**Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance**

**DATE OF VISIT** ____________/________/20_____

**GROWTH**

- Use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

<table>
<thead>
<tr>
<th>Length</th>
<th>Weight</th>
<th>HC (avg 35 cm)</th>
<th>Head Circ.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PARENT/CAREGIVER CONCERNS**

**NUTRITION**

For each item discussed, indicate “✓” for no concerns, or “X” if concerns

<table>
<thead>
<tr>
<th>Item Discussed</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Vitamin D 400 IU/day</td>
<td></td>
</tr>
<tr>
<td>Formula Feeding</td>
<td></td>
</tr>
<tr>
<td>Stool pattern and urine output</td>
<td></td>
</tr>
</tbody>
</table>

**INJURY PREVENTION**

- Motorized vehicles/Car seat
- Carbon monoxide/Smoke detectors
- Firearms safety
- Hot water <49°C/Bath safety
- Choking/Safe toys
- Pacifier use
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)
- Falls (stairs, change table)

**BEHAVIOUR AND FAMILY ISSUES**

- Crying
- Healthy sleep habits
- Night waking
- Soothability/Responsiveness
- Parenting/Bonding
- Siblings
- Parental fatigue/Postpartum depression
- High risk infants/Assess home visit need
- Inquire re difficulty making ends meet or feeding your family
- Falls (stairs, change table)

**DEVELOPMENT**

(Inquiry and observation of milestones)

- Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development.
- NB: Correct for age if < 37 weeks gestation

- Sucks well on nipple
- Sucks well on nipple
- No parent/caregiver concerns
- Focuses gaze
- Startles to loud noise
- Calms when comforted
- Sucks well on nipple
- No parent/caregiver concerns

**PHYSICAL EXAMINATION**

An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

<table>
<thead>
<tr>
<th>Item Discussed</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>fontanelles</td>
<td></td>
</tr>
<tr>
<td>eyes (red reflex)</td>
<td></td>
</tr>
<tr>
<td>tongue mobility</td>
<td></td>
</tr>
<tr>
<td>heart/abdomen</td>
<td></td>
</tr>
<tr>
<td>umbilicus</td>
<td></td>
</tr>
<tr>
<td>testicles/genitalia</td>
<td></td>
</tr>
<tr>
<td>prostatic anulus</td>
<td></td>
</tr>
<tr>
<td>muscle tone</td>
<td></td>
</tr>
</tbody>
</table>

**PROBLEMS AND PLANS/CURRENT & NEW REFERRALS**

- E.g. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social-determinants resources

**INVESTIGATIONS/SCREENING AND IMMUNIZATION**

Discuss immunization pain reduction strategies

- Newborn screening as per province
- Hemoglobinopathy screen (if at risk)
- Universal newborn hearing screening (UNHS)
- If HBsAg positive parent/sibling Hep B vaccine #1

**SIGNATURE**
Past problems/Risk factors:

Family history:

- Hearing inquiry/screening
- Night waking
- Weight
- Siblings
- Formula Feeding
- Smiles responsively
- Coos – throaty, gurgling sounds
- Crying
- Heart/Abdomen
- Parenting/Bonding
- Turns head toward sounds
- Hemoglobin (if at risk)
- Family healthy active living/Sedentary behaviour/Screen time
- Inquire re difficulty making ends meet or feeding your
- Hot water <49°C
- Vitamin D 400 IU/day
- Carbon monoxide/
- Anterior fontanelle
- Rolls from back to side
- Skin (jaundice
- 1
- 1

DATE OF VISIT ________/_______/20_____

GROWTH1 use WHO growth charts. Correct age until 24–36 months if <37 weeks gestation

<table>
<thead>
<tr>
<th>Length</th>
<th>Weight</th>
<th>Head circ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>4 months</td>
<td>6 months</td>
</tr>
</tbody>
</table>

PARENT/CAREGIVER CONCERNS

- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron-fortified/preparation)
- [600–900 mL(20–30 oz) /day]
- Discuss future introduction of solids1
- Breastfeeding1 – introduction of solids1
- Vitamin D 400 IU/day
- Formula Feeding – iron-fortified/preparation1
- [750–1080 mL(25–36 oz) /day]
- Iron containing foods1 (iron-fortified infant cereals, meat, tofu, legumes, poultry, fish, whole eggs)
- Fruits, vegetables and milk products (yogurt, cheese) to follow
- No honey1
- Choking/Smoking food1
- Avoid juices/sweetened liquids1
- No bottles in bed

NUTRITION1 For each item discussed, indicate “✓” for no concerns, or “X” if concerns

- Poison1, PCC#1
- Firearm safety1
- Hot water <49°C/Bath safety1
- Choking/Safe toys1
- Pacifier use1
- Electric plugs/Cords1
- Motorized vehicles/Car seat1
- Carbon monoxide/Smoke detectors1
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)1
- Falls (stairs, change table, unstable furniture/TV, no walkers)1

EDUCATION AND ADVICE Repeat discussion of items is based on perceived risk or need

INJURY PREVENTION1

- Breastfeeding (exclusive)1
- Vitamin D 400 IU/day1
- Formula Feeding (iron-fortified)/preparation1

