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

GUIDE I: 0–1 mo

NAME: ______________________  Birth Day (d/m/yy): __________ M [ ] F [ ]

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

DATE OF VISIT
within 1 week  2 weeks (optional)  1 month

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

<table>
<thead>
<tr>
<th></th>
<th>Length</th>
<th>Weight</th>
<th>HC (avg 35 cm)</th>
<th>Length</th>
<th>Weight (regains BW 1–3 weeks)</th>
<th>Head Circ.</th>
<th>Length</th>
<th>Weight</th>
<th>Head Circ.</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

PARENT/CAREGIVER CONCERNS

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

NUTRITION1

- Breastfeeding (exclusive)1
- Vitamin D 400 IU/day1
- Formula Feeding (iron-fortified/preparation)1 [150 mL/5 oz/kg/day1]
- Stool pattern and urine output

EduCATion and Advice

- Car seat (infant)1
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)3
- Firearm safety1

- Carbon monoxide/Smoke detectors1
- Hot water <49ºC1
- Choking/safe toys1
- Pacifier use1

- Behaviour and family issues
  - Crying2
  - Healthy sleep habits2
  - Night waking2
  - Soothability/responsiveness
  - Family conflict/stress
  - High risk infants/assess home visit need2

- Siblings

- Environmental Health
  - Second hand smoke1
  - Sun exposure1

- Other Issues
  - No OTC cough/cold medicine1
  - Inquiry on complementary/alternative medicine1
  - Fever advice/thermometers1

DEVELOPMENT2

(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

PHYSICAL EXAMINATION

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

- Skin (jaundice, dry)
- Fontanelles1
- Eyes (red reflex)1
- Ears (TM) hearing inquiry/screening1
- Tongue mobility3
- Heart/Lungs
- Umbilicus
- Femoral pulses
- Hips1
- Muscle tone1
- Testicles
- Male urinary stream/foreskin care
- Patency of anus

- Skin (jaundice)
- Fontanelles1
- Eyes (red reflex)1
- Ears (TM) hearing inquiry/screening1
- Tongue mobility3
- Heart/Lungs
- Umbilicus
- Femoral pulses
- Hips1
- Muscle tone1
- Testicles
- Male urinary stream/foreskin care

- Skin (jaundice)
- Fontanelles1
- Eyes (red reflex)1
- Corneal light reflex1
- Hearing inquiry/screening1
- Tongue mobility3
- Heart
- Hips1
- Muscle tone1

PROBLEMS AND PLANS

INVESTIGATIONs/IMMUNIZATION

Discuss immunization pain reduction strategies3

- Newborn screening as per province
- Hemoglobinopathy screen (if at risk)1
- Universal newborn hearing screening (UNHS)3
- If HBsAg-positive parent/sibling Hep B vaccine #13
- Record Vaccines on Guide V

- Record Vaccines on Guide V

- If HBsAg-positive parent/sibling Hep B vaccine #23
- Record Vaccines on Guide V

Signature

Strength of recommendation is based on literature review using the classification: **Bold** (strong), *Italic* (weak). Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca

1see Rourke Baby Record Resources 1: General  
2see Rourke Baby Record Resources 2: Healthy Child Development  
3see Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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

#### GUIDE II: 2–6 mos

**NAME: ___________________________ Birth Day (d/m/yy): __________________ M | | F | |  
Gestational Age: ________ Birth Length: ________ cm Birth Wt: ________ g Birth Head Circ: ________ cm

#### DATE OF VISIT

<table>
<thead>
<tr>
<th></th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth use WHO growth charts. Correct age until 24–36 months if &lt; 37 weeks gestation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length</td>
<td>Weight</td>
<td>Head circ.</td>
<td>Length</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PARENT/CAREGIVER CONCERNS

For each item discussed, indicate "X" for no concerns, or "X" if concerns

#### NUTRITION

- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron fortified/preparation)

