NUNAVUT WELL-BABY RECORD

EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE:

6 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
Home Community/Health Centre	

Birth Mother Name (required)	Birth Mother HCP# (required)	Birth Father Name (optional)
Birth Place	Baby Surname at Birth	Birth Weight (g)

PAST PROBLEMS / RISK FACTORS / FAMILY HISTORY:

☐ TB Exposure

Current Family: ☐ Birth family ☐ Adopted ☐ Foster care
☐ Guardian care changed since 2 months old
Foster/Adopted Parents:___________________

PARENT / GUARDIAN 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

Other Liquids Introduced: ☐ No ☐ Yes → at ______ mths
Infant formula ☐ No ☐ Yes → Iron-fortified ☐ No ☐ Yes ☐ Unknown
Cow's milk ☐ No ☐ Yes
Other (tea, pop, etc) ☐ No ☐ Yes (specify) ________________

Vitamin D Supplementation:
Do you have Vit. D drops at home? ☐ No ☐ Yes
If Yes: Are they given to baby? ☐ Never ☐ Sometimes ☐ Daily
Rickets Diagnosis: ☐ No ☐ Yes ☐ Unknown → Amt given: _____IU

Since your baby was 2 months old:
Were there times when the food for you and your family just did not last and there was no money to buy enough food?
☐ Never ☐ Sometimes ☐ Often ☐ Don't know/Refused
Have you been to CPNP? ☐ No ☐ Yes ☐ CPNP not available
Has your baby attended an early childhood care program? ☐ No ☐ Yes (specify): ________________

ENVIRONMENT

Maternal Smoking: ☐ No ☐ Yes → Amount (cig/day): ______
Location of smoking: ☐ Inside ☐ Outside
People smoking inside the house: _________
People in house: _______ # Bedrooms in house: _______
Substance use in household: ☐ No ☐ Yes ☐ Don't know/Refused
Do you have any concerns about your baby's safety? ☐ No ☐ Yes
Nurse suspects abuse: ☐ No ☐ Yes ☐ Unsure
Social services involved: ☐ No ☐ Yes ☐ Unknown

Sleep Practices:
What position do you put baby to sleep in?
☐ back (supine)
☐ stomach (prone)
☐ side ☐ other: _________

Where does baby sleep?
☐ crib ☐ child bed
☐ foam mattress ☐ adult bed
☐ mattress on floor ☐ sofa
☐ other: _________

Does baby sleep alone/in own bed? ☐ No ☐ Yes ☐ Sometimes
→ Baby shares with: ____________________

PHYSICAL EXAMINATION / MEDICAL HISTORY

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

	N	A
Fontanelles	☐	☐
Eyes (red reflex)	☐	☐
Corneal light reflex	☐	☐
Cover-uncover test & inquiry	☐	☐
Hearing inquiry/screening	☐	☐
Heart	☐	☐
Hips	☐	☐
Muscle Tone	☐	☐
Reflexes	☐	☐

Developmental Assessment: Parental concern about delay: ☐ No ☐ Yes
Tool used: ____________________
General development delay 'Impression' ☐ None ☐ Mild ☐ Moderate ☐ Severe
Speech/language delay 'Impression' ☐ None ☐ Mild ☐ Moderate ☐ Severe
Referred for support: ☐ P.T. ☐ O.T. ☐ Speech ☐ Other
Diagnosed developmental condition: ____________________

SINCE 2 MONTHS OLD: ☐ *Birth Defect Reporting Form completed*
Birth Defects detected: ____________________

Seizures: ☐ No ☐ Yes
If Yes:
Meds required ☐ No ☐ Yes
w/ Fever ☐ No ☐ Yes ☐ Unknown
w/ Low blood sugar ☐ No ☐ Yes ☐ Unknown

Lung Infections: # Admissions: ________
Admission to: ☐ Health centre ☐ Regional hospital ☐ Tertiary centre ☐ ICU ☐ Unknown
Type(s): ☐ Pneumonia ☐ Bronchiolitis ☐ TB ☐ Other

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 BIRTH:
Iron prescribed: ☐ No ☐ Yes
Iron taken: ☐ No ☐ Yes ☐ Sometimes

ASSESSMENT

Include notes on abnormal findings

☐ Well infant ☐ Needs follow-up ☐ Needs referral

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

SIGNATURE:

DATE: DD MM YYYY

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

WHITE: INFANT'S CHART YELLOW: NUTAQQAVUT HEALTH INFORMATION SYSTEM (IQALUIT)

CONTINUED ON REVERSE

EDUCATION AND ADVICE

(similar topics for 2mth, 4mth & 6mth visits)

✓ if discussed and no concerns

Circle if concerns

Leave blank if not assessed

Nutrition:

☐ **Breastfeeding**
☐ *Formula Feeding–iron-fortified* [750-1080mL (25-36 oz) /day]
☐ Cow’s milk –introduce at 12mths
☐ Avoid sweet liquids
☐ Transition from bottle to cup
☐ No bottles in bed
☐ **Initial introduction of solids** –start with iron rich foods (cereal, meat/alternatives, country, fish, poultry)
☐ Nutrition advice provided
☐ Encourage country food
☐ Fruits and vegetables to follow
☐ No egg white, nut products or honey
☐ Choking / safe food
☐ Vit. D supplementation & deficiency prevention (400-800 /IU day; review NU protocol)
☐ Iron deficiency anemia prevention

Issues:

☐ **Second-hand smoke** / Amauti
☐ Fever advice / Thermometers
☐ *Pacifier use*
☐ *Encourage reading*
☐ *Temperature control / Overdressing*
Environmental Health, including:
☐ Sun exposure/ Suncreens / Insect repellent
☐ *Pesticide exposure*
☐ Teething / **Dental cleaning / Fluoride**
☐ **No OTC cough/cold medn**
☐ *OTC/complementary/alternative medicine*

Injury Prevention:

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

Safe Sleep Environment:
☐ **Sleep position**
☐ **Bed sharing / Room sharing**
☐ **Crib safety**

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

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

Behaviour and Family Issues:

☐ Sleeping / Crying / **Night waking**
☐ Parenting / Bonding
☐ 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

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).

See Nunavut Well-Baby Guidelines/Resources