



CHILD HEALTH RECORD

CHILD'S NAME

(use block capitals, 1 letter per box)

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME(S)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

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GOVERNMENT OF BERMUDA

Department of Health



CHILD HEALTH RECORD

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RESOURCES FOR PARENTS

USEFUL WEBSITES FOR PARENTS

Bermuda Department of Health

www.health.gov.bm

American Academy of Pediatrics

www.healthychildren.org

Centers for Disease Control & Prevention (US, CDC)

www.cdc.gov/ncbddd/childdevelopment/facts

National Health Service (UK)

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care>

<http://www.nhs.uk/LiveWell/Childhealth6-15/Pages/Childhealth615home.aspx>

World Health Organization

www.who.int

UNICEF

www.unicef.org

USEFUL TELEPHONE NUMBERS

- Bermuda Hearing Services: 236-1088
- Center Against Abuse: 292-4366
- Child and Adolescent Services; 239-6344 Ext. 3463; Emergency – 236-3770
- Child and Family Services; 296-7575
- Child Development Programme; 295-0746 Ext. 2222
- Coalition For the Protection of Children; 295-1150
- Counseling and Life Skills Services; 297-7845
- Department of Health – Asthma Nurse Educator; 332-8915
- Department of Health – Child and School Health Services; 278-6460 or 278-6461
- Department of Health – Health Visitors; 278-6460
- Department of Health – Nutrition services; 278-6467 / 278-6468 / 278-6469
- Department of Health – Maternal Health services; 278-6441
- Department of Health – Oral Health 278-6440
- Family Center; 232-1116
- Open Airways; 232-0264 / 232-6274
- SCARS (Saving Children And Revealing Secrets); 297-2277
- Women’s Resource Center; 295-7273

USEFUL CONTACT NUMBERS

Child Health Clinics operate Monday to Friday (except public holidays), by appointment only

Call 278-6460 or 278-6461 to book at any location

Locations:

Hamilton Health Centre: 67 Victoria Street, Hamilton

St. Georges Health Centre: 297-8200

1 Old Military Road, St. Georges

Warwick Health Centre: 236-0649

70 Middle Road, Warwick

Somerset Health Centre: (Currently operating at Warwick Clinic)

55 Mangrove Bay Road, Sandys

La Leche League: Contact via Facebook

Child Abuse Hotline: 278-9111

Out of hours: 911

YOUR CHILD HEALTH RECORD

The Child Health Record¹ is given to the parents or caregivers of every new baby.

This booklet belongs to you and your child. Its purpose is to help you:

- n Understand more about your child's health and development
- n Know what immunizations and health checks your child is due, and when they are due
- n Keep a record of your child's development, health and health care
- n Communicate better with health care professionals

Your responsibility is to:

1. Keep your Child Health Record safe and handy (e.g. in a plastic Ziploc bag within your diaper bag, cell-phone picture of immunization record pages).
2. Take this booklet to all your child's health care visits.
3. Ask all health care professionals who see your child to complete the relevant sections. Health care professionals include (but are not limited to) doctors, nurses, dentists, dental hygienists, nutritionists, therapists, hospital staff etc.
4. Complete the sections on personal information, developmental milestones, and record of illnesses.
5. Keep this record safe and complete which will be helpful when the time comes to register your child for school, and to apply for travel visas, insurance and college. It will also be an asset if you change physicians or move overseas.

For any comments or queries, please contact the Child Health services of the Department of Health:

Phone: 278-6460
Email: childhealth@gov.bm

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PERSONAL INFORMATION

Child's LAST Name: _____ Gender _____

Child's First & Middle Names _____

Date of Birth: Day / Month / Year Country of Birth: _____

Home Address (list each change per line)

Address 1: _____

Address 2: _____

Address 3: _____

Mother's name: _____ Age (yrs): _____

Phone: _____ E-Mail: _____

Father's name: _____ Age (yrs): _____

Phone: _____ E-Mail: _____

Guardian's name: _____ Relationship _____

Phone: _____ E-Mail: _____

Family History: _____ **Number of Siblings:** _____

1. Sibling's name:	Gender:	Date of Birth:
2. Sibling's name:	Gender:	Date of Birth:
3. Sibling's name:	Gender:	Date of Birth:
4. Sibling's name:	Gender:	Date of Birth:

Other family health problems

- Allergy Seizures Diabetes Heart disease
 Asthma Sickle cell anaemia
 Other _____

Designated Paediatrician: _____

IMMUNIZATION SCHEDULE

Certain childhood diseases can make babies seriously ill. Vaccines help to keep children healthy and prevent many serious childhood diseases.

Bermuda Advisory Committee on Immunization Practices (BACIP) Immunization Schedule (2020) for healthy infants, children and adolescents

Age	Disease Protection	Immunization	Due Date*
2 months	Diphtheria, Tetanus, Pertussis, <i>Haemophilus influenzae</i> type b	DTaP	
4 months	Polio	Hib IPV	
6 months	Pneumococcal Rotavirus (at 2 and 4 months) 2 doses	PCV RV	
6-7 months			
7-8 months	Hepatitis B	HBV	
12-18 months			
15 months	Measles, Mumps, Rubella	MMR	
15-18 months	Diphtheria, Tetanus, Pertussis <i>Haemophilus influenzae</i> type b Polio Pneumococcal	DTaP Hib IPV PCV	
12-24 months	Chicken Pox	Varicella	
4 – 6 years	Diphtheria, Tetanus, Pertussis Polio Measles, Mumps, Rubella Chickenpox	DTaP IPV MMR Varicella	
11 – 18 years	Diphtheria, Tetanus, Pertussis, Human Papilloma Virus	Tdap HPV	

Children can be protected before they become exposed to or infected by these serious diseases. **The immunization schedule provides the best protection at the right time for children.**

- The first series of vaccines should be completed before baby is 1 year of age:
 - DTaP Hib IPV PCV
- 3 doses of Hepatitis B should be completed before child is 18 months of age.
- Before reaching 2 years of age, the child should receive their first dose of the following vaccines:
 - MMR Varicella

* See IMMUNIZATION RECORD page for actual date vaccine administered.

