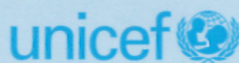




The Palestinian Ministry of Health

## Mother and Child Health Handbook



This Booklet Has Been Prepared With a Fund From The Government of Japan and Technical Cooperation of JICA

Dear expectant mother, this book is for you and your child, please...

- ▶ Go for regular check-ups.
- ▶ Keep the book and bring it along with you for each visit to the health center and to the hospital.
- ▶ Please review the information inside

## Important instructions:

- 1 Early registration of pregnancy in the nearest MCH center.
- 2 Commit to the appointment as requested by the health team.
- 3 Early reporting of the delivery and registration of the baby in the Parents' ID.
- 4 Register the newborn in the nearest MCH center.
- 5 Reporting to the MCH center in the first week after delivery for postnatal checkup.

## Mother and Child Handbook

Mother's name: ..... ID number: .....

Mother's date of birth: .....

Father's name: ..... ID number: .....

Name of child: ..... ID number: .....

Child's date of birth: ..... Telephone number: .....

Family's number: .....

Pregnant Mother's number: ..... Child's number: .....

Mother /Child care center: ..... Governorate: .....

Telephone number of the health center: .....

Blood type for the mother: ..... Rh factor: .....



## List of Acronyms

Alb	Albumin
APH	Antepartum hemorrhage
B.Wt.gr.	Birth weight in grams
BP	Blood pressure
Cm	Centimeter
C.S	C-section
DVT	Deep venous thrombosis
EDD	Expected date of delivery
FA	Folic acid
FHS	Fetal heart sound
FP	Family planning
Gr	Grams
Hb	Hemoglobin
Hc	Head circumference
Ht	Height
LMP	Last menstrual period
Ng-	Negative
No.	Number
ORS	Oral rehydration solution
Pst+	Positive
Sug	Sugar
VD	Vaginal delivery
Wt	Weight

For further information please contact the nearest mother & child  
health center in the Health Directorate  
Ministry of Health of Palestine  
Web site: [www.moh.gov.ps](http://www.moh.gov.ps)

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October 2007

## Contents

History of previous pregnancies .....	6
Risk assessment .....	8
a. risks related to medical & obstetrical history .....	8
b. risks related to current pregnancy .....	9
Record of antenatal care and follow-up .....	10
Hospital records .....	14
Postnatal examination .....	16
Newborn assessment .....	17
Family planning.....	18
Immunization schedule .....	19
The child's measurements .....	20
Child's medical checkup .....	32
Child's follow-up & referrals .....	34
Guides for a pregnant woman .....	35
Immunization (Vaccination) .....	39
Breast feeding .....	40
Child's nutrition .....	41
Child's development .....	44
Teeth .....	46
Domestic accidents that children may be exposed to.....	47
Taking care of a sick child .....	49

### Previous Pregnancies (including miscarriages)

No.	Date	Gestational age	Mode of delivery		Place of birth
			Vaginal	Abdominal	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					

### Place of Delivery

Intended Place of Delivery

Recommended Place of Delivery

Stamp & Signature

Doctor's name

Previous pregnancies  
(obstetric & postnatal complications)

newborn

Sex

B Wt. gr.

Birth  
outcome

Additional Remarks on Previous Pregnancies

---



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## Risk Assessment

### A) Risks related to medical & obstetrical history (on booking)

Age less than 16 or more than 40 years	Y	N
★ Three or more consecutive miscarriages	Y	N
Two or more perinatal deaths	Y	N
★ Previous C-section	Y	N
★ Other uterine surgery	Y	N
Six or more multiparity	Y	N
Past APH	Y	N
Past PPH	Y	N
★★ Diabetes (Specify)	Y	N
★★ Hypertension	Y	N
★★ Heart/ Renal Disease	Y	N
Others (specify)	Y	N

★ Means referral to high risk pregnancy clinic

★★ Means review the referral system protocol in reproductive health

### B) Risks Related to Current Pregnancy

Date of Visit	Booked visit	28 weeks	32 weeks	36 weeks	Others
Gestational Age					
Gestational diabetes					
Signs of pre-eclampsia					
Vaginal bleeding					
Moderate Anemia (Hb less than 9.5g/dl)					
Discrepancy of fundal height					
Oligo/ polyhydraminous					
Malpresentation at or after 36 weeks					
Absence of fetal movement after 24 weeks					
Multiple pregnancy					
PROM					
Rh incompatibility					
Pelvic mass					
Others (Specify)					
Assessment Carried out by					
Signature					

## Antenatal Follow – up

Ultra Sound		Tests	Results	Date
Date	Results			
/ /		Blood group		/ /
/ /		Rh typing		/ /
/ /		Indirect Comb's		/ /
/ /				
/ /				

## Medical Examination

Organ	Normal	Abnormal
Head & Neck		
Heart		
General Condition:		
Name of Doctor	Date: / /	

Gravida	Parity	Abortions	LMP	EDD	Height
	/ /			/ /	

Hb	Date	/ /	/ /	/ /	/ /	/ /
	Results					
Blood sugar	Date	/ /	/ /	/ /	/ /	/ /
	Results					

## Other Tests

Date	Test	Results	Date	Test	Results
/ /			/ /		
/ /			/ /		
/ /			/ /		

Organ	Normal	Abnormal	Vaccination	Yes	No
Breast			T.T.	<input type="checkbox"/>	<input type="checkbox"/>
Lung			Date of last dose		
Abdomen			Others	<input type="checkbox"/>	<input type="checkbox"/>
Lower limbs			If yes (specify)		
Doctor's Signature:			.....		
			.....		



## Antenatal Follow – up

A vertical number line with numbers 1 through 12. A small star is placed next to the number 4.

[illegible]

## Hospital Remarks

### Mother's examination

Name of mother: _____		Age: _____	
Place of Birth: Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Home <input type="checkbox"/> Others <input type="checkbox"/>			
Hour of Delivery: _____		Date of Delivery: _____	
Mode of delivery: 1. Normal 2. Vacuum 3. Forceps 4. C.S.		Weeks of Pregnancy: _____	
Episiotomy: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Perineal Tear: <input type="checkbox"/> grade 1 <input type="checkbox"/> grade 2 <input type="checkbox"/> grade 3 <input type="checkbox"/> grade 4			
Bleeding after delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Blood transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hemoglobin: _____			
Vital signs: 1. Temp: _____ 2. B.P: _____			
Complications after delivery: _____			
Diagnosis: _____ _____			
Referred: _____ _____			
Name of the Doctor: _____ Signature: _____			

## Hospital Remarks

### Newborn's examination

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Pregnancy outcome: Abortion <input type="checkbox"/> Alive <input type="checkbox"/> Stillbirth <input type="checkbox"/> Early Neonatal death <input type="checkbox"/> Late Neonatal death <input type="checkbox"/>	
Weight in gr: _____	Length: _____ H.C. _____
Vital signs: 1. Temp: _____ cm 2. Pulse: _____ min 3. Respiratory Rate _____ min	
Apgar score: _____ / 1 minute _____ / 5 minutes	
Starting breast feeding in the first hour after delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Congenital Malformation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify _____
Vit K: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hepatitis B1 :Vaccination <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complications after birth: _____	
Diagnosis: _____ _____	
Referred: _____ _____	
Name of the Doctor / Midwife _____ Signature: _____	



