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

Vomiting everything

Child has diarrhoea, sunken eyes, and a sunken forehead

Child is shaking (convulsions)

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

HEALTH SYSTEMS TRUST

Caring for our new baby

My name is:

.....

My baby's name is:

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Nutrition Interaction Protection Healthcare Extra Care Nursing

I 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.

HEALTHCARE

- 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

EXTRA CARE

- My baby needs me to keep warm and grow.
- 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 caring for him/her at home.

PROTECTION

- A community caregiver should visit me at home and I must show her this booklet.
- I must visit the clinic within a week of going home and bring my Road to Health booklet.
- If my baby has any problem I should go to the clinic straight away.

EXTRA CARE

My baby has a drip site for medicine											
The site is healthy											
The site is red or swollen											
I gave my baby medicine by mouth (Put an ✔ when you gave him medicine)											
My baby's eyes are covered											
My baby's nappy is open											
My baby was turned often											
The oxygen reading on the machine is between 90-94%											
The oxygen reading on the machine is more than 94%											
The oxygen reading on the machine is less than 90%											

NURSING REVIEW

Place a tick or a cross in each box

Maternal assessment confirmed	✓ ×			
Baby is well		✓ ×		
Mother is well			✓ ×	
Nurse signature (Initials)				

ACTIONS:

Week 4

I CAN CARE FOR MY BABY!

FILL IN THE FORM: My baby is doing well OR My baby has a problem. I must get my baby checked by a health worker.

TIME	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
My baby has had 3 or more wet nappies														
My baby had less than 3 wet nappies														
My baby's tummy has not worked or has been runny														
PROTECTION														
I washed my hands each time I changed the nappy, fed my baby or went to the toilet														
I cleaned my baby's cord each time I changed the nappy														
LOVE														
I feel connected with my baby and am confident in looking after my baby														
I am feeling OK and eating well														
I feel supported by my healthcare workers														
I need help!														

MY BABY WAS SEEN BY A HEALTH CARE WORKER

Follow up after being discharged from hospital S = Scheduled U = Unscheduled W = Well U = Unwell

DATE	TIME	TYPE OF VISIT	REVIEW BY HEALTH WORKER: MOTHER	REVIEW BY HEALTH WORKER: BABY	NEXT VISIT	SIGNATURE
DATE	DATE	S or U	W or U	W or U	DATE	Signature
ACTION						
DATE	DATE	S or U	W or U	W or U	DATE	Signature
ACTION						
DATE	DATE	S or U	W or U	W or U	DATE	Signature
ACTION						
DATE	DATE	S or U	W or U	W or U	DATE	Signature
ACTION						
DATE	DATE	S or U	W or U	W or U	DATE	Signature
ACTION						
DATE	DATE	S or U	W or U	W or U	DATE	Signature
ACTION						
DATE	DATE	S or U	W or U	W or U	DATE	Signature
ACTION						

SCHEDULED VISITS: Baby born before term: Day 3 and 7 after discharge from hospital, then 1-2 weekly.
Baby born at full term: Within 6 days after discharge from hospital and then at 6 weeks after birth.

Week 1

I CAN CARE FOR MY BABY!

FILL IN THE FORM:	My baby is doing well	OR	My baby has a problem. I must get my baby checked by a health worker.

DATE (Days 1 - 7)	__/__	__/__	__/__	__/__	__/__	__/__	__/__
TIME	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾

NUTRITION

I fed my baby.

(Put an X in the block each time you fed him)

I have enough milk	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby is sucking well on my breast (or finger if he has a feeding tube)	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby is not sucking or is vomiting or choking / I haven't enough milk	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹

HEALTHCARE

My baby is tightly tied on my chest	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby feels the same temperature as me (36.5-37.5°C)	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺

My baby feels colder than me (Less than 36.5°C)	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby feels hotter than me (More than 37.5°C)	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby looks pink and has no signs of infection	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby looks blue or pale/white	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
The whites of my baby's eyes look yellow	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby's eyes are swollen or red	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby's cord area is red, wet/bloody or smelly	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby wakes easily, holds my finger, moves well and looks at me.	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby is weak	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby is moving strangely (jerking or stiff) or cries all the time	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby is breathing well	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby breathes fast, makes noises or his/her ribs draw in when breathing	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby sometimes stops breathing	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹

Week 4

I CAN CARE FOR MY BABY!

