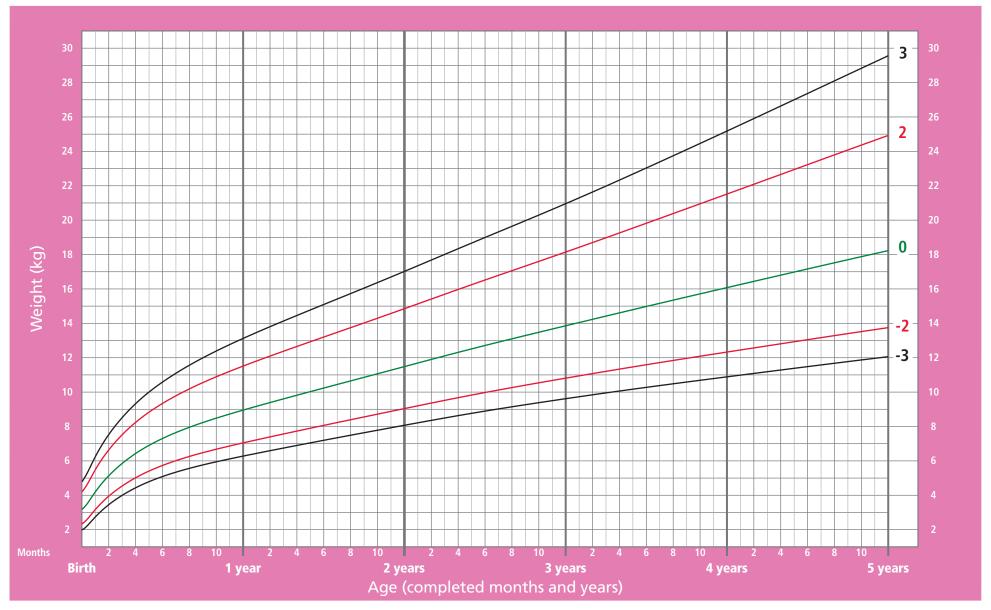
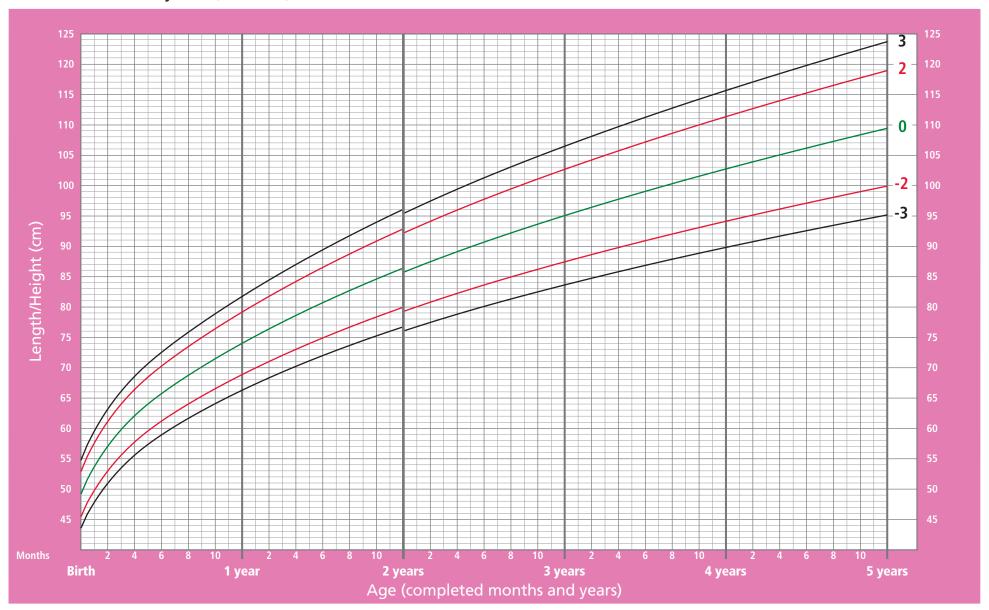
Weight-for-age GIRLS





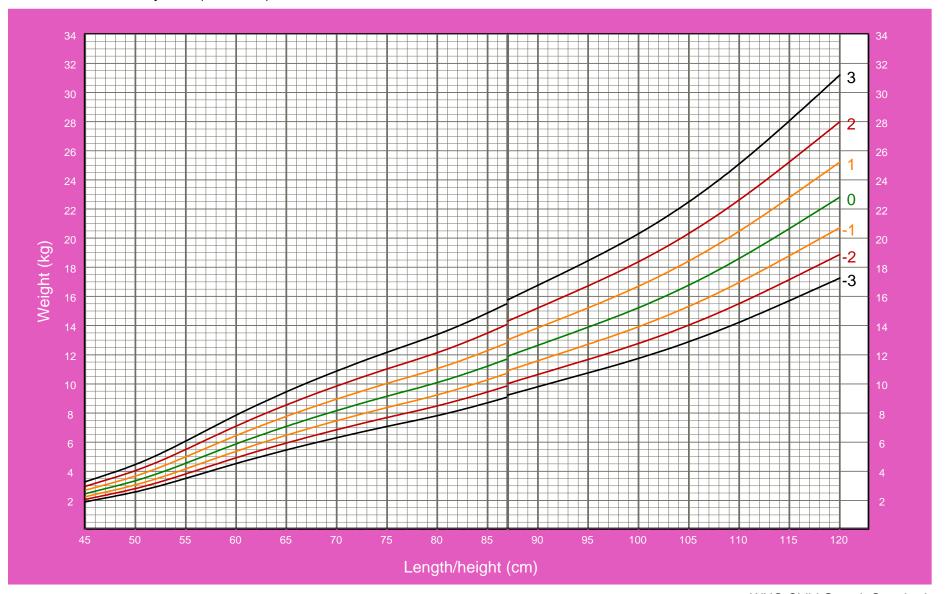
Length/height-for-age GIRLS

World Health Organization



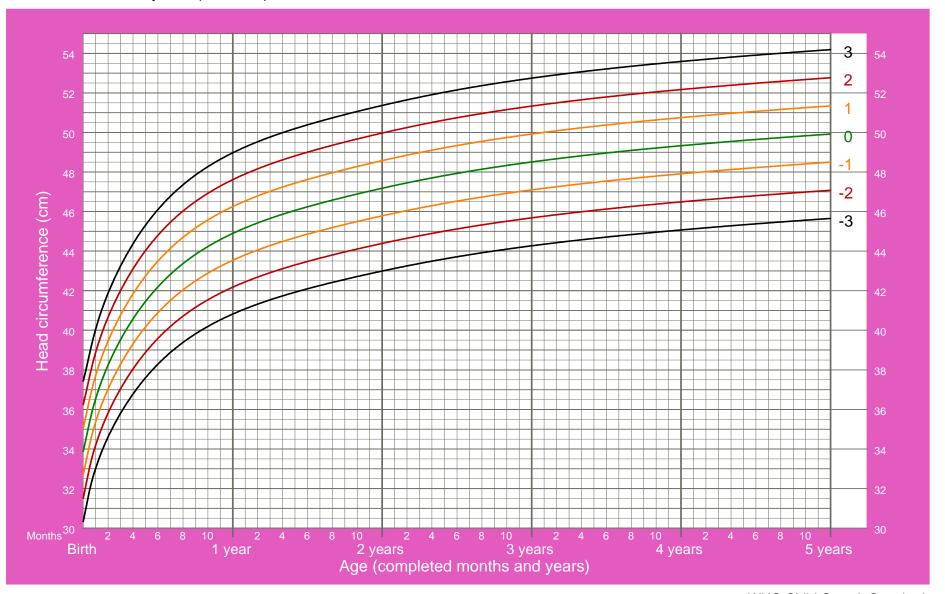
Weight-for-length/height GIRLS

World Health Organization



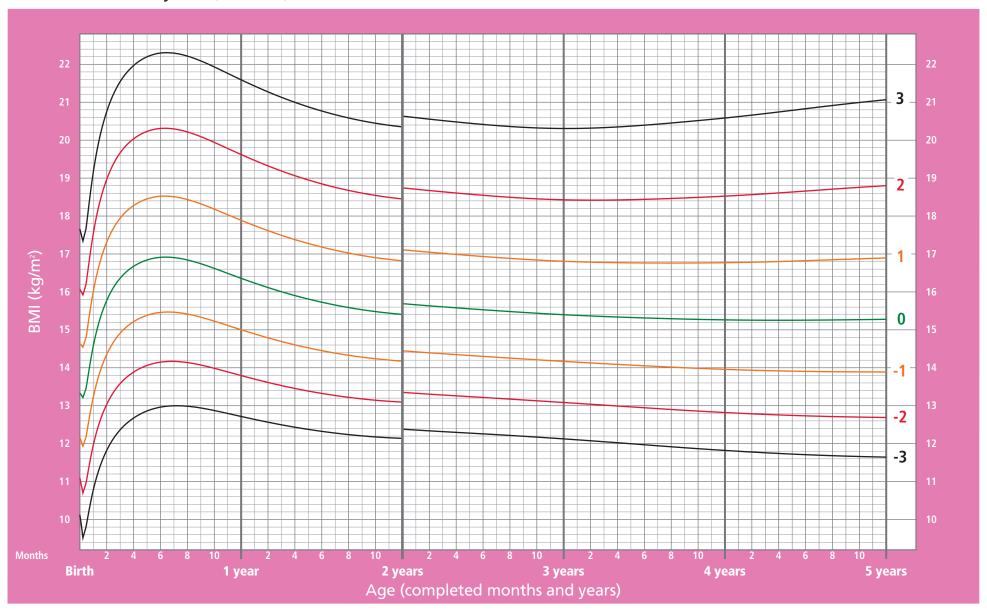
Head circumference-for-age GIRLS





BMI-for-age GIRLS

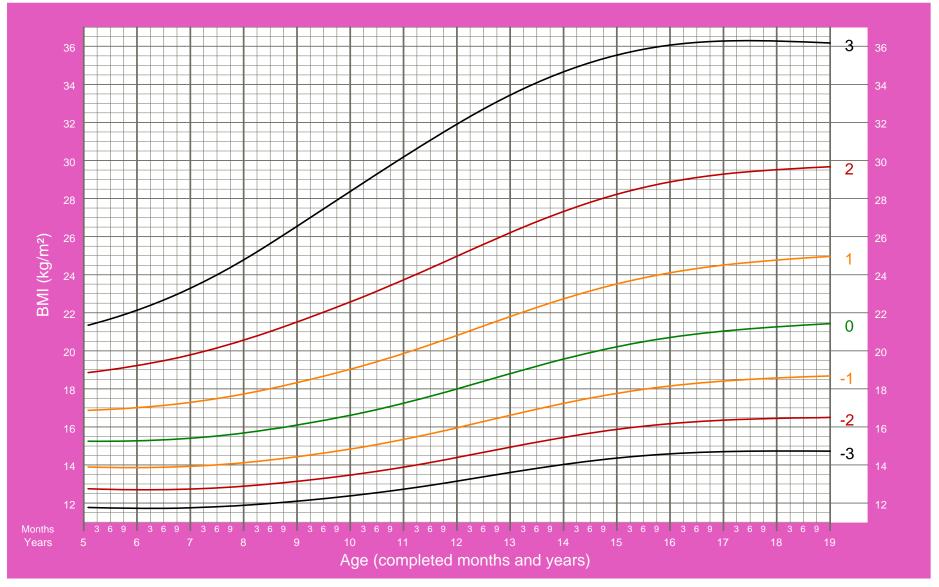




BMI-for-age GIRLS

5 to 19 years (z-scores)

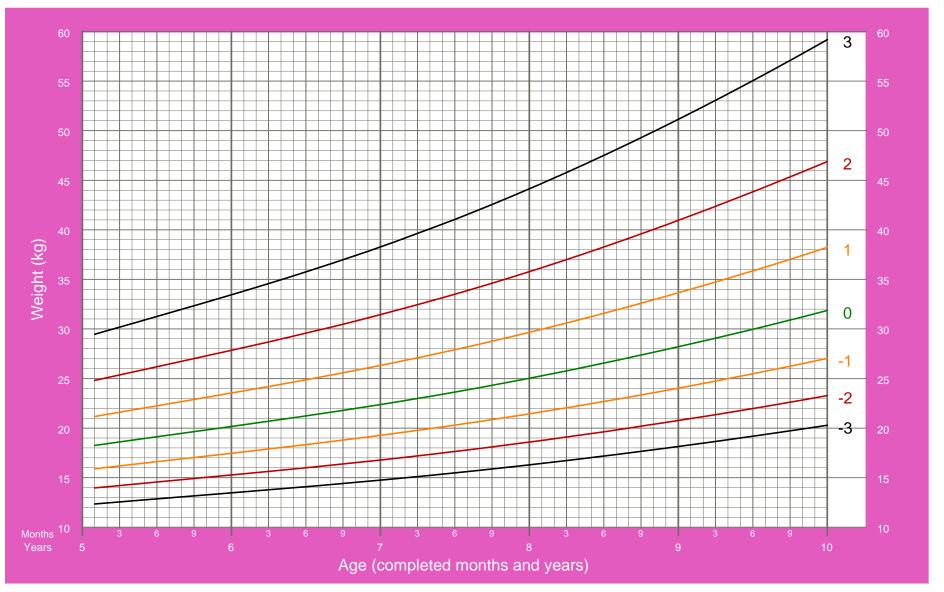




Weight-for-age GIRLS

World Health Organization

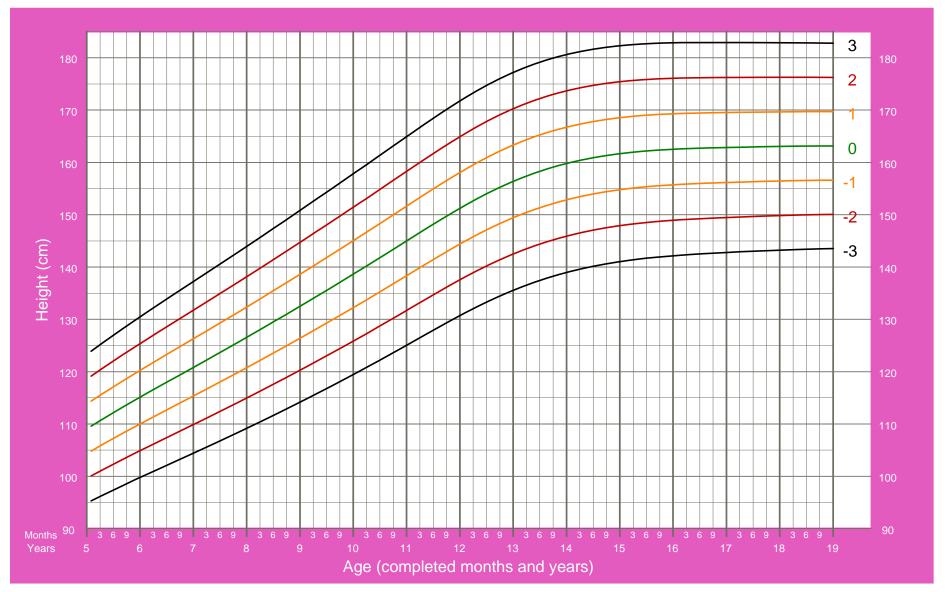
5 to 10 years (z-scores)



Height-for-age GIRLS

World Health Organization

5 to 19 years (z-scores)





Months:

NEONATAL ADD REGISTER

| Hospital: | | | |
|--------------|------|--|--|
| <u>Unit:</u> | | | |
| Year: | | | |
| | | | |





Your baby will be discharged once his/her condition is stable, he/she is sucking from breast and gaining weight.