<table>
<thead>
<tr>
<th>Length</th>
<th>Weight</th>
<th>Head circ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>4 months</td>
<td>6 months</td>
</tr>
</tbody>
</table>

Bath safety
- Neck/Torticollis
- Eyes (red reflex)
- Hearing inquiry/screening2

BEHAVIOUR AND FAMILY ISSUES2

- Crying2
- Healthy sleep habits2
- Night waking2
- Storability/Responsiveness
- Parenting/Bonding2
- Family conflict/Stress
- Siblings
- Child care2/Return to work
- Encourage reading2
- Parental fatigue/Postpartum depression2
- High risk infants/Assess home visit need2
- Inquire re difficulty making ends meet or feeding your family2
- Family healthy active living/Sedentary behaviour/Screen time2
- Second hand smoke1
- Pesticide exposure1
- Sun exposure/sunscreen/insect repellent1

ENVIRONMENTAL HEALTH1

- Other issues1
- OTC/Complementary/Alternative medicine1
- No OTC cough/Cold medicine1
- Temperature control and overheating
- Fever advice/Thermometers1
- Teething/Dental cleaning/Fluoride1
- Supervised tummy time while awake1

DEVELOPMENT2 (Inquiry and observation of milestones)

Tasks are set after the time of normal milestone acquisition.

- Follows movement with eyes
- Coos – throaty, gurgling sounds
- Lifts head up while lying on tummy
- Can be comforted & calmed by touching/rocking
- Sequences 2 or more sucks before swallowing/breathing
- Smiles & talks
- No parent/caregiver concerns

- Follows a moving toy or person with eyes
- Responds to people with excitement (e.g., movement/panting/ vocalizing)
- Holds head steady when supported at the chest or waist in a sitting position
- Holds an object briefly when placed in hand
- Laughs/smiles responsively
- No parent/caregiver concerns

- Turns head toward sounds
- Makes sounds while you talk to him/her
- Vocalizes pleasure and displeasure
- Rolls from back to side
- Sits with support (e.g., pillows)
- Reaches/grasps objects
- No parent/caregiver concerns

PHYSICAL EXAMINATION2

- Anterior fontanelle2
- Eyes (red reflex)2
- Hearing inquiry/screening2
- Hips (limited hip abd’n)2

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS4 E.g. medical specialist, dietitian, speech, audiologist, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING2 AND IMMUNIZATION3 Discuss immunization pain reduction strategies3 Record Vaccines on Guide V

- Anterior fontanelle2
- Eyes (red reflex)2
- Hearing inquiry/screening2
- Brusling2
- Corneal light reflex/Cover-uncover test & inquiry2
- Hips (limited hip abd’n)2
- Muscle tone4
- Teeth2

- Hemoglobin (If at risk)2
- Inquire about risk factors for TB2
- If HBsAg positive parent/sibling Hep B vaccine #3

SIGNATURE

Strength of recommendation is based on literature review using the classification: Bold (high level of evidence), Italic (mid level of evidence), Inconclusive evidence/Consensus (low level of evidence/Consensus). See literature review table at www.rourkebabyrecord.ca

1Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other 2Resources 2: Family, Behaviour, Development, P/E, Investigations 3Resources 3: Immunization 4Resources 4: ECD Resources System and Table

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.

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January 24, 2017

www.rourkebabyrecord.ca
**Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance**

**GUIDE III: 9–15 mos (National)**

<table>
<thead>
<tr>
<th>FAMILY HISTORY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Night waking</td>
<td></td>
</tr>
<tr>
<td>Promote open cup instead of bottle</td>
<td></td>
</tr>
<tr>
<td>Avoid juices/sweetened liquids</td>
<td></td>
</tr>
<tr>
<td>Corneal light reflex/Cover-uncover test &amp; inquiry</td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF VISIT** ________/________/20_____

| DATE OF VISIT | ________/________/20_____
<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>9 months (optional)</td>
<td>12–13 months</td>
</tr>
</tbody>
</table>

**GROWTH** Use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

<table>
<thead>
<tr>
<th>Length</th>
<th>Weight</th>
<th>Head Circ.</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

**PARENT/CAREGIVER CONCERNS**

**NUTRITION**

<table>
<thead>
<tr>
<th>For each item discussed, indicate &quot;X&quot; for no concerns, or &quot;X&quot; if concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding (Vitamin D 400 IU/day)^1</td>
</tr>
<tr>
<td>Formula Feeding – iron-fortified/preparation (720–960 mLs/24–32 oz/day)^1</td>
</tr>
<tr>
<td>Iron containing foods, fruits, vegetables</td>
</tr>
<tr>
<td>Cow's milk products (e.g., yogurt, cheese, homogenized milk)</td>
</tr>
<tr>
<td>Encourage change from bottle to cup</td>
</tr>
<tr>
<td>Eats a variety of textures</td>
</tr>
<tr>
<td>Avoid juices/sweetened liquids</td>
</tr>
<tr>
<td>Independent/self-feeding</td>
</tr>
<tr>
<td>Choking/Safe foods</td>
</tr>
<tr>
<td>Breastfeeding (Vitamin D 400 IU/day)^1</td>
</tr>
<tr>
<td>Homogenized milk (500–750 mLs/16–24 oz/day)^1</td>
</tr>
<tr>
<td>Appetite reduced</td>
</tr>
<tr>
<td>Choking/safe foods</td>
</tr>
<tr>
<td>Avoid juices/sweetened liquids</td>
</tr>
<tr>
<td>Independent/self-feeding</td>
</tr>
</tbody>
</table>

