with a soft-bristled toothbrush and mild toothpaste
6 mos to 24 mos	Eruption and completion of primary/milk teeth	<ul style="list-style-type: none">■ Avoid use of teethingers or pacifiers for these can cause mal-alignment of teeth■ Start teaching child to brush teeth properly after every meal■ Discourage thumb-sucking, lip biting, teeth grinding, nail biting and tongue thrashing as these lead to improper growth of teeth and develop into undesirable habit
2 yrs to 6 yrs	Eruption and completion of primary/milk teeth	<ul style="list-style-type: none">■ Continue proper brushing after every meal■ Bring child to the dentist 2 times a year for check-up and treatment like sealant application, flouridation■ Avoid junk foods and sweets
6 yrs to 12 yrs	<ul style="list-style-type: none">■ Milk teeth start to loosen and fall out■ Eruption of permanent teeth start and is completed by age 12	<ul style="list-style-type: none">■ Visit the dentist twice a year■ Brush teeth properly after every meal■ Eat nutritious foods and avoid junk food



PROPER TOOTHBRUSHING

It is important to teach the child proper tooth brushing techniques to prevent tooth decay. The following techniques may be taught:



- Brush outer part of the upper teeth from the gums downward.



- Brush outer part of the lower teeth from the gums upward.



- Brush inner part of the upper teeth from the gums downward.



- Brush inner part of the lower teeth from the gums upward.



- Using the short back-and-forth stroking “scrubbing” motion, brush the upper chewing surfaces of the teeth.



- Brush the lower chewing surface of the teeth.



- Brush the tongue.



- After brushing, use dental floss to clean in-between the teeth.



PRACTICAL TIPS TO ENSURE CHILD'S SAFETY

Minimize the occurrence of accidents that may lead to trauma or even death with the following guidelines:

- Never leave child alone without an adult supervision
- Put baby to sleep on a crib/*indayon*/cloth hammock.
- Let child sleep in a prone position or on side.
- Never leave child to bathe alone until 6 years of age
- Never toss baby around.
- Keep matches, lighted candles, and hot liquids out of reach of the child
- Keep kerosene, medicines, caustics and insecticides away from child
- Never smoke or allow someone to smoke nearby
- Keep small and sharp objects away from child
- Keep plastic bags away to avoid suffocation.
- Keep away from electrical outlets and cords.
- Never leave water on a bucket or tub.
- Install safety locks on cabinets, drawers and wooden cribs.
- Install side guards on beds.
- Always use a seatbelt when in a car.
- Never allow child to play on the street.
- Never leave a child alone inside a vehicle.
- Never allow child near swimming pools, ponds, rivers without adult supervision.



RIGHTS OF A CHILD



- To be born, to have a name and nationality

- To have a loving and caring family



- To live in a peaceful community and a wholesome environment



- To have adequate food and a healthy and active body

- To obtain a good education and develop potential

- To be given opportunities for play and leisure



- To be protected against abuse, exploitation, neglect, violence and danger



- To be defended and given assistance by the government

- To be able to express own views.

***"Promote the Convention on the Rights of the Child.
Build Child-Friendly Communities!"***



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