- Breastfeeding (exclusive)
- Vitamin D 400 IU/day
- Formula Feeding (iron fortified/preparation)
- Discuss future introduction of solids

- Breastfeeding – introduction of solids
- Vitamin D 400 IU/day
- Formula Feeding – iron fortified/preparation
- Iron containing foods
- Fruits, vegetables and milk products (yogurt, cheese) to follow
- No honey
- Choking/safe food
- Avoid sweetened juices/liquids
- No bottles in bed

#### EDUCATION AND ADVICE

- Car seat (infant)
- Safe sleep (position, room sharing, avoid bed sharing, crib safety)
- Electric plugs/cords
- Falls (stairs, change table, unstable furniture/TV, no walkers)
- Choking/safe toys
- Pacifier use

#### Injuries Prevention

- Crying
- Healthy sleep habits
- Night waking
- Soothability/responsiveness
- High risk infants/assess home visit need
- Siblings
- Parenting/bonding
- Parental fatigue/postpartum depression
- Family conflict/stress
- Child care return to work
- Family healthy active living/sedentary behaviour

#### Behaviour and family issues

- Second hand smoke
- Sun exposure/sunscreens/insect repellent
- Pesticide exposure

#### Environmental Health

- Second hand smoke
- Sun exposure/sunscreens/insect repellent
- Pesticide exposure

#### Other Issues

- Teething/Dental cleaning
- Fluoride
- No OTC cough/cold medicine
- Fever advice/thermometers
- Encourage reading

#### DEVELOPMENT

(Investigation and observation of milestones)

<table>
<thead>
<tr>
<th></th>
<th>Follows movement with eyes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Coos – throaty, gurgling sounds</td>
</tr>
<tr>
<td></td>
<td>Lifts head up while lying on tummy</td>
</tr>
<tr>
<td></td>
<td>Can be comforted if calmed by touching/rocking</td>
</tr>
<tr>
<td></td>
<td>Sequences 2 or more sucks before swallowing/breathing</td>
</tr>
<tr>
<td></td>
<td>Smiles responsively</td>
</tr>
<tr>
<td></td>
<td>No parent/caregiver concerns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Follows a moving toy or person with eyes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responds to people with excitement (eg. movement/pointing/ verbalizing)</td>
</tr>
<tr>
<td></td>
<td>Holds head steady when supported at the chest or waist in a sitting position</td>
</tr>
<tr>
<td></td>
<td>Holds an object briefly when placed in hand</td>
</tr>
<tr>
<td></td>
<td>Laughs/smiles responsively</td>
</tr>
<tr>
<td></td>
<td>No parent/caregiver concerns</td>
</tr>
</tbody>
</table>

#### PHYSICAL EXAMINATION

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

- Fontanelles
- Eyes (red reflex)
- Corneal light reflex
- Hearing inquiry/screening
- Heart
- Hips
- Muscle tone

- Anterior fontanelle
- Eyes (red reflex)
- Corneal light reflex
- Hearing inquiry/screening
- Hips
- Muscle tone

- Anterior fontanelle
- Eyes (red reflex)
- Corneal light reflex
- Cover-uncover test & inquiry
- Hearing inquiry/screening
- Hips
- Muscle tone

#### PROBLEMS AND PLANS

#### INVESTIGATIONS/IMMUNIZATION

- Record Vaccines on Guide V
- Hemoglobin (if at risk)
- Inquiry about risk factors for TB
- If HBsAg-positive parent/sibling Hep B vaccine
- Record Vaccines on Guide V

#### 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

1see Rourke Baby Record Resources 1: General  
2see Rourke Baby Record Resources 2: Healthy Child Development  
3see Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance  GUIDE III: 9–15 mos

NAME: ___________________________  Birth Day (m/d/yy): ___________   M| | F | |

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

**DATE OF VISIT**

<table>
<thead>
<tr>
<th>9 months (optional)</th>
<th>12–13 months</th>
<th>15 months (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWTH1 use W00 growth charts. Correct age until 24–36 months if &lt; 37 weeks gestation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length</td>
<td>Weight</td>
<td>Head circ.</td>
</tr>
<tr>
<td>________</td>
<td>________</td>
<td>________</td>
</tr>
</tbody>
</table>