**INVESTIGATIONS/SCREENING** Discuss immunization pain reduction strategies. Record Vaccines on Guide V

**DEVELOPMENT** (Inquiry and observation of milestones)

**INVESTIGATIONS/SCREENING**

**DISCUSSION**

**INVESTIGATIONS/SCREENING**

**PHYSICAL EXAMINATION** An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

**PROBLEMS AND PLANS/CURRENT & NEW REFERRALS** E.g., medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social-determinants resources

**INVESTIGATIONS/SCREENING**

**BLEEDING**

| If HBsAg positive mother check HBV antibodies and HBsAg (at 9 or 12 months) |
|-------------------------------|------------------|
|                              |                  |

**SIGNATURE**

---

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Revised January 24, 2017
Past problems/Risk factors:

Family history:

- Inquire re: vegetarian diets
- Avoid juices/sweetened liquids

DATE OF VISIT     ________/________/20_____

Points to what he/she wants

Shares some of the time

Encourage reading

Retells the sequence of a story

Tonsil size/Sleep-disordered breathing

Poisons

Socializing/Peer play opportunities

Second-hand smoke

Tries to run

Understands 1 and 2 step

Parent/child interaction

Canada’s Food Guide

Healthy sleep habits

Turns pages one at a time

Uses toys for pretend play (e.g., pretending to cook a meal, fix a car)

Interested in other children

Child’s behaviour is usually manageable

Points to different body parts

Tries to get your attention to show you something

Turns/Responds when name is called

Points to what he/she wants

Looks for toy when asked or pointed in direction

Imitates speech sounds and gestures

Says 15 or more words (words do not have to be clear)

Produces 4 consonants, (e.g., B D G H W)

Motor Skills

Feeds self with spoon with little spilling

Walks alone

Adaptive Skills

Removes hat/Socks without help

No parent/caregiver concerns

Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

GUIDE IV: 18 mo–5 yr

(National)

NAME: ___________________________ Birth (d/m/y): ___________________________ M | F |

Gestational Age: ________ Birth Length: ________ cm Birth Wt: ________ g Birth Head Circ: ________ cm

DATE OF VISIT     ________/________/20_____

DATE OF VISIT     ________/________/20_____

DATE OF VISIT     ________/________/20_____

18 months

2–3 years

4–5 years

GROWTH: Use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

LENGTH

Weight

Head Circ. (HC)

Height

Weight

HC if prior abN

BMI

Height

Weight

BMI

PARENT/CAREGIVER CONCERNS

NUTRITION

For each item discussed, indicate “✓” for no concerns, or “X” if concerns

- Breastfeeding1;Vitamin D 400 IU/day
- Homogenized milk [500–750 mL (16–24 oz) /day]
- Avoid juices/sweetened liquids
- Avoid re: vegetarian diets
- Independent/self-feeding

- Breastfeeding1;Vitamin D 400 IU/day
- Canada’s Food Guide
- Avoid juices/sweetened liquids
- Inquire re: vegetarian diets
- Gradual transition to lower fat diet
- Skim, 1% or 2% milk [~ 500 mLs (16 oz) /day]

- Skim, 1% or 2% milk [~ 500 mLs (16 oz) /day]
- Avoid juices/sweetened liquids

- Skim, 1% or 2% milk [~ 500 mLs (16 oz) /day]

- Skim, 1% or 2% milk [~ 500 mLs (16 oz) /day]

EDUCATION AND ADVICE: Repeat discussion of items is based on perceived risk or need

Injury Prevention

- Motorized vehicles/Car seat (child/booster)
- Bath safety
- Choking/Safe toys
- Falls (stairs, change table, unstable furniture/TV)
- Poisons1; PCCP

Injury Prevention

- Bike helmets
- Firearms safety
- Matches
- Poisons1; PCCP

Behaviour

- Parent/child interaction
- Healthy sleep habits
- Discipline/Parenting skills programs
- Parental fatigue/Stress
- Socializing/Peer play opportunities

Family

- High-risk children
- Encourage reading
- Parental fatigue/Stress
- Parent/child interaction

Family

- Healthy sleep habits
- Encourage reading
- Parental fatigue/Stress

Family

- Healthy sleep habits
- Family conflict/Stress

Environment Health

- Second-hand smoke
- Sun exposure/Sunscreens/insect repellent

Other

- Dental cleaning/Fluoride/Dentist
- Toilet learning

Dental care/Dentist

- Toilet learning

Tasks are set after the time of normal milestone acquisition.