VACCINE-PREVENTABLE DISEASES

Disease	Treatment and Control
<p>Diphtheria</p> <p>Diphtheria is a serious disease caused by a poison made by bacteria. It causes a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. It can be deadly.</p> <p>http://www.cdc.gov/diphtheria/about/causes-transmission</p>	<p>While antibiotics and hospitalization may treat Diphtheria, the best approach is prevention by vaccination. The DTaP vaccine however does not offer lifetime protection from the disease. Boosters are needed to keep up protection from diphtheria.</p>
<p>Pertussis (whooping cough)</p> <p>Whooping cough disease starts like the common cold, but after 1–2 weeks, violent, uncontrollable coughing begins which makes it hard to breathe. About half of babies younger than 1 year of age who get whooping cough end up in the hospital, and a few even die from the disease.</p> <p>http://www.cdc.gov/pertussis/about/causes-transmission</p>	<p>Many babies who get whooping cough are infected by older relatives or adults who might not even know they have the disease. To help protect babies with vaccines:</p> <ul style="list-style-type: none"> Mothers should get vaccinated in the third trimester of pregnancy. Surround your baby with persons who have had their whooping cough vaccine. Make sure baby gets 3 doses of the pertussis vaccine (DTaP) by age 6 months
<p>Tetanus</p> <p>Tetanus germs enter the body through cuts or puncture wounds caused by contaminated objects, and produce a poison that causes painful muscle spasms (jaw muscles tighten (lockjaw), and trouble swallowing. 10-20% of cases are fatal.</p>	<p>Tetanus is a medical emergency requiring hospitalization and often, a machine to aid breathing may be required. Tetanus vaccine (DTaP) can prevent infection and boosters are needed.</p> <p>http://www.cdc.gov/tetanus</p>
<p>Polio or Poliomyelitis</p> <p>Polio is a crippling and potentially deadly virus infection. The virus spreads from person to person through contaminated food or water and can invade the person's brain and spinal cord, causing paralysis.</p>	<p>Polio infection has no cure, and vaccination (IPV) is the best way to protect people and is the only way to stop the disease from spreading.</p> <p>http://www.cdc.gov/polio</p>
<p>Haemophilus influenzae type b</p> <p>Haemophilus influenzae can cause severe infections when the bacteria invade the body (e.g. pneumonia and meningitis). Disease occurs mostly in infants and children younger than five years of age. It can cause lifelong disability or death.</p>	<p>The Hib vaccine can prevent disease caused by <i>Haemophilus influenzae</i> type b, and protects infants as young as eight weeks old.</p> <p>http://www.cdc.gov/hi-disease</p>
<p>Measles</p> <p>Measles starts with fever, runny nose, cough, red eyes, and sore throat, followed by a rash that spreads over the body. Measles is highly contagious virus and spreads through the air through coughing and sneezing.</p>	<p>Measles can be prevented with the MMR (measles, mumps, and rubella) vaccine. Two doses of MMR vaccine increase the effectiveness.</p> <p>http://www.cdc.gov/measles</p>
<p>Get more information on vaccine-preventable diseases at the websites listed</p>	

VACCINE PREVENTABLE DISEASES

Disease	Treatment and Control
<p>Mumps Mumps virus infection starts with a few days of fever, headache, muscle aches, tiredness, loss of appetite, and is followed by swelling of salivary glands.</p>	<p>There is no specific treatment for mumps but supportive care may be given. Mumps can be prevented with the MMR (measles, mumps, and rubella) vaccine. http://www.cdc.gov/mumps</p>
<p>Rubella (German Measles) Rubella virus Infection is usually mild with fever and rash that starts on the face and spreads to the rest of the body, lasting 2 or 3 days. Older children and adults may also have swollen glands.</p>	<p>Serious birth defects (e.g. deafness, cataracts, heart defects, mental retardation) can occur if a pregnant woman gets rubella. Rubella vaccine (contained in MMR vaccine) can prevent this disease. http://www.cdc.gov/rubella</p>
<p>Pneumococcal Infection Pneumococcus is a common cause of severe pneumonia, and other types of infections such as ear infections, sinus infections, meningitis and blood stream infection. Invasive pneumococcal disease is usually very severe, causing hospitalization or even death.</p>	<p>Although Pneumococcal disease can be treated with antibiotics, resistance is growing. The pneumococcal vaccine has successfully reduced antibiotic-resistant pneumococcal infections. http://www.cdc.gov/pneumococcal</p>
<p>Chicken Pox (Varicella) Chickenpox is caused by the varicella-zoster virus, with a blister-like rash, itching, and fever. It spreads easily in the air through coughing, sneezing or by touching the chickenpox blisters. Serious infection can occur in babies, adults, and people with weakened immune systems.</p>	<p>The best way to prevent chickenpox is to get the varicella vaccine. Most people who get the vaccine will not get chickenpox, but if a vaccinated person does get it, it is usually mild—with fewer blisters and mild or no fever. http://www.cdc.gov/chickenpox</p>
<p>Rotavirus Rotavirus is one of the most common causes of severe diarrhea in infants and children. It is an infection easily spread through fecal – oral route, when an infant or child puts a toy, water, food or hands in their mouth which has the virus. Infants and children at day care are mostly at risk and it may lead to dehydration requiring hospitalization.</p>	<p>Vaccination and frequent handwashing are the best ways to reduce the spread of rotavirus infection and disease. The vaccine is given by mouth. It is not an injection. Two doses are recommended for maximum protection and can safely be given with other vaccines. http://www.cdc.gov/rotavirus/vaccination</p>
<p>Human Papillomavirus (HPV) Human Papillomavirus (HPV) is the most common sexually transmitted disease (STI) and can be spread by vaginal, anal or oral sex with someone who has the virus. It can cause genital warts and cancer in both males and females (cancer of the cervix, vagina, vulva, penis, anus, and throat)</p>	<p>There is no known treatment for HPV. Sometimes it resolves without treatment. When HPV does not go away, it can cause genital warts and cancer. It is recommended that males and females aged 11 - 12 be given the vaccine to protect them before they are exposed to the virus. The HPV vaccine is given as a 2 dose series. http://www.cdc.gov/hpv</p>
<p>Hepatitis B Hepatitis B virus infection causes liver disease ranging from mild illness lasting a few weeks (acute) to serious, lifelong (chronic) illness when the virus remains in a person's body. Chronic Hepatitis B can result in long-term health problems, and even death. Hepatitis B can also be passed from an infected mother to her baby at birth.</p>	<p>The best way to prevent Hepatitis B is by getting vaccinated with Hep B vaccine. http://www.cdc.gov/vaccines/vpd-vac/hepb</p>
<p>Influenza Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Serious complications of flu infection can result in hospitalization or death. Older people, young children, and people with certain health conditions are at high risk for serious flu complications.</p>	<p>The best way to prevent the flu is by getting vaccinated with the Flu vaccine each year. http://www.cdc.gov/flu</p>
Get more information on vaccine-preventable diseases at the websites listed	

DEALING WITH VACCINATION

Before Getting Shots

Come prepared to help make the visit less stressful on you and your baby.