**PARENT/CAREGIVER CONCERNS**

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

**NUTRITION1**

- Breastfeeding/Vitamin D 400 IU/day
- Formula feeding – iron fortified/preparation
  [720–960 mL]/24–32 oz/day]1
- No bottles in bed
- Cereal, meat/alternatives, fruits, vegetables
- Cow’s milk products (e.g., yogurt, cheese, homogenized milk)
- No honey
- Choking/safe foods
- Avoid sweetened juices/liquids
- Encourage change from bottle to cup

**EDUCATION AND ADVICE**

- Injury Prevention
  - Car seat (infant)1
  - Carbon monoxide/Smoke detectors1
  - Childproofing, including: Electric plug/words
  - Falls (stairs, change table, unstable furniture/TV, no walkers)1
- Firearm safety
  - Pacifier use
  - Choking/safe toys

**Behaviour and Family Issues**

- Crying2
- Healthy sleep habits2
- Night waking2
- Parental fatigue/depression
- Family conflict/stress
- Teething
- Sun exposure/sunscreens/insect repellent
- Serum lead if at risk

**Environmental Health**

- Second hand smoke
- Other issues
  - Sun exposure/sunscreens/insect repellent
  - Serum lead if at risk
  - flour advice/thermometers
  - Encourage reading
  - Fever advice/thermometers

**DEVELOPMENT2**

- In the absence of any item suggests consideration for further assessment of development.

- Team for age appropriate gestational age.

- No bottles in bed
- Cereal, meat/alternatives, fruits, vegetables
- Cow’s milk products (e.g., yogurt, cheese, homogenized milk)
- No honey
- Choking/safe foods
- Avoid sweetened juices/liquids
- Encourage change from bottle to cup

**PHYSICAL EXAMINATION**

- Anterior fontanelle
- Eyes (red reflex)
- Cornal light reflex/Cover-uncover test & inquiry
- Hearing screening
- Hips

- Anterior fontanelle
- Eyes (red reflex)
- Cornal light reflex/Cover-uncover test & inquiry
- Hearing screening
- Hips

- Anterior fontanelle
- Eyes (red reflex)
- Cornal light reflex/Cover-uncover test & inquiry
- Hearing screening
- Hips

**PROBLEMS AND PLANS**

**INVESTIGATIONS/IMMUNIZATION**

- If HBsAg positive mother check HBV antibodies and HBsAg (at 9 or 12 months)
- Hemoglobin (if at risk)
- Record Vaccines on Guide V

Signature

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1see Rourke Baby Record Resources 1: General 2see Rourke Baby Record Resources 2: Healthy Child Development 3see Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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

**GUIDE IV: 18 mo–5 yr**

**(National)**

<table>
<thead>
<tr>
<th>DATE OF VISIT</th>
<th>18 months</th>
<th>2–3 years</th>
<th>4–5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROWTH</strong></td>
<td>Length</td>
<td>Weight</td>
<td>Height</td>
</tr>
<tr>
<td><strong>PARENT/CAREGIVER CONCERNS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUTRITION</td>
<td>mandated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUCATION AND ADVICE</td>
<td>Injury Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Environmental Health</td>
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<td></td>
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<tr>
<td>Other</td>
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<tr>
<td>DEVELOPMENT</td>
<td>Social/Emotional</td>
<td></td>
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<tr>
<td>Physical Examination</td>
<td></td>
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<tr>
<td>PROBLEMS AND PLANS</td>
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<tr>
<td>INVESTIGATIONS/IMMUNIZATION</td>
<td></td>
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</tbody>
</table>

**Past problems/Risk factors:**

- Family history:
  - Teeth
  - Breastfeeding
  - Car seat (child)
  - Corneal light reflex/Cover-uncover test & inquiry
  - Avoid sweetened juices/liquids
  - Skim, 1% or 2% milk (~ 500 mLs/16 oz/day)

**Canadian’s Food Guide**

- Inquire re: vegetarian diets
- Inquire re: supplements (e.g.,multivitamin)
- Inquire re: caffeine intake

**Gestational Age:**

- Birth Length: ________ cm
- Birth Wt: ________ g
- Birth Head Circ: ________ cm

For each item discussed, indicate "✓" for no concerns, or "X" if concerns.