Absence of any item suggests consideration for further assessment of development. NB: Correct for age if < 37 weeks gestation

DEVELOPMENT2: (Inquiry and observation of milestones)

- Social/Emotional2
- Communication Skills2
- Points to several different body parts
- Tries to get your attention to show you something
- Turns/Responds when name is called
- Points to what he/she wants
- Looks for toy when asked or pointed in direction
- Imitates speech sounds and gestures
- Says 15 or more words (words do not have to be clear)
- Produces 4 consonants, (e.g., B D G H W)

Motor Skills

- Feeds self with spoon with little spilling
- Walks alone

Adaptive Skills

- Removes hat/Socks without help
- No parent/caregiver concerns

2 years

- Combines 2 or more words
- Understands 1 and 2 step directions
- Walks backwards 2 steps without support
- Puts objects into small container
- Uses toys for pretend play (e.g., gives doll a drink)
- Continues to develop new skills
- No parent/caregiver concerns

3 years

- Understands 2 and 3 step directions (e.g., “Pick up your hat and shoes and put them in the closet.”)
- Uses sentences with 5 or more words
- Walks up stairs using handrail
- Twists lids off jars or turns knobs
- Shares some of the time
- Plays make-believe games with actions and words (e.g., pretending to cook a meal, fix a car)
- Turns pages one at a time
- Listens to music or stories for 5–10 minutes
- No parent/caregiver concerns

4 years

- Understands 3-part directions
- Arks and answers lists of questions (e.g., “What are you doing?”)
- Walks upstairs alternating feet
- Endors buttons and zippers
- Tries to comfort someone who is upset
- No parent/caregiver concerns

PHYSICAL EXAMINATION: An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- Anterior fontanelle closed
- Eyes (red reflex)
- Corneal light reflex/Cover-uncover test & inquiry
- Tonsil size/Sleep-disordered breathing
- Blood pressure at risk
- Teeth
- Ear: red reflex/Vision acuity
- Tonsil size/Screening
- Blood pressure at risk

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS

- E.g. medical specialist, dietitian, speech, audiologist, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING2 AND IMMUNIZATION3

Discuss immunization pain reduction strategies

Record Vaccines on Guide V

- Hemoglobin (if at risk)
- Blood lead if at risk

SIGNATURE

Strength of recommendation is based on literature review using the classification: Good (bold type); Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other

Resources 2: Family, Behaviour, Development, P/E, Investigations

Resources 3: Immunization

Resources 4: ECD Resources System and Table

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For additional information, refer to the National Advisory Committee on Immunization website.

Provincial guidelines vary and are available at the Public Health Agency of Canada (PHAC).

### Vaccine Schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>NACI recommendations</th>
<th>Date given</th>
<th>Injection site</th>
<th>Lot number</th>
<th>Expiry date</th>
<th>Initials</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotavirus³</td>
<td>dose #1 (6 weeks–14 weeks/6 days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>dose #2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>± dose #3 (by 8 months/0 days)</td>
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<td></td>
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</tr>
<tr>
<td>DTap/IPV³</td>
<td>dose #1 (2 months)</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>dose #2 (4 months)</td>
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<tr>
<td></td>
<td>dose #3 (6 months)</td>
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<tr>
<td></td>
<td>dose #4 (18 months)</td>
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<tr>
<td>Hib³</td>
<td>dose #1 (2 months)</td>
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<td></td>
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<td></td>
<td>dose #2 (4 months)</td>
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<td></td>
<td>± dose #3 (6 months)</td>
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<td></td>
<td>dose #4 (12–15 months)</td>
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<tr>
<td>Pneu-C:13³</td>
<td>dose #1 (2 months)</td>
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<td></td>
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<tr>
<td></td>
<td>dose #2 (4 months)</td>
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<tr>
<td></td>
<td>± dose #3 (6 months)</td>
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<tr>
<td></td>
<td>dose #4 (12–15 months)</td>
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<td></td>
</tr>
<tr>
<td>Men-Conjugate³</td>
<td>MCV-C: 2 doses at 2 and 4 months only if at increased risk</td>
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<tr>
<td></td>
<td>± dose #1 (2 months)</td>
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<tr>
<td></td>
<td>± dose #2 (4 months)</td>
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<tr>
<td>MCV-C or MCV-4:1 dose at 12 years or during adolescence</td>
<td>MCV-C: 1 dose at 12 months</td>
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<tr>
<td></td>
<td>MCV-C or MCV-4:1 dose at 2 years or older</td>
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<tr>
<td></td>
<td>- MCV-C: 3 doses at 2, 4 &amp; 12 months</td>
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<td>- MCV-4: at 2 years or older</td>
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<td>- 4CMenB: at 2 months or older</td>
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<td>Hepatitis B³</td>
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<tr>
<td>MMR or MMRV³</td>
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<tr>
<td>Varicella³</td>
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<td>DTap³</td>
<td>1 dose (4–6 years)</td>
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<tr>
<td>DTaP³</td>
<td>1 dose (14–16 years)</td>
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<tr>
<td>Influenza³</td>
<td>1 dose annually</td>
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<td>46–59 months and high risk &gt; 5 years</td>
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<td>First yr only for &lt; 9 years – give 2 doses 1 month apart</td>
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<td>Adam's Mark - prevent immunization disease</td>
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³Resources 3: Immunization

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GROWTH
- Corrected age should be used at least until 24 to 36 months of age for premature infants born <37 weeks gestation.
- Measuring growth: The growth of all term infants, both breastfed and non-breastfed, and preschoolers should be evaluated using Canadian growth charts from the 2006 World Health Organization Child Growth Standards (height, weight, head circumference, and standing height). At age 2-3 years, weight, head circumference (birth to 2 years) and calculation of BMI (2-5 years).
- Who Growth Charts Adapted for Canada (ICG). Growth Monitoring (CITFPCPC).
- Optimal growth monitoring (CP).

