Nunavut Well-Baby Guidelines and Resources version 2.0

A Guide for Completion of Nunavut Well-Baby Records, version 2.0

March 2012

Maternal and Child Health Program
Department of Health and Social Services
Government of Nunavut

INTRODUCTION:

The initiative to standardize the Nunavut Well-Baby Records started approximately three years ago with the Public Health Nursing group which envisioned using an adapted version of the Rourke Baby Record across the territory. This set into motion several consultations with input from public and community health nurses, physicians, dieticians, dental consultants and public health representatives. As part of the Public Health Strategy, *Developing Healthy Communities,* the original Rourke Baby Record was been adapted and modified to include fields necessary to aid in the tracking of child health in Nunavut.

With permission from the authors of the Rourke Baby Record, health care providers across Nunavut are now able to consistently use this tool at every well child visit to facilitate the assessment and documentation of key information about the infant and child health in a structured, logical and standardized manner. Select information from the Well-Baby Records will be collected as part of a comprehensive territorial database, the Nunavut Nutaqqavut 'Our Children' Health Information System (NHIS). The NHIS has been developed as part of the Public Health Strategy with the mandate of healthy birth outcomes. NHIS is a comprehensive system that can be used to assess risk factors and early child development on a territorial scale in order to improve the health of future Nunavut children.

There are 10 Well-Baby records, a combined form for the : 1 week, 2 weeks, 1 month visits, and individual records for the 2, 4, 6, 9, 12, 15 and 18 months, 2-3 and 4-5 years. Only a subset of these forms will be sent to NHIS.

Which forms are to be sent to Nunavut Nutaqqavut Health Information System (NHIS)?

Please send the yellow/duplicate copy of the following visits to NHIS:

- 2 months
- 6 months
- 12 months
- 2-3 years
- 4-5 years

The top (original) white copy is to be kept in the child's chart in the community.

Please send the duplicate yellow copy to NHIS in Iqaluit once the form is completed:

Manager, Population Health Information
Nutaqqavut Health Information System
Government of Nunavut
P.O. Box 1000 Stn. 1033
Bldg 1079, 2nd floor
Iqaluit NU X0A 0H0

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Overview

The following guidelines and instructions will aid health care providers in filling in the Well-Child Visit forms.

- The **Variables** column lists all fields collected on the Well-Child forms. Some of these variables are not collected at every single Well-Child visit.

  While most variables are questions meant to be asked to the parent or guardian, **blue font** represents questions for the health care provider to answer on their own.

  Variables collected in the Nutaqqavut Health Information System (NHIS) are identified with an asterisk (*).

- The **Description** column provides the definitions of the variables and instructions on how to fill in the form correctly, including some examples. Additional resources and references are also given, including website links and protocols.

  '♦' bullets indicate links to online or other resources.

- The **Forms** column indicates the forms to which these variables apply.

Evidence for items within the Physical Examination and the Education and Advice section (Rourke Record fields) are coded using bold, italic or plain type. The strength of recommendation for these variables is based on literature review using the classification of the Canadian Task Force on Preventative Health Care:

Grades of Evidence:

Bold type = good evidence

Italic type = fair evidence

Plain type = Consensus with no definite evidence

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

Frequently Asked Questions:

There are a lot of similarities between the Physical Exam and Education and Advice sections between visits.

The new Nunavut Well-Baby Records are based on the Rourke Baby Record. These sections have been modified to be specific to Nunavut. However, there is overlap between periods (1week– 1mth, 2mths–6mths, 9mths–15mths, 18mths–4-5 yrs).

What form do I use if the visit is in-between 2 regular visit time-frames (i.e. infant is 14 months old).

This will at the discretion of the health care provider administering the visit.

However, non-surveillance forms (4 months, 9 months, 15 months, 18 months) are often substantively similar to the NHIS forms (2 months, 6 months, 12 months, 2-3 years, 4-5 years) for an age period. As a suggested guideline, if the visit is close to a NHIS visit, then the NHIS form can be used for that visit, at the discretion of the administering health care provider.

What if a child misses an NHIS visit?

If a child misses an NHIS visit, a blank form with the notation that the visit was missed can be sent into NHIS. If the child is seen within a few months of the visit date, then the missed NHIS visit form can be used for that visit, at the discretion of the administering health care provider.

How do we order more forms?

Please contact Stores for your region.

Who do we contact if we have questions about the forms?

Please contact the NHIS Project Coordinator at NHIS@gov.nu.ca or call 867-975-5700.

My patient's family has questions about the forms or NHIS, who should they contact?

Please contact the NHIS Project Coordinator at NHIS@gov.nu.ca or call 867-975-5700.

Variable Information and Instructions

Section 1: Demographics

*If an addressograph sticker is used, ensure that a sticker is applied to **both** the top/white copy and the **duplicate/yellow copy**.*

Variable	Description	Forms
Surname*	The surname (last name) of child.	ALL
Given name*	The given (first) name of child.	
Date of Birth*	Child's date of birth (day, month, and year).	
Male/Female*	Check appropriate box corresponding to sex of child.	
Infant/Child HCP#*	Health Care Plan Number of child.	
Information Source	Name and relation of attending adult/guardian with child at visit.	
Contact Name (if different)	Name of child's parent(s) or guardian(s). This is only completed if the attending adult/guardian is not the primary contact for the child.	
Contact Phone Number	Phone number of child's parent(s) or guardian(s).	
Birth Mother (required)*	Full name of baby's birth/biological mother. To be used as a cross-reference.	1wk to 2mths
Birth Father (optional)	Full name of baby's biological father (optional).	
Birth Mother HCP#*	Health Care Plan Number of child's biological mother. To be used as a cross-reference.	ALL
Birth Place*	Infant's place of birth. To be used as a cross-reference.	1wk to 2mths
Baby Surname at Birth*	The infant's surname at birth, if different from current surname. To be used as a cross-reference.	

Section 2: Family History

Variable	Description	Forms
Past Problems / Risk Factors	Any major problems/risk factors identified to date. For example, failure to thrive, anemia, developmental delay, rickets, obesity, mother with HIV or HTLV, etc.	ALL
TB Exposure	Indicate if child exposed to TB.	
Family History	Any significant diagnosis of birth defect or developmental condition in biological family, including biological siblings, aunts, uncles, grandparents and cousins. For example, cardiac anomalies, neural tube defects, hearing deficits, SIDS, etc.	
Current Family*	Check appropriate box as to who has current care of child.	1wk-1mth, 2, 6 and 12mths, 2-3 and 4-5yrs
Family Care Changed*	Check box only if care has changed since last Well-Child visit.	
Foster/Adopted Parents	Full names of current foster/adoptive parents (if applicable).	