**NUTRITION**

- Breastfeeding
  - Homogenized milk [500–750 mLs (16–24 oz) /day]
  - Avoid sweetened juices/liquids
  - Avoid sweetened juices/liquids
  - Avoid sweetened juices/liquids
  - Gradual transition to lower fat diet
  - Inquire re: vegetarian diets
  - Canada’s Food Guide

**EDUCATION AND ADVICE**

- Car seat (child)
  - Bath safety
  - Choking/strangulation
  - Falls (stairs, change table, unstable furniture/TV)
  - Wear from pacifier

- Parent/child interaction
  - Discipline/parenting skills program
  - Healthy sleep habits

- Healthy sleep habits
  - Assess child care [preschool needs/school readiness]
  - Socializing opportunities
  - Parental conflict/stress

**Environmental Health**

- Second-hand smoke
  - Pesticide exposure
  - Sun exposure/sunscreens/insect repellent

**Other**

- Dental care/Dentist
  - Toilet learning
  - Dental cleaning/Fluoride/Dentist
  - Complementary/alternative medicine
  - No pacifiers
  - No OTC cough/cold medicine

**DEVELOPMENT**

(Disclaimer: The sections on Social/Emotional, Adaptive Skills, and Motor Skills are marked as 1-2, indicating that there is a range of possible scores depending on the child's development.

**Physical Examination**

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

**Problems and Plans**

- Inquire re: vegetarian diets
- Inquire re: supplements (e.g., multivitamin)
- Inquire re: caffeine intake

**Investigations/Immunization**

- Record Vaccines on Guide V
- Record Vaccines on Guide V
- Record Vaccines on Guide V

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For fair use authorization, see www.rourkebabyrecord.ca
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).

Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance
GUIDE V: Immunization
Childhood Immunization Guide as per NACI Recommendations (as of December 16, 2013)

NAME: ___________________________________________ Birth Day (d/m/yy): _____________________ M | F | |

<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>Rotavirus</td>
<td>2 or 3 doses</td>
<td>dose #1 (6 weeks–14 weeks/6 days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td># doses varies with manufacturer</td>
<td>dose #2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>± dose #3 (by 8 months/0 days)</td>
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<tr>
<td>DTaP/IPV/OPV</td>
<td>4 doses</td>
<td>dose #1 (2 months)</td>
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<td></td>
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<tr>
<td>(2, 4, 6, 18 months)</td>
<td></td>
<td>dose #2 (4 months)</td>
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<tr>
<td>Hib</td>
<td></td>
<td>dose #3 (6 months)</td>
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<td></td>
<td></td>
<td>dose #4 (18 months)</td>
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<tr>
<td>Pneu-Conj</td>
<td>4 doses</td>
<td>dose #1 (2 months)</td>
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<tr>
<td>(2, 4, 6, 12–15 months)</td>
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<td>dose #2 (4 months)</td>
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<td></td>
<td></td>
<td>dose #3 (6 months)</td>
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<tr>
<td></td>
<td></td>
<td>dose #4 (12–15 months)</td>
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<tr>
<td>Men-Conjugate</td>
<td></td>
<td>MCV-C: 2 doses at 2 and 4 months only if at increased risk</td>
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<tr>
<td>MCV-C or MCV-4</td>
<td></td>
<td>± dose #2 (4 months)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>MCV-C: 1 dose at 12 months</td>
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<tr>
<td></td>
<td></td>
<td>MCV-C or MCV-4: 1 dose at 12 years or during adolescence</td>
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<tr>
<td>Hepatitis B</td>
<td></td>
<td>dose #1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>dose #2</td>
<td></td>
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<td></td>
<td></td>
<td>± dose #3</td>
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<tr>
<td>MMR or MMRV</td>
<td></td>
<td>dose #1 (12 months)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2 doses (12 months, 18 months OR 4 years)</td>
<td></td>
<td>dose #2 (18 months OR 4 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>dose #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 doses (12 months–12 years – MMRV or univalent) OR 2 doses (&gt;13 years–univalent)</td>
<td></td>
<td>dose #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP/IPV/OPV</td>
<td></td>
<td>1 dose (4–6 years)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>HPV</td>
<td></td>
<td>dose #1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9–26 years, 3 doses at 0, 2, and 6 months</td>
<td></td>
<td>dose #2</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>dose #3</td>
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<tr>
<td>dTap</td>
<td></td>
<td>1 dose (14–16 years)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td>1 dose annually (6–23 months and high risk &gt; 2 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>Other</td>
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See Rourke Baby Record Resources 3: Immunization/Infectious Diseases
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Revised February 20, 2014
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**Nutrition for Healthy Term Infants:**