NUTRITION: Nutrition for healthy term infants (NHIT): 0-6 months 6-24 months. NutriSTEP. Overview NHIT 0-6 months. NCPS. Nutrition Guidelines D6 years OSNPH. Dietitians of Canada.
- Breastfeeding: Exclusive breastfeeding is recommended for the first six months of life for healthy term infants. Introduction of solids should be led by the infant’s signs of readiness:
  - a few weeks before to just after 6 months. Breast milk is the optimal food for infants, and breastfeeding (with complementary foods) may continue for up to 2 years and beyond unless contraindicated. Breastfeeding reduces gastrointestinal and respiratory infections and helps to protect against SIDS.
  - Maternal support (both antenatal and postpartum) increases breastfeeding and prolongs its duration. Early and frequent mother-infant contact, rooming in, and banning handouts of free infant formula increase breastfeeding rates.
  - Baby-Friendly Initiative (BFI). Breastfeeding Committee for Canada.
  - Breastfeeding and lactation. Drugs and Lactation Database (TOKNET).
  - Weaning: Weaning from the breast (CP).
- Vitamin D supplementation: 400 IU/day (800 IU/day in high-risk infants) is recommended for infants (including breastfed) for as long as they are breastfed. Breastfeeding mothers should continue to take Vitamin D supplements for the duration of breastfeeding.
- Infant formula: Discourage the use of homemade infant formulas.
  - Milk consumption range is consistent only if it is provided as an approximate guide.
  - Soy-based formula is not recommended for routine use in term infants as an equivalent alternative to cow’s milk formula, or for cow milk protein allergy, and is contraindicated for infants with cow’s milk allergy.
  - Avoid all sweetened fruit drinks, sport drinks, energy drinks and soft-drinks; restrict fruit juice consumption to a maximum of 1/2 cup (125 mL) per day.
  - Caffeine in breast milk may be associated with longer periods of sleep in young infants.
  - Avoid bottle feeding if the infant is actively nursing.
  - A few weeks before to just after 6 months, start iron containing foods to avoid iron deficiency. A variety of soft texture foods, ranging from purees to finger foods, can be introduced.
- Allergic foods: Delaying the introduction of priority food allergens is not currently recommended to prevent food allergies, including for infants at risk of atopy.
  - Dietary exposures & allergies (CP).
  - Avoid honey until 1 year of age to prevent botulism.
  - Dietary fat content: Restriction of dietary fat during the first 2 years is not recommended since it may compromise the intake of energy and essential fatty acids, required for growth and development. After 2 years, a transition begins from a high fat milk diet to a lower fat milk diet, as per Canada’s Food Guide.
  - Promote family meals with independent/self-feeding while offering a variety of healthy foods.
  - Vegetarian diets. Canadian Baby and Infant Nutritionists.
  - Fish consumption: 2 servings/week of low mercury fish: Tuna, salmon, tilapia. Vegetarian diets in children and adolescents (CP).
  - Consumption of fish during pregnancy is associated with the development of children.
- Environmental health:
  - Second-hand smoke exposure: There is no safe level of exposure. Advise caregivers to stop smoking and/or reduce second-hand smoke exposure, which contributes to childhood respiratory illnesses, SIDS and neuro-behavioural disorders. Offer smoking cessation resources.
  - Sun exposure/sunscreen/insert repellents: Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF ≥ 30 for those <6 months of age. No DEET in <6 months; 6-24 months 10% DEET apply max once daily; 2-12 years 10% DEET apply max TID.
  - Temperature measurement (CPS).
  - Avoid high dosages of complementary and alternative medicines (CAMs) to prevent potential drug interactions.
  - Avoid the use of fruit juices and milk as a primary beverage for infants.
- Birth defects:
  - In the last 6 months lived in a house or apartment built before 1978.
  - Live in a home with recent or ongoing renovations or painting or chipping paint.
  - A sibling, housemate, or playmate with a prior history of lead poisoning.
  - Live near polluted source of contamination.
  - Have household members with lead-related occupations or hobbies.
  - Are refugees aged 6 months–6 years, within 3 months of arrival and again in 3-6 months.
  - Websites about environmental issues.
  - Canadian Partnership for Children’s Health and Environment (CPCHE).
  - AAP Council on Environmental Health.