Here is some information which may help you when you and your baby go home.

Remember you are an essential member of the Health Care team looking after your baby. You know your baby best! Your baby needs you and your family's love and care to grow into the best adult he can be.

Please continue using the **Family monitoring booklet** you used in hospital. If your baby shows any danger signs, or your baby stops feeding well, go immediately to your nearest clinic or hospital. Do not wait for your next scheduled visit.

Keep your baby in the **KMC position** until your baby gets irritable/restless and no longer enjoys it. For a preterm baby this should be at least until your baby weighs 2500g.

ROAD TO HEALTH BOOK and WELL BABY CLINICS

When your baby is discharged the staff will give you your baby's Road to Health book (clinic card). This is a very important document and you should keep it in a safe place.

Schools and employers often ask for this document. Remember to always take this card with you when your baby attends clinic or you need to take your baby to hospital. This document also needs to be taken to home affairs when you go to register the birth.

On the **third and seventh days** after your baby is discharged you need to return to the hospitals out patient department.



Thereafter every week or two you need to take your baby to your local well baby clinic for the staff to check your baby to ensure your baby is well, growing and devel-

oping and for immunization. Your baby should gain at least 100-140g a week. The clinic staff will explain to you when to come back after you have been for the first time.

IMMUNIZATION

On discharge (even if your baby was sick or premature), your baby starts his immunization programme with BCG (tuberculosis-TB) and polio immunizations. If your baby stayed for longer than 6 weeks in hospital he would also have received additional immunizations.

This helps prevent your baby from getting child-hood diseases. Your baby may be a little out of sorts or even have a slight temperature after immunization. He will have a pimple like spot on his right arm which may develop into a boil and he may get enlarged glands under his arm .This is normal and will take about 3 mths to heal. Your baby

will then need to receive further immunizations at the well baby clinic at: at 6, 10 and 14 weeks.

Please see the immunization table in your Road to Health Book.



OTHER APPOINTMENTS

Sometimes your baby may need to attend special clinics or hospitals after discharge. It is important to keep these appointments for your baby's well being. Your baby may appear well, but may be experiencing a problem within his / her body. The nurse will give you an appointment card and a discharge summery when you leave the hospital, take them and your road to health card with you to any appointments or if you see any other health care worker.

REGISTERING YOUR BABY

Your baby must be registered within 14 days of discharge. This can be done at your hospital or at your local home affairs office. You need to take the following with you.

- Your I.D. document.
- The Father's ID Document.
- The notification of birth form -given to you on your discharge
- Your baby's Road to Health card.

If you delay registering your baby you may have to pay a fee.



Common problems:

JAUNDICE

Your baby may develop jaundice in the 1st week. He will have a yellow colour to his skin and maybe his eyes. This is usually normal and can be treated by allowing your baby to lie in the sun for 10–15 minutes without clothes on in the early morning or late afternoon. If your baby becomes jaundiced in the first two days or if becomes irritable or lethargic and wont suck- it is serious and you must immediately take your baby to hospital as he could get brain damage.

THRUSH

Ensure you bath daily and clean your hands before breast feeding to ensure your baby doesn't get an infection from you.

Bottle feeding is the most common cause of thrush as the bottles or teats are not sterilized properly. Please check the hand out on "Feeding your baby" for instructions on this.

Check your babies mouth often for white deposits that look like milk on the cheeks and tongue and check the bottom for a red rash.

If there is, take the baby to clinic as he needs to be treated for a fungal infection called thrush.

NAPPY RASH

If your baby develops a nappy rash, the following can be done:

- Change the nappy immediately after it is soiled.
- Wash the area with soap and water (you can add a little bicarbonate powder to the water).
- Beaten egg white can be smeared on the area.
- Healing creams are available e.g. (Fissan paste).
- Keep the nappy off as much as possible.
- If the rash does not heal take the baby to your clinic.

STICKY EYES

Clean the eye with a clean cotton wool ball dipped in a cup of cooled boiled water with ¼ tsp salt added.
Clean from the inner corner to outer corner.
Use a clean ball each time you clean and for each eye.
If eyes continue to be sticky take your baby to the local clinic.

DIARRHOEA

Your baby may develop diarrhoea and vomiting if this happens take your baby to the local clinic as soon as possible. Until then give your baby as much as he will drink of the following **Sugar Salt Solution** after **each** loose stool or vomit. This can save your baby's life!!

8 teaspoons sugar

1/2 teaspoon salt in

1 litre of cooled boiled water.

STOMACH CRAMPS AND COLIC

Be sure to wind your baby thoroughly halfway through and at the end of feeds. This can be done by holding him vertical on your chest or sitting him on your lap and gently rubbing or patting his back.

If the baby's tongue is at the top of his mouth or his lips look white this may mean he still needs to wind.

Give ¼ - ½ teaspoon of the following if necessary:

I ml telement + 2 capfulls Gripe Water in

20mls cooled boiled water.

Colic causes great concern for many mothers. The cause of it is unclear but it is suspected in babies who cry nonstop for no apparent reason and cannot be soothed. It should get better by 3 months.

Winding baby well, motion (like rocking or driving in a car) and other comfort methods can help.

Take time out for yourself as it can be very frustrating. Remember you are not a bad parent. See a doctor if it persists.



DANGER SIGNS

If your baby has any of the following signs he must, **IM-MEDIATELY**, be seen by a health care worker – clinic, hospital, family doctor or paediatrician.

These signs are:

- Change in body temperature cold (most often) or fever
- Behaviour change irritable or excessively quiet
- Breathing rapid, irregular or stops intermittently
- Fails to feed for 2 feeds
- Diarrhoea or repeated vomiting
- Convulsion/seizure/fit

Don't hesitate if you are worried. You know your baby better than anyone else.

We hope that this information has helped you. We wish you and your baby all of the best!!!





Town to clean your hands.

Count 5 seconds for each step.



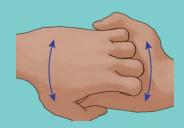
Step 1: <u>Fill</u> your left palm with cleanser



Step 2: Dip finger tips of right hand in cleanser & rub in circles



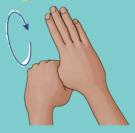
Step 4: Rub back of each hand with the palm of the other.



Step 6: Grip fingertips in each hand & rub back of fingers with palms Step 3: Pour cleanser into right hand & clean fingertips of left hand.



Step 5: Rub your palms together with fingers interlocked



Step 7: Hold your thumb & clean it and then the other thumb

Rub hands until dry!



How to raise a healthy and happy child









Contents

| 9 | Nutrition | 3 |
|--------------|-------------|----|
| | Love | 8 |
| \$ | Protection | 10 |
| + | Health care | 12 |
| P | Extra care | 13 |

Place a picture of your child here

CHILD'S NAME:

This book is for you – the caregiver. It gives you advice on how to raise a happy, healthy child. For children to grow and develop best, they need:

- 1. Good nutrition
- 2. O Lots of love, playing and talking
- Protection from disease and injury
- 4. Health care when they are sick or injured
- 5. PExtra care and support if and when they need it

Read this book from cover to cover to learn how you can help your child grow and develop.

Remember, you can ask your health worker about your child's health, growth and development anytime you visit a clinic, a hospital, or when a community health worker visits your home. Your health worker is side by side with you, and cares about your health and your child's health. Speak to your health worker about any concerns you have.

! Remember!

This book **does not** replace your Road to Health book. Always keep your Road to Health book in a safe place and take it with you every time that your child visits a clinic, hospital, doctor, or other health facility.



Danger signs!

Take your child to the nearest clinic if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea ? sunken eyes, and a sunken fontanelle



Child is shaking (convulsions) ?



Child has signs of malnutrition ? (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed

Good nutrition to grow and be healthy



Your child needs the right foods to be healthy and grow well. Ask your health worker if your child is growing well and speak to them if you are worried about anything.

Birth to 6 months

- Breastfeeding is the best way to feed your baby. It is the ideal food for your baby to grow, develop and be healthy.
- Give your baby ONLY breast milk for the first six months of life. Do not give porridge, water or any other liquids. Do not give any other home or traditional medicines or remedies. Only give your baby medicines they receive from the clinic or hospital.
- Breastfeed as often as your baby wants, both day and night.
- Breastfeed your baby at least eight times in 24 hours. The more your baby feeds the more milk you will produce. Almost all mothers will produce enough milk for their baby not to need anything else for the first six months.
- You can express (pump) breastmilk for other carers to give to your baby while you are away. They should use a clean cup, rather than a bottle.
 Store expressed breastmilk in a clean glass or plastic cup with a lid.
 Defrost in a fridge or at room temperature over 12 hours or by standing in water. Do not boil or microwave.

| How long can you safely store expressed breastmilk? | | | | | | | |
|---|---------------|--|--|--|--|--|--|
| Temperature | Duration | | | | | | |
| Room temperature. Choose the coolest place in your house. | Up to 8 hours | | | | | | |
| Fridge | Up to 6 days | | | | | | |
| Ice box freezer in fridge | 3 months | | | | | | |
| Deep freezer (-18°C) | 3-6 months | | | | | | |

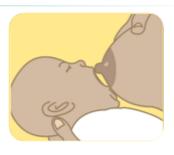
- It is best not to use bottles or artificial teats (dummies). Some babies find
 it difficult to suckle at the breast after using a dummy. Bottles are also
 difficult to clean and may have germs that can make your baby sick.
- If you are HIV-positive, remember to always take your HIV or antiretroviral treatment. This makes breastfeeding safe.
- Breastfeeding mothers should eat healthy food. They must not drink alcohol, smoke or take other harmful drugs.

а



Bring your baby to the breast as opposed to leaning forward to stretch your breast into your baby's mouth. Support your baby's head and neck.

b



Let your baby's head tip back a little so their top lip can brush against your nipple.

С



Wait until your baby opens their mouth really wide with their tongue down. You can encourage them by gently stroking their top lip. Your baby needs to get a big mouthful of breast.

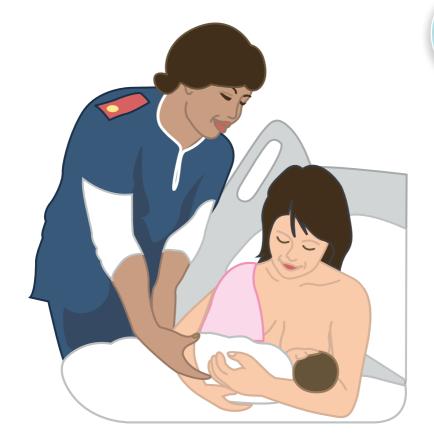
d



Place your thumb on the top part of where the dark ring around your nipple meets your breast. Place your remaining fingers below where the dark ring around your nipple meets your breast. To express milk, press your pointing finger and thumb together. Make sure that your hand is pushing your breast towards, and not away, from your body.

Remember!

Before you make the decision not to breastfeed, discuss the matter with a health worker. If you are really unable to breastfeed, you will need to learn how to use formula safely.



Why should I give only breastmilk during the first six months of life?

- Breastmilk contains all the nutrients? your baby needs for the first 6 months of life.
- Baby's tummy (intestine/gut) is not yet ready for any other foods, water or other liquids before 6 months.
- Babies may get diarrhoea?, constipation?, infections and allergies? if other foods, or other liquids including water are given before the baby is 6 months old.
- Breastmilk contains enough water to quench your baby's thirst during the first 6 months of life, even in hot weather.
- Breastmilk contains special properties that keep your baby healthy.
 Breastfeeding reduces the chance of your baby getting pneumonia and diarrhoea.
- Giving other foods before six months will cause you to produce less breastmilk and your baby will not get all the nutrients they need to grow and develop well.



6 months to 5 years

| Your child's | | |
|---------------|---|---|
| age | What foods to give | How much? |
| 6 – 8 months | Continue breastfeeding on demand. Breastfeed first, then give other foods. | Start with 1–2 teaspoons, twice a day. |
| | Your baby needs iron-rich foods (dried beans, egg, minced meat, boneless fish, chicken or chicken livers, ground mopane worms). These foods must be cooked and mashed to make them soft and easy for your baby to swallow. | Gradually increase the amount and frequency of feeds. |
| | Also, give your baby: Starches (such as fortified maize meal porridge, mashed sweet potatoes or mashed potatoes) Mashed, cooked vegetables (such as pumpkin, butternut, carrots) Soft fruit without pips (such as avocado, bananas, paw-paw, cooked apples) | |
| | Give your baby clean and safe water to drink from a cup, regularly | |
| 9 – 11 months | Continue breastfeeding on demand. Breastfeed first, then give other foods. Iron rich foods are very important for your baby's growth Increase the amount and variety (different kinds) of foods Food doesn't need to be smooth as in the past months Give your child small pieces of foods they can hold (bananas, bread, cooked carrots) Avoid small hard foods that may cause choking like peanuts. Give your baby safe water to drink from a cup, regularly | About a ¼ cup, then increase to half a cup by 12 months 5 small meals a day |



| Yo | C | hi | ld | |
|----|----|----|----|--|
| | ıg | | | |

12 months up to

5 years

What foods to give

Continue breastfeeding as often as your child wants up to 2 years and beyond. Give food before breastmilk.

