Rourke Baby Record: 2024
Evidence-Based Infant/Child Health Maintenance

www.rourkebabyrecord.ca

Canadian Paediatric Society | Société canadienne de pédiatrie | The College of Family Physicians of Canada | Le Collège des médecins de famille du Canada | Dietitians of Canada / Les diététistes du Canada

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

NUTRITION[1]

☐☐ **Breastfeeding (exclusive)**[1]
☐☐ **Vitamin D 400 IU/day**[1]
☐☐ *Formula feeding/preparation*[1] [avg 150 mL (5 oz)/kg/day]
☐☐ Urine output and Stool pattern/acholic stools[2]

COMMENTS:

☐☐ **Breastfeeding (exclusive)**[1]
☐☐ **Vitamin D 400 IU/day**[1]
☐☐ *Formula feeding/preparation)*[1] [avg 150 mL (5 oz)/kg/day]
☐☐ Urine output and Stool pattern/acholic stools[2]

COMMENTS:

☐☐ **Breastfeeding (exclusive)**[1]
☐☐ **Vitamin D 400 IU/day**[1]
☐☐ *Formula feeding/preparation*[1] [450–750 mL (15–25 oz)/day]
☐☐ Urine output and Stool pattern/acholic stools[2]

COMMENTS:

EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

Injury Prevention[1]

☐☐ **Motorized vehicle safety/Car seat**[1]
☐☐ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1]
☐☐ **Firearm safety**[1]
☐☐ *Pacifier use*[1]
☐☐ *Hot water <49°C/Bath safety*[1]
☐☐ *Falls (stairs, change table)*[1]
☐☐ Carbon monoxide/*Smoke detectors*[1]
☐☐ Choking/Safe toys[1]

COMMENTS:

Family functioning & Behaviour issues[2]

☐☐ **Healthy sleep habits**[2]/Night waking[2]
☐☐ Crying/Soothability/Colic[2]
☐☐ Parental fatigue/**Depression**[2]
☐☐ **Family Stress/Inquire re: difficulty making ends meet or food insecurity**[2]
☐☐ **Parent-infant interaction/Parenting skills programs**[2]
☐☐ **Encourage reading, singing and speaking to infant**[2]
☐☐ **High risk infants/Assess home visit need**[2]

Environmental Health[1]

☐☐ **2nd hand smoke**/E-cigs/Cannabis exposure[1]
☐☐ **Pesticide exposure**[1]
☐☐ Sun exposure[1]

Other Issues[1]

☐☐ **Supervised tummy time while awake**[1]
☐☐ **No OTC cough/cold medicine**[1]
☐☐ *Inquiry on complementary/alternative medicine*[1]
☐☐ Fever advice/Thermometers[1]

DEVELOPMENT[2] Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional
Tasks are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.[4]
Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks gestation.

☐☐ *Moves arms and legs*
☐☐ *Sucks well on nipple*
☐☐ *Sequences 2 or more sucks before swallowing/breathing*
☐☐ *Startles to sounds*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

☐☐ *Focuses gaze*
☐☐ *Startles to loud noise*
☐☐ *Cries to express needs*
☐☐ *Calms when comforted*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

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

☐☐ Fontanelles[2]
☐☐ *Skin (jaundice*[2]*)*
☐☐ **Eyes/Red reflex**[2]
☐☐ *Ears/TMs–Hearing inquiry/screening*[2]
☐☐ Neck/Torticollis[2]
☐☐ Intact palate (inspection/palpation)[2]
☐☐ Tongue mobility if breastfeeding problems[2]
☐☐ Heart/Lungs

COMMENTS:

☐☐ Abdomen/Umbilicus[2]
☐☐ Femoral pulses
☐☐ Hips (Ortolani)[2]
☐☐ Testicles/Genitalia
☐☐ Male urinary stream/Foreskin care
☐☐ Spine (dimple/sinus)[2]/Patency of anus[2]
☐☐ Muscle tone/*Developmental reflexes: Moro, hand grasp* [2]

☐☐ *Sentinel injuries* (bruising, subconjunctival hemorrhages, intra-oral)[2]
☐☐ Fontanelles[2] ☐☐ *Skin (jaundice*[2]*)*
☐☐ **Eyes/Red reflex**[2] ☐☐ *Hearing inquiry/screening*[2]
☐☐ Intact palate (inspection/palpation)[2]
☐☐ Tongue mobility if breastfeeding problems[2]
☐☐ Neck/Torticollis[2]
☐☐ Heart/Lungs/Abdomen
☐☐ Hips (Ortolani)[2] ☐☐ Muscle tone[2]

COMMENTS:

ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS[4] E.g. medical specialist, breastfeeding supports and services, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

INVESTIGATIONS / SCREENING[2] **AND IMMUNIZATION**[3] **Record vaccines administered, address hesitancy and missing vaccines.**[3]

☐☐ **Newborn screening as per province**
☐☐ **Hemoglobinopathy screen (if at risk)**[2]

COMMENTS:

☐☐ **Universal newborn hearing screening (UNHS)**[2]
☐☐ **Initiate Hep B vaccine series if risk identified**[3]

☐☐ **Follow-up Hep B vaccine status as indicated**[3]

COMMENTS:

SIGNATURE SIGNATURE SIGNATURE

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; *Fair (italic type)*; Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
[1]NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]NOTES 2: Family, Behaviour, Development, P/E, Investigations [3]NOTES 3: Immunization [4]NOTES 4: ECD Resources System and Table
Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. Financial support provided by the Government of Ontario. For fair use authorization, see **www.rourkebabyrecord.ca**

OCT 17 2024

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NATIONAL GUIDE II: 2 –6 mos

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

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g Birth HC:_____ 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 For each ❍ item discussed below, indicate "✓" for no concerns, or "X" if concerns.

NUTRITION[1]

☐☐ **Breastfeeding (exclusive)**[1]
☐☐ **Vitamin D 400 IU/day**[1]
☐☐ *Formula feeding/preparation*[1] [600–900 mL (20–30 oz)/day]
☐☐ *Acholic stools*[2]

COMMENTS:

☐☐ **Breastfeeding (exclusive)**[1]
☐☐ **Vitamin D 400 IU/day**[1]
☐☐ *Formula feeding/preparation*[1] [750–1080 mL (25–36 oz)/day]
☐☐ Discuss future introduction of solids, **with emphasis on iron containing and allergenic foods**[1]

COMMENTS:

☐☐ **Breastfeeding**[1] – **introduction of solids**[1]
☐☐ **Vitamin D 400 IU/day**[1]
☐☐ *Formula feeding/preparation*[1] [750–1080 mL (25–36 oz)/day]
☐☐ **Iron containing foods (meat, wild game, fish, legumes, tofu, whole eggs, iron-fortified infant cereal)**[1]
☐☐ **Allergenic foods (especially eggs and peanut products)**[1]
☐☐ Fruits, vegetables, and milk products (yogurt, cheese)
☐☐ **Avoid juice and food/beverages high in sugar** or salt[1]
☐☐ Choking/Safe food[1] ☐☐ No honey[1] ☐☐ No bottles in bed
☐☐ Inquire about vegetarian, vegan and other diets[1]

COMMENTS:

EDUCATION AND ADVICE
Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

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

Family functioning & Behaviour issues[2]
☐☐ **Healthy sleep habits**[2]/Night waking[2]
☐☐ Crying/Soothability/Colic[2]
☐☐ Parental fatigue/**Depression**[2]
☐☐ **Family Stress/Inquire re: difficulty making ends meet or food insecurity**[2]
☐☐ **Parent-infant interaction/Parenting skills programs**[2]
☐☐ **Encourage reading, telling stories, singing to/with infant**[2]
☐☐ **Family healthy active living/Sedentary behaviour/Screen time**[2]
☐☐ *Child care*[2]/Return to work
☐☐ **Assess home visit need**[2]

Environmental Health[1]
☐☐ **2nd hand smoke**/E-cigs/Cannabis exposure[1]
☐☐ **Pesticide exposure**[1]
☐☐ Sun exposure/Sunscreens/Insect repellent[1]

Other Issues[1]
☐☐ **Supervised tummy time while awake**[1]
☐☐ Teething[1]**/Dental cleaning/Fluoride**[1]
☐☐ **No OTC cough/cold medicine**[1]
☐☐ *Complementary/alternative medicine*[1]
☐☐ Fever advice/Thermometers[1]

COMMENTS:

DEVELOPMENT[2]
Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional
Tasks are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.[4]
Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks gestation.

☐☐ *Lifts head up while lying on tummy*
☐☐ *Follows movement with eyes*
☐☐ *Turns head towards sounds*
☐☐ *Smiles responsively*
☐☐ *Can be comforted & calmed by touching/rocking*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

☐☐ *Lifts head and chest in prone position*
☐☐ *Holds an object briefly when placed in hand*
☐☐ *Follows a moving toy or person with eyes past midline*
☐☐ *Responds to people with excitement (leg movement/panting/vocalizing)*
☐☐ *Coos responsively*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

☐☐ *Rolls from back to side*
☐☐ *Sits with support with head and neck control*
☐☐ *Reaches/grasps objects with both hands/no hand preference*
☐☐ *No persistent closed/fisted hands*
☐☐ *Hears sounds & laughs when spoken to*
☐☐ *Vocalizes pleasure and displeasure with good eye contact*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

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

☐☐ *Sentinel injuries* (bruising, subconjunctival hemorrhages, intra-oral)[2]
☐☐ Fontanelles[2] ☐☐ *Skin (jaundice*[2]*)*
☐☐ **Eyes/Red reflex**[2] ☐☐ *Hearing inquiry/screening*[2]
☐☐ Neck/Torticollis[2]
☐☐ Heart/Lungs/Abdomen
☐☐ Hips (Ortolani)[2] ☐☐ Muscle tone[2]

COMMENTS:

☐☐ *Sentinel injuries* (bruising, subconjunctival hemorrhages, intra-oral)[2]
☐☐ Anterior fontanelle[2] ☐☐ **Eyes/Red reflex**[2]
☐☐ *Hearing inquiry/screening*[2]
☐☐ Neck/Torticollis[2]
☐☐ Heart/Lungs/Abdomen
☐☐ Hips (limited hip abd'n)[2]
☐☐ Muscle tone[2]

COMMENTS:

☐☐ *Sentinel injuries* (bruising, subconjunctival hemorrhages, intra-oral)[2]
☐☐ Anterior fontanelle[2] ☐☐ **Eyes/Red reflex**[2]
☐☐ *Hearing inquiry/screening*[2]
☐☐ **Corneal light reflex/Cover-uncover test & inquiry**[2]
☐☐ *Teeth/Caries risk assessment*[2]
☐☐ Heart/Lungs/Abdomen ☐☐ Hips (limited hip abd'n)[2]
☐☐ Muscle tone[2] /No head lag/Developmental reflexes gone[2]

COMMENTS:

ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS[4]
E.g. medical specialist, breastfeeding supports and services, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

INVESTIGATIONS / SCREENING[2] AND IMMUNIZATION[3]
Record vaccines administered, address hesitancy and missing vaccines.[3]

COMMENTS:

COMMENTS:

☐☐ *Anemia/iron deficiency screening (if at risk)*[2]
☐☐ Inquire about risk factors for TB[2]
☐☐ **Follow-up Hep B vaccine status as indicated**[3]

COMMENTS:

SIGNATURE SIGNATURE SIGNATURE

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; *Fair (italic type)*; Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
[1]NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]NOTES 2: Family, Behaviour, Development, P/E, Investigations [3]NOTES 3: Immunization [4]NOTES 4: ECD Resources System and Table
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NATIONAL GUIDE III: 9–15 mos

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

Gestational Age: _____ Birth Length: _____ cm Birth Weight: _____ g Birth HC:_____ 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 For each ❍ item discussed below, indicate "✓" for no concerns, or "X" if concerns.

NUTRITION[1]

9 MONTHS
- ☐☐ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ☐☐ *Formula feeding/preparation*[1] [720–960 mLs (24–32 oz)/day]
- ☐☐ **Iron containing foods[1], Allergenic foods[1],** fruits, vegetables
- ☐☐ **Avoid juice and food/beverages high in sugar** or salt[1]
- ☐☐ At 9-12 mos, add 3.25% MF cow milk – max 500-720 mLs (16-24 oz)/day
- ☐☐ Choking/Safe foods[1]
- ☐☐ Encourage change from bottle to cup ☐☐ No bottles in bed
- ☐☐ Eats a variety of textures ☐☐ No honey[1]
- ☐☐ Independent/self-feeding/Family meals[1]
- ☐☐ Inquire about vegetarian, vegan and other diets[1]

COMMENTS:

12–13 MONTHS
- ☐☐ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ☐☐ 3.25% MF cow milk – max 500-600 mLs (16-20 oz)/day[1]
- ☐☐ **Avoid juice and food/beverages high in sugar** or salt[1]
- ☐☐ Choking/Safe foods[1]
- ☐☐ Promote open cup instead of bottle
- ☐☐ No bottles in bed
- ☐☐ Independent/self-feeding/Family meals[1]
- ☐☐ Eats family foods with a variety of textures.
- ☐☐ Inquire about vegetarian, vegan and other diets[1]

COMMENTS:

15 MONTHS
- ☐☐ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
- ☐☐ 3.25% MF cow milk – max 500-600 mLs (16-20 oz)/day[1]
- ☐☐ **Avoid juice and food/beverages high in sugar** or salt[1]
- ☐☐ Choking/Safe foods[1]
- ☐☐ Promote open cup instead of bottle
- ☐☐ No bottles in bed
- ☐☐ Independent/self-feeding/Family meals[1]
- ☐☐ Inquire about vegetarian, vegan and other diets[1]

COMMENTS:

EDUCATION AND ADVICE
Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

Injury Prevention[1]
- ☐☐ **Motorized vehicle safety/Car seat[1]**
- ☐☐ **Safe sleep (9 mo: position, avoid bed sharing, crib safety)[1]**
- ☐☐ **Poisons/Ingestions (e.g. safe storage of cannabis)[1]; PCC#[1]**
- ☐☐ **Firearm safety[1]**
- ☐☐ *Pacifier use*[1]
- ☐☐ *Bath safety*[1]/Burns[1]
- ☐☐ Carbon monoxide/*Smoke detectors*[1]

Childproofing, including:
- ☐☐ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
- ☐☐ *Electric plugs/Cords* ☐☐ Choking/Safe toys[1]

COMMENTS:

Family functioning & Behaviour issues[2]
- ☐☐ **Healthy sleep habits[2]**/Night waking[2]
- ☐☐ Crying/Soothability[2]
- ☐☐ Parental fatigue/**Depression[2]**
- ☐☐ **Family Stress/Inquire re: difficulty making ends meet or food insecurity[2]**
- ☐☐ **Parent-infant interaction/Parenting skills programs[2]**
- ☐☐ **Encourage reading, telling stories, singing to/with child[2]**
- ☐☐ **Family healthy active living/Sedentary behaviour/Screen time[2]**
- ☐☐ *Child care*[2]/Return to work
- ☐☐ **Assess home visit need[2]**

Environmental Health[1]
- ☐☐ **2nd hand smoke**/E-cigs/Cannabis exposure[1]
- ☐☐ **Pesticide exposure[1]**
- ☐☐ Sun exposure/Sunscreens/Insect repellent[1]

Other Issues[1]
- ☐☐ Teething[1]/**Dental cleaning/Fluoride/Dentist[1]**
- ☐☐ **No OTC cough/cold medicine[1]**
- ☐☐ *Complementary/alternative medicine*[1]
- ☐☐ Fever advice/Thermometers[1]
- ☐☐ Footwear[1]

DEVELOPMENT[2]
Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional
Tasks are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.[4]
Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks gestation.

9 MONTHS
- ☐☐ *Stands with support when helped into standing position*
- ☐☐ *Sits without support*
- ☐☐ *Uses both hands/no hand preference*
- ☐☐ *Uses fingers to "rake" food toward self*
- ☐☐ *Babbles repeated consonant sounds (e.g. babababa)*
- ☐☐ *Looks for an object seen hidden*
- ☐☐ *Plays social games with you (e.g. nose touching, peek-a-boo)*
- ☐☐ *Responds differently to different people*
- ☐☐ *Shows distress when separated from parent/caregiver*
- ☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

12–13 MONTHS
- ☐☐ *Pulls to stand/walks holding on* ☐☐ *Crawls or 'bum' shuffles*
- ☐☐ *Uses both hands equally*
- ☐☐ *Uses fingers to rake food with thumb against side of curled index finger*
- ☐☐ *Babbles a series of different sounds and occasional words*
- ☐☐ *Responds to own name*
- ☐☐ *Understands simple requests, (e.g. "Where is the ball?")*
- ☐☐ *Makes sounds/gestures with eye contact to get attention*
- ☐☐ *Follows your gaze to jointly reference an object*
- ☐☐ *Seeks contact with caregiver and has stranger anxiety*
- ☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

15 MONTHS
- ☐☐ *Stands up alone*
- ☐☐ *Walks sideways holding onto furniture*
- ☐☐ *Crawls up a few stairs/steps*
- ☐☐ *Uses mature pincer grasp with pads of thumb and index finger*
- ☐☐ *Turns pages in a board book*
- ☐☐ *Says 5 or more words (words do not have to be clear)*
- ☐☐ *Shows fear of strange people/places*
- ☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

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

9 MONTHS
- ☐☐ *Sentinel injuries* (bruising, subconjunctival hemorrhages, intra-oral)[2]
- ☐☐ Anterior fontanelle[2]
- ☐☐ **Eyes/Red reflex[2]** ☐☐ *Hearing inquiry/screening*[2]
- ☐☐ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ☐☐ *Teeth/Caries risk assessment*[2]
- ☐☐ Heart/Lungs/Abdomen ☐☐ Hips (limited hip abd'n)[2]
- ☐☐ Muscle tone[2]

COMMENTS:

12–13 MONTHS
- ☐☐ Anterior fontanelle[2]
- ☐☐ **Eyes/Red reflex[2]** ☐☐ *Hearing inquiry/screening*[2]
- ☐☐ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ☐☐ **Tonsil size/Sleep-disordered breathing[2]**
- ☐☐ *Teeth/Caries risk assessment*[2]
- ☐☐ Heart/Lungs/Abdomen ☐☐ Hips (limited hip abd'n)[2]
- ☐☐ Muscle tone[2]

COMMENTS:

15 MONTHS
- ☐☐ Anterior fontanelle[2]
- ☐☐ **Eyes/Red reflex[2]** ☐☐ *Hearing inquiry/screening*[2]
- ☐☐ **Corneal light reflex/Cover-uncover test & inquiry[2]**
- ☐☐ **Tonsil size/Sleep-disordered breathing[2]**
- ☐☐ *Teeth/Caries risk assessment*[2]
- ☐☐ Heart/Lungs/Abdomen ☐☐ Hips (limited hip abd'n)[2]

COMMENTS:

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

INVESTIGATIONS / SCREENING[2] AND IMMUNIZATION[3]
Record vaccines administered, address hesitancy and missing vaccines.[3]

☐☐ **If HBsAg positive mother check HBV antibodies and HBsAg[3] (at 9 or 12 months** ☐☐ *Anemia/iron deficiency screening (If at risk)* ☐☐ *Blood lead if at risk*[1] COMMENTS:

SIGNATURE	SIGNATURE	SIGNATURE

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; *Fair (italic type)*; Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
[1]NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]NOTES 2: Family, Behaviour, Development, P/E, Investigations [3]NOTES 3: Immunization [4]NOTES 4: ECD Resources System and Table

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Evidence-Based Infant/Child Health Maintenance

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Canadian Paediatric Society / Société canadienne de pédiatrie — The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada — Dietitians of Canada / Les diététistes du Canada

NATIONAL GUIDE IV: 18 mos–5 yr

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

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.	Height	Weight	Head Circ. if prior abN	BMI	Height	Weight	BMI

PARENT / CAREGIVER CONCERNS For each ❍ item discussed below, indicate "✓" for no concerns, or "X" if concerns.

NUTRITION[1]

☐☐ **Breastfeeding[1]/Vitamin D 400 IU/day[1]**
☐☐ 3.25% MF cow milk – max 500-600 mLs (16-20 oz)/day[1]
☐☐ **Avoid juice and food/beverages high in sugar** or salt[1]
☐☐ No bottles
☐☐ Independent/self-feeding/Family meals[1]
☐☐ Inquire about vegetarian, vegan and other diets[1]

COMMENTS:

☐☐ Breastfeeding[1]/Vitamin D 400 IU/day[1]
☐☐ Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day[1]
☐☐ **Choose healthy fats/Limit highly processed foods and foods/ beverages with saturated fats, added sugars** and salt.[1]
☐☐ Canada's Food Guide/Family meals[1]
☐☐ Inquire about vegetarian, vegan and other diets[1]

COMMENTS:

☐☐ Cow's milk or unsweetened fortified soy beverage – max 500-600 mLs (16-20 oz)/day[1]
☐☐ **Choose healthy fats/Limit highly processed foods and foods/ beverages with saturated fats, added sugars** and salt.[1]
☐☐ Canada's Food Guide/Family meals[1]
☐☐ Inquire about vegetarian, vegan and other diets[1]

COMMENTS:

EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

Injury Prevention[1]
☐☐ **Motorized vehicle safety/Car seat (child/booster)[1]**
☐☐ **Poisons/Ingestions (e.g. cannabis)[1]; PCC#[1]**
☐☐ *Bath safety*[1]/Burns[1]
☐☐ Choking/Safe toys[1] ☐☐ Wean from pacifier[1]
☐☐ *Falls (stairs, change table, unstable furniture/TV)*[1]
Family functioning & Behaviour issues[2]
☐☐ **Healthy sleep habits**[2] ☐☐ Parental fatigue/**Depression**[2]
☐☐ **Family Stress/Inquire re: difficulty making ends meet or food insecurity**[2]
☐☐ **Parent-child interaction/Parenting skills programs**[2]
☐☐ **Encourage reading, telling stories, singing to/with child**[2]
☐☐ **Family healthy active living/Sedentary behaviour/Screen time**[2]
☐☐ Socializing/Peer play opportunities
Environment Health[1]
☐☐ **2nd hand smoke**/E-cigs/Cannabis exposure[1]
☐☐ **Pesticide exposure**[1]
☐☐ Sun exposure/Sunscreens/Insect repellent[1]
Other[1]
☐☐ **Dental care/Dentist**[1] ☐☐ Toilet learning[2]

COMMENTS:

Injury Prevention[1]
☐☐ **Motorized vehicle safety/Car seat (child/booster)[1]**
☐☐ **Bike helmets**[1] ☐☐ **Firearm safety**[1]
☐☐ **Poisons/Ingestions (e.g. cannabis)[1]; PCC#[1]**
Family functioning & Behaviour issues[2]
☐☐ **Healthy sleep habits**[2]
☐☐ **Family Stress/Inquire re: difficulty making ends meet or food insecurity**[2]
☐☐ **Parent-child interaction/Parenting skills programs**[2]
☐☐ **Encourage reading, telling stories, singing to/with child.**[2] At 5 yrs, Identify risk for reading difficulties.[2]
☐☐ **Family healthy active living/Sedentary behaviour/Screen time**[2]
☐☐ Socializing/Peer play opportunities
☐☐ *Assess child care/Preschool needs*/School readiness[2]
Environment Health[1]
☐☐ **2nd hand smoke**/E-cigs/Cannabis exposure[1] ☐☐ **Pesticide exposure**[1] ☐☐ Sun exposure/Sunscreens/Insect repellent[1]
Other[1]
☐☐ **Dental cleaning/Fluoride/Dentist**[1] ☐☐ *Complementary/alternative medicine*[1]
☐☐ **No OTC cough/cold medicine**[1] ☐☐ Toilet learning[2]

COMMENTS:

☐☐ Carbon monoxide/*smoke detectors*[1]/ Burns[1]/Matches
☐☐ *Falls (stairs, unstable furniture/TV, trampolines)*[1]
☐☐ *Water safety*[1] ☐☐ No pacifiers[1]

DEVELOPMENT[2] Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional

Tasks are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.[4] Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks gestation.

☐☐ *Walks alone*
☐☐ *Feeds self with fingers/tries to use spoon*
☐☐ *Points to several different body parts*
☐☐ *Follows 1 step directions*
☐☐ *Removes hat/socks without help*
☐☐ *Says 10 or more words (words do not have to be clear)*
☐☐ *Produces 4 consonants, (e.g. B D G H N W)*
☐☐ *Tries to get your attention to show you something*
☐☐ *Turns/responds when name is called*
☐☐ *Points to what he/she wants with alternating gaze with parent/caregiver*
☐☐ *Interested in other children*
☐☐ *Usually easy to soothe*
☐☐ *Child's behaviour is usually manageable*
☐☐ *Comes for comfort when distressed*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

2 years
☐☐ *Kicks a large ball*
☐☐ *Tries to run*
☐☐ *Puts objects into small container*
☐☐ *Combines 2 or more words*
☐☐ *Uses toys for pretend play (e.g. give doll a drink)*
☐☐ *Feeds self using spoon*
☐☐ *Likes to please*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

3 years
☐☐ *Walks up stairs using handrail*
☐☐ *Twists lids off jars or turns knobs*
☐☐ *Turns pages one at a time*
☐☐ *Follows 2 step directions (e.g. "Pick up your shoes and put them in the closet.")*
☐☐ *Uses sentences with 3 or more words*
☐☐ *Plays make-believe games with actions and words*
☐☐ *Listens to music or stories for 5–10 minutes*
☐☐ *Shares some of the time*
☐☐ *Starts to say emotions (e.g. happy, sad, mad)*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

4 years
☐☐ *Walks up/down stairs alternating feet*
☐☐ *Follows 3-part directions (e.g. "Point to your shoe, then stand up and clap your hands.")*
☐☐ *Asks and answers lots of questions (e.g. "What are you doing?")*
☐☐ *Tries to comfort someone who is upset*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

5 years
☐☐ *Throws and catches a ball*
☐☐ *Hops on 1 foot several times*
☐☐ *Cuts with scissors/Good pencil grasp*
☐☐ *Dresses and undresses with little help*
☐☐ *Counts 6 objects to answer "How many are there?"*
☐☐ *Speaks clearly in adult-like sentences most of the time*
☐☐ *Retells the sequence of a story*
☐☐ *Cooperates with adult requests most of the time*
☐☐ *Separates easily from parent/ Caregiver*
☐☐ *Identifies problem & associated feeling*
☐☐ *No parent/caregiver concerns*[2]

COMMENTS:

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

☐☐ Anterior fontanelle closed[2] ☐☐ **Eyes/Red reflex**[2]
☐☐ **Corneal light reflex/Cover-uncover test & inquiry**[2]
☐☐ Hearing inquiry ☐☐ *Teeth/Caries Risk*[2]
☐☐ **Tonsil size/Sleep-disordered breathing** ☐☐ Heart/Lungs/Abdomen

COMMENTS:

☐☐ *Blood pressure if at risk (3+yrs)*[2] ☐☐ *Teeth/Caries Risk*[2]
☐☐ **Eyes/Red reflex/Visual acuity**[2] ☐☐ Hearing inquiry
☐☐ **Corneal light reflex/Cover-uncover test & inquiry**[2]
☐☐ **Tonsil size/Sleep-disordered breathing** ☐☐ Heart/Lungs/Abdomen

COMMENTS:

☐☐ *Blood pressure if at risk*[2] ☐☐ *Teeth/Caries Risk*[2]
☐☐ **Eyes/Red reflex/Visual acuity**[2] ☐☐ Hearing inquiry
☐☐ **Corneal light reflex/Cover-uncover test & inquiry**[2]
☐☐ **Tonsil size/Sleep-disordered breathing** ☐☐ Heart/Lungs/Abdomen

COMMENTS:

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

INVESTIGATIONS / SCREENING[2] AND IMMUNIZATION[3] Record vaccines administered, address hesitancy and missing vaccines.[3]

☐☐ *Anemia/iron deficiency screening (if at risk)*[2] ☐☐ *Blood lead if at risk*[1]

COMMENTS:

SIGNATURE | SIGNATURE | SIGNATURE

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; *Fair (italic type)*; Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
[1]NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]NOTES 2: Family, Behaviour, Development, P/E, Investigations [3]NOTES 3: Immunization [4]NOTES 4: ECD Resources System and Table
Disclaimer: Given the evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. Financial support provided by the Government of Ontario.

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NATIONAL NOTES 1: Growth, Nutrition, Injury Prevention, Environmental Health, Other

GROWTH

- **Important:** Corrected age should be used up to 24 to 36 months of age for premature infants born at <37 weeks gestation. Discharge planning of the preterm infant (CPS)
- *Measuring growth:* The growth of all term infants, both breastfed and non-breastfed, and preschoolers should be evaluated using the 2014 Canadian growth charts based on the WHO Child Growth Standards (birth to 5 years) For birth to 2 years, evaluation includes measurement of recumbent length, weight-for-length assessments and head circumference. For ages ≥ 2 years, use standing height, weight, and calculation of BMI.
- Time to regain birth wt depends on mode of delivery (C/S vs vaginal) and milk source (breast vs formula). Nomograms exist: e.g. NEWT tool

WHO Growth Charts Adapted for Canada with BMI tables and BMI calculator (DC)
Growth Monitoring (CTFPHC) Optimal growth monitoring (CPS) Atypical growth (CPS)

NUTRITION

Nutrition for healthy term infants (NHTI): 0–6 months 6–24 months NutriSTEP®
Nutrition Guidelines (ODPH) Dietitians of Canada UnlockFood Nutrition Guidelines (AHS)

- **Breastfeeding**: **Support exclusive breastfeeding** for the first six months of life for healthy term infants. 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 is associated with better health outcomes (e.g. fewer gastrointestinal and respiratory illness, lower incidence of SIDS). Maternal support (both antepartum and postpartum) increases breastfeeding and prolongs its duration. Early and frequent parent-infant skin-to-skin contact, rooming in, and banning handouts of free infant formula increase breastfeeding rates. Breastfeeding Matters (Best Start) Skin-to-skin care (CPS)
  - Breastmilk storage: 2019 Nutrition Guidelines (ODPH) page 8
  - Ankyloglossia and breastfeeding (CPS)
  - Donor human milk considerations (CPS)
  - Maternal drugs when breastfeeding: Drugs and Lactation Database (LactMed®)
  - Weaning: Weaning from breastfeeding (CPS Caring for Kids)
- **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 consume a daily supplement that contains at least 400-600 IU vitamin D.
  - Vitamin D (CPS Caring for Kids) Nutrition for Healthy Term Infants (HC)
  - Preventing vitamin DD in Indigenous infants/children (CPS) Vit D deficiency (Caring for Kids New to Canada)
- *Infant formula:* Formulas generally contain iron: 0.4mg–1.3mg/100ml. Discourage the use of homemade infant formulas. Homemade Infant Formula (AHS)
  - Infant Formulas (AHS): Ingredients and Indications and Summary Sheet
  - Infant Formula: What you need to know (Best Start) Preparation Video and Tip sheets (Best Start)
- Milk consumption in excess of 750ml per day poses a risk for iron deficiency.
- Soy-based formula is not recommended for use in cow milk protein allergy or in preterm infants, and may interfere with absorption of T4 replacement therapy in infants with congenital hypothyroidism. Soy-based formulas (AAP)
- Plant-based beverages are not a nutrition-equivalent replacement for milk, especially for infants/children < 2 yrs due to low protein, energy and nutrient content. If a parent chooses not to provide breastmilk or cow's milk at 9-12 mos, a soy-based formula is recommended until age 2 yrs. Plant-based beverages (AHS): For Providers For Families Nutritional Content (DC Unlockfood)
- **Avoid all sweetened fruit drinks, sports drinks, energy drinks, and soft drinks**; restrict fruit juice consumption to a maximum of 1/2 cup (125 mL) per day. Limit the consumption of prepared food and beverage products that are high in sugar content. Energy and sports drinks (PCH) Juice (DC Unlockfood)
- Uncomplicated GE reflux is frequent, improves with conservative measures, and usually resolves by 1 yr. Avoid medication unless poor growth, respiratory problems or GI bleeding GE Reflux (CPS)
- **Introduction to solids:** A few weeks before to just after 6 months, guided by infant's readiness (CPS Caring for Kids), start iron containing foods to avoid iron deficiency. A variety of soft texture foods, ranging from purees to finger foods, can be introduced. Practical tips: Baby-led weaning (PCH)
- **Allergenic foods:** For all infants, including those at high risk for allergies, allergenic foods (especially eggs and age-appropriate forms of peanut products (NIH)) can be introduced with other solids around 6 months, but not before 4 months, as guided by the infant's signs of readiness. Once allergenic solids are introduced, they should be fed at least once a week or a few times a month to maintain tolerance.
  Timing of introduction (CPS) Allergy check Food Allergy Canada Non-IgE mediated food allergy (CPS)
- **Avoid honey until 1 year of age** to prevent botulism.
- Promote family meals with independent/self-feeding while offering a variety of healthy foods.
  NHTI: 6–24 months Canada's Food Guide
- **Limit/avoid consuming highly processed foods (CFG)** and foods that are high in dietary sodium. Dietary sodium (CPS)
- Choose foods with healthy fats (CFG) and limit foods containing saturated fat.
- Vegetarian/Vegan diets: Children < 2 yrs fed a vegan diet may be at risk for nutrient deficiencies.
  HealthLinkBC Series – Feeding Babies/Toddlers: Vegetarian Vegan
- Fish consumption: 2 servings/week of low mercury fish: Fish consumption and mercury (HC)
- Dietary fibre and prebiotics (CPS)

ENVIRONMENTAL HEALTH

Healthy Home (HC) Climate Change and Health (CPS) Health and Environment: (CPS) (CPCHE)
Air quality and children's health (HC)

- **2nd hand smoke**/e-cigs/Cannabis exposure: There is no safe level of exposure. Advise caregivers to stop smoking and/or reduce 2nd hand smoke exposure, which contributes to childhood respiratory illnesses, SIDS, and neuro-behavioural disorders. Offer smoking cessation resources. Educate parents on the health risks and harms associated with e-cigs, and on safe storage.
- Sun exposure/Sunscreens: Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF ≥ 30 for those > 6 months of age. Sun safety tips (HC)
- Insect bites/repellents: Prevent insect bites. No DEET in < 6 months; 6–24 months 10% DEET apply max once daily; 2–12 years 10% DEET apply max TID. Insect bites/repellents: (HC) (CPS Caring for Kids)
- *Pesticides:* Ask about pesticide use and storage at home; avoid exposure. Exposure to pesticides is associated with adverse neurodevelopmental outcomes. Wash all fruits and vegetables that cannot be peeled.
  Food additives and child health (AAP) Pesticide Exposure in Children (AAP)
- Well water: should be tested regularly for contamination. Health Canada March 2019: Be Well Aware: Test your well water
- *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.
  Blood Lead Screening is recommended for children who:
  - in the last 6 months lived in a house or apartment built before 1960;
  - 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;
  - have emigrated or been internationally adopted from a country where population lead levels are higher than in Canada;
  - are at risk of lead exposure from water pipes.

  Prevention of Childhood Lead Toxicity (AAP) Kids new to Canada (CPS)
  Low-level lead exposure (CPS) Reduce your exposure to lead (HC)

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, suffocation, drowning, fire, poisoning, and falls. Unexplained injuries (e.g. fractures, burns), sentinel injuries, or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment. Keep your young children safe (CPS Caring for Kids) Injury deaths in Canada (PHAC)
Injury prevention (CPS) Prevention of unintentional childhood injury (AFP)

- **Transportation in motorized vehicles including cars, ATVs, snowmobiles, etc.:** Child car seat safety (Transport Canada) Child car safety (Parachute) Preventing ATV injuries (CPS) Snowmobile safety (CPS Caring for Kids)
  - Never leave a child unattended in a vehicle. Those < 13 years should sit in the rear seat, away from all airbags.
  - Car seats: Install and follow size recommendations as per specific car seat model, and keep in each stage as long as possible, until the weight and height limit of the seat is reached: Infant/toddlers in a rear-facing car seat; Children who weigh at least 10 kg in a forward-facing seat with a harness; Children who weigh at least 18 kg in a booster seat. Then use properly fitted lap and shoulder belt in the rear seat for children taller than 145 cm (4' 9") and < 13 years. Replace car seat if in a collision.
  - Children and youth younger than 16 years of age should not operate an ATV or a snowmobile, including youth models.
- **Bicycle**: wear **bike helmets** and advocate for helmet legislation for all ages. Replace if it has sustained impact or is > 5 years old. Bike Helmets (CPS Caring for Kids) Cycling (Parachute)
- **Safe sleeping environment:** 2021 Joint statement (CPS/CFSIDS/CICH/HC/PHAC)
  Reducing sleep-related infant deaths (AAP) Preventing Flat Heads (CPS Caring for Kids)
  - Sleep position, bed sharing, and SIDS: Healthy infants should be positioned on their backs on a firm non-inclined sleep surface for every sleep, in a crib, cradle or bassinet that meets Health Canada regulations, is located in parents' room for the first 6 months of life, and is without soft objects, loose bedding, or similar items inside. Counsel parents on the dangers of other contributory risk factors for SIDS such as bed sharing in parents' bed; sleeping on a sofa or cushioned chair or in a car seat or swing; overheating; maternal smoking, 2nd hand smoke, alcohol, or illicit or sedating drug use.
  - 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. Positional plagiocephaly (PCH) Therapy effectiveness (PRSJ)
  - Swaddling: Proper swaddling of the infant 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 is contraindicated once baby shows signs of attempting to roll. Risks and Benefits of Swaddling (AJMCN)
- *Pacifier use:* Counsel on safe and appropriate use. Pacifiers 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. Pacifiers (HC)
- Choking: Avoid hard, small, smooth, and gummy foods under 4 years of age. Conforming items like latex balloons can cause choking. Encourage child to remain seated while eating and drinking. Use safe toys that are age appropriate and remove loose/broken parts. Encourage caregivers to learn choking first aid.
- Drowning: Prevention of drowning (AAP) Drowning (Parachute)
  - Bath safety: Never leave a young child unsupervised in the bath.
  - Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing with self-closing and-latching gates, lifejackets, swimming lessons, and boating safety to decrease the risk of drowning.
- *Burns:* Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C. Be vigilant with hot liquids on counter-tops. Burns and Scalds (Parachute)
- **Poisoning/Ingestions:** Keep medicines, cannabis edibles, cleaners, and other toxic substances locked up and out of child's reach. Ensure safe storage and disposal of button batteries. Use of ipecac is contraindicated in children. Install carbon monoxide detectors. Button batteries (CPS) Cannabis (CPS) 1-844-POISON-X (1-844-764-7669)
  Poison Centres and Clinical Toxicology Poison prevention (Parachute)
- *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 safety (AAP) Falls in children (Parachute)
  Playgrounds and play spaces (Parachute)
- **Firearm safety:** Advise on removal of firearms from home or safe storage to decrease risk of unintentional firearm injury, suicide, or homicide. Gun safety (CPS Caring for Kids)

OTHER

- Advise parents against using **OTC cough/cold medications**. Colds in children (CPS Caring for Kids)
- *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 Caring for Kids)
- 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. Fever and temperature taking (CPS Caring for Kids) Fever in the returning child traveller (CPS)
- Footwear: Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. Footwear for Children (CPS Caring for kids)

- **Oral Health –** Dental care for children (CDA) Oral health for children (HC)
  - Teething: Discomfort can be managed by providing gum massage with a cold facecloth/teething ring and appropriate use of oral analgesics. E.g. acetaminophen (all ages), or ibuprofen if ≥ 6 mos. Anaesthetics/numbing gels and teething necklaces are contraindicated. Benzocaine and MetHb (HC) Homeopathic teething products (FDA)
  - 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. Cleaning teeth (CDA)
  - 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. Canadian Caries Risk Assessment Tool
    Preventing dental caries in kids < 5 yrs (USPSTF) Early Childhood Caries in Indigenous Communities (CPS)
  - 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. Fluoride & your child (CDA)
  - Consider the first dentist visit by 6 months after eruption of 1st tooth or at age 1 year.

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NATIONAL NOTES 2: Family, Behaviour, Development, Physical exam, Investigations/ Screening

INCLUSIVE AND ANTI-OPPRESSIVE CARE

- Racism is a social determinant of health that has profound lifelong effects on children and families.
  Racism as a determinant of health and health care (CFP) Impact of Racism (AAP)
  How Racism can affect child development (Harvard)
  Antiracism resources for healthcare providers (CPS)
- **Cultural humility and safety:** Practice cultural humility through reflection of personal biases to deliver patient- and family-centred anti-racist and culturally safe care where patients feel respected and safe.
  Our Kids' Health: Cultural chapters
  - Indigenous children: Indigenous Child & Youth Health (CPS)
    Social determinants of health in Aboriginal children in Canada (PCH) COVID-19 (CPS)
    Many Hands, One Dream (CPS)
  - Immigrants/refugees: CPS Caring for kids new to Canada CCIRH-Clinical Guidelines
    Cross-cultural communication (CPS)
- Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing.
  Trauma-informed care (AAP) Trauma-informed care in Child health systems (AAP)

RELATIONSHIPS, PARENTING, FAMILY FUNCTION

- **Early relational health (ERH)**: is the emotional connections between children & trusted adults that promote health and development. It leads to positive experiences, can help mitigate negative effects of trauma & adversity, and builds resilience (ability to recover from stressors and negative experiences). Observe, discuss, model, and praise specific parenting behaviours and healthy routines that promote ERH.
  From ACES to early relational health: implications for clinical practice (CPS) Mt Sinai NY Parenting Center
  - Build on each family's relational strengths and protective factors, reinforce healthy routines, use anticipatory guidance to prepare parents for developmentally normal (and possibly challenging) behaviours, and help modify specific behaviours or skills when needed. Use of any physical punishment including spanking should be discouraged in all ages. Supporting Positive parenting (CPS)
  - Family approaches to crying, sleep, and behaviour vary culturally, and navigating points of variance with sensitivity is key to providing culturally safe care.
  - Parents of children at risk of, or showing signs of, behavioural or conduct problems may benefit from structured parenting programs which have been shown to increase positive parenting and reduce general behaviour problems. Access community resources to determine the most appropriate and available research-structured programs.
    Disruptive behaviour (CPS/CACAP) Parenting skills (EECD) e.g. The Incredible Years®, Triple P®, Strongest Families
- **Mental health:**
  - Prevention, recognition, and assessment of mental health problems in children.
    Promoting optimal mental health outcomes in children and youth (CPS) Growing Up Great (Ottawa IECMH)
  - **Parental depression**: Clinicians should have a high awareness of parental depression which is a risk factor for the socio-emotional and cognitive development and safety of children.
    Depression in pregnant women and mothers (CPS Caring for Kids)
- Children in foster care or newly adopted to Canada may have special needs for health supervision.
  Health Care for Children in Foster Care (AAP) International Adoption (Kids New to Canada)
- **Social determinants of health (SDH)**: Inquire about impact of poverty (e.g. housing or food insecurity) and offer resources to families with unmet social needs. Canada Benefits Finder Poverty Tool by Region (CEP)
  Supporting children during COVID (CPS) CLEAR tool kit Social determinants of health (CFPC)
  Infrastructure to address SDH (PCH) Housing need in Canada (CPS)
- **Prevention of child maltreatment:**
  - Unexplained injuries (e.g. fractures, burns), sentinel injuries, or injuries that do not fit the rationale provided or developmental stage raise concern for child maltreatment.
  - Consider more support/resources for:
    i) Parents with low socio-economic or educational status, younger maternal age, single parent family, history of abuse, mental health and/or substance use, unplanned pregnancy;
    ii) Families with intimate partner violence, high conflict relationships, isolation or lacking social connectedness, caregivers who use corporal punishment;
    iii) Children with behavioural or mental health conditions, or with special needs.
  - Discuss with parents of preschoolers teaching names of genitalia, appropriate and inappropriate touch, teaching age-appropriate principles of consent and permission, 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 prevention (USPSTF) Bruising in suspected maltreatment cases (CPS)
    INSPIRE: 7 strategies for ending violence against children (WHO)
    Medical Neglect (CPS) Traumatic Head Injury due to Child Maltreatment (CPS/PHAC)
    Risk and Protective Factors for Child Maltreatment (CDC)
    Children with suspected exposure to intimate partner violence (CPS)
- **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. Guide to child-care in Canada (CPS): Well Beings
  Child care: Making the best choice (CPS Caring for Kids)
  A parents' guide to quality child care (Childcare Resource and Research Unit)

HEALTHY ROUTINES

- **Assess healthy sleep habits:** Adequate sleep (quality and quantity for age) is associated with better health outcomes. Recommended sleep duration per 24 hrs – infants 0–3 months: 14-17 hrs; 4–12 mos: 12 – 16 hrs; 1–2 yrs: 11-14 hrs; 3–5 yrs: 10-13 hrs. Turn off computer/TV screens 60 minutes before bedtime. No computer/TV screens in bedroom.
  CSEP Recommended amount of sleep (AASM) Sleeping Behaviour (EECD) Healthy sleep (CPS Caring for Kids)
- 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 have been shown to reduce the prevalence of night waking, especially when this counselling begins in the first 3 weeks of life. Healthy sleep (CPS Caring for Kids)
- **Infant crying/colic:** Excessive crying may be caused by behavioural or physical factors, or be the upper limit of the normal spectrum. Colic: Recurrent and prolonged periods of infant crying, fussing, or irritability onset <5 months old that occur without obvious cause and cannot be prevented or resolved by caregivers. Caregiver frustration with infant crying can lead to child maltreatment/inflicted injury (head injury, fractures, bruising).
  The Period of Purple Crying Colic and Crying (CPS Caring for Kids)
- **Read, speak, sing:** Encourage caregivers to read, speak, tell stories, and sing to/with their infants and children in their language of choice to promote language and early literacy skills, as well as socioemotional and relational development. Children at risk of reading difficulties: history of early speech or language delay, trouble identifying letters of the alphabet, difficulty with letter-sound correspondence or rhyming, family history of reading difficulty or disability.
  Right to Read (CPS) Read, speak, sing: promoting literacy (CPS) Early Literacy resources (CPS)
- **Family healthy active living/sedentary behaviour/screen time:** Decrease sedentary pastimes and encourage daily and frequent physical activity, with parents as role models, through interactive floor-based play for infants, and free and unstructured outdoor active play for young children. Counsel on appropriate media use; for children <2 years, screen time (e.g., TV, computer, electronic games) is not recommended except for video-chatting; for children 2-4 years, screen time should be limited to <1 h/day; less is better; educational and prosocial programming is better.
  CSEP guidelines Screen time and preschool children (CPS) Healthy devel through outdoor risky play (CPS)

DEVELOPMENT Correct for age until 2 yrs if <37 weeks gestation.

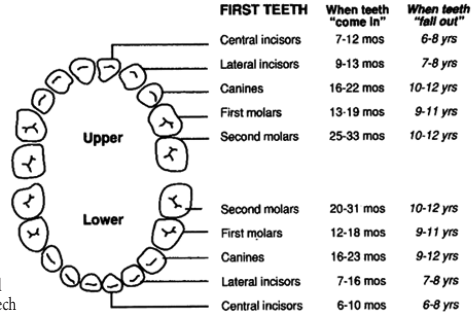
See Play&Learn for games and activities to promote healthy child development.
Manoeuvres are based on evidence-based literature on milestone acquisition. Milestones for Dev Surveillance (AAP)
Devel attainments: First 6 yrs (PCH). They are not a developmental screen, but rather an aid to developmental surveillance. They are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern about development at any stage. Ensure that milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent.

- Genetic and metabolic investigations (CCMG)
- Assessment tools; see Table 4 (CPS)
- Best Start Website contains resources for early child development.
- Identifying and treating speech & language delays (PCH) Encyclopedia on Early Childhood Development

- Toilet learning: The process of toilet learning has changed significantly over the years and within different cultures. A child-centred approach is suggested, where the timing and methodology of toilet learning is individualized as much as possible. Toilet Learning (CPS Caring for Kids)
- Autism Spectrum Disorder: Specific screening for ASD at 18-24 months should be performed on all children with any of the following risk factors: failed items on the social/emotional/communication skills inquiry, sibling with autism, or developmental concern by parent, caregiver, or physician. Increased prevalence for ASD is also associated with prematurity, and certain chromosomal, genetic and neurological disorders. Standardized, evidence-based screening tools for detection of early ASD symptoms should be used as per guidelines. M-CHAT™
  ASD (CPS): Early detection Diagnostic assessment Management

PHYSICAL EXAMINATION

- *Jaundice:* Bilirubin testing (total and conjugated) if persists beyond 2 wks of age.
  Acholic stools and prolonged jaundice (predominantly conjugated) can be signs of biliary atresia.
  Neonatal Hyperbilirubinemia Guidelines (CPS) Screening for biliary atresia (CFP)
- *Sentinel injuries* (such as bruising, subconjunctival hemorrhages, or intra-oral trauma to the frenulum, lips, oral mucosa, gingiva or tongue) or other unexplained injuries warrant evaluation re: child maltreatment or medical illness.
  Sentinel injuries (Ped Rad) Bruising in suspected maltreatment cases (CPS)
- *Blood pressure:* Check BP at all visits for those at risk > 3 yrs old. Some risk factors: obesity, sleep-disordered breathing, prematurity, renal disease, congenital heart disease, diabetes, or on medications that increase BP.
  High blood pressure in children, including definitions: Screening and management of high BP (AAP)
- Fontanelles: The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.
  The Abnormal fontanel (AAFP)
- **Vision inquiry/screening**: Vision screening (WHO pocket book)
  - 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:* Language delay or parental concerns about hearing acuity 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. Hearing assessment beyond neonatal screening (AAP)
- Inspect tongue mobility for ankyloglossia if breastfeeding problems. Ankyloglossia and breastfeeding (CPS)
- Check palate for cleft Cleft lip/palate (AAP)
- **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).
  2012 AAP OSA Guidelines
- *Dental*: Examine for problems including caries, oral soft tissue infections or pathology; and for normal teeth eruption sequence. Canadian Caries Risk Assessment Tool
- Check neck for torticollis.
  Congenital muscular torticollis (Ped)
- Umbilicus: Gently pat dry and review S&S of infection.
- 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. Exam includes assessing limb length discrepancy and asymmetric thigh or buttock (gluteal) creases; performing the Ortolani manoeuvre for hip instability in the first 3 mos, then testing for limited or asymmetric hip abduction until 12 months. Consider selective imaging between 6 wks and 6 mos for infants with normal hip exam if breech or family history, and for all infants with positive findings on P/E. DDH (AAP)



- Muscle tone/Persistence of developmental (primitive) reflexes: Assessment should be performed for abnormal tone or deep tendon reflexes, or for asymmetric movements (moving one side more than other) as well as for the persistence of developmental reflexes (e.g. Moro, asymmetric tonic neck, palmar grasp) beyond 5-6 months. These may be early signs of cerebral palsy or neuromotor disorder and suggest the need for further assessment. Neonatal brachial plexus palsy (CPS)
  Childhood Disability LINK: Early detection of CP Prompts for referral
- Spine/Anus: Examine spine for cutaneous signs of occult spinal dysraphism. Check anal patency.
  Congenital Brain and Spinal Cord Malformations (AAP)

INVESTIGATIONS/SCREENING

- *Anemia/iron deficiency screening:* Screening should be considered between 6 and 18 months of age for infants/children at risk due to factors including low birth wt and prematurity; social determinants of health; recently arrived from resource poor countries; or diet (infants/children fed whole cow's milk before 9 months of age or at quantities > 500 mls/ day; prolonged bottle feeding beyond 15 months of age; or sub-optimal intake of iron-containing foods). Beyond this age, screening as per additional risk factors.
  Iron requirements (CPS)
- **Hemoglobinopathy screening:** Consider screening neonates from high-risk groups.
- **Universal newborn hearing screening (UNHS):** Effectively identifies infants with congenital hearing loss and allows for early intervention & improved outcomes. Effectiveness of UNHS (JGH)
- **Tuberculosis screening**: For up-to-date information, see Canadian TB Standards: 2022

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NATIONAL NOTES 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.
- **Immunization pain reduction strategies:** During vaccination, pain reduction strategies with good evidence include breastfeeding, use of expressed breast milk or use of sweet-tasting solutions, encouraging parents to hold their child, avoiding aspiration during IM injections, giving the most painful vaccine last, and consideration of topical anaesthetics.
  Immunization pain management (Immunize CA)
- 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:
  - Vaccine safety: (HC) (Immunize Canada) Canada's vaccine safety program (CPS)
  - Autism spectrum disorder: No causal relationship with vaccines (PCH)
- Information for parents on vaccinations can be accessed through:
  - ImmunizeCA
  - Vaccination and your Child (CPS Caring for Kids)
  - Deciding to vaccinate (HC)
  - A Parent's Guide to Vaccination (PHAC)
- Vaccine hesitancy was identified by WHO in 2019 as one of the 10 threats to global health. Evidence-based interventions to improve vaccine confidence include non-judgemental parent education and communication (face-to-face, pamphlet, video, apps, texts), anticipatory guidance including prenatally, team-based approaches and tracking/recall systems, and community wide collaborations.
  - Working with vaccine-hesitant parents (CPS)
  - Addressing vaccine hesitancy (CFP)

VACCINE NOTES

See The Canadian Immunization Guide and NACI for current recommendations on individual vaccines. (Adapted from websites of NACI and the Canadian Immunization Guide)

- **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 all pregnant women (≥13 weeks of gestation, ideally at 27 – 32 weeks) to provide immediate protection to infants less than 6 months of age.
- **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.
- **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.
- **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 minimum interval between the first and second dose is 4 weeks; between the second and third dose is 2 months; and between the first and the third dose is 4 months. 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 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) 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.
  - Recommended Recipients of Hepatitis B Vaccine for Pre-exposure Prevention (NACI Canadian Immunization Guide)
- **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.
  - Pneu-C-15 or Pneu-C-20 are now available and are being used in some jurisdictions instead of Pneu-C-13. See NACI for details including products, doses, and timing.
- **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, particularly those aged 6-59 months and other children at high risk.
  - 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. If a quadrivalent vaccine is not available, TIV should be used. Egg allergy is not a contraindication to vaccination with QIV, TIV, or LAIV.
  - Immunize with TIV or QIV in the second or third trimester to provide protection for the pregnant woman and infant <6 months of age.
  - LAIV is contraindicated for children i) with immune compromising conditions, ii) with severe asthma (defined as current active wheezing or currently on oral or high-dose inhaled glucocorticosteroids, or medically attended wheezing within the previous 7 days), or iii) on aspirin.
- **COVID-19 vaccine:** Due to the amount of evolving evidence with rapidly changing recommendations, see NACI and the Canadian Immunization Guide for details on COVID-19 vaccination.
  COVID-19 vaccine for children and adolescents (CPS)
- **Respiratory syncytial virus (RSV) vaccine:** Palivizumab (Synagis) prophylaxis during RSV season for children with chronic lung disease, congenital heart disease, or born preterm. A long-acting monoclonal antibody (Nirsevimab) for infants and an RSV vaccine (ABRYSVO) have recently been approved. NACI guidance is pending. See the Canadian Immunization Guide.

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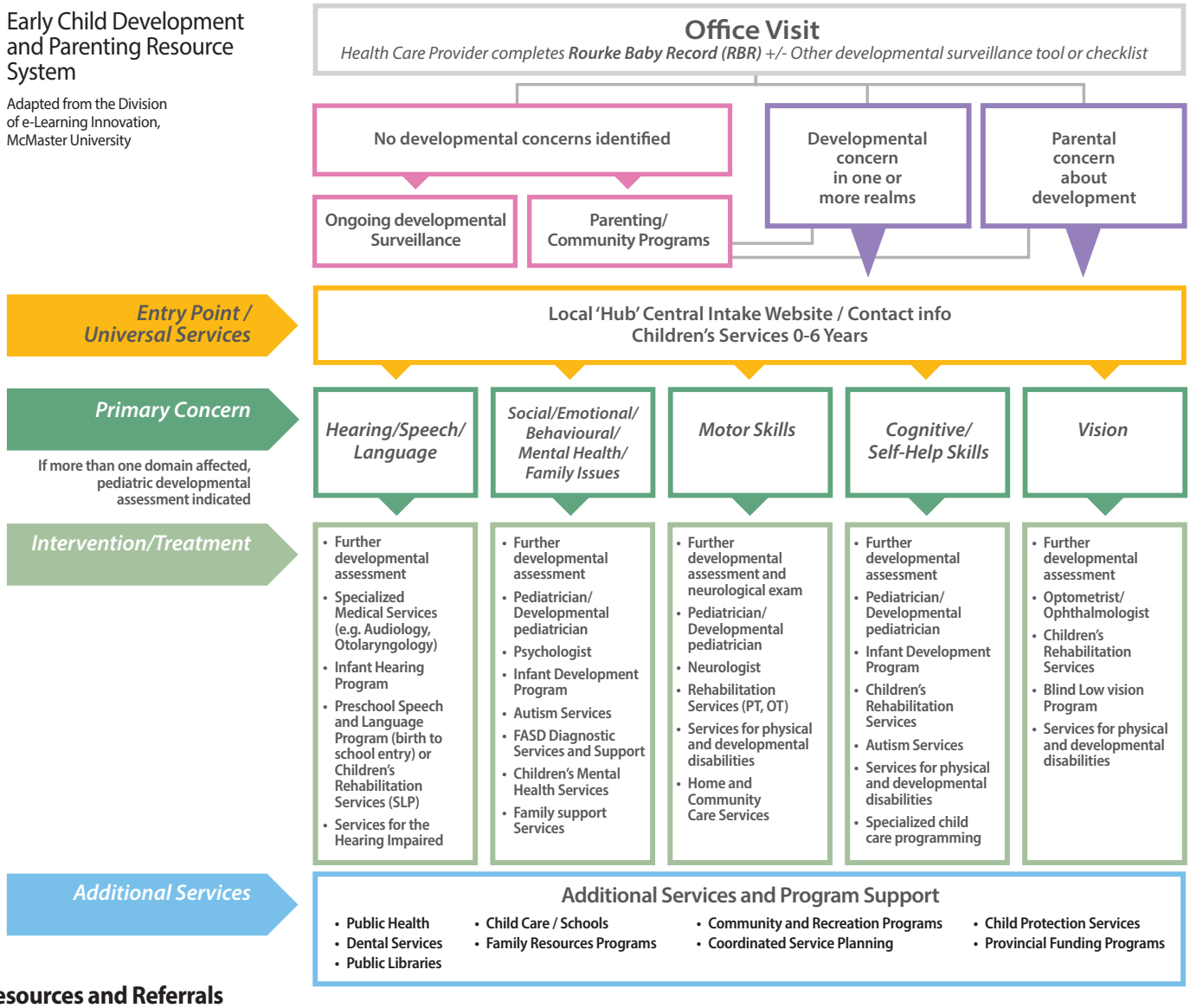
NATIONAL NOTES 4: Early Child Development and Parenting Resource System and Local Resources/Referrals Table

Early Child Development and Parenting Resource System

Adapted from the Division of e-Learning Innovation, McMaster University



Local Resources and Referrals

Service	Contact person	Phone number	Website	Other

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

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