INJURY PREVENTION: In Canada, unintentional injuries are the leading cause of death in children and youth. Most of these preventable injuries are caused by motor vehicle collisions, drowning, choking, burns, poisoning, and falls. Unexplained injuries (e.g. fractures, bruising, burns) or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment.
- Transportation in motorized vehicles including cars, ATVs, snowmobiles, etc.
  - Children < 13 years should sit in the rear seat. Keep children away from all airbags.
  - Install and follow size recommendations as per specific car seat model and keep child in each stage as long as possible.
  - Use rear-facing infant/child seat that is manufactured approved for use until at least age 2 years.
  - Use forward-facing child seat after 2 years for as long as manufacturer specifications will allow.
  - After this, use booster seat for children: 18-36 kg (40-80 lbs) and up to 145 cm (4’9”).
  - Use lap and shoulder belt in the rear middle seat for children over 8 years who are at least 36 kg (80 lb) and 145 cm (4’9”) and fit vehicle restraint system.
  - Bicycle: Wear bike helmets and advocate for helmet legislation for all ages. Replace if heavy impact or damage. Bicycle helmet legislation (CP).
- Drowning: Prevention of drowning (AAP).
  - Bath safety: Never leave a young child alone in the bath. Do not use infant bath rings or bath seats.
  - Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing, lifejackets, swimming lessons, and boating safety to decrease the risk of drowning.
- Choking:
  - Avoid small and round, smooth and sticky solid foods until age 3 years. Encourage child to remain seated while eating and drinking. Use safe toys, follow minimum age recommendations, and remove loose parts and broken toys.
  - Preventing choking and suffocation in children (CP).
  - Burns: Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C.
- Poisoning: Keep medicines and cleaners locked up and out of child’s reach. Have Poison Control Centre numbers readily available.
  - Use of aspirin is contraindicated in children.
  - Falls: Assess home for hazards – never leave baby alone on change table or other high surface; use window guards and stair gates. Baby walkers are banned in Canada and should never be used. Ensure stability of furniture and TV. Advise against trampoline use at home. Trampoline use (CP).
- Sleep position, bed sharing and SIDS: Room sharing is protective against SIDS. Joint statement on safe sleep (CPS/CFSIDS/CICH/HC/PHAC).
  - Sleep position:
    - Baby-Friendly Initiative (BFI) for children who:
      - Are refugees aged 6 months–6 years, within 3 months of arrival and again in 3-6 months.
  - Breathing:
  - Room sharing:
    - Infants should sleep in a crib, cradle or bassinette, without soft objects, loose bedding and similar items that meet current 2016 Health Canada regulations in parents’ room for the first 6 months of life. Room sharing is protective against SIDS.
  - Crib safety:
    - Proper swaddling of the infant for the first 2 months of life may promote longer sleep periods but could be associated with adverse events (hyperthermia, SIDS, or development of hip dysplasia) if misapplied. A swaddled infant must always be placed supine with free movement of hips and legs, and the head uncoiled on the right side.
  - Pacifier use: May decrease risk of SIDS and should not be discouraged in the 1st year of life after breastfeeding is well established, but should be restricted in children with chronic/recurrent otitis media.
  - Pacifier recommendations (CP).
- Firearm safety: Advise on removal of firearms from home or safe storage to decrease risk of unintentional firearm injury, suicide, or homicide. Youth and firearms in Canada (CP).
- Other:
  - Advice parents against using OTC cough/cold medications: Restricting Cough and Cold Medicines in Children (PHC).
  - Complementary and alternative medicine (CAM): Questions should be routinely asked about the use of complementary and alternative medicine, therapy, or products, especially for children with chronic conditions. Natural Health Products (CP). Herb Use in Children. Joint statement on safe sleep (CPS/CFSIDS/CICH/HC/PHAC).
  - Fever: Advice on feverthermometers: Fever ≥ 38°C in an infant < 3 months needs urgent evaluation. Ibuprofen and acetaminophen are both effective antipyretics. Acetaminophen remains the first choice for antipyresis under 6 months of age; thereafter ibuprofen or acetaminophen may be used. Alternating acetaminophen with ibuprofen for fever control is not recommended in primary care settings as this may encourage fever phobia, and the potential risks of medication error outweigh measurable clinical benefit.
  - Temperature measurement (CP).
  - Footwear: Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. Footwear for children (CP).
- Oral health:
  - Dental Cleaning: As excessive swallowing of toothpaste by young children may result in dental fluorosis, children under 3 years should have their teeth and gums brushed twice daily by an adult using either water (if low risk for tooth decay) or a rice grain sized portion of fluoridated toothpaste if at caries risk. Children 3-6 years of age should be assisted during brushing and only use a small amount (e.g., pea-sized portion) of fluoridated toothpaste twice daily. Caregiver should brush child’s teeth until they develop the manual dexterity to do this alone, and should continue to intermittently supervise brushing after children assume independence. Begin flossing daily when teeth touch.
  - Caries risk factors include: low fluoride intake, hygiene or diet is concerning, parent has caries, premature or LBW infant, or no water fluoridation.
  - To prevent early childhood caries: avoid juices/sweetened liquids and constant sipping of milk or natural juices in both bottle and cup.
  - Fluoride varnish should be used for those at caries risk. Consider dietary fluoride supplements only for high caries children who do not have access to systemic community water fluoridation.
  - Caries risk assessment (AAPDA). Fluoride and your child (CDAC).
  - Consider the first dentist visit by 6 months after eruption of 1st tooth or at age 1 year.
BEST START (CPS) Centre of Excellence for Early Childhood Development

Guide to child-care in Canada (CPS):

Healthy active living (CPS)

Child (behaviour problems, disability). Exposure to personal violence and other forms of violence has significant impact on physical and emotional well-being of children. A child-centred approach is recommended, where the timing and methodology of toilet learning is individualized as much as possible.

