Road to health chart/booklet
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Outline
- Health
- Road to health
- Essential interventions in Infancy and childhood
- What’s new in the Road To Health Booklet (RTHB)
- Issues with the new RTHB
- What do we know about previous RtHC
- Uses of RtHC

Health
- State of complete physical, mental and social well being and not merely the absence of disease or infirmity
  † WHO 1948
- Health promotion is a process of enabling people to increase control over and to improve their health

Road to health
- Road to health is paved through promotion of health and prevention of disease
  † access to good nutritious food, Access to clean drinking water and safe sanitation, education, population development
  † Eradication of poverty
  † MDG goals 1, 2, 3, 7, 8
- Health system is a recipient of the social ills of the population
- A window of opportunity in children as there is a lot of focus on prevention of disease and promotion of health
- MDG 4: measure of how the population is doing

U5MR estimates
<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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</thead>
<tbody>
<tr>
<td>ASSA2008 (2003)</td>
<td>67</td>
<td>50.9 (67)</td>
<td>49.9 (67)</td>
<td>48.8</td>
</tr>
<tr>
<td>UN-IGME</td>
<td>65.6</td>
<td>66.9</td>
<td>56.6</td>
<td></td>
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<tr>
<td>Statssa</td>
<td>63.1</td>
<td>59.3</td>
<td>56.6</td>
<td>54.3</td>
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</table>
We worry about what a child will become tomorrow, yet we forget that he is someone today. ~Stacia Tauscher

Essential interventions
Infancy and childhood 1

- Breastfeeding
  - EBF for 6 months
  - Continue breastfeeding and complementary feeding after 6 months
  - Breastfeeding summit recommendations
- Vitamin A supplementation
- Routine immunizations plus Hib, Pneumococcal, rotavirus and meningococcal

Essential interventions
Infancy and childhood 2

- Case Management
  - SAM
  - Diarrhoea
  - Pneumonia
  - Meningitis
- Comprehensive care of children infected and or exposed to HIV
  - PMTCT and early ART treatment
  - Promising PMTCT: current transmission rate <3%
  - More infants started on ART
  - Still behind with nurse initiated ART

Essential interventions
Infancy and childhood 3

- Home visit for women and children across the continuum of care
  - NHI plans on PHC re-engineering promising if successful
  - At present not coordinated
- Road not travelled mostly yet essential
- Go for safari/sight seeing in the community and you will be amazed

What’s new in RTHB

- A5 booklet instead of a A3 chart
- Different colours for boys and Girls

Growth charts changes

- WHO growth standards are used
  - Weight for age
  - Length/height for age
  - Weight for height
  - Mid upper arm circumference tables
WHO growth standards

- Growth chart is used as a measure of general well being
- Standard not a reference
- How children should grow rather than how they grew at particular time and place
- Consistent with best health practices
- Breastfed babies grow differently to formula fed babies
- Longitudinal growth was similar across all 6 sites

Compliance on breastfeeding

Introduction on solids

Table 1. Mean and median age (in months) of the introduction of solid or semi-solid foods for compliant children.

<table>
<thead>
<tr>
<th>Site</th>
<th>n</th>
<th>Mean (SD)</th>
<th>Median (min., max.)</th>
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<tbody>
<tr>
<td>Brazil</td>
<td>60</td>
<td>5.5 (0.7)</td>
<td>6.0 (4.0, 7.1)</td>
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<tr>
<td>Ghana</td>
<td>2.05</td>
<td>5.6 (0.0)</td>
<td>6.0 (4.0, 7.5)</td>
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<tr>
<td>India</td>
<td>178</td>
<td>5.0 (0.0)</td>
<td>5.0 (3.0, 7.0)</td>
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<tr>
<td>Norway</td>
<td>159</td>
<td>5.5 (0.0)</td>
<td>5.0 (3.0, 7.0)</td>
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<tr>
<td>Oman</td>
<td>153</td>
<td>4.0 (0.0)</td>
<td>5.0 (3.1, 7.0)</td>
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<td>USA</td>
<td>152</td>
<td>5.4 (0.7)</td>
<td>5.0 (3.9, 7.2)</td>
</tr>
<tr>
<td>All</td>
<td>902</td>
<td>5.4 (0.7)</td>
<td>5.0 (3.9, 7.5)</td>
</tr>
</tbody>
</table>