- Give a variety (different kinds) of foods (iron rich foods, starches, vegetables, fruits)
- Give foods rich in vitamin A (liver, spinach, pumpkin, yellow sweet potatoes, mango, paw-paw, full cream milk, maas)
- Give Vitamin C rich foods (oranges, naartjies, guavas, tomatoes)
- Cut up foods in small pieces so that your child can eat on their own
- Stay next to your child and encourage them to eat
- If not breastfeeding, you can start giving pasteurized full cream cow's milk/maas or yoghurt. Follow up formula is not necessary
- Give your child clean, safe water to drink from a cup, during the day

How much?

- About 1 full cup
- 5 small meals a day (A child has a small stomach, so they will not eat enough to last many hours)



Remember!

- From the age of 6 months, give your baby clean, safe-to-drink water from a cup during the day. Boil the water and cool before you give it to your child.
- Always stay next to your child when they are eating.
- Keep food and cooking utensils very clean to prevent diarrhoea.
- Always wash your hands and your child's hands with soap and water before preparing food, before eating, and after using the toilet and changing nappies.
- It's not necessary to buy baby food or baby cereals. Homemade foods are good.
- Don't give your child Rooibos tea or any other tea, coffee, creamers, condensed milk, flour water, sugar water, and cold drinks. These foods and drinks do not contain any nutrients and will not help your child to grow.
- Avoid giving your child unhealthy foods like chips, sweets, sugar and fizzy drinks.
- Infant formula increases risk of your baby getting diarrhoea, allergies, and breathing problems.



Love, play and talk for healthy development

Young children need a safe environment and loving caregivers who can help them explore the world around them. Ordinary loving things that you do such as holding, talking, playing and reading to your child are what helps them grow and develop.

There are some basic things you can do to help your child develop and learn:

- Be there for your child. You are the most important person in your child's life. All children want to feel safe, loved and cared for.
- Bond with your child. Keep your baby close to you as much as
 possible in the first weeks of life. This will help to calm them and
 help them to sleep, grow and feed well.
- Be responsive. Pay attention to your child's interests, emotions and their likes and dislikes and respond to them – this will help you to understand them better and to best meet your child's needs.
- Your baby learns from birth. Hold, hug, sing, and talk to your baby, especially during feeding, bathing and dressing.
- Children learn through playing, exploring and interacting with others. Give your child the chance to explore and play in a safe space and to play with clean household objects or toys.
- Tell stories and read to your child. Talk about the pictures, let them ask questions, allow them to tell you a story or what happened in the storybook as you go along.











Always ask a health worker about your child's development if you are concerned about any of the following:

Eye problems:

- A white pupil/spot on the pupil
- Eyes are not able to fix on and follow a moving object such as a finger or toy
- One or both eyes being bigger or smaller than usual
- Crossed eyes or one eye looking in another direction

- Hearing problems:
 - Hearing loss
 - Not responding to loud noises
 - Seems to hear some sounds and not others
- Your child can no longer do tasks that they could before
- Your child is not communicating through speech or gestures at 18 months
- Not walking at 18 months
- Head looks large
- Head looks small
- Does not use both sides of the body/limbs equally
- Stiff arms and legs
- Floppy arms and legs



Protection from preventable childhood diseases and injuries

Children should NOT only be taken to the clinic when they are ill. You should also take your child for their full course of immunisations/vaccines and routine treatments according to the timetables in your Road to Health book.

- Immunisations are free. They protect your baby from common childhood illnesses and disease. Make sure your baby gets all his or her immunisations.
- Go to the clinic for your follow-up visits for you and your baby within six days of birth and at six weeks.
- Make sure that you know when your baby needs to return to the clinic for immunisations or other care. If you miss the date for your clinic visit, make sure that you return as soon as possible.
- If you are HIV-positive, get your baby tested for HIV at birth and at 10 weeks.
- All children between 6 months and five years should receive vitamin A and deworming medicines every six months. This helps to keep them healthy.
- Remember to wash your hands after using the toilet, changing nappies, before preparing meals and before feeding children. Wash your hands properly - wash both sides of your hands, between your fingers and your wrists with soap and clean water.
- Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.
- A child should not be left unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.
- Protect yourself too. Decide on a contraceptive method of choice and also use male or female condoms to prevent both unplanned pregnancy and sexually transmitted infections (dual protection).
- Good oral health will keep your child's teeth healthy and strong and prevent unnecessary pain and discomfort.



Protect your child's teeth

- Use a small, clean cloth to clean your baby's gums before the first teeth appear.
- Start to clean your baby's teeth as soon as the first tooth comes through.
- Once teeth appear, use a small, soft toothbrush with a small fingernail sized amount of child toothpaste to brush teeth.
- Brush teeth and along the gum line twice a day; in the morning and at night before bed.
- Discourage the giving of sugary snacks and drinks especially in between meals.
- Look in your child's mouth regularly to spot early signs of tooth decay and consult a dentist or other health worker if you notice anything abnormal.
- Never put your baby to sleep with a feeding bottle (remember that breastfeeding or cup-feeding is always better than bottle-feeding).





Health care for sick children

Children need health care when they are sick. Look out for the danger signs listed below. Take your child to the nearest clinic immediately if you see any of the listed signs.

- If your child is sick and is not able to drink or breastfeed, vomits everything
 or has convulsions ? (shakes) they should be taken to the clinic or
 hospital immediately.
- Young babies (especially those less than two months) can become very sick very quickly. If your young baby is not feeding properly or has a fever, take them to the clinic immediately.
- If your child has diarrhoea ? (loose stools) you should give them a sugar salt solution to drink after each stool.
- If your child has diarrhoea or is drinking poorly or has eyes that look sunken or blood in the stool, take them to the clinic immediately.
- If your child has a cough or cold and has fast or difficult breathing they should be taken to the clinic immediately.

How to use a sugar-salt solution for children with diarrhoea



- Give a sugar-salt solution (SSS) in addition to feeds.
- Give SSS after each loose stool, using frequent small sips from a cup.
 - Half a cup for children under 2 years.
 - 1 cup for children 2–5 years.
- If your child vomits, wait 10 minutes then continue, but slower.
- If your child wants more than suggested, give more.
- Continue feeding your child.

Special care for children who need a little more help



Your baby's development, growth and health depends on so much more than just good health care. It depends on the daily care and protection you and your family provide to your baby from the moment that he or she is born (and in fact from when your baby is still in the womb and even before your baby was conceived).

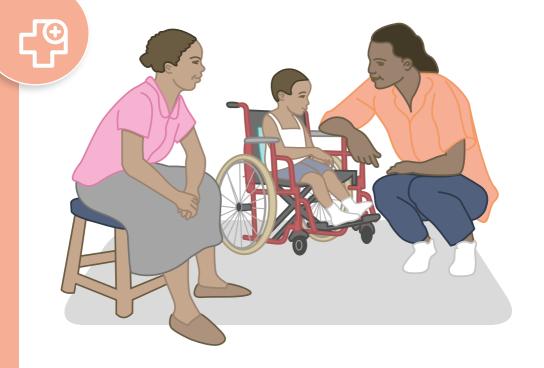
HIV – If you are HIV positive, make sure that you get the treatment that you and your baby need to stay healthy. If you are unsure of your status, ask the health worker for HIV counselling and testing for you and your baby.

TB – TB is common. Tell the nurse at the clinic if you have a cough lasting longer than two weeks, weight loss or night sweats, or if there is someone in your household with TB. If there is, your baby should receive medicine to prevent TB for six months.

Serious injuries – Many serious injuries can be prevented if you look after your child carefully and keep their environment safe.

Supervision – Your child should not be left alone, unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.

Disability – Children with mental and physical disabilities need extra care. If your baby has a disability you will need support with caring for and protecting your baby. Tell your health worker and they will refer you to a social worker for parenting support. It is good to join a support group so you can share your experiences.



Risks to your child's development

There are some home circumstances that create a risk to the health and wellbeing of your child. This is because they may limit your ability to care for, and protect your child. If you are experiencing any of the following circumstances, tell your community health worker, nurse or doctor and they will give you advice and refer you to the right support-provider.

- If you are a teen mother or a grandparent looking after a young child it is important to tell your health worker so that they can refer you for extra support if you need it.
- If you are exposed to violence or abuse in your home, you must let your health worker know. They can refer you to a social worker and the police if necessary to protect you and your baby from physical harm.
- If you or your partner, use drugs or alcohol, this is a risk to your baby. Tell your health worker so that they can refer you for support.
- If you are feeling that you are not coping, you are stressed or have been sad for a long period of time (depressed)?, talk to your health worker so that they can advise you on what to do or refer you for extra care and support.



Register your baby's birth

It is important to make sure that your baby has a birth certificate as soon as he or she is born. All babies have a right to a birth certificate, even if you are not South African.

The Road to Health book is not proof of identity; every child has a right to be registered at birth and to get a birth certificate. Getting a birth certificate for your child will help you access services and support.

The law says you must register your baby's birth before they turn one month old. Take your ID and baby's father's ID book to the hospital where you will give birth. Many hospitals offer a birth registration

Support and Care Grants

- If you are not working or do not earn enough money every month to provide food, clothing or transport for your child, you may qualify for the **Child Support Grant (CSG)**. If you do qualify, you can get the CSG from when your baby is born. It is important that you get it as early as possible as this will help provide for good development in the first months of baby's life.
- If you have a disability or your baby has a disability, the government provides either the **Disability Grant** for you, or the **Care Dependency Grant** for your baby to help cover the costs of the additional care that is required. Ask your health worker or a social worker about this grant.
- If you are fostering a child in your care, you will be able to claim a
 Foster Care Grant to help with the costs of providing for the child.

? List of difficult words

| allergy | when your body reacts to things around you that are harmless for most people; like food, medicine, dust, pets, pollen and insects |
|--------------|---|
| constipation | when you struggle to poo, it takes a long time to poo and/or your poo is very hard |
| convulsions | sudden uncontrollable shaking of the body, the person usually "faints" and falls to the ground |
| depression | a mood problem where you feel sad and not interested in life all the time |
| diarrhoea | having at least three loose or liquid poos each day |
| malnutrition | when your body doesn't get enough healthy things from your food because you're not eating the right food or there is a problem with how your body uses the food you eat |
| nutrients | the things in food that your body needs to grow and stay healthy |
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| Health services | | | | | | | |
|------------------------------------|---|--|--|--|--|--|--|
| Your local clinic | | | | | | | |
| Your doctor | | | | | | | |
| AIDS Helpline | 0800 012 322 | | | | | | |
| Depression/Mental Health helplines | 0800 12 13 14/011 262 6396, sms 31393 | | | | | | |
| Emergency ambulance | 10177 From a mobile: 112 | | | | | | |
| Poison information centre | 0861 555 777 | | | | | | |
| MomConnect | *134*550# | | | | | | |
| Birth registration | on and identity documents | | | | | | |
| Home Affairs Toll Free helpline | 0800 601 190 | | | | | | |
| Child pro | otection and safety | | | | | | |
| Police emergency number | 10111 | | | | | | |
| Childline toll free | 0800 055 555 0800 123 321 | | | | | | |
| Grants | | | | | | | |
| SASSA Toll Free helpline | 0800 601 011 0800 600 160 GrantEnquiries@sassa.gov.za | | | | | | |
| Child c | are and education | | | | | | |
| Your local ECD centre, creche, p | reschool, child minder | | | | | | |
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| Ot | ther numbers | | | | | | |
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Danger signs!

Take your child to the nearest clinic if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea, sunken eyes, and a sunken fontanelle



Child is shaking (convulsions)



Child has signs of malnutrition (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed

Health checks

| Am I healthy? | D0 | D | 1 | D | 2 | D3 | | D4 | | D5 | | D6 | | D. | 7 |
|--|----|----|----|----|----|----|----|----|---|----|---|----|---|----|---|
| What is my temperature? | | | | | | | | | | | | | | | |
| Do I have difficulty breathing? | | | | | | | | | | | | | | | |
| Do I have a cough? | | | | | | | | | | | | | | | |
| Do I have a sore throat? | | | | | | | | | | | | | | | |
| Do I feel tired or weak? | | | | | | | | | | | | | | | |
| Does my body ache? | | | | | | | | | | | | | | | |
| Do I feel cold? | | | | | | | | | | | | | | | |
| Do I have a headache? | | | | | | | | | | | | | | | |
| Are my eyes red? | | | | | | | | | | | | | | | |
| Do I feel like vomiting? | | | | | | | | | | | | | | | |
| Is my tummy very runny? | | | | | | | | | | | | | | | |
| Have I lost my senses of taste & smell? | | | | | | | | | | | | | | | |
| How am I feeling? | | wo | W0 | | W1 | | W2 | | 3 | W4 | | W5 | | W | 6 |
| I feel nervous, anxious or on edge more than half the days in the week. | | | | | | | | | | | | | | | |
| On more than half the days of the week I am unable to stop or control worrying. | | | | | | | | | | | | | | | |
| On more than half the days of the week I have little interest or pleasure in doing things. | | | | | | | | | | | | | | | |
| On more than half the days of the week I feel down, depressed or hopeless. | | | | | | | | | | | | | | | |
| I have just had a baby. | | D0 | | D3 | | D7 | , | W | L | W | 2 | W | 6 | | |
| Am I still bleeding heavily? | | | | | | | | | | | | | | | |
| Is my pain (stomach/vagina) getting worse? | | | | | | | | | | | | | | | |
| Are my stiches red, swollen or oozing? | | | | | | | | | | | | | | | |
| Are my legs sore, red or swollen? | | | | | | | | | | | | | | | |
| Are my breasts hot or red ? | | | | | | | | | | | | | | | |
| Do I feel dizzy or faint? | | | | | | | | | | | | | | | |



Welcome to the KMC Unit

Name:



You must feel worried and a little frightened because your baby is in hospital. The nurses and doctors caring for your child will give your baby the best care possible. We know how important it is for you to stay with your baby and to continue to breast feed and provide skin to skin care. We hope you will feel comfortable and cared for during your time here. Please refer to the KMC booklet for more information on KMC

What can you expect?