- Find your child's health record and bring it to your appointment. An up-to-date record tells your doctor/nurse exactly what shots your child has already received.
- Pack a favorite toy / book, or a blanket that your child uses regularly for comfort.
- Never threaten your child with shots, by saying "If you misbehave I will have the nurse give you a shot."

You can soothe your baby by skin-to-skin contact.

At the Clinic or Doctor's office

Try these ideas for making the shots easier on your child:

- Distract and comfort your child by cuddling, singing, or talking softly.
- Hold your child firmly on your lap, whenever possible.
- Support your child if he or she cries. Never scold a child for not "being brave."

Before you leave the appointment, ask your child's nurse or doctor for advice on using non-aspirin pain reliever and other steps you can take at home to comfort your child.

REMEMBER TO SCHEDULE YOUR NEXT VISIT!

Like any medication, vaccines can cause side effects. The most common side effects are mild and go away within a few days. You only need to treat if symptoms occur.

REACTION	WHAT YOU CAN DO
<p>Pain & redness at the vaccination site</p>	<p>Use a cool, wet cloth to reduce redness, soreness, and swelling.</p>
<p>Fever</p> <ul style="list-style-type: none"> • Child feels warm/hot to touch • Axilla/armpit temperature >99°F or 37.2 °C • Rectal temperature >100°F or 37.8°F • Oral temperature 99.5°F or 37.5°C 	<p>Give plenty of fluids to avoid dehydration. Dress in cool clothing and keep child in a cool room. Tepid sponging using a washcloth to spread slightly warm water over the trunk, legs and arms. Do not use cold water. Dosages of medications to reduce fever are based on the child's weight. Contact your health care provider if in doubt. Aspirin/aspirin-containing medications should not be used in children.</p>
<p>Irritability and poor appetite</p>	<p>It is normal for some children to eat less during the 24 hours after getting vaccines. Pay extra attention to your child for a few days. If you see something that concerns you, call your doctor.</p>
<p><i>Adapted from: CDC and AAP</i></p>	

IMMUNIZATION RECORD

IMMUNIZATION

IMMUNIZATION

Vaccine	Details	Dose # 1	Dose # 2	Dose # 3	Dose # 4	Dose # 5	
DTaP	Date given						
	Batch #						
	Site of Admin						
	Signature						
IPV	Date given						
	Batch #						
	Site of Admin						
	Signature						
Hib	Date given					We recommend that parents/guardians take a cell-phone photo of the Immunization Record - this and the following page -especially after your child has gotten another dose of vaccines. Keep the picture as a permanent and portable copy of the immunization record that you can have with you at all times. You could also email the picture to yourself	
	Batch #						
	Site of Admin						
	Signature						
PCV <i>valent</i>	Date given						
	Batch #						
	Site of Admin						
	Signature						
Rotavirus	Date given						
	Batch #						
	Site of Admin						
	Signature						
FOR HEALTH CARE WORKER USE ONLY							
PRIOR REACTIONS & ADVERSE REACTIONS TO VACCINATIONS (Note any medical contraindications to vaccinations)	Date of Vaccination:			Date of Vaccination:			
	Date of Reaction:			Date of Reaction:			
	Clinical notes:			Clinical notes:			
	Name & Signature of Health Care provider:			Name & Signature of Health Care provider:			

IMMUNIZATION RECORD

IMMUNIZATION

IMMUNIZATION

Vaccine	Details	Dose # 1	Dose # 2	Dose # 3	Dose # 4	Dose # 5	
HBV	Date given						
	Batch #						
	Site of Admin						
	Signature						
MMR	Date given			ADDITIONAL VACCINES			
	Batch #			Vaccine			
	Site of Admin			Date given			
	Signature			Batch #			
Varicella	Date given			Site of Admin			
	Batch #			Signature			
	Site of Admin			Date given			
	Signature			Batch #			
HPV <input type="checkbox"/> valent	Date given			Site of Admin			
	Batch #			Signature			
	Site of Admin			Date given			
	Signature			Batch #			
Tdap	Date given			Site of Admin			
	Batch #			Signature			
	Site of Admin						
	Signature						
Annual Influenza	Date given						
	Batch #						
	Site of Admin						
	Signature						
Annual Influenza	Date given						
	Batch #						
	Site of Admin						
	Signature						

YOUR CHILD'S HEALTH CHECKS (0 - 2 years)

A check-up is a visit to a doctor's office that is **NOT** for a specific problem. Regular health checks are important for maintaining your child's health. Document corrected gestational age if born < 37 weeks

Your paediatrician will advise you on when your child is due for reviews. **Ask your health care professional to record the information from every visit in this section.**

Age	Date Day / Spell Month / Year	Weight	Weight %	Length	Length%	Head Circ. ¹	Head Circ. %	Other checks / screenings (e.g. developmental, hearing, dental, CDP ²)	Notes, referrals or advice
Birth									
_ days									
1 week									
_ week									
2 weeks									
4 weeks									
6 weeks									
2 months									
4 months									
6 months									
7 – 8 months									
9 months									
12 months									
15 months									
18 months									
2 years								*Child Development Programme 295-0746	

¹ Head Circumference

² CDP = Child Development Programme

GROWTH AND DEVELOPMENT

The early years of a child’s life are very important for his or her health and development. Parents, health professionals, educators, and others can work together as partners to help children grow up to reach their full potential.

If your baby was born early, discuss your child’s corrected age with your health provider, for your baby’s developmental milestones. By age 2 years, most children have caught up to the normal range. If your child has not caught up, extra support may be required for a longer period of time.

Growth

Growth Charts are used by paediatricians, nurses and parents to monitor the growth of infants, children and adolescents.