- **0-6 months**
  - **AAP Practice Point 0-6 months**
  - **CPS Position Statement**
  - **Rourke Baby Record 2014**

- **6-24 months**
  - **BAPC Position Statement**
  - **Dietitians of Canada**

- **2-5 years**
  - **CPS Position Statement**

**Food Intake During First 2 Years**

- 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.
- Dietary fat content: Ensure stability of furniture and avoid sharp corners on furniture.
- Broadening the diet is recommended, including for infants at risk of atopy.
- Allergenic foods: Delaying the introduction of priority food allergens is not currently recommended to prevent food allergies, in particular to milk, eggs, and nuts.
- Iron containing foods: At ~6 months, start iron containing foods to avoid iron deficiency.
- Fish consumption: 2 servings/week of low mercury fish.
- Vitamin D supplementation: Should continue to take Vitamin D supplements for the duration of breastfeeding.
- Calcium & Vitamin D: Continue to take Vitamin D supplements for the duration of breastfeeding.
- Bone Health: Consuming vitamin D-rich foods and ensuring adequate sunlight exposure is important for bone health.
- Iron deficiency anemia: Screening and treatment are recommended for children at risk.
- Breastfeeding: Exclusive breastfeeding is recommended for the first 6 months of life for healthy term infants.
- Weaning: As children grow and develop, the volume and variety of foods they consume should increase gradually.
- Dietary guidelines: The Canadian Dietary Guidelines for Healthy Children and Youth provide recommendations for healthy eating.
- Nutritional needs: The unique nutritional needs of infants and toddlers must be considered when planning meals.
- Mediterranean diet: Studies have suggested that following a Mediterranean diet may be beneficial for children's health.
- Nutrient intake: Ensuring adequate intake of nutrients is crucial for optimal growth and development.
- Nutritional assessment: Regular nutritional assessments can help identify any deficiencies or imbalances.

**Physical Examination**

- **First 6 months**
  - **7-12 months**
  - **12-24 months**
  - **24-36 months**

- **Measuring growth**
  - The growth of all term infants, both breastfed and non-breastfed, and preschoolers should be evaluated.
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- **Vision inquiry/screening:**
  - The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.
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- **Hearing inquiry/screening:**
  - Universal newborn hearing screening (UNHS) should be performed in all high-risk infants, including those with normal UNHS.
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- **Eyesight inquiry/screening:**
  - Regular eye examinations should be performed in children from birth to 5 years.
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- **Dental Care:**
  - Dental care: As children grow and develop, the importance of dental care increases.
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- **Preschool Health Examination:**
  - Preschool health examination: The preschool health examination is an important tool for identifying health issues early.
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**Investigations/Screening**