- ✓ You will be admitted and given an inpatient folder and ID band.
- ✓ A nurse to support and assist you in the KMC unit. Please speak to her if you have any needs or concerns about your accommodation.
- 3 meals per day and tea/coffee (with crockery and cutlery) (Please ask where you can safely buy extra snacks if you need.)
- ✓ Each KMC unit is different. Please ask where you can warm a meal, store food and relax (indoors and outdoors) if your unit does not have a social area.
- ✓ Hand sanitizer, personal soap, toilet paper, sanitary pads and cleaning materials.
- ✓ The living area and bathroom will be cleaned twice per day.
- ✓ Clean clothes every day.
- ✓ Clean bed linen every week.
- ✓ We know that you may be here a long time and it is important for you to receive visitors. They are welcome during visiting hours but please only entertain them in the social area and not in your living areas. Please check with your unit during the COVID-19 pandemic, whether visitors are currently allowed.

What we ask of you?

- ✓ To protect you, your baby & all who work in the hospital please be truthful if you have been in contact with someone with COVID-19 or if you have any symptoms.
- ✓ There is very little hand sanitizer in the hospital. It is provided for your and the other mothers' safety. Please make sure it is not removed from your living areas.
- ✓ The KMC unit is your home. Please keep it clean & tidy-especially after meals.
- ✓ For your safety and that of your child please don't visit other wards/mothers in the hospital. You can easily get sick this way. Only move between the KMC unit (social area) and the ward. Please ask to be accompanied when you leave the lodger unit particularly at night.
 - If you need to leave the hospital or return home for any reason please discuss this with the nurse in the neonatal unit.

Ward routine



You may visit your baby whenever you would like and remain with your baby as long as you need.

Each hospital and ward will have a slightly different routine as to when they expect you to be present to support your baby particularly at feeding times. Please ask if a routine is not displayed.

<u>0800:</u> Your breakfast (If at any time you need to be with your baby please ask for your meal to be kept and rewarmed for you.)

<u>09:00-1200</u>: During this time the doctors come to see your baby and any new orders or investigations will be carried out. You should be with your baby during this time.

<u>13:00</u>: This is rest time for both you and your baby. Your baby will be cared for whilst you rest for an hour or so.

<u>14:00</u>: Your baby's routine care and feeding is continued. (This is a good time to do some kangaroo care with your baby.)

20:00: You can assist the nurse to bath your baby and clean your baby's bed.

Generally after 23:00 the nurses will care for your baby until 05:00 so that you can rest.

KMC mother champion

We request that the KMC mothers together with the nurses, select one mother to be your champion.

How to choose your champion? She should:

- ✓ Preferably be able to speak a little English.
- ✓ Be able to read and write isiZulu.
- ✓ Be confidant and caring.
- ✓ Have been in the KMC unit for a few days.

What the champion should do:

- ✓ Help new mothers in the lodge to know what is expected of them.
- ✓ Make sure all the mothers are safe and well.
- ✓ Teach and watch the mothers as they wash their hands and interact in the unit

Your health

Your health and that of the other mothers is important to us and to your baby. Your baby needs you to stay healthy so you can keep on loving and caring for your baby. If you get sick you may be asked to go home.

Please make sure:

- ✓ You don't touch other mothers or their babies and keep at least 3 steps apart.
- ✓ You wear a mask unless you are eating, in the bathroom or sleeping.
- ✓ You don't visit other wards or go outside the hospital.
- ✓ You bath or shower every day.
- ✓ You wear clean clothes every day
- ✓ You wash your hands often
 - After using the toilet
 - After coughing or sneezing
 - Before and after meals
 - Before and after breast feeding/ expressing milk
 - After touching another mother
 - Before leaving the lodger/KMC unit and after returning
 - Before and after entering the neonatal unit/children's ward

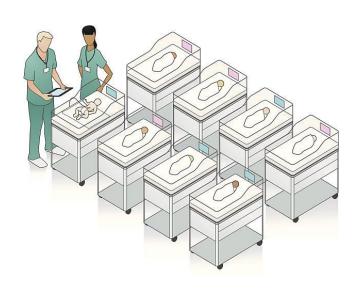


It is important that you check your physical health twice a day and how you are feeling every week. It is a stressful time for you and you might feel very anxious.

- ✓ Before you first enter the KMC unit (Day 0) the nurse will assist you to check your health using the questions on the next page.
- ✓ The nurses in the KMC unit will help you to check your health each day (D1-D7). If you finish a week please ask for another booklet.
- ✓ When you check your temperature—a temperature above 38°C shows a problem.
- ✓ Pease also complete the bottom section on day 3, Day 7 and each week after that.
- \checkmark Put a tick (\checkmark)if the answer is yes and a cross (x) if the answer is no.
- ✓ If you put a tick in any box -that is a warning sign. Please ask the nurse what you should do next.



NEONATAL MIDNIGHT HEAD COUNT REGISTER



UNIT:

YEAR: _____

MONTH: _____



Purpose:

The purpose of this register is to daily document the number of babies in the neonatal unit and those receiving specific types of care.

These numbers are used to calculate the data element- In-patient days. This reflects the workload of the unit.

In-patient days is used as a denominator in various indicators including:

- Bed utlilisation rate
- Average length of stay
- In hospital mortality rate
- Case fatality rates
- Infection rate

Instructions:

- 1. To be completed in duplicate at 2400 daily
- 2. To be completed by the senior nurse on duty.
- 3. If more than 40 patients in the unit-use more additional pages

4. All hospitals:

- Include the name of every baby present in the neonatal unit.
- Place a ✓ under NSIC for every baby.
- Place a ✓ under NCPAP for every baby currently on NCPAP.
- Place a ✓ under 24hr KMC for every baby receiving 24hr KMC (This includes babies receiving KMC in a designated KMC unit AND KMC beds within a maternity unit.)
- Place a

 ✓ under Lodger mother if the mother is lodging in the hospital.

5. Regional / Tertiary hospitals only (and District hospitals using urinary catheters):

- Place a ✓ under Ventilated if the baby is ventilated.
- Place a ✓ under Central line if the baby has a central line.
- Place a ✓ under Urinary Catheter if the baby has a urinary catheter.
- 6. Total all the ticks in each column.
- 7. Add the two totals together if more than 20 patients in the unit and all pages totals if more than 40 patients...
- 8. Submit one copy to the Night matron as per facility policy.
- 9. The remaining copy should remain in the book.
- 10. From the remaining copy enter final totals into the Daily DHIS neonatal data sheet.
- 11. At 0800-Ensure the Data sheet is verified by the senior day nurse.
- 12. Submit DHIS data sheet to the FIO.

Abbreviations:

NSIC - Neonatal Standard Inpatient Care (This includes every patient in the neonatal and KMC units regardless of whether they are in ICU/HC/GC beds)

NCPAP - Nasal continuous positive airways pressure

KMC - Kangaroo mother care

| Dat | e: | | | | | | | | | | | | | | | | | | | | | | |
|--------|------------|----------|----------------------|------------|-----------------------|---------------------|----------------------------|------------------------------|----------------------------------|--------------------------|-------------------------------|----------|------------------|--------------|-----------------|-----------|-----------------------|---------------------|----------------------------|------------------------------|----------------------------------|--------------------------|--|
| Number | Baby's | name/ B/ | 'O (Mother's name) a | and IP No. | Inpatient days - NSIC | Inpatient day-NCPAP | Inpatient day - Ventilated | Inpatient day - Central line | Inpatient day - Urinary catheter | Inpatient day - 24hr KMC | Inpatient day - Lodger mother | Number | Baby's name/ | B/O (Mother | -'s name) and | IP No. | Inpatient days - NSIC | Inpatient day-NCPAP | Inpatient day - Ventilated | Inpatient day - Central line | Inpatient day - Urinary catheter | Inpatient day - 24hr KMC | Inpatient day - Lodger mother |
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| 20 | | | | | | | | | | | | 40 | | | | | | | | | | | |
| | | | | Totals: | | | | | | | | | | | | Totals: | | | | | | | |
| | | | | | | | | | | | | | Final Totals (ad | dd both sets | of totals if ne | cessary): | | | | | | | |
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| Dat | e: | | | | | | | | | | | | | | | | | | | | | | |
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| Number | Baby's i | name/ B/(| O (Mother's name) a | nd IP No. | Inpatient days - NSIC | Inpatient day-NCPAP | Inpatient day - Ventilated | Inpatient day - Central line | Inpatient day - Urinary catheter | Inpatient day - 24hr KMC | Inpatient day - Lodger mother | Number | Baby's name/ B/ | /O (Mother | r's name) and | l IP No. | Inpatient days - NSIC | Inpatient day-NCPAP | Inpatient day - Ventilated | Inpatient day - Central line | Inpatient day - Urinary catheter | Inpatient day - 24hr KMC | Inpatient day - Lodger mother |
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| 14 | | | | | | | | | | | | 34 | | | | | | | | | | | |
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| 20 | | | | | | | | | | | | 40 | | | | | | | | | | | |
| | | | | Totals: | | | | | | | | | | | | Totals: | | | | | | | |
| | | | | | | | | | | | | | Final Totals (add | d both sets | of totals if ne | ecessary): | | | | | | | |
| Com | pleted by: | (Print) | | | | | Sign: | | | | | | Desig | gnation: | | SANC | No. | | | | | | |

Danger Signs!

Take your child to the nearest clinic if you see any of the following:



and breathing fast (more than 50 breaths per minute) Child is coughing



Child under 2 months old has a fever and is not feeding



Vomiting everything







Child is shaking (convulsions)

Child has diarrhoea, sunken eyes, and a sunken forehead



Child has swollen ankles and feet (oedema)



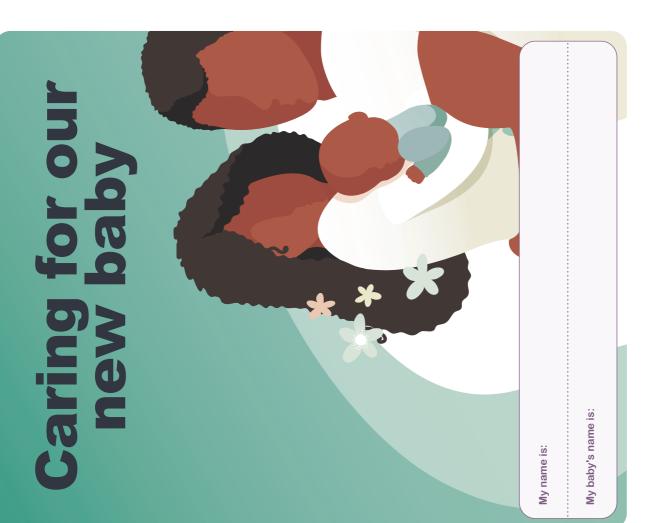
Child lethargic or unconscious



You are unable to breastfeed

Acknowledgement: Some Pictures taken from: Every Preemie Scale-Family led care training Pencilsketchportraits.co.uk

















Can Make a Difference

- I am part of the team looking after my baby.
- ✓ I am central to my baby's nurturing, care and protection.



LOVE

- I should hold, hug, sing and talk to my baby as much as possible.
 - I must tell my healthcare worker if I am not coping.



NUTRITION

- I must only give my baby my own milk.
 My baby should feed as often as my baby wants-every 2-3 hours.



I should check my baby day and night for any danger signs. Red sign = that my baby may have a problem, and I should get checked by a healthcare worker

- While my baby is tiny and especially under 1 month old, unless I am in the bathroom, my baby should always be tightly tied on my chest (with his eyes looking at my shoulder).
- My baby can go home when my baby is suckling all his/her feeds from my breast, is growing well and I am confident to carry on





БХТКА САР

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| My baby was furned often | | | | | | | |
| ωγ baby's nappy is open | | | | | | | |
| Му рару's еуеs аге сочегеd | | | | | | | |
| I gave my baby medicine by mouth (Put an ♦ when you gave him medicine) | | | | | | | |
| The site is red or swollen | X X | X X | X X | X X | | | E E |
| Vhiseh si ejis ehT | | | | | | | |
| My baby has a drip site for medicine | | | | | | | |
| - | | | | | | | |







ACTIONS:

Mother is well

Baby is well

Nurse signature (Initials)

Maternal assessment confirmed

Place a tick or a cross in each box

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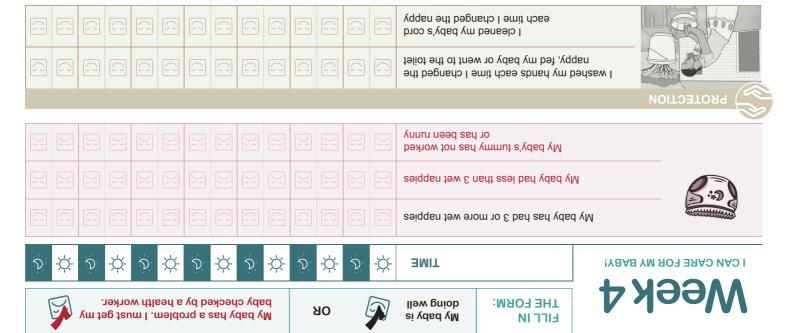
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If my baby has any problem I should go to the clinic straight away.