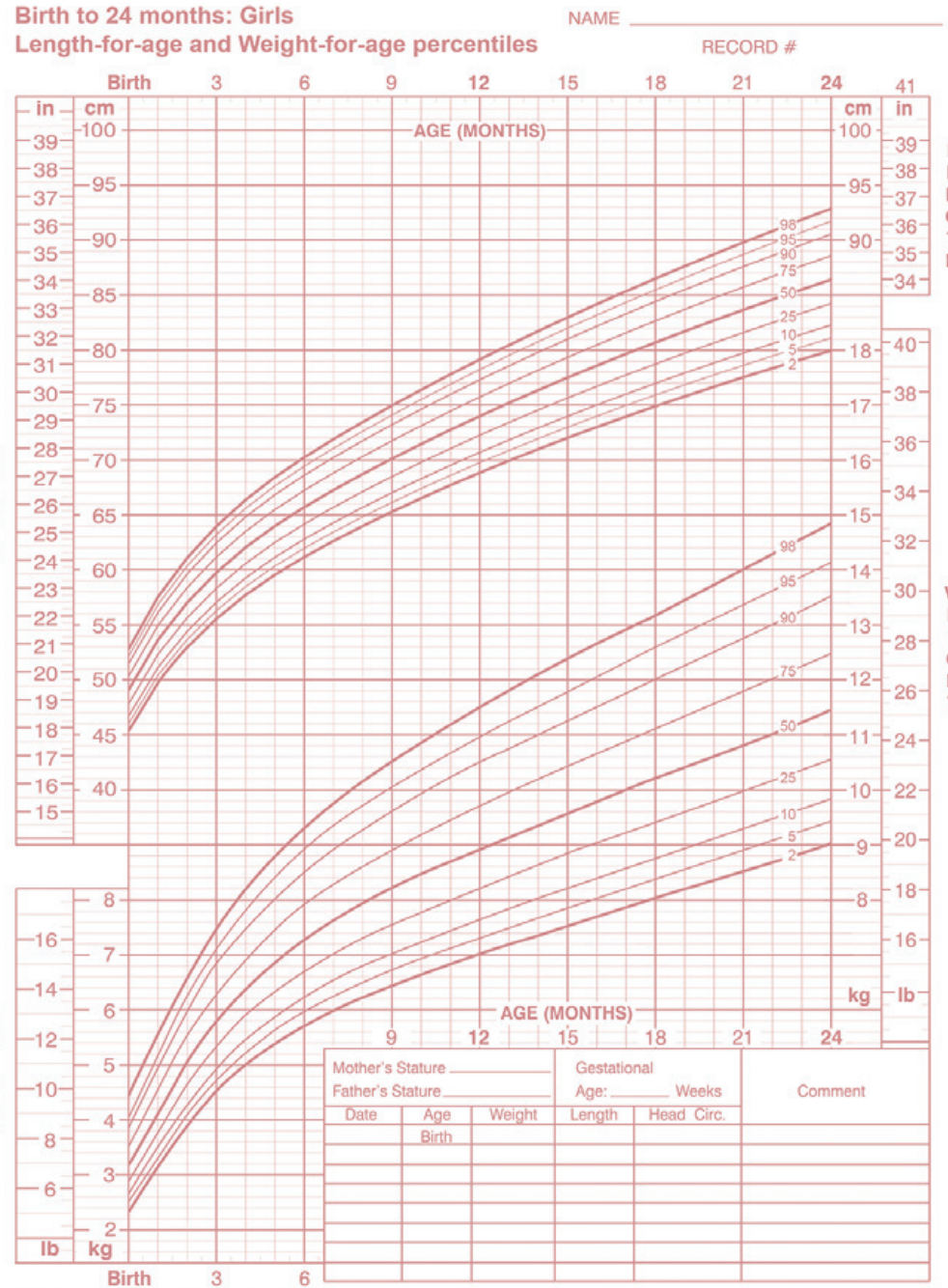
Bermuda uses the World Health Organization’s growth charts which are standards for infants and children ages 0 to 2 years of age. They identify how children should grow when provided optimal conditions. The health professional should plot your child’s weight-for-age, length-for-age, weight-for-length and head circumference-for-age for health visits between ages birth to 24 months. They will use the Growth Chart to determine what percentile your child is in. The percentile measure tells you what percentage of children of the same age as your child, have a weight or length or head circumference that is less than your child’s (for example, 40th percentile of weight means 40% of children the same age and sex as your child, have weights that are less than your child’s weight).

Body Mass Index (or BMI) is a number calculated from a person’s weight and height. BMI is used as a screening tool to identify possible weight problems for children. BMI can be used to screen for weight categories that may lead to health problems, but it does not diagnose the amount of body fat or the health of an individual.

Development

Skills such as smiling for the first time, taking a first step, and waving bye-bye are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, act and move within a given age-range. Developmental milestones are things that most children do by a certain age.

Check the milestones your child has reached by certain ages, and take this record with you when you talk with your child’s health care provider at every visit. Discuss the milestones your child has reached and what to expect next. Remember to share any concerns you may have regarding items under Health Watch.