## Postnatal Examination

Postnatal Assessment	
Date of Visit:	Days after Delivery:
Vital Signs:	
Temp.: ..... C	Pulse:...../min      B.P: ..... mmHg
Bleeding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hb:	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT:	
Rupture Uterus: <input type="checkbox"/> Yes      result (if yes): <input type="checkbox"/> Repaired <input type="checkbox"/> Hysterectomy done <input type="checkbox"/> No	
Lochia (colour):	<input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red
Incision: C.S/Episiotomy	<input type="checkbox"/> Clean <input type="checkbox"/> Infected
<b>Seizures</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (during pregnancy and up to 10 days after delivery):	
Blood Transfusion:	
Breasts:	<input type="checkbox"/> Pain <input type="checkbox"/> Redness <input type="checkbox"/> Hot <input type="checkbox"/> Abnormal discharge
Fundal Height (cm):	
Family Planning Counseling:	
Family Planning Appointment:	
Recommendations:	
Remarks:	

## Newborn Assessment

Mode of Delivery: <input type="checkbox"/> V.D. <input type="checkbox"/> C.S.	Date of Delivery: ...../...../.....	Birth Weight: ..... gr.
Gestational age at delivery: .....		
Vital Signs:	Temp.: ..... °C Resp. rate: ..... /min	Pulse: ..... /min
Growth Parameters Wt .....gr.   Length .....cm   Hc .....cm		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous		
Congenital Malformation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred		
Jaundice: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred		
Cyanosis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred		
Umbilical stump: <input type="checkbox"/> Clean <input type="checkbox"/> Infected <input type="checkbox"/> Referred		
Feeding: <input type="checkbox"/> Mixed <input type="checkbox"/> Artificial <input type="checkbox"/> Exclusive		
Remarks: _____ _____ _____ _____ _____		
Name	Signature	

## Family Planning

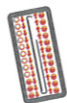
Would you like to use family planning means (contraceptives) now?

☐ Yes ☐ No

Have you ever used family planning means (contraceptives)?

☐ Yes ☐ No

What is the means (contraceptives) that you have used for family planning and was it successful?



1. pills

☐ Yes ☐ No



2. intra uterine device IUD

☐ Yes ☐ No



3. suppository

☐ Yes ☐ No

7. others \_\_\_\_\_

What is the chosen means (contraceptives): \_\_\_\_\_

4. condoms

☐ Yes ☐ No



5. injections

☐ Yes ☐ No



6. breastfeeding

☐ Yes ☐ No



One of the objectives and benefits of family planning is spacing between pregnancies in order to preserve the mother and the child's health and to avoid undesired pregnancy.

## Immunization Schedule

Child's age	Name of Vaccine	
1 day	BCG Tuberculosis	Hepatitis B1
1 month	IPV1 poliomyelitis (injection)	Hepatitis B2
2 months	IPV2	OPV1 poliomyelitis (oral)
		Triple vaccine (Diphtheria, Whooping Cough, Tetanus Toxoid) DPT 1, Meningitis Hib1
4 months	OPV2	DPT2, Hib 2
6 months	OPV3	DPT3, Hib 3
		Hepatitis B3
9 months	Measles	
12 months	OPV4	DPT 4
15 months	Measles /Mumps/ Rubella MMR	
1 <sup>st</sup> grade	OPV	DT Diphtheria & Tetanus Toxoid
6 <sup>th</sup> grade (females)	Rubella	
9th grade	dT diphtheria & Tetanus Toxoid	

Name of the child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

	Date of immunization			
	I	II	III	IV
BCG				
Hepatitis B				
IPV				
DPT				
OPV				
Measles				
MMR				
Hib				
DT				
dT				
Rubella				
Other				

Preventive investigations for the child

Examination	PKU test	TSH test	Hb test	Hb test
Date				
Result				

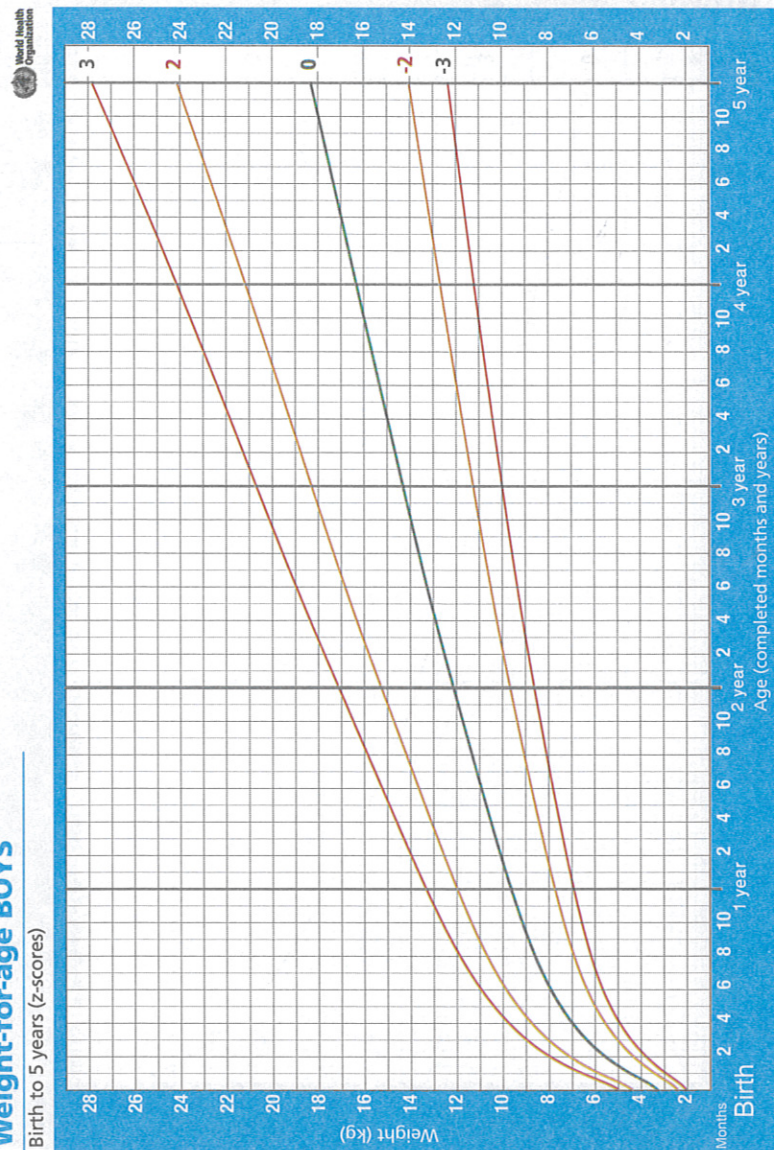


### Growth Parameters / Male

[illegible]