I must visit the clinic within a week of going home and bring my Road to

PROTECTION



MY BABY WAS SEEN BY A HEALTH CARE WORKER

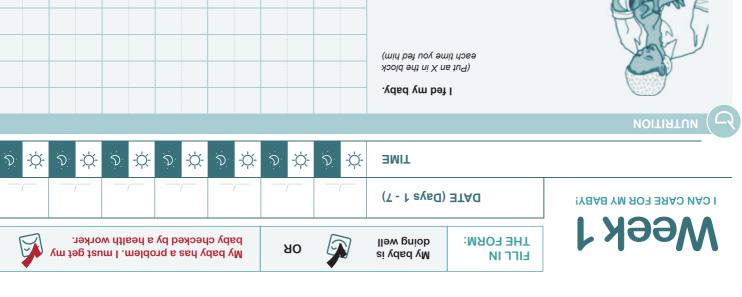
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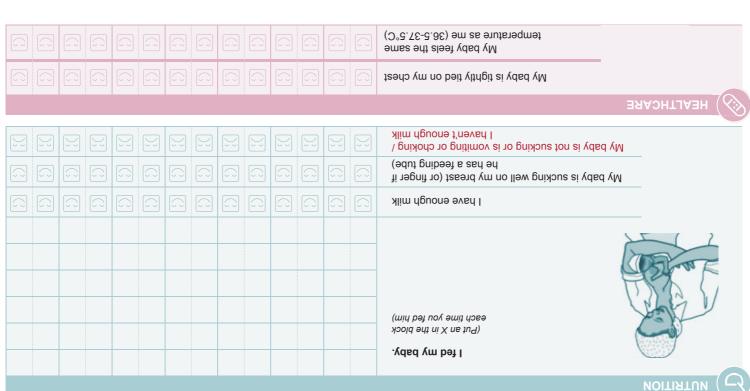
I feel supported by my healthcare workers

I am feeling OK and eating well

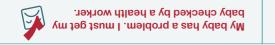
I feel connected with my baby and am confident in looking after my baby









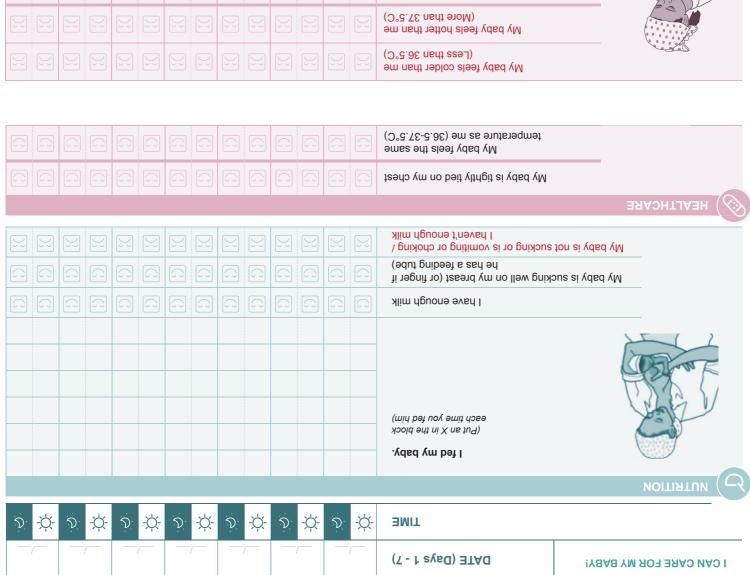


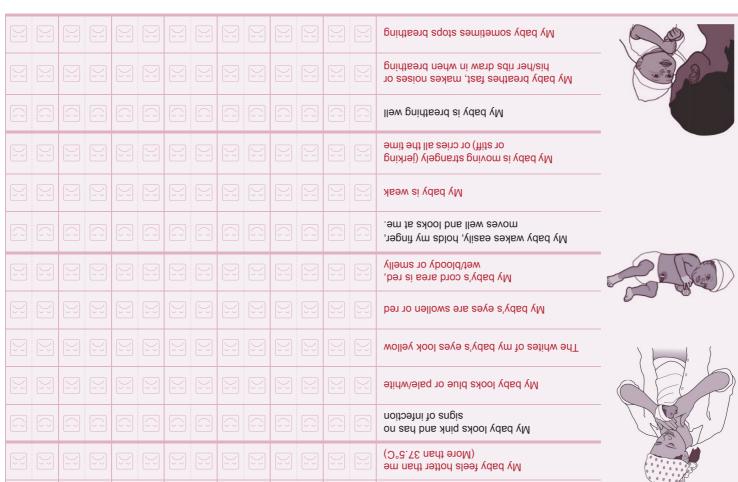


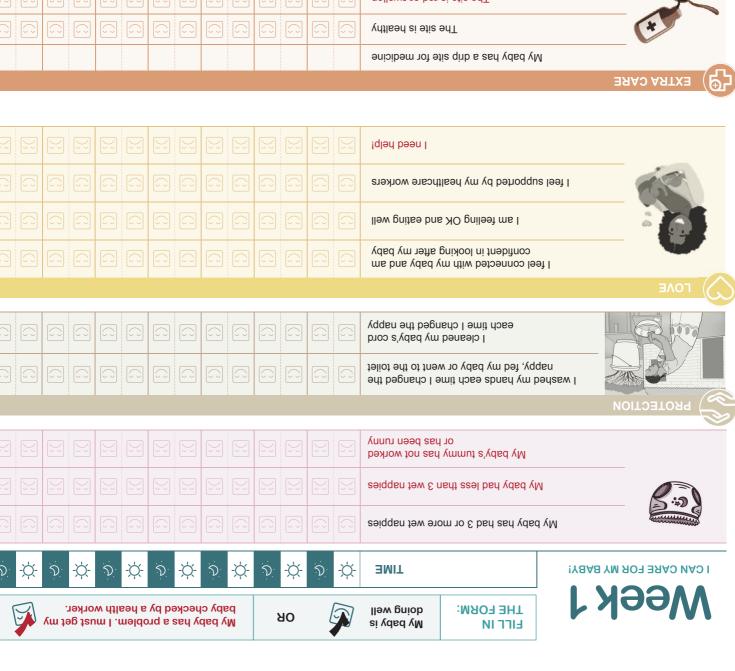
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si ydsd yM llew gniob FILL IN THE FORM:







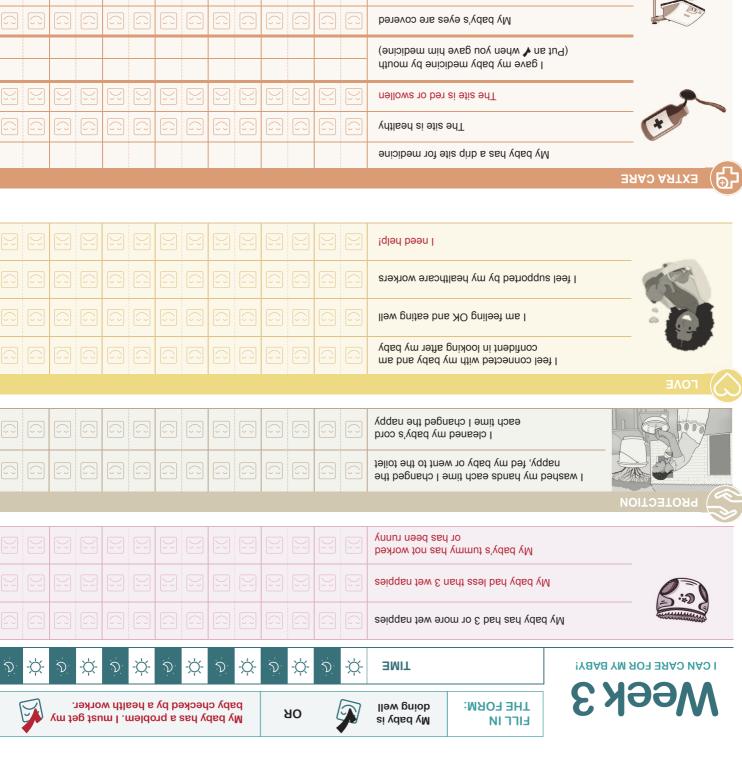






ACTIONS:

Nurse signature (Initials)





×/,

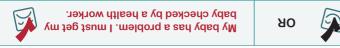


ACTIONS:

Mother is well

Baby is well

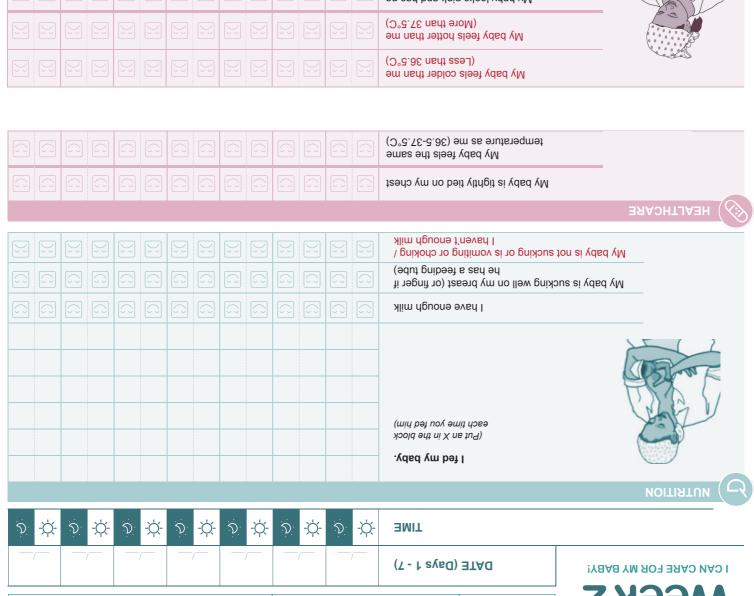
Nurse signature (Initials)

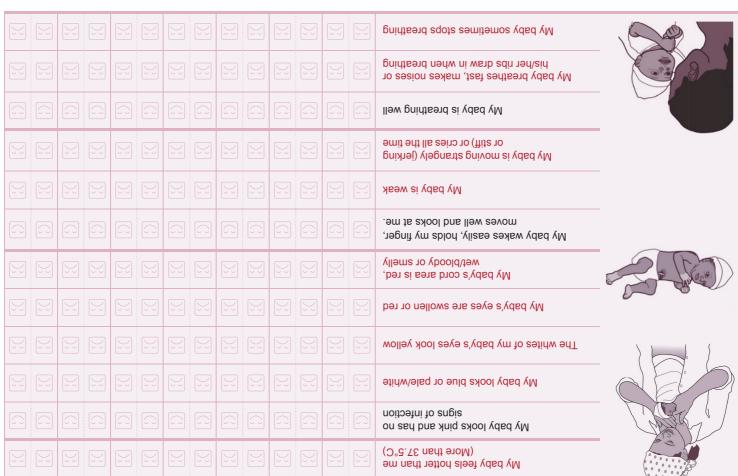




THE FORM: **LILL IN**







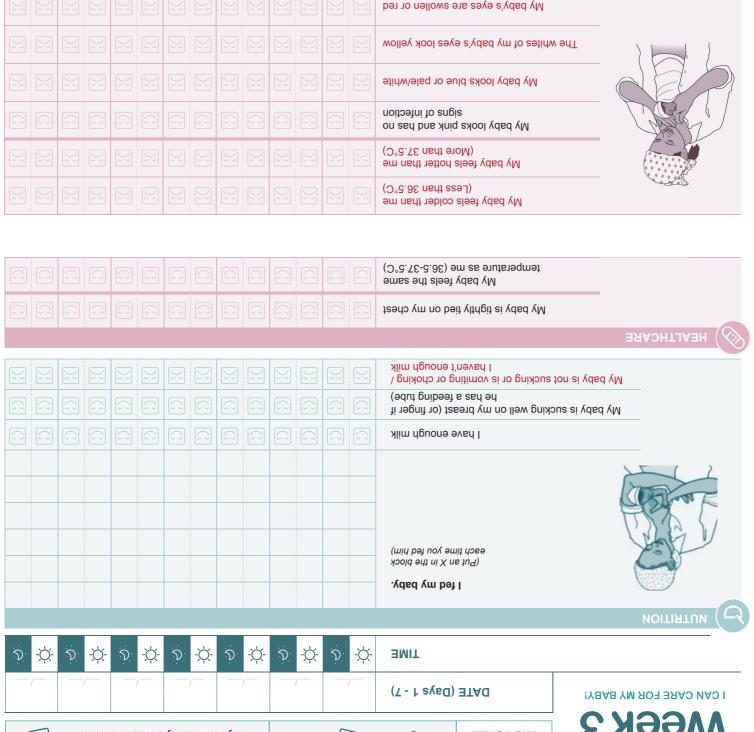






THE FORM: **LILL IN**







My baby sometimes stops breathing

his/her ribs draw in when breathing My baby breathes fast, makes noises or

My baby is breathing well

or stiff) or cries all the time My baby is moving strangely (Jerking

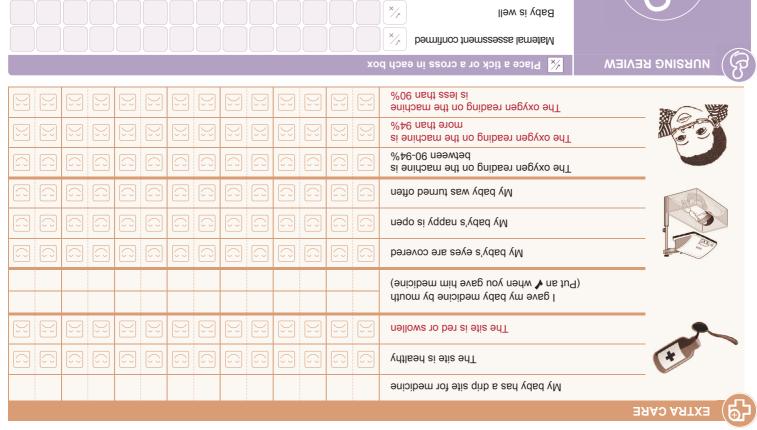
moves well and looks at me.