- **Anemia screening:**
  - Anemia screening: Infants from high-risk groups for iron deficiency anemia require screening.
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- **Hemoglobinopathy screening:**
  - Hemoglobinopathy screening: Infants from high-risk groups for iron deficiency anemia require screening.
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**Environmental Health**

- **Second-hand smoke exposure:**
  - Second-hand smoke exposure: This contributes to childhood illnesses such as URI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS.
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- **Sun exposure/ultraviolet:**
  - Sun exposure/ultraviolet: Sunscreen with SPF > 30 is recommended for children > 6 months.
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**Other**

- **Advice on preventing injuries:**
  - Preventing injuries: Many injuries can be prevented by implementing simple safety measures.
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DEVELOPMENT

Manoevers are based on the **Newborn District Development Screening** and other developmental literature. They are not a development screen, but rather an aid to developmental surveillance. They are set after the time of normal milestone acquisition. Thus, absence of any one or more items is considered a high-risk marker and indicates consideration for further developmental assessment, as does parental or caregiver concern about development at any stage.

- **Best Start** website contains resources for maternal, newborn, and early child development
- **OCFP Healthy Child Development: Improving the Odds** publication: toolkit for primary healthcare providers
- **Centre of Excellence for Early Childhood Development** *Encyclopedia on Early Childhood Development*
- **CPS Position Statements**: Getting it right at 18 months Measuring in support of early childhood development

BEHAVIOUR

Crying: Excessive crying may be caused by behavioral or physical factors or be the upper limit of the normal spectrum. Evaluation of these etiological factors and of the burden for parents is essential and raises awareness of the potential for the shaken baby syndrome.

Abusive head trauma: **CPS Position Statement**

Assess healthy sleep habits: Normal sleep (quality and quantity for age) is associated with normal development and leads to better health outcomes. **National Sleep Foundation**. *Children and Sleep*

Night waking: occurs in 20% of infants and toddlers who do not require night feeding. Counselling around positive bedtime routines (including training the child to fall asleep alone), removing nighttime positive reinforcers, keeping morning awakening time consistent, and rewarding good sleep behaviour has been shown to reduce the prevalence of night waking, especially when this counselling begins in the first 3 weeks of life. **MJA article**. PubMed article

Swaddling: 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 uncovered. **AAP article**

PARENTING/DISCIPLINE

Inform parents that warm, responsive, flexible & consistent discipline techniques are associated with positive child outcomes. Over reactive, inconsistent, cold & coercive techniques are associated with negative child outcomes. **CPS Position Statement**

- **OCFP Toolkit, Improving the Odds: Healthy Child Development** (section 3)

Refer parents of children at risk of, or showing signs of, behavioral or conduct problems to structured parenting programs which have been shown to increase positive parenting, improve child compliance, and reduce general behaviour problems. Access community resources to determine the most appropriate and available research-structured programs.

(e.g., *The Incredible Years, Right from the Start*, COPE program) **CECED Parenting Skills**

FAMILY HEALTHY ACTIVE LIVING/SEDENTARY BEHAVIOUR

Encourage increased physical activity, with parents as role models, through interactive floor-based play for infants and a variety of activities for young children, and decreased sedentary pastimes.

- **CPS Position Statement**. CSEP guidelines for physical activity and sedentary behaviour
- Media use – Counsel on appropriate screen time: <2 years avoid; 2–4 years <1 h/day. Less is better.

Educational and prosocial programming is better.