FILL IN THE FORM:	My baby is doing well	OR	My baby has a problem. I must get my baby checked by a health worker.

DATE (Days 1 - 7)	__/__	__/__	__/__	__/__	__/__	__/__	__/__
TIME	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾

NUTRITION

I fed my baby.

(Put an X in the block each time you fed him)

I have enough milk	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby is sucking well on my breast (or finger if he has a feeding tube)	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby is not sucking or is vomiting or choking / I haven't enough milk	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹

HEALTHCARE

My baby is tightly tied on my chest	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby feels the same temperature as me (36.5-37.5°C)	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺

My baby feels colder than me (Less than 36.5°C)	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby feels hotter than me (More than 37.5°C)	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby looks pink and has no signs of infection	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby looks blue or pale/white	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
The whites of my baby's eyes look yellow	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹

My baby's eyes are swollen or red	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby's cord area is red, wet/bloody or smelly	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby wakes easily, holds my finger, moves well and looks at me.	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby is weak	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby is moving strangely (jerking or stiff) or cries all the time	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹

My baby is breathing well	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺	☺ ☺
My baby breathes fast, makes noises or his/her ribs draw in when breathing	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹
My baby sometimes stops breathing	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹	☹ ☹

Week 1

I CAN CARE FOR MY BABY!

FILL IN THE FORM:	My baby is doing well	OR	My baby has a problem. I must get my baby checked by a health worker.

	TIME													
	My baby has had 3 or more wet nappies													
	My baby had less than 3 wet nappies													
	My baby's tummy has not worked or has been runny													

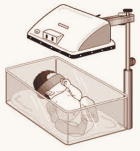
PROTECTION

	I washed my hands each time I changed the nappy, fed my baby or went to the toilet													
	I cleaned my baby's cord each time I changed the nappy													

LOVE

	I feel connected with my baby and am confident in looking after my baby													
	I am feeling OK and eating well													
	I feel supported by my healthcare workers													
	I need help!													

EXTRA CARE

	My baby has a drip site for medicine													
	The site is healthy													
	The site is red or swollen													
	I gave my baby medicine by mouth (Put an ✓ when you gave him medicine)													
	My baby's eyes are covered													
	My baby's nappy is open													
	My baby was turned often													
	The oxygen reading on the machine is between 90-94%													
	The oxygen reading on the machine is more than 94%													
	The oxygen reading on the machine is less than 90%													

NURSING REVIEW

Place a tick or a cross in each box

Maternal assessment confirmed														
Baby is well														
Mother is well														
Nurse signature (Initials)														

ACTIONS:

Week 3

I CAN CARE FOR MY BABY!

FILL IN THE FORM:	My baby is doing well	OR	My baby has a problem. I must get my baby checked by a health worker.

	TIME													
	My baby has had 3 or more wet nappies													
	My baby had less than 3 wet nappies													
	My baby's tummy has not worked or has been runny													

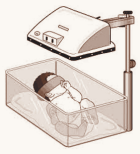
PROTECTION

	I washed my hands each time I changed the nappy, fed my baby or went to the toilet													
	I cleaned my baby's cord each time I changed the nappy													

LOVE

	I feel connected with my baby and am confident in looking after my baby													
	I am feeling OK and eating well													
	I feel supported by my healthcare workers													
	I need help!													

EXTRA CARE

	My baby has a drip site for medicine													
	The site is healthy													
	The site is red or swollen													
	I gave my baby medicine by mouth (Put an ✓ when you gave him medicine)													
	My baby's eyes are covered													
	My baby's nappy is open													
	My baby was turned often													
	The oxygen reading on the machine is between 90-94%													
	The oxygen reading on the machine is more than 94%													
	The oxygen reading on the machine is less than 90%													

NURSING REVIEW

Place a tick or a cross in each box

Maternal assessment confirmed	✓/✗													
Baby is well	✓/✗													
Mother is well	✓/✗													
Nurse signature (Initials)														

ACTIONS:

Week 2

I CAN CARE FOR MY BABY!