* The minimum age of introduction is four weeks in several sites because the operational definition for compliance with exclusive or predominant breastfeeding for at least 6 mo allowed for occasional consumption of solid or semi-solid foods, as long as the number of days on which this occurred did not exceed 12.
† Includes one child with missed visits at ages 6 and 7 mo.
Implications on health care when using WHO growth standards

- Stunting will be greater throughout childhood when using the WHO growth standards compared to previous international reference.
- Up to the weight of 70 cm wasting will be substantially higher (infancy period).
- Substantial increase in underweight rates during first half of the infancy (0-6 month) the decrease thereafter.
- Greater prevalence of overweight.

Well visit chart information

- EPI schedule
- ID number of child
  - For school purposes page can be photocopied.
- New vaccines added
- Space for extra Vaccines.

Neonatal information

- More place for information.
- Especially for prems or Babies admitted.

PMTCT

- Better documentation of PMTCT and HIV data.

HIV information

- No more coding.
- Better follow up of HIV Exposed babies.
Developmental screening

- Clear ages when development should be assessed
- Basic 3 questions
  1. Can your child see?
  2. Can your child hear and communicate as other children?
  3. Does your child do the same things as other children does?
- Clear message on where and when to refer

oral health

- Other changes
- Clinical notes more pages
- Hospital admissions more pages
- Health messages

Health messages

- Danger signs
- Feeding
- Development (play/communicate)
- Feeding during diarrhoea
- Sugar salt solution

Issues with the new RTHB

- HIV information
- Language
- It’s only in English
- Health care workers don’t record the information

The use of RtHC study
Kalafong
2005-2006

Doctors do they use RTHC?

- 51 (54%) doctors asked mothers for the RTHC
- Only 7(7%) doctors recorded information on the RTHC
- 96 % of caregivers said doctors did communicate the child’s illness
Monitoring intervention using RtHC

- Immunization: 87% up to date
- Vitamin A: 48(71%) of 67 cases received although only half according to schedule
- Anti-worm Rx: 6(16%) of 38 received
- Growth: 60% responded to growth faltering. In 90% of cases weight was plotted
- No records on testing for hearing and vision

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RHTC as a health record?

- Much of the information on the RTHC was missing except for immunization and measurements at birth
- 53 had no PMTCT coding recorded

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<table>
<thead>
<tr>
<th>Complication during delivery</th>
<th>RHTC recorded</th>
<th>Caregiver’s report</th>
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</thead>
<tbody>
<tr>
<td>Stillbirth</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Birth complications</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Birth injury</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

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Uses of RtHB

- It serves as a link between patients and health care workers/provider
- Patient held health record- summary of a child’s health
- It is not a passport to health but a tool used to monitor and evaluate health interventions in children
  - Health promotion: key messages, breastfeeding, development
  - Interventions - Nutrition, immunization, PMTCT, ART, Vitamin A, De-worming, oral health
- Promote the use of RtHB to improve linkages between PMTCT and treatment of infants
- Serve as a community database for research/information (DHS, NHIS, CoMMIC- home death)
- Dept of Education, social development and home affairs

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Road to health booklet can be a book that no one writes on, reads or take seriously what is documented on it

- or

- It can be a tool to promote health in children, prevent disease and disabilities in children
- It can be a linkage of child health services provision between different levels of care

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A baby is a blank cheque made payable to the human race. ~Barbara Christine Seifert

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references

- De Villiers FPR. The use of road to health card in monitoring child health. SA Fam Pract 2007;49(1):15.