Section 3: Pregnancy Remarks and Growth

Important: *Corrected age should be used at least until 24-36 months of age for premature infants born at < 37 weeks gestation.*

Variable	Description	Forms
Pregnancy / Birth Remarks	Any concerns during pregnancy or birth that require a flag for the care of the infant. For example, substance use, chronic medical conditions (ex. diabetes, hypertension), anemia, bleeding, infection, fever, STI (ex. Chlamydia, Herpes) in pregnancy, etc.	1wk to 1mth
Apgars*	Apgar score at 1 minute, 5 minutes, and 10 minutes.	1wk to 2mths
Discharge Weight (g)*	Weight of baby when discharged from hospital/birthing centre in grams.	1wk to 1mth
Birth Length (cm)*	Length of baby at birth in centimetres.	1wk to 2mths
Birth Weight (g)*	Weight of baby at birth in grams.	
Birth Head Circumference (cm)*	Head circumference of baby at birth in centimetres.	
Parent / Guardian Concerns	Any significant parental or guardian concerns for child's health or development.	ALL
Length / Height (cm)*	Current length or height in cm (to nearest 0.1cm). Plot on growth chart approved by Chief Medical Officer of Health (CMOH), Department of Health and Social Services (HSS), Government of Nunavut (GN).	
Weight (grams)*	Current weight in grams or kilograms (to nearest 0.1kg). Plot on growth chart approved by CMOH, HSS, GN.	
Head Circumference (cm)*	Current head circumference in cm (to nearest 0.1cm). Plot on growth chart approved by CMOH, HSS, GN.	
Notes and Resources	*Measuring growth* –The growth of all full term infants, both breastfed and non breastfed, and preschoolers should be evaluated using growth charts with measurement of recumbent length (birth to 2-3 years) or standing height (≥ 2 years), weight, and head circumference (birth to 2 years). WHO Growth Charts adapted for Canada are available through regional stores. 'A Health Professional's Guide to Using the new WHO Growth Chart' ♦ www.dieticians.ca/growthcharts	

Section 4: Nutrition

*When a child presents with several red flags, it is recommended to refer the caregiver to a **registered dietitian** (RD) for a nutritional assessment.*

Section 4.1: **Currently Breastfeeding***

Variable	Description	Forms
Never Breastfed*	Infant has never been breastfed.	1wk to 2-3yrs
Discontinued Breastfeeding*	Infant was breastfed, but breastfeeding has been discontinued. Indicate when breastfeeding was discontinued in weeks (1wk to 6mth visits) or months (9mths to 2-3yrs visits).	
Breast Milk Only*	Infant is breastfed and only receives breast milk. No food or liquid other than breastmilk and vitamins, not even water, is given. Indicate how long infant has only received breast milk: ▪ since birth (= **exclusive** breast milk) ▪ during the past 7 days (= **total** breast milk) ▪ other (specify)	
Breast Milk and Other Feeds*	Infant is breastfed, but also receives other feeds, including any food or liquid including water and non-human milk (i.e. formula). Indicate how many other feeds infant receives: ▪ 1 to 2 per day (= **predominan**t breast milk) ▪ 3 or more per day (= **partial** breast milk)	
Good Latch	Indicated when baby will cover more of the areola with his/her lower lip than upper lip, lips will be flanged out, his/her chin (not nose) will be touching the breast, and position is belly-to-belly but slightly rotated upwards so baby is looking at mother.	
Nutritive Suck	Signs of effective feeding (nutritive suck): ▪ Smooth suck-swallow-breathe rhythm ▪ Long sucking bursts (slight pauses and resumes pattern) ▪ 40-60 cycles per minute (≤one per second) ▪ Self-detachment in obvious satiation ▪ Feeds average 10-30 minutes per breast *Non-Nutritive* sucking occurs in short, fast bursts at a rate of up to two sucks per second. This pattern is seen when the baby first goes onto the breast and little or no milk is available prior to reflex milk ejection.	

Variable	Description	Forms
Notes and Resources	**Exclusive breastfeeding is recommended for the first 6 months of life**. After six months, breastfeeding should be continued with the introduction of complementary solids. Rationale regarding essential time frames for data collection: ▪ Breastfeeding increases with active protection, support and promotion by hospitals, workplaces, and the community. ▪ 2 weeks – A critical time frame for women to receive support for continuation of breastfeeding (i.e. many cease breastfeeding prematurely due to lack of appropriate support) ▪ 2 months – An important time for support of exclusive breastfeeding and counsel regarding the recommendation of delaying introducing complementary foods until the infant is 6 months of age. ▪ 6 months – An important time for reinforcing continuation of breastfeeding until two years and beyond, and appropriate introduction of complementary foods. Source: *Breastfeeding Definitions and Data Collection Periods,* Breastfeeding Committee for Canada ♦ http://breastfeedingcanada.ca/html/documents.html ♦ See also Breastfeeding in Education and Advice section for additional information	1wk to 2-3yrs

Section 4.2: **Other Liquids***

Variable	Description	Forms
Introduced*	Indicate 'Yes' if any amount of the liquid has been given to child. If 'Yes': Indicate age when introduced in weeks (2months) or months (6 to 12months)	2, 6, and 12mths
Infant Formula*	Commercial infant formula in any form (powdered concentrate, liquid concentrate or ready-to-feed). ▪ Iron-fortified cow's milk-based formulas are the only acceptable alternative to breast milk from birth to 6 months of life. ▪ Iron-fortified cow's milk-based follow-up formulas are a preferred alternative to cow's milk from 6 months until 12 months of age.
Iron-Fortified Formula*	Indicate if the formula is iron fortified. Iron Fortified Formula includes: ▪ All Enfamil®, Enfapro® and Enfagrow® formulas (except Enfamil® Lower Iron) ▪ All Similac® formulas (except Similac® Step 1 Regular) ▪ All Nestle® formulas, including Good Start®, Alsoy® and Follow-up® ▪ Non-Iron Fortified Includes: ▪ Similac® Step 1 Regular and Enfamil® Lower Iron
Cow's Milk*	Fresh, powdered or evaporated (UHT, canned "Carnation"); including any fat content (Homo, 2% etc.).
Other*	Specify type (tea, herbal tea, juice, soft drinks/pop, other sweet drinks etc.).
Notes and Resources	♦ See also Other Liquids in Education and Advice section for additional information.

Section 4.3: **Complementary / Solid Foods***

Variable	Description	Forms
Introduced*	Check 'Yes' and age (months) if any amount of the following solid foods has been introduced to the baby. Indicate when introduced (in months).	6 and 12mths
Infant Cereal*	Iron-fortified baby cereal. Indicate when introduced (in months).	
Traditional Meat*	Meat acquired while out on the land (seal, caribou, wild birds, clams/mussels, fish), including organs and blood. Maktaaq/Muktuk is excluded as it is not a source of iron. Indicate when introduced (in months).	
Other Meat*	Meat not included in 'Traditional Meat' category (beef, chicken, pork). If commercial jarred baby food – include meat only (i.e. do not include mixed jars such as meat and vegetables/pasta). Indicate when introduced (in months).	
Notes and Resources	♦ See Introduction of Solid Foods and Encourage Country Foods in Education and Advice section for additional information.	