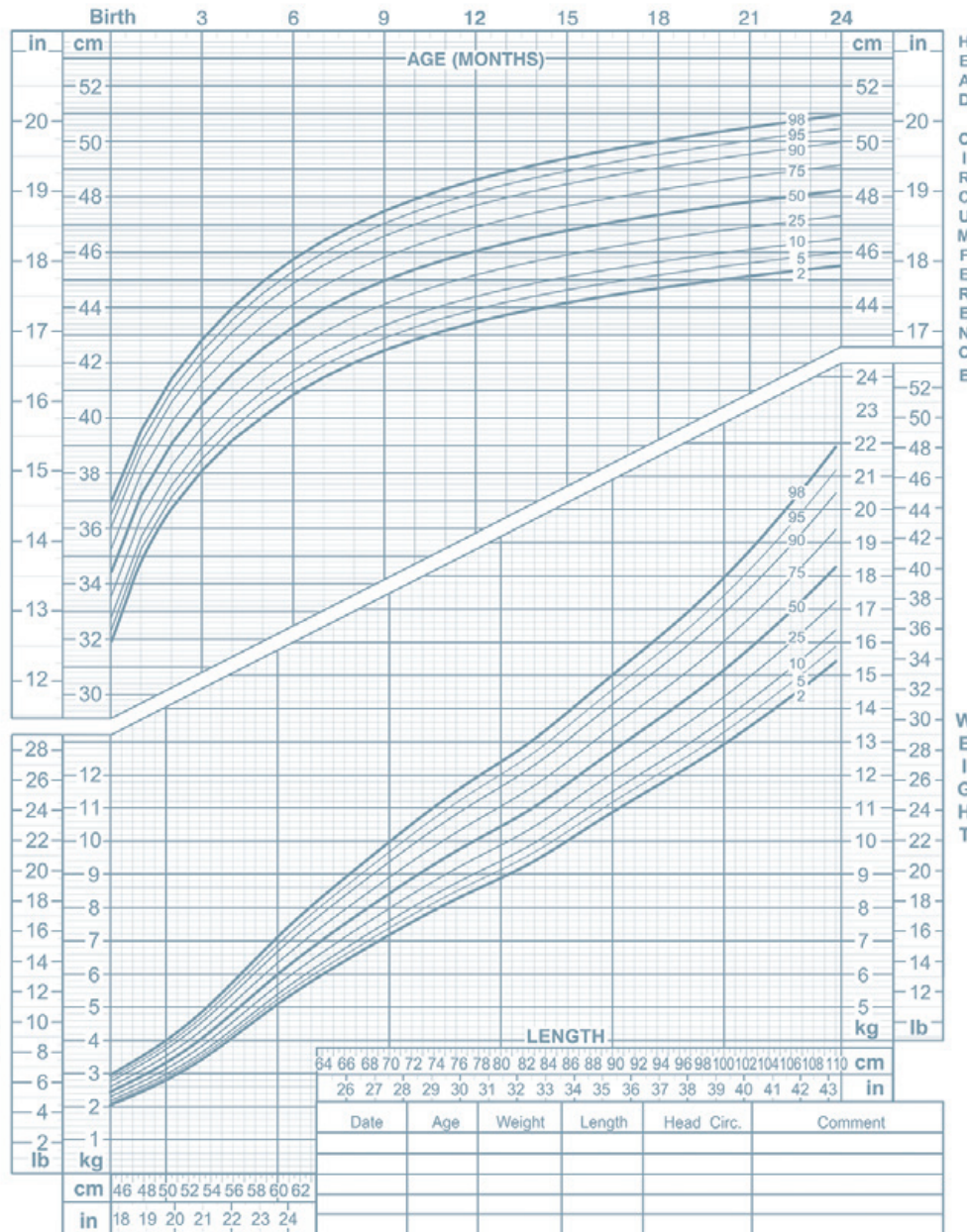
Published by the Centers for Disease Control and Prevention, November 1, 2009
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)



Birth to 24 months: Boys
Head circumference-for-age and
Weight-for-length percentiles

NAME _____

RECORD # _____



Published by the Centers for Disease Control and Prevention, November 1, 2009
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)



PARENTS' NOTES ON SIGNIFICANT HEALTH PROBLEMS

FIRSTLY, DOES YOUR CHILD HAVE A SERIOUS ILLNESS?

- n If your baby has a serious illness, it is important that you get medical attention as soon as possible
- n TRUST YOUR INSTINCTS – you know better than anyone else how your child usually behaves, so you should react to worrying behavior
- n The following Red Alert symptoms should be treated as serious:
 - High-pitched, weak or continuous cry
 - Lack of responsiveness, marked slow-down in activity or increased floppiness
 - In babies, a bulging fontanelle (the soft spot on top of a baby's head)
 - Neck stiffness
 - Not drinking for more than 8 hours
 - Fits, convulsions or seizures
- Temperature over 38°C (100.4°F) for a baby under 3 months of age, or over 39°C (102.2°F) for a baby aged 3-6 months
- High temperature, but cold hands and feet
- High temperature, along with quietness and listlessness
- Turning blue, very pale, mottled or ashen look to skin
- Difficulty breathing, fast breathing, grunting while breathing, or child is working hard to breathe (e.g. sucking in their stomach below their ribs)
- Unusually drowsy, hard to wake up or doesn't seem to recognize parents
- Repeated vomiting or bile-stained (greenish) vomiting

CALL THE AMBULANCE (911) IF YOUR CHILD:

- n Has stopped breathing
- n Is struggling for breath
- n Is unconscious or seem unaware of what is going on
- n Has a fit for the first time, even if they seem to recover

TAKE YOUR CHILD TO EMERGENCY IF:

- n Fever and persistent lethargy, despite taking fever-reducing medication
- n Having difficulty breathing (breathing fast, panting or wheezing)
- n Have severe abdominal pain

Date Day / Spell Month / Year	Parent/caregiver notes

CHILD DEVELOPMENT PROGRAMME (CDP)

The Child Development Programme of the Ministry of Education is a support service targeted to families in Bermuda with children from birth to four years of age. CDP's resources can enhance the ability of parents and families to support and foster healthy, lifelong development in their children.

The Child Development Programme is located at Tynes Bay House, 37 Palmetto Road, Devonshire, DV 05; Telephone number **295-0746**. The staff of CDP welcomes drop-in visits from prospective parents wanting to become familiar with the resources provided free-of-charge by the Government.

Parents are offered developmental screening and assessment services, and intervention options that are tailored to meet individual identified needs.

REFERRALS ARE ACCEPTED FROM PARENTS/GUARDIANS, HEALTH PROFESSIONALS AND SOCIAL SERVICE AGENCIES.

SCREENING & ASSESSMENT

Developmental screening is offered to all children between 24 and 48 months of age.

An invitational brochure is mailed to prospective families. If you have a child approaching 2 years old and do not receive a brochure, you should contact CDP and schedule a screening. Screenings are also offered to children less than 24 months of age, on referral. Follow-up assessments are also offered, as necessary.

OTHER SERVICES

Parent Child Home Programme (PCHP) - aims to strengthen the parent-child relationship, increase language, literacy and cognitive skills. The programme supports social-emotional development which is also critical to school success.

Portage Programme – designed for children with overall delays and/or disabilities.

Occupational (OT) & Physical Therapy (PT) – provided jointly with the Department of Health, OT focuses on a child's self-help and play skills; while PT focuses on a child's gross motor skills and neuro-development function. Services provided include advice, exercise, and prescription of orthotics and equipment.

Speech/Language Therapy – for children with communication delays and/or disorders.

Behaviour Management Programme – enables parents/guardians to learn more effective strategies for managing their child's behavior.

Family Counseling – promotes the emotional well-being of families with children from birth to four years through individual and/or family counseling or parent support (light supportive coaching) using family-centered, solution-focused, problem-solving methods to sustain healthy co-parenting and family relationships.

Parent Education – offers parenting workshops to teach practical strategies for positive parenting. Parents, foster parents and expectant parents are invited to join the Parent Infant Group to learn more about infants from birth to six months. The Active Parenting Group-1-2-3-4 focuses on the developing child from age 1-4 years.

FIRST HOME VISIT

A Health Visitor from the Department of Health will visit you and your baby at home after you leave the hospital. If you have any concerns, call 292-3095.

