

SECTION 1 (ANC, DELIVERY AND POSTNATAL CARE)

MATERNAL PROFILE

561/2012

Name of institution BOMU

ANC No. 292/12

Name of Client Esther Kilola Serwa

Age 36 Gravida 2 Parity 1+0 Height         

L.M.P. 7/7/2012 EDD 09/11/2012 (ULS)

Marital Status Married Education College

Address Changamwe

Telephone 0725427041

Occupation Housewife

Next of kin Joshua Mwangi Relationship Spouse

Next of kin's contacts / phone 0722712156

DOB 12/5/1981

RECEIVED  
INSECTICIDE TREATED NET  
FREE NET  
MOH  
9/7/18

**MEDICAL AND SURGICAL HISTORY**

Kmmp 6068'

Surgical operation Specify Nil

Diabetes Nil Hypertension Nil

Blood Transfusion Nil Tuberculosis Nil

Any Drug allergy? Specify Nil Others Specify Nil

Family History: Twins Nil Tuberculosis Nil Diabetes Nil Hypertension Nil

**PREVIOUS PREGNANCY**

Pregnancy Order	Year	Number of times ANC attended	Place of Delivery	Maturity	Duration of Labour	Type of Delivery	Birth Weight Kg	Sex	Outcome	Puerperium
1st	2013	10	Hosp	term	24	S	3.5	F	Alive	Steady
2nd										
3rd										
4th										
5th										
6th										
7th										

**NOT FOR SALE**



CLINICAL NOTES

Date	Clinical Notes
9/1/18	obscure findings
	viable singleton @ 2 hrs today
	EDD 7/11/18
	Pres - Breech FHR - 158 BPM.
	⊖ obscan
	Sthob
13/9/18	FOR RMO REVIEW WITH
	URINALYSIS RESULTS. For
	Partner testing next visit.
	MUREYA
	Dan → Claxy Gary 80% 5/2
	Repeat analysis after 1/2
	A
17/10/18	For Obscan today
	A.
	Obscan results
	single viable 10 p of 35 wds
	EAD
	FW - 2.817 grams
	cephalic presentation
	On gynaecological follow up
	- Referred for RMO review
	with urinalysis result
17/10/18	OPD LMP: 7/2/18 EDD: 7/11/18
	PC:
	NIL
	Review urinalysis results
	Leucocyturia +
	Pus cells 8-10/kwp
	OE: FBC (not in resp distress) ⊕ ↑ (Follow up)
	PLAN
	① Advice on drinking alot of water
	↑ water intake
	② Take coconut water.

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DR AMBU  
*[Signature]*

**PHYSICAL EXAMINATION (First Visit)**

General stable  
BP 111/72 mmHg Height ND  
CVS (C) Resp. (C)  
Breasts (C) Abdomen (C) / Gravid  
Vaginal Examination ND Discharge/Genital Ulcer (C)

**ANTENATAL PROFILE**

Hb 9.6 g/dl  
 Blood Group A (+)ve Hep B - Neg  
 Rhesus Positive BS for mR - Neg  
 Serology (VDRL/RPR) Neg RBS - 5.8 mmol/L  
 TB Screening NAD St-1 qc - NAD.  
 HIV:  
     Reactive   
     Non reactive  9/7/18 - 11/1/20 Retested on 17/12/18  
     Not Tested  MR  
 Urinalysis NAD  
 Couple HIV Counseling and testing done?  Yes  No  
    If No, Counsel and test.

**INFANT FEEDING**

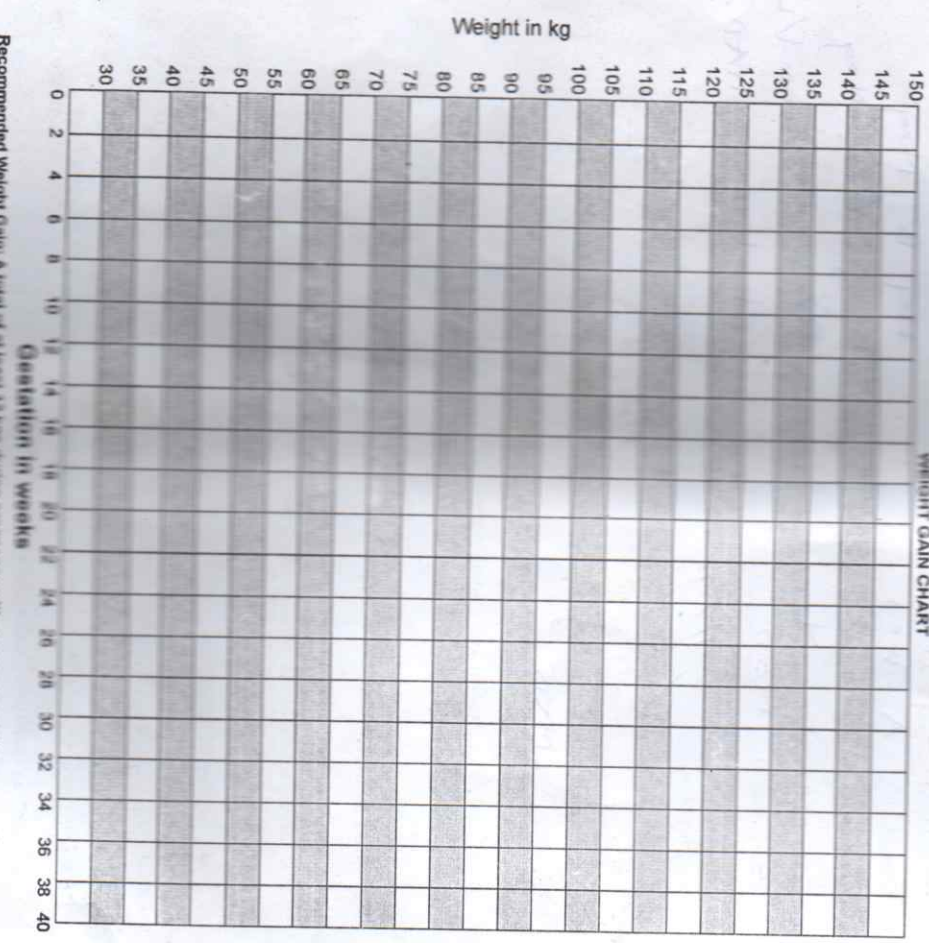
Infant feeding counseling done: Yes  No   
 Counseling on exclusive breastfeeding done: Yes  No   
 Infant feeding options for HIV infected discussed: Yes  No   
 If yes, mother's Decision  
     Exclusive breastfeeding   
     Replacement feeding   
     Not decided   
 If replacement feeding, Counseling and assessment on conditions needed for  
    exclusive replacement feeding done: Yes  No



**Present Pregnancy**

No. of visit	Date	Urine	Weight	B.P.	H.B.	Pallor	Maturity	Fundal Height	Present	Lie	Foetal heart	Foetal mot	Next visit
1	9/1/18	NR	68	115	115		32	26	Br	L	145	++	9/15/18
2	26/2/18	NR	70.1	115	115		32	26	Br	L	145	++	9/15/18
3	13/9/18	NR	74.5	115	115		32	26	Br	L	145	++	9/15/18
4	17/12/18	+	78.1	115	115		32	26	Br	L	145	++	9/15/18

**WEIGHT GAIN CHART**



Recommended Weight Gain: A total of at least 12 kgs during pregnancy with an average of 1 kg per month

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**PREVENTIVE SERVICES**

	DATE	NEXT VISIT
**Tetanus toxoid 1		
Tetanus toxoid 2		
Tetanus toxoid 3	9/1/18	
Tetanus toxoid 4		
Tetanus toxoid 5		
*Malaria Prophylaxis (PPT1) at 16 weeks	9/1/18	
Malaria Prophylaxis (PPT2) after 4 weeks		
Malaria Prophylaxis (PPT3) after 4 weeks	13/9/18	
Malaria Prophylaxis (PPT4) after 4 weeks	17/10/18	
Malaria Prophylaxis (PPT5) after 4 weeks		
Malaria Prophylaxis (PPT6) after 4 weeks		
Malaria Prophylaxis (PPT7) after 4 weeks		

\*PT give SP 4 weeks intervals from 16 weeks gestation to term, in malaria endemic areas.

Insecticide Treated net (LLIN) date given: 9/1/18

Deworming (Mebendazole 500mgs) given once in the 2nd trimester date given: 9/1/18

Iron and Folate	1 <sup>st</sup> Visit	30 tablets	Date given
	2 <sup>nd</sup> Visit	90 tablets	Date given
	3 <sup>rd</sup> Visit	30 tablets	Date given
	4 <sup>th</sup> Visit	30 tablets	Date given

Mother on ARV prophylaxis	AZI as from 14 weeks or thereafter, then AZI+3TC+NVP in labour and delivery, then AZI+3TC for 7 days after delivery.
Baby	NVP Syrup prophylaxis until one week after cessation of breast feeding.
Mother on ARV or option B plus (HAART)	<ul style="list-style-type: none"> <li>AZI +3TC+NVP for life (OD4 &lt; 350)</li> <li>AZI +3TC+EFV or TDF+3TC+EFV (OD4-350)</li> </ul>
Baby	NVP syrup prophylaxis for 6 weeks only, whether breast feeding or not.

**\*\*T.T. Instructions/notes**

All the ante-natal clients should be asked about the number of tetanus toxoid injections they have received in their life to date - including those given after injuries and through schools.

This forms part of the 5 TTs. If none given, start as follows:

- T.T. 1- Give to Primigravida or on first contact
- T.T. 2- Give not less than 4 weeks after T.T. 1
- T.T. 3- Give during the 2nd pregnancy any time before 8 months of pregnancy
- T.T. 4- Give during 3rd pregnancy, any time before 8 months of pregnancy
- T.T. 5- Give during 4th pregnancy. Gives protection for life

**Special note**

When using the 5-TT schedule during F.A.N.C., the interval between pregnancies is not relevant (unless ≥ 10 years between the 1st & 2nd pregnancies) because the body's immunological memory responds well to booster doses given even beyond the recommended time for boosters.

Only when the interval between the 1st and 2nd pregnancy is greater than (or equal to) 10yrs, should the schedule be re-started from T.T.-1.

(This rule does not apply to intervals greater than 10yrs between the 2nd-3rd pregnancies or the 3rd-4th pregnancies. Meaning that a long delay between T.T. 2 & T.T. 3 is more risky than a long delay between T.T. 3 & T.T. 4 or between T.T. 4 & T.T. 5)

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**PREVENTIVE SERVICES**

	DATE	NEXT VISIT
**Tetanus toxoid 1		
Tetanus toxoid 2		
Tetanus toxoid 3	9/11/18 ✓	
Tetanus toxoid 4		
Tetanus toxoid 5		
* Malaria Prophylaxis (IPT1 ) at 16 weeks	9/11/18	
Malaria Prophylaxis (IPT2) after 4 weeks	13/9/18	
Malaria Prophylaxis (IPT3) after 4 weeks	17/10/18	
Malaria Prophylaxis (IPT4) after 4 weeks		
Malaria Prophylaxis (IPT5) after 4 weeks		
Malaria Prophylaxis (IPT6) after 4 weeks		
Malaria Prophylaxis (IPT7) after 4 weeks		

\* IPT give SP 4 weeks intervals from 16 weeks gestation to term, in malaria endemic areas.

Insecticide Treated net (LLIN) date given... 9/11/18

Deworming (Mebendazole 500mgs) given once in the 2nd trimester date given... 9/11/18

Iron and Folate			
Ferrous Fumarate (Combined Tablet-60mg iron and 400 µg folic acid) or any other available	1 <sup>st</sup> Visit	30 tablets	Date given .....
	2 <sup>nd</sup> Visit	90 tablets	Date given .....
	3 <sup>rd</sup> Visit	30 tablets	Date given .....
	4 <sup>th</sup> Visit	30 tablets	Date given .....

**PMTCT:**

Mother on ARV prophylaxis	AZT as from 14 weeks or thereafter, then AZT+3TC +NVP in labour and delivery, then AZT+3TC for 7 days after delivery.
Baby	NVP Syrup prophylaxis until one week after cessation of breast feeding.
Mother on ARV or option B plus (HAART)	<ul style="list-style-type: none"> <li>AZT+3TC+NVP for life ( CD4 &lt; 350)</li> <li>AZT +3TC+EFV or TDF+3TC+EFV (CD4&gt;350)</li> </ul>
Baby	NVP syrup prophylaxis for 6 weeks only, whether breast feeding or not.

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**SECTION 2: CHILD HEALTH MONITORING**

**A. Particulars of the child:**

Name of Child: SHANICE WAKESHU Date first seen (DD/MM/YY)     /    /      
Sex of child: F  
Date of birth – (DD/MM/YY) 10/11/2018  
Gestation at birth (in weeks): Birth weight in kgs 3.85 Birth Length in cm       
Other birth characteristics\*\*  
Birth order in family (e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> born):  
Date 1st seen (DD/MM/YY) 29/12/18

**B. Health record of child:**

Place of birth: Health facility  Home  Other (Specify)       
Birth Notification No.      Date:       
Permanent Register No.       
Child Welfare Clinic (CWC) No. 026/18  
Health facility name: Arakhen  
Master facility list (MFL) No.     

**C. Civil registration:**

Birth Certificate No.:       
Date of registration:       
Place of registration:       
\*\*e.g. twin/triplet; caesarian birth; congenital features.  
Any congenital abnormalities (cleft lip, club foot), etc     

**D. Particulars of family of the child:**

Father's name: Joshua Njoroge Tel No.       
Mother's name:      Tel No.       
Guardian's name (where applicable):      Tel No.       
Residence of child – County:      District:       
Division:      Location:       
Town/Trading centre:       
Estate & House No./village:       
Postal address:     

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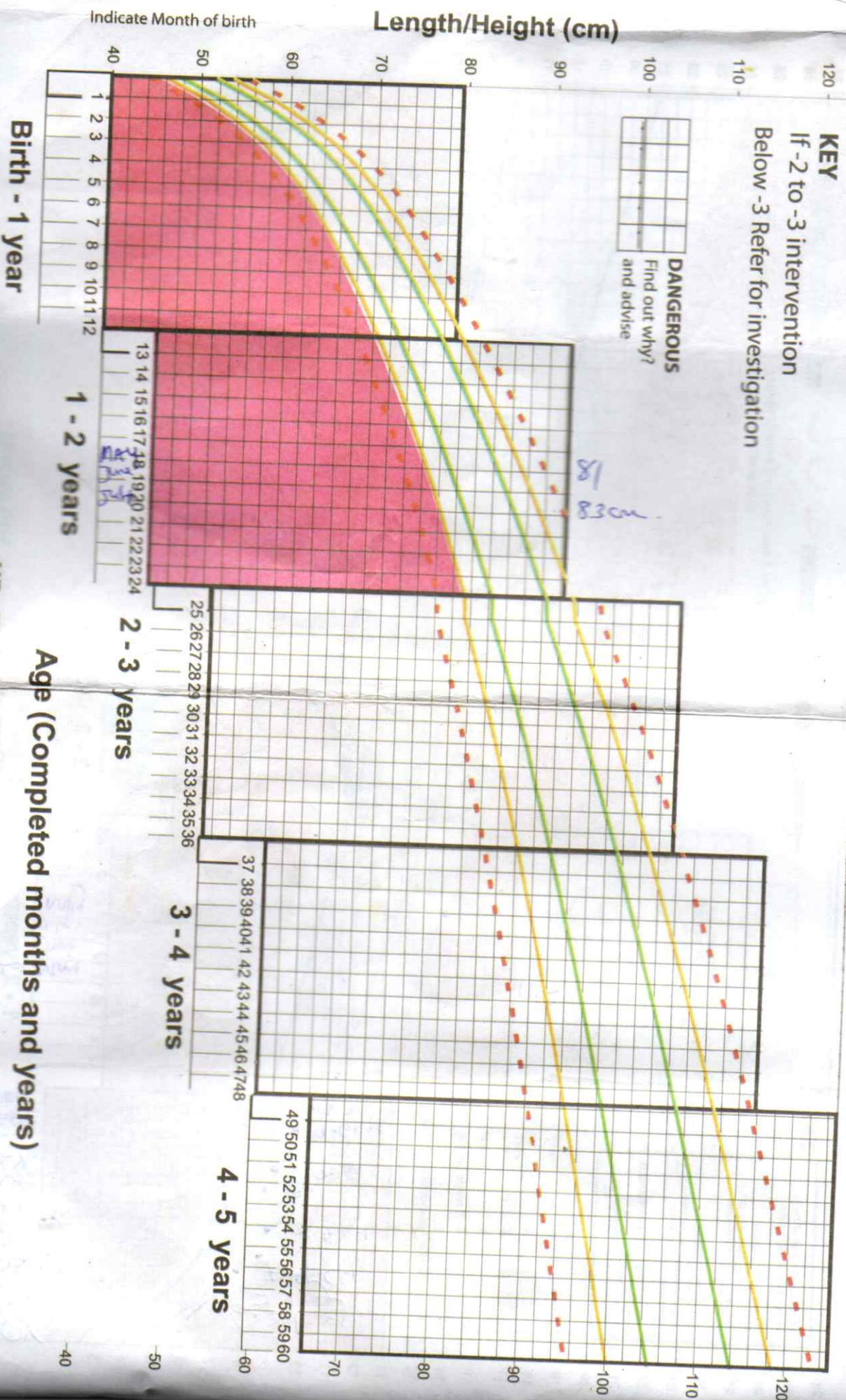
# Length/Height-for-Age GIRLS

## KEY

If -2 to -3 intervention  
Below -3 Refer for investigation



**DANGEROUS**  
Find out why?  
and advise

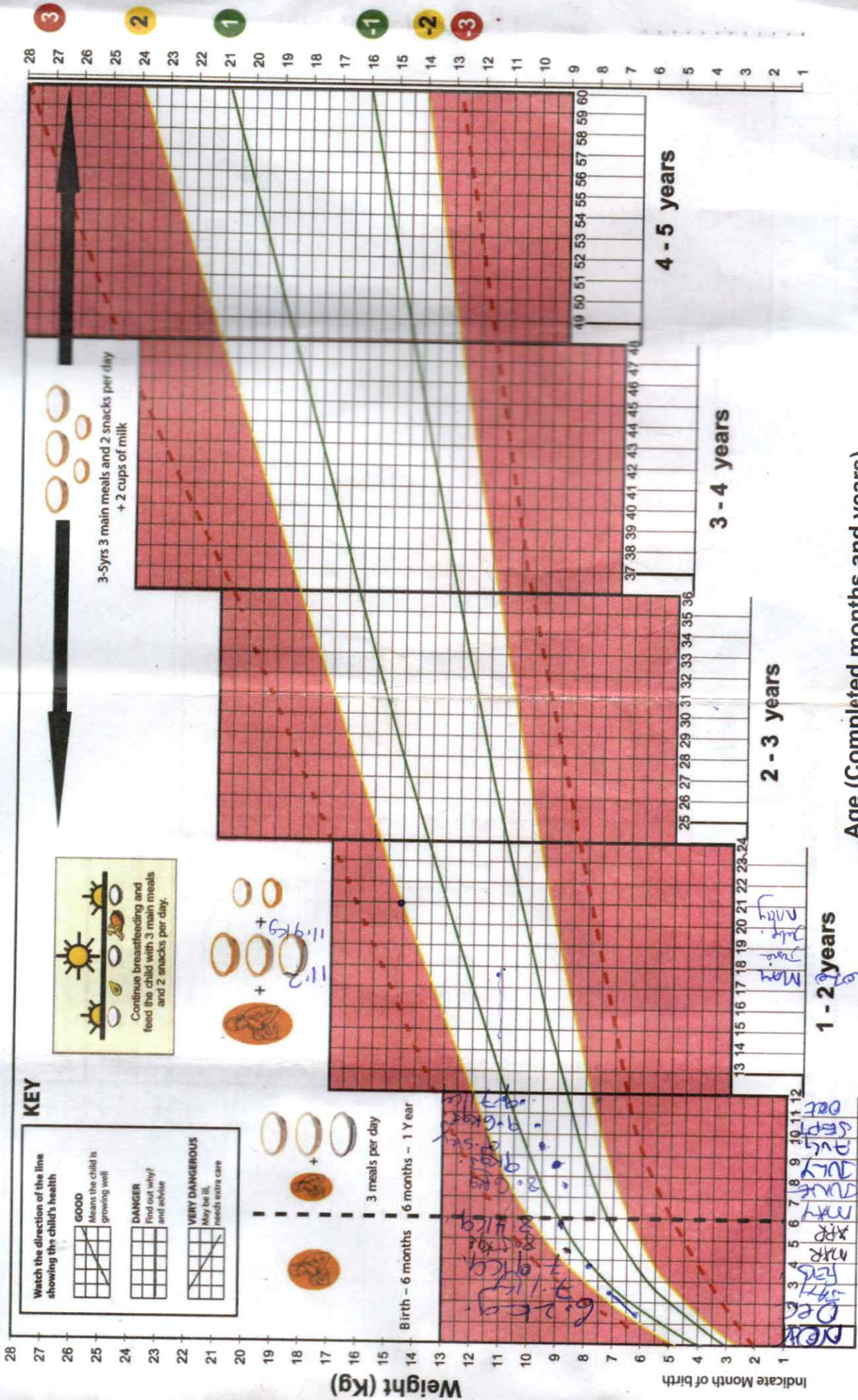




±3 Refer for further investigations  
 ±2 to ±3 Refer for nutritional counselling

# Weight-for-Age GIRLS

(See page 24 for special care)



Birth - 1 year

1 - 2 years

2 - 3 years

3 - 4 years

4 - 5 years

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### GROWTH MONITORING RETURN DATES

DATE	DATE	DATE	DATE
TCA	28/1/19		
TCA	30/3/19		
6/4/19	TCA	11/05/19	
TCA	25/5/2019		
TCA	10/8/2019		
TCA	14/9/19		
TCA	12/10/19		
TCA	16/11/19		
TCA	10/03/20		
	29/06/20		
TCA	5/8/2020		
12/12/21	wt 15.5kg	Ht 90cm	
	TCA	11/6/21	

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# IMMUNIZATIONS

PROTECT YOUR CHILD

BCG VACCINE: at birth (Intra-dermal left fore arm)	Date Given	Date of next visit
Dose: (0.05mls for child below 1 year)	12/11/2018	
Dose: (0.1 mls for child above 1 year)		
BCG-Scar Checked	Date checked	Date BCG repeated
PRESENT	29/12/18	
ABSENT		

ORAL POLIO VACCINE (OPV)	Date Given	Date of next Visit
Dose: 2 drops orally		
Birth Dose: at birth or within 2 wks (OPV 0)	12/11/2018	
1st dose at 6 weeks (OPV 1)	29/12/18	
2nd dose at 10 weeks (OPV 2)	26/1/19	23/2/19
3rd dose at 14 weeks (OPV 3)	30/3/19	30/3/19

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/ HAEMOPHILUS INFLUENZAE Type b	Date Given	Date of next visit
Dose:(0.5mls) Intra Muscular left outer thigh		
1st dose at 6 weeks	29/12/18	
2nd dose at 10 weeks	26/1/19	23/2/19
3rd dose at 14 weeks	23/2/19	30/3/19

PNEUMOCOCCAL VACCINE	Date Given	Date of next visit
Dose:(0.5mls) Intra Muscular right outer thigh		
1st dose at 6 weeks	29/12/18	
2nd dose at 10 weeks	26/1/19	23/2/19
3rd dose at 14 weeks	23/2/19	30/3/19

ROTA VIRUS VACCINE (ROTARIX)	Date given	Date of next visit
Dose: 1.5mls orally		
1st dose at 6 weeks	29/12/18	
2nd dose at 10 weeks*	26/1/19	23/2/19

\*2nd dose should be given not later than 32 weeks of age.



<b>MEASLES VACCINE at 6 Months: In the event of a Measles outbreak or HIV Exposed children (HEI)</b>	Date Given
Dose: (0.5mls) Subcutaneously right upper arm	
<b>MEASLES VACCINE at 9 Months</b>	Date Given
Dose: (0.5mls) Subcutaneously right upper arm	17/8/19 BNO-0128W26502
<b>MEASLES VACCINE at 18 Months</b>	Date Given
Dose: (0.5mls) Subcutaneously right upper arm	20/05/20
<b>YELLOW FEVER VACCINE at 9 Months **</b>	Date Given
Dose: (0.5mls) Intra Muscular left upper deltoid	

\*\* Only in selected districts in Rift Valley

**Other Vaccines**

Vaccine	Date Given
Flu 1	11/05/20
Flu 2	1/7/20

NB: Other vaccines refer to those not in the usual KEPI schedule and may include MMR, Typhoid etc.

If your child develops any adverse events following immunization (AEFI) Please report immediately to the nearest health facility

ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)	
DATE:	_____
DESCRIBE:	_____
ANTIGEN/VACCINE:	_____
BATCH NUMBER:	_____
MANUFACTURE DATE:	_____
EXPIRY DATE:	_____
MANUFACTURER'S NAME:	_____

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### VITAMIN A CAPSULES FROM 6 MONTHS

VITAMIN A CAPSULE: Given orally		Tick Age given	Date of next visit
At 6 months or at first contact thereafter			
Dose	Age		
50,000 IU	< 6 months not breast fed		
100,000 IU	6 months	15/6/19	13/7/19
200,000 IU	12 months (1 Year)		
200,000 IU	18 months (1 1/2 Years) ✓		
200,000 IU	24 months (2 Years)		
200,000 IU	30 months (2 1/2 Years) ✓	12/5/21	
200,000 IU	36 months (3 Years)		
200,000 IU	42 months (3 1/2 Years)		
200,000 IU	48 months (4 years)		
200,000 IU	54 months (4 1/2 Years)		
200,000 IU	60 months (5 Years)		

### DEWORMING FROM 1 YEAR

DEWORMING			Date of next visit
Give once every six months to all children one year and above: If Mebendazole 500mg or Albendazole 200mg for children 1 to 2 years and 400mg for children 2 years and above.			
Age	Drug	Dosage	
12 months (1 Year)			
18 months (1 1/2 Years)	✓ Alb	200mg	
24 months (2 Years)			
30 months (2 1/2 Years)		12/5/21	
36 months (3 Years)			
42 months (3 1/2 Years)			
48 months (4 years)			
54 months (4 1/2 Years)			
60 months (5 Years)			



**HEALTH WORKERS CONSULTATION**

DATE	Clinical Notes, Diagnosis & Treatment (and signature) (use key words, write legibly, 2 to 8 lines per visit)
RA - 26/1/19	