TOILET LEARNING

The process of toilet learning has changed significantly over the years and within different cultures. In Western culture, a child-centred approach is recommended, where the timing and methodology of toilet learning is individualized as much as possible.

Toilet learning (CPS) Toilet-training strategy (PCH): Part A Part B

AUTISM SPECTRUM DISORDER

Specific screening for ASD at 18–24 months should be performed on all children with any of the following: failed items on the social/emotional/communication skills inquiry, sibling with autism, or developmental concern by parent, caregiver, or physician. Use the revised M-CHAT-R™, and if abnormal, use the follow-up M-CHAT-R/F™ to reduce the false positive rate and avoid unnecessary referrals and parental concern. Electronic M-CHAT-R™ is available.

PHYSICAL EXAMINATION

- Jaundice: Bilirubin testing (total and conjugated) if persistis beyond 2 weeks of age.
- Neonatal hyperbilirubinemia Guidelines (CPS): Newborn screening for bilirubin atresia (AAP);
- Bruising: Unexplained bruising warrants evaluation re child maltreatment or medical illness.
- Check blood pressure if at risk – high blood pressure in children (NH Working Group)
- Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.
- Vision inquiry/screening: Vision screening (CPS)
- Check Red Reflex for serious ocular diseases such as retinoblastoma and cataracts.
- Conceil light reflexes/cover-uncover test & inquiry for strabismus: With the child focusing on a light source, the light reflex on the cornea should be symmetrical. Each eye is then covered in turn, for 2–3 seconds, and then quickly uncovered. The test is abnormal if the uncovered eye “wanders” or if the covered eye moves uncovered.
- Check visual acuity at age 3–5 years.
- Hearing inquiry/screening: Any parental concerns about hearing acuity or language delay should prompt a rapid referral for hearing assessment. Formal audiologiy testing should be performed in all high-risk infants, including those with normal UNHS. Older children should be screened if clinically indicated.
- Inspect tongue mobility for ankyloglossia. Akyloglossia and breastfeeding (CPS)
- Check neck for torticollis.
- TONI size/size-disordered breathing: Screen for sleep problems. Behavioural sleep problems and snoring in the presence of sleep-disordered breathing warrants assessment re obstructive sleep apnea (OSA). OSA (AAP)
- Muscle tone: Physical assessment for spasticity, rigidity, and hypotonia should be performed.
- Hips: There is insufficient evidence to recommend routine diagnostic imaging for screening for developmental dysplasia of the hips, but examination of the hips should be included at least one year, or until the child can walk. Screeing for developmental hip dysplasia (USPSTF)
- DDH (CTFPHC)
- Dental: Examine for problems including dental caries, oral soft tissue infections or pathologies and for normal teeth eruption sequence.

INVESTIGATIONS/SCREENING

Anemia screening: All infants/children from high-risk groups for iron deficiency anemia require screening between 6 and 18 months of age. E.g. Lower SES; Asian; First Nations children; low-birth-weight and premature infants; infants/children fed whole cow's milk before 9 months of age or at quantities > 750 ml/day, or if iron containing foods are not provided.


Universal newborn hearing screening (USPSTF) effectively identifies infants with congenital hearing loss and allows for early intervention & improved outcomes. Universal newborn hearing screening (CPS)

Tuberculosi – TB skin testing: for up-to-date information, see Tuberculosis (Gov’t Canada)

Canadian TB Standards: 2nd Edition 2013

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For high-risk children, 3 or 4 doses of higher dose hepatitis B vaccine is recommended for immunocompromised infants (e.g., children with thalassemia, children with human immunodeficiency virus [HIV]/acquired immune deficiency syndrome [AIDS], and children with other immune deficiencies). For infants born to a mother with acute or chronic hepatitis B (HBsAg-positive), the first dose of Hep B vaccine should be given at birth (with Hepatitis B immune globulin, below) and repeat doses of vaccine at 1 and 6 months of age. Premature infants of birthweight less than 2,000 grams, born to HB- infected mothers, require four doses of HB vaccine at 0, 1, 2, and 6 months. The last dose should not be given before 6 months of age. Infants of HBsAg-positive mothers also require Hepatitis B immune globulin at birth and follow-up immune status at 9–12 months for HBV antibodies and HBsAg.

Infants with HBsAg-positive fathers, siblings or other household contacts require Hepatitis B vaccine at birth, and at 1 month, and 6 months of age.

Hepatitis B vaccine should also be given to all infants from high-risk groups, such as:
- infants where at least one parent has emigrated from a country where Hepatitis B is endemic;
- infants of mothers positive for Hepatitis C virus;
- infants of substance-abusing mothers.
- Children in other high risk groups, if not vaccinated in infancy, should be vaccinated as soon as the risk factor is recognized. See Hepatitis B chapter in the Canadian Immunization Guide for a list of high risk groups.