PARENTAL/FAMILY ISSUES – HIGH RISK INFANTS/CHILDREN

- Maternal depression – Physicians should have a high awareness of maternal depression, which is a risk factor for the socio-emotional and cognitive development of children. Although less studied, paternal factors may compound the maternal-infant issues. **CPS Position Statement**
- Fetal alcohol spectrum disorder (FASD). **CPS Position Statement**
- Adoption/ Foster care – Children newly adopted or entering foster care are a high risk population with special needs for health supervision. **CPS Position Statement**
- Prevention of child maltreatment – **USPSTF current recommendations**
  - Assess home visit need: There is good evidence for home visiting by nurses during the perinatal period through infancy for first-time mothers of low socioeconomic status, single parents or teenagers parents to prevent physical abuse and/or neglect. **CMAJ article**
  - Risk factors for physical abuse: low SES; young maternal age (<19 years); single parent family; parental experiences of own physical abuse in childhood; spousal violence; lack of social support; unplanned pregnancy or negative parental attitude towards pregnancy.
  - Risk factors for sexual abuse: living in a family without a natural parent; growing up in a family with poor marital relations between parents; presence of a stepfather; poor child-parent relationships; unhappy family life.

NONPARENTAL CHILD CARE

Inquire about current child care arrangements. High quality child care is associated with improved paediatric outcomes in all children.

Factors enhancing quality child care include: practitioner general education and specific training; group size and child/staff ratio; licensing and registration/accreditation; infection control and injury prevention; and emergency procedures.

- **CPS Position Statement**: Health implications of children in child care centres Part A and Part B
- **CPS guide to child-care in Canada**. Well Beginnings

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-RF**, and if abnormal, use the follow-up **M-CHAT-RE** to reduce the false positive rate and avoid unnecessary referrals and parental concern. **Electronic** **M-CHAT**R is available.

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. **CPS Position Statement**

- **CPS article**

LITERACY

Encourage parents to read to their children within the first few months of life and to limit TV, video and computer games to provide more opportunities for reading. **CPS Position Statement**

- **AAP article Literacy Promotion in Primary Care Pediatrics: Can We Make a Difference?**
- **BMJ article Reading aloud to children: the evidence**

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ROUTINE IMMUNIZATION

- See the Canadian Immunization Guide for recommended immunization schedules for infants, children and youth from the National Advisory Committee on Immunization (NACI) Canada.
- Provincial/territorial immunization schedules may differ based on funding differences. Provincial/territorial immunization schedules are available at the Public Health Agency of Canada.
- Additional information for parents on vaccinations can be accessed through:
  - CPS Parent website
  - AAP article Responding to Parental Refusals of Immunization of Children
- Information for physicians on vaccine safety:
  - Presentation on vaccinations: First Shots, Best Shot: Childhood vaccines at work in Canada
  - CPS Canada’s eight-step vaccine safety program: Vaccine literacy
  - CPS Position Statement Autism spectrum disorder: No causal relationship with vaccines
- Immunization pain reduction strategies: During vaccination, pain reduction strategies with good evidence include breastfeeding or use of sweet-tasting solutions, use of the least painful vaccine brand, and consideration of topical anaesthetics. CMAJ article Reducing the pain of childhood vaccination: an evidence-based clinical practice guideline

VACCINE NOTES (Adapted from NCI website: December 16, 2013)

- Diphtheria, Tetanus, acellular Pertussis and inactivated Polio virus vaccine (DTaP-IPV): DTaP-IPV vaccine is the preferred vaccine for all doses in the vaccination series, including completion of the series in children < 7 years who have received ≥ 1 dose of DPT (whole cell vaccine) (e.g., recent immigrants).
- Haemophilus influenzae type b conjugate vaccine (Hib): Hib schedule shown is for the Haemophilus b capsular polysaccharide – PRP conjugated to tetanus toxoid (Act-HIBTM) or the Haemophilus b oligosaccharide conjugate – HBc (HiBiTERTM) vaccines. This vaccine may be combined with DTaP in a single injection.
- Measles, Mumps and Rubella vaccine (MMR): A second dose of MMR is recommended, at least 1 month after the first dose, for the purpose of better measles protection. For convenience and high uptake rates, this second dose of MMR should be given with the 18 month or preschool dose of DTaP-IPV (≥ Hib) (depending on the provincial/territorial policy), or at any intervening age that is practical. The need for a second dose of mumps and rubella vaccine is not established but may benefit (given for convenience as MMR). MMR and varicella vaccines should be administered concurrently, at different sites if the MMRV [combined MMR/varicella] is not available, or separated by at least 4 weeks.
- Varicella vaccine: Children aged 12 months to 12 years who have not had varicella should receive 2 doses of varicella vaccine (univalent varicella or MMRV). Unvaccinated individuals ≥ 13 years who have not had varicella should receive two doses at least 28 days apart (univalent varicella only). Consult NACI guidelines for recommended options for catch-up varicella vaccination. Varicella and MMR vaccines should be administered concurrently, at different sites if the MMRV [combined MMR/varicella] vaccine is not available, or separated by at least 4 weeks. CPS Position Statement
- Hepatitis B vaccine (Hep B): Hepatitis B vaccine can be routinely given to infants or preadolescents, depending on the provincial/territorial policy. The first dose can be given at 2 months of age to fit more conveniently with other routine infant immunization visits. The second dose should be administered at least 1 month after the first dose, and the third at least 2 months after the second dose, but again may fit more conveniently into the 4- and 6-month immunization visits. A two-dose schedule for adolescents is an option. For infants born to chronic carrier mothers, the first dose should be given at birth (with Hepatitis B immune globulin). (See also SELECTED INFECTIOUS DISEASES RECOMMENDATIONS below.)
- Pneumococcal conjugate vaccine 13-valent (Pneu-Conj): Recommended schedule, number of doses and subsequent use of 23 valent polysaccharide pneumococcal vaccine depend on the age of the child, previous administration of -7 or-10 valent vaccine, if at high risk for pneumococcal disease, and when vaccination is begun. Consult NACI guidelines for maximizing coverage up to 59 months of age.
- Meningococcal conjugate vaccine (MCV): CPS Position Statement – Monovalent vaccine to Type C (MCV-C) is indicated for all ages, and quadrivalent to Types A/C/W/Y (MCV-4) for age 2 years and over. Recommended vaccine, schedule and number of doses of meningococcal vaccine depend on the age of the child and vary between provinces/territories. Possible schedules include:
  - MCV-C: 1 dose at 12 months
  - MCV-C: 2 doses at 2 and 4 months if at increased risk AND booster dose at 12 months
  - MCV-C or MCV-4 booster dose should also be given at 12 years of age or during adolescence.
- Diphtheria, Tetanus, acellular Pertussis vaccine – adult/adolescent formulation (dTap): a combined adsorbed “adult type” preparation for use in people ≥ 7 years of age, contains less diphtheria toxoid and pertussis antigens than preparations given to younger children and is less likely to cause reactions in older people. This vaccine should be used in individuals ≥ 7 years receiving their primary series of vaccines.
- Influenza vaccine: Recommended for all children between 6 and 23 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. Live attenuated influenza vaccine can be used at age 2 years and above, if no contraindication.
- Rotavirus vaccine: Universal rotavirus vaccine is recommended by NACI and CPS. Two oral vaccines are currently authorized for use in Canada: Rotarix (2 doses) and RotaTeq (3 doses). Dose #1 is given between 6 weeks and 14 weeks/6 days with a minimum interval of 4 weeks between doses. Maximum age for the last dose is 8 months/0 days. CPS Position Statement

SELECTED INFECTIOUS DISEASES RECOMMENDATIONS

CPS position statements of the Infectious Diseases and Immunization Committee

- Hepatitis B immune globulin and immunization: Infants with HBsAg-positive parents or siblings require Hepatitis B vaccine at birth, at 1 month, and 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. 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.
- Human Immunodeficiency Virus type 1 (HIV-1) maternal infections: Breastfeeding is contraindicated for an HIV-1 infected mother even if she is receiving antiretroviral therapy.
- Hepatitis A or A/B combined (when Hepatitis B vaccine has not been previously given):
  - These vaccines should be considered when traveling to countries where Hepatitis A or B are endemic.
- Tuberculosis – TB skin testing:
  - For up-to-date information, see Canadian TB Standards: 7th Edition 2013 PHAC TB Updates

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