**Department of Maternal & Child Health, Ministry of Health**
**Project for Implementing Maternal & Child Health Handbook for Scaling-Up Nationwide**

# MATERNAL AND CHILD HEALTH HANDBOOK

**Mother's full name** .....

**Child's full name**.....

**Residential address** House number....., Village/Hamlet.....

Commune....., District ..... , Province.....

**Home phone number**.....

**Place of MCH Handbook issue**.....

**Date of MCH Handbook issue** Date.....Month.....Year.....

**THE MOTHER SHOULD KEEP THIS BOOK ALONG WITH YOU WHILE GOING FOR ANC VISITS, DELIVERY, BRINGING YOUR CHILD FOR IMMUNIZATION, HEALTH CARE CHECK UP OR MEDICAL EXAMINATION DUE TO BEING SICK**

## TIPS ON HOW TO USE THIS HANDBOOK

**Structure of the Handbook:** This Handbook is composed of five parts:

**Part 1** Basic information

**Part 2** During pregnancy

**Part 3** During delivery, postpartum & newborn

**Part 4** During childhood

Each of Part 2, Part 3 and Part 4 is further composed of guidance section and recording section.

**White Cells and Yellow Cells:**

- When information is located in a white cell, health condition of the mother and/or child is normal.
- When it is located in yellow cell, there is a certain risk to health condition of the mother and/or child. It is recommended that you access health facilities for counseling or examination in a timely manner.

**Who will record?**

(a) This page logo means the page should be recorded by a pregnant woman, mother, and/or family member.

(b) This page logo means the page should be recorded by a health worker, village health worker, and/or health volunteer.

This Maternal & Child Health Handbook was developed by the **Project for Implementing Maternal and Child Health Handbook for Scaling-up Nationwide** through the collaboration between the Ministry of Health, the Socialist Republic of Vietnam and Japanese International Cooperation Agency (JICA). This is sincerely and respectfully dedicated to women, children and their families in Vietnam.

© Ministry of Health & JICA 2013
Printed in Vietnam

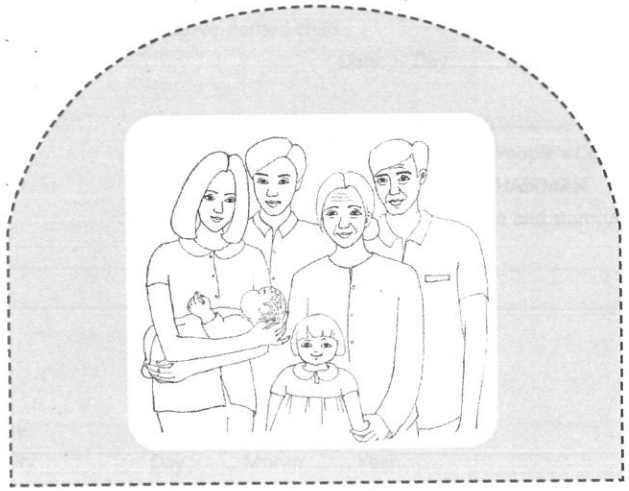
## MESSAGE TO FAMILY

Congratulations for your pregnancy!

Please accept this Maternal and Child Health Handbook as a gift which helps you and your family learn how to care and manage your health during pregnancy and delivery. This Handbook helps you also learn and self-monitor your child's development from birth up to 6 years old.

It is recommended that you always bring this Handbook with yourself, when going for antenatal care, delivery, and postpartum care and taking your child to immunization services and other child health services.

Please keep this Handbook carefully. What will be written in this Handbook by you and health workers is invaluable information about your pregnancy and your child's health and development during the early stages of life. In this respect, this Handbook would be a significant gift from parents to their child in the future.



**Date of shot** Day ....., Month....., Year .....

## MESSAGE TO CHILD

When you open this Handbook, you will see what your parents and health workers have recorded and writing about you since you were in your mother's womb until you prepare to go to school.

The information in this Handbook describes how your parents, family, health workers and society have been caring your health. You will learn how well you have been supported by many people around yourself. You are expected to be born and grow in healthy life in order to build a developed, wealthy and prosperous Vietnam.

* * * * *

## MESSAGE FROM PARENTS TO CHILD

## Family information

| Information | Mother | Father |
|---|---|---|
| Full name | | |
| Date of birth | Day....., Month....., Year..... | Day....., Month....., Year..... |
| Occupation | | |
| Ethnicity | | |
| Level of education | | |

## Child's information

Full name .....

Sex ☐ Male, ☐ Female

Date of birth Day....., Month....., Year.....

Place of birth .....

**.....COMMUNE PEOPLE'S COMMITTEE**

**Birth Certificate**

This is to certify the birth of above-named child.

Date: Day....., Month....., Year.....

.....

Commune People's Committee

CHAIRMAN

[Signature and stamp/seal)

### Health insurance information

Date of issue Day....., Month....., Year.....

Date of expiry Day....., Month....., Year.....

Health insurance number

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |

# TABLE OF CONTENTS


**PART 1: Basic information** ..... 1
1.1 Mother's previous delivery ..... 1
1.2 Mother's tetanus immunizations ..... 1
1.3 Mother's current status ..... 2
1.4 Mother's history of diseases ..... 2

**PART 2: During Pregnancy** ..... 4
**(a) Guidance section:**
2.1 Antenatal care visit ..... 4
2.2 Tetanus immunization ..... 5
2.3 Take iron tablet and folic acid ..... 5
2.4 Food intake during pregnancy ..... 6
2.5 Hygiene ..... 7
2.6 Work, rest and daily activities ..... 8
2.7 Husband's support during pregnancy and lactating period ..... 9
2.8 Danger signs during pregnancy ..... 10
2.9 Signs of labor ..... 11

**(b) Recording section:**
ANC recording ..... 12
Health checkup for mother ..... 20

**PART 3: During Delivery, Right after Delivery and newborn care** ..... 25
**(a) Guidance section:**
3.1 Essential care of mother ..... 25
3.2 Essential care of newborn ..... 26
3.3 Young Child Feedin ..... 28

**(b) Recording section:**
During delivery ..... 32
Right after delivery ..... 33
Monitoring within first week after delivery ..... 34





Caring within first week after delivery ..... 35
Home monitoring from 2nd to 6th week after birth ..... 36
Home care from 2nd to 6th week after birth ..... 37

**PART 4: During Childhood Period** ..... 39
**(a) Guidance section:**
4.1 Management of diarrhea ..... 39
4.2 Management of acute respiratory infections ..... 39
4.3 Management of a child with fever ..... 40
4.4 Management of a child with convulsion due to high fever ..... 41
4.5 Care of a child after an illness ..... 41
4.6 Dental care ..... 42
4.7 Management of burn ..... 42
4.8 Management of drowning ..... 43
4.9 Emergency management of foreign body ..... 43
4.10 Immunization for children ..... 45
4.11 Monitoring the growth of children ..... 46