## Weight-for-age BOYS

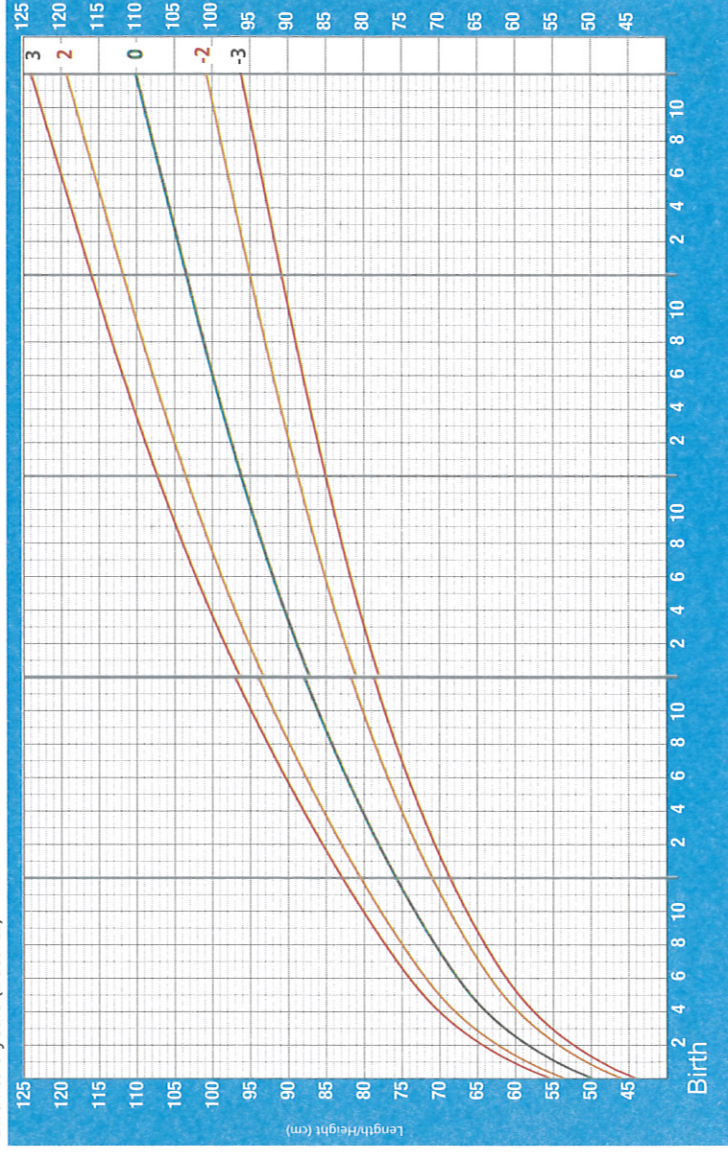
Birth to 5 years (z-scores)





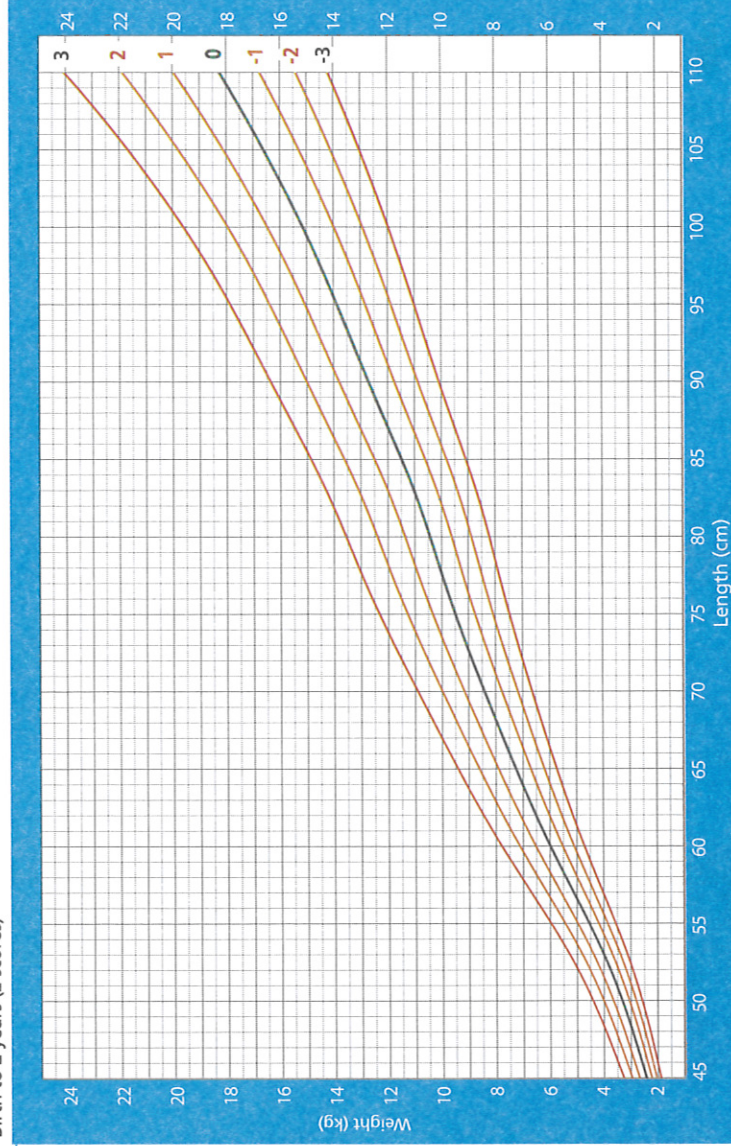
## Length/height-for-age BOYS

Birth to 5 years (z-scores)



## Weight-for-length BOYS

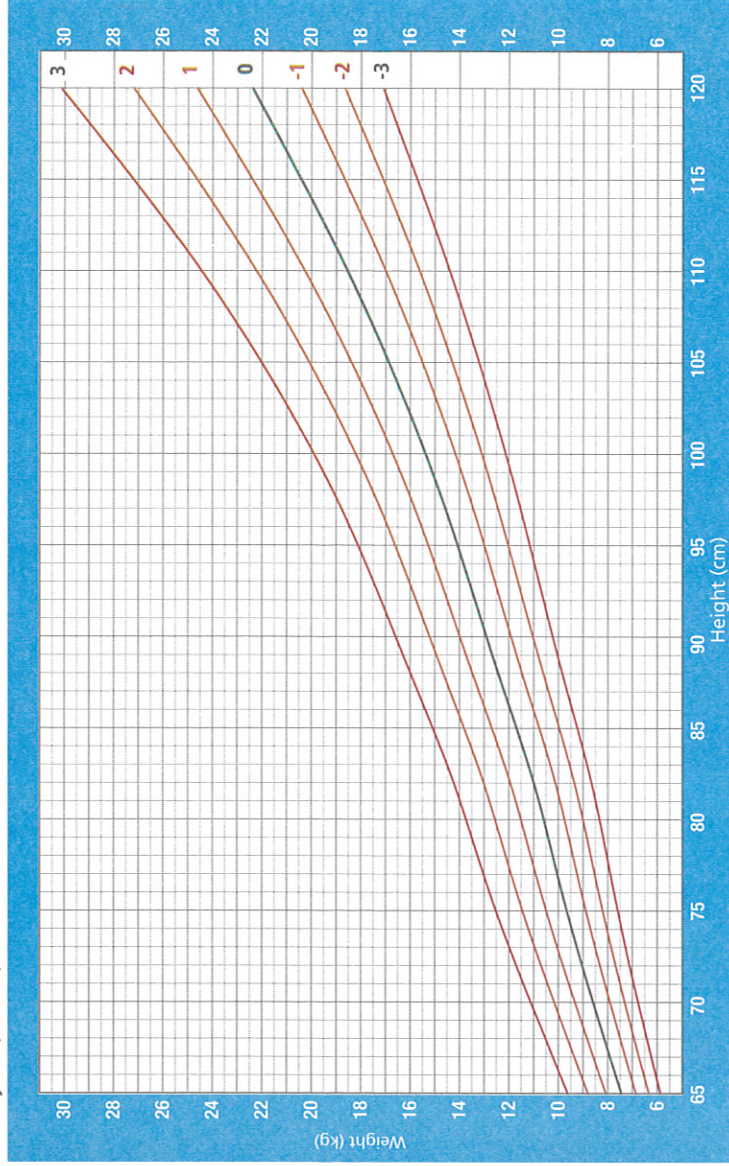
Birth to 2 years (z-scores)