Section 4.4: **Vitamin D Supplementation***

Variable	Description	Forms
Vit. D Drops at Home*	Check 'Yes' if Vitamin D supplements available at home.	2, 6, and 12mths, 2-3 and 4-5 yrs
Vit D Drops Given to Baby*	If 'yes', check frequency Vitamin D supplementation is taken by child ▪ Never = Not at all ▪ Sometimes = 1 to 6 times per week ▪ Daily = 7 times per week	
Amt Given*	Indicate amount of Vitamin D drops (in IU) given.	
Rickets Diagnosis*	Confirmed diagnosis of rickets in child by physician.	
Notes and Resources	Refer to Nunavut REVISED Public Health Vitamin D Supplementation Protocol, Department of Health and Social Services, 2010.	

Section 4.5: **Child's Diet***

Variable	Description	Forms
Country Food*	Food acquired while out on the land (seal, caribou, char, maktaaq/muktuk, clams, seaweed, mountain sorrel, berries, etc.).	2-3 and 4-5yrs
Sweetened Drinks*	Sweet drinks (pop, juice, crystals, etc.).	
Frequency*	▪ Never = Does not happen ▪ < Once/ week = Less than once a week ▪ ≥ Once / week = 1-6 times a week ▪ Daily or more = Once or a few times a day	
Notes and Resources	♦ See Other Liquids and Encourage Country Foods in Education and Advice section for additional information.	

Section 4.6: **Food Security***

Please ask question and offer the multiple choices as stated on the forms.

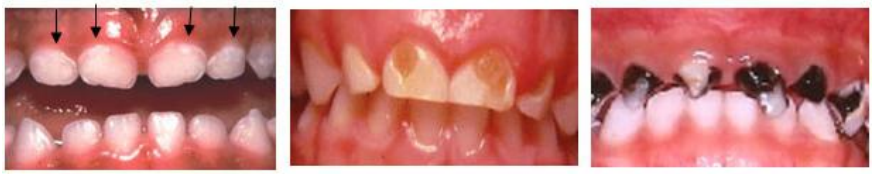
Variable	Description	Forms
Enough Food: Did Food for Mom and Family Last?*	Please ask question as stated on form. ▪ Never = Does not happen ▪ Sometimes = Occasionally or every few months ▪ Often = Monthly or more (Reference: Inuit Health Survey, 2007)	2, 6, and 12mths, 2-3 and 4-5yrs
CPNP Program Attendance*	Check 'Yes' if the mother has attended a CPNP (Canada Prenatal Nutrition Program) program since the timeframe stated.	2, 6, and 12mths
Early Childhood Care Program Attendance*	Check 'Yes' if the child has attended a Nunavut Early Childhood Care Program since the timeframe stated. If Yes, identify program (i.e. Parents and Tots, Headstart, Daycare).	6 and 12mths, 2-3 and 4-5yrs

Section 5: Dental Care

Variable	Description	Forms
Baby Drinking*	Check 'Yes' or 'No' to indicate whether baby is regularly drinking from: From a cup = regular cup (not a sippy cup) From a bottle = from bottle	12mths
Bottle Taken to Bed*	Check the appropriate box, indicating how frequent the baby takes a bottle to bed **(excludes water)**. ▪ Never = Not at all ▪ < Daily = 1-6 times per week ▪ Daily = 7 times per week ▪ > Daily = more than once a day	
Brushing Teeth Frequency*	Check the appropriate box, indicating how frequent the child's teeth are brushed. ▪ < Daily = 1-6 times per week ▪ Daily = 7 times per week ▪ > Daily = more than once a day	12mths, 2-3 and 4-5yrs
Tooth Extractions*	Check 'Yes' if a tooth has been removed from the mouth. Teeth may be commonly extracted for extensive decay or breakage.	
Oral Assessment*	*Nurse's opinion is preferable to self-reporting. Check 'Unhealthy' if child has <u>one or more</u> factors listed below:	

Healthy Mouth	Unhealthy Mouth
cavity free	untreated cavities
no signs of infection or swelling	infections and swelling
pain free	pain
pink gingiva that does not bleed	red gingiva that bleeds
pleasant odour	foul odour

*Parents are less likely to accurately assess the presence of caries or other oral conditions.
www.who.int/mediacentre/factsheets/fs318/en/index.html

Variable	Description	Forms
Tooth Decay (ECTD)*	Check 'Yes' if signs of tooth decay are noted. Refer to Dentists or Dental Therapist/COHI Aide, if available.  White Spots – Early ECC Moderate ECC Advanced ECC Early Childhood Tooth Decay {ECTD} (also known as Early Childhood Caries {ECC} or Baby Bottle Tooth Decay {BBTD}) is a type of tooth decay that can affect the primary teeth, especially the upper front teeth. Signs of decay include chalky white crescent-shaped areas along the gum line of the front top teeth. This may progress to brown areas of decay and lead to infection (abscess) and broken stumps. www.cda.org/library/articles/eec.jpg	

Section 6: Environment

Variable	Description	Forms
Maternal Smoking*	Check 'Yes' if the mother (or primary caregiver) is currently smoking cigarettes. If 'Yes': indicate how many cigarettes she smokes on average each day.	2, 6, and 12mths, 2-3 and 4-5yrs
Location of Maternal Smoking*	Indicate if maternal smoking occurs inside or outside the house.	
Number of People Smoking Inside House*	Indicate the total number of people in the household who smoke inside the house.	
Substance Abuse in Household*	Indicate if there is substance use (marijuana, cocaine, etc.) in the household. Include excessive alcohol use (binge drinking, and/or over 14 drinks per week by any person) and/or if alcohol in any amount has led to problems in the household.	
Number of People in House*	Indicate the total number of people currently living in the child's household.	
Number of Bedrooms in House*	Indicate the total number of bedrooms in the child's current household.	
Concerns Regarding Child's Safety*	Check 'Yes' if the parent/guardian suspects any physical, emotional or sexual abuse regarding their child.	2, 6, and 12mths, 2-3 and 4-5yrs
Nurse Suspects Abuse*	Based on your opinion, check 'Yes' if you suspect physical, emotional or sexual abuse with the child. Make referral if appropriate.	
Social Services Involved*	Check 'Yes' if Social Services have intervened with the family.	

Variable	Description	Forms
Sleep Practices*		2 and 6mths
Baby Sleeping Position*	Indicate which position the baby is put to sleep in, back (supine), stomach (prone), side or other (specify). ▪ The safest sleep position is on the back to prevent infant mortality.	
Where Does Baby Sleep?*	Indicate baby's sleep surface, if other than list, specify under 'Other' ▪ A firm sleep surface with no loose bedding is safest to prevent infant mortality.	
Does Baby Sleep Alone/in Own Bed?*	Indicate if baby usually sleeps alone or in a bed with parents or others.	
Baby Shares With*	If baby does not sleep alone, indicate who baby shares with (i.e. parents, siblings, aunts, etc) ▪ Safest sleep location is in own bed in room with parents/guardians. If bed-sharing/co-sleeping occurs, it is safest with a primary caregiver that is not overtired or using any substances that increase fatigue.	
Sleep Practices Notes and Resources	♦ See Safe Sleeping Environment in Education and Advice section for additional information	

Section 7: Physical Examination and Past Medical History

Variable	Description	Forms
Physical Examination	In physical observation of child, check '**N**' if Normal or '**A**' if Abnormal.	ALL
Vision inquiry/ screening*	Check **Red Reflex** for serious ocular diseases such as retinoblastomas and cataracts**.** Corneal light reflex/cover-uncover test and 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 when uncovered. ♦ www.cps.ca/english/statements/cp/cp09-02.htm	
Hearing screening/ inquiry*	Universal newborn hearing screening (UNHS) effectively identifies infants with congenital hearing loss and allows for early intervention. Any parental concerns about hearing acuity or language delay should prompt a rapid referral for hearing assessment. Formal audiology testing should be performed in all high-risk infants, including those with normal UNHS. Older children should be screened if clinically indicated. ♦ http://pediatrics.aappublications.org/cgi/reprint/122/1/e266	
Fontanelles	The posterior fontanelle is usually closed by 2months and the anterior by 18 months.	

Variable	Description	Forms
Muscle tone	Physical assessment for spasticity, rigidity, and hypotonia should be performed.	
Hips	There is insufficient evidence to recommend routine screening for developmental dysplasia of the hips, but examination of the hips should be included until at least 1 year, or until the child can walk. ♦ http://pediatrics.aappublications.org/cgi/reprint/117/3/898	
Tonsil size	Snoring in the presence of sleep-disordered breathing warrants assessment re obstructive sleep apnea. ♦ http://aappolicy.aappublications.org/cgi/reprint/pediatrics;109/4/704.pdf	
Birth Defects Detected*	Detail birth defects detected in the child. For example, congenital heart defects, cleft lip or palate, spina bifida, syndrome, etc. ▪ Complete the **Nunavut Birth Defects Report Form** ▪ Refer **to Nunavut Birth Defects Reporting Protocol 2011**.	6 and 12mths, 2-3 and 4-5yrs
Seizures*	Check 'Yes' if child has ever experienced a seizure. If Yes, check: ▪ Med required = medication required for seizure ▪ Fever = seizure with fever ▪ Low blood sugar = seizure with low blood sugar	6 and 12mths, 2-3 and 4-5yrs
Lung Infection*		6 and 12mths, 2-3 and 4-5yrs
# of Admissions	Indicate number of times child has been admitted for lung infections **since timeframe indicated on form**.	
Admission to	If child was admitted for a lung infection, check the appropriate institution(s) that he/she was admitted to: ▪ Tertiary Centre = Major hospital/centre with facilities for specialized investigation and treatment (Ex. CHEO, Winnipeg Health Science Centre, Royal Alexandra) ▪ Regional hosp = Regional hospital (Ex. Qikiqtani General Hospital, Stanton Hospital) ▪ Health Centre = Health Centre in community (at least 24-hour observation) ▪ None = Child was not admitted to any institution for a lung infection	
Type	Indicate the final diagnosis for the lung infection: ▪ Pneumonia ▪ Bronchiolitis ▪ Pneum and Bronch = Diagnosed with both Pneumonia and Bronchiolitis ▪ TB = Tuberculosis ▪ Other	
Reactive Airway/ Asthma*	Check 'Yes' if child has been diagnosed with reactive airway or asthma. If 'Yes', indicate age of onset (in months).	2-3 and 4-5yrs
Antibiotics Taken for Ear Infections*	List number of times (not dosages) child has had to take antibiotics for ear infections since the timeframe indicated on form.	12mths, 2-3 and 4-5yrs
Chronic Draining Ears*	Check 'Yes' if child has been experiencing chronically draining ears since the timeframe indicated on form.	

Variable	Description	Forms
Ear Tube Insertion*	Check 'Yes' if child has had ear tube(s) inserted since the timeframe indicated on form.	2-3 and 4-5yrs
Injuries*	Indicate if child has had injuries severe enough to seek medical/nurse attention since timeframe indicated on form. If 'Yes', indicate type of injury(s): ▪ Head Injury → If 'Yes', indicate severity (mild or severe). ▪ Fractures ▪ Dental ▪ Burns	2-3 and 4-5yrs

Section 8: Development Assessment*

Variable	Description	Forms
Developmental Tool Used*	List the valid Developmental Screening Tool used at the visit (i.e. Denver or Ages & Stages).	ALL
Development Milestones	This list represents developmental milestone red flags, set after the time of normal milestone acquisition for this age group. This list is *not* validated as a screening tool. A valid developmental screening tool (ex. Denver) should still be utilized according to Nunavut protocol. Milestones 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 the need for further developmental assessment.	2wks to 1mth
Parental Concern about Delay*	Indicate if the parent/guardian expresses concern of developmental delay in child. Parental or guardian concern about development at any stage is considered a high-risk marker and indicates the need for further developmental assessment	6 and 12mths, 2-3 and 4-5yrs
General Developmental Delay 'Impression'*	Based on your opinion, check-off the appropriate category if you think there is general developmental delay in the child.	
Speech/Language Delay 'Impression'*	Based on your opinion, check-off the appropriate category if you think there is speech delay in the child.	
Referred for Support*	Indicate if there has been a referral for additional supports: ▪ **P.T.** = Physical Therapist ▪ **O.T.** = Occupational Therapist ▪ **Speech** = Speech and Language Pathologist / Speech Therapist ▪ Other	
Diagnosed Developmental Condition*	List diagnosed condition(s) that would affect development in child (i.e. autism, ADHD, Down Syndrome, etc.). If applicable, complete the **Nunavut Birth Defects Reporting Form**. ♦ Refer to Nunavut Birth Defects Protocol ♦ See Autism Spectrum Disorder (ASD) in Education and Advice section for additional information on Autism.	

Notes and Resources	♦ 'Best Start' website contains resources of maternal, newborn, and early child development: www.beststart.org ♦ OCFP Healthy Child Development: Improving the Odds publication is a developmental toolkit for primary healthcare providers: ♦ www.cfpc.ca/English/OCFP/CME/HCDMainproC/default.asp?s=1 ♦ www.cdc.gov/ncbddd/child/screen_provider.htm ♦ Centre of Excellence for Early Childhood Development: www.child-encyclopedia.com	

Section 9: Screening: Newborn and Iron-Deficient Anemia (IDA)

Variable	Description	Forms
Newborn Screening	Indicate if newborn screening done.	1wk
Hemoglobinopathy Screening	Indicate if done. Screen all neonates from high-risk groups, e.g. Asian, African and Mediterranean (applicable to 1st Week Visit)	
Hgb (fingerprick)*	Record hemoglobin value from child's routine fingerprick at visit.	6mths to 4-5yrs
Hgb (venipuncture)*	Check 'Done' if a venipuncture was performed or referral made for venipuncture to be done elsewhere. Refer to *Nunavut Pediatric Screening and Treatment Protocol for Iron-Deficiency Anemia (IDA)* for indications of when venipuncture is recommended.	
Lab Results (Hgb, MCV, Ferritin, CRP)*	Record hemoglobin value, MCV, Ferritin and CRP from lab results of venipuncture (only applicable if venipuncture was done).	
Iron Prescribed*	Check 'Yes' if there has been a prescription of iron supplement for the child.	
Iron Taken*	Check the appropriate box for child compliancy of taking iron.	
Notes and Resources	♦ Refer to the Nunavut Pediatric Screening and Treatment Protocol for Iron-Deficiency Anemia (IDA)	

Section 10: Immunization

Variable	Description	Forms
Vaccines Up-To-Date*	Check appropriate box if child's vaccines are up-to-date at time of visit. ♦ Refer to Nunavut Immunization Guide for more information	ALL

Section 11: Signature and Date

Variable	Description	Forms
Signature	Signature of Health Care Provider administering well-child visit.	ALL
Date	Date at time of visit in DD / MM / YYYY format.	

Section 12: Education and Advice

Included below is information on Education and Advice topics, with links to resources and references.

Section 12.1: **Nutrition**

Discuss each point with parent/guardian (if not already discussed during visit).
Check if there are no concerns, circle if there are concerns, leave blank if not assessed.

Category	Description	Forms
Breastfeeding *Notes and Resources*	- **Recommend exclusive breastfeeding for the first six months of life.** Breast milk is the optimal food for infants, and breastfeeding (with complementary foods) should continue for up to two years and beyond. Breastfeeding is rarely contraindicated. Rare maternal contraindications include when the mother: o is HIV-infected - has herpes lesions on both breasts o has untreated infectious tuberculosis o has a severe illness that prevents her from caring for her infant (WHO/UNICEF 2008). - *Exclusive* breastfeeding means that an infant is fed only breast milk. The infant receives no solids and no other liquids (not even water), with the following exceptions: o vitamin or mineral supplements o medicines o oral rehydration therapy - Benefits to infants: Breastfeeding reduces gastrointestinal and respiratory infections may reduce the risk of SIDS and allergies and enhance cognitive development. Maternal support (both antepartum 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. - Encourage women who smoke to stop or reduce smoking; however, even if smoking is continued, breastfeeding is still the best choice. - Limit intake of alcohol. Postpone nursing for 1-2 hours for each drink ingested. - Maternal medications when breastfeeding: Whenever drugs are prescribed or infection detected, assess each case on an individual basis. ♦ Breastfeeding: www.cps.ca/english/statements/N/BreastfeedingMar05.htm ♦ Weaning: www.cps.ca/english/statements/CP/cp04-01.htm ♦ Colic: www.cps.ca/english/statements/N/NutritionNoteSept03.htm ♦ Ankyloglossia and breastfeeding: www.cps.ca/english/statements/CP/cp02-02.htm ♦ Maternal meds and breastfeeding: 'Medications and Mothers' Milk', T.Hale (2008) ♦ Motherisk: www.motherisk.org	1wk to 18mths
Formula Feeding	- If infant is not breastfed, or is only partially breastfed, recommend cow's milk-based, iron-fortified formulas until 12 months of age. - 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 preterm infants. Indications for the use of these formulas are limited to galactosemia and vegan diet. ♦ www.cps.ca/english/statements/N/InfantSoyConcern.htm - Formulas for special medical purposes are indicated only for infants with detected or suspected pathology.	1wk to 9mths

Category	Description	Forms
Cow's Milk	- Milk consumption range is consensus only and is provided as an approximate guide. - Cow's milk has low iron content and the iron is poorly absorbed. To lower the risk of iron deficiency anemia, cow's milk is **not recommended** before 12 months of age. - Pasteurized whole cow's milk may be introduced at 12 months of age and continued throughout the second year of life. - Partly skimmed milk (1% and 2%) is not routinely recommended in the first 2 years. Skim milk is inappropriate in the first 2 years. - Soy, rice or other vegetarian beverages, whether or not they are fortified, are inappropriate alternatives to breast milk, formula or pasteurized whole cow's milk in the first 2 years. - To prevent iron deficiency, cow's milk should be limited to 500-750mL (16-24oz)/day.	12mths to 4-5yrs
Other Liquids: Water	- For infants less than 4 months of age, bring all drinking water to a rolling boil for at least 2 minutes to ensure that it is pathogen free.	1wk to 4mths
Other Liquids: Fruit juice	- Avoid fruit juice until 6 months of age. After 6 months, if juice is included, limit to 60-125 mL (2-4 oz) per day to avoid interfering with the intake of breast milk or infant formula. Offer it as a part of a meal or snack in a cup, not a bottle. - Too much juice (especially apple juice) can sometimes lead to watery stools or toddler's diarrhea and tooth decay. - Do not use herbal teas or other beverages such as fruit flavored (powdered) drinks, punches and pop (including diet).	ALL
Introduction of Solids	- Solids are not necessary before 6 months of age. Use of complementary foods before six months may interfere with an infant's total milk intake. - Introduce nutrient-rich complementary foods at 6 months to meet the infant's increasing nutritional requirements and developmental needs. To prevent iron deficiency, iron-containing foods are recommended as the first foods. - Cow's milk has a low iron content and the iron is poorly absorbed. To lower the risk of iron deficiency anemia, cow's milk is not recommended before 12 months of age. - Between 9 and 12 months, transition to more textured purées, finger foods and table foods.	6 to 12mths
Encourage Country Food / Healthy Eating	- Encourage country foods. - Enjoy a variety of healthy store-bought foods from each food group as per Nunavut's Food Guide. ♦ http://www.hss.gov.nu.ca - Dietary fat restriction during the first 2 years is not recommended because it may compromise the intake of energy and essential fatty acids and adversely affect growth and development. - Children over 2 years old: Use 'Canada's Food Guide' for information on serving size and recommended number of food servings per day: ♦ http://www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index-eng.php	6mths to 4-5yrs
Safety Issues around Feeding	- Avoid feeding an infant using a 'propped' bottle. - To prevent infant botulism, do not use honey in the feeding f infants less than 1 year of age. - To prevent salmonella poisoning, cook all eggs well and do not use products containing raw eggs. - Ensure that infants and toddlers are always supervised during feeding. - Choking: Hard, small and round, smooth and sticky solid foods (such as popcorn, peanuts or other nuts, sunflower seeds, fish with bones, snacks using toothpicks or skewers, peanut butter served alone, fruits with pits, hard fruit or carrot pieces, etc.) are not recommended because they may cause choking and aspiration.	1wk to 12mths

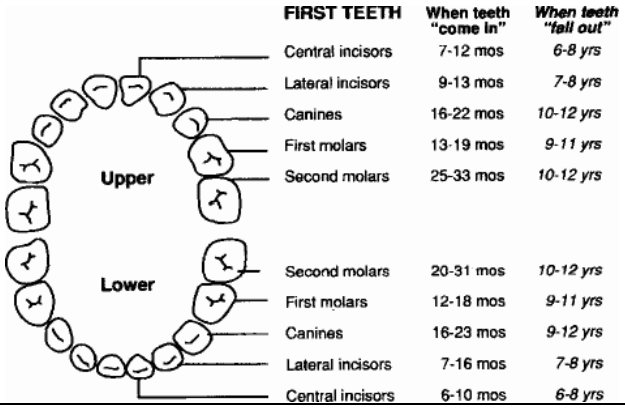
Category	Description	Forms
Vitamin D Deficiency Prevention	- In addition to the vitamin D obtained from food and sun exposure, all infants should receive vitamin D supplements. - For dosage, refer to the **Nunavut REVISED Public Health Vitamin D Supplementation Protocol**, Department of Health and Social Services, 2010. - Infants less than one year should not be exposed to direct sun; they must fully rely on diet and supplements for vitamin D. - From birth to 2 years old, vitamin D can be given as drops. - After 2 years old, a multi-vitamin with 400 IUs vitamin D can be given (covered by NIHB). ♦ http://www.hss.gov.nu.ca/ - Women should be encouraged to breastfeed for as long as possible and to take vitamin D supplements while breastfeeding.	ALL
Iron Deficiency Anemia (IDA) Prevention	- Recommend exclusive breastfeeding for the first 6 months of life. - If infant is not breastfed, or is only partially breastfed, recommend cow's milk-based, iron-fortified formulas until 12 months of age. - Introduce iron-rich foods (such as country food, iron-fortified baby cereal, meat, fish, poultry, cooked egg yolk, well-cooked legumes and tofu) at 6 months. Iron from meat sources is better absorbed than iron from non-meat sources. - Delay the introduction of whole cow's milk until 12 months of age. Cow's milk should be limited to 500-750mL (16-24oz) /day. Continue to offer iron-fortified baby cereal until 2 years of age.	ALL
Nutrition Notes and Resources	♦ Government of Nunavut. Department of Health and Social Services. www.hss.gov.nu.ca ○ Nunavut's Food Guide and Educator's Handbook. HSS. Revised 2011. ○ Nutrition Fact Sheet Series – Inuit Traditional Foods. HSS. Revised 2010. ○ Vitamin D resources (handouts, poster). HSS. Revised 2010. ○ Our Breastfeeding Stories - Stories from Nunavut Mothers. HSS. 2005. ♦ **Dietitians of Canada**: www.dietitians.ca ♦ **Pediatric Nutrition Guidelines for Primary Health Care Providers**. Ontario Society of Nutrition Professionals in Public Health (OSNPPH), Family Health Nutrition Advisory Group. Revised May 2008. http://www.osnpph.on.ca/pdfs/ImprovingOddsJune-08.pdf ♦ **Nutrition for Healthy Term Infants.** Minister of Public Works and Government Services, Canada, 2005. http://www.hc-sc.gc.ca/fn-an/pubs/infant-nourrisson/nut_infant_nourrisson_term-eng.php	

Section 12.2: **Issues**

Discuss each point with parent/guardian (if not already discussed during visit).
Check if there are no concerns, circle if there are concerns, leave blank if not assessed.

Category	Description	Forms
Second-Hand Smoke Exposure	- Contributes to childhood illnesses such as URTI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS. - Infants in Amauti may be exposed to second smoke when hood is up.	ALL
Fever Advice/ Thermometers	- Fever ≥ 38ºC 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: www.cps.ca/english/statements/CP/cp00-01.htm	1wk to 18mths
Pacifier Use	- Pacifier use may decrease risk of SIDS and should not be discouraged in the first year of life after breastfeeding is well established, but should be restricted in children with chronic/recurrent otitis media. ♦ www.cps.ca/english/statements/CP/cp03-01.htm	1wk to 18mths

Category	Description	Forms
Environmental Health	- Websites about environmental issues: ♦ CPCHE: www.healthyenvironmentforkids.ca ♦ Health and housing: www.cmhc-schl.gc.ca/en/inpr/bude/heho/index.cfm ♦ Environmental health section of CDC: www.cdc.gov/node.do/id/0900f3ec8000e044 ♦ Commission for Environmental Cooperation: www.cec.org/children ♦ AAP: www.aap.org/healthtopics/environmentalhealth.cfm	ALL
Sun Exposure	- Sun exposure/sunscreens/insect repellents: Minimize sun exposure: Infants less than one year of age should not be exposed to direct sun. For babies with light skin pigmentation, 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.	
Pesticides	- Avoid pesticide exposure. Encourage pesticide-free foods ♦ www.ocfp.on.ca/local/files/Communications/Current%20Issues/Pesticides/Final%20Paper%2023APR2004.pdf	
Lead Screening	- Recommended for children who: - in the last 6 months, lived in a house or apartment built before 1978; - have a sibling, housemate, or playmate with a prior history of elevated lead levels; - live near a point sources of lead contamination; - have household members with lead-related occupations or hobbies; - live in a home with recent/ongoing renovations, peeling, or chipped paint; - have been seen eating paint chips; - Even for blood levels less than 10µg/dL, evidence suggests an association, and perhaps partial causal relationship, with lower cognitive function in children. ♦ www.pulsus.com/journals/toc.jsp?sCurrPg=journalandjnlKy=5andisuKy=444	12mths to 4-5yrs
Dental Cleaning: Fluoridated Toothpaste	- Teeth should be used twice per day with a minimum amount of water used to rinse the mouth after brushing. - As excessive swallowing of toothpaste by young children may result in dental fluorosis, children 3-6 years should be supervised during brushing and only use a small amount (e.g. pea-sized portion) of fluoridated toothpaste twice daily. - Children under 3 years of age 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 carries risk). - Infants under the age of 1 should have their gums gently wiped with a gauze or soft cloth. The gauze or wash cloth is to be used ONLY for mouth care and is not to be shared with other children. - Young children are not able to properly clean their own teeth. It is the parent or caregivers' responsibility to clean their child's teeth until they are able to write their own name. The teeth and tongue should be brushed at least two times a day with a soft bristled toothbrush. A thorough tooth brushing should take 2 minutes. - Health professionals may wish to prescribe fluoride supplements to high risk patients in non-fluoridated communities where individuals are not able to obtain fluoride in any other form (e.g. toothpaste) and after they have completed a thorough analysis of the patient's fluoride intake. ♦ http://www.cda-adc.ca/_files/position_statements/Fluorides-English-2010-06-08.pdf - Early Childhood Tooth Decay (ECTD) is caused from putting a child to bed with anything but water in their bottle (cow's milk, formula, fruit juice, etc.). It can also occur when a child falls asleep at the breast with milk still in their mouth. Mother's milk, formula, cow's milk and fruit juice all contain sugars. - Clean your child's mouth and teeth after each feeding. - If your child falls asleep during feeding, remove the bottle or breast. - Pacifiers and soothers should not be dipped in honey or any other sweeteners - Lift your child's lip once a month and check their teeth for signs of tooth decay. Look for dull white sports or lines on the teeth next to the gums.	2mths to 4-5yrs

Category	Description	Forms
	- If you see any signs of tooth decay, see a dentist, dental therapist or health professional right away. ♦ http://www.hc-sc.gc.ca/hl-vs/oral-bucco/care-soin/child-enfant-eng.php ♦ http://www.cda.adc.ca/en/oral_health?cfyt/dental_care_children/tooth_decay.asp - To prevent early childhood caries: avoid sweetened liquids and constant sipping of milk or natural juices in both bottle and cup. Switch to a regular cup for all drinks between 12-15 months. ♦ www.caringforkids.cps.ca/healthybodies/healthyteeth.htm 	
Medications	- **OTC cough/cold medications:** Advise parents against using OTC cough/cold medications. www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2008/2008_184-eng.php - *Complementary and alternative medicine (CAM):* Questions should be routinely asked on the use of homeopathy and other complementary and alternative medicine therapy or products, especially for children with chronic conditions. ♦ www.cps.ca/english/statements/DT/DT05-01.htm ♦ Homeopathy: www.cps.ca/english/statements/CP/cp05-01.htm	ALL
Encourage Reading / TV	- 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. ♦ www.cps.ca/english/statements/PP/pp06-01.htm ♦ http://pediatrics.aappublications.org/cgi/content/abstract/105/4/S1/927 ♦ Arch Dis Child; 2008;93:554-7 ♦ Media use: www.cps.ca/english/statements/PP/pp03-01.htm	6mths to 4-5yrs
Healthy Active Living	- Encourage increased physical activity and decreased sedentary pastimes with parents as role models. www.cps.ca/english/statements/HAL/HAL02-01.htm	
Toilet Learning	- The process of toilet learning has changed significantly over the years and within different cultures. - In Western culture, a child-centred approach, where the timing and methodology of toilet learning is individualized as much as possible, is recommended: ♦ www.cps.ca/english/statements/CP/cp00-02.htm ♦ www.pulsus.com/journals/abstract.jsp?jnlKy=5&atlKy=7859&isuKy=769&isArt=t&HCtype=Consumer	18mths to 4-5yrs
Footwear	- Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. ♦ www.cps.ca/english/statements/CP/FootwearChildren.htm	9mths to15mths

Section 12.3: **Injury Prevention**

Discuss each point with parent/guardian (if not already discussed during visit).
Check if there are no concerns, circle if there are concerns, leave blank if not assessed.

Category	Description	Forms
Injuries	- 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. ♦ For more safety information: www.safekidscanada.ca ♦ www.cps.ca/english/publications/InjuryPrevention.htm	2mths to 4-5yrs
Car Seats	- Transportation in motor vehicles: ♦ www.cps.ca/english/statements/IP/IP08-01.htm ♦ www.safekidscanada.ca/SKCPublicPolicyAdvocacy/custom/BoosterSeatLegislationChart.pdf - 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 seat until at least 1 year of age AND 10 kg (22lb). Use forward-facing child seat after 1 year of age AND 10-22kg (22-48lb) and up to 122 cm (48'). Maximum ht/wt may vary with car seat model. - Use booster seat from at least 18-36kg (40-80lb) and up to 145cm (4'9'). - Use lab and shoulder belt in the rear seat for older children over 8 years who are at least 36kg (80lb) and 145cm (4'9') and fit vehicle restraint system.	
Amauti	- Do not smoke with baby in Amauti - Do not place baby in Amauti while in a car - Seek advice around traditional knowledge of Amauti use.	
Bike Helmets	- Wear bike helmet. Replace if heavy impact or sign of damage.	2-3 to 4-5yrs
Choking / Safe Toys	- Avoid hard, small and round, smooth and sticky solid foods until age 3 years. Use safe toys, follow minimum age recommendations, and remove loose parts and broken toys.	1wk to 18mths
Shaken Baby Syndrome	♦ www.cps.ca/english/statements/PP/cps01-01.htm ♦ Additional information in Crying / Sleeping, Education and Advice section	1wk to 6mths
Safe sleeping environment Baby Sleep Position Bed Sharing Sleep Surface Room Sharing	♦ www.cps.ca/english/statements/CP/cp04-02.htm - **Sleep position and SIDS/Positional plagiocephaly:** Healthy infants should be positioned on their backs for sleep. Their heads should be placed in different positions on alternate days. Sleep positioners should not be used. While awake, infants should have supervised tummy time. Counsel parents on the dangers of other contributory causes of SIDS such as overheating, maternal smoking or second-hand smoke. ○ Placing infants on their stomach (prone) or side can lead to respiratory stress causing SIDS. This position not only restricts the availability of fresh air, but also affects physiological responses such as impaired arousal reaction. - The safest place for the baby to sleep is on his or her back, in a bed beside the parents. - Encourage putting infant in a crib, cradle or bassinette that meets current Canadian safety regulations in parents' room for the first 6 months of life. - Room sharing is protective against SIDS.	1wk to 6mths

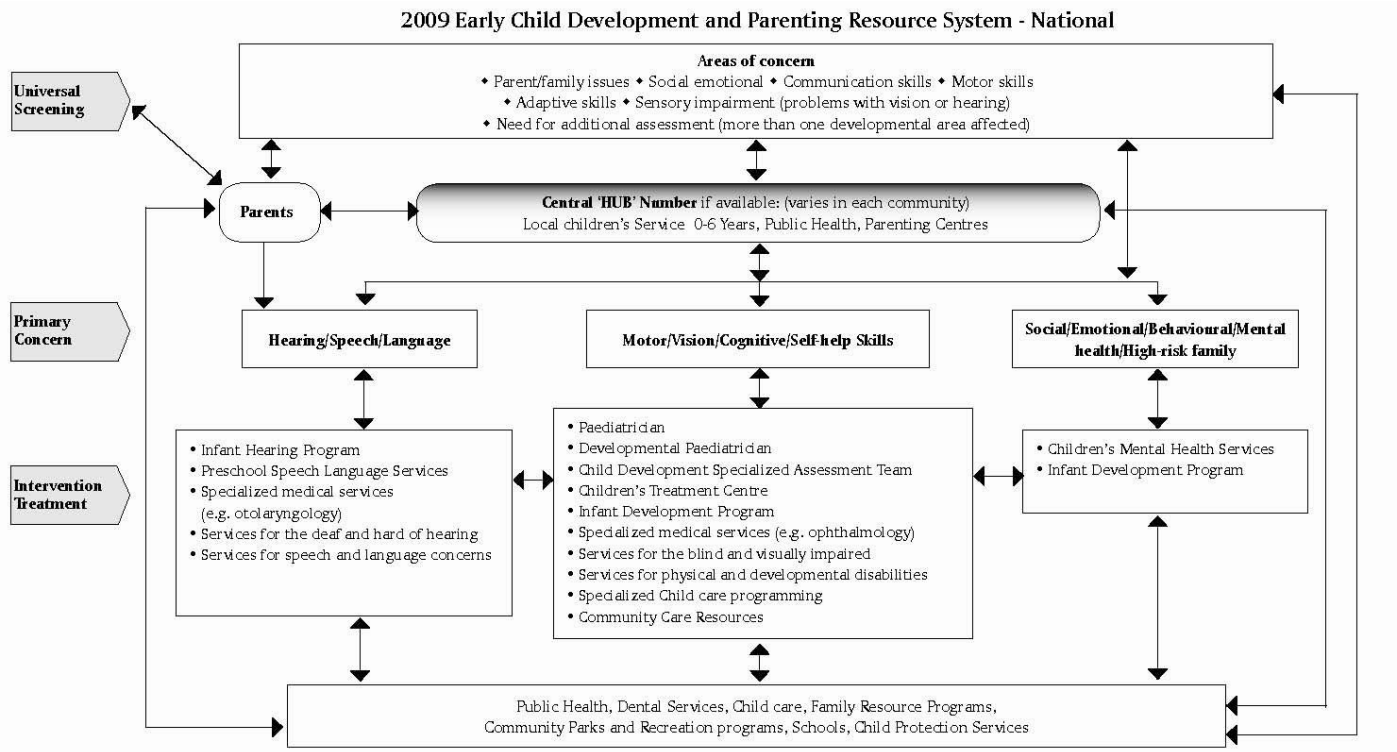
Category	Description	Forms
Childproofing Falls	- Assess home for hazards –never leave baby alone on change table or other high surface; use window guards and stair gates. - Baby walkers are banned in Canada and should never be used. Advise against trampoline use at home. ♦ www.cps.ca/english/statements/IP/IP07-01.htm	2mths to 15mths
Poisons	- Keep medicines and cleaners locked up and out of child's reach. - Use of ipecac is contraindicated in children.	
Poison Control Centre	- Have Poison Control Centre numbers handy: ○ Qikiqtani (Baffin) Region: 1-800-268-9017 (Toronto) ○ Kivalliq Region: 1-204-787-2591 (Winnipeg) ○ Kitikmeot Region: 1-403-670-1414 (Foothills, Calgary)	
Firearm Safety/Removal	- There is evidence-based association between a firearm in the home and increased risk of unintentional firearm injury, suicide or homicide. - **Burns**: Install smoke detectors in the home on every level.	1wk to 4-5yrs
Hot Water	- Keep hot water at a temperature < 49°C	1wk to 4-5yrs
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. ♦ Drowning: www.cps.ca/english/statements/IP/IP03-01.htm	

Section 12.4: **Behaviour and Family Issues**

Discuss each point with parent/guardian (if not already discussed during visit).
Check if there are no concerns, circle if there are concerns, leave blank if not assessed.

Category	Description	Forms
Crying / Sleeping	- Excessive crying may be caused by behavioural 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.	1wk to 15mths
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. ♦ www.mja.com.au/public/issues/182_05_070305/sym10800_fm.html	12mths to 15mths
Swaddling	- Proper swaddling of the infant for the first 6 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. ♦ http://pediatrics.aappublications.org/cgi/reprint/120/4/e1097	1wk to 6mths

Category	Description	Forms
High Risk Infant/Children		ALL
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 teenaged parents to prevent physical abuse and/or neglect. www.cmaj.ca/cgi/content/full/163/11/1451	
Risk Factors for Abuse	- 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.	
Fetal Alcohol Spectrum Disorder	- Fetal alcohol spectrum disorder (FASD) Canadian Guidelines: ♦ www.cmaj.ca/cgi/content/full/172/5_suppl/S1	
Autism Spectrum Disorder (ASD)	- Specific screening for ASD at 18-24 months using the M-CHAT 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. - If the M-CHAT is abnormal, use the M-CHAT Follow-up Interview to reduce the false positive rate and avoid unnecessary referrals and parental concern. - The M-CHAT tool and follow-up interview are found at: www.mchatscreen.com	
Child Care		ALL
Parenting / Discipline	- Inform parents that warm, responsive, flexible and consistent discipline techniques are associated with positive child outcomes. - Over reactive, inconsistent, cold and coercive techniques are associated with negative child outcomes. ♦ www.cps.ca/english/statements/PP/pp04-01.htm ♦ www.cheo.on.ca/english/pdf/joint_statement_e.pdf ♦ www.cfpc.ca/English/OCFP/CME/HCDMainproC/default.asp?s=1 - Refer parents of children at risk of, or showing signs of, behavioural 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). ♦ www.child-encyclopedia.com/en-ca/parenting-skills/how-important-is-it.html	
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. ♦ www.cps.ca/english/statements/PP/pp04-03.htm	
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. ♦ www.cps.ca/english/statements/CP/cp08-02.htm ♦ www.cps.ca/english/statements/CP/cp2009-01.htm - Well Beings: www.caringforkids.cps.ca/wellbeings/index.htm	



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

Financial support for this revision: Ontario Ministry of Children and Youth Services Strategic Policy and Planning Division, with funds administered by the Ontario College of Family Physicians.