**(b) Recording section:**
Home care for child from 2 to 3 months old ..... 48
Home care for child from 4 to 6 months old ..... 50
Home care for child from 7 to 9 months old ..... 52
Home care for child from 10 to 12 months old ..... 54
Home care for child from 13 to 18 months old ..... 56
Home care for child from 19 to 23 months old ..... 58
Home care for child from 2 to 4 years old ..... 60
Home care for child from 5 to 6 years old ..... 62
Child Immunization Schedule ..... 65
Child Immunization Record ..... 66
Child Growth Monitoring Chart ..... 67
Health Checkup for Child ..... 69
**Notes on Memorial Events** ..... 92

## NOTES FOR FAMILY

# PART 1: BASIC INFORMATION

## 1.1 Mother's previous deliveries

| Date of delivery | Type of delivery | Sex of child | Weight of newborn (kg) | Diseases and post-partum complications |
|---|---|---|---|---|
| ...../...../..... | ☐ Normal delivery<br>☐ Caesarean section<br>☐ Other: specify..... | ☐ Male<br>☐ Female | (kg) | |
| ...../...../..... | ☐ Normal delivery<br>☐ Caesarean section<br>☐ Other: specify..... | ☐ Male<br>☐ Female | (kg) | |
| ...../...../..... | ☐ Normal delivery<br>☐ Caesarean section<br>☐ Other: specify..... | ☐ Male<br>☐ Female | (kg) | |
| ...../...../..... | ☐ Normal delivery<br>☐ Caesarean section<br>☐ Other: specify..... | ☐ Male<br>☐ Female | (kg) | |

## 1.2 Mother's tetanus immunization

**Previous tetanus immunizations**

| Shot no. | Immunize on tetanus among 15 – 35 years of age | Date of vaccination, if you know |
|---|---|---|
| 1st | ☐ immunized, ☐ not immunized | ...../...../..... |
| 2nd | ☐ immunized, ☐ not immunized | ...../...../..... |
| 3rd | ☐ immunized, ☐ not immunized | ...../...../..... |
| 4th | ☐ immunized, ☐ not immunized | ...../...../..... |
| 5th | ☐ immunized, ☐ not immunized | ...../...../..... |

**Tetanus immunizations for this pregnancy**

| Shot no. | Date of vaccination | Appointment for next time | Name and sign of health worker |
|---|---|---|---|
| 1st | ...../...../..... | ...../...../..... | Name .....<br>Signature ..... |
| 2nd | ...../...../..... | | Name .....<br>Signature ..... |

## 1.3 Mother's current status

| Age and anthropometrics | | Normal | Risk | |
|---|---|---|---|---|
| Currnet age | ..... years old | Between 18 and 35 years old | Younger than 18 years old | Older than 35 years old |
| Height (cm) | ..... (cm) | 145 (cm) or taller | Shorter than 145 (cm) | |
| Weight (kg) | ..... (kg) | Between 40 (kg) and 70 (kg) | Lighter than 40 (kg) | Heavier than 70 (kg) |

## 1.4 Mother's histroy of dieases

| Disease | Do/did you have the disease? | | | Currently under treatment? |
|---|---|---|---|---|
| | Normal | Difficult to judge | Risk | |
| Hypertension | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |
| Diabetes | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |
| Hepatitis | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |





| Disease | Do/did you have the disease? | | | Currently under treatment? |
|---|---|---|---|---|
| | Normal | Difficult to judge | Risk | |
| Cardiac disease | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |
| Goiter | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |
| Drug allergy | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |
| Rubella | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |
| | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |
| | ☐ No | ☐ Don't know | ☐ Yes | ☐ No treatment<br>☐ Treatment completed<br>☐ Currently under treatment |

# PART 2: DURING PEGNANCY

## 2.1 Antenatal care visit

As soon as the recognition of being pregnancy, mothers shoud go for an antenatal care (ANC) visit at a health facility:

- To know whether your pregnancy is normal or not
- To early detect the risk to get manage timely
- To be immunized against tetanus and guided to take the iron tablet and folic acid
- To be counseled on how to take care of your health (diet regime, pregnant hygiene, breastfeeding, neonatal care, family planning and other related issues)
- To discuss with health workers about choosing the safety delivery place

A pregnant woman should have ANC visits at least three times and follow the appointments with heath workers. Normally, a pregnant woman should have ANC visits four times at different pregnacy stages as belows:

- **1st visit:** Right after you know you are pregnant during the intial three months of pregnancy, in order to:
  - ✓ Monitor the progress of your pregnancy
  - ✓ Check and moniotor on your health condition
  - ✓ Guid on how to recognize the abnormal signs during pregnancy and find their solutions
  - ✓ Counsel on the need for screening for earlier detection abnormalities of fetus
  - ✓ Counsel on necessary tests to early identification of STIs including HIV for PMTCT
  - ✓ Counsel on the estimated date of delivery and place of delivery
- **2nd visit:** During the second trimester of pregnancy, in order to:
  - ✓ Examine whether the fetus normally is developing
  - ✓ Check and moniotor on your health condition
  - ✓ Receive a vriety of tests and other necessary services



- **3rd and 4th visits:** During the final three months of pregnancy, in order to:
  - ✓ Continue to monitor the development of the fetus and your health condition
  - ✓ Counsel about nesessary delivery-related knowledge
  - ✓ Counsel on delivery preparation

## 2.2 Tetanus immunization

To get immunized against tetanus according to recommneded guide and schedule helps you prevent you and your baby from having tetanus during neonatal period. Here is the immunization schedule for a woman at reproductive age and during her prenancy.

**a. Tetanus immunization for a woman at reproductive age from 15 to 35 year of age**

**Dose 1:** As soon as you know you are pregnant, take the first dose. OR, if you are a reproductive-aged woman livinig in high risk geographic areas (e.g. mountenous areas), take the first dose regardless of presence of pregnancy.
**Dose 2:** At least one month after taking the first dose
**Dose 3:** At least six months after taking the second dose or next pregnancy
**Dose 4:** At least one year after taking the third dose or next pregnancy
**Dose 5:** At least one year after taking the fourth dose or next pregnancy

**b. Tetanus immunization for this pregnancy**

- A pregnant woman with no prior tetanus immunization: Take 'Dose 1' as soon as getting pregnancy, take 'Dose 2' at least one month later and one month before the expectation day of delivery.
- A pregnant woman with previous 2 doses:
  - ✓ When the last dose was taken in last 5 years, take 1 dose more.
  - ✓ When the last dose was taken more than 5 years ago, take 2 doses.
- A pregnant woman with previous 3 or 4 doses: Repeat 1 dose.
- A pregnant woman with previous 5 doses:
  When the last dose was taken in past 10 years, no need for additional dose.
  When the last dose was taken more than 10 years ago, take 1 dose.

## 2.3 Take iron tablet and folic acid

You should take an iron-folic-acid tablet and/or a micronutrient tablet to prevent anemia and reduce the risk of fetus's malformation. The recommended dosage is as follow:

- 1 tablet per day during the pregnancy until 6 weeks after delivery. Take at least 90 days prior to delivery.
- If your are anemic, take 2-3 tablets per day based on the prescription issued by health workers.

**Common side effects:**

- Constipation
- Nausea

**Way of reudcing constipation:**

- Take take an iron-folic-acid tablet and/or a micronutrient tablet at a designated time in the evening.
- Drink more water.
  Eat more vegetables and fruits

## 2.4 Food intake during pregnancy

During pregnancy period, a woman gains 10 -12 kg weigh gained as the following table:

| Pregant period | Normal weight gain |
|---|---|
| During the first 3 months | 1 kg - 1.5 kg |
| During the second 3 months | Additional 4 kg - 5 kg |
| Durng the final 3 months | Additional 5 kg - 6 kg |

If you are thin, you should have a greater weight gain, between 12 – 18 kg. An obese woman should have only 6 – 10 kg gain. **If a women either can either inadequate weight gain or excessive weight gain, her condition should be checked up by health workers in a timely manner.**

A pregnant woman should eat and drink in a well-balanced manner in terms of nutrition, particularly in the final 3 months of pregnancy to meet the requirement for adequate fetal development, his/her health, and storing energy for breastfeeding and caring a baby later. She needs to have appropriate nutrition regime and eat 4 nutrition groups of foods, which composed of carbohydrate, protein, fat and fiber, and vitamin and minerals:

- **High energy foods:** rice, corn, potato, cassava, wheat, sugar, oil, etc.
- **Foods enabling to form and develop a foetus:** are types of foods which contain high protein and fat such as animal protein in meat, egg, milk, shrimp, crab, fish... and plant protein in beans, sesame, coconut and peanut. Plant proteins provide also fats.
- **Vitamin- and mineral-rich foods:** These types of foods help a foetus develop well and a pregnant woman meet nutritional requirement. During pregnancy, a woman shoud take more vitamins and minerals as shown in the table below.





| Substance | Efficacy |
|---|---|
| **Calcium** | Contributes to forming the skeleton of a fetus. Calcium is rich in shrimp, crab, fish, milk and soya been. |
| **Iron** | Contributes to forming blood. Fish, red meats, egg, milk, beans, sesame, nuts, dark vegetables are good sources of iron. When iron in foods is not sufficient, iron tablets should be taken during pregnancy. |
| **Zinc** | Contributes to developing the leg of a fetus and also to forming the immune system. Zinc is rich in meat, fish and shellfish. |
| **Vitamin A, D, B1** | Vegetables are good sources of vitamins, especially sweet leaf (rau ngót), amaranth, water morning glory and orange-colored vegetables such as carrot, papaya, mango, pumpkin. Milk, liver and eggs provide not only protein but also vitamins. |
| **Folic acid** | Contributes to forming blood and neural tube. Folic acid deficiency causes neural tube defect. Fruits, green vegetables, eggs are rich sources of folic acid. When folic acid in daily meals is not sufficient, folic acid tablets should be taken during pregnancy. |
| **Vitamin C** | Helps improve anti body, enhance the iron absorption to prevent iron anemia. |

A pregnant woman should neitehr smoke nor take alcohol. She should limit the use of the excited substance such as chili, pepper, coffee and industrial food production during pregnancy. Application of pills during pregnancy should be carefully conducted and requires professional direction by health workers.

## 2.5 Hygiene

Both body and breast should be kept clean:

- **Body hygiene:** Bath frequently using clean water. Bath in a bath room. Avoid being in a draught.
- **Breast care:** Clean the breast daily by clean water and soft cloth. Use a loose and comfortable bra. If the nipple of breast is short or drop behind, pull it out gentrly on a routine basis, to make it easy for a baby to suck after birth. These should be done not

during the final several months but during the initial several months of pregnancy, to avoid the contract of the uterus. Be noted that this should be done gently, stop if you have abdomen pain.

**Fig 1:** Keep the nipple clean

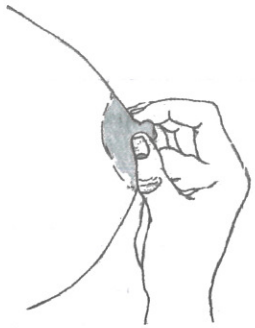


**Fig 2:** Put the thumb, second and the third finger around the nipple

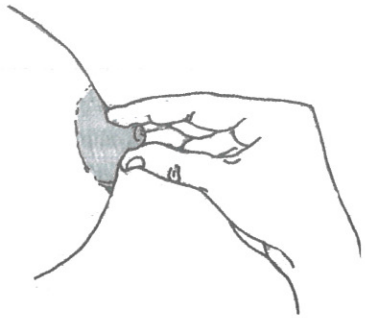


**Fig 3:** Put ther fingers down and pinch a the nipples up, then twist slowly from side to side.

## 2.6 Work, rest and daily activities

A pregnant woman can continue to work as usual. But, the following notes should be remembered:

- Do not work hard. Do not expose to toxic substance. Do not work at high altitude places. Do not do the works which involve in long-time water soaking.
- Avoid working late at night. Sleep at least 8 hours per day. Take a nap after lunch for at least 30 - 60 minutes.
- Prevent a pregnant woman from transmission of infected diseases, avoid contacting people who have infectious diseases (i.e. those who have cough, fever and rash).
- Take maternal leaves from the employer a month before delivery.



- Keep the living place clean, well- freshy aired, avoid all types of smoke from cooking and cigarettes or/and pipe tobacco.
- Make the life comfortable and avoid having stress or being over-worried.
- When having sexual intercourse, do it gently. For those who previously had miscarriage or pre-term delivery, do not have sexual intercourse during the first 3 months and final 3 months of pregnancy.
- Do not travel far. If it is unavoidable, use the safest and smoothest transport means.

## 2.7 Husband's support during pregnancy and lactating period

The husband is expected to play an essential role in managing pregnancy and lactating periods and in bringing up the baby in his/her early stages of lifetime. To prepare for a healthy newborn and wealthy grown-up child, the husband should show his care and love to his wife and his child by following specific activities:

- Remind your wife of the need for ANC visits and tetanus vaccination and assist her in conducting them.
- Remind your wife of the need for taking iron tablets and folic acid according to health workers' guidance on prevention of anemia among his wife and child and on reduction of foetus malformation.
- Together with your wife, read thoroughly all the guidance in this Handbook, to learn how to take care of your wife during pregnancy and a child 0- 6 years of age.
- Discuss with your wife to choose a safe delivery place and take her to the health facility for delivery.
- At delivery, encourage and support your wife in breastfeeding your child within first hour after delivery. Exclusive breastfeeding up to 6 months of age is strongly recommended. Do appropriate supplementary feeding, when your child becomes 6 months of age, while continuing to be breastfed up to 2 years of age.
- Remind your wife of child immunization and take your child to immunization services as scheduled. Monitor the height and weight of your child. Do not smoke in a airtight room with a pregnant women and young child.

