

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

Caring for our new baby



My name is:

My baby's name is:



HEALTH SYSTEMS TRUST

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



health
Department:
Health
PROVINCE OF KWAZULU-NATAL



Nutrition



Interaction



Protection



Healthcare



Extra Care



Nursing

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

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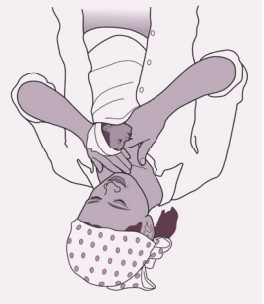
My baby is weak

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.



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

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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

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