Nova Scotia RBR: Evidence-Based Infant/Child Health Maintenance

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NOVA SCOTIA **GUIDE I: 0 –1 mo**

NAME: _____ Birth Day (d/m/yy): _____/ _____/ 20____ M ☐ F ☐

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference:_____ cm Discharge Weight:_____ g

Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:

WITHIN 1 WEEK	2 WEEKS (OPTIONAL)	1 MONTH
DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____

GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

Length	Weight	Head Circ. (avg 35 cm)	Length	Weight (regains BW 1–3 weeks)	Head Circ.	Length	Weight	Head Circ.

PARENT/CAREGIVER CONCERNS

NUTRITION[1] For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns

Breastfeeding ❍ Exclusive[1], ❍ Breastfeeding with supplementation, ❍ No breastfeeding
- ❍ **Vitamin D 400 IU/day[1]**
- ❍ *Formula Feeding (iron-fortified)/preparation[1]* [150 mL(5 oz)/kg/day[1]]
  - ❍ Type of formula being used (concentrate, ready to feed or powdered)_____
  - ❍ Advised no powdered infant formula (PIF)
  - ❍ Do not add cereal to bottle
  - ❍ If on well water – have water checked
  - ❍ Advised to boil H2O for 2 minutes
  - ❍ Infant-led feeding for formula fed babies
- ❍ Stool pattern and urine output
- ❍ Anticipatory guidance for growth spurts
- ❍ RBR Information Sheet provided

Breastfeeding ❍ Exclusive[1], ❍ Breastfeeding with supplementation, ❍ No breastfeeding
- ❍ **Vitamin D 400 IU/day[1]**
- ❍ *Formula Feeding (iron-fortified)/preparation[1]* [150 mL(5 oz) /kg/day[1]]
  - ❍ No bottle propping
  - ❍ Infant-led feeding for formula fed babies
- ❍ Stool pattern and urine output
- ❍ Anticipatory guidance for growth spurts
- ❍ RBR Information Sheet provided

Breastfeeding ❍ Exclusive[1], ❍ Breastfeeding with supplementation, ❍ No breastfeeding
- ❍ **Vitamin D 400 IU/day[1]**
- ❍ *Formula Feeding (iron-fortified)/preparation[1]* [450–750 mL(15–25 oz) /day[1]]
  - ❍ Type of formula being used (concentrate, ready to feed or powdered)_____
  - ❍ Advised no powdered infant formula (PIF)
  - ❍ Do not add cereal to bottle
  - ❍ Infant-led feeding for formula fed babies
- ❍ Stool pattern and urine output
- ❍ Anticipatory guidance for growth spurts
- ❍ RBR Information Sheet provided

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

INJURY PREVENTION[1]
- ❍ **Motorized vehicles/Car seat[1]**
- ❍ Carbon monoxide/*Smoke detectors*[1]
- ❍ **Firearm safety[1]**
- ❍ *Hot water <49°C/Bath safety*[1]
- ❍ Choking/Safe toys[1]
- ❍ *Pacifier use*[1] (No pacifier until breastfeeding is well established)
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)[1]**
- ❍ *Falls (stairs, change table)*[1]
- ❍ Do Not Use Q-Tips to clean ears

BEHAVIOUR AND FAMILY ISSUES[2]
- ❍ Crying[2]
- ❍ **Night waking[2]**
- ❍ **Parenting/Bonding**
- ❍ Siblings
- ❍ Parental fatigue/**Postpartum depression[2]**
- ❍ **High risk infants/Assess home visit need[2]** (Check contact with public health)
- ❍ **Inquire re difficulty making ends meet or feeding your family[2]**
- ❍ Skin to skin
- ❍ **Healthy sleep habits[2]**
- ❍ Soothability/Responsiveness
- ❍ Family conflict/Stress

ENIRONMENTAL HEALTH[1]
- ❍ **Second hand smoke[1]** ❍ Sun exposure[1]

OTHER ISSUES[1]
- ❍ **No OTC cough/Cold medicine[1]**
- ❍ *Inquiry on complementary/Alternative medicine*[1]
- ❍ *Temperature control and overdressing*
- ❍ Fever advice/Thermometers[1]
- ❍ **Supervised tummy time while awake[1]**
- ❍ Pets
- ❍ Encourage reading

DEVELOPMENT[2] (Inquiry and observation of milestones)

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

- ❍ Sucks well on nipple
- ❍ Sequences 2 or more sucks before swallowing or breathing
- ❍ No parent/caregiver concerns

- ❍ Sucks well on nipple
- ❍ *No parent/caregiver concerns*

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

PHYSICAL EXAMINATION[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- ❍ Fontanelles[2]
- ❍ **Eyes (red reflex)[2]**
- ❍ Tongue mobility[2]
- ❍ Heart/Lungs
- ❍ Umbilicus
- ❍ Umbilical cord care
- ❍ Male urinary stream/Foreskin care
- ❍ Patency of anus
- ❍ *Skin (jaundice[2], bruising[2])*
- ❍ *Ears (TMs) Hearing inquiry/screening[2]*
- ❍ Neck/Torticollis[2]
- ❍ Abdomen/Femoral pulses
- ❍ Hips (Barlow/Ortolani)[2]
- ❍ Testicles/Genitalia
- ❍ Muscle tone[2]

- ❍ Fontanelles[2]
- ❍ **Eyes (red reflex)[2]**
- ❍ Tongue mobility[2]
- ❍ Heart/Lungs
- ❍ Umbilicus
- ❍ Testicles/Genitalia
- ❍ Muscle tone[2]
- ❍ *Skin (jaundice[2], bruising[2])*
- ❍ *Ears (TMs) Hearing inquiry/screening[2]*
- ❍ Neck/Torticollis[2]
- ❍ Abdomen/Femoral pulses
- ❍ Hips (Barlow/Ortolani)[2]
- ❍ Male urinary stream/Foreskin care

- ❍ *Skin (jaundice[2], bruising[2])*
- ❍ **Eyes (red reflex)[2]**
- ❍ *Hearing inquiry/Screening[2]*
- ❍ Heart/Abdomen
- ❍ Hips (Barlow/Ortolani)[2]
- ❍ Muscle tone[2]
- ❍ Fontanelles[2]
- ❍ **Corneal light reflex[2]**
- ❍ Tongue mobility[2]
- ❍ Neck/Torticollis[2]

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS[4] E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING[2] AND IMMUNIZATION[3] Record Vaccines on Guide V

- ❍ **Newborn screening completed**
- ❍ **Universal newborn hearing screening (UNHS)[2]**
- ❍ **If HBsAg-positive parent/sibling Hep B vaccine #1[3]**
- ❍ Ensure parents/caregivers have Pertussis vaccine
- ❍ Locate Yellow immunization card

- ❍ **If HBsAg-positive parent/sibling Hep B vaccine #2[3]**
- ❍ Pain reduction strategies for immunizations[3]
- ❍ Discuss NACI recommended Non-publically funded immunization

SIGNATURE

x	x	x

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NOVA SCOTIA **GUIDE II: 2–6 mos**

NAME: _____ Birth Day (d/m/yy): _____/_____/ 20____ M ☐ F ☐

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference:_____ cm

Past Problems / Risk factors	Family history:

2 MONTHS	4 MONTHS	6 MONTHS
DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____

GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

Length	Weight	Head Circ.	Length	Weight	Head Circ.	Length	Weight (x2 BW)	Head Circ.

PARENT/CAREGIVER CONCERNS

NUTRITION[1] For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns

Breastfeeding ❍ **Exclusive[1],** ❍ Breastfeeding with supplementation, ❍ No breastfeeding
- ❍ **Vitamin D 400 IU/day[1]**
- ❍ *Formula Feeding (iron-fortified)/preparation[1]* [600–900 mL(20–30 oz) /day[1]]
  - ❍ Type of formula being used (concentrate, ready to feed or powdered)_____
  - ❍ Discussed risks of powdered infant formula (PIF)
- ❍ RBR Information Sheet provided

Breastfeeding ❍ **Exclusive[1],** ❍ Breastfeeding with supplementation, ❍ No breastfeeding
- ❍ **Vitamin D 400 IU/day[1]**
- ❍ *Formula Feeding (iron-fortified)/preparation[1]* [750–1080 mL(25–36 oz) /day[1]]
  - ❍ Type of formula being used (concentrate, ready to feed or powdered)_____
  - ❍ Discussed risks of powdered infant formula (PIF)
- ❍ Discuss future introduction of solids[1] and continuation of breastfeeding
- ❍ Introduction of solids: should be lead by infant signs of readiness – a few weeks before to just after 6 months.
- ❍ RBR Information Sheet provided

- ❍ **Breastfeeding[1] – introduction of solids[1],** ❍ No breastfeeding
  - ❍ **Vitamin D 400 IU/day[1]**
- ❍ *Formula Feeding – iron-fortified/preparation[1]* [750–1080 mL(25–36 oz) /day[1]]
  - ❍ Type of formula being used (concentrate, ready to feed or powdered)_____
  - ❍ Discussed risks of powdered infant formula (PIF)
- ❍ **Iron containing foods[1] (iron fortified cereals, meat, tofu, legumes, poultry, fish, whole eggs)**
- ❍ Fruits, vegetables and milk products (yogurt, cheese) to follow
- ❍ No honey[1] ❍ Choking/Safe food[1]
- ❍ **Avoid juices/sweetened liquids[1]** (encourage water)
- ❍ No bottles in bed
- ❍ RBR Information Sheet provided

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

INJURY PREVENTION[1]
- ❍ **Poisons[1]; PCC#** 1-800-565-8161[1] ❍ **Firearm safety[1]**
- ❍ *Hot water <49°C/Bath safety[1]*
- ❍ Choking/Safe toys[1]
- ❍ *Pacifier use[1]*
- ❍ *Electric plugs/Cords*
- ❍ **Motorized vehicles/Car seat[1]**
- ❍ Carbon monoxide/*Smoke detectors[1]*
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)[1]**
- ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)[1]*

BEHAVIOUR AND FAMILY ISSUES[2]
- ❍ Crying[2]
- ❍ **Night waking[2]**
- ❍ **Parenting/Bonding**
- ❍ Siblings
- ❍ *Encourage reading[2]*
- ❍ Parental fatigue/**Postpartum depression[2]**
- ❍ **High risk infants/Assess home visit need[2]**
- ❍ **Inquire re difficulty making ends meet or feeding your family[2]**
- ❍ **Family healthy active living/Sedentary behaviour/Screen time[2]**
- ❍ **Healthy sleep habits[2]**
- ❍ Soothability/Responsiveness
- ❍ Family conflict/Stress
- ❍ *Child care[2]*/Return to work

ENVIRONMENTAL HEALTH[1]
- ❍ **Second hand smoke[1]** ❍ *Pesticide exposure[1]*
- ❍ Sun exposure/sunscreens/insect repellent[1]

OTHER ISSUES[1]
- ❍ *OTC/Complementary/Alternative medicine[1]*
- ❍ **No OTC cough/Cold medicine[1]**
- ❍ *Temperature control and overdressing*
- ❍ Fever advice/Thermometers[1]
- ❍ Teething/**Dental cleaning/Fluoride[1]**
- ❍ **Supervised tummy time while awake[1]**

DEVELOPMENT[2] (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

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

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

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

PHYSICAL EXAMINATION[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- ❍ Fontanelles[2]
- ❍ **Corneal light reflex[2]**
- ❍ Heart/Abdomen
- ❍ Muscle tone[2]
- ❍ *Skin (jaundice[2],* bruising[2])
- ❍ **Eyes (red reflex)[2]**
- ❍ *Hearing inquiry/screening[2]*
- ❍ Neck/Torticollis[2]
- ❍ Hips (Barlow/Ortolani)[2]

- ❍ Anterior fontanelle[2]
- ❍ **Corneal light reflex[2]**
- ❍ Neck/Torticollis[2]
- ❍ Muscle tone[2]
- ❍ **Eyes (red reflex)[2]**
- ❍ *Hearing inquiry/screening[2]*
- ❍ Hips (limited hip abd'n)[2]
- ❍ Bruising[2]

- ❍ Anterior fontanelle[2]
- ❍ *Hearing inquiry/screening[2]*
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ Hips (limited hip abd'n)[2]
- ❍ Teeth[2] – caries risk assessment
- ❍ **Eyes (red reflex)[2]**
- ❍ Bruising[2]
- ❍ Muscle tone[2]

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS[4] E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING[2] AND IMMUNIZATION[3] Record Vaccines on Guide V

- ❍ Pain reduction strategies for immunizations[3]
- ❍ Discuss NACI recommended Non-publically funded immunization
- ❍ Immunization handouts

- ❍ Pain reduction strategies for immunizations[3]
- ❍ Immunization handouts

- ❍ *Hemoglobin (If at risk)[2]*
- ❍ Inquire about risk factors for TB[2]
- ❍ **If HBsAg-positive parent/sibling Hep B vaccine #3[3]**
- ❍ Pain reduction strategies for immunizations[3]
- ❍ Immunization handouts

SIGNATURE

x _____ x _____ x _____

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NOVA SCOTIA **GUIDE III: 9 –15 mos**

NAME: _____ Birth Day (d/m/yy): _____/ _____/ 20____ M ☐ F ☐

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference:_____ cm

Past problems / Risk factors:	Family history:

9 MONTHS (OPTIONAL)	**12 – 13 MONTHS**	**15 MONTHS** (OPTIONAL)
DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____

GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

Length	Weight	Head Circ.	Length	Weight (x3 BW)	Head Circ. (avg 47 cm)	Length	Weight	Head Circ.

PARENT/CAREGIVER CONCERNS

NUTRITION[1] For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns

9 MONTHS

- ❍ Continues to receive breastmilk[1] / **Vitamin D 400 IU/day[1]**
- ❍ *Formula Feeding – iron-fortified/preparation*[1] [720–960 mLs(24–32 oz) /day[1]]
- ❍ **Iron containing foods[1],** fruits, vegetables
- ❍ Cow's milk products (e.g., yogurt, cheese, homogenized milk). Goat's milk must be supplemented with folic acid & Vit D if used as a milk source
- ❍ Encourage change from bottle to cup
- ❍ Eats a variety of textures ❍ No honey[1]
- ❍ **Avoid juices/sweetened liquids[1]** (encourage water)
- ❍ No bottles in bed
- ❍ Independent/self-feeding[1]
- ❍ Choking/Safe foods[1]
- ❍ RBR Information Sheet provided

12 – 13 MONTHS

- ❍ Continues to receive breastmilk[1] / **Vitamin D 400 IU/day[1]**
- ❍ Homogenized milk [500–750 mLs(16–24 oz) /day[1]]
- ❍ Cow's milk products (e.g., yogurt, cheese, homogenized milk). Goat's milk must be supplemented with folic acid & Vit D if used as a milk source
- ❍ Appetite reduced
- ❍ Choking/safe foods[1]
- ❍ **Avoid juices/sweetened liquids[1]** (encourage water)
- ❍ Promote open cup instead of bottle
- ❍ Inquire re: vegetarian diets[1]
- ❍ Eats family foods with a variety of textures.
- ❍ Independent/self-feeding[1]
- ❍ Cue-based feeding
- ❍ RBR Information Sheet provided

15 MONTHS

- ❍ Continues to receive breastmilk[1] / **Vitamin D 400 IU/day[1]**
- ❍ Homogenized milk [500–750 mLs(16–24 oz) /day[1]]
- ❍ Cow's milk products (e.g., yogurt, cheese, homogenized milk). Goat's milk must be supplemented with folic acid & Vit D if used as a milk source
- ❍ Choking/safe foods[1]
- ❍ **Avoid juices/sweetened liquids[1]** (encourage water)
- ❍ Promote open cup instead of bottle
- ❍ Inquire re: vegetarian diets[1]
- ❍ Independent/self-feeding[1]
- ❍ RBR Information Sheet provided

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

INJURY PREVENTION[1]

- ❍ **Poisons[1]; PCC#** 1-800-565-8161[1] ❍ **Firearm safety[1]**
- ❍ *Hot water <49°C/bath safety*[1]
- ❍ *Pacifier use*[1]
- ❍ Carbon monoxide/*Smoke detectors*[1]
- ❍ **Motorized vehicles/Car seat[1]**

Childproofing, including:

- ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
- ❍ *Electric plugs/Cords*
- ❍ Choking/safe toys[1]

BEHAVIOUR AND FAMILY ISSUES[2]

- ❍ Crying[2] ❍ **Healthy sleep habits[2]**
- ❍ **Night waking[2]** ❍ Soothability/Responsiveness
- ❍ Siblings ❍ *Encourage reading*[2]
- ❍ **Parenting[2]** ❍ Family conflict/Stress
- ❍ *Child care*[2]/Return to work
- ❍ Parental fatigue/**Depression[2]**
- ❍ **High risk children/assess home visit need[2]**
- ❍ **Family healthy active living/sedentary behaviour/screen time[2]**
- ❍ **Inquire re difficulty making ends meet or feeding your family[2]**

ENVIRONMENTAL HEALTH[1]

- ❍ **Second hand smoke[1]**
- ❍ Sun exposure/Sunscreens/insect repellent[1]
- ❍ *Pesticide exposure*[1]

OTHER ISSUES[1]

- ❍ Teething/**Dental cleaning/Fluoride/Dentist[1]**
- ❍ *Complementary/Alternative medicine*[1]
- ❍ **No OTC cough/Cold medicine[1]** ❍ Footwear[1]
- ❍ Fever advice/Thermometers[1]

DEVELOPMENT[2] (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

9 MONTHS

- ❍ *Looks for an object seen hidden*
- ❍ *Cries or shouts for attention*
- ❍ *Babbles a series of different sounds (e.g., baba, duhduh)*
- ❍ *Responds differently to different people*
- ❍ *Makes sounds/gestures to get attention or help*
- ❍ *Stands with support when helped into standing position*
- ❍ *Opposes thumb and fingers when grasps objects and finger foods*
- ❍ *Plays social games with you (e.g., nose touching, peek-a-boo)*
- ❍ *Sits without support*
- ❍ *No parent/caregiver concerns*

12 – 13 MONTHS

- ❍ *Responds to own name*
- ❍ *Understands simple requests, (e.g., Where is the ball?)*
- ❍ *Makes at least 1 consonant/vowel combination*
- ❍ *Says 3 or more words (do not have to be clear)*
- ❍ *Crawls or 'bum' shuffles*
- ❍ *Pulls to stand/walks holding on*
- ❍ *Has pincer grasp to pick up and eat finger foods*
- ❍ *Shows distress when separated from parent/caregiver*
- ❍ *Follows your gaze to jointly reference an object*
- ❍ *No parent/caregiver concerns*

15 MONTHS

- ❍ *Says 5 or more words (words do not have to be clear)*
- ❍ *Walks sideways holding onto furniture*
- ❍ *Shows fear of strange people/places*
- ❍ *Crawls up a few stairs/steps*
- ❍ Tries to squat to pick up toys from the floor
- ❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

9 MONTHS

- ❍ Anterior fontanelle[2] ❍ **Eyes (red reflex)[2]**
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ *Hearing inquiry/screening*[2]
- ❍ Teeth[2] – caries risk assessment
- ❍ Hips (limited hip abd'n)[2]

12 – 13 MONTHS

- ❍ Anterior fontanelle[2] ❍ **Eyes (red reflex)[2]**
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ *Hearing inquiry/screening*[2]
- ❍ Teeth[2] – caries risk assessment
- ❍ **Tonsil size/Sleep-disordered breathing[2]**
- ❍ Hips (limited hip abd'n)[2]

15 MONTHS

- ❍ Anterior fontanelle[2] ❍ **Eyes (red reflex)[2]**
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ *Hearing inquiry/screening*[2]
- ❍ Teeth[2] – caries risk assessment
- ❍ **Tonsil size/Sleep-disordered breathing[2]**
- ❍ Hips (limited hip abd'n)[2]

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS[4] E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING[2] AND IMMUNIZATION[3] Record Vaccines on Guide V

- ❍ **If HBsAg positive mother check HBV antibodies and HBsAg[3] (at 9 or 12 months)** ❍ *Hemoglobin (If at risk)*[2] ❍ *Blood lead if at risk*[1]
- ❍ Pain reduction strategies for immunizations[3]

SIGNATURE

9 MONTHS	12 – 13 MONTHS	15 MONTHS
x	x	x

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NOVA SCOTIA **GUIDE IV: 18 mos – 5 yr**

NAME: _____ Birth Day (d/m/yy): _____/ _____/ 20____ M ☐ F ☐

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g

Birth Head Circumference: _____ cm

Past problems / Risk factors:	Family history:

18 MONTHS	2 – 3 YEARS	4 – 5 YEARS
DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____	DATE OF VISIT _____/ _____/ 20_____

GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation

Length	Weight	Head Circ. (HC)	Height	Weight	HC if prior abN	BMI	Height	Weight	BMI

PARENT/CAREGIVER CONCERNS

NUTRITION[1] For each ❍ item discussed, indicate "✓" for no concerns, or "X" if concerns

18 MONTHS

- ❍ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ❍ Homogenized milk [500–750 mLs(16–24 oz) /day[1]]
- ❍ **Avoid juices/sweetened liquids[1]** (encourage water)
- ❍ No bottles
- ❍ Inquire re: vegetarian diets[1]
- ❍ Independent/self-feeding[1]
- ❍ RBR Information Sheet provided

2 – 3 YEARS

- ❍ Breastfeeding[1]/Vitamin D 400 IU/day[1] ❍ Canada's Food Guide[1]
- ❍ **Avoid juices/sweetened liquids[1]** (encourage water)
- ❍ Inquire re: vegetarian diets[1]
- ❍ *Gradual transition to lower fat diet*[1]
- ❍ Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day[1]]
- ❍ RBR Information Sheet provided

4 – 5 YEARS

- ❍ Skim, 1% or 2% milk [~ 500 mLs(16 oz) /day[1]]
- ❍ **Avoid juices/sweetened liquids[1]** (encourage water)
- ❍ Inquire re: vegetarian diets[1]
- ❍ Canada's Food Guide[1]
- ❍ RBR Information Sheet provided

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

18 MONTHS

INJURY PREVENTION[1]
- ❍ **Motorized vehicles/Car seat (child/booster)[1]**
- ❍ *Bath safety*[1]
- ❍ Choking/Safe toys[1] ❍ *Wean from pacifier*[1]
- ❍ *Falls (stairs, change table, unstable furniture/TV)*[1]
- ❍ **Poisons[1]; PCC#[1]** 1-800-565-8161

BEHAVIOUR[2]
- ❍ Parent/child interaction ❍ **Healthy sleep habits[2]**
- ❍ **Discipline/Parenting skills programs[2]**

FAMILY[2]
- ❍ **High-risk children[2]** ❍ *Encourage reading*[2]
- ❍ Parental fatigue/Stress/**Depression[2]**
- ❍ Socializing/Peer play opportunities
- ❍ **Family healthy active living/Sedentary behaviour/Screen time[2]**
- ❍ **Inquire re difficulty making ends meet or feeding your family[2]**

ENVIRONMENT HEALTH[1]
- ❍ **Second-hand smoke[1]** ❍ *Pesticide exposure*[1]
- ❍ Sun exposure/Sunscreens/Insect repellent[1]

OTHER[1]
- ❍ **Dental care/Dentist[1]** ❍ Toilet learning[2]

2 – 3 YEARS

INJURY PREVENTION[1]
- ❍ **Bike helmets[1]** ❍ **Firearm safety[1]** ❍ Matches/Lighters ❍ **Poisons[1]; PCC#[1]** 1-800-565-8161
- ❍ Carbon monoxide/*smoke detectors*[1] ❍ *Water safety*[1] ❍ *Falls (stairs, unstable furniture/TV, trampolines)*[1]
- ❍ **Motorized vehicles/Car seat (child/booster)[1]** ❍ *No pacifiers*[1]

BEHAVIOUR[2]
- ❍ Parent/Child interaction ❍ **Discipline/Parenting skills programs[2]** ❍ **High-risk children[2]**
- ❍ Parental fatigue/**Depression[2]** ❍ Family conflict/Stress ❍ Siblings

FAMILY[2]
- ❍ **Healthy sleep habits[2]** ❍ *Assess child care /Preschool needs*/school readiness[2] ❍ Socializing opportunities
- ❍ *Encourage reading*[2] ❍ **Family healthy active living/sedentary behaviour/screen time[2]**
- ❍ **Inquire re difficulty making ends meet or feeding your family[2]**

ENVIRONMENT HEALTH[1]
- ❍ **Second-hand smoke[1]** ❍ Sun exposure/Sunscreens/insect repellent[1] ❍ *Pesticide exposure*[1]

OTHER[1]
- ❍ **Dental cleaning/Fluoride/Dentist[1]** ❍ *Complementary/Alternative medicine*[1]
- ❍ Toilet learning[2] ❍ **No OTC cough/Cold medicine[1]**

DEVELOPMENT[2] (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

18 MONTHS

SOCIAL EMOTIONAL[2]
- ❍ *Interested in other children* ❍ *Usually easy to soothe*
- ❍ *Child's behaviour is usually manageable*
- ❍ *Comes for comfort when distressed*

COMMUNICATION SKILLS[2]
- ❍ *Points to several different body parts*
- ❍ *Tries to get your attention to show you something*
- ❍ *Turns/Responds when name is called*
- ❍ *Points to what he/she wants*
- ❍ *Looks for toy when asked or pointed in direction*
- ❍ *Imitates speech sounds and gestures*
- ❍ *Says 15 or more words (words do not have to be clear)*
- ❍ *Produces 4 consonants, (e.g., B D G H N W)*

MOTOR SKILLS
- ❍ *Feeds self with spoon with little spilling* ❍ *Walks alone*

ADAPTIVE SKILLS
- ❍ *Removes hat/Socks without help* ❍ *No parent/caregiver concerns*

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

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

4 YEARS
- ❍ *Understands 3-part directions*
- ❍ *Asks and answers lots of questions (e.g., "What are you doing?")*
- ❍ *Walks up/down stairs alternating feet*
- ❍ *Undoes buttons and zippers*
- ❍ *Tries to comfort someone who is upset*
- ❍ *No parent/caregiver concerns*

5 YEARS
- ❍ *Counts out loud or on fingers to answer "How many are there?*
- ❍ *Speaks clearly in adult-like sentences most of the time*
- ❍ *Throws and catches a ball*
- ❍ *Hops on 1 foot several times*
- ❍ *Dresses and undresses with little help*
- ❍ *Cooperates with adult requests most of the time*
- ❍ *Retells the sequence of a story*
- ❍ *Separates easily from parent/caregiver*
- ❍ *No parent/caregiver concerns*

PHYSICAL EXAMINATION[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

18 MONTHS
- ❍ Anterior fontanelle closed[2] ❍ **Eyes (red reflex)[2]**
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ Hearing inquiry ❍ Teeth[2]
- ❍ **Tonsil size/Sleep-disordered breathing[2]**

2 – 3 YEARS
- ❍ *Blood pressure if at risk*[2] ❍ *Teeth*[2]
- ❍ **Eyes (red reflex)/Visual acuity[2]** ❍ Hearing inquiry
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ **Tonsil size/Sleep-disordered breathing[2]**

4 – 5 YEARS
- ❍ *Blood pressure if at risk*[2] ❍ *Teeth*[2]
- ❍ **Eyes (red reflex)/Visual acuity[2]** ❍ Hearing inquiry
- ❍ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ❍ **Tonsil size/Sleep-disordered breathing[2]**

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS[4] E.g. medical specialist, dietitian, Breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING[2] AND IMMUNIZATION[3] Record Vaccines on Guide V

❍ *Hemoglobin (If at risk)*[2] ❍ *Blood lead if at risk*[1] ❍ Pain reduction strategies for immunizations[3]

SIGNATURE

x _____ x _____ x _____

Nova Scotia RBR: Evidence-Based Infant/Child Health Maintenance

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NOVA SCOTIA GUIDE V: Immunization

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

Canadian Immunization Guide as per NACI Recommendations (as of October 2016) and Nova Scotia Immunization Schedule*

NAME: _____ Birth Day (d/m/yy): _____/ _____/ 20____ M ☐ F ☐

VACCINE	NS SCHEDULE	DATE GIVEN	INJECTION SITE	LOT NUMBER	EXPIRY DATE	INITIALS	COMMENTS
DTaP-IPV-Hib[3] 4 doses (2, 4, 6, 18 months)	dose #1 (2 months)						
	dose #2 (4 months)						
	dose #3 (6 months)						
	dose #4 (18 months)						
Pneu-C-13[3] 3 doses (2, 4, 12 months)	dose #1 (2 months)						
	dose #2 (4 months)						
	dose #3 (12 months)						
MMRV[3] 2 doses (12 months, between 18 months and 6 years)	dose #1 (12 months)						
	dose #2 (between 18 months and 6 years – before starting school)						
Men-Conjugate[3] MenC-C: 1 dose at 12 months	MenC-C: 1 dose at 12 months						
Men-P-ACYW-135: 1 dose at school based immunization program	Men-P-ACYW-135: 1 dose at school based immunization program						
Tdap-IPV[3]	1 dose (4–6 years)						
Tdap 1 dose at school based immunization program							
HPV 2 doses at school based immunization program	dose #1						
	dose #2						
Hepatitis B[3] 2 doses at school based immunization program Can be combined with Hep A vaccine – not publicly funded	dose #1						
	dose #2						
Influenza[3] 1 dose annually (6 months and older First yr only for < 9 years – give 2 doses at least 4 weeks apart							
OTHER – NACI recommended – not publicly funded							
Rotavirus[3] 2 or 3 doses # doses varies with manufacturer	dose #1 (6 weeks–14 weeks/6 days)						
	dose #2						
	± dose #3 (by 8 months/0 days)						

- If medically at high risk refer to NS Publically funded vaccine eligibility for individuals at high rish of acquiring vaccine preventable diseases policy.

- For those immunized or partially immunized refer to the Canadian Immunization Guide.

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

[3]Resources 3: Immunization

Nova Scotia RBR

See RBR parent web portal for corresponding parent resources

Revised Apr. 4, 2018

NOVA SCOTIA

RESOURCES 1:
Growth, Nutrition, Injury Prevention, Environmental Health, Other

GROWTH

- **Important:** Corrected age should be used at least until 24 to 36 months of age for premature infants born at <37 weeks gestation.
- >7% weight loss in first week warrants closer attention although up to 10% can be normal especially if born by C/S.
- *Measuring growth:* The growth of all term infants, both breastfed and non-breastfed, and preschoolers should be evaluated using Canadian growth charts from the 2006 World Health Organization Child Growth Standards (birth to 5 years) with measurement of recumbent length (birth to 2–3 years) or standing height (≥ 2 years), weight, head circumference (birth to 2 years) and calculation of BMI (2–5 years). WHO Growth Charts Adapted for Canada (DC) Growth Monitoring (CTFPHC) Optimal growth monitoring (CPS)
- Growth spurts: Timing of growth spurts varies for each infant and usually last just a few days. Baby may feed more frequently and/or for a longer time at each feed.

NUTRITION

Nutrition for healthy term infants (NHTI): 0–6 months 6–24 months NutriSTEP®
Overview NHTI 0–6 months (CPS) Nutrition Guidelines 0-6 years (OSNPPH)
Dietitians of Canada

- **Breastfeeding**: **Exclusive breastfeeding** is recommended for the first six months of life for healthy term infants. Introduction of solids should be led by the infant's signs of readiness – a few weeks before to just after 6 months. Breast milk is the optimal food for infants, and breastfeeding (with complementary foods) may continue for up to two years and beyond unless contraindicated. Breastfeeding reduces gastrointestinal and respiratory infections and helps to protect against SIDS. 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.
  - Baby-Friendly Initiative (Breastfeeding Committee for Canada)
  - Ankyloglossia and breastfeeding (CPS)
  - Maternal medications when breastfeeding: Drugs and Lactation Database (TOXNET)
  - Weaning: Weaning from the breast (CPS)

BREASTFEEDING DEFINITIONS

- Exclusive: Infant has received only human milk (incl. expressed, donor milk), oral rehydration solution (e.g.pedialyte), and syrups (vitamins, minerals and medicines) from birth to current visit.
- Breastfeeding with supplementation: Infant has received human milk (incl. expressed, donor milk) and water, water-based drinks, fruit juice, ritual fluids and any other liquid inc. non-human milk & solids.

- **Vitamin D supplementation** of 400 IU/day (800 IU/day in high-risk infants) is recommended for infants/children for as long as they are breastfed. Breastfeeding mothers should continue to take Vitamin D supplements for the duration of breastfeeding.
  Vitamin D supplementation (CPS)
- *Infant formula:* Discourage the use of homemade infant formulas.
  - Formula composition and use Alberta Health Services Compendium and Summary Sheet
  - Formula preparation and handling: Powdered formula preparation and handling (HC)
  - Formulas generally contain iron: 0.4mg-1.3mg/100ml.
- Powdered infant formula: Ensure water is at least 70C when mixing. Refer to Nova Scotia formula book. Emphasize importance of proper preparation. How to Feed Your Baby with Infant Formula
- Milk consumption range is consensus only & is provided as an approximate guide.
- Well water-recommended testing: Chemical Q2years, Bacterial screen Q6months
- 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. Soy-based formulas (CPS)
- Infants with lower iron stores are at higher risk of iron deficiency. Infants include those with a birth weight < 3000 grams, born to mothers with iron-deficiency or diabetes, mothers consumed excess alcohol during pregnancy. Nutrition for healthy term infants
- **Avoid all sweetened fruit drinks, sport-drinks, energy drinks and soft-drinks**; restrict fruit juice consumption to a maximum of 1/2 cup (125 mL) per day.
- Colic: Dietary interventions for colic (CPS)
- **Introduction to solids:** A few weeks before to just after 6 months, start iron containing foods to avoid iron deficiency. A variety of soft texture foods, ranging from purees to finger foods, can be introduced.
- Delay of textured foods is associated with feeding difficulties & decreased intake of nutritional foods.
- **Allergenic foods:** Delaying the introduction of priority food allergens is not currently recommended to prevent food allergies, including for infants at risk of atopy. Dietary exposures & allergy prevention (CPS)
- **Avoid honey until 1 year of age** to prevent botulism.
- *Dietary fat content:* Restriction of dietary fat during the first 2 years is not recommended since it may compromise the intake of energy and essential fatty acids, required for growth and development. After 2 years, a gradual transition begins from a high fat milk diet to a lower fat milk diet, as per Canada's Food Guide.
- Promote family meals with independent/self-feeding while offering a variety of healthy foods.
  NHTI: 6–24 months
- Vegetarian diets: Vegetarian diets in children and adolescents (CPS)
- Fish consumption: 2 servings/week of low mercury fish: Fish consumption and mercury (HC)

ENVIRONMENTAL HEALTH

- **Second-hand smoke exposure:** There is no safe level of exposure. Advise caregivers to stop smoking and/or reduce second-hand smoke exposure, which contributes to childhood respiratory illnesses, SIDS and neuro-behavioural disorders. Offer smoking cessation resources.
- Sun exposure/sunscreens/insect repellents: Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF ≥ 30 for those > 6 months of age. No DEET in < 6 months; 6–24 months 10% DEET apply max once daily; 2–12 years 10% DEET apply max TID.
  Preventing mosquito and tick bites (CPS)
- *Pesticides*: Avoid pesticide exposure. Encourage pesticide-free foods. Pesticide Exposure in Children (AAP)
  Lead: There is no safe level of lead exposure in children. Evidence suggests that low blood lead levels can have adverse health effects on a child's cognitive function.
  Prevention of Childhood Lead Toxicity (AAP), Lead and Children (CFP)
  Blood Lead Screening is recommended for children who:
  - in the last 6 months lived in a house or apartment built before 1978;
  - live in a home with recent or ongoing renovations or peeling or chipped paint;
  - have a sibling, housemate, or playmate with a prior history of lead poisoning;
  - live near point sources of lead contamination;
  - have household members with lead-related occupations or hobbies;
  - are refugees aged 6 months–6 years, within 3 months of arrival and again in 3–6 months;
  - Lead exposure from water pipes.
- Websites about environmental issues:
  - Canadian Partnership for Children's Health and Environment (CPCHE)
  - AAP Council on Environmental Health

INJURY PREVENTION

In Canada, unintentional injuries are the leading cause of death in children and youth. Most of these preventable injuries are caused by motor vehicle collisions, drowning, choking, burns, poisoning, and falls. Unexplained injuries (e.g. fractures, bruising, burns) or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment.

- **Transportation in motorized vehicles including cars, ATVs, snowmobiles, etc.:**
  Child passenger safety (AAP) Preventing ATV injuries (CPS) Snowmobile safety (CPS)
  - 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.
  - Car Seat: Must be 1yr, 22lbs & walk unassisted to turn forward facing. Should meet Canadian safety standards. Maple leaf sticker on seat. Check car seat expiry date. Ensure car seat has never been in accident. Register the car seat. Check for recall.
  - Use rear-facing infant/child seat that is manufacturer approved for use until at least age 2 years.
  - Use forward-facing child seat after 2 years for as long as manufacturer specifications will allow.
  - After this, use booster seat for children 18-36 kg (40-80 lbs) and up to 145 cm (4'9").
  - Use lap and shoulder belt in the rear middle seat for children over 8 years who are at least 36 kg (80 lb) and 145 cm (4' 9") and fit vehicle restraint system.
- **Bicycle**: wear **bike helmets** and advocate for helmet legislation for all ages. Replace if heavy impact or damage. Bicycle helmet legislation (CPS)
- Drowning: Prevention of drowning (AAP)
  - Bath safety: Never leave a young child alone in the bath. Do not use infant bath rings or bath seats.
  - Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing, lifejackets, swimming lessons, and boating safety to decrease the risk of drowning.
- Choking: Avoid hard, small and round, smooth and sticky solid foods until age 3 years. Encourage child to remain seated while eating and drinking. Use safe toys, follow minimum age recommendations, and remove loose parts and broken toys. Preventing choking and suffocation in children (CPS)
- *Burns:* Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C.
- **Poisons:** Keep medicines and cleaners locked up and out of child's reach. Have Poison Control Centre number handy. Use of ipecac is contraindicated in children.
- *Falls:* Assess home for hazards – never leave baby alone on change table or other high surface; use window guards and stair gates. Baby walkers are banned in Canada and should never be used. Ensure stability of furniture and TV. Advise against trampoline use at home. Trampoline use (CPS)
- **Safe sleeping environment:** Joint statement on safe sleep (CPS/CFSIDS/CICH/HC/PHAC)
  - Sleep position, bed sharing and SIDS: Healthy infants should be positioned on their backs for sleep. Counsel parents on the dangers of other contributory causes of SIDS such as bed sharing, overheating, maternal smoking or second-hand smoke.
  - Positional plagiocephaly: While supine for sleep, the orientation of the infant's head should be varied to prevent positional plagiocephaly. Sleep positioners should not be used. After umbilical cord stump has detached, infants should have supervised tummy time while awake.
  - Crib safety/Room sharing: Infants should sleep in a crib, cradle or bassinette, without soft objects, loose bedding and similar items that meet current 2016 Health Canada regulations in parents' room for the first 6 months of life. Room sharing is protective against SIDS.
  - 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. Swaddling (AAP)
  - Pacifier use may decrease risk of SIDS and should not be discouraged in the 1st year of life after breastfeeding is well established, but should be restricted in children with chronic/recurrent otitis media. Pacifier recommendations (CPS)
- **Firearm safety:** Advise on removal of firearms from home or safe storage to decrease risk of unintentional firearm injury, suicide, or homicide. Youth and firearms in Canada (CPS)
- Pets: Don't allow pets to sleep with children. Do not allow pet to roam alone in a baby's room. Never leave a young child alone with an animal. Pet Safety (CPS)

OTHER

- Advise parents against using **OTC cough/cold medications**:
  Restricting Cough and Cold Medicines in Children (PCH)
- *Complementary and alternative medicine (CAM):* Questions should be routinely asked about the use of complementary and alternative medicine, therapy, or products, especially for children with chronic conditions. Natural Health Products (CPS); Homeopathy (CPS); Chiropractic care (CPS)
- Fever advice/thermometers: Fever ≥ 38°C in an infant < 3 months needs urgent evaluation. Ibuprofen and acetaminophen are both effective antipyretics. Acetaminophen remains the first choice for antipyresis under 6 months of age; thereafter ibuprofen or acetaminophen may be used. Alternating acetaminophen with ibuprofen for fever control is not recommended in primary care settings as this may encourage fever phobia, and the potential risks of medication error outweigh measurable clinical benefit.
  Temperature measurement (CPS)
- Footwear: Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. Footwear for children (CPS)
- **Oral Health - Smiles for Life**
  - Dental Cleaning: As excessive swallowing of toothpaste by young children may result in dental fluorosis, 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 caries risk). Children 3–6 years of age should be assisted during brushing and only use a small amount (e.g., pea-sized portion) of fluoridated toothpaste twice daily. Caregiver should brush child's teeth until they develop the manual dexterity to do this alone, and should continue to intermittently supervise brushing after children assume independence. Begin flossing daily when teeth touch.
  - Caries risk factors include: child has caries or enamel defects, hygiene or diet is concerning, parent has caries, premature or LBW infant, or no water fluoridation.
  - To prevent early childhood caries: avoid juices/sweetened liquids and constant sipping of milk or natural juices in both bottle and cup.
  - Fluoride varnish should be used for those at caries risk. Consider dietary fluoride supplements only for high risk children who do not have access to systemic community water fluoridation.
    Caries-risk assessment (AAPDA), Fluoride and your child (CDA)
  - Consider the first dentist visit by 6 months after eruption of 1st tooth or at age 1 year.
  - Dental care: wipe mouth with clean cloth once daily until teeth present.
  - Washing fruits and vegetables: Wash fruits and vegetables thoroughly under fresh, cool, running water, even if you plan to peel them. This helps to remove any surface pesticide residues and prevent the spread of any bacteria that may be present. Use a clean produce brush to scrub items that have firm surfaces (e.g., oranges, melons, potatoes, carrots, etc.). It is not necessary to use produce cleansers or soap to wash fresh fruits and vegetables. Food Safety

Nova Scotia RBR

www.rourkebabyrecord.ca

See RBR parent web portal for corresponding parent resources

Revised Apr. 4, 2018

NOVA SCOTIA

RESOURCES 2:

Family, Behaviour, Development, Physical Exam, Investigations/Screenings

BEHAVIOUR

Crying: Excessive crying may be caused by behavioural or physical factors or be the upper limit of the normal spectrum. Caregiver frustration with infant crying can lead to child maltreatment/inflicted injury (head injury, fractures, bruising). The Period of Purple Crying. See Prevention of child maltreatment.

Assess healthy sleep habits: Normal sleep (quality and quantity for age) is associated with normal development and leads to better health outcomes. Sleeping Behaviour (EECD).

Recommended sleep duration per 24 hrs: 12-14 hrs (infants 4–12 months); 11-14 hrs (1–2 yrs); 10-13 hrs (3–5 yrs); 9-12 hrs (6–12 yrs); 8-10 hrs (13–18 yrs). Turn off computer/TV screens 60 minutes before bedtime. No computer/TV screens in bedroom. Recommended amount of sleep (AASM)

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. Behaviour modification & sleep (MJA) Sleep problems & night wakings (Sleep)

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. Use of any physical punishment including spanking should be discouraged in all ages. Effective discipline for children (CPS)

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. Parenting skills (EECD)

e.g., The Incredible Years®, Right from the Start, COPE program, Triple P®, Strongest Families

HIGH RISK INFANTS/CHILDREN/PARENTS/CAREGIVERS/FAMILIES

- **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. Maternal depression and child development (CPS)
- Fetal alcohol spectrum disorder (FASD). Fetal alcohol syndrome (CPS)
- Adoption/Foster care: Children newly adopted or entering foster care are a high risk population with special needs for health supervision. Foster Care (CPS); Transracial Adoption (CPS)
- Immigrants/refugees: Caring for kids new to Canada (CPS); CCIRH-Clinical Guidelines
- Aboriginal children: Social determinants of health in Aboriginal children in Canada (PCH)
- **Social determinants of health (SDH):** Inquiry about impact of poverty: "Do you have difficulty in making ends meet? Do you have trouble feeding your family?" Child Poverty Tool (OCFP)
  Social determinants of health (CFPC) Infrastructure to address SDH (PCH)
- Prevention of child maltreatment:
  - Risk factors for child maltreatment:
    - Parent (low socio-economic status, maternal age <19 years, single parent family, non-biological parents, abused as child, substance abuse, lack of social support, unplanned pregnancy or negative parental attitude towards pregnancy).
    - Family (spousal violence, poor marital relations, poor child-parent relationship, unhappy family life).
    - Child (behaviour problems, disability).
  - Discuss with parents of preschoolers teaching names of genitalia, appropriate and inappropriate touch, and normal sexual behaviour for age.
  - Exposure to personal violence and other forms of violence has significant impact on physical and emotional well-being of children.
  - **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.
    Child maltreatment interventions (USPSTF) Bruising in suspected maltreatment cases (CPS)
    Abusive head trauma (CPS) INSPIRE: 7 strategies for ending violence against children (WHO)

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.

- Health implications of children in child care centres (CPS): Part A and Part B
- Guide to child-care in Canada (CPS): Well Beings

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.

- Read, speak, sing: promoting literacy (CPS)
- Literacy Promotion (AAP)
- Reading aloud to children: the evidence (Arch Dis Child)

FAMILY HEALTHY ACTIVE LIVING/SEDENTARY BEHAVIOUR/SCREEN TIME

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.

- **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.
- Healthy active living (CPS) CSEP guidelines)

DEVELOPMENT

Maneuvers are based on evidence-based literature on milestone acquisition. Evidence-based milestone ages (PCH). They are not a developmental 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
- Improving the Odds: Healthy Child Development (OCFP) toolkit for primary healthcare providers
- Centre of Excellence for Early Childhood Development Encyclopedia on Early Childhood Development
- Getting it right at 18 months (CPS) Measuring in support of early childhood development (CPS)

TOILET LEARNING

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

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

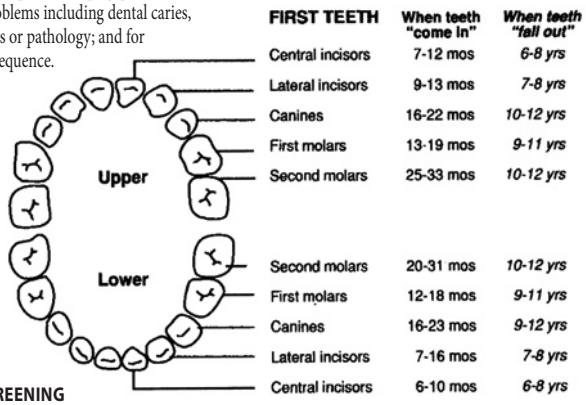
AUTISM SPECTRUM DISORDER

Specific screening for ASD at 18–24 months should be performed on all children with any of the following: failed items on the social/emotional/communication skills inquiry, sibling with autism, or developmental concern by parent, caregiver, or physician.

Use the revised M-CHAT-R™ and if abnormal, use the follow-up M-CHAT-R/F™ to reduce the false positive rate and avoid unnecessary referrals and parental concern. Electronic M-CHAT-R™ is available.

PHYSICAL EXAMINATION

- *Jaundice*: Bilirubin testing (total and conjugated) if persists beyond 2 wks of age.
  Neonatal Hyperbilirubinemia Guidelines (CPS) Newborn screening for biliary atresia (AAP).
- Bruising: Unexplained bruising warrants evaluation re child maltreatment or medical illness.
- *Check blood pressure if at risk* – High blood pressure in children (NIH Working Group)
- Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.
- **Vision inquiry/screening**: Vision screening (CPS)
  - Check Red Reflex for serious ocular diseases such as retinoblastoma and cataracts.
  - Corneal light reflex/cover–uncover test & inquiry for strabismus: With the child focusing on a light source, the light reflex on the cornea should be symmetrical. Each eye is then covered in turn, for 2–3 seconds, and then quickly uncovered. The test is abnormal if the uncovered eye "wanders" OR if the covered eye moves when uncovered.
  - Check visual acuity at age 3–5 years.
- *Hearing inquiry/screening:* Any parental concerns about hearing acuity or language delay should prompt a rapid referral for hearing assessment. Formal audiology testing should be performed in all high-risk infants, including those with normal UNHS. Older children should be screened if clinically indicated.
- Signs of hearing loss:
  - < 2 months –Does not stir/awaken when quiet and someone talks. Does not recognize your voice & settle when spoken to
  - 2-6 months –Does not babble for attention, use speech-like sounds inc p, b & m, or enjoy toys that make sounds/music
- Inspect tongue mobility for ankyloglossia. Ankyloglossia and breastfeeding (CPS)
- Umbilical cord: Gently pat dry and review S&S of infection
- Check neck for torticollis.
- **Tonsil size/sleep-disordered breathing**: Screen for sleep problems. Behavioural sleep problems and snoring in the presence of sleep-disordered breathing warrants assessment re obstructive sleep apnea (OSA). OSA (AAP)
- Muscle tone: Physical assessment for spasticity, rigidity, and hypotonia should be performed.
- Hips: There is insufficient evidence to recommend routine diagnostic imaging for screening for developmental dysplasia of the hips, but examination of the hips should be included until at least one year, or until the child can walk. Screening for developmental hip dysplasia (USPSTF) DDH (CTFPHC)
- Dental: Examine for problems including dental caries, oral soft tissue infections or pathology; and for normal teeth eruption sequence.



INVESTIGATIONS/SCREENING

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

Hemoglobinopathy screening: Screen all neonates from high-risk groups: Asian, African & Mediteranean.

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

Tuberculosis – TB skin testing: For up-to-date information, see Tuberculosis (Gov't Canada)
Canadian TB Standards: 7th Edition 2013

Pain reduction strategies: Breastfeeding or sweet taste: 1 tsp sugar in 2 tsp water. Skin to skin. Avoid oral analgesia prior e.g. acetaminophen. Use distraction, relaxation & deep breathing for older infants/children Centre for Pediatric Pain Research

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RESOURCES 3: Immunization

ROUTINE IMMUNIZATION

- **See the Canadian Immunization Guide for recommended immunization schedules for infants, children, youth, and pregnant women, from the National Advisory Committee on Immunization (NACI)**
- **Provincial/territorial immunization schedules** may differ based on funding differences. Provincial/territorial immunization schedules are available at the Public Health Agency of Canada. NS immunization schedule available at https://novascotia.ca/dhw/cdpc/documents/13078_NsChildhoodImmPoster_En.pdf
- **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.
  Reducing vaccine pain (CMAJ)
- Acetaminophen or ibuprofen should not be given prior to, but after vaccination as required.
  Prophylactic Antipyretic Administration (PLOS ONE)
- Information for physicians on vaccine safety:
  - Canada's vaccine safety program (CPS)
  - Autism spectrum disorder: No causal relationship with vaccines (CPS)
- Information for parents on vaccinations can be accessed through:
  - ImmunizeCA
  - Caring for Kids website (CPS) including Your Child's Best Shot
  - A Parent's Guide to Vaccination (PHAC)
  - Working with vaccine-hesitant parents (CPS)

VACCINE NOTES

(Adapted websites of NACI and the Canadian Immunization Guide October 2016)

- **Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine and Haemophilus influenzae B (DTaP-IPV-Hib):** DTaP-IPV-Hib vaccine may be used for all doses in the vaccination series in children < 2 years of age, and for completion of the series in children < 5 years old who have received ≥ 1 dose of DPT (whole cell) vaccine (e.g., recent immigrants).
- **Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine, Haemophilus influenzae B and Hepatitis B (Hep B) (DTaP-IPV-Hib-Hep B)** is used for 3 of the 4 initial doses in some jurisdictions with routine infant Hep B vaccination programs.
- **Diphtheria, Tetanus, acellular Pertussis, inactivated Polio virus vaccine (DTaP-IPV)** may be used up to age 7 years and for completion of the series in incompletely immunized children 5-7 years old (healthy children ≥5 years of age do not require Hib vaccine).
- **Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV) Vaccine**, a quadrivalent vaccine containing less pertussis and diphtheria antigen than the preparations given to younger children and less likely to cause local reactions, is used for the preschool booster at 4-6 years of age in some jurisdictions and should be used in all individuals > 7 years of age receiving or completing their primary series.
- **Diphtheria, Tetanus, acellular Pertussis vaccine – (dTap)**: is used for booster doses in people ≥ 7 years of age. All adults should receive at least one dose of pertussis containing vaccine (excluding the adolescent booster). Immunization with dTap should be offered to pregnant women (≥26 weeks of gestation) who have not received an adult dose of pertussis vaccine, to provide immediate protection to infants less than 6 months of age. In an outbreak situation it may be offered regardless of immunization history.
- **Haemophilus influenzae type b conjugate vaccine (Hib)**: Hib is usually given as a combined vaccine (DTaP-IPV-Hib above). If required and not given in combination, Hib is available as Haemophilus b capsular polysaccharide – PRP conjugated to tetanus toxoid (Act-HIBTM or HiberixTM). The number of doses required depends on the age at vaccination and underlying health status.
- **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.
  Recommendations for the use of rotavirus vaccines in infants (CPS)
- **Measles, Mumps and Rubella vaccine (MMR) and MMR-varicella (MMRV):** The first dose is given at 12-15 months and a second dose 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 but at least 4 weeks after the first if MMR, or 3 months after the first if MMRV. If MMRV is not used, MMR and varicella vaccines should be administered concurrently, at different sites, 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. Preventing varicella (CPS)
- **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 1 month, or 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. Alternatively, Hep B can be administered as DTaP-IPV-Hib-HepB vaccine in infants, with the first dose at 2 months of age. A two-dose schedule for adolescents is an option.
  - For high-risk children, 3 or 4 doses of higher dose of monovalent hepatitis B vaccine is recommended (immunocompromising conditions, chronic renal failure, dialysis).
  - For infants born to a mother with acute or chronic hepatitis B (HBsAg-positive), the first dose of Hep B vaccine should be given at birth (with Hepatitis B immune globulin, below) and repeat doses of vaccine at 1 and 6 months of age. Premature infants of birthweight less than 2,000 grams, born to HB- infected mothers, require four doses of HB vaccine at 0, 1, 2 and 6 months. The last dose should not be given before 6 months of age. Infants of HBsAg-positive mothers also require Hepatitis B immune globulin at birth and follow-up immune status at 9–12 months for HBV antibodies and HBsAg.
  - Infants with HBsAg-positive fathers, siblings or other household contacts require Hepatitis B vaccine at birth, and at 1 month, and 6 months of age.
  - Hepatitis B vaccine should also be given to all infants from high-risk groups, such as:
    - infants where at least one parent has emigrated from a country where Hepatitis B is endemic;
    - infants of mothers positive for Hepatitis C virus;
    - infants of substance-abusing mothers.
  - Children in other high risk groups, if not vaccinated in infancy, should be vaccinated as soon as the risk factor is recognized. See Hepatitis B chapter in the Canadian Immunization Guide for a list of high risk groups.
- **Hepatitis A or A/B combined (HAHB – when Hepatitis B vaccine has not been previously given):**
  - Children 6 months and older in high-risk groups should receive 2 doses of the hepatitis A vaccine given 6-36 months apart (depending on product used). HAHB is the preferred vaccine for individuals with indications for immunization against both hepatitis A and hepatitis B, who are ≥12 months unless medical condition indicates high dose Hep B vaccine required.
  - These vaccines should also be considered when traveling to countries where Hepatitis A or B are endemic.
  - Possible HAHB schedules include 12 months to 18 years: 2 doses at months 0 and 6-12; OR 3 doses at months 0, 1, and 6 depending on age and product used.
- **Pneumococcal vaccine: conjugate (Pneu-C-13) and polysaccharide (Pneu-P-23):** Recommended schedule, number of doses and product depend on the age of the child, risk for pneumococcal disease, and when vaccination is begun. Consult NACI guidelines. Routine infant immunization: administer three doses of Pneu-C-13 vaccine at minimum 8-week intervals beginning at 2 months of age, followed by a fourth dose at 12 to 15 months of age. For healthy infants, a three-dose schedule may be used, with doses at 2 months, 4 months, and 12 months of age. Children 2 years and above who are at highest risk of invasive pneumococcal disease should receive Pneu-P-23. Consult NACI guidelines for eligibility and dosing schedule.
- **Meningococcal vaccine:**
  - Canadian children should be immunized with a MCV-C at 12 months of age, or earlier depending on provincial/territorial vaccine programs; suggested one dose at 12 months of age.
  - MCV-4 (A, C, Y, W) should be given to children two months of age and older who are at increased risk for meningococcal disease or who have been in close contact with a case of invasive meningococcal A,C,Y or W disease. MCV-4-CRM (MenveoTM) should be used for those less than 2 years old; any MCV-4 may be used for older children.
  - A routine booster dose with MCV-4 or MCV-C is recommended at approximately 12 years of age. High risk children require boosters at 5 year intervals.
  - MCV-4 should be given to children two months of age and older travelling to areas where meningococcal vaccine is recommended. MCV-4 CRM is recommended for immunization of children 2 months to less than 2 years of age. Any MCV-4 may be used for older children.
  - Multi-component meningococcal serogroup B (4CMenB) vaccine should be considered for active immunization of children ≥ 2 months of age who are at high risk of meningococcal disease or who have been in close contact with a case of invasive meningococcal B disease or travelling to an area where risk of transmission of meningococcus B is high. Two to 3 doses are required at 4 or 8 wk intervals depending on age.
  - Routine prophylactic administration of acetaminophen after immunization and/or separating 4CMenB vaccination from routine vaccination schedule may be considered for preventing fever in infants and children up to 3 years of age.
- **Influenza vaccine**: Recommended for all children between 6 and 59 months of age, and for older high-risk children.
  - Previously unvaccinated children up to 9 years of age require 2 doses with an interval of at least 4 weeks. The second dose is not required if the child has received one or more doses of influenza vaccine during the previous immunization season. A quadrivalent vaccine should be used if available.
  - For children between 6 and 23 months, the quadrivalent inactivated influenza vaccine (QIV) should be used, and if not available, either unadjuvanted or adjuvanted trivalent inactivated vaccine (TIV).
  - Children 2-18 years of age should be given QIV, or quadrivalent live attenuated influenza vaccine (LAIV) if not contraindicated. Egg allergy is not a contraindication to vaccination with QIV, TIV, or LAIV.
  - Immunization with TIV or QIV in the second or third trimester to provide protection for the pregnant woman and infant <6 months of age.
- **Respiratory syncytial virus (RSV) vaccine:** Palivizumab (Synagis) prophylaxis during RSV season for children with chronic lung disease, congenital heart disease or born preterm.
  Preventing hospitalizations for respiratory syncytial virus infection (CPS)

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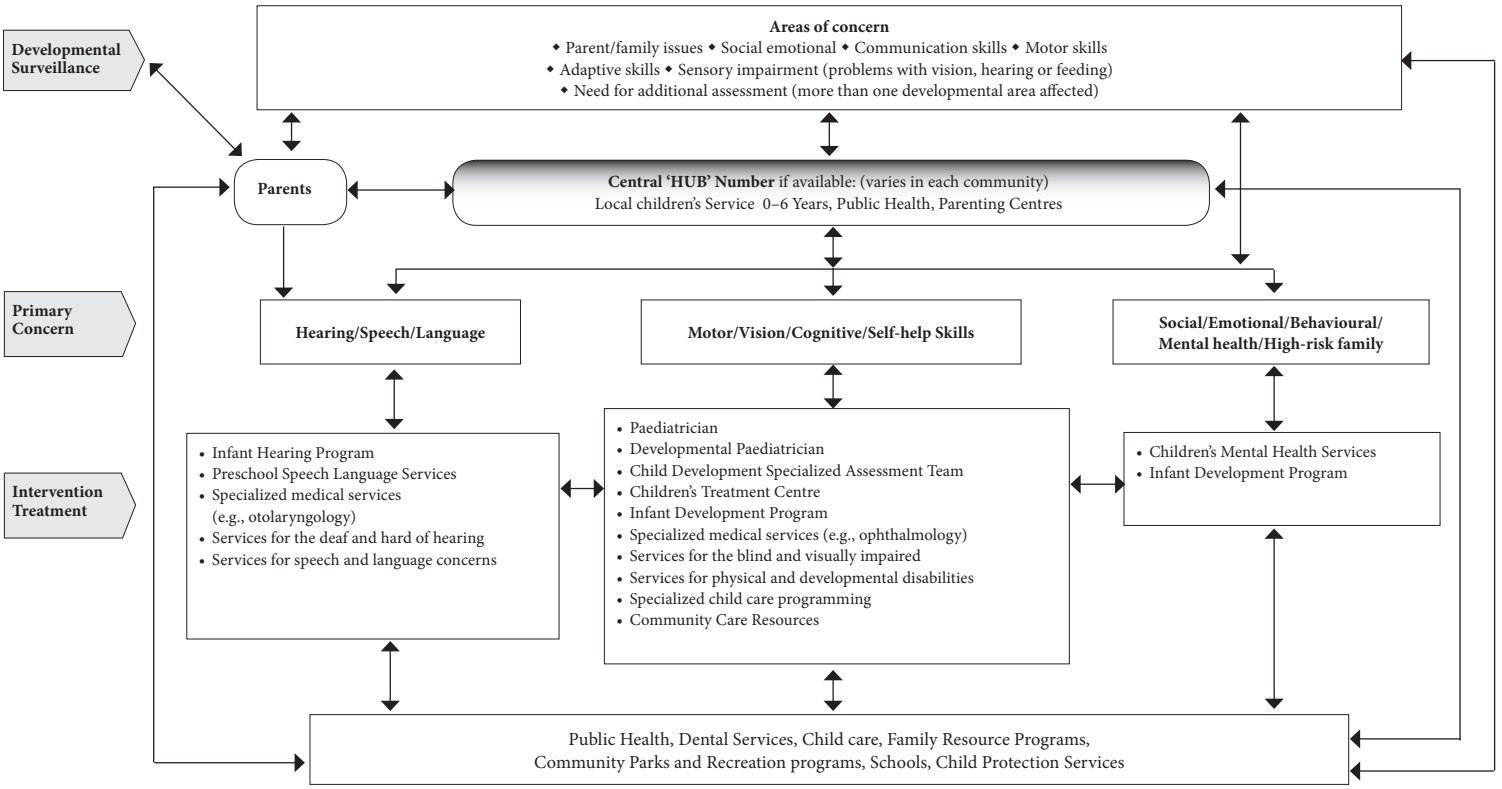
RESOURCES 4:

Early Child Development and Parenting Resource System and Local Resources/Referrals Table

Early Child Development and Parenting Resource System



Local Resources and Referrals

Service	Contact person	Phone number	Website	Other
Public Health			www.nshealth.ca/public-health	• Prenatal support for families facing challenges • Postpartum support • Breastfeeding support • Nutrition • Healthy Beginnings: Enhanced home visiting • Immunization information • Early childhood • Communicable disease
Early Intervention Development Centres (ECDIS)			https://www.nsecdis.ca	Provide province-wide specialized services to families of young children between birth and school entry, who either have a biological risk for or a diagnosis of, developmental delay.
Early Intensive Behaviour Intervention (EIBI) – Children should be referred at least 1 year prior to attending school			www.nshsc.nshealth.ca/?q=speech/preschool-services/speech-and-language/autism/early-intensive-behavioural-intervention-program	This program focuses on developing functional social-communication skills in preschool children with autism spectrum disorders (ASD) using specialized treatment methods.
NS Hearing and Speech			www.nshsc.nshealth.ca	Hearing milestones at: www.nshsc.nshealth.ca/sites/default/files/Sound%20Start%20Calendar%2011x8.5_English_web.pdf
Local Family Resource Centre			https://novascotia.ca/coms/families/prevention-and-early-intervention/family-resource-centres.html	Family Resource Centres (FRCs) provide community-based programs and services that support the healthy development and well-being of children and youth by strengthening families and communities.
211		211	http://ns.211.ca	Available 24/7 to find services and programs offered by local community groups, non-profits and government departments.
811		811	https://811.novascotia.ca	811 provides services in over 125 different languages including Farsi, Cantonese, French, Chinese, and Arabic
Local Pediatrician				