***Pregnant wife visit***

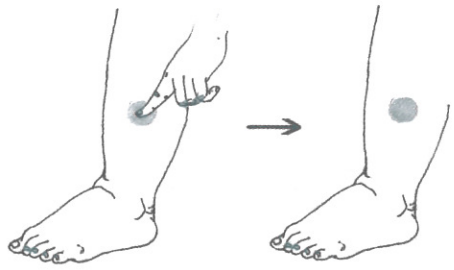
*Remind wife of iron/folic acid tablet*

*No smoking in the room*

## 2.8 Danger signs during pregnancy

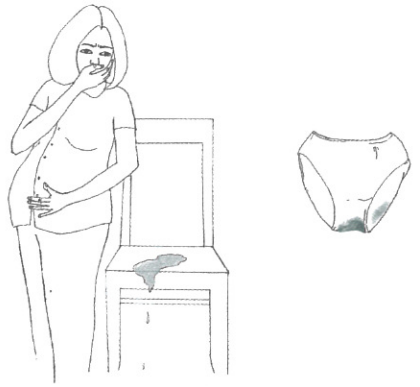
During the pregnancy, you must urgently visit the nearest health facility for counseling and management if you have any of the following danger signs:

- Abdominal pain
- Foot, arm or whole body with oedema
- Bleeding or amniotic fluid discharge
- Fever higher than 38.5 0C
- Weak or no fetal movement
- No signs of abodminal enlargement found
- Vomitting, headache, blurred vision, or dizzy



*Oedema on foot*





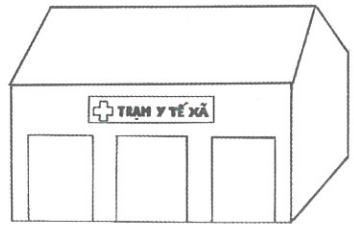
*Bleeding/discharge amniotic fluid when the estimated date of delivery is not come.*

*Headache, blurred vision, and dizzy.*

## 2.9 Signs of labor

Normally, when a foetus is full-term, these labour signs below means you are in labour. You need to come to the nearest health facility for examination and giving birth:

- Abdomen pain intermittently and gradually increasing
- Discharge mucus amniotic fluid and/or blood from the vaginal




***immediately access the nearest CHC to have examination and delivery***

## 1st ANC visit

**First day of the last menstrual period** ...../...../.....
**Estimated date of delivery** ...../...../.....

| Exam date* | Gestat -ion age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | Normal pink | ☐ No | ☐ No |
| | | | ☐ | | | ☐ | | ☐ **<17** | **Pale** | ☐ **Yes** | ☐ **Yes** |

**Guidance from health worker:**

**Next appointment:** Day...../Month...../Year.....

## 2nd ANC visit

| Exam date* | Gestat -ion age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | ☐ Normal pink | ☐ No | ☐ No |
| | | | ☐ | | | ☐ | | ☐ **<17** | ☐ **Pale** | ☐ **Yes** | ☐ **Yes** |

**Guidance from health worker:**

**Next appointment:** Day...../Month...../Year.....





## 1st ANC visit

| Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|
| ☐ No | H / L | ☐ max 90-140 ☐ min 60-90 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| ☐ **Yes** | | ☐ Other | ☐ **Yes** | ☐ Not yet | | ☐ | ☐ Abnormal | |

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## 2nd ANC visit

| Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|
| ☐ No | H / L | ☐ max 90-140 ☐ min 60-90 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| ☐ **Yes** | | ☐ Other | ☐ **Yes** | ☐ Not yet | | ☐ | ☐ **Abnormal** | |

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## 3rd ANC visit

| Exam date* | Gestation age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | ☐ Normal pink | ☐ No | ☐ No |
| | | | ☐ | | | ☐ | | ☐ <17 | ☐ Pale | ☐ Yes | ☐ Yes |

**Guidance from health worker:**

**Next appointment:** Day...../Month...../Year.....

## 4th ANC visit

| Exam date* | Gestation age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | ☐ Normal pink | ☐ No | ☐ No |
| | | | ☐ | | | ☐ | | ☐ <17 | ☐ Pale | ☐ Yes | ☐ Yes |

Guidance from health worker:

Next appointment: Day...../Month...../Year.....





## 3rd ANC visit

| Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|
| ☐ No | H / L | ☐ max 90-140 min 60-90 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| ☐ Yes | | ☐ Other | ☐ Yes | ☐ Not yet | | ☐ | ☐ Abnormal | |

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## 4th ANC visit

| Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|
| ☐ No | H / L | ☐ max 90-140 min 90-60 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| ☐ Yes | | ☐ Other | ☐ Yes | ☐ Not yet | | ☐ | ☐ Abnormal | |

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## 5th ANC visit

| Exam date* | Gestation age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | ☐ Normal pink | ☐ No | ☐ No |
| | | | ☐ | | | ☐ | | ☐ <17 | ☐ Pale | ☐ Yes | ☐ Yes |

| Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|
| ☐ No | H | ☐ max 90-140 min 60-90 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| ☐ Yes | L | ☐ Other | ☐ Yes | ☐ Not yet | | ☐ | ☐ Abnormal | |

**Guidance from health worker:**

**Next appointment:** Day...../Month...../Year.....

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## 6th ANC visit

| Exam date* | Gestation age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | ☐ Normal pink | ☐ No | ☐ No |
| | | | ☐ | | | ☐ | | ☐ <17 | ☐ Pale | ☐ Yes | ☐ Yes |

| Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|
| ☐ No | H | ☐ max 90-140 min 60-90 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| ☐ Yes | L | ☐ Other | ☐ Yes | ☐ Not yet | | ☐ | ☐ Abnormal | |

**Guidance from health worker:**

**Next appointment:** Day...../Month...../Year.....

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## 7th ANC visit

| Exam date* | Gestat -ion age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein | Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | ☐ Normal pink | ☐ No | ☐ No | ☐ No | H | ☐ max 90-140 min 60-90 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| | | | ☐ | | | ☐ | | ☐ <17 | ☐ Pale | ☐ Yes | ☐ Yes | ☐ Yes | L | ☐ Other | ☐ Yes | ☐ Not yet | | ☐ | ☐ Abnormal | |

**Guidance from health worker:**

**Next appointment:** Day...../Month...../Year.....

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## 8th ANC visit

| Exam date* | Gestat -ion age (week) | Weight (kg) | | Abdomen Circ. (cm) | Uterine fundal height (cm) | | Pelvic outside measured (cm) | | Skin | Oedema | Urine protein | Urine Glucose | Blood Pressure (mmHg) | | Anemia | Iron / folic or multi-vitamin | Fetal heart (time/min) | | Fetal Head position | Diseases if have any |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ..../..../.... | ..... | ..... | ☐ | ..... | ..... | ☐ | ..... | ☐ ≥17 | ☐ Normal pink | ☐ No | ☐ No | ☐ No | H | ☐ max 90-140 min 90-60 | ☐ No | ☐ Took | ..... | ☐ | ☐ Normal | |
| | | | ☐ | | | ☐ | | ☐ <17 | ☐ Pale | ☐ Yes | ☐ Yes | ☐ Yes | L | ☐ Other | ☐ Yes | ☐ Not yet | | ☐ | ☐ Abnormal | |

**Guidance from health worker:**

**Next appointment:** Day...../Month...../Year.....

**Name of health facility** .....
**Title & name of health worker** .....

**Signature of health worker** .....

## HEALTH CHECK UP FOR MOTHER (1)

**Reason for the visit** .....

.....

**Main symptoms and diagnosis** .....

.....

.....

**Treatment and prescription** .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Counselling** .....

.....

.....

.....

.....

.....

**Next appointment** Day...../Month...../Year.....

**Date of the visit** Day...../Month...../Year.....

**Name of health facility** .....

**Health worker** (signs, specify full name) .....

.....





## HEALTH CHECK UP FOR MOTHER (2)

**Reason for the visit** .....

.....

**Main symptoms and diagnosis** .....

.....

.....

**Treatment and prescription** .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Counselling** .....

.....

.....

.....

.....

.....

**Next appointment** Day...../Month...../Year.....

**Date of the visit** Day...../Month...../Year.....

**Name of health facility** .....

**Health worker** (signs, specify full name) .....

.....

## HEALTH CHECK UP FOR MOTHER (3)

**Reason for the visit** .....

.....

**Main symptoms and diagnosis** .....

.....

.....

**Treatment and prescription** .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Counselling** .....

.....

.....

.....

.....

.....

**Next appointment** Day...../Month...../Year.....

**Date of the visit** Day...../Month...../Year.....

**Name of health facility** .....

**Health worker** (signs, specify full name) .....

.....





## HEALTH CHECK UP FOR MOTHER (4)

**Reason for the visit** .....

.....

**Main symptoms and diagnosis** .....

.....

.....

**Treatment and prescription** .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Counselling** .....

.....

.....

.....

.....

.....

**Next appointment** Day...../Month...../Year.....

**Date of the visit** Day...../Month...../Year.....

**Name of health facility** .....

**Health worker** (signs, specify full name) .....

.....

## HEALTH CHECK UP FOR MOTHER (5)

**Reason for the visit** .....

.....

**Main symptoms and diagnosis** .....

.....

.....

**Treatment and prescription** .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Counselling** .....

.....

.....

.....

.....

.....

**Next appointment** Day...../Month...../Year.....

**Date of the visit** Day...../Month...../Year.....

**Name of health facility** .....

**Health worker** (signs, specify full name) .....

.....



# PART 3: DURING DELIVERY, POST PARTUM & NEWBORN

## 3.1 Essential care of a mother

**Immediately after delivery:**

- Put your baby with youself in the warm room with no draught. Encour age and help yourself to breastfeed your baby immediately within 1 hour after birth.
- Make sure that the mother take enough foods and rests.
- If you either feel tired and dizzy or finds blood on the pad within 1 hour after delivery, you should immediately contact a health worker to receive timely professional care.

**From delivery to 6 weeks:**

**Food and rest**

- Have a variety of adquate foods including:
  - ✓ Starch: rice, corn, potato, wheat flour, etc.
  - ✓ Protein: meat, fish, egg, milk, shrimp, crab, peanut, bean, sesame, etc.
  - ✓ Lipid: oil, fat.
  - ✓ Fiber, vitamins and minerals: vegetables, fruits, milk, etc.
- Do not go on diet but take adequte foods except uncooked meats/fishes, coffee, alcohol, tobacco, etc.
- Drink more water, fruit, milk, about 2-3 litters per day
- Sleep at least 8 hours per day. Have a nap after lunch.

**Daily activities**

- Stay in clean, warm and well- freshy aired room without smoke of cooking and tobacco. Avoid contacting many people, particularly those who have or may have diseases.
- Around 6 hours after delivery, the mother can carefully stand and walk. On the 2nd day, you can take a walk, do some physical activities gently. After 1 week, you can do some light housework.
- Have daily exercises which help you recover, avoid constipation, and increase gustation.
- Avoid sexual intercouses within 6 weeks ater delivery because it may cause injury and reproductive infections.

**Hygiene**

- During the few days after delivery, there is a lot of vaginal discharge. You should clean your external genital part several times per day (at least 4 times per day) after changing sanitary pads.
- Use clean and absorbent sanitary pads.
- Have quick bath using clean and warm water. Clean and dry perinium after fecal excretion.

- Clean breast with soft and clean towel before breastfeeding your baby. Change bra frequently because it gets often wet due to breast milk.
- Wear loose, clean and comfortable clothes. The cotton material is recoomended.

**Family planning methods**

After delivery, you need to consult a health worker about choosing and applying appropriate contraceptive method(s).

For those who are breastfeeding:

- IUD (only 6 weeks after delivery)
- Condom
- Pill made only of progestin
- Injection
- Lactational amenorrhea method (Breastfeeding practice has the effectiveness of contraceptive, too.)

For those who are no longer breastfeeding: You can consider applying any appropriate contraceptive methods, if it is confirmed that you are not pregnant.

**Support mother on breastfeeding**

- Facilitate mother on exclusive breadfeeding
- Breastfeed the infant both day and night, with at least 8 times per day.
- If your breasts are tender and you have nipple pain, massage the nipple(s) to make them soft and reduce tender before breastfeeding. If you still have nipple pain, contact health workers to get counselling.
- Have more warm foods and drinks to increase breast milk.
- If an infant cannot suck your nipples well, contact a health worker to get counselling.

**Other cares**

- Take vitamin A and iron tablets, having been advised by a health worker.
- Keep the daily life comfortably and avoid stress or over-worriedness.

## 3.2 Essential care of a newborn

**Immediately after delivery**

- Wipe the fluid, blood and meconium. Do not remove the vernix as it helps to protect the skin and to keep your baby warm.
- Your baby should stay with you in non-draught and warm room. Do not fan directly you and your baby. Keep you and your baby in skin-to-skin contact.
- Breastfeed your baby within the first hour after delivery, even when your milk does not come adequately. Once your baby's sucking stimulates your nipples, then your milk will come accordingly. Do not waste initial milk which is one of thebasic requirements for a baby. Do practice only breastfeeding. Do not add any other foods or drinks. Early breastfeeding also helps the uterine contraction faster and reduce the risk of hemorrhage.





- The milk from your breasts during initial several days is colostrum. That is the best food for your baby as it contains enough and appropriate nutrients for a newborn and other substances to protect your baby from having diseases, help your baby to discharge meconium quicker, and reduce the risk of jaundice.

**Daily care**

**Cord care**

- Do not put anything on the cord stump.
- Keep the cord clean and dry. Normally, the cord will fall off 5 – 10 days after the birth. If the cord falls of after 10 days or before 5 days, your baby should be checked by a health worker.
- If the cord is bleeding, wet or pus discharge, bring your baby immediately to a health facility for prompt care.

**Eye care**

- Clean the eyes daily by smooth, clean cloth. Do not drop anything into your baby's eyes.

**Keep warm**

- Keep the room temperature between 26 – 28°C, without draught.

Always keep you and your baby in skin-to-skin contact. Let your baby wear a hat and clothes. Do not bathe your baby within 6 hours after delivery.

**Hygiene**

- Always wash your hands before and after caring your baby.
- Clothes for your baby should be replaced routinely, washed daily and dried out in the sunshine at open and clean place.
- Let your baby bathe daily with clean and warm water in air-tight room.
- Your baby does not need to bathe daily particularly on cold days. When the cord is not healed, bathe your baby partially without putting the whole body of your baby into the water. Use smooth cloth when bathing. Do not rub strongly to avoid scratches. Dry your baby's body and let your baby wear warmly after bathing. Do not bathing for more than 10 minutes.

**General care**

- Your baby should be with you in a warm room with no draughts and smoke.
- Use a bed-net to avoid bites of mosquitoes and insects.
- Keep your baby away from sick people and domestic animals.
- Do not put your baby under direct sunlight.
- Do not put your baby on the cold and hard surface.

## 3.3 Young Child Feeding

**Breastfeeding**

- Exclusively breastfeed your baby up to 6 months of age. Exclusive breastfeeding is to give an infant only breast milk without any foods or drinks other than breast milk, unless medically advised.
- Breastfeed your baby during both daytime and night upon his/her demand anytime he/she wants. When your baby sleeps for more than 4 hours continuously, make him/her wake up for breastfeeding.
- Continue to breastfeed your baby up to 24 months of age or longer. Do not stop breastfeeding until he/she becomes 18 months of age.
- Start appropriate supplementary feeding, when your baby becomes about 6 months of age and continues to be breastfed up to 2 years of age.

***Good breastfeeding position***





**Benefit of breastfeeding**

- Ideal food for your baby because of the following reasons:
  - ✓ The most nutritious food for your baby.
  - ✓ Enhances your baby's capacity to protect himself/herself from illnesses, particlularly diarrhea and pneumonia.
  - ✓ Thereby, reduces child morbidity and mortality.
  - ✓ Enhances the development of nerve system.
  - ✓ Reduces the risks of child under-malnutrition and over-nutrition.
- Protect your health: reduces the risk of postpartum heamorrage, risks of breast cancer,ovarian cancer, osteoporosis. Enhances the emotional, loving and bonding relationshipbetween you and your baby.

***Good and bad examples of baby's nipple sucking***

***Good breastfeeding position***

- Benefits for community and society:
  - ✓ Considered a natural contraceptive method.
  - ✓ Protects environment, i.e. no need for any factories to produce milk, container, no garbage production.
  - ✓ Helps save household economy by bringing the most bebefits for children without food expenses and medical expenses.

**Supplementary feeding of infants**

- In addition to breast milk, children 6 months of age and older need to have supplementary foods to ensure getting adequately nutritious components which are necessary for their growth. Supplementary feeding should contain adequate 4 groups of foods:
  - ✓ Starch: Rice, potato, maize, wheat, etc.
  - ✓ Protein: Meat, fish, crab, shrimp, peanut, bean, peas, etc.
  - ✓ Fat: Cooking oil, lard, and butter (providing both animal lard and vegetable fat)
  - ✓ Fiber, vitamins and minerals: Vegetables and fruits.
- Make sure to give a baby adequate meals according to their ages:
  - ✓ After full 6-8 months of age: Major breast feeding and 2 supplementary meals. From the 7th month, you should feed your baby with ripe fruits such as banana, orange, papaya, etc.

- ✓ From 9-11 months of age: Major breast feeding and 3 supplementary meals you should feed your baby with ripe fruits such as banana, orange, papaya, etc..
- ✓ From 12-24 months of age: Breast feeding, 3 main meals and 2 snacks (ripe fruits, cakes, milk, etc.).
- ✓ From 2-5 years of age: Eating together with family. Beside 3 main meals, your baby needs to be given 2 snacks (milk, fruits, cakes, etc.). But, feed your baby more nutritious food such as meat, fish, egg, etc.

**Prevention of malnutrition**

- Exclusively breastfeed your baby until he/she becomes 6 months of age. Give appropriate supplementary foods, while continuing to breastfeed your baby until he/she becomes 24 months of age. Do not stop breastfeeding before 18 months - mentary foods should include adequate 4 groups of foods: (i) starch; (ii) protein; (iii) fat; and (iv) fiber, vitamins and minerals. Children between 6-36 months of age should take vitamin A-rich capsule, twice a year.
- Measure your child's weight every month and record a growth monitoring chart to monitor the increase in his/her weight. If child's weight increases regularly every month,he/she is healthy. If his/her weight is either not increasing or decreasing, the mother needto pay more attention to caring of her child and contact a health worker or village health workers to get counseling.
- Measure your baby's height every 6 months and record a growth monitoring chart to monitor the increase in his/her height.
- Deworm your baby at 24 months of age and up to 5 years of age every 6 months.
- Adequately get your baby immunized against major vaccine-preventable disaeses as scheduled.





## NOTES FOR FAMILY

## DURING AND RIGHT AFTER DELIVERY

### Mother

| Check point | ☐ Normal | ☐ Risk | | | |
|---|---|---|---|---|---|
| **Time for labor** | ☐ Normal | ☐ Prolonged | | | |
| **Fetal position** | ☐ Head | ☐ Other (specify)..... | | | |
| **Presentation** | ☐ Normal | ☐ Difficult/intervention | ☐ Caesarean section | | |
| **Complications** | ☐ No | ☐ Yes [Specify.....] | | | |
| **Place of birth** | ☐ Provincial Hospital | ☐ District Hospital | ☐ Commune health center | ☐ Home delivery | ☐ Other |
| **Birth assistant** | ☐ Health worker | ☐ Trained birth attendant | | ☐ Other | |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....

### Newborn

| Check point | Normal | Risk | |
|---|---|---|---|
| **Date and time of birth** | Hour..... / Minute.....<br>Day..... / Month..... / Year..... | | |
| **Sex** | ☐ Male ☐ Female ☐ unknown gender | | |
| **Crying after birth** | ☐ Immediately | ☐ Not immediately | |
| **Resuscitation** | ☐ No | ☐ Yes | |
| **Gestational age** | ☐ Term: (between 37th and 41st week) | ☐ Pre-term: (under 37th weeks) | ☐ Post-term: (after 41st weeks) |
| **Anus** | ☐ Yes | ☐ No | |
| **Other malformations** | ☐ No | ☐ Yes | |
| **Other problems** | ☐ No | ☐ Yes (specify): | |
| **Health situation** | ☐ Normal | ☐ Need to be treated | ☐ Died |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....



## 1st DAY AFTER DELIVERY

### Mother

| Check point | Normal | Risk |
|---|---|---|
| **Pulse** (times per minute) | ☐ 60 - 90 times per minute | ☐ < 60 times per minute<br>> 90 times per minute |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C<br>< 36.5$^0$C |
| **Blood pressure** (mmHg) | ☐ max: 90 – 140<br>☐ min: 60 – 90 | ☐ Max : > 140 ☐ Max: < 90<br>☐ Min : > 90 ☐ Min: < 60 |
| **Uterus** | ☐ Well contraction | ☐ Soft, over umbilicus |
| **Lochial discharge** | ☐ Normal | ☐ Abnormal |
| **Breast** | ☐ Soft with milk available | ☐ Pain, engorgement, nipple gets inward |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....

### Newborn

| Check point | Normal | Risk | |
|---|---|---|---|
| **Weight** (kg) | ..... (kg) | | |
| **Height** (cm) | ..... (cm) | | |
| **Malformation** | ☐ No | ☐ Yes | |
| **Breastfeeding within 1 hour after delivery** | ☐ Yes | ☐ No | |
| **Body temperature** Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C<br>☐ < 36.5$^0$C | |
| **Cord** | ☐ Dry | ☐ Bleed | |
| **Meconium** | ☐ Yes | ☐ No | |
| **Urination** | ☐ Yes | ☐ No | |
| **Inject Vitamin K1** [Within 2 hours after birth] | ☐ Yes | ☐ Not yet | |
| **Immunization against Hepatitis B** [Within 24 hours after birth] | ☐ Yes | ☐ Not yet | |
| **Health situation** | ☐ Normal | ☐ Need to be treated | ☐ Died |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....

## 1ST WEEK AFTER BIRTH

### Mother

| Check point | Normal | Risk |
|---|---|---|
| **Eating** | ☐ Eat well | ☐ Don't eat well, tasteless, nausea |
| **Sleeping** | ☐ Sleep well | ☐ Don't sleep well or insomnia |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C<br>☐ < 36.5$^0$C |
| **Stool** | ☐ Normal | ☐ Constipation<br>☐ Diarrhea |
| **Urine** | ☐ Normal | ☐ Leaky |
| **Lochial discharge** | ☐ Becomes fading, less amount<br>☐ Not smell bad | ☐ Smells bad<br>☐ Bloody |
| **Breast condition** | ☐ Soft with milk available | ☐ Pain, engorgement, nipple gets inward |
| **Take vitamin A** | ☐ Yes, done | ☐ Not done yet |
| **Take iron tablet** | ☐ Yes, done | ☐ Not done yet |

### Newborn

| Check point | Normal | Risk |
|---|---|---|
| **Exclusive breastfeeding** | ☐ Breastfed only, not eat or drink any other things | ☐ Eat and/or drink other things other than breast milk |
| **Frequency of breastfeeding** | ☐ 8 times per day or more | ☐ Less than 6 times per day |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ Normal (36.5 - 37.4$^0$C) | ☐ Hot touch (Higher than 37.4$^0$C)<br>☐ Cold touch (Lower than 36.5$^0$C) |
| **Skin** | ☐ Light yellow then disappearing | ☐ Dark yellow , increasing yellow<br>☐ With acne, pus |
| **Eyes** | ☐ Normal | ☐ Rheum<br>☐ Pus |
| **Cord** | ☐ Dry | ☐ Wet/pus, bad smell<br>☐ Fall off before 3 days after delivery |
| **Stool** | ☐ Yellow | ☐ light color<br>☐ dark color, bloody |
| **Urine** | ☐ Pure | ☐ Dark Yellow |
| **Health situation** | ☐ Normal | ☐ Others (less movement or cry a lot or other abnormal) |

* Ticking in yellow check box does not mean automatic "abnormal" of your child status. Consult the ticked check point(s) with health workers.





## 1ST WEEK AFTER BIRTH

### Mother

| Check point | Normal | Risk |
|---|---|---|
| **Pulse** (times per minute) | ☐ 60 - 90 times per minute | ☐ < 60 times per minute<br>☐ > 90 times per minute |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C ☐ < 36.5$^0$C |
| **Blood pressure** (mmHg) | ☐ max: 90 - 140<br>☐ min: 60 - 90 | ☐ Max : > 140 ☐ Max: < 90<br>☐ Min : > 90 ☐ Min: < 60 |
| **Skin** | ☐ Pink, do not bleed | ☐ pale |
| **Uterine** | ☐ Well contraction | ☐ Soft, over umbilicus |
| **Lochial discharge** | ☐ Dark red, becomes lighter and ☐ less amount | ☐ A lot, bleeding lasts long, bad smell or do not have lochial discharge |
| **Perineum** | ☐ Normal | ☐ Swelling cut, red, yellow drip |
| **Breast condition** | ☐ Normal | ☐ Nipple gets inward, cracked, engorgement |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....

### Newborn

| Check point | Normal | Risk |
|---|---|---|
| **Weight** (kg) | ..... (kg) | |
| **Height** (cm) | ..... (cm) | |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C<br>☐ < 36.5$^0$C |
| **Breathing rate** | ☐ 30 - 60 per minute | ☐ > 60 times per minute<br>☐ < 30 times per minute |
| **Exclusive breastfeeding** | ☐ Breastfed only, not eat or drink any other things | ☐ Eat and/or drink other things other than breast milk, difficult to suck, do not suck, vomit, distention |
| **Cord** | ☐ Dry | ☐ Wet/pus, smell bad |
| **Eyes** | ☐ Normal | ☐ Rheum, pus |
| **Skin** | ☐ Normal | ☐ Pale, dark yellow increasing, jaundice lasts long over 8 days or papules or acnes |
| **Urine** [through interview] | ☐ Normal | ☐ No urination |
| **Stool** [through interview] | ☐ Normal | ☐ No defecation |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....

## FROM 2nd to 6th WEEK AFTER BIRTH (to be recorded by family)

### Mother

| Check point | Normal | Risk |
|---|---|---|
| **Eating** | ☐ Eat well | ☐ Don't eat well, crudity, vomit, flatulence, distention |
| **Sleep, rest** | ☐ Normal | ☐ Don't sleep well, insomnia |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C ☐ < 36.5$^0$C |
| **Stool** | ☐ Normal | ☐ Constipation<br>☐ Diarrhea |
| **Lochial discharge** | ☐ Becomes fading, less amount<br>☐ Not smell bad | ☐ Smells bad<br>☐ Bloody |
| **Lactation** | ☐ Yes, sufficient breast milk | ☐ Not insuffcient breast milk |
| **Take vitamin A** | ☐ Yes, done | ☐ Not done yet |
| **Take iron tablet** | ☐ Yes, done | ☐ Not done yet |
| **Have menstrual period back** | ☐ Yes | ☐ No |
| **Contraceptive needs** | ☐ Yes | ☐ No |

### Child

| Check point | Normal | Risk |
|---|---|---|
| **Exclusive breastfeeding** | ☐ Breastfed only, not eat or drink any other things | ☐ Eat/ drink other things other than breast milk |
| **Frequency of breastfeeding** | ☐ 8 times per day or more | ☐ Less than 6 times per day |
| **Skin** | ☐ Light yellow then disappearing | ☐ Dark yellow increasing over 8 days<br>☐ Acnes/pus |
| **Cord** | ☐ Fell off within 5 - 10 days after birth | ☐ Fell off before 5 days<br>☐ Fell off after 10 days after birth |
| **Does your child respond to sound/noise?** | ☐ Yes | ☐ No |
| **Does your child look toward an object moving in front?** | ☐ Yes | ☐ No |
| **Any other health problem?** | ☐ No | ☐ Yes [Specify.....] |
| **Did you take your child to health faciltiy?** | ☐ No | ☐ Yes [Specify.....] |

* Ticking in yellow check box does not mean automatic "abnormal" of your child status. Consult the ticked check point(s) with health workers.





## FROM 2nd to 6th WEEK AFTER BIRTH

### Mother

| Check point | Normal | Risk |
|---|---|---|
| **Pulse** (times per minute) | ☐ 60 - 90 times per minute | ☐ < 60 times per minute<br>☐ > 90 times per minute |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C ☐ < 36.5$^0$C |
| **Blood pressure** (mmHg) | ☐ max: 90 - 140<br>☐ min: 60 - 90 | ☐ Max : > 140 ☐ Max: < 90<br>☐ Min : > 90 ☐ Min: < 60 |
| **Uterus** | ☐ Normal | ☐ Large, over umbilicus |
| **Lochial discharge** | ☐ Normal | ☐ Remain, smell bad |
| **Perineum** | ☐ Normal | ☐ Pain, leaky |
| **Breast condition** | ☐ Normal | ☐ Nipple gets inward, engorgement, cracked |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....

### Child

| Check point | Normal | Risk |
|---|---|---|
| **Weight** (kg) | ..... (kg) | |
| **Height** (cm) | ..... (cm) | |
| **Body temperature** [Axillary temperature] ($^0$C) | ☐ 36.5 - 37.4$^0$C | ☐ > 37.4$^0$C<br>☐ < 36.5$^0$C |
| **Breathing rate** | ☐ 30 - 60 per minute | ☐ > 60 times per minute<br>☐ < 30 times per minute |
| **Cord** | ☐ Dry | ☐ Wet/pus, smell bad |
| **Eyes** | ☐ Normal | ☐ Rheum, pus |
| **Ears** | ☐ Normal | ☐ Abnormal |
| **Skin** | ☐ Normal | ☐ Remain jaundice, with acnes, blister |
| **Urine** [through interview] | ☐ Normal | ☐ little, yellow |
| **Stool** [through interview] | ☐ Normal | ☐ No defecation or white stool |

**Conclusion and management:**

Time..... Day...../Month...../Year.....
**Name of health facility**.....
**Name of health worker (signs, specify full name)**
.....

## NOTES FOR HEALTH WORKER



# PART 4: DURING CHILDHOOD PERIOD
# CARE AND MANAGEMENT OF SOME COMMON DISEASES AMONG CHILDREN

## 4.1 Management of diarrhea

Diarrhea is the condition presented by three times or more of stooling with loose, watery and blood stools in a day.

When your child has diarrhea, we should:

1. Give your child more fluid available at home (boiled water, fruit juice, roasted rice juice, etc.) or the Oral Rehydration Salts (ORS) solution Oresol. The amount of fluid to be given each time of stooling is:
   - Child younger than 2 years of age: 50-100 ml (1/4 – 1/2 rice bowl)
   - Child 2 year of age and older: 100-200 ml (1/2 – 1 rice bowl)
   - Avoid giving your child green tea with sugar or soft drinks.
2. Continue to feed your child as usual such as nutrient and soft foods (if your child is still being breastfed, increase the frequencies of breastfeeding) during the time of diarrhea. After the diarrhea has stopped, give your child an additional meal each day (i.e. 4 meals per day) for 2 weeks to prevent malnutrition. Do not let your child go or keep on diet.
3. Give a tablet of 20 mg zinc as zinc supplementation (for a child younger than 6 months of age, give a half of the tablet, i.e. 10 mg) per day for 10-14 days.
4. If your child has any of the following, urgently take him/her to a health facility:
   - Lethargic or unconscious
   - Not be able to suck milk or give up sucking
   - Vomit a lot
   - Diarrhea either becomes worse or remains uncured
   - Have high fever
   - Feel very thirsty
   - Present stool stained with blood
   - Have convulsions

## 4.2 Management of acute respiratory infections

Respiratory infections are infections of virus or bacteria in the respiratory system including nose, throat, larynx, trachea and pulmonary tissues.

When your child has signs of respiratory infections such as cough, fever, running nose, we should:

- Give your child more water and the nutrient foods that are easy to digest and taste.
- Sooth the throat with a safe herb remedy such as:
  - ✓ Kumquat steamed with sugar candy or honey
  - ✓ Herb steamed with honey
  - ✓ White rose steamed with sugar candy
- Clean the nose before feeding your child. Make a wick with the warm and soft cloth to clean gently 2 nostrils.
- If your child has high fever, take his/her clothes off, let him/her be in the cool and well aired place. If his/her body temperature is 38.50C or higher, use Paracetamol as follows:
  - ✓ Paracetamol tablet 10 mg per kg per time (e.g. A child with 10 kg weight should take 1 tablet of 100mg).
  - ✓ Can repeat using Paracetamol after 4-6 hours if your child still has high fever. Do not use Paracetamol more than 4 times per day.

fever, irritation, poor sucking, cyanosis, difficult breathing.

### At what age, should your child get immunized?

See the immunization schedule in page 65.

## 4.11 Monitoring the growth of children

- Weight, measure the height of children under 2 years of age: once per quarter
- Weight, measure the height of malnutrition children under 5 years of age: implementing monthly
- Weight, measure the height of children under 5 years of age at the nutrition campaign on every June.



**2. Giving Paracethamol if having high fever (higher than 38.5 ºC)**

Paracetamol tablet 10 mg per kg per time (A child with 10 kg weight should take 1 tablet of 100 mg). The use of Paracetamol can be repeated after 4-6 hours, if your child still has high fever. Do not use Paracetamol more than 4 times per day. If your child still has high fever, take him/her to a health facility for further examination and treatment.

## 4.4 Management of a child with convulsion due to high fever

- Immediately manage fever, following the instructions in the previous section "Management of a child with fever".
- Keep your child calm, avoiding from any stimulating factors