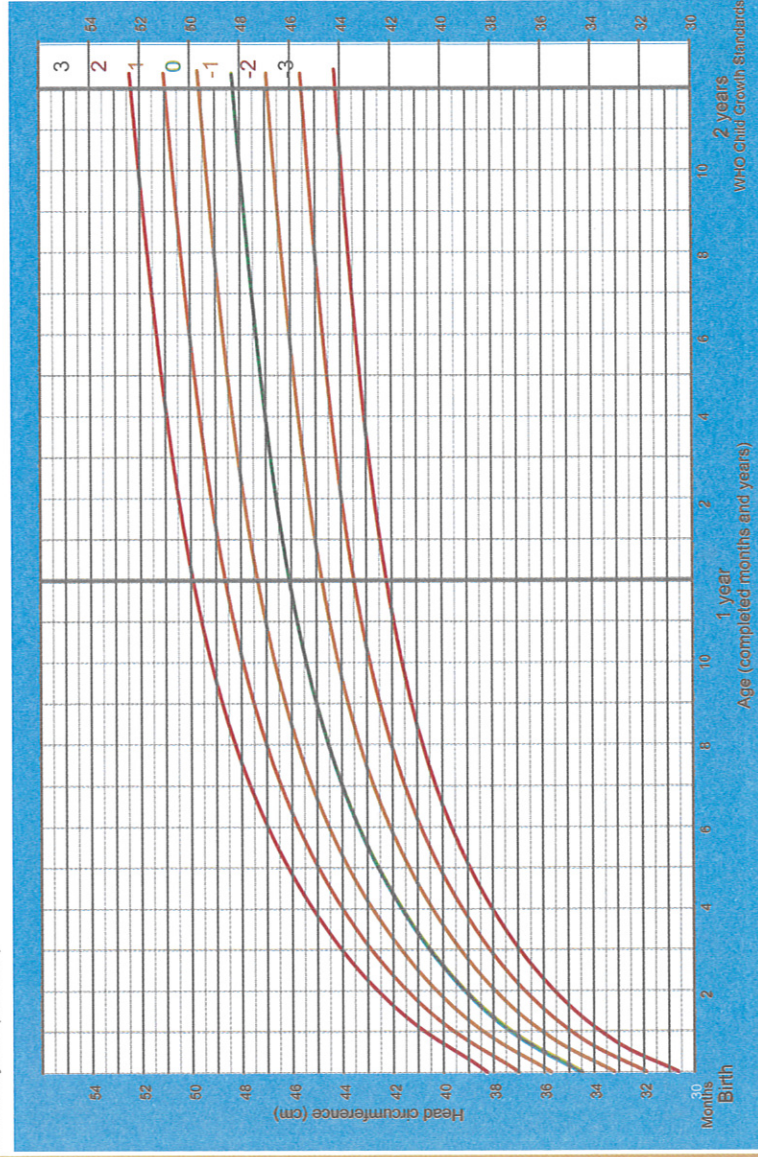
## Weight-for-height BOYS

2 to 5 years (z-scores)



## Head circumference-for-age BOYS

Birth to 2 years (z-scores)

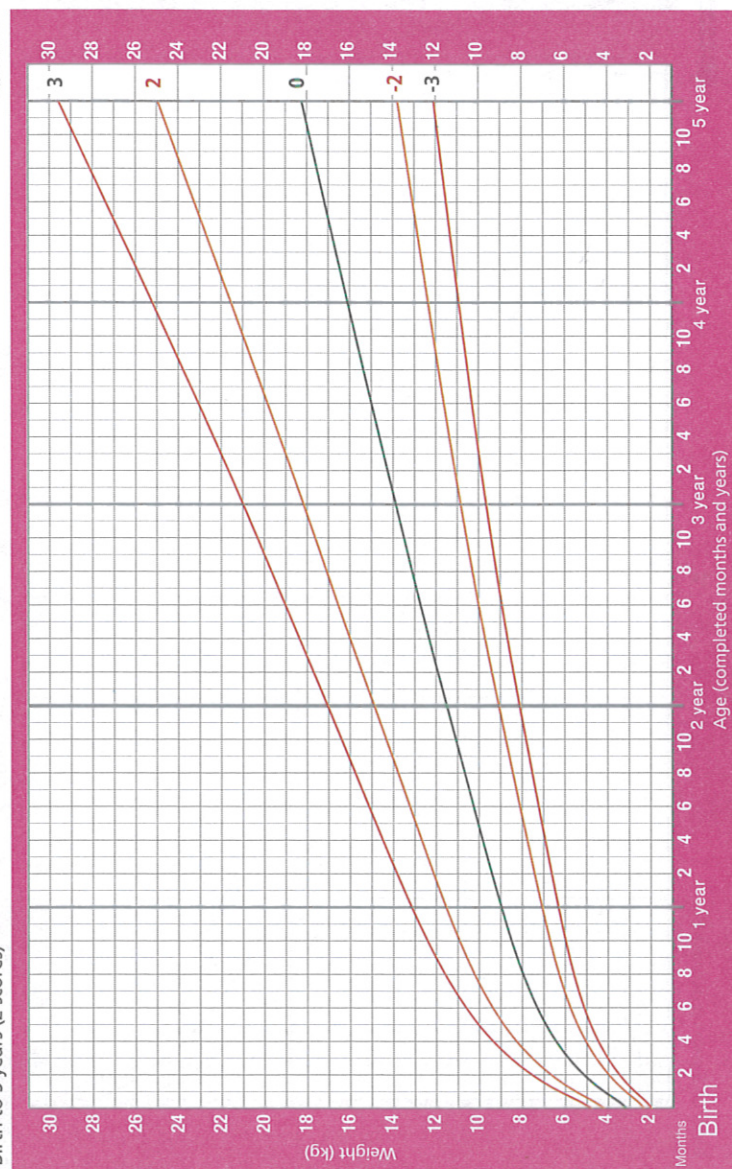




## 24

[illegible]

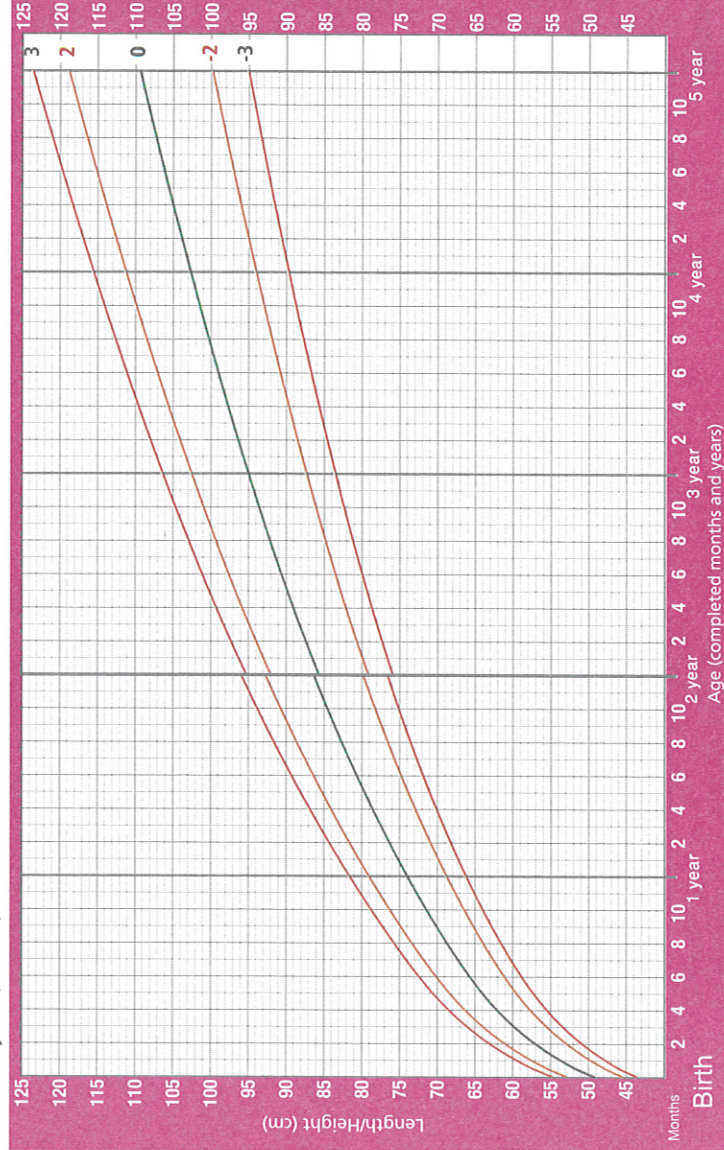
## Birth to 5 years (z-scores)





