

Development



To help your child grow into a happy and healthy child, it is important that you play with and talk to your child every day.

- Provide colourful things for your child to look at
- Look into your child's eyes and smile at him/her
- Sing to your child



Next Clinic Visit

Your child will need to return to the clinic when he/she turns 14 weeks. The 14 week visit is important because your child will receive immunisations, and will be checked to make sure that he/she is growing properly.

Danger Signs

You should return to the clinic **immediately** if your child has any of these problems:

- Refuses to eat
- Unable to breathe well or fast breathing
- Is vomiting everything he/she eats
- Diarrhoea with sunken eyes
- Diarrhoea with blood
- Lethargic or unconscious
- Convulsions/fits
- If anyone in close contact with your child has TB



Disclaimer:

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health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Caring for your Child

10 Weeks



Immunisations

At your 10 week clinic visit, your child will receive 2 immunisations in the form of injections.

These vaccines will protect your child from getting meningitis, pneumonia, hepatitis, whooping cough, tetanus, polio, and infections in the nose and throat.

Your child may develop fever or pain where the injections were given – this is normal.



Return to your clinic immediately if:

- The fever does not settle
- The child cries without stopping for more than 3 hours
- The area where the vaccine was given becomes swollen, or
- The child has any convulsions/fits



HIV Status of Mother and Child

If child's mother is HIV-positive:

- Your child should have had a special HIV test called a PCR test at the 6 week clinic visit
- If this is your first time returning to the clinic since the PCR test, ask the nurse for your child's HIV test result

If child is HIV-positive:

- Your child will need to start antiretroviral therapy (ART) as soon as possible to ensure he/she grows up to be a healthy child
- You will need to give your child 3 different ART medications twice a day
- Continue to give your child the antibiotic Cotrimoxazole/Bactrim. This will help to protect your child from getting a very serious chest infection
- If you are breastfeeding the child, continue to do so



If child is HIV-negative:

- If you are breastfeeding, you must continue with your own ART until you stop breastfeeding completely
- If you are breastfeeding, your child needs to continue the antibiotic Cotrimoxazole/Bactrim
- Your child will need to have another HIV test 6 weeks after breastfeeding has stopped, and a final HIV test at 18 months to confirm that your child remains HIV-negative

Feeding

Babies should drink only breastmilk from the time they are born until they are 6 months old.

Exclusive breastfeeding is important because:

- Other foods or fluids may damage your child's tummy and make it easier for infections to enter the child's blood (such as HIV)
- It decreases the risk of diarrhoea
- It decreases the risk of chest infections
- It decreases the risk of allergies



Your child should be gaining weight every month. Ask the nurse at the clinic to show you how your child is growing on the growth chart in your child's Road to Health Booklet. If your child is not gaining weight every month, speak to your nurse.

