Seek health care immediately!

- Not feeding
- Too hot or too cold
- Chest indrawing - or fast breathing
- Convulsions
- No movement
- Yellow palms or soles of feet

Help your baby survive

NOTES

Baby’s birth weight: ......................... grams
Date and location of next follow-up appointment: ......../........../..........
Clinic: ..................................................................
Health worker contact: ...................................
.............................................................................
Other notes: ......................................................
.............................................................................
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OBSERVATIONS AND ADVICE
**Essential Care**

**Feed only breastmilk**
- Seek advice
- Wash hands

**Manage common breast problems**
- Full breasts
- Cracked nipples
- Tender and red breasts

**Put nothing on cord**
- Seek advice
- Seek health care urgently

**Have your baby immunized**
- Put nothing on cord