NUNAVUT WELL-BABY RECORD

EVIDENCE-BASED INFANT/CHILD HEALTH

MAINTENANCE GUIDE:

9 MONTHS OLD

Surname		Given Name
Date of Birth DD MM YYYY	☐ M ☐ F	Infant HCP#
Information Source (and relation)		
Contact Name (if different)		Contact Phone Number
Birth Mother HCP#		Home Community/Health Centre

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

☐ TB Exposure

PARENT / CAREGIVER CONCERNS:

Length (cm)	Weight (g)	HC (cm)
%	%	%

NUTRITION (SINCE 2 MONTHS OLD)

Do You Currently Breastfeed? *(only check one)*

☐ Never Breastfed
☐ No, Discontinued at: _____ mths
☐ Yes, Breast milk **only** → Since: ☐ birth ☐ 7 days ago ☐ other: _____
☐ Yes, Breast milk **and other feeds** (including water) → In the past 7 days, how many feeds of other liquids/food per day? ☐ 1-2 ☐ ≥3

☐ Good Latch
☐ Nutritive Suck

Complementary/Solid Foods

Introduced: ☐ No ☐ Yes → at _____ mths

Iron Rich Foods: Age started:

Infant cereal	☐ No	☐ Yes	_____ mths
Traditional meat	☐ No	☐ Yes	_____ mths
Other meat	☐ No	☐ Yes	_____ mths

PHYSICAL EXAMINATION

N = **N**ormal
A = **A**bnormal

	N	A		N	A
Fontanelles	☐	☐	*Hearing inquiry/screening*	☐	☐
Eyes (red reflex)	☐	☐	Heart	☐	☐
Corneal light reflex	☐	☐	Hips	☐	☐
Cover-uncover test and inquiry	☐	☐			

ANEMIA SCREENING

Hgb (fingerprick): _____
If needed, do venipunc
Hgb (venipunc): ☐ Done ☐ Not done

Lab Results: *(if venipunc - fill in later)*
Hgb _____
MCV _____ Ferritin _____ CRP _____

SINCE 6 MONTHS:
Iron prescribed: ☐ No ☐ Yes
Iron taken: ☐ No ☐ Yes ☐ Sometimes

DEVELOPMENT

Development Assessment Tool Used: _____ *(note concerns below in 'Assessment')*

ASSESSMENT
Include notes on abnormal findings

☐ Well infant ☐ Needs follow-up ☐ Needs referral

VACCINES UP-TO-DATE: ☐ No ☐ Yes ☐ Unknown *(follow Nunavut Immunization Guide)*

EDUCATION AND ADVICE

(similar topics for 9mth, 12mth & 15mth visits)

✓ if discussed and no concerns

Circle if concerns

Leave blank if not assessed

Nutrition:

☐ **Breastfeeding**
☐ *Formula Feeding–iron-fortified* [720-960mL (24-32 oz) /day]
☐ Cow's milk –introduce at 12 mths
☐ No bottles in bed
☐ Avoid sweetened liquids
☐ Vit. D supplementation & deficiency prevention (400-800 /IU day; review NU protocol)
☐ Cereal, meat/alternatives, country, fish, poultry, fruits, vegetables
☐ No egg white, nut products or honey
☐ Choking / safe food

Issues:

☐ **Second-hand smoke** / Amauti
☐ Fever advice / Thermometers
☐ *Pacifier use*
☐ *Encourage reading*

Environmental Health, including:
☐ Sun exposure/Suncreens/ Insect repellent
☐ *Pesticide exposure*
☐ *Serum lead if at risk*

☐ Teething / **Dental cleaning / Fluoride**
☐ **No OTC cough/cold medn**
☐ *OTC/complementary/alternative medicine*
☐ Active healthy living / Screen time
☐ Footwear

Injury Prevention:

☐ **Car seat (infant)** / Amauti
☐ Carbon monoxide/*Smoke detectors*
☐ Choking / safe toys

Childproofing, including:
☐ *Electric plugs/cords*
☐ *Falls (stairs, no walkers)*

☐ **Poisons; PCC#**
☐ **Firearm safety/removal**
☐ *Hot water <49°C/ Bath safety*

Behaviour and Family Issues:

☐ Sleeping / Crying / **Night waking**
☐ Parenting
☐ Soothability / Responsiveness
☐ Family conflict/stress

☐ **High risk infants/Assess home visit need**
☐ Siblings
☐ Refer to local community programs i.e. Wellness programs, CPNP

☐ Parental fatigue / Postpartum depression
☐ *Child care* / Return to work

SIGNATURE:	**DATE:** DD MM YYYY

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Physical Examination and Education & Advice: strength of recommendation based on literature review using Canadian Task Force on Preventative Health Care classification: **Good (bold type);** *Fair (italic type);* Consensus (plain type)

Blue Writing: Indicates Questions NOT to be answered by the parent/guardian