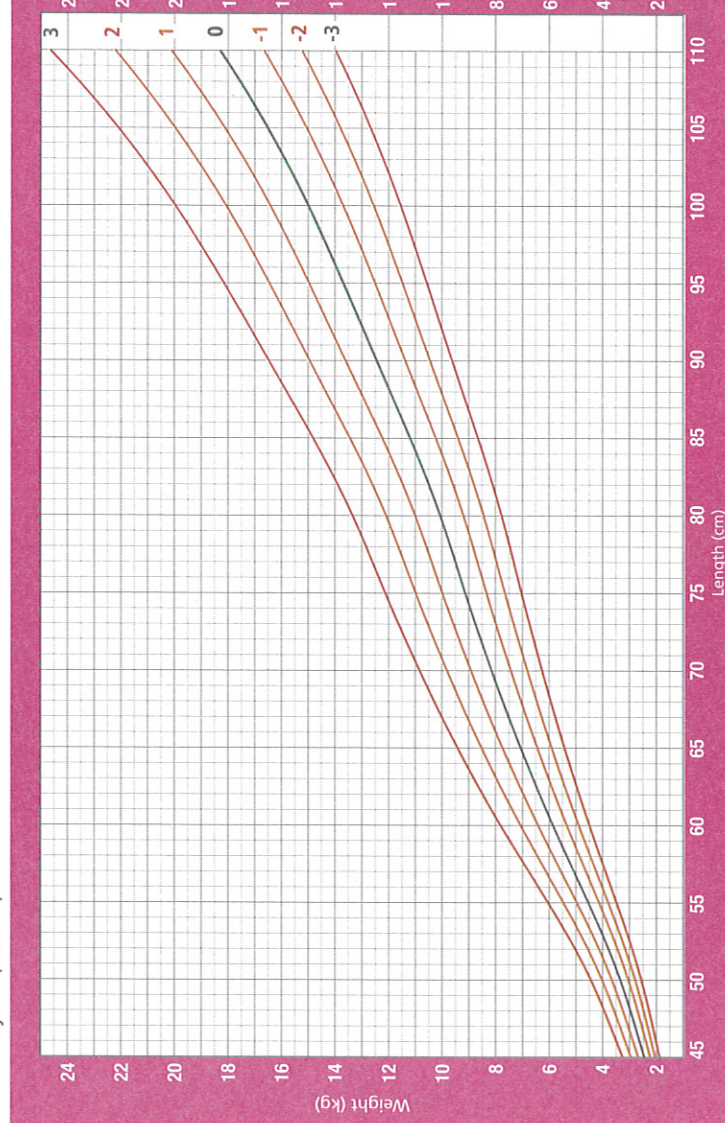
## Length/height-for-age GIRLS

Birth to 5 years (z-scores)



## Weight-for-length GIRLS

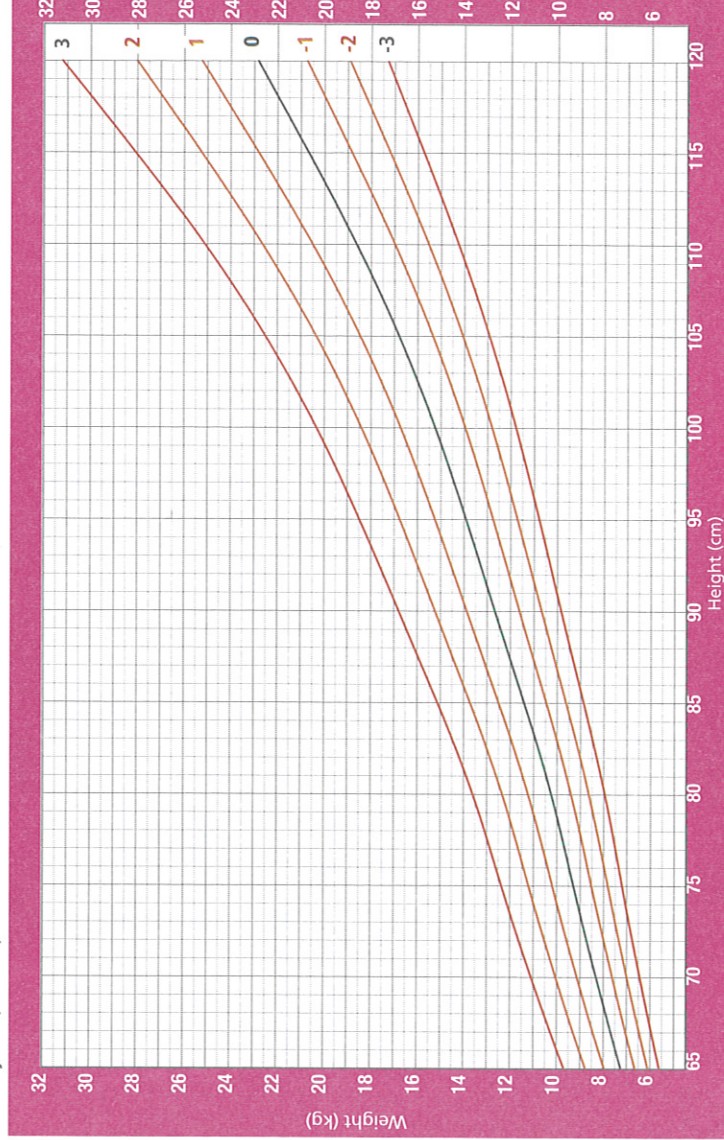
Birth to 2 years (z-scores)





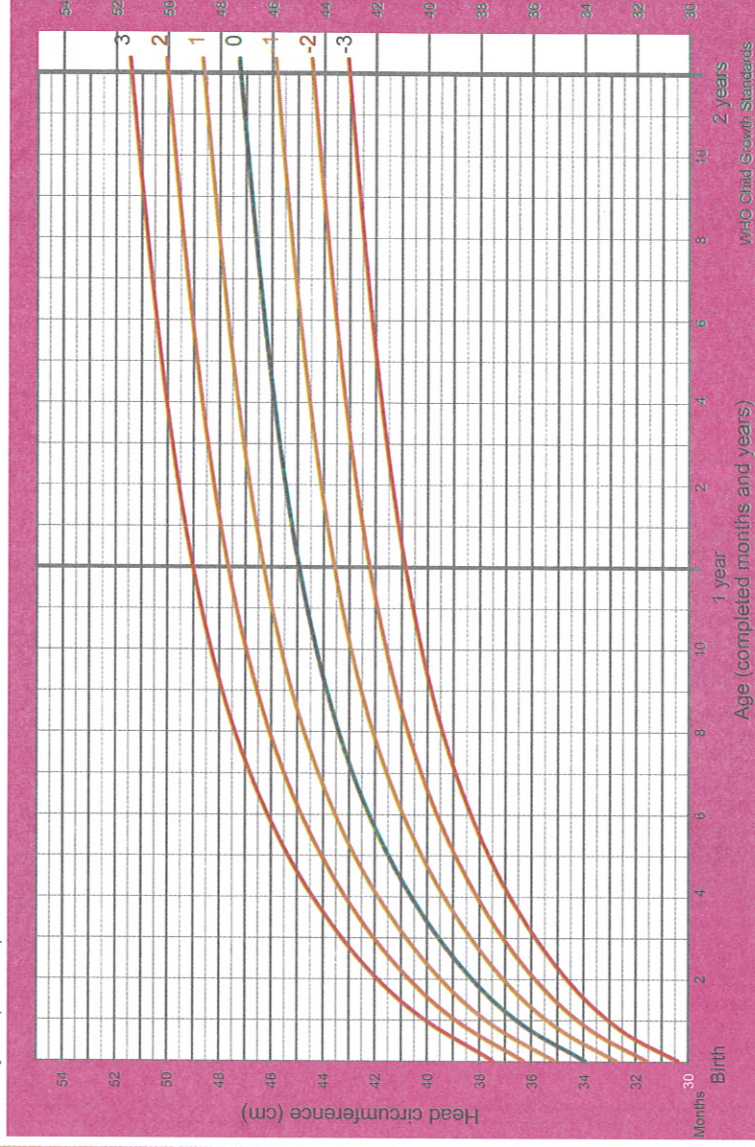
## Weight-for-Height GIRLS

2 to 5 years (z-scores)