Child's Name: _____

Mother's Name: _____

Date of delivery: _____ Parity: _____ Gravidity: _____

Birth weight: _____ APGAR: 1 minute _____ 5 minutes _____

Birth head circumference: _____ Length at birth: _____

Gender: Male Female

Gestational age: Preterm No. of weeks _____ Term

Type of delivery: Spontaneous Caesarian section

Vacuum Extraction Forceps

Intrapartum/postpartum complications: No Yes

Comments: _____

Name of OBGYN: _____ Date of visit: _____

PHYSICAL ASSESSMENT OF INFANT

Infant's age at review: _____

Feeding method: Exclusive Breastfeed* Formula Type: _____

Breast & Formula

Growth: Today's weight _____ Centile _____

Tick all that apply:

Examination not done Mouth Skin

Umbilicus Fontanelle Elimination (urine & bowels)

Eyes Circumcision Ears

Muscle tone Nose Hearing test / result

Guidance For Positive Parenting reviewed

Comments~: _____

Physician's Name: _____

Date of six-week follow-up with Health Visitor: _____

Health Visitor's Name: _____ Phone #: _____

Signature: _____ Date: _____

~Please list any significant medical problems or advice on Page 29

*Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

SIX WEEK HOME VISIT

A Health Visitor from the Department of Health will do a follow-up visit at home. If you have any concerns, call 292-3095.

Child's Name _____

MATERNAL ASSESSMENT

Indicate by check-mark if examined:

Examination not done General health status Vitamins

Family support system Rest / sleep patterns Nutrition

Emotional health – Edinburgh postnatal depression scale: SCORE _____

Referred for follow-up Yes No

Comments: _____

PHYSICAL ASSESSMENT OF INFANT

Age at review : _____

Feeding method: Exclusive Breastfeed* Formula Type: _____

Breastfeeding and Formula

Growth: Today's weight _____ Centile _____

Tick if examined:

Examination not done Mouth Skin Umbilicus

Elimination (urine & bowels) Fontanelles Eyes Circumcision

Hearing test / result Ears Nose Muscle tone

Comments: _____

Referrals: _____

Physician's name: _____

Guidance For Positive Parenting reviewed

Date of next review: _____

Health visitor's name: _____ Phone : _____

Signature: _____ Date: _____

~Please list any significant medical problems or advice on Page 29

*Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines

DEVELOPMENTAL MILESTONES & HEALTH WATCH

Note the age when your baby has achieved the things listed here.

Developmental milestone	Health watch
By 1 – 2 months:	
May turn towards familiar sounds and voices	Doesn't respond to loud sounds or voices
Starting to hold head up when on tummy	Doesn't blink when shown a bright light
Starting to kick legs and lift them up slightly when on back	Doesn't follow moving object with eyes
Starting to open hands (may bring hands to mouth and suck on hand)	Sucks poorly and feeds slowly
Begins to follow objects with eyes	Not showing ability to support head for brief periods
Begins to smile at people	Seems excessively loose or stiff in the limbs, and rarely moves arms and legs
Starting to coo	

3 – 4 months:	
Raises head and starts to support upper body on forearms when lying on tummy	Not able to hold head steady and upright when held or during tummy time
Follows moving objects with eyes from side to side	Unable to smoothly follow a slow moving object with their eyes
Lifts legs and brings hands to knees when lying on their back	Not supporting weight on forearms when lying on tummy
Bears weight through legs when held in standing	
Reaches for toys, starting to bring hands together and hands or toys to mouth	Doesn't reach and hold toys/hands or bring them to mouth
Smiles spontaneously at people and likes to interact and copy some movements and facial expressions	Not smiling
Babbles with expression and copies sounds heard	Doesn't babble or imitate sounds

4 – 6 months:	
Rolls over both ways (tummy to back by 4 months then back to tummy)	Not yet rolling both ways
Starting to express emotions (happy, sad, mad)	Cannot sit with help
Looks for dropped/partially hidden toys	Doesn't bear some weight on legs when held in standing
Enjoys social play and beginning to respond to own name	Not reaching for toys
Non-specific babbling, and strings vowels together ("ah", "eh")	Not smiling, laughing or making sounds

6 – 9 months:	
Sitting well and starting to free hands for play	Not sitting on their own
Reaches out for toys from a crawl (hands and knees) position	Not able to push up onto straight arms when on tummy
Starting to pull into standing	Only using one side of the body for moving
Transfers toys hand to hand and explores objects in different ways (shaking, banging, throwing, dropping)	Shows no interest in games such as "peek-a-boo"
Responds to simple verbal requests, says "dada" and "mama" and loves gestures ("waving") and games ("pattycake")	Does not babble

9 – 12 months:	
Gets to sitting position without assistance and assumes hands-and-knees crawl position	Loses skills they once had
Moves around and crawls	Not crawling
Pulls to stand and takes a few steps holding on to furniture	Shows no interest in games or wanting to finger feed
May stand momentarily without support and may walk 2-3 steps without support	Does not speak any words ("mama" and "dada")
Uses pincer grasp (thumb and first finger) to put objects into a container and to finger feed	Does not use gestures, such as waving or shaking head
Enjoys imitating people in play with gestures and sounds	
Begins to use objects functionally such as attempting to drink from a cup, rolls a toy car or brushes hair	
Responds to own name and is learning to follow one step commands with gestures	
Understands "No"	

18 – 24 months:	
Walks well without support and may run and walk up and down steps (2 feet per step)	Loses skills they once had
Able to stoop and recover objects when standing and carry toys while walking	Is not walking without help by 18 months
Plays simple pretend games such as feeding a doll	Doesn't know what familiar items are for, e.g. telephone, toothbrush, spoon
Points to show others something interesting	Doesn't copy others or point to show things to others
Knows what ordinary things are for and drinks from a cup, eats with a spoon	Does not have at least 6 words or is not gaining new words
Says several single words and can follow 1-step verbal commands without gestures: for example, sits when you say "sit down"	Does not notice or mind when a caregiver leaves or returns

By 2nd Birthday: Book your 2 year old Screening with CDP 295-0746	
Starts to jumps on two feet, kicks a ball and can run	Loses skills they once had
Climbs onto and down from furniture without help	Doesn't walk on own or is not steady when walking
Points to things or pictures when they are named	Doesn't copy actions and words or get excited when playing
Shows more and more independence; shows defiant behavior (doing what they have been told not to do)	Doesn't know what to do with common things like a brush, phone or spoon
Follows two-step instructions such as "pick up your shoes and put them in the closet"	Doesn't follow simple instructions
Removes simple clothing and starting to take off shoes/socks	Doesn't use 2-word phrases (for example "drink milk" "all done" "pick up")
Says sentences with 2-4 words	

IMPORTANT: If you have any concerns that these milestones are delayed, or you have concerns related to the Health Watch signs, discuss them with your health care professional

DEVELOPMENTAL MILESTONES & HEALTH WATCH

GROWTH AND DEVELOPMENT

GROWTH AND DEVELOPMENT



ACT EARLY! If you have concerns about your child's development, contact your health visitor or your child's doctor.

YOUR CHILD'S HEALTH CHECKS (3 – 18 years)

Age	Date Day / Spell Month / Year	Weight (Lbs ozs)	Height (inches)	Other checks / screenings (e.g. developmental, hearing, dental, CDP ²)	Additional Notes, or advice
3 years					
4 years					
5 years					
6 years					
7 years					
8 years					
9 years					
10 years					
11 years					
12 years					
13 years					
14 years					
15 years					
16 years					
17 years					
18 years					

BREASTFEEDING AND NUTRITION

Age	Baby can:	Food	Comments
Newborn (0-6 months)	<ul style="list-style-type: none"> -Suck and swallow liquid -Push tongue out 	<p>Breast Milk Infant Formula</p> <p>Vitamin supplementation</p>	<p>Exclusive breastfeeding excludes all other fluids or solids.</p> <p>Commercial infant formula according to age. Do not use homemade formulas. <i>Avoid bottle propping.</i></p> <p>As recommended by physician</p>
6 months	<ul style="list-style-type: none"> -Sit without support -Hold head up steady -Push food to back of mouth with tongue and swallow -Grab hold of things -Begin to chew (6-8 months) 	<p>Provide a variety of Healthy Foods</p> <p>Fluoride drops</p>	<p>Continue providing breast milk and/or age appropriate commercial infant formula</p> <p>Introduce a variety of soft textured (pureed) healthy foods. Introduce one new single-ingredient food (with no sugar or salt) every three to five days, such as oatmeal, sweet potato, pumpkin, peas, banana, and avocado. Encourage drinking from a cup.</p> <p>Never put cereal in the bottle. It may cause choking, promote over-eating and dental cavities. Offer cereal from a spoon.</p> <p>To assist with the development of teeth, obtain fluoride drops from the Child Health Clinic in your area FREE of charge.</p>
7-12 months	<ul style="list-style-type: none"> - Take a bite of food - Pick up small pieces & feed self - Chew and swallow finely chopped foods - Begin to use a spoon (10-12 months) 	Offer finger foods to encourage self-feeding	<p>Continue providing breast milk and/or age appropriate commercial infant formula</p> <p>Begin to offer soft finely chopped finger foods within three meals and three snacks daily.</p> <p>Progress towards a variety of textures (mashed or chopped versions) from foods your family eats</p>
12-24 months	-Eat cut up small soft pieces of food that are easy to digest	Provide a variety of Healthy foods from family meals	<p>Provide 3 meals and 2-3 snacks daily Don't restrict healthy fats in the diet Be sure food is cool enough to avoid mouth burns</p> <p>Avoid large chunks (e.g. meat, raw vegetables or fruit) or small hard foods (e.g. whole peanuts, whole grapes, candies) that can be a choking hazard in blocking the windpipe</p>
2-4 years	<ul style="list-style-type: none"> - Able to use a spoon, drink from a cup with just one hand, and feed him or herself a wide variety of finger foods. 		<p>Encourage toddler to eat at family meal times but do not battle. Relax and enjoy the time together. Share stories.</p> <p>Offer nutritious foods and allow them to choose what and how much to eat. Remember food likes and dislikes is normal. Continue to offer new foods</p> <p>Encourage them to try new foods but do not force them. Appetite will vary from day to day so do not focus on amounts- Limit sweets, high fat snacks and sweetened drinks</p>

Feeding Patterns with Age

The quantities are based on average weight babies, so should be used only as a guide.

A small baby with a small stomach will feed more often

Rule of thumb, 2 to 2 ½ oz. formula for each pound baby weighs.

** Commercial formula can be either powder, liquid concentrate or ready to feed always prepare formula as directed*

Age	Number of Feeds per day		* Amount per feed <i>Formula amounts can vary</i>	Other Foods
	Breast feeding	Infant Formula		
Birth 2-3 weeks	8-12 feeds	8 or more	2oz increasing to 3oz	+ None
2 – 6 months	6-8 feeds	8-6 feeds	4oz increasing to 6oz	+ <u>Foods offered earlier at 4-5 months is not necessary unless recommended by a physician.</u>
6 -8 months	On cue	5-3 feeds	6oz increasing to 7oz	+ Soft textured foods (2 new foods per week). Introduce Iron-fortified infant cereals (4-6 Tbsp. per day), soft cooked vegetables (3-4 Tbsp. per day), fruits (3-4 Tbsp. per day), and protein-rich foods such as tender meats, egg yolk, and beans (1-2Tbsp. per day)
8 –9 months 9-12 months	On cue	4-3 feeds and 3 solid meals	7oz increasing to 8oz Decreasing to 6oz with Increased solids	+ Provide iron-fortified hot cereals (4- 6 Tbsp. per day), plain chopped soft cooked vegetables, (3-4 Tbsp. per day), and fruits (3-4 Tbsp. per day), and chopped lean meat, poultry, fish, yolk, cheese, yogurt, or mashed beans (1-3Tbsp. per day).
2-4 years	Table foods are toddler's source of nutrition. Breastfeeding may continue till 2 years of age or longer	Offer age appropriate formula in a cup if your child has milk or soy allergies or is vegan until 2 years of age	3 meals and 2-3 snacks Water can be offered for thirst in between meals	Regular meal and snack times. Daily needs- 2-4 ounces of meat, 1-1 ½ cups of vegetable, 1-1 ½ cups of fruit, 3-5 ounces of grains (one or two slices of bread plus one ounce ready-to-eat cereal and 1 cup cooked rice or pasta) 2-2 ½ cups dairy (or alternate)

GUIDANCE FOR POSITIVE PARENTING

BREASTFEEDING AND NUTRITION

Exclusive breast feeding provides the best nutrition and health protection for the first six months of life. An alternative to breast milk is age appropriate commercially prepared infant formula. Either or both of these feeding options will be the main source of nutrition for the first year of life. However at 6 months of age solids should be introduced. Upon Pediatrician advice an infant may accept solid foods before 6 month of age. When complimenting breast milk or infant formula with solid feeds be sure to offer a variety of healthy food options.

HELPFUL HINTS

- Your baby is getting enough breastmilk when:
 - Having 8 or more feeds within 24 hours
 - Gaining weight as expected
 - You hear your infant swallow when breastfeeding. Feeding between 5- 30 minutes at each feed.
 - They produce 6 or more wet diapers per day
 - Baby is happy and content for a few hours till the next feed
- Once your baby weighs 10 to 12 pounds, they can consume enough milk at one feed so that they can sleep for up to six hours at a time or through the night.
- DO NOT offer baby cereal in the bottle to assist with sleeping through the night. Cereal should be offered from a spoon.
- Learn to read the cues your baby sends you. These cues can help you recognize when your baby is hungry or full and learn the difference between the need to eat from the need for love or attention. This is called responsive feeding. You will not need to "force feed" when these messages are read accurately;
- The appetite of your baby changes with growth spurts; so some days they may want to eat more than others. Let your baby decide when it is time to feed and how much they will eat.

SAFE BOTTLE FEEDING

- Sterilize or boil baby bottles before use and always use boiled cooled water to prepare infant formula.
- Prepare infant formula per container instructions to ensure appropriate calories and nutrients per ounce is fed. Make only enough formula for one feed; any leftover formula in the bottle should be discarded.
- To prevent choking do not prop the bottle in your baby's mouth.
- To prevent ear infections do not allow your baby to lie flat during feeds.
- To prevent early toothy decay, avoid letting your baby suck for long periods of time on milk, fruit juice or sweetened drinks.
- Sugar in your baby's mouth turns to acid that attacks the enamel on the teeth causing cavities.
- Liquids heated in the microwave may overheat or form hot spots which could scald your baby, even when the bottle and nipple feel cool to your touch.
- To wean your baby off the bottle, only offer plain water in the bottle. Put milk in a cup.

IMPORTANT

- Boil all water (including bottled water) for 3 minutes and allow to cool before providing to infants. Offer water during the summer for formula fed babies. No water is required for exclusively breast fed babies.
- Do not add sugar, honey or Karo to water. Infant botulism is associated with the introduction of honey before 1 year of age.
- Do not substitute regular cow's milk or cream for breast milk or commercially prepared formula before 1 year of age.

INTRODUCE SOLIDS AT SIX MONTHS WHEN:

- The mouth and tongue muscles have developed enough to push the food to the back of the mouth.
- The amount of saliva produced has noticeably increased.
- The digestive enzymes are present and ready to handle solid foods at about this time.
- As your baby's iron stores are running out, other foods are needed to supply this necessary mineral.
- A baby who is fed breast milk (and no other food or drink) will have enough iron intake until she/he is six months old.

References-

The American Academy of Pediatrics (2019)
Retrieved from <http://www.healthychild.org>

The Canadian Pediatric Society (2016)
Retrieved from

<https://www.cps.ca/en/documents/position/dietary-exposures-and-allergy-prevention-in-high-risk-infants>

NHS Warrington and Halton Hospitals; NHS Foundation Trust Retrieved from <https://www.whh.nhs.uk/services/infantfeeding>

HOW TO INTRODUCE FOODS

- Introduce new foods one at a time for 3-4 days in small amounts. This can help you notice any allergic reaction once a new food is introduced by itself. As baby learns to eat and accept new foods, be patient. If your baby does not like a food when it is first offered – try it again at a later time.
- Your baby knows when they are full, so do not coax or force your baby to eat more. It might cause them to eat more than they need or develop negative feelings about food.
- Encourage self-feeding when ready, to allow your baby to participate in the feeding process.
- Messy eating is a necessary developmental process for babies to increase the skills of hand to mouth feeding.
 - Put plastic under the high chair or eating area for easy cleaning.
- Baby jars hold more than one serving! Remove the required amount of food from the jar and refrigerate the rest for the next feed (will keep in refrigerator up to 72 hours).

Child Health Clinics for feeding advice or problems are held at:

Hamilton, St. George's and Somerset
Tel: 278-6460 or 278-6461
Ask your Health Visitor 292-3095
Nutrition Services, Department of Health
Tel: 278-6469 or 278-6467
Email: cahollis@gov.bm or mlbfurbert@gov.bm

SAFE SLEEP: “BACK TO SLEEP; TUMMY TO PLAY”

Safe Sleep

- Lower the risk of sudden infant death syndrome (SIDS) by creating a safe sleep environment for your baby:
 - Provide a smoke-free home before and after your baby is born. Avoid smoking near your baby (in the house, car or baby’s sleep or play area).
 - Any amount of breastfeeding can protect your baby, but exclusive breastfeeding for the first six months is best.
 - From birth, always place your baby on his/her back to sleep, at nap-time and nighttime.
 - Consider using a pacifier at nap-time and bed-time.
 - Do not use sleep positioners such as rolled up blankets or wedges.
 - Baby’s bed must have a firm mattress and a fitted sheet, and no toys, pillows, comforters, fluffy blankets, quilts or bumper pads.
 - Always place baby in their own crib, cradle or bassinet next to your bed. Room-sharing for the first 6 months is recommended.
 - Bed-sharing (sharing the same sleep surface) with your baby, aged younger than 4 months old is unsafe and is not recommended.
 - Make sure that all persons who provide care for your baby (i.e. child care provider, family member, or friend) know to always place your baby on his/her back to sleep.
- Baby swings, bouncers, strollers and car seats are not made for unsupervised sleep. Move your baby to a crib, cradle or bassinet to sleep as soon as you arrive at your destination.
- Your baby is safest when he/she sleeps in fitted one-piece sleepwear that does not cause overheating. Do not use blankets as baby’s movements can cause their head to become completely covered causing them to over-heat
- As a guide, room temperature should be comfortable for parents. If a blanket is needed, baby is safest in a thin wearable, lightweight, breathable blanket, like a sleep-sack.
- Older babies are usually able to turn over onto their tummies by themselves (often at around 5 months). When this happens you do not have to reposition your baby on his/her back to sleep

“Tummy Time”

- “Tummy time” is playtime, when babies are awake and are placed on their tummies for short periods while someone is watching them.
- Supervised tummy time is important to develop healthy muscles, and prevent your baby from developing “flat-head”
- Place baby on his/her tummy 2-3 times