My baby wakes easily, holds my finger,

My baby is weak

wet/bloody or smelly My baby's cord area is red,











NEW-BORN / NEONATAL RECORD



Congratulations on Your New Baby.

| Place of De | livery: | | | | | | |
|-------------------------------|----------|--------|-------------------|------------------------|-----------------|---------|----------|
| Mother's N | ame: | | | | | | |
| ID Number: | | | File I | Number: | | | |
| Residential A | Address: | | | | | | |
| Municipal W | | | | | | | |
| Telephone: | | | | II: | | | |
| Baby's Nam | ne: | | | | | | |
| | | | | ite of birth: | _/ | / | |
| Time of birth | : | | Da | te of separation: | | / | / |
| IDENTIFICATIO | N: | Nurse | and Mother to con | firm identity of baby. | | | |
| At birth: | Date: | Nurse: | Print: | Mother: | Print: | | |
| | | | Sign: | | Sign: | | |
| Post natal/ neonatal unit: | Date: | Nurse: | Print: Sign: | Mother: | Print: Sign: | | |
| | | | Print: | | Print: | | |
| At discharge: | Date: | Nurse: | Sign: | Mother: | Sign: | | |
| | | | | | | | |
| FINAL PROBLEI | oblem | Tob | - | scharge: NB Also comp | olete F | Current | Resolved |
| Più | blein | | Managei | ment | | Current | Resolved |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GROWING KWAZULU-NATAL TOGETHER

__ Date of birth:

Specific care and treatment now-observe with mother

Wel baby - standard care and treatment

| HISTORY | NB | 3-Thi | s page | only n | eeds to | be c | ompl | eted f | or k | pabies | requ | iring adn | nission | to th | e neo | nata | l unit. | | |
|-----------------------|----------------------|----------------|-----------|----------|---------------------|----------|------------------|------------------|----------------|----------------|-----------|--------------|-----------|---------|-----------------|-------|----------|---|--|
| MOTHERS DETAILS: | | | | | | | | | | | | | | | | | | | |
| Date of birth: | / | / | | Age: | | | | Yea | rs. | | Name | of Relativ | e and r | elatio | nship: | | | | |
| Possession of ID book | · | | | Yes | | | No | | | | If no- | contact so | cial wo | rker: | | | | | |
| Partners Name: | | | | Cont | act numb | er: | | | | | Relati | ves contac | t numk | er: | | | | | |
| raitileis ivaille. | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| PREVIOUS OBSTETRIC A | AND NEO | NATA | N. LUCT | ODV | | | | | | | | `!: - | | | | | | | |
| No. of pregnancies: | AND NEO | NAIA | AL HIST | UKT | | | | | | | • | Complicati | ons: | | | | | | |
| No. of live births: | | | | | | | | | | | | | | | | | | | |
| No. of live children: | | | | | | | | | | | | | | | | | | | |
| No. of live children. | | | | | | | | | | | | | | | | | | | |
| CURRENT ORCTETRIC | LUCTOR | | | | | | | | | | | | | | | | | | |
| CURRENT OBSTETRIC | | Υ: | | Clinic | tendanc | o at: | | | - T | C 1 - | | . C | | | | No c | ٠. ا | | |
| Booked: | Yes No | | | Cillic a | .tenuanc | e al. | | | | Gesta booki | | t first | | | | visit | | | |
| | | | | | | 1- | / | c / .20 | | | ııg. | | | | | VISIL | э. | | |
| Castatian bu | Dates: | | , | , | | | | <u>S (</u> <20 \ | vee | KS) | DDD | | | | | SFH: | <u>.</u> | | |
| Gestation by: | LMP: Weeks: | _ | _/ | <u>/</u> | | _ | ate: _ /eeks: | / | / | <u>'</u> | BPD | :cn | <u> </u> | | | Wee | .l.c. | | |
| | | | | | | + | | | | 1 | | | 1 | | | wee | eks: | | |
| | Syphilis | <u>:</u> | | | T | BI | ood gr | oup: | | _ | 1 | | Tubei | rculos | IS: | I | | 1 | |
| | Rapid Cli | inic | - | Pos | | RH | 4 | | | Pos | | | Diag | nosed | | Yes | | | |
| | - | | | Neg | | - | | | | Neg | | | - | | | No | | | |
| Investigations: | Rapid LV | V | <u> </u> | Pos | | HE | В: | | | | 1 | Gm% | | | | | //_ | | |
| | - | | | Neg | | Tr | eated | : | | Yes | | | diagn | | | | | | |
| | RPR: | | | | | 4. | | | | No | | | Treat | | | / | ′ / | | |
| | Titre: | | | | | La | ist give | en: | | | f dose | :S: | starte | ea | | | | | |
| | Test Res | ult: | 1 | | 1 | AF | RVs sta | arted: | | Yes | | | _ | | | Yes | | | |
| HIV: | POS | 1 | NEG | | ? | | | | | No | | | Lacta | | | No | | | |
| | Viral Load | d: | | | copies/m | AF | RV Dat | e: | | | /_ | | couns | selling | : | Brea | ıst | | |
| | Date: | | | | ARV R | egim | nen: | | | | | | | | | Forn | nula | | |
| | Hyperte | nsion | ı (Speci | fy): | | | | | | APH | | | Pyrex | ia | | UTI | | | |
| Med. History | Diabetes | S | | | Cardia | 5 | | | | Epilep | osy | | Asthr | na | | Vag. | Disch. | | |
| | Medicat | ions: | | | | | | | | | | | Allerg | gies: | | | | | |
| Surg. History | | | | | | | | | | | | | | | | | | | |
| | Alcohol | | | | Smok | ing | | | | Illicit I | Orugs | | | | GBS e | xposu | ıre | | |
| Risk factors: | Teenage | Preg | nancy | | | | Excess | ive wei | ght | | Ĭ | | Inad | equat | e weig | | | | |
| | | | | · | | | | | | | | | | | | | | | |
| CURRENT LABOUR A | ND DELL | \/ C D\ | 1. | | | | | | | | | | | | | | | | |
| Referred from: | ND DELI | VEKI | Æ | | | 1 | 20000 | | Т | | | | | | | | | | |
| Referred from: | | | | | I. | r | Reasor | 1. | | | | l., l | | | | | ., | | |
| | Antenata (≤34 wea | | | | Yes | | | Antibio | tics | <u>s:</u> | | Yes | | | tional cine: | | Yes | | |
| Medications: | No. of do | | | | No | | | Reasor | | | | No | | | | | No | | |
| iviedications: | Last adm | | | | , | | | | 1. | | | | | Spec | iiy: | | | | |
| | Time: | IIIIISt | ereu. | | | /_ | | Type: Started | 1. | | | / | / | | | | | | |
| | Time. | | | | Darker | 1 6 | 4-1 | Startet | - | V | | / | / CTG: | | | | | | |
| | | | Nil | | Reduc move | | | | | Yes | | | Done | | | Not d | lono | | |
| | Meconiu | | | | | _ | versed | 1 | - | No Yes | | | Finding | | | NOL U | one | | |
| Fetal distress: | Liquor: | וווג | Thin | | diasto | | | | - | No | | | riiiuiiig | 33. | | | | | |
| | Liquoi | | | | diasto | | | | | Norm. | | | | | | | | | |
| | | | Thick | | Foeta | l hea | rt: | | _ ⊢ | Abnori | m | | | | | | | | |
| | Spontan | eous | | | 1 st sta | σe. | | | - | ווטווטו ו | *** | Hrs | | | | | Mins | | |
| Labour: | Induced | | | + | 2 nd sta | age. | | | \dashv | | | Hrs | | | | | Mins | | |
| _uvoui. | Oxytocir | | | + | 2 310 | ۰۵۲۰ | | | | | | 1113 | | | | | | | |
| Ruptured | Spontan | | | | Date: | | / | 1 | | | | PROM≥1 | Rhrc · | | | | | | |
| membranes | Artificial | | | + | Time: | | _/ | /_ | | | | Offensive | | | | | | | |
| cinoranes | Entonox | | 1 | Peth | | | 1 | т: | ne: | | l | Unchaive | . nquui. | | | | | | |
| Analgesia: | Epidural | | | Spina | | | | | | inaes | <u> </u> | | | | | | | | |
| Compliantians | | | rd | Shing | | re | nd : | ı | 11. d | iiiaes | Λ I= ···· | ntic | | Dec - | via | | | | |
| Complications: | Prolapse | u COI | iu | | cora a | ai OUl | nd ned | .ĸ | | | Abru | μιιυ | | Prae | vid | | | | |

| BIRTH DETAILS | S: | | To b | e co | omplet | ed f | or all ba | bies | | | | | | | | | | |
|--------------------|--------------|--------------|-------------|-------|------------------|--------|-------------|-------|------------|------|-----------------|----------|---------|--------|----------|-----------|------|-------|
| Date of | | | | | | Tir | me of | | | | | | | | | | | |
| birth: | | | T | - | | biı | rth: | | | | | 1 | | | | | | |
| Place: | Hospital | | CHC | | | PH | IC | | | BB | A | | | If BB/ | A-how | cord cut: | | |
| Delivery: | NVD | | Breech | | | Fa | ce | | | Co | mpound | | | | | | | |
| Zentery. | Vacuum | | Forceps | | | Bre | eech | | | Cae | esar | | | Reaso | on for C | Caesar: | | |
| Vital | Male | | Female | | | Inc | determina | ate | | | | | | | | | | |
| Vital statistics: | Single | | Multiple | | | No |): | | | | | | | | | | | |
| Statistics. | Mass: | | | | g | Le | ngth: | | | | | CI | m | сон: | | | | cm |
| Growth: | AGA | | SGA | | | LG | iA | | : | Syr | nmetrica | ı | | | Asyr | nmetrica | | |
| ROUTINE CAR | E | | To | be | comp | ete | d for all | babi | ies. | | | | | | • | | | |
| Baby dried tho | roughly. | | | | | | | | YES | | NO | | | | | | | |
| Baby crying/br | | | | | | | | | YES | | NO | If no | -time | baby | cried: | : | | |
| Head covered. | <u> </u> | | | | | | | | YES | | NO | | | | | | | |
| Nursed skin to | skin. | | | | | | | | YES | | NO | If no | t imm | edia | telv-Ti | me start | ed: | |
| Covered with v | | rloth | | | | | | | YES | | NO | | | | , | | | |
| Cord clamped | | | ıtes | | | | | | YES | | NO | | | | | | | |
| Breast-fed with | | | 100. | | | | | | YES | | NO | If no | -Time | ctar | tad. | | | |
| GOLDEN MINU | | • | Or | dv t | o he c | nmr | leted if | hahı | | ros | | | | | | | | |
| Head positione | | sk cliabtl | | | .o be co | Jiiik | neteu II | Daby | YES | 100 | NO | I | ig stii | iiuiat | .1011 | | | |
| | | | | | | : I | : | | | | | | | | | | | |
| Airway cleared | | | | | | ın ı | iquor. | | YES | _ | NO | | | | | | | |
| Baby stimulate | | ng its ba | ick vigoro | usiy | /. | | | | YES | 4 | NO | | | | | | | |
| Baby breathing | _ | | | | | | | | YES | | NO | | | | | | | |
| On resuscitaire | | | | | to 36.5 | 5°C | | | YES | | NO | | | | | | | |
| Ventilated with | | | | | | | | | YES | - | NO | | start | | | | | |
| Bagged at 40-6 | | | | | | | | | YES | | NO | | | | | inued: | | |
| ADVANCED RE | SUSCITAT | ION | O | ıly ' | to be c | om | oleted if | bab | y NOT b | rea | athing fo | ollowir | ng vei | ntilat | ion or | HR<60b | pm | |
| Assistance pre | | me calle | | | | | | | YES | | NO | Time | arriv | ed: | | | | |
| Bagging with o | xygen. | Saturat | ions: (if a | vaila | able) | | | % | YES | | NO | | | | | eathing | | ved: |
| Heart rate: | Chest | t compre | essions co | mn | nenced | . Ti | me: | | YES | | NO | Time | com | press | ions d | iscontinu | ıed: | |
| Baby intubated | d. | | | | | | | | YES | | NO | | | | | | | |
| IV /UV line ere | cted. | | | | | | | | YES | | NO | | | | | | | |
| Saline /Ringers | s (10ml/kg | IV) bolus | s given. | | | | | | YES | | NO | Volu | me: | | | Т | ime: | |
| Adrenaline 1:1 | .0 000 (0.1- | -0.3ml/k | g) given. | | | | | | YES | | NO | Dose | 2: | | | Т | ime: | |
| RESUSCITATIO | N STOPPE | D | 0 | nly | to be o | om | pleted if | bab | y requi | rec | dadvano | ed res | uscita | ation | | | | |
| Baby stabilised | <u> </u> | | | | | | | | YES | _ | NO | | tion o | | | | | mins |
| After 10 mins i | if no heart | rate | | | | | | | YES | | NO | | | | | | | |
| After 20 mins i | | | gasping | | | | | | YES | | NO | | | | | | | |
| After 30 mins i | | | | | | | | | YES | - | NO | | | | | | | |
| APGARS | BaskB z | | 0 | | | | 1 | | | 2 | | 1m | nin | 5 | min | 10m | in | 20min |
| Appearance (C | `olour) | Centra | l cyanosis | | Perin | h c | yanosis | | Pink | | | | ···· | | | 20111 | • | |
| Pulse | 2010417 | Absent | <u> </u> | | <100 | | • | | >100b | nm | <u> </u> | | | | | | | |
| Grimace | | None | | | | | ponse | | Good | • | | | | | | | | |
| | | | | | Some | | • | | Active | | ропъе | | | | | | | |
| Activity | | Limp | | | | | | | | | | | | | | | | |
| Respiration | | Absent | | | weak | () Irr | egular | | Good/ | | | | | | | | | |
| | | • • • | | | | | | | | | Score: | | | | | | | |
| 5min APGAR | less than 7 | ? Do C | ord Gas o | r Aı | 1 | | d Gas wi | ithin | 1 hr of | bir | th. | | _ | | | 1 | | |
| PH: | | | | | HCO ₃ | : | | | | | | | Lact | | | | | |
| PCO ₂ : | | | | | BE: | | | | | | | | Not | es: | | | | |
| PLACENTA | | | То | be o | comple | | for all b | abie | | | | | | | | | | |
| Weight: | g | Clots | 1 | ots | | | Infarcts | | | 0. 0 | f cord ve | essels: | | | Other: | | | |
| IMMEDIATE N | | | | | - | | l for all b | | | | | | | | | Time: | | |
| Maintain skin-to | | | - | >3 | | | eyes with | salii | | | chloramp | | | | | | | |
| 2 ID bands? | Cord | d cleaned | b | | Eye c | | _ | | Napp | | | Vit. K | | | | Site: | | |
| Baby shown to | | rior to tran | sfer to Neo | nata | l Unit | Υ | N | | Temp | oer | ature pr | ior to t | transf | er: | | | | °C |
| Neonate mana | aged by: | | | | | Sig | gnature: | | | | | | | | Prac | ctice No. | | |
| Baby | of: | | | | | | Da | ate o | f birth: _ | | | | | | | | | |