- Hepatitis A or A/B combined (HAAV - when Hepatitis B vaccine has not been previously given):
  - Children 6 months and older in high-risk groups should receive 2 doses of the hepatitis A vaccine given 6–36 months apart (depending on product used). HAAV is the preferred vaccine for individuals with indications for immunization against both hepatitis A and hepatitis B, who are ≥12 months unless medical condition indicates high dose Hep B vaccine required.
  - These vaccines should also be considered when traveling to countries where Hepatitis A or B are endemic.
- Pneumococcal conjugate vaccine: (Pneu-C-13) and polysaccharide (Pneu-P-23):
  - Recommended schedule, number of doses and product depend on the age of the child, risk for pneumococcal disease, and when vaccination is begun. Consult NACI guidelines. Routine infant immunization: administer three doses of Pneu-C-13 vaccine at minimum 8-week intervals beginning at 2 months of age, followed by a fourth dose at 12 to 15 months of age. For healthy infants, a three-dose schedule may be used, with doses at 2 months, 4 months, and 12 months of age. Children 2 years and above who are at highest risk of invasive pneumococcal disease should receive Pneu-P-23. Consult NACI guidelines for eligibility and dosing schedule.

Meningococcal vaccine:
- Canadian children should be immunized with a MCV-C at 12 months of age, or earlier depending on provincial/territorial vaccine programs; suggested one dose at 12 months of age.
- MCV-4 (A, C, Y, W) should be given to children two months of age and older who are at increased risk for meningococcal disease or who have been in close contact with a case of invasive meningococcal A, C, Y, or W disease. MCV-4 CRM (MencevaxTM) should be used for those less than 2 years old; any MCV-4 may be used for older children.
- A routine booster dose with MCV-4 or MCV-C is recommended at approximately 12 years of age. High risk children require boosters at 5 year intervals.
- MCV-4 should be given to children two months of age and older travelling to areas where meningococcal vaccine is recommended. A single dose of MCV-4 CRM is recommended for immunization of children 2 months to less than 2 years of age. Any MCV-4 may be used for older children.
- Multi-component meningococcal serogroup B (4CMenB) vaccine should be considered for active immunization of children ≥ 2 months of age who are at high risk of meningococcal disease or who have been in close contact with a case of invasive meningococcal B disease or travelling to an area where risk of transmission of meningococcus B is high. Two to 3 doses are required at 0 or 4 wk intervals depending on age.
- Routine prophylactic administration of acetaminophen after immunization and/or separating 4CMenB vaccination from routine vaccination schedule may be considered for preventing fever in infants and children up to 3 years of age.

Influenza vaccine: Recommended for all children between 6 and 35 months of age, and for older high-risk children.
- Previously unvaccinated children up to 9 years of age require 2 doses with an interval of at least 4 weeks. The second dose is not required if the child has received one or more doses of influenza vaccine during the previous immunization season. A quadrivalent vaccine should be used if available.
- For children between 6 and 23 months, the quadrivalent inactivated influenza vaccine (QIV) should be used, and if not available, either unadjuvanted or adjuvanted trivalent inactivated vaccine (TIV).
- Children 2–18 years of age should be given QIV, or quadrivalent live attenuated influenza vaccine (LAIV) if not contraindicated. Egg allergy is not a contraindication to vaccination with QIV, TIV, or LAIV.
- Immunization with TIV or QIV in the second or third trimester to provide protection for the pregnant woman and infant < 6 months of age.

- Respiratory syncytial virus (RSV) vaccine: Palivizumab (Synagis) prophylaxis during RSV season is recommended for children with chronic lung disease, congenital heart disease or born preterm.
- Preventing hospitalizations for respiratory syncytial virus infection (CPS)
Rourke Baby Record: RESOURCES 4:
Early Child Development and Parenting Resource System and Local Resources/Referrals Table

See RBR parent web portal for corresponding parent resources

Early Child Development and Parenting Resource System

**Areas of concern**
- Parent/family issues
- Social emotional
- Communication skills
- Motor skills
- Adaptive skills
- Sensory impairment (problems with vision, hearing or feeding)
- Need for additional assessment (more than one developmental area affected)

**Developmental Surveillance**
- Parents

**Central ‘HUB’ Number** if available: (varies in each community)
- Local children’s Service 0–6 Years, Public Health, Parenting Centres

**Intervention**

**Primary Concern**

**Hearing/Speech/Language**
- Infant Hearing Program
- Preschool Speech Language Services
- Specialized medical services (e.g., otorhinolaryngology)
- Services for the deaf and hard of hearing
- Services for speech and language concerns

**Motor/Vision/Cognitive/Self-help Skills**
- Paediatrician
- Developmental Paediatrician
- Child Development Specialized Assessment Team
- Children’s Treatment Centre
- Infant Development Program
- Specialized medical services (e.g., ophthalmology)
- Services for the blind and visually impaired
- Services for physical and developmental disabilities
- Specialized child care programming
- Community Care Resources

**Social/Emotional/Behavioural/Mental health/High-risk family**
- Children’s Mental Health Services
- Infant Development Program

**Public Health, Dental Services, Child care, Family Resource Programs, Community Parks and Recreation programs, Schools, Child Protection Services**

**Local Resources and Referrals**

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