FILL IN THE FORM:	My baby is doing well	OR	My baby has a problem. I must get my baby checked by a health worker.

DATE (Days 1 - 7)	__/__	__/__	__/__	__/__	__/__	__/__	__/__
TIME	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾

NUTRITION

I fed my baby.

(Put an X in the block each time you fed him)

I have enough milk	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
My baby is sucking well on my breast (or finger if he has a feeding tube)	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
My baby is not sucking or is vomiting or choking / I haven't enough milk	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

HEALTHCARE

My baby is tightly tied on my chest	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
My baby feels the same temperature as me (36.5-37.5°C)	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊

My baby feels colder than me (Less than 36.5°C)	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby feels hotter than me (More than 37.5°C)	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby looks pink and has no signs of infection	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
My baby looks blue or pale/white	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
The whites of my baby's eyes look yellow	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby's eyes are swollen or red	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby's cord area is red, wet/bloody or smelly	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby wakes easily, holds my finger, moves well and looks at me.	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
My baby is weak	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby is moving strangely (jerking or stiff) or cries all the time	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

My baby is breathing well	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊	😊
My baby breathes fast, makes noises or his/her ribs draw in when breathing	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby sometimes stops breathing	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

Week 3

I CAN CARE FOR MY BABY!

FILL IN THE FORM:	My baby is doing well	OR	My baby has a problem. I must get my baby checked by a health worker.

DATE (Days 1 - 7)	__/__	__/__	__/__	__/__	__/__	__/__	__/__
TIME	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾	☀ ☾

NUTRITION

I fed my baby.

(Put an X in the block each time you fed him)

I have enough milk	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
My baby is sucking well on my breast (or finger if he has a feeding tube)	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
My baby is not sucking or is vomiting or choking / I haven't enough milk	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

HEALTHCARE

My baby is tightly tied on my chest	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
My baby feels the same temperature as me (36.5-37.5°C)	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺

My baby feels colder than me (Less than 36.5°C)	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby feels hotter than me (More than 37.5°C)	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby looks pink and has no signs of infection	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
My baby looks blue or pale/white	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
The whites of my baby's eyes look yellow	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby's eyes are swollen or red	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby's cord area is red, wet/bloody or smelly	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby wakes easily, holds my finger, moves well and looks at me.	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
My baby is weak	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby is moving strangely (jerking or stiff) or cries all the time	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby is breathing well	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
My baby breathes fast, makes noises or his/her ribs draw in when breathing	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
My baby sometimes stops breathing	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

Week 2

I CAN CARE FOR MY BABY!

FILL IN THE FORM:	My baby is doing well ✓	OR	My baby has a problem. I must get my baby checked by a health worker. ✓

	TIME													
	My baby has had 3 or more wet nappies	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	My baby had less than 3 wet nappies	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
	My baby's tummy has not worked or has been runny	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

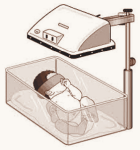
PROTECTION

	I washed my hands each time I changed the nappy, fed my baby or went to the toilet	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	I cleaned my baby's cord each time I changed the nappy	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺

LOVE

	I feel connected with my baby and am confident in looking after my baby	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	I am feeling OK and eating well	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	I feel supported by my healthcare workers	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	I need help!	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

EXTRA CARE

	My baby has a drip site for medicine													
	The site is healthy	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	The site is red or swollen	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
	I gave my baby medicine by mouth (Put an ✓ when you gave him medicine)													
	My baby's eyes are covered	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	My baby's nappy is open	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	My baby was turned often	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	The oxygen reading on the machine is between 90-94%	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺	☺
	The oxygen reading on the machine is more than 94%	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹
	The oxygen reading on the machine is less than 90%	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

NURSING REVIEW

Place a tick or a cross in each box

Maternal assessment confirmed	✓/✗													
Baby is well	✓/✗													
Mother is well	✓/✗													
Nurse signature (Initials)														

ACTIONS: