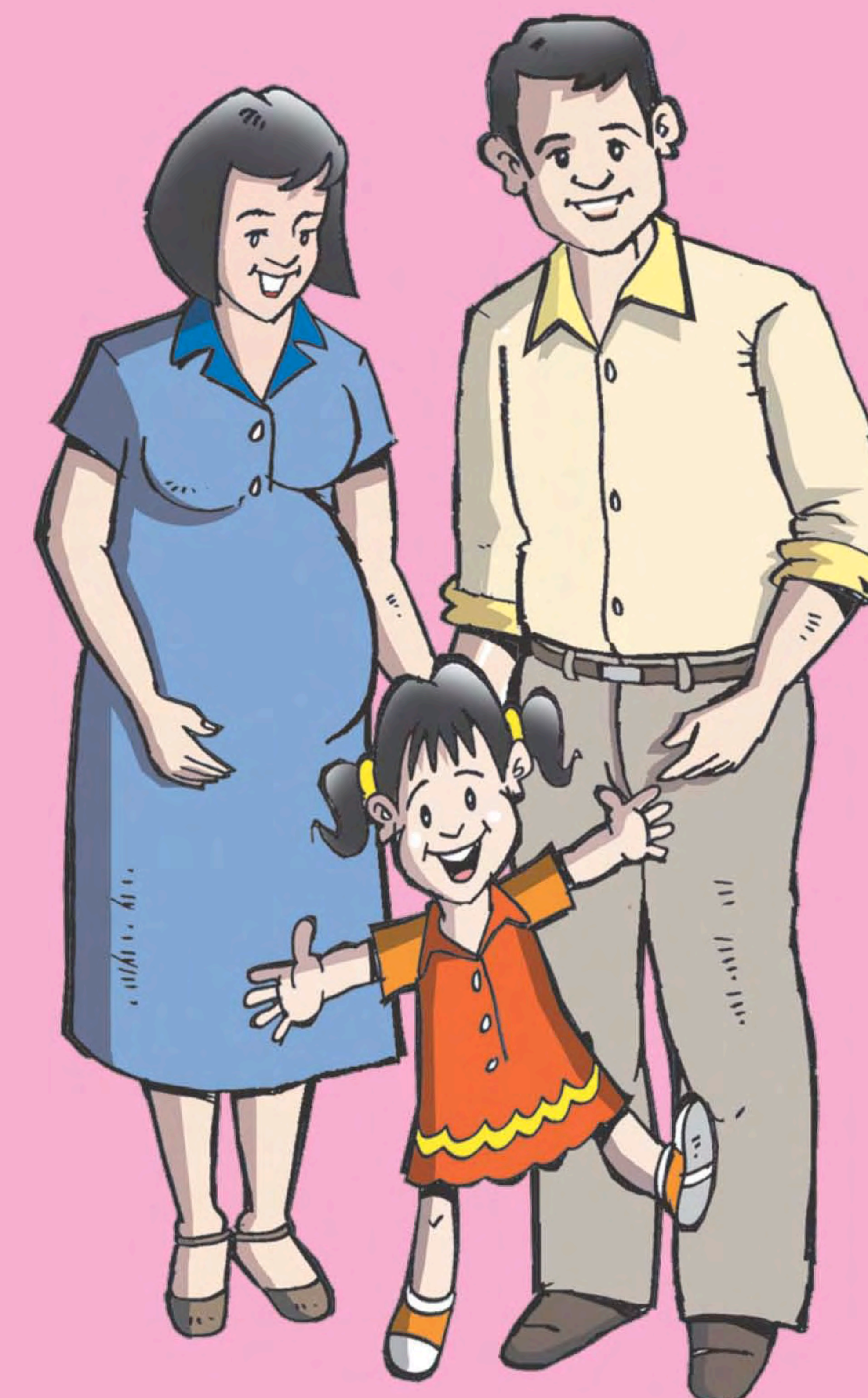


English version
for promotional purposes only



Ministry of Health
Republic of Indonesia

MATERNAL AND CHILD HEALTH HANDBOOK



BRING THIS
BOOK EVERY
TIME YOU VISIT
A HEALTH
FACILITY

Woman's Name : _____

Child's Name : _____

This handbook is printed
with a support by



Japan International Cooperation Agency



GENERAL INFORMATION

The Maternal and Child Health handbook (the MCH handbook) contains records of maternal health (throughout pregnancy, childbirth, and postpartum), child's well-being (newborn, infants up to five years of age) and information on how to maintain and care for the health of women and their children.

Every pregnant woman will receive one MCH handbook. If a woman delivers twins, she will receive another MCH handbook.

The MCH handbook is available at health facilities (integrated health services posts, village birthing huts/village health posts, sub health centers, community health centers, midwife practitioners, doctors private practices, maternity clinics, and hospitals).



You as a mother, your spouse, and other family members should **read this handbook** because it contains useful information for the health of both mother and child.



You or your family member should **bring this handbook** every time you or your child visit a health facility.



Keep the handbook well, do not lose it because it contains information and records for the health of you and your child. The records are very important to mothers, children, and health providers.



Ask your doctor, dentist, midwife, nurse, nutritionist, and other health providers if you have any questions or problems related to the health of you or your child. Do not be shy or reluctant to ask questions.

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Reg No : No :

I have received the MCH handbook

Date :

Name of Health Facility :

FAMILY IDENTIFICATION

Woman's name :

Place/Date of birth :Religion:

Education : None/Primary School/Junior High School/Senior High School/Academy/University*

Blood type :

Occupation :

Husband's name :

Place/Date of birth :Religion:

Education : None/Primary School/Junior High School/Senior High School/Academy/University*

Blood type :

Occupation :

Home Address :

.....

Sub-district :

District/Municipality :

Phone number :

Child's Name :

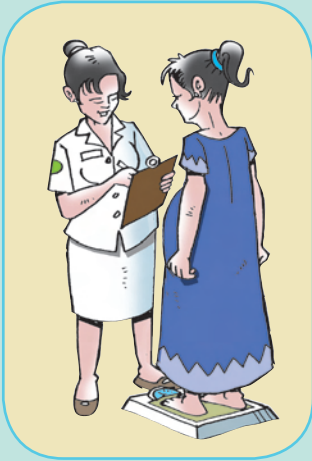
Place/Date of birth :

** Circle the appropriate one*

MATERNAL HEALTH

DURING PREGNANCY

REGULAR ANTENATAL CARE



- Immediately check your pregnancy with a health provider.
- Ask her/him to measure your height and upper arm circumference on your first antenatal visit.
- Check your weight at every visit. Your weight will increase as your pregnancy advances.



- Ask the provider to check your blood pressure and your pregnancy on every visit. Your womb gets bigger as pregnancy progresses.



- Take 1 iron tablet every day for at least 90 days. Iron tablets will not harm your baby.

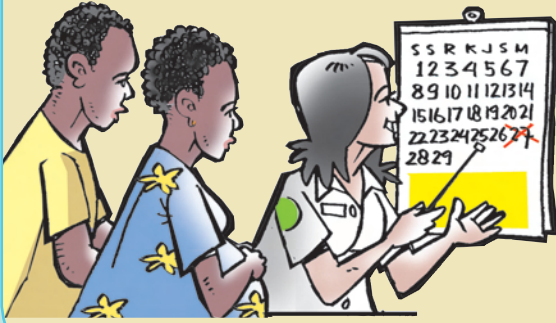


- Ask for a Tetanus Toxoid (TT) immunization from the provider. This will prevent your baby getting tetanus.

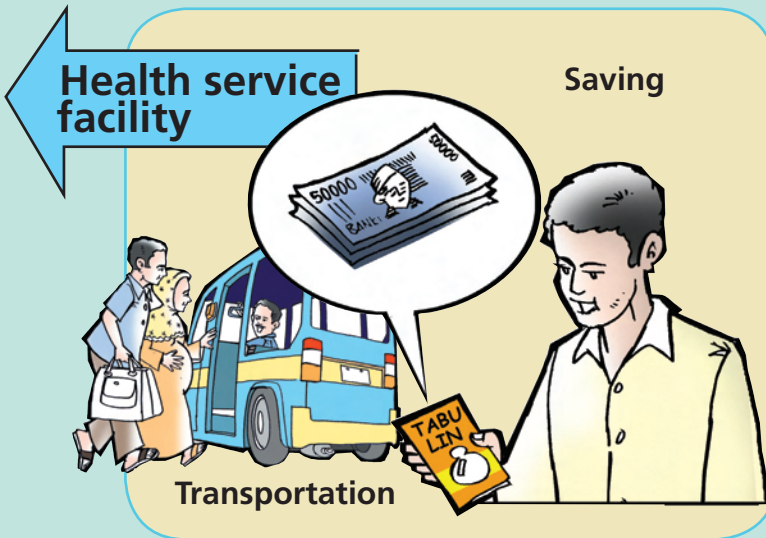
TT immunization	Minimum interval between immunizations	Length of Protection
TT 1		The first step to build body immunity against tetanus
TT 2	1 month after TT 1	3 years
TT 3	6 months after TT 2	5 years
TT 4	12 months after TT 3	10 years
TT 5	12 months after TT 4	≥ 25 years

PREPARATION FOR DELIVERY

When is the baby due?



- Ask your midwife or doctor about the estimated date of delivery.
- Your husband or family member should stay with you during all examinations



- Save some money to pay for your delivery.
- Your husband, family and community should prepare transportation in case it is needed.



Birth Planning

Community health centre?
Hospital?
Maternity clinic?



Plan to have a midwife or doctor attend your delivery at a health facility.

Plan for Family Planning

Condom? Implant?
Injection? IUD?
Birth control pill? Sterilization?



Plan to join a family planning (FP) program. Consult your health provider.



Have a blood donor ready in case you need a blood transfusion.

Place the Birth Preparedness and Complication Readiness Sticker on your window after you fill it in with your provider.

BIRTH PREPAREDNESS AND COMPLICATION READINESS

Woman's name	:	
Due date	:/...../20.....
Birth attendant	:	
Place of delivery	:	
Support person	:	
Transportation	:	
Blood donor	:	

Preparing for a safe and healthy delivery

DAILY CARE



- Take a shower with soap twice a day.
- Brush your teeth after breakfast and before going to bed.



- You may still have intercourse.
- Ask your health provider for advice about safe intercourse during pregnancy .

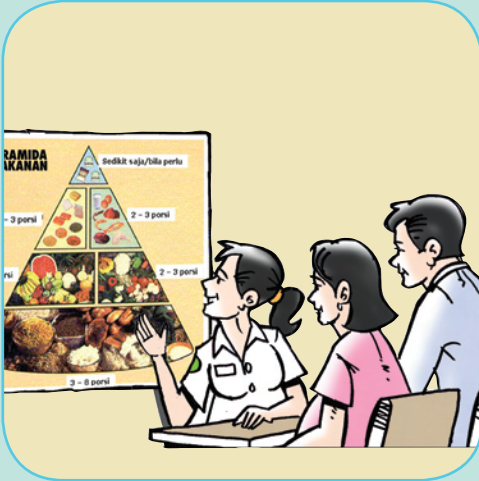


- After 4 months of pregnancy, rub your belly often and talk to your baby.



- Reduce heavy work.
- Lie on your side at least one hour during the day.
- You are recommended to sleep under a bed net, do not use a mosquito coil or spray.

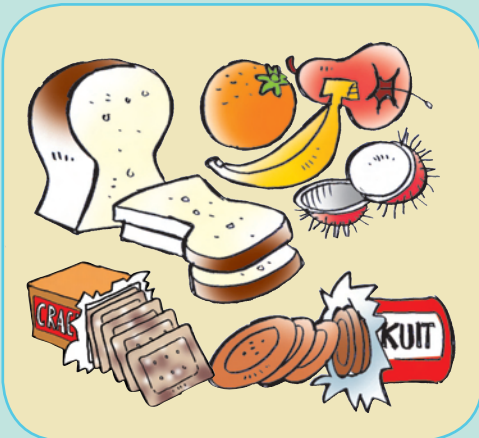
RECOMMENDED DIET DURING PREGNANCY



- Ask your health provider about nutritious foods.



- Have a balance diet, more food than what you had before you are pregnant.
- There is no food restriction during pregnancy.

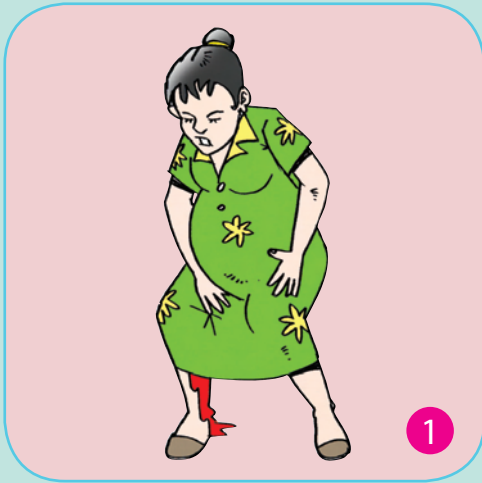


- If you feel nauseated, vomit, and have no appetite, select fresh, low fat meals such as bread, sweet potato, cassava, biscuits, and fruits.



- Do not drink herbal potion, alcohol, or smoke because they are harmful for your pregnancy.
- If you take any medicine, seek advice from a health provider.

DANGER SIGNS DURING PREGNANCY



Bleeding during the early or advance stage of pregnancy



Swelling feet, hands or face that comes with a headache and/or convulsions



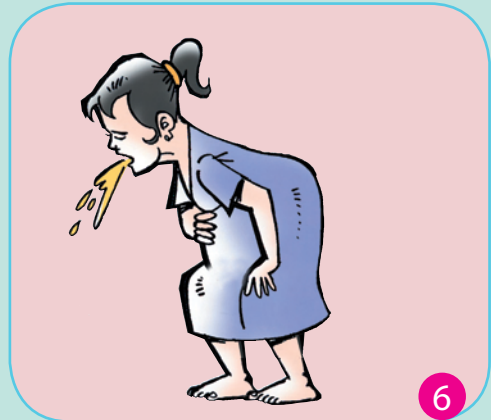
High fever



Amniotic discharge occurs before the due date



Fetus movement is decreasing or there is no movement at all



The woman:

- Keeps vomiting
- Doesn't want to eat

Any one of 6 warning signs above may cause miscarriage or premature labor that will be dangerous for the woman and her baby. If any of the above signs occurs, immediately go to a health provider with your husband or family member.

OTHER POTENTIAL PROBLEMS DURING PREGNANCY



- Persistent coughs
- Fatigue
- Rapid heart beat



- Itchiness on your genital
- Unusual vaginal discharge

If any of the above signs occurs, go with your husband or family member to consult a health provider.

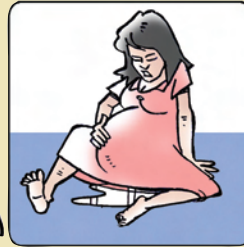
SIGNS OF LABOR

Signs of Labor

- Regular Contractions
- Contractions come often and last a long time
- Bloody mucous discharge from the birth canal
- Amniotic fluid discharge from the birth canal



Regular contractions



Fluid discharge

If any of the above signs occurs, your husband or family member should IMMEDIATELY BRING you to a health facility.

PROCESS OF DELIVERY

12 hours since
contractions started



- A baby is usually born within 12 hours since contractions begin. You may still eat, drink, urinate, and walk around.
- If you feel pain, take a deep breath through the nose and release it from your mouth.
- If you feel a need to defecate, tell your midwife/doctor immediately.
- The midwife/doctor will instruct you to bear down. Follow the instruction.
- Immediately after the baby is born, place her/him on your chest. Let her/him search for your nipples (Early initiation of breastfeeding).
- This action will prevent bleeding and stimulate breastmilk production.

PROBLEMS DURING LABOR

- Bleeding from the birth canal
- The umbilical cord or the baby's hand comes out from the birth canal
- The woman is not strong enough to push
- The woman has convulsions
- Cloudy and foul smelling amniotic fluid
- The woman is restless
- She feels great pain



**Follow the midwife's/doctor's advice.
Your husband or family member should stay with you.**

DURING POSTPARTUM

HOW TO BREASTFEED YOUR BABY

- Breastfeed your baby as often as possible, at any time she/he wants to, at least 8 times a day.
- If she/he sleeps for more than 3 hours, wake her/him up and breastfeed her/him.
- Breastfeed until your breast is empty and then switch to the other one.
- Give your baby only breast milk until 6 months old (exclusive breastfeeding).



Always wash your hands with soap:

- before you touch the baby
- after urinating or defecating
- after cleaning up your baby's bottom

MATERNAL CARE

- Take one red vitamin A capsule (200.000 SI) soon after delivery.
- Take another vitamin A capsule on the second day. The interval between the first and second tablets should be at least 24 hours.



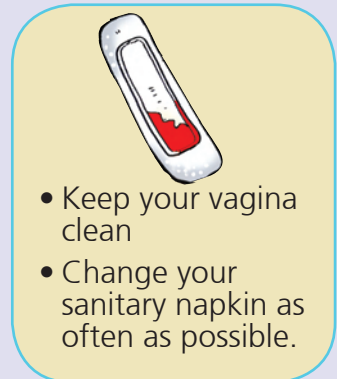
Check your health with a midwife/doctor at least 3 times in:

- The first week,
- The second week, and
- The sixth week

- Eat balanced nutritious food; more than you had during pregnancy.
- Get sufficient rest/sleep and drink plenty of fluid to stimulate breast milk production.
- Some postpartum mothers take one iron tablet every day for 40 days.



- Take one iron tablet every day for 40 days



- Keep your vagina clean
- Change your sanitary napkin as often as possible.

POSTPARTUM DANGER SIGNS AND ILLNESSES



- Bleeding from the birth canal
- Foul smelling discharge from the birth canal
- Fever



- Swollen face, hands, or legs, that comes with a headache and/or convulsions
- Painful or hot legs
- Painful, reddish, and swollen breast(s)
- Cracked nipples
- Signs of depression (such as crying for no reason and does not care about her baby)



Immediately go to a health facility should you recognize or feel any of the above signs.

FAMILY PLANNING

FAMILY PLANNING (FP)



Why does a woman follow a family planning program?

- To avoid getting pregnant immediately (at least 2 years interval between children).
- To give her sufficient time to take care of her health and her child.

FAMILY PLANNING METHODS

For the husband

- Husband uses a condom during intercourse.

For the woman

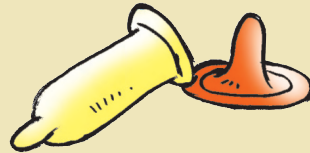
- The woman takes birth control pills regularly everyday. Breastfeeding mother takes special birth control pills.
- The woman gets FP injection.
- A FP Implant is inserted into the woman's arm.
- An intra uterine device (IUD) is inserted into the woman's womb.

Sterilization

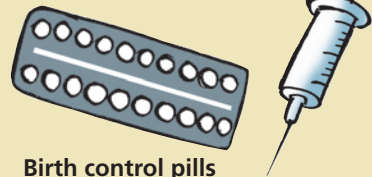
If you have enough children and do not want to have more:

- Husband's sperm channel is tied or cut (**Male Permanent FP Method**).
- Woman's egg canal is tied, pinched or cut (**Female Permanent FP Method**).

Condom

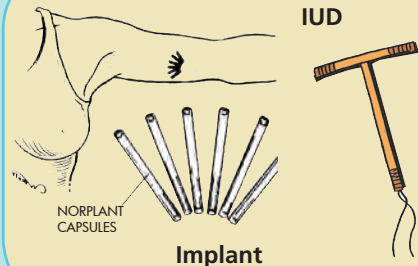


Injection



Birth control pills

IUD



Implant

Ask for an appropriate family planning method to a health provider.

MATERNAL HEALTH RECORD DURING CURRENT PREGNANCY



WELCOMING THE DELIVERY

(For a Safe and Healthy birth)



Departemen Kesehatan
Republik Indonesia

I, name :
 Address :
 trust the following to assist me to have a safe and healthy delivery
 which is due in month: year:



The delivery will be assisted by a midwife/doctor:
 1. Midwife
 2. Midwife



The delivery cost is born by me/ with aid from:



Transportation/village ambulance owner is:
 1.
 2.
 3.



Postpartum family planning method:



Blood donors (blood type) are:
 1.
 2.
 3.

Acknowledged by 20.....

Husband/Parents/
 Parents in-law/Guardian

Midwife/Doctor

Myself

(.....)

(.....)

(.....)

MATERNAL HEALTH RECORD DURING CURRENT PREGNANCY

No. of pregnancies :No. of deliveries :No. of miscarriages :

Number of living children:..... Number of stillbirths :

Number of premature births : baby(ies)

Interval from the last pregnancy :

TT immunization status Last TT Immunization :..... [month/year]

Previous birth attendant

Last delivery method**: [] Spontaneous/Normal [] Assisted by:

** Check the appropriate box

Swollen feet	Laboratory test results	Intervention: Therapy: TT/ Fe, Referral, Feedback	Advice	Remarks - Name of facility - Name of provider (initials)	Next consultation date
- / +					
- / +					
- / +					
- / +					
- / +					
- / +					
- / +					
- / +					
- / +					
- / +					
- / +					

MATERNAL HEALTH RECORD DURING CURRENT PREGNANCY

Date	Complaint	Blood pressure (mmHg)	Weight (kg)	Gestation (weeks)	Fundal height (cm)	Fetal position Cephalic/ Breech/ Transverse	Fetal heart rate/minute



“Midwife, doctor and any provider, don’t forget to remind the mother to request a birth certificate after the baby is born.”

Filled in by the Obstetrician & Gynecologist

MATERNAL HEALTH RECORD DURING CURRENT PREGNANCY

Swollen feet	Laboratory test results	Intervention: Therapy: TT/ Fe, Referral, Feedback	Advice	Remarks - Name of facility - Name of provider (initials)	Next consultation date
-/+					
-/+					
-/+					

MATERNAL HEALTH RECORD ON DELIVERY AND NEWBORN

WOMAN

Date of Delivery : Time :
Gestation :weeks
Birth attendant : Doctor/Midwife/Others.....*
Type of Delivery : Normal/Assisted.....*
Woman's Condition : Healthy/Sick/Had convulsions/ Foul smelling
lochia/ Others/ Deceased*
Remarks :

**Circle the appropriate answer*

NEWBORN

Child no. :
Birth weight : g
Length : cm
Head circumference : cm
Sex : boy/girl*

Newborn condition at birth**:

- | | |
|---|---|
| <input type="checkbox"/> Cried immediately | <input type="checkbox"/> Bluish limbs |
| <input type="checkbox"/> Cried after a while | <input type="checkbox"/> Whole body looked blue |
| <input type="checkbox"/> Did not cry | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Whole body looked pink | |

Newborn care**:

- | |
|--|
| <input type="checkbox"/> Early initiation of breastfeeding within one hour after birth |
| <input type="checkbox"/> Vitamin K1 injection |
| <input type="checkbox"/> Prophylactic eye antibiotic salve |
| <input type="checkbox"/> Hepatitis B 0 immunization |

Remarks:

**Circle the appropriate answer*

*** Check the appropriate box*

MATERNAL HEALTH RECORD ON DELIVERY AND NEWBORN

REFERRAL

Date/month/year :/...../..... Time:
Referred to :
Cause of referral :
Working diagnosis :
Action taken :

Referred by

.....

REFERRAL FEEDBACK

Diagnosis :
Procedure performed :
Recommendation :
Date :

Referral accepted by:

.....

REFERRAL

Date/month/year :/...../..... Time:
Referred to :
Cause of referral :
Working diagnosis :
Action taken :

Referred by

.....

REFERRAL FEEDBACK

Diagnosis :
Procedure performed :
Recommendation :
Date :

Referral accepted by:

.....

POSTPARTUM RECORD

Date Time	Complaint	Blood pressure (mmHg)	Pulse/minute	Respiration/minute	Temperature (°C)	Contractions	Hemorrhage	Color, amount, & smell of lochia

Final Postpartum Condition

Maternal condition **:

- Healthy
- Sick
- Deceased

Baby's condition **:

- Healthy
- Sick
- Deceased

Postpartum complication **:

- Hemorrhage
- Infection
- Hypertension
- Others

***Check the appropriate box*

POSTPARTUM RECORD

	Defecation	Urination	Breastmilk production	Intervention: (Vit. A, Fe, Therapy, Referral, Feedback)	Advice	Remarks (Name of provider, Health facility, Initials)
	-/+	-/+				
	-/+	-/+				
	-/+	-/+				
	-/+	-/+				
	-/+	-/+				
	-/+	-/+				

FAMILY PLANNING SERVICES FOR POSTPARTUM MOTHER

Date/month/year					
Health facility					
Type of contraception					

BIRTH NOTIFICATION

No.:.....

The undersigned, declares that:

Today, date....., at (time).....
a baby was born

- Sex : boy/girl*
- Type of pregnancy : single baby/twin/triplet/others*
- Child no. :
- Birth weight :g
- Length :cm

at home/the midwife's house/village birteng hut/maternity clinic/community health centre/hospital*.....

at the following adress :.....

Name of the baby :

Identify of the parents :

Name of the mother :age:(years)

Occupation :

ID Card No. :

Name of the father :age:(years)

Occupation :

ID Card No. :

Address :

Sub district :

District/Municipality :

.....20.....

Birth attendant

**

* Circle the appropriate answer

** Signature, full name, registration number, name of institution

For archive

BIRTH NOTIFICATION

No.:.....

The undersigned, declares that:

Today, date....., at (time).....

a baby was born

Sex : boy/girl*

Type of pregnancy : single baby/twin/triplet/others*

Child no. :

Birth weight :g

Length :cm

at home/the midwife's house/village birteng hut/maternity clinic/community health centre/hospital*

at the following adress :.....

Name of the baby :

Identify of the parents :

Name of the mother :age:(years)

Occupation :

ID Card No. :

Name of the father :age:(years)

Occupation :

ID Card No. :

Address :

Sub district :

District/Municipality :

.....,20.....

Birth attendant

**

* Circle the appropriate answer

** Signature, full name, registration number, name of institution

CHILD HEALTH

SIGNS OF A HEALTHY BABY



- Baby cries immediately after birth
- Baby's whole body is red
- Baby moves actively
- Baby sucks mother's breast strongly
- Birth weight is between 2,500 and 4,000 grams

If the baby doesn't display any one of these conditions of birth, contact your midwife/doctor/nurse.

CARE OF THE NEWBORN

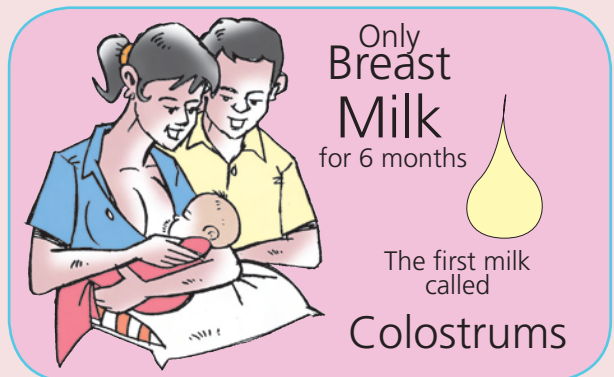
A. Breastfeeding Advice

Immediately initiate breastfeeding

- After giving birth, the first milk that comes out from mother's breast (colostrums) is yellowish and contains antibodies which are healthy and important for babies. Do not waste it. Give it immediately to your baby.
- Feed only breast milk until baby is 6 months old.

Ask a health provider:

- **How to breastfeed correctly**
- **If you have difficulty breastfeeding**



Breastfeeding provides many benefits, healthy, practical, and it's free.

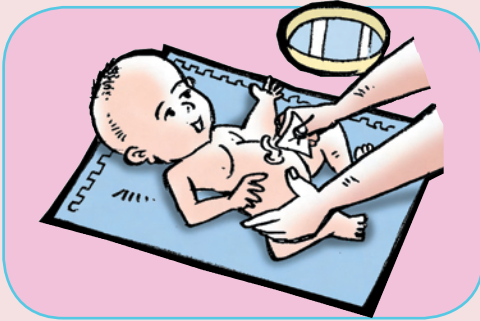
Breastfeeding establishes a bond between mother and child.

Breastfeeding helps to prevent bleeding for the postpartum mother.

CARE OF THE NEWBORN

B. Neonatal Care

- Maintain good hygiene during labor and delivery
- Keep the umbilical cord clean and dry, and leave it uncovered
- Do not give any herbal mix on the umbilical cord. When it is dirty, wipe it with a clean cloth soaked in boiled water.
- Make sure that baby defecates.
- As soon as your baby is born, ask a health provider for antibiotic eye ointment to prevent eye infections from occurring.
- Ask for vitamin K1 injection as soon as possible. It prevents bleeding on baby.
- Ask for hepatitis B immunization within 24 hours after birth.



C. How to keep baby warm

- Don't bathe the baby until 6 hours after it has been born
- Wrap the baby in a dry cloth and keep the baby warm.
- Change the baby's cloth and blanket often especially when wet.
- Do not place baby in a cold or drafty place.
- When baby's weight is less than 2,500 gram, perform Kangaroo Mother Care (Hugging your baby; hold the baby to the mother's chest skin to skin).



Ask **HOW TO** to a provider

D. Neonatal Health Care

- A midwife/doctor/nurse provides health care to a baby at least three times:
 - on the first day
 - on the third day
 - in the second week
- If the baby has not received vitamin K1 injection, ask for it from a health provider.
- If the baby has not received Hepatitis B immunization, ask for it within the first week after birth.

Neonatal Health Care

ON THE FIRST DAY,
ON THE THIRD DAY,
IN THE SECOND WEEK



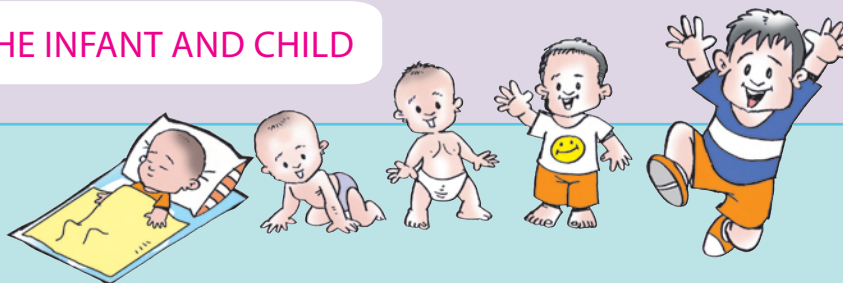
Signs of serious infant illnesses:

- Baby cannot suck
- Sleepy or unconscious
- Rapid breathing (more than 60 times per minute)



- Lower chest indrawing (Retraction)
- Blue on the finger tips and toes or lips
- Convulsions
- Baby's body is yellowish
- Hands and feet feel cold
- Fever
- The umbilical cord looks red up to the belly
- Baby's eyes have a lot of pus

Immediately bring your baby to a midwife/doctor/nurse if any of the above signs occur.



SIGNS OF A HEALTHY CHILD

- Weight gain follows the green area in the KMS (Growth monitoring chart) or increases entering to the higher colors on the chart
- Child grows taller
- Child's ability increases in accordance with age
- Child is rarely ill
- Child is cheerful and active

GROWTH AND DEVELOPMENT MONITORING

Methods :

- Weigh your child every month in the Posyandu (Integrated Health Post), PAUD (Early Childhood Education Post), or other health facilities.
- Stimulate your child's development according to age.
- Encourage your child to play and chat.
- Take your child to a health provider to get early detection and interventions to stimulate growth and development (SDIDTK).

Between 0-1 year of age:
4 times a year

Between 1-6 years of age:
Twice a year (every 6 months)

- Ask community health worker to record growth and development on the KMS on page 55-58 in this handbook.



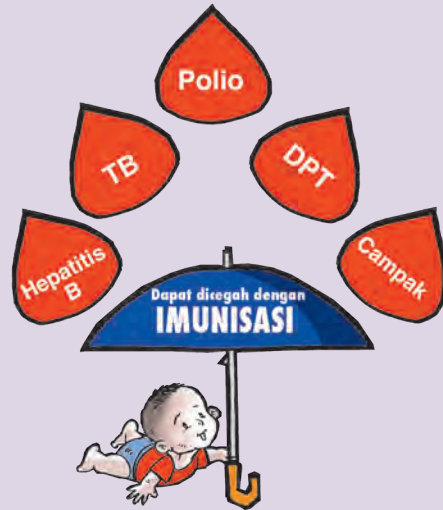
Signs that the child is growing poorly:

- Weight does not increase or decrease
- The weight line on the KMS goes down, flattens or move to the lower colored area
- The weight line on the KMS is below the red line

If your child is growing poorly,
ask for advice from
a health provider

IMMUNIZATION

Ask for the complete series of basic immunizations scheduled in a health facility.



Immunization	Illnesses that could be prevented
Hepatitis B	Hepatitis B (liver damage)
BCG	TB/Tuberculosis (Lung disease)
Polio	Polio (paralysis of legs and arms)
DPT	<ul style="list-style-type: none"> - Diphtheria (clogging of the airway) - Whooping cough (100-day cough) - Tetanus
Measles	Measles (pneumonia, meningitis and blindness)
<p>Immunization can protect a child from diseases Immunization may prevent physical disability Immunization may reduce possibility of the child death</p>	

IMMUNIZATION SCHEDULE:

Age	Type of immunization
0-7 days	Hep B 0
1 month	BCG, Polio 1
2 months	DPT+Hep B 1, Polio booster 2
3 months	DPT+Hep B booster 2, Polio booster 3
4 months	DPT+Hep B booster 3, Polio booster 4
9 months	Measles

GIVE VITAMIN A CAPSULE TO YOUR CHILD

- Ask for vitamin A capsule at the Integrated Health Post (Posyandu) in February and August.
- There are two types of vitamin A capsule:



For a child aged 6-11 months, give it once a year



For a child aged 1-5 years, give it twice a year



DAILY CARE

Child hygiene

- Bathe your child with soap twice a day.
- Wash hair with shampoo 3 times a week .
- Wash your child's hands with soap before meals, after bowel movement, urinating and play
- Keep ears clean.
- Clip finger nails and toe nails when they are long.
- Train your child to defecate and pee in a toilet.
- Keep clothes, toy and bed clean.
- Keep cutlery, dishes, and drink equipment clean.



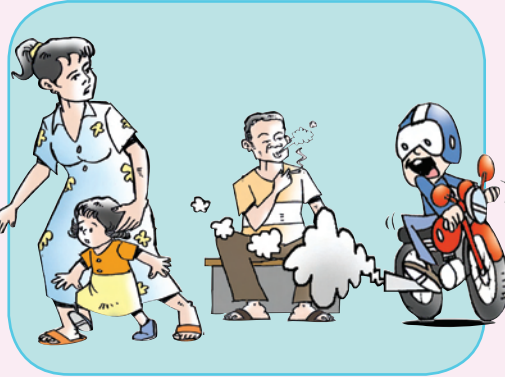
Dental Care

- If teeth have not emerged, clean baby's gums after breastfeeding with a cloth soaked in lukewarm boiled water.
- When your child has teeth, brush her/his teeth with toothpaste and a small toothbrush after breakfast and before bed time.
- Ask a provider for instructions on how to brush teeth.
- Train your child to brush her/his own teeth.
- Do not develop habit to eat sweet and sticky food.
- Go to a Puskesmas or dentist every 6 months.

DAILY CARE OF UNDER FIVE YEAR-OLD

Environmental cleanliness

- Keep your child away from cigarette smoke, household smoke, smoke from burning trash and vehicle pollution.
- Defecate and urinate in the toilet.
- Keep your house and environment clean from dust and garbage.



- It is advised that all children should sleep under a bed net.
- In malaria endemic areas, it is strongly recommended that children less than five years old should always sleep under a bed net correctly treated with the insecticide.

KEEP CHILD AWAY FROM DANGER



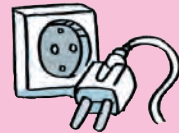
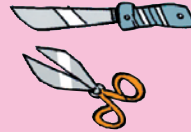
Bad things that your child may think of as food/drink:

- Medicines
- Rat poison
- Insecticide
- Kerosene
- Soap/detergent



Heated object:

- Stove
- Iron
- Hot water thermos

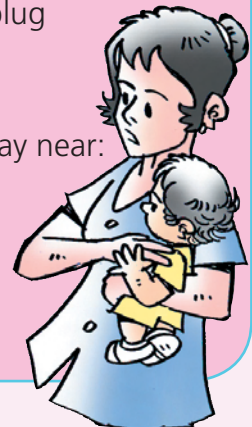


Dangerous objects:

- Knife
- Electric plug
- Cable

Do not let child play near:

- Well
- Pond
- River
- Road



TREATMENT FOR COMMON CHILDHOOD ILLNESSES

MEDICINES THAT SHOULD BE AVAILABLE AT HOME



- ORS to treat diarrhea
- Povidone Iodine to treat wounds.
- Paracetamol to treat fever

COUGH

- When your child is still breastfeeding, give breast milk more often.
- Give more cooled boiled water.

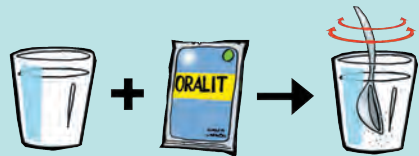


- If your child is over 1 year, give a mixture of sweet soy sauce or honey and lime..
- Keep your child away from cigarette smoke, household smoke, and smoke from burning trash.

Take to a health facility if:

- Cough does not stop in 2 days
- Child has difficulty breathing
- Child has fever

DIARRHEA



- Immediately give ORT after diarrhea occurs.
- If ORT is not available, give cooled boiled water, vegetable soup, or rice milk.
- When your child is still breastfeeding, continue it and complementary feeding.
- Do not give any medicines except from a health provider.
- Give your child the correct dose of Zinc for 10 days. Dissolve Zinc in 1 tablespoon of boiled then cooled water.

Immediately take your child to a health facility when:

- Child has a fever
- There is blood in feces
- Diarrhea gets worse
- Child keeps vomiting
- Child looks very thirsty
- Child does not want to eat and drink

TREATMENT FOR COMMON CHILDHOOD ILLNESSES

FEVER



- When your child is still breastfeeding, give breast milk more often.
- Give more drinks and more often.
- Do not cover your child with a thick blanket or give your child thick clothing.



- Apply a compress with room-temperature or warm water.
- Do not apply cold compress; this may cause shivering.
- If your child has a high fever, give your child antipyretic medicine with the correct dosage.
- In malaria endemic areas, children under five years old should sleep under a bed net correctly treated with insecticide.

Immediately take the child to a health facility if :

- Your child has a fever with convulsions
- The fever does not decrease within 2 days
- Fever comes with red spots, bleeding from the nose and/or child has black bowel movement

WOUND AND SKIN DISEASE



Wound:

- Give mercurochrome or povidon iodine.

Scabies:

- Cover it with a clean cloth.
- Do not put any herbs.

Keep skin clean:

- Bathe your child regularly.
- Change cloth when wet or dirty.
- Wash hands and feet with soap after play.



Take your child to a health facility if:

- Your child's skin looks reddish
- Skin itches
- Wound drains pus or has foul smell

AT THE AGE OF 0-6 MONTHS

ONLY GIVE BREAST MILK



- Give the first breast milk that comes out and yellowish in color (colostrums).
- Give breast milk only (exclusive breastfeeding).
- Do not feed other foods/drinks other than breast milk.
- Breastfeed the baby as often as possible.
- Breastfeed the baby anytime she/he wants it, at least 8 times a day.
- When the baby sleeps for more than 3 hours, wake her/him up, then breastfeed.

- Alternate your left and right breast for breastfeeding.
- Breastfeed until your breast feels empty, then change to the other one.

AT THE AGE OF 6 TO 9 MONTHS



- Continue breastfeeding.
- Start giving complementary food. For example milk porridge and pulverized steamed rice.
- Give complementary food step by step, according to age.

Age	Sample complementary feeding
6 months	Morning : 3 tablespoons of milk porridge Afternoon : 3 tablespoons of milk porridge
7 months	Morning : 3 ½ tablespoons of milk porridge Afternoon : 3 ½ tablespoons of milk porridge
8 months	Morning : 2 tablespoons of pulverized steamed rice Afternoon : 3 tablespoons of pulverized steamed rice Evening : 3 tablespoons of pulverized steamed rice

How to give complementary food



- Start with breast milk, then continue with complementary food.
- Give several kinds of food i.e., egg, chicken, fish, soybean cake (tempe), tofu, beef, carrot, spinach, coconut milk, mung beans, oil and fruits such as orange, banana, and papaya.



- When you use ready-made complementary food, read the instructions. Check the expiration date.



- Give snacks twice a day. For example mung bean, banana, biscuit, nagasari (traditional snack) and other cakes and cookies.



- Teach your baby to eat with a spoon.
- Teach your baby to drink from a glass by herself/himself.
- Pay attention to food safety.

AT THE AGE OF 9-12 MONTHS

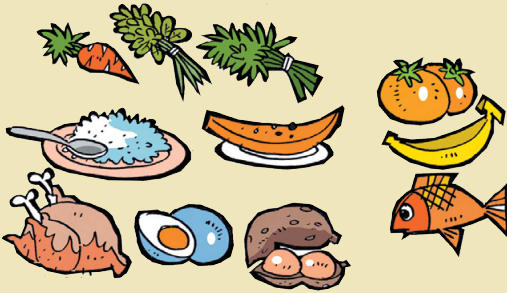


- Continue breastfeeding.
- Give more solid complementary food. For example; rice porridge, pulverized steamed rice, and soft steamed rice.

Age	Samples of complementary feeding
9 months	Morning : 3 tablespoons of rice porridge Afternoon : 3 tablespoons of rice porridge Evening : 3 tablespoons of rice porridge
10 months	Morning : 3 tablespoons of pulverized steamed rice Afternoon : 3 tablespoons of pulverized steamed rice Evening : 4 tablespoons of pulverized steamed rice
11 months	Morning : 3 tablespoons of soft steamed rice Afternoon : 4 tablespoons of soft steamed rice Evening : 4 tablespoons of soft steamed rice

AT THE AGE OF 1-2 YEARS

3 meals a day



- When your child is 1 year old, give adult food.
- Food includes rice, meat or fish, and vegetable.
- 3 meals a day. Each time 1/3 of adult portion.
- Continue breastfeeding.
- Two snacks a day.
- Fruits or juice.
- Teach your child to eat by herself/himself.

AT THE AGE OF 2-3 YEARS

Increase meal size to ½ adult portion



+



- Continue adult food.
- Increase portion to ½ adult size.
- Give two snacks a day.
- Do not give sweets before meal as it will lower child's appetite.

AT THE AGE OF 0-4 MONTHS



At the age of 1 month, a baby can:

- Look at her/his mother
- Make a sound o..o..o..
- Smile
- Move hands and legs

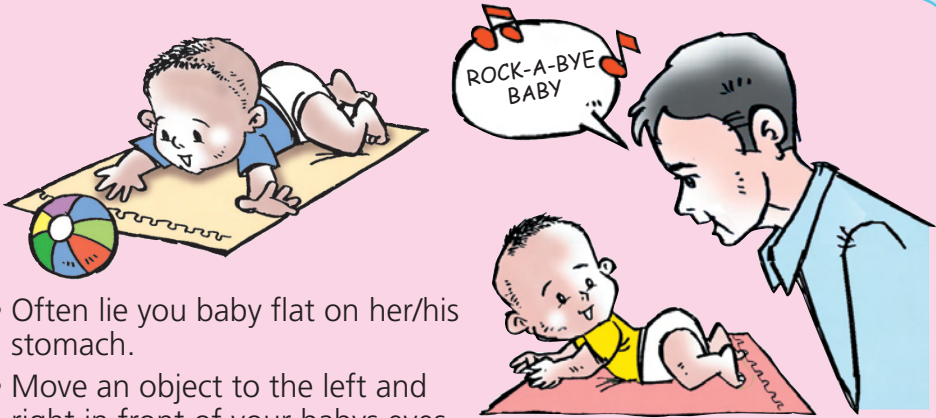


At 3 months, a baby can:

- Raise her/his head upright when she/he is flat on her/his stomach
- Laugh
- Move her/his head to left and right
- Smile back when you talk/smile
- Chat spontaneously or react by babbling

If your baby cannot do the above activities at the age of 3 months, take her/him to a midwife/nurse/doctor.

AT THE AGE OF 4-6 MONTHS



- Often lie you baby flat on her/his stomach.
- Move an object to the left and right in front of your babys eyes.
- Make different sounds.
- Give a big and colorful toy.

At 6 months old, a baby can:

- Turn from lying facedown to lying on her/his back
- Keep her/his head upright
- Reach any object near her/him
- Imitate a sound
- Hold a toy
- Smile when she/he sees an interesting toy/picture

6 MONTHS



If your baby cannot do the above activities at the age of 6 months, take her/him to a midwife/nurse/doctor.

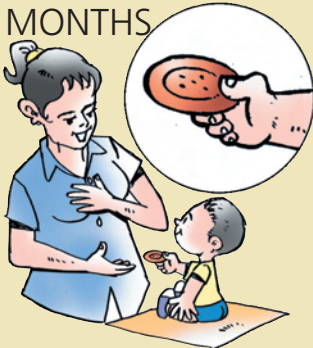
DEVELOPMENT STIMULATION

AT THE AGE OF 6-12 MONTHS



- Teach your baby to sit.
- Asks to play peek-a-boo.
- Teach your baby to hold and eat biscuits.
- Teach your baby to hold a small object with 2 fingers.
- Teach your baby to stand and walk by holding onto something.
- Talk to your baby as often as possible.
- Teach your baby to say ma..ma .. pa.. pa.
- Give a safe toy to beat.

9 MONTHS



At 9 months, a baby can:

- Crawl
- Say ma..ma.., da..da..da..
- Reach an object as big as a peanut
- Look for the toy she/he dropped
- Clap or play peek-a-boo
- Eat cake/biscuit on her/his own

12 MONTHS



At 12 months, a baby can:

- Stand and walk by holding on to something
- Hold a small object with 2 fingers
- Imitate a simple word such as ma.. ma...pa..pa....
- Recognize members of the family
- Be afraid of someone whom she/he does not know
- Point at what she/he wants without crying/whining

If your baby cannot do the above activities at the age of 9 or 12 months, take her/him to a midwife/nurse/doctor.

AT THE AGE OF 1-2 YEARS



- Teach your child to walk up the stairs.
- Ask your child to help you clean a table and sweep the floor.
- Ask your child to help you to tidy up his toy.
- Teach your child to scribble on paper.
- Teach the name of the body parts.
- Read your child children's stories.
- Ask your child to sing along with you.
- Take your child to play with you.
- Praise your child when he manages to do something.

2 YEARS



At 2 years, a child can:

- Go upstairs and run
- Scribble on a paper with a pencil
- Point 1 or more of her/his body parts
- Say 3-6 words that have a meaning, such as a ball, a plate
- Hold a cup without help
- Learn to eat on her/his own

If your child cannot do the above activities at the age of 2 years, take her/him to a midwife/nurse/doctor.

DEVELOPMENT STIMULATION

AT THE AGE OF 2-3 YEARS



- Teach your child to dress by herself/himself.
- Ask your child to look at an illustrated book with you.
- Read your child children stories.
- Teach your child to eat in his own plate.
- Teach your child to wash hands.
- Train your child to defecate and pee in the appropriate place.



3 YEARS



At 3 years, a child can:

- Pedal a tricycle
- Stand on one foot without holding onto anything
- Fluently use 2 words or more
- Recognize 2-4 colors
- Say her/his name, age and place
- Draw a straight line
- Play with friends
- Take off her/his own clothes
- Wear her/his own shoes

If your child cannot do the above activities at the age of 2-3 years, take her/him to a midwife/nurse/doctor.

AT THE AGE OF 3-5 YEARS

- Ask your child to tell you what she/he did.
- Listen to what she/he is saying.
- When she/he stammers, teach ok, to speak slowly.
- Watch out for your child when she/he is trying something new.



5 YEARS



At 5 years, a child can:

- Jump on one foot, dance and walk in a straight line
- Draw a man in 3 parts (head, body, hands/legs)
- Draw a cross and a circle
- Catch a small ball with two hands
- Answer a question with the right words
- Say a number, count fingers
- Her/his words are understandable
- Dress by herself/himself without assistance
- Button her/his dress or a doll's clothes
- Brush her/his teeth without assistance

If your child cannot do the above activities at the age of 5 years, take her/him to a midwife/nurse/doctor.

HOW TO MAKE COMPLEMENTARY FEEDS

FOR 6-9 MONTHS

Do not use plastic and melamine utensils



MILK PORRIDGE

How to mix:

1. Mix sugar, rice flour and milk in the right amount of water
2. Mix it well
3. Cook on a low heat
4. Stir until it is well cooked

INGREDIENTS:



- 2 tablespoons of rice flour



- 1 tablespoon of milk powder



- 1-2 teaspoons of sugar

SOFT MASHED BANANA

INGREDIENTS:

- 1 RIPE BANANA

Directions:

1. Wash the outside of the banana
2. Peel half of the skin
3. Scrape it with a small spoon
4. Immediately give it to the baby



FOR 9-12 MONTHS

Do not use plastic and melamine utensils



INGREDIENTS:



- 2 tablespoons of uncooked rice



- 1 piece of soybean cake (Tempe) (10 grams) (You can substitute it with tofu, fish or 1 egg)



- 1 tablespoon of coconut milk (You can substitute it with coconut oil)
- A pinch of salt

STEAMED RICE



- 3 glasses of water



- 10 spinach leaves (You can substitute it with carrot, green leafy vegetable or other veggies)

Directions:

1. Grind all ingredients
2. Put them all in a pan except the spinach
3. Stir while cooking
4. Put in clean spinach leaves into the pan when the mixture is almost cooked
5. Add a pinch of salt
6. Stir until ready
7. Serve warm

This steamed rice is for one portion only

PANCAKE



INGREDIENTS:



- ½ glass of wheat flour

- 1 glass of evaporated milk



- 1 egg

- 4 teaspoonfuls of sugar



- Some margarine

- Some cooking oil

Directions:

1. Break the egg
2. Mix all ingredients except margarine/cooking oil
3. Mix them well
4. Divide into 8 parts
5. Heat some margarine on a frying pan
6. Pour the mixture on the pan, flip it up and heat it until well cooked

**(COMPLETED BY THE HEALTH PROVIDER)
NEONATAL EXAMINATION**

TYPE OF EXAMINATION	1st Visit (Day 1)	2nd Visit (Day 3)	3rd Visit (2nd week)
	Date:	Date:	Date:
Weight (kg)			
Height/Length (cm)			
Temperature (°C)			
Ask the mother, what is the baby's illness?			
Check for possible illnesses Severity or bacterial infection <ul style="list-style-type: none"> • Respiratory rate (times/minute) • Heartbeats (times/minute) 			
Check for diarrhea			
Check for jaundice			
Check for possibility of low weight and/or breastfeeding problems			
Check the status of Vitamin K1			
Check immunization status			
Check other complaints -----			
Check maternal problem/complaint			
Action (therapy/ referral/feedback)			
Examiner			

Neonatal visit uses the Integrated Newborn Management (MTBM) form

CHILD HEALTH RECORD

GIVE VITAMIN A AS SCHEDULED
TO IMPROVE EYE HEALTH AND CHILD GROWTH

Record of Vitamin A administration		
Age/months	Dosage	Date
6 - 11	1 blue capsule in February or August	
12 - 23	1 red capsule every February and August	
24 - 35		
36 - 47		
48 - 59		

Early stimulation, detection and interventions for child growth and development by midwife/nurse/doctor

Age	Recommendations for development stimulation from provider				Feeding advice from provider			
	date/month/year				date/month/year			
0 - 30 days								
1 - 6 months								
6 - 12 months								
1 - 2 years								
2 - 3 years								
3 - 5 years								

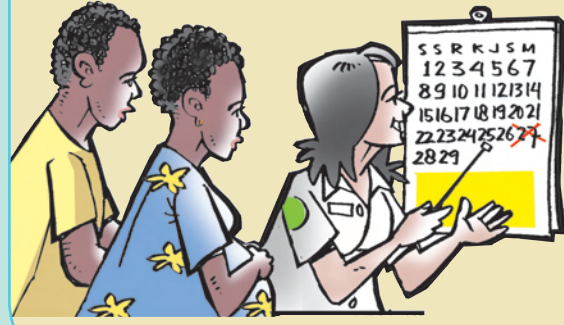
Note:

Write the date in the appropriate column when you give recommendations for development stimulation and feeding advice

DURING PREGNANCY

PREPARATION FOR DELIVERY

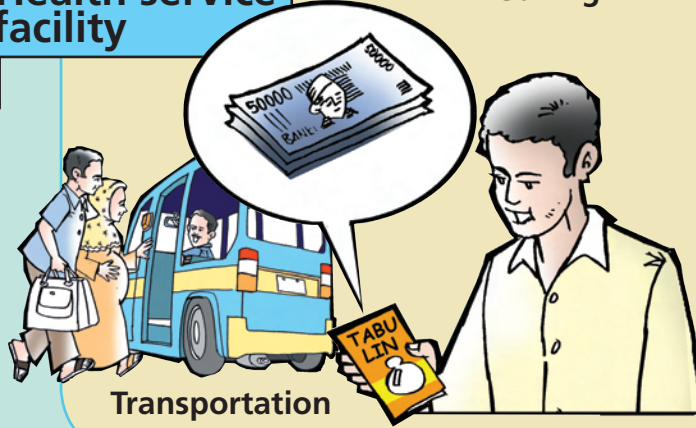
When is the baby due?



- Ask your midwife or doctor about the estimated date of delivery.
- Your husband or family member should stay with you during all examinations

Health service facility

Saving



- Save some money to pay for your delivery.
- Your husband, family and community should prepare transportation in case it is needed.

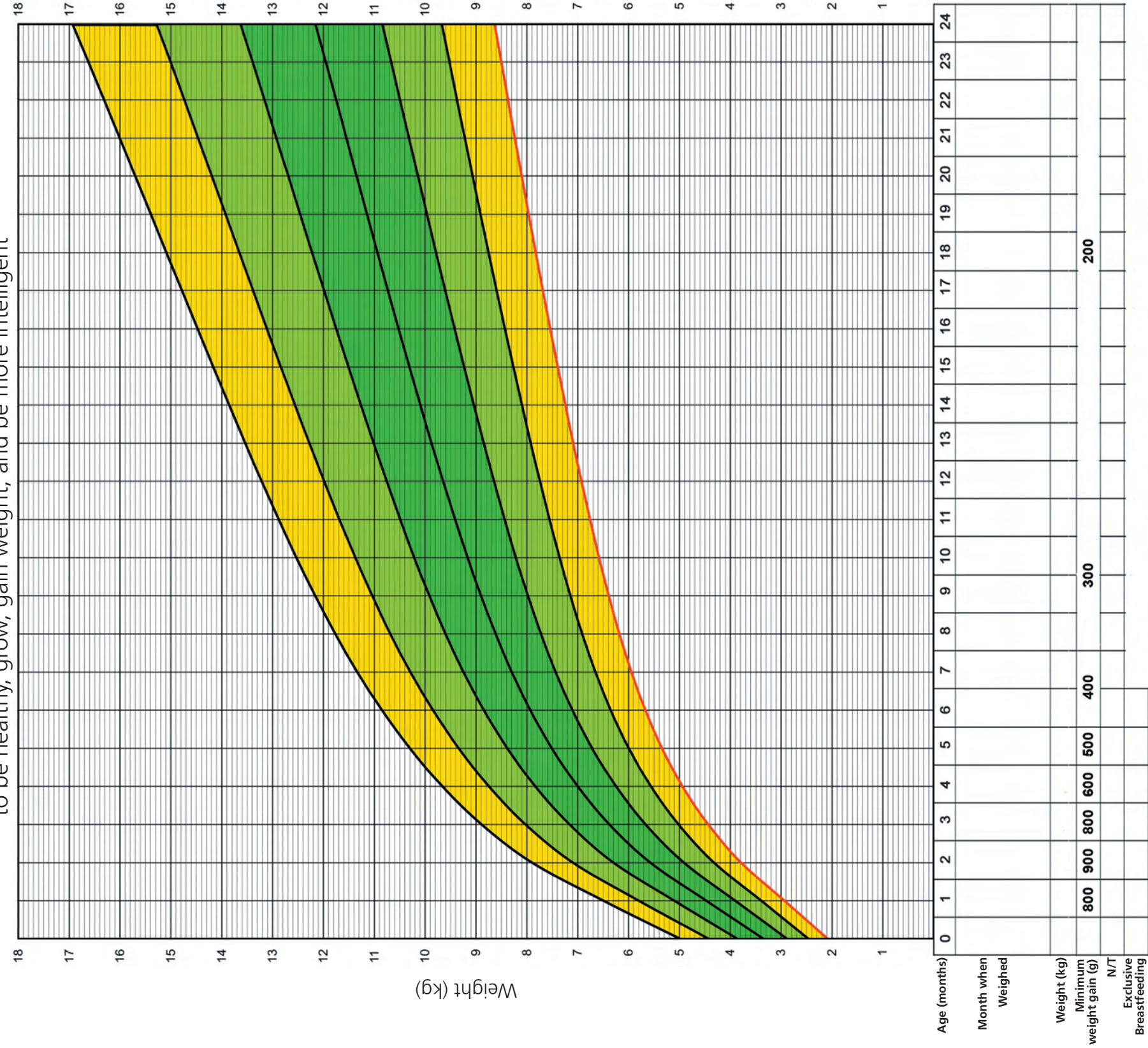


KMS
KARTU MENUJU SEHAT
For boy

Child's Name:

Name of the Integrated Health Service Post:

Weigh your child every month to be healthy, grow, gain weight, and be more intelligent



GAIN WEIGHT (N)

Weight line follows the growth line
or
Weight gain follows the minimum weight gain
or more

DID NOT GAIN WEIGHT (T)

Weight line forms a horizontal line, slopes down, or
cutting the lower growth line
or
Weight gain is lower than the minimum weight gain

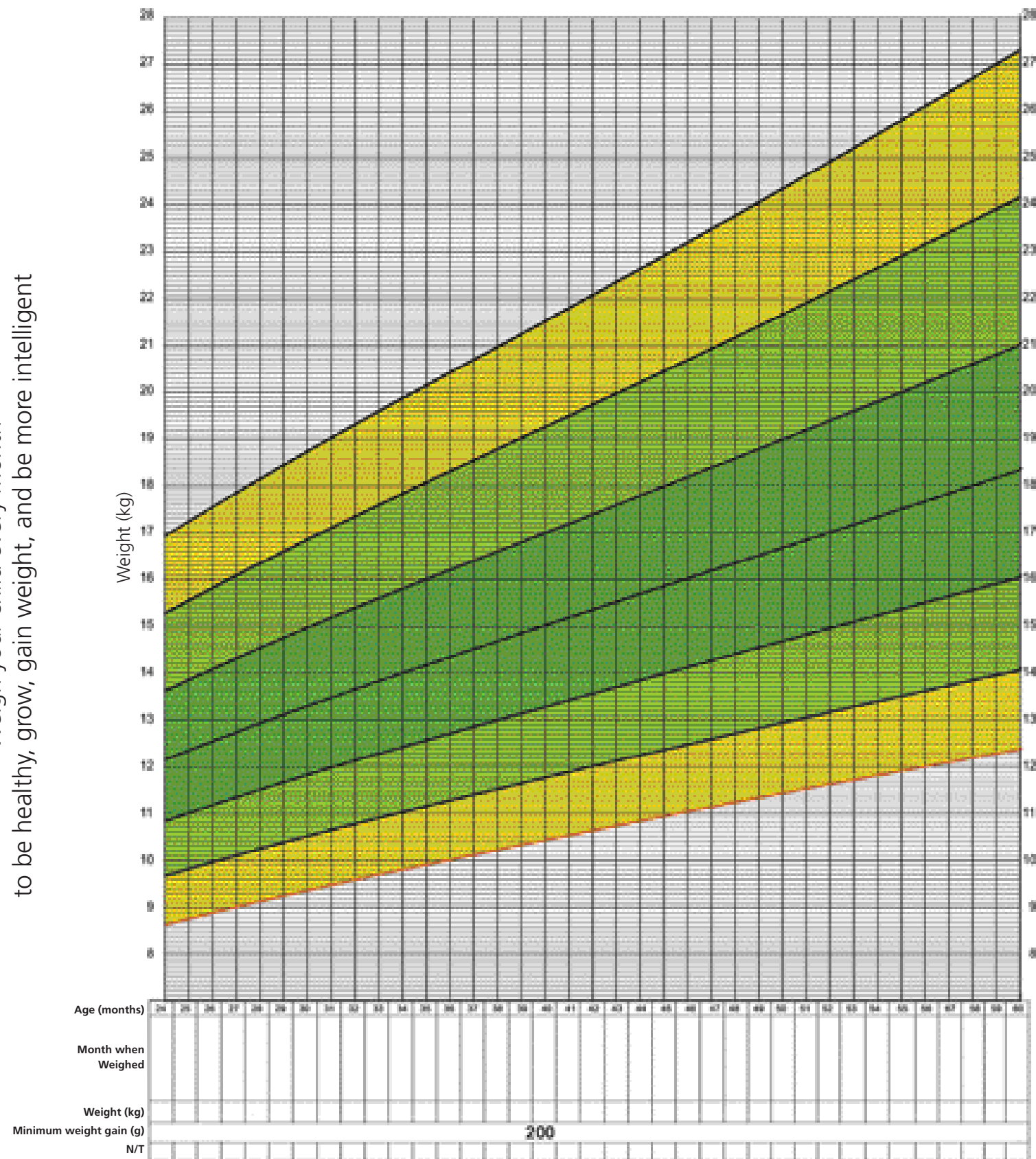
**Refer to a health provider if there is no weight gain in two subsequent visits
or weight is under the red line (BGM)**



KMS
KARTU MENUJU SEHAT
For boy

Child's Name:.....
Name of the Integrated Health Service Post:.....

Weigh your child every month to be healthy, grow, gain weight, and be more intelligent



GAIN WEIGHT (N)

Weight line follows the growth line
or
Weight gain follows the minimum weight gain
or more

DID NOT GAIN WEIGHT (T)

Weight line forms a horizontal line, slopes down, or
cutting the lower growth line
or
Weight gain is lower than the minimum weight gain

Refer to a health provider if there is no weight gain in two subsequent visits or weight is under the red line (BGM)

MATERNAL HEALTH
REGULAR ANTENATAL CARE

DURING PREGNANCY



- Immediately check your pregnancy with a health provider.
- Ask her/him to measure your height and upper arm circumference on your first antenatal visit.
- Check your weight at every visit. Your weight will increase as your pregnancy advances.



- Ask the provider to check your blood pressure and your pregnancy on every visit. Your womb gets bigger as pregnancy progresses.



- Take 1 iron tablet every day for at least 90 days. Iron tablets will not harm your baby.



- Ask for a Tetanus Toxoid (TT) immunization from the provider. This will prevent your baby getting tetanus.

TT immunization	Minimum interval between immunizations	Length of Protection
TT 1		The first step to build body immunity against tetanus
TT 2	1 month after TT 1	3 years
TT 3	6 months after TT 2	5 years
TT 4	12 months after TT 3	10 years
TT 5	12 months after TT 4	≥ 25 years

Reg No :No :

I have received the MCH handbook

Date :

Name of Health Facility :

FAMILY IDENTIFICATION

Woman's name :

Place/Date of birth :Religion:

Education : None/Primary School/Junior High School/Senior High School/Academy/University*

Blood type :

Occupation :

Husband's name :

Place/Date of birth :Religion:

Education : None/Primary School/Junior High School/Senior High School/Academy/University*

Blood type :

Occupation :

Home Address :

Sub-district :

District/Municipality :

Phone number :

Child's Name :

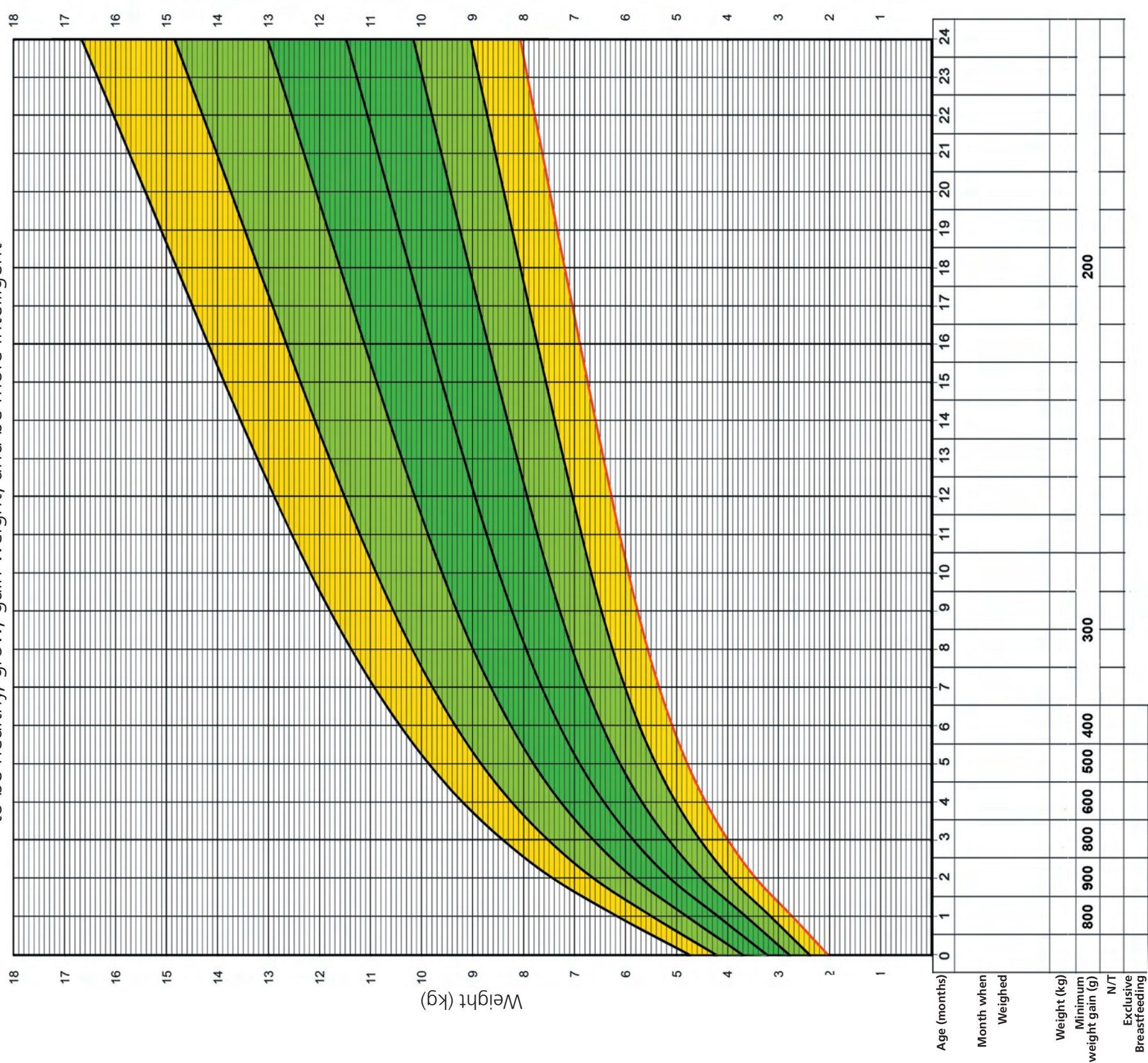
Place/Date of birth :

* Circle the appropriate one



Child's Name:
Name of the Integrated Health Service Post:

Weigh your child every month to be healthy, grow, gain weight, and be more intelligent



GAIN WEIGHT (N)
Weight line follows the growth line
or
Weight gain follows the minimum weight gain or more

DID NOT GAIN WEIGHT (T)
Weight line forms a horizontal line, slopes down, or cutting the lower growth line
or
Weight gain is lower than the minimum weight gain

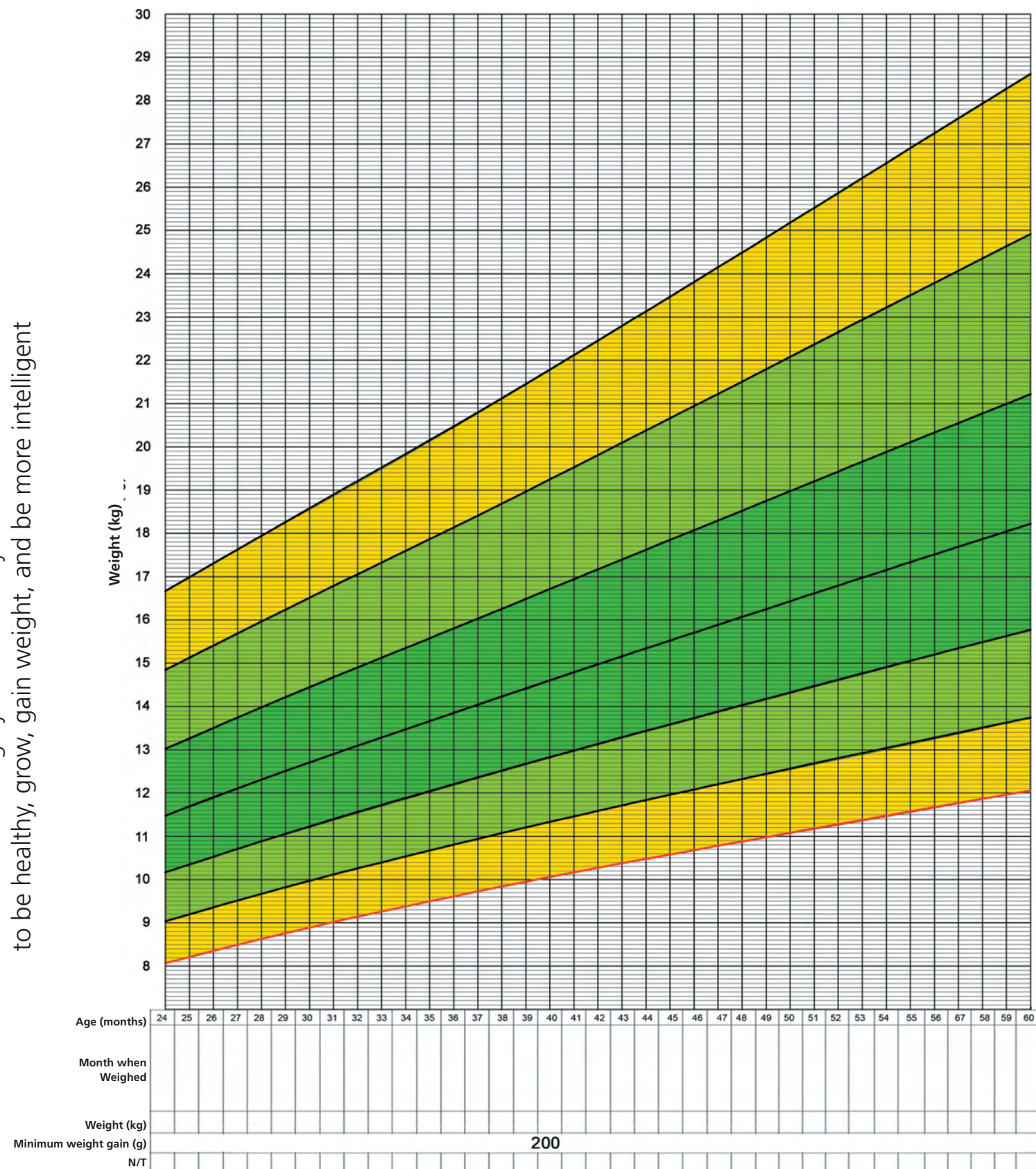
Refer to a health provider if there is no weight gain in two subsequent visits or weight is under the red line (BGM)



KMS
KARTU MENUJU SEHAT
For girl

Child's Name:.....
Name of the Integrated Health Service Post:.....

Weigh your child every month
to be healthy, grow, gain weight, and be more intelligent



GAIN WEIGHT (N)

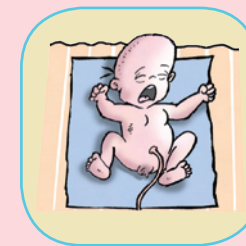
Weight line follows the growth line
or
Weight gain follows the minimum weight gain
or more

DID NOT GAIN WEIGHT (T)

Weight line forms a horizontal line, slopes down, or
cutting the lower growth line
or
Weight gain is lower than the minimum weight gain

**Refer to a health provider if there is no weight gain in two subsequent visits
or weight is under the red line (BGM)**

CHILD HEALTH



page. 25 - 30

Care of the newborn
up to five years of age



page. 35 - 39

How to feed a child



page. 31 - 32

Daily care of the
under five year-old



page. 40 - 45

Development stimulation



page. 33 - 34

Treatment for common
childhood illnesses



page. 46 - 48

How to make
complementary foods

RECORDS OF CHILD HEALTH SERVICES page. 49 - 54

GROWTH MONITORING CHART (KMS) page. 55 - 58

The law for child protection page. 59 - 60

BASIC IMMUNIZATION RECORD page. 61

Law of the Republic of Indonesia
No 23 year 2002
on
Child protection

Child protection is founded on the Five Principles (Pancasila) and the 1945 Constitution and also the Basic Principles of Child rights Convention including:

1. no discrimination;
2. for the best interest for child
3. the right to live, survive and grow; and
4. appreciate children's opinion

A child is a person who is not yet 18 (eighteen) years old, including a child in the mother's womb

Child protection includes all activities to ensure and protect children's rights to live, grow, develop and participate optimally in line with human dignity and values and be protected from violence and discrimination.

Child rights are a part of human rights, they are an obligation for the parents, family, community, government and state to secure, protect and fulfill.

Every child has the right to:

1. Live, grow, develop and participate normally according to human dignity and values and be protected from violence and discrimination.
2. Self identity and nationality status.
3. Worship God according to her/his religion, think and express according to her/his intelligence level and age, with parents guidance
4. Recognize her/his parents, to be raised and educated by her/his parents. If in any case, due to a particular cause, the parents cannot guarantee a child's growth and development, or neglect her/him, the child is entitled to be raised or adopted as a foster or adopted child by other people in accordance with the provisions in the prevailing laws.
5. Health services and social security as needed by her/his physical, mental, spiritual and social condition.
6. Have education and lessons to develop her/his personality and intelligence in accordance with her/his interest and talents, child with specific needs is entitled to a special education.
7. Express her/his opinion and be listened to, receive, look for and give information in accordance with her/his intelligence level and age to develop herself/himself in line with morality and appropriateness
8. Rest and use her/his spare time, socialize with friends of the same age, play, go for a recreation and be creative in accordance with her/his interest, talent and

intelligence level to develop herself/himself.

9. Have protection from: discrimination, economic or sexual exploitation; neglect; abuse, violence and torture; injustice and other mistreatments.
10. Be educated by her/his parents, except for a particular reason and/or legal provisions indicating that separating them is for the best interest of the child and it forms the last consideration.
11. Be protected from: abuse in political activity; involvement in armed conflict; involvement in social riots; involvement in violence; and involvement in war
12. Be protected as target of abuse, torture or inhumane sentence; receive freedom in accordance with the law; and arrest, detention or child's detention due to a criminal act is performed only when it is in accordance with the prevailing laws and only be imposed as the last resort.

A handicapped child, in addition to the above rights, is also entitled to;

- a. Have a special education
- b. Rehabilitation, social aid and welfare treatment for a handicapped child

A child, whose freedom was violated, in addition to the above rights, is also entitled to:

- a. Receive a humane treatment and placement that separate from adults;
- b. Get legal assistance or other assistance effectively in each phase of legal action;
- c. Defend herself/himself and receive objective and impartial justice and close-for-public trial before a child's court;
- d. Confidentiality if he is to become a victim to or as the actor of sexual violence or any act against the law;
- e. Legal or other assistance if she/he is to become a victim to or as the actor of a criminal act.

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Catalogued in publication. Ministry of Health
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ind b Indonesia. Ministry of Health, RI
Handbook, Maternal and Child Health
- Jakarta: Ministry of Health and JICA
(Japan International Cooperation Agency)
1997

- Title:
1. MOTHER – CHILD RELATIONS
 2. MATERNAL - CHILD NURSING
 3. MATERNAL HEALTH SERVICES

Printed in 2009

RECORD OF COMPLETE BASIC IMMUNIZATIONS

Date of birth: Child's name: Parent's name:

Age (month)	0	1	2	3	4	5	6	7	8	9	10	11	12
Vaccine													
Hep. B 0 (0-7 days)													
BCG													
*Polio 1													
*DPT/Hep. B 1													
*Polio 2 (booster)													
*DPT/Hep. B 2 (booster)													
*Polio 3 (booster)													
*DPT/Hep. B 3 (booster)													
* Polio 4 (booster)													
Measles													
Measles													

* Interval between DPT/Hep. B vaccines is at least 4 weeks (1 month) *Interval between two POLIO vaccines is at least 4 weeks (1 month)
 ** A child older than 1 year (12 months) who did not get complete immunizations should get them
 Mild illnesses such as flu and cough, diarrhea and skin disease is not a hindrance to have immunization

Additional

Vaccine	Date

Other Vaccines

Vaccine	Date

Legend for immunization status:

- White box: Not allowed to give complete basic immunizations
- Yellow box: Allowed period to give complete basic immunizations
- Grey box: Best time to give complete basic immunizations
- Red box: Time to immunize children above 1 year old who have not received complete immunizations