| ASSESS AND CLASSIFY IMMEDIATE RISK To be completed for all newborns in labo | | CIAL NEEDS. | | | |
|--|----------------------------------|--------------------------------------|-------|---|---|
| 1. If the baby has any of the 1 st 5 classification | ons (Red) the baby has a | | | | |
| If the baby has any of the remainder (Vellow) the balk RISK FACTOR/ PROBLEM | by is A t Risk and should | be monitored for the devel CLASSIFY | opme | ent of any problems with his mother. ACT NOW | |
| ☐ Took longer than 5 mins to breath | | POSSIBLE NEONATA | 1 | 1. Maintain temp. at 36°C | |
| ☐ Apgar less than 7 at 5mins | | | _ | 2. Assess for encephalopathy | |
| ☐ Abnormal tone /not moving well | | | | 3. Transfer to Neonatal unit | |
| ☐ Major abnormality | | RISK OF / BIRTH | | 1. Maintain temperature >36 ⁵ °C. | |
| ☐ Head circumference >39cm or <32cm | | ABNORMALITY | | 2. Transfer to Neonatal unit | |
| ☐ Alcohol, smoking or drug exposure | | | | 3. Assess with mother | |
| ☐ Not moving a limb | | BIRTH INJURY | | 1. Maintain temperature >36 ⁵ °C. | |
| ☐ Swelling of head on one side | | | | 2. Transfer to Neonatal unit | |
| ☐ Boggy swelling of head | | | | | |
| ☐ Meconium exposure <u>AND</u> one of follow | ring | POSSIBLE | | 1. Commence nasal prong oxygen at | |
| ☐ Grunting | | RESPIRATORY | | 1L/min | |
| ☐ Chest in-drawing (Recession) | | PROBLEM | | 2. Transfer to Neonatal unit | |
| ☐ Fast breathing (Tachypnoea) ☐ Central cyanosis | | | | | |
| · | | | | . 5 | |
| ☐ Low birth weight less than 2kg | de eiven | LBW / PREMATURE | Ш | Maintain temperature >36⁵°C. Transfer to Neonatal unit | |
| ☐ Less than 34 weeks gestation-no steroid ☐ Mother has diabetes | as given | INFANT OF A | | | |
| ☐ Baby birth weight more than 4.0kg | | DIABETIC/ BIG BABY | | Feed (Breast or 10ml/kg 3hrly) Check blood glucose one hour after | |
| ☐ Mother had signs of sepsis | | RISK OF | | birth and then 2-3hrly | _ |
| ☐ Baby is low birth weight less than 2.5 kg | g or premature | HYPOGLYCAEMIA | | 3. If glucose <2.6 mmol/l post feed | |
| ☐ Baby is BBA | , . | | | transfer to Neonatal unit | |
| ☐ Baby not put to breast or did not latch | | | | | |
| ☐ Baby is BBA | | RISK OF HYPOTHERN | MIA | 1. Feed (Breast or 10ml/kg 3hrly) | |
| ☐ Baby is low birth weight, less than 2.5 k | g or premature | | | 2. Nurse skin to skin | |
| ☐ Baby is hypoglycaemic | | | | 3. Check temperature one hour after birth | |
| ☐ Baby separated from mother not receive | ring skin to skin | | | 4. If <36°C transfer to Neonatal unit | |
| care | | | | | |
| ☐ Mother blood group O | | RISK OF JAUNDICE | | 1. Nurse skin to skin | |
| ☐ Mother Rhesus negative☐ Baby has birth injuries | | | | 2. Observe colour 6hrly 3. TSB at 6hrs and 12hrly | |
| ☐ Baby has birth injuries | | | | 4. Start Phototherapy if above line | |
| ☐ Baby has facial bruising | | | | 5. Jaundiced on Day 1 or rapidly climbing | |
| | | | | transfer Neonatal unit | |
| ☐ Membranes rupture greater than 18 ho | urs | RISK OF BACTERIAL | | 1. Nurse skin to skin | |
| ☐ Maternal Fever | | INFECTION. | | 2. Observe 4hrly for 24-48hrs | |
| ☐ Offensive Liquor | | | | 3. If clinical signs of infection transfer to | |
| | | | | Neonatal unit | |
| ☐ Mother RPR positive | | RISK OF CONGENITA | | 1. Give Benzathine Penicillin IMI | |
| ☐ Mother RPR unknown | | SYPHILIS | | 2. Examine for signs of syphilis | |
| ☐ Mother RPR partially treated or treatmo | ent completed | | | 3. Transfer to Neonatal unit if signs | |
| less than 1 month ago ☐ Mother HIV positive | | RISK OF HIV | | present 1. Test mother if unknown | |
| ☐ High Viral load | | TRANSMISSION | | 2. Do HIV DNA PCR | |
| ☐ Mother HIV negative but not retested i | n the last 3 mths | TIVAIVSIVIISSIOIV | | 3. Refer to HIV exposure SOP | |
| ☐ Mother HIV unknown | | | | ο | |
| ☐ Baby abandoned | | | | | |
| ☐ Mother has TB or has been on TB | | RISK OF TUBERCULO | SIS | 1. Refer to TB exposure SOP | |
| treatment in the last 6 months | | | | 2. Commence TB prophylaxis/R _x | |
| ☐ Mother coughing for more than 2 weel | KS | | | 3. Give BCG on completion of Rx | |
| ☐ No risk factors identified | | WELL BABY | | 1. Transfer to post natal with mother | |
| Assessed By: | Signed: | SAN | C: | Time: | |
| CLINICAL NOTES: (Record below if no risk fac | tors are present) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Baby of: | | _ Date of birth: | | | 4 |

FIRST EXAMINATION OF THE NEONATE: To be completed for all newborns either in LW/Theatre or Post Natal by nurse or doctor.

If baby has been classified in the red area on the previous page: do not examine in LW. Transfer immediately to neonatal unit. Exam to be completed by nurse/doctor in neonatal unit following stabilisation.

Any Red (danger) findings beow should receive emergency management and be admitted immediately to neonatal unit.

| Any Yellow (high ris ASSESSMENT | findings should be r | | | | | | SICK / A | | | | | | | |
|------------------------------------|-----------------------|---------|--------------------|---|----------|----------------|--------------|--------|----------------|-------------|-----------------|------------|------------|------|
| Temperature | 36 ⁵ -37°C | | Hypoth | hermic 35 ⁵ -36 ⁴ | °C | Hypother | mic <35⁵°C | | | ermic >37 | ⁵ °C | | | |
| Appearance | Normal | | Waste | | | LGA | | | SGA | | | Dysn | norphic | |
| ikin | Intact | | Lacera | tion | | Rash | | | Petechia | е | | Bruis | ing | |
| Colour | Pink | | Pletho | ric | | Cyanoseo | (central) | | Pale | | | | | |
| Odour | Normal | | Offens | ive | | | | | | | | | | |
| espiration | 40-60 bpm | | Fast >6 | 50bpm | | Slow/Gas | ping | | Apnoea | | | | | |
| Chest movement | Symmetrical | | Asymn | netrical | | Shallow | | | | | | | | |
| Recession | Absent | | Interco | ostal | | Sternal | | | Sub-clav | icular | | Seve | re | |
| reath sounds | Quiet | | Noisy | | | Grunting | | | | | | | | |
| ry | Normal | | High p | | | Hoarse | | | Weak | | | Abse | | |
| Sehaviour | Responsive | | Lethar | _ | | Irritable | | | Jittery | | | Seizu | ires | |
| Muscle tone | Normal | | Head la | | | Hypotoni | , ,,,, | | Hypertor | nic (stiff) | | | | |
| /loro reflex | Present & equal | | | netrical | | Incomple | te | | Absent | | | | | |
| ucking reflex | Present | | Weak | | | Absent | | | Bites | | | | | |
| looting reflex | Present | | Absent | t | | | | 1 | | | | | | |
| Grasp reflex | Present | | Weak | | | Absent | | | | | | | | |
| Plantar reflex | Present | | Absent | | | | | | | | | | | |
| Valking reflex | Present | | Absent | ı | | A cumo res | rical | | Поот | ama | | 11 | oconh-l | |
| lead shape ontanelles | Normal Normal | | Caput | ulging | | Asymmet | rical | | Haemato | Jilld | | | ocephaly | |
| ontanelles utures | Mobile | | Full/Bu Overrio | | | Large Fused | | | Sunken Wide | | | Close | u | |
| ace | Symmetrical | | | netrical | | Abnorma | ı | | wide | | | | | |
| yes | Normal | | Small/ | | | Slanting | | | Wide ap | art | | Duru | lent disch | |
| ars | Normal | | Malfor | | | Low set | | | Rotated | urt | | Abse | | |
| lose | Patent | | Blocke | | | Flattened | | | Abnorma | al shane | | Ause | | |
| /louth | Normal | | Cleft li | | | Smooth p | | | Teeth | a. snape | | Cysts | | |
| Palate | Intact | | | nard palate | | Cleft -sof | | | | | | 0,000 | | |
| ongue | Normal | | Large | тап разгос | | Protrudin | • | | Tongue- | tie | | | | |
| Chin | Normal | | Recedi | ing | | | 0 | | . 0 | | I | | | |
| leck | Normal | | Swellin | | | Webbed | | | Nuchal fo | old | | | | |
| Clavicles | Intact | | Swellin | _ | | Crepitus | | | Fracture | | | | | |
| lipples | Normal | | Access | ory (Extra) | | Wide spa | ced | | Mastitis | | | Abse | nt | |
| leart | 120-160 bpm | | Tachyo | cardia | | Murmur | | | Heard Rt | . side | | HR < | 100bpm | |
| Arms | Normal | | Not mo | oving | | Fracture | | | Brachial | palsy | | | | |
| ingers | Normal | | Polyda | ictyly | | Syndacta | ctyly | | Hypoplas | stic nails | | | | |
| Palmar creases | Normal | | Single | | | | | | | | | | | |
| Abdomen | Normal | | Disten | ded | | ↓/absent | sounds | | Scaphoid | k | | Gast | roschisis | |
| Jmbilicus | Normal | | Bleedir | ng | | Single art | ery | | Hernia | | | Exon | nphalus | |
| lips | Normal | | Disloca | ated | | Dislocata | | | | | | | | |
| egs | Normal | | Abnor | | | Not movi | ng | | Genu red | curvatum | | | | |
| eet | Normal | | | nal deformity | | Clubbed | | | Rocker b | ottom | | | | |
| oes | Normal | | Polyda | | | Syndacty | | | Sandal g | | | | | |
| Back/Spine | Normal | | Scolios | | | Sacral din | nple | | Hair tuft | | | Men | ingocele | |
| emoral pulses | Present | | Absent | | | | | | | | | | | |
| Genitalia (male) | Testes down | | | cended | | Hydrocel | | | Inguinal | | | Нурс | /epispadi | ius |
| Genitalia (fem.) | Normal | | Ambig | | | Enlarged | | | Fused lal | | | | | |
| inus | Patent | | Imperf | | | NB Part b | uttocks & ol | bserve | e anus. Me | econium c | loes no | mean a | nus is pat | ent! |
| Jrine 4 | Passed | | Not pa | | | ND 5 | | | | | Luca et | .1.6: | | |
| /leconium | Passed per rectum | | Not pa | issea | | NR Fusur | e meconium | is no | τ passed v | ia vaginal | /urethr | ai Tistula | | |
| dditional commo | ents/management: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | <u></u> | | | | | | <u></u> | | | | |
| | | | | | | | | | | | | | | |
| vaminad hu | | | | Signature: | | 1 | | | | Dociar | ation | | | |
| xamined by: | | | | | | | | | | Design | iation | | | |
| ate: | | | | Time: | | | | | | | | | | |
| Nother notified o | f any abnormality: | | Y | N | | Date: | | | Time: | | | Sign: | | |
| IB. Complete Not | ification Form for a | ny c | ongeni | ital abnorma | lities r | oted. | C | omr | oleted: | Υ | | | N | |
| <u> </u> | DNATAL UNIT / POS | | | | | | | | | | | | | |
| | INATAL UNIT / FUS | , i 14/ | TIME W | T . | | | | | | CANC | NI a | | | |
| ransferred by: | | | | Signature: | | | | | | SANC | | | | |
| | | | | Signature: | | I | | | | SANC | No. | | | _ |
| | | | | Jigilatule. | | | | | | 07 11 0 | | | | |
| Received by: D band checked b | py: | | | Signature: | | | | | | SANC | | | | |