## Head circumference-for-age GIRLS

Birth to 2 years (z-scores)





## Doctor's Examination of Male child

Each answer with yes requires referral to a specialist

Age in months	1	2	6	12	18	24	36	48	60
Date of visit									
Is the general condition abnormal?									
Is the anterior fontanel closed? (for a 3 months baby or less)									
Is there no red light reflected off the retina? (for an infant less than 3 months)									
Is there a squint or the suspicion of it? (for a 3 months infant or more)									
Is the reflection of light from the cornea discrepant? (for a 3 months infant or more)									
Is there a murmur in the heart sound?									
Is the femoral artery pulseless?									
Is there a suspicion of an abdominal mass?									
Is there a liver/spleen enlargement?									
Is there a swelling above the scrotum and separated from the testicle (hernia)?									
Is there a swelling inside the scrotum and separated from the testicle (hernia)?									
Is the testicle unpalpable or up the scrotum (for a one year old infant or more)?									
Is there a swollen testicle for a one year old infant or more) hydrocele?									
Is there a lower opening of urethra (hypospadias)?									
Is there an inguinal hernia?									
Is there a suspicion of congenital dislocation of the hip (dyspalsia)?									
Is the distance between the hips limited to 75 degrees or less?									
Is there no discrepancy in the distance between the hips?									
Is the vertebral column abnormal?									
Is the gait for child's walking abnormal?									
Is there decay in one of the teeth?									
Doctor's name									

## Doctor's examination of Female child

Each answer with yes requires referral to a specialist

Age in months	1	2	6	12	18	24	36	48	60
Date of visit									
Is the general condition abnormal?									
Is the anterior fontanel closed? (for a 3 months baby or less)									
Is there no red light reflected off the retina? (for an infant less than 3 months)									
Is there a squint or the suspicion of it? (for a 3 months infant or more)									
Is the reflection of light from the cornea discrepant? (for a 3 months infant or more)									
Is there a murmur in the heart sound?									
Is the femoral artery pulseless?									
Is there a suspicion of an abdominal mass?									
Is there a liver/spleen enlargement?									
Are the female's genital organs abnormal?									
Is there an inguinal hernia?									
Is there a suspicion of congenital dislocation of the hip (dyspalsia)?									
Is the distance between the hips limited to 75 degrees or less?									
Is there no discrepancy in the distance between the hips?									
Is the vertebral column abnormal?									
Is the gait for child's walking abnormal?									
Is there decay in one of the teeth?									
Doctor's name									

**Child's follow-up and referrals (filled by the doctor or a nurse)**[illegible]

## Guides for a pregnant woman

Health care is essential from the beginning of pregnancy until the end and you can choose the nearest MCH center in order to receive a proper health care which consists of the following:



### Pregnant care

Taking care of a pregnant woman is done by monitoring the fetus's movement, its heartbeat, size, age, weight, the mother's blood pressure, and urine tests in addition to measuring the Hb in blood and providing health education .

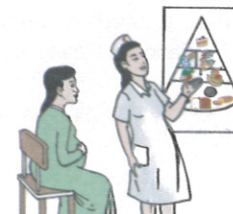
### Tetanus vaccination

A tetanus vaccine can be taken at any time from the beginning of pregnancy until two weeks before delivery.



### Nutrition of pregnant woman \*

A pregnant woman is advised to drink a lot of water and fresh juice as well as to eat nutritious food that is rich in iron such as (red meat, egg yolk, liver, green and yellow leaved vegetables, legumes (lentil, chick-peas etc...) and food rich in calcium such as milk and dairy products (yogurt, cream cheese, etc...).



## Supplements

In order to be protected from anemia, take iron pills and folic acid during the pregnancy period and until three months after delivery.

If you want to drink tea then it is advised to have it after two hours from taking iron tablet.

Some side effects might occur as a result of taking supplements such as constipation, abdominal colic; yet do not worry as these are temporary symptoms.



\* In case of a disease or certain symptoms for pregnant women, it is preferable to consult a physician.



### Personal hygiene and physical exercise

Taking care of the personal hygiene such as taking daily baths, wearing clean, loose-fitting cotton clothes and doing some physical exercise during pregnancy and after delivery is advisable.

### Dental care

Taking care of the teeth and using a toothbrush correctly is advisable.

Don't hesitate to visit a dentist for a regular checkup for teeth and treat them while being pregnant.

### Medication

Do not take medication during pregnancy unless you consult a doctor.

### Rest, Relaxation and Sleep

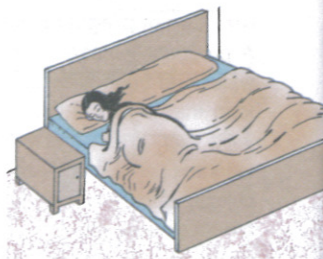
Take enough time to rest during the day, this helps you to be relaxed and eases the tension.

Make sure to get at least 8-10 hours sleep during the night.

### Psychological support

Psychological support is necessary for a pregnant woman from the family and especially the husband

Dear mother make sure to wear loose-fitting cotton clothes and comfortable footwear. Do not get exposed to x-ray and do not smoke during the whole period of pregnancy.



### Prepare yourself for breastfeeding

- Be prepared to breastfeed your baby immediately during the first hour after birth.
- Colostrum milk provides the newborn with all kinds of nutrition and immunity that he needs during the first days
- Don't give any food or fluids other than breast milk in the first 6 months of the infant's life.
- There is no need to massage or put some creams on the nipple during pregnancy.

### Caution signs

Do not hesitate to seek medical advice from the clinic when noticing any of the following signs:

1. Swollen hands and face.
2. Headache and blurring of vision.
3. Vaginal bleeding or rupture of the membranes. (watery vaginal discharge)
4. Constant pain in the back and the abdomen.
5. Severe and constant vomit.
6. Absence or decrease in fetal movement.



### Signs of the due date for delivery (labor pain)

Go to the nearest birth center immediately when any of the following signs appear:

1. The labor pains appear every 10-20 minutes or more but the real labor starts when labor pains become regular (the same period of time between the pains).
2. Breaking of a pinkish mucus or mixed with blood or colorless.
3. The breaking of pure water from the vagina .

Set a plan with your family to be prepared for the situation and to be aware of what to do and where to go, and who will help you if any of these signs appear or if labor is due.



### Afterbirth care

Psychological support for the mother by the father and the family is very important.

Health care for the mother and the baby after delivery is extremely important and this care is offered in all mother and child health centers.

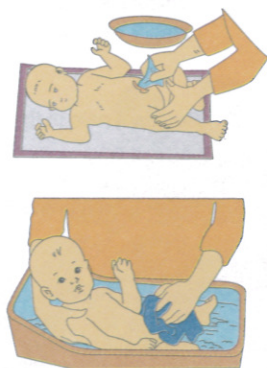


### Cervical swab and breast examination

Make sure to follow-up on the regular checkups for early detection of breast and cervical cancer

### Taking care of the newborn

1. It is very important to maintain the child's temperature to be similar to the room's temperature and not to wrap the infant in a way that limits his movement.
2. It is inadmissible to use a strange material such as the Arabic eyeliner powder (Kohleh), and coffee in order to enhance the healing of the belly button (umbilicus).
3. Do not use salt for the infant skin
4. Please take care of the daily bath of the infant with water and soap and to dry the belly button very well and to make sure that the infant is not exposed to air drafts.



### Immunity (vaccination)

1. In order to protect your child from having diseases or mental retardation, go to the nearest health center to your residence and keep on going to the vaccination appointments.

2. The Palestinian national vaccine program was set to protect the Palestinian child from the following diseases:

Tuberculosis, Hepatitis B, Poliomyelitis, Tetanus, Diphtheria, Whooping Cough, Measles, Rubella, Mumps and Meningitis.

And also what the Palestinian Ministry of Health decides regarding recent diseases that requires vaccination.



### Preventive Investigations (Neonatal Screening Test)

The PKU (Phenyle Ketone Uria) and the TSH ( Thyroid Gland investigations) which is known as Foot Heel Test .

1. For your child's health and growth go to the nearest MCH health center after three days from delivery in order to check the blood from the foot heel.
2. The Phenyl Ketone Uria (PKU) is an enzymatic disorder in the infant's body that affects the development of the brain and therefore leads to mental retardation.
3. The lack of thyroid gland secretions results from the lack of iodine that is very essential for the growth of the brain and the body.
4. Checkups and early detection of diseases and early treatment can reduce the damages for the children and enable them to live a normal and healthy life.

### Supplements:

1. Give your child Vitamin (A + D) after birth and until he is one year of age (two drops in the mouth every day or as instructed by the health team) to strengthen and develop his bones.
2. Give your child iron syrup when he is 6 months old until three years according to the doctor's or nurse's directions.
3. Please do not stop giving supplements for the child because of its great importance.





## Breastfeeding

### Advantages of breast feeding

- Breastfeeding of the infant directly after delivery (colostrum) provides him with immunity and protects him from diseases. It also helps the uterus to contract and return to its actual size.
- The mother's milk is always available and does not cost anything.
- Breastfeeding reduces the chances of diarrhea and respiratory infection.
- It also reduces the chances of a new pregnancy.
- It enhances the emotional relationship between the mother and the child.



### In order to breastfeed successfully the mother has to take care of the following:

1. Place the infant on the breast of mother immediately after birth to strengthen the emotional bond between the mother and the child and to increase the letdown of the milk.
2. Make sure of the correct position of the infant on his mother's breast by inserting the nipple and part of the areola into the infant's mouth.
3. Breastfeed the infant (whenever he wants) from both breasts rotationally during day or night. The infant should be kept at least for (15- 20) minutes on each side and the timing between each feed is not more than (2-3) hours.
4. In case of the absence of the mother, she can squeeze milk from the breast to be kept in a container, and this could be given to the infant. Yet, she should take care of the hygiene during this process.
5. Do not give a newborn any fluids, water, artificial feeding other than mother's milk up until six months. (It is possible to give medicine and supplements such as vitamins and iron as the doctor recommends.)
6. It is advised not to give the infant a pacifier.
7. Continue breastfeeding the child if he gets sick or has diarrhea.
8. The correct position for the mother and the child while breastfeeding:
  - a. It is possible to breast feed the baby while the mother is in a sitting up or lying position. Sit in a correct healthy position so the back is held up. Pillows can be used.
  - b. In any position the mother chooses, the whole body of the child should be facing the mother's body while his head is held in a way to be straight along with his body and facing the mother's breast.

## Child's Nutrition

### Breast milk is the best food for the baby

Breast feed your child since birth until six months exclusively and keep on breastfeeding him up to two years.

Breast milk is considered the best food for the baby. It is enough for the baby in the first six months of life and there is no need to add extra food or fluids even water. Mother should breast feed the baby immediately after delivery during the first hour, during that time there is no plenty of milk in the breast but with mother's efforts and repeated breast feeding will increase the let down of the milk and strengthen the emotional bond between the mother and the child.

### By the end of the sixth months

There is a need for other nutritional elements. During this period, mother has to start giving the child complementary foods in addition to breast milk. She has to take into consideration the following:



1. Start gradually giving the child well cooked cereals such as ground rice.
2. Be sure that the cooked rice is soft at the beginning and increase its density gradually.
3. Start with breast feeding first then give the ground rice.

After the child gets used to cooked cereals, start giving boiled mashed vegetables such as carrots, zucchini, and mashed potatoes by spoon and continue breastfeeding. You should take into consideration the following:

- 1-Start giving him all kinds of mashed vegetables and fruit each kind separately and gradually. Monitor the acceptance of the child for this food or any signs of allergy on his body.
- 2-Start giving the child mashed fruits such as apples, pears and bananas in addition to the breast milk.



From the beginning of 8th months till the 10th month you can add new foods to the child's meals such as yogurt, yogurt mixed with fruits, labaneh, egg yolk, minced meat (red lamb meat, chicken, chicken liver, and fish), dry beans ( beans, peas, lentil soup, chick peas) a little of olive oil should be added to the soup or other foods in order to supply the child with energy .

\* Exclusive breastfeeding: to feed the child with the breast milk only and without giving him water or any other fluids such, chamomile, anise....etc.



From the beginning of 10th month soft food which the child can hold in his hand can be added such as (boiled or fried potatoes, boiled carrots, bananas, biscuits and bread) with continuation of breast feeding and the previous food items. Start introducing the family food gradually to the child's meal to get used to the taste with the necessity of continuation of breast feeding.

From the beginning of the 12th month the child can have an egg (white and yolk) and orange juice (especially to those children who show some kind of allergy to this juice before age of one year, you can introduce it now). The child can have the family meal in addition to breast feeding.

#### After the first year(12-24 months).

1. Continue to breastfeed as much as possible.
2. Increase the portion of food that is given to the child in order to increase his energy so the number of meals is not less than six times daily.
3. Have the child get used to eat balanced and different kinds of food which contains milk and dairy products, fruit and vegetables, cereals, meat, dry beans and oils.
4. The child can be given whole milk, preferably fresh.
5. Encourage the child to have the family's food and sit with them.



#### Child's nutrition; 2-5 years

1. This phase is very important in the growth and development of the child as he becomes more active, therefore, food is considered to be a basic element since the child is getting used to have the family's food at this phase.
2. His meal is balanced and contains important nutritious elements for growth by having variation in the basic nutritious groups which are: meat, vegetables, fruit, cereals, milk and dairy products.
3. Avoid soft drinks, soda, chocolates and chips, because of their negative impact on the child's health.
4. Encourage the child to sit at the table with the family and depend on himself to eat.

#### General guidance to encourage the development of the child

1. Teach your child how to eat, drink, play, run, dance, write, draw, count and read by using harmless means that would not harm the child and tangible means that surround him as well.
2. Gradually encourage the child step by step, constantly and repeatedly.
3. Do not force the child on a certain action and don't accept all demands if its unsuitable.
4. Praise the child when he succeeds in doing something that suits his age.
5. Make him feel your love and tenderness.
6. Don't hit or shout at the child as way of punishment because it is not a good way to raise up the child.





## Child's Development

**Dear mother observe your child:**

Note: there are variations in the development among children.

### After Birth:

1. lays on his belly and moves his head from time to time.
2. focuses his sight on his mother while breastfeeding him.
3. frightens or becomes quiet when hearing a loud voice
4. calms down when his mother holds him.



### Three Months

1. becomes quiet or turns his head when hearing a sound.
2. follows a colored toy at distance of 15-30 cm.
3. lays down on his belly and holds his head up.
4. interacts happily with playing and singing.



### Six Months

1. lays down on his belly and holds his head and chest up resting on his arms.
2. if a rattle is placed in his hand, he holds it for several minutes.



### Nine Months

1. holds a toy in each hand and bangs them together
2. pays attention to music and songs coming from the TV or the radio.
3. imitates clapping hands.



### Twelve Months

1. understands the word "no".
2. likes to discover everything around him.
3. lifts himself up while lying down with the attempt to sit.



### Eighteen Months

1. walks by himself.
2. drags big toys.
3. holds a glass with both hands and drinks.
4. helps while being dressed such as lifting up his hands.



### Twenty-four Months

1. names a picture or a familiar figure such as a cat.
2. goes up the stairs without any help.
3. feeds himself with a spoon.
4. plays games that require role-play such as to act as a policeman or doctor.



### Thirty-six Months

1. uses the bathroom alone.
2. tells stories about what happened during the day.



## Teeth

1. Eruption of teeth is not accompanied by high fever, diarrhea or other diseases as some believe.
2. Taking care of the teeth is very important. It should be started with using a suitable toothbrush and toothpaste after the first year.
3. Reduce soft drinks, chocolate, sweets and chips as much as possible because of its negative impact on the dental health of the child.



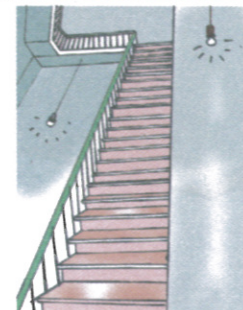
## Domestic Accidents that Children Might Face

Children are likely to be exposed to such accidents because of their fast growth, the great desire to discover the world surrounding them and the incompleteness of the danger instinct and the instinct of self protection for them.

Mothers and fathers play a great role in protecting their children from domestic accidents by taking all necessary precautions

### To protect your child from falling or slipping, we advise you with the following:

- The necessity of having suitable light on the stairs at all times so the vision would be clear while going up and down the stairs.
- Use protective means such as a banister for the stairs and the windows.
- Keep the child away from playing near the stairs or the windows, especially if it is easy for the child to reach.



### To protect your child from wounds, we advise you with the following:

- Place knives and cutting tools in a big locked cabinet away from the reach of children and put the maintenance tools in a special locker.
- Keep children away when preparing food and using sharp tools.

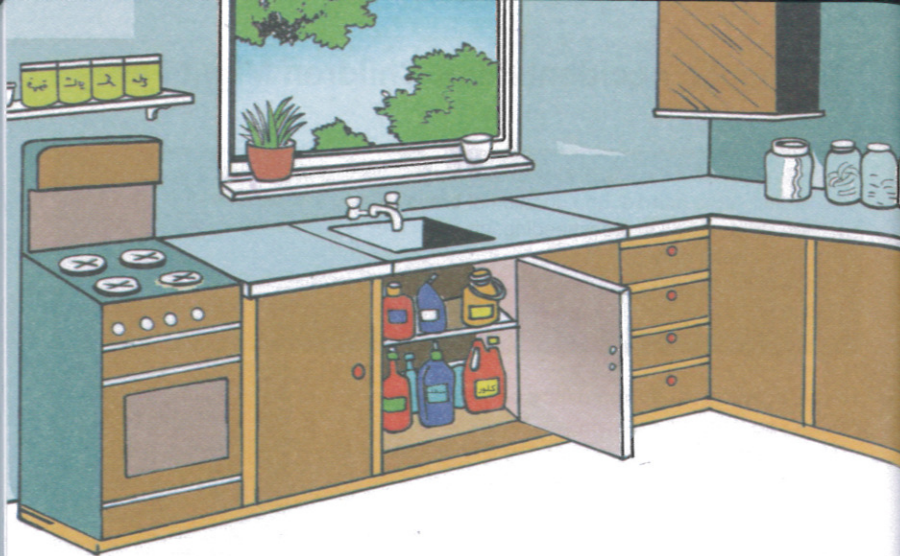


### To protect your child from burns, we advise you with the following:

- Not to locate the heating means in halls and keep it away from the furniture in order to avoid its fall and therefore the cause of fire.
- Keep flammable material in a locked safe place.
- Place chemical liquids away from the reach of children and also put a sign to indicate the kind of material.
- Keep the children away from the kitchen while preparing food to avoid the spilling of hot water or oil on them.







**To protect your child from poisoning, we advise you with the following:**

- Keep toxic substances such as cleaning substances away from the reach of children.
- Not to put toxic material such as ( gasoline, petrol, insecticides) in pottery used for eating and drinking.
- Place drugs in a specific place such as a first-aid locker at home locked and away from the reach of children.
- Keep flammable substances in sealed places in unbreakable bottles and away from the reach of children.

**To protect your child from suffocation**

- To have a good ventilating system at home especially in winter and not to leave the heater on while sleeping and make sure to turn it off when you are outside the room.
- Watch the children while playing and do not use toys that are easy to swallow.
- Do not leave young children to be taken care of by older children.

## Taking Care of a Sick Child

### Diarrhea

1. Drinking lots of fluids saves the child's life.
2. Increasing the number and duration of breastfeeding.
3. If the child is only on breastfeeding, give him the oral rehydration solution (ORS) or fresh water only.
4. If the child is getting another food and not on breastfeeding, give him (ORS) and soup or fresh water
5. Keep giving your child more fluids until the diarrhea stops.
6. Do not give the child any medication unless you consult a doctor.

### A child with cough

1. Do not give the child any medication especially antibiotics without consulting a doctor.
2. Increase the fluids and herbal drinks (chamomile and thyme).

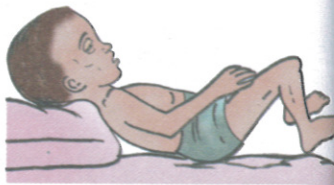
### When you should bring your child to a health center:

1. If he is sick and hasn't improved and/or becomes worse.
2. The decrease in activity and mobility, the inability to feed from the breast.
3. If he gets diarrhea with blood in the stool.
4. If he has a cough with difficulty to breath and fast breathing.
5. If he has a high temperature and convulsions.
6. Constant crying and cold body, constant vomit, dehydration or the signs of such as dry mouth, dry skin, sunken fontanel, losing of skin flexibility or lack of urination or becoming frail.



**solution: ORS**

1. Wash hands with water and soap.
2. Pour the rehydration salt in a clean and sealed container such as a bottle or a pot.
3. Dissolve the contents of the box in a some cooled water that was previously boiled as mentioned on the container.
4. Prepared quantity is to be used during 24 hours only. The remaining amount is to be disposed.



### Preparing the ORS at home:

1. Boil one liter of water for 10 minutes then cool it.
2. Add four small spoons of sugar to the boiled water.
3. Add one small spoon of salt to the boiled water.
4. Add lemon juice 2-3 drops.

Salt

Sugar



Lemon juice



### How to give the ORS to the child:

1. A child who is less than 6 months is given 1/4 of a big cup (10-12) small spoons after each excretion.
2. A child who is six months to a year is given half a big cup (20-42) small spoons after each excretion.
3. A child who is more than one year is given one big cup after each excretion.

## Sweet Memories of Your Child



## Sweet Memories of Your Child

## Sweet Memories of Your Child

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**LET'S WORK TOGETHER TO ENSURE  
THE RIGHTS OF OUR MOTHERS  
AND CHILDREN FOR HEALTH**