| POST NATAL CARE | To be com | pleted | for all n | ewbori | ns in po | st nata | l unit. | | | | | | |
|--|-------------|---------------|-----------|----------|-----------|-----------|------------------------------------|----------------|--------------------|---------|-----------|-----------|----------|
| 1. Keep baby skin to skin (tied on) | | | | | | | | | | | | | |
| 2. Issue mother with family Monit | toring book | klet and | suppor | t her to | start o | bservin | g her ba | by and | docume | nting. | _ | _ | |
| 3. Cleansing (once warm): Wipe w | | | - | - | d, meco | nium oi | r offensi | ve sme | ll presen | t. Do n | ot rem | ove ver | nix. |
| Demonstration bath for all Prim | | | | | | | | | | | | | |
| 4. All At Risk babies should be seen | | | | | | | | | • | | | | |
| Transfer to neonatal unit if baby Day 1 or any other danger signs | • | | - | - | atory di | stress; [| <u>persistei</u> | <u>nt</u> nypo | gıycaen | na/ the | rmıa; j | aundice | e on |
| | Complete | | | | admissi | on. wh | en revie | wing n | nother/ | 12hrlv | and on | discha | rge. |
| | (DD/MM) | l and | | | | | | | | | | | |
| Date | · · · | | | | | | 1 | | | | | | |
| | Time | | | - | | | 1 | | | | | 1 | |
| 2 ID bands in situ? Checked with mother | , | | | | | | | | | | | | |
| Skin to skin-Tied on? | (Y/N) | | | | | | | | | | | | |
| Temperature (°C) Maintain 36.5-37°C < | :35.5°C | | | | | | | | | | | | |
| Respiratory rate/distress(bpm)Norm Fachypnoea >60bpm (T), Recession(R), Grunt | • | | | | | | | | | | | | |
| Heart Rate (bpm) Normal 120-160bpm, | <100bpm | | | | | | | | | | | | |
| Activity-Active and responsive? Floppy (F), Stiff (ST), Seizures (S) | (Y/N) | | | | | | | | | | | | |
| Colour -Pink(P), Pale (Pa), Jaundiced (J), Cya | anosed (C) | | | | | | | | | | | | |
| Blood Sugar (mmol/l) Maintain 2.6-8mn | | | | | | | | | | | | | |
| NB. Only check if at risk, cold or not sucking. | | | | | | | 1 | | | | | | |
| Hygiene – Record any bath(B) or Wiping (W Clean eyes & mouth daily with saline/water (| (C) | | | | | | | | | | | | |
| Cord-Clean with Chlorhexidine at every napp Note skin redness(R) or Discharge (D) or Heal | | | | | | | | | | | | | |
| Mothers care of baby Confident (C), Needs assistance (NA) | , | | | | | | | | | | | | |
| Short line checks-6hrly Record the location- R/L hand (H)/ Foot (F)/A | rm(A) | | | | | | | | | | | | |
| Record the condition. Is the distal limb warm | , pink & | | | | | | | | | | | | |
| mobile (WPM) or Pale(P), cyanosed (C) or swo | | | | | | | 1 | | | | | | |
| Phototherapy (Routine) Commence | Sign: | apy im | mediate | lv for a | ny sign | of jaun | dice | If is: | undiced o | n Day 1 | -transfe | er to nec | n, unit |
| | | | | | | | | | | | | | |
| Should be given at the mother'sCover eyes with eyeshield (Remo | | | | | | iuily. | BabBred | - | nursea I freque | | | | EII. |
| Ensure all lights are functional, a | • | | | | | every : | | - | lours of | | • | | _hrs |
| Position- R/L lateral (L), Prone (P), Supine | | | <u> </u> | <u> </u> | 3-2 | - , - | 1 | | | | | | _ |
| Eyes covered? | (Y/N) | | | | | | | | | | | 1 | |
| TSB (mmol/l) Check daily. | Date: | 1_ | | | | | | | | | | + | |
| | TSB: | | | | | | | | | | | † | |
| OUTPUT: | | | | | | | | | | | | | |
| /omit (refer to neonatal unit if repeated/ p | rojectile) | | | | | | | | | | | | |
| Urine (No. of wet nappies) | | | | | | | | | | | | | |
| Stool (No. of meconium stools) | | | | | | | | | | | | | |
| FEEDS: Breast feed on demand | | | | | | | | Dar | nger sign: | Not suc | cking 6 h | nours po | st birth |
| Mother assisted with breast feeding | g: | 3hrs pc | st-deliv | ery-Tir | ne: | | | | | Sign: | | | |
| Hunger cues, positioning, attachment | | Before | dischar | ge-Dat | e &Tim | e: | | | | Sign: | | | |
| Reason for not breast feeding | | | | | | | | | | | | | |
| Reason for not breast feeding Formula feeding demonstrate | d | Date: | | | | N | /lother o | demon | strated | back | Υ | N | |
| No. of feeds Danger <8 feeds/day | | | | | | 1 | | | | | l I | Τ | |
| How taken – Sucked well (SW), Not Latchin | ng (NL), | | | | | | | | | | | | |
| Weak/No suck (W/NS) Cup (C), Syrir | nge (S) | | | | | | | | | | | 1 | |
| Weight - Daily after Day 3. Report if more than 10% weight loss. | | | | | | | | | | | | | |
| | Sign: | | | | | | | | | | | | |
| | | 1 | | l | l. | l | I | | | | | • | |
| | | | | _ | | | | | | | | | |
| Baby of: | | | | Date | of birth: | | | | | | | | |

| IIVIIVIUNISATIUNS: | | | | | | | | | | | | 1 | | | | |
|---|----------|----------|----------|--|----------|----------|----------|--------|---------|------------|------------------------------------|------------|------------|---------------------|------------------|----------|
| BCG | YES | | NO | | Polic | YES | | NO | | Date: | | | Sign: | <u>L</u> | | |
| MOTHER HIV+: | | Att | ach F | IIV ex | posure | SOP | | | | | | | | | | |
| ARVs single proph | ylaxis | comr | nence | ed: | YES | | NO | | | Date: | | | Time: | | | |
| ARVs dual prophy | laxis c | omm | encec | ı: | YES | | NO | | | Date: | | | Time: | | | |
| DNA PCR taken | YES | | | | | | NO | | F | Result: | | | Sign: | | | |
| | Feed | ing-B | aby H | IV ne | g | 6 mon | ths ex | clusiv | /e & cc | ntinue ti | ll 12 mon | iths | | | | |
| Education | | ing-B | | | | | | | | | ll 24+ mo | nths | | | | |
| (Sign if given) | | eat tes | | • | | Viral Lo | | | | | | | | | | |
| | Avoi | d repe | eat in | fectio | ons | Treatm | nent a | dhere | ence & | sexual h | ealth | | | | | |
| OTHER MEDS: | | | | | | | | | | | | | | | | |
| Stipulate: | | | | | | | | | | Dat | e: | | | Time: | | |
| Given by: | | | | | | Signed: | | | | | | | Pra | ctice No. | | |
| | | | | | | | | | | | | | | | | |
| PRE-DISCHARGE CI | | LIST D |)ischa | rge: \ | Nell bo | abies -b | | | | | | | _ | - | - | |
| CURRENT CONDITI | | | | | | | V | / | | | | | | discharge t | the baby | √ |
| First examination c | • | eted a | nd dc | cume | ented | | | | | | and respo | | _ | ell) | | |
| Complete Moro ref | lex | | | | | | | | | | onoea or | recessio | n | | | |
| No Jaundice | | | | | | | | | Flash | | | | | | | |
| Breast feeding well | | | <u>.</u> | | | | | | Eyes c | | | a =5 = | 700 | | | |
| Cord clamped, not | | | | e | | | | | | | mperatur | | 7°C | | | |
| Social work referra | I if tee | enagei | <u>r</u> | | | | | | All IV | lines/dre | ssings rer | noved | | | | |
| OUTPUT: | | | | | | | | 1 | | | 1. | | | | | 1 |
| Urine passed | ND 55 | FD:0: | TICT | · C · | | | | | Meco | nium pas | sed (Napp | y must be | viewed-no | ot reported b | y mother) | |
| IMMUNISATION A | ND M | EDICA | ATION | S: | | | 1 | 1 | 4.53.4 | | | | | | | 1 |
| BCG & Polio | | | | | | | | | ARV's | | | | | | | |
| HEALTH EDUCATIO | N: | | | | | | 1 | 1 | | | | | | | | 1 |
| Family planning | | | | | | | | | | washing | | | | | | |
| Breast feeding-exclu | | | | | | | | | | al hygier | ie | | | | | |
| Infant feeding-comp | | | | | | | | | Jaund | | 1 | | | | | |
| Thermal Care-KMC | at ho | me. D | ischarg | e in KN | ИС posit | ion | | | | | V therapy | / | | | | |
| Buttock care | | | | | | | | | Cord | | | | | | | |
| Common problems Sticky eyes, colic, poor s | | iarrhaa | 2 22 | ov rach | | | | | | | old/hot to touc oea, fast/noisy | | | d activity /difficu | It to wake, poor | |
| DOCUMENTATION | | iarriioe | a, nap | by rasii | | | | | | ppropriate | | L-Large | S-Sn | | GA-Gestatio | nal age |
| Weight plotted on | | ntile c | hart | | | | | | AG. | | | LGA | | IIaii | SGA | niai age |
| ID band identificati | | | | moth | er | | | | | registrati | on done | 207 | · | | 30/1 | |
| RtHB completed- P | | | | 111011 | | | | | | _ | | nessage | s given to | o the motl | her | |
| Mother informed o | _ | | | use | of book | det | | | | | nt if indi | | 3 BIVEII C | o the moti | | |
| Follow up appointr | | | | | | | | + | Clinic | | c ii iii di | | | | | |
| Sign: | | 0.4011 | 20 111 | 201101 | | | | | Print: | 1.5.65 | | | | | Desig. | |
| MANAGEMENT PLA | AN: | | | | | | | | | | | | | | | |
| Problem list compl | | on cov | ver? | | | Υ | | N | Proble | em list co | mpleted | -Pg. 6 R1 | tHB? | | Υ | N |
| | | 50 (| • | | | | 1 ' | - | | | | . J. J. 11 | ·• | | | |
| | | | | | | | | | | | | | | | | |
| FOLLOW UP | | | | | | | | | | | | | | | | |
| TYPE | | | | 1 | NORM | | | | | DATE | | | PLACE | | | |
| | | | | | All bab | ies- | | 3-0 | 6 Days | | | | | | | |
| PHC CLINIC | | | | <u> </u> | | | | | Weeks | | | | | | | |
| PRETERM FOLLOW | UP | | | E | Babies | <2kg w | eeklv 1 | | | | | | | | | |
| PMTCT / PHC Clinic | | | | | | R result | , | | | | | | | | | |
| • | | | | | | | | | | Name | : | | | | | |
| CCG REFERRAL | | | | 3 | 8-6 Day | /S | | | | | ct details | : | | | | |
| ID band checked b | y? | | | 1 | | | Sig | n: | | | | | MP/SA | NC No: | | |
| Discharged by: Pri | nt: | | | | | | Sig | n: | | | | | MP/SA | NC No: | | |
| Date: | | | | 1 | ime: | | | | • | Discha | arge weig | ht: | | | | Grams |
| Discharge Details a | bove | ackno | owled | lged b | ov mot | her: | | | | | | | | | | |
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| BBREVIATIONS | ABBREVIATIONS | | | |

MULTIDISCIPLINARY NOTES Consultant, doctor, nurse (only interim/crisis entries), rehab team, social worker, dietician etc.

Abnorm= Abnormal; AGA= Appropriate for gestational age; ARV=Anti retro viral; APH=Ante partum haemorrhage; ARV=Anti-retroviral; BBA=Born Before arrival; BCG= Bacillus Chalmette Guerin; BE= Base Excess; BPD=Bi parietal diameter; bpm= breaths/beats per minute; CCG=Community Care giver; CHC=Community Health Centre; cm= centimetre; COH= Circumference of head; CTG=Cardiotocography; Desi.= Designation; DNA= Deoxyribonucleic acid; g=gram; GBS=Group B Streptococcus; gm= gram; GIHT= Gestationally induced hypertension; GM= Glucose monitoring; HB=Haemoglobin; HCO₃=Bicarbonate; HIV=Human immune virus; HR= Heart rate; Hr/s-Hour/s; hrly= Hourly; ID=Identification; IDM= Infant of a diabetic mother; IMI=Intramuscular injection; IV= Intravenous; Kg=Kilogram; KMC=Kangaroo mother care; LGA= Large for gestational age; LSCS=Lower segment caesarean section; LW-Labour ward; mins=Minutes; mg=milligram; MO=Medical officer; N=No; NA= Not applicable; Neg= Negative; No.=Number; Norm= Normal; NVD=normal vaginal delivery; PCO₂=Carbon dioxide; PCR=Polymerase chain reaction; Pg=Page; PHC=Primary Health care clinic; PH= Percentage of haemoglobin; PIH=Pregnancy induced hypertension; PMTCT=Prevention of mother to child transmission; PROM= Prolonged rupture of membranes; Pos= Positive; PTO= Please turn over; RH=Rhesus factor; RTHB=Road to Health Booklet; RPR= Rapid plasma regain; R_x-Treatment; SFH=Symphysis fundal height; SGA=Small for gestational age; SOP-Standard operating procedure; TB=Tuberculosis; TSB=Total serum bilirubin; UTI=Urinary tract infection; U/S=Ultrasound; UV=Umbilical venous; Vag= Vaginal; Vit= Vitamin; Y=Yes

| Baby of: | Date of birth: |
|----------|----------------|
| Baby 01 | Date of birth. |



Let's work side by side to raise healthy and happy children

All children need:



NUTRITION

Good nutrition is important for you and your child's health. It starts with breastfeeding.



LOVE

Your child learns from looking at you when you hold them close and love, play and talk with them.



PROTECTION

Your child can be protected from childhood disease and injury by getting immunised and by being careful at home.



HEALTH CARE

Your child needs care when they are sick or injured to help them get better.



EXTRA CARE

Your child may need special care or support. Knowing what to do or where to go will help both of you.



A long and Healthy life for all South Africans





2018/02/2 DoH icon A2 poster (English) FA.indd 1

NEONATAL / PAEDIATRIC TRANSFER REGISTER



UNIT:

YEAR: _____



Document on this form every referral consultation (and every hospital contacted) Follow up monthly on all babies – record Final outcome once discharged or died.

Year: Month: Unit: Consult Arrived Hospital, **Decision to EMRS EMRS Total time** Trans. Date *Reason Receiving outcome at Date, Time, Name Consult from refer phoned arrived **EMRS** skin to mother hospital & Accepted No. IP No. for hosp. Final Date, time & time: Date & Date & Case No. decision to skin trans-Age (A) & Gender (G) МО /Refused refusal: (Alive/ outcome° Y/N# ferred МО time time departure Dead) G Α Α G G G Α G Α G Α G

^{*}Reason for refusal: No need (NN) / No bed (NB) / Not stable (NS); *Skin to skin-Only applicable for neonates; *Final outcome: Alive (A), Dead (D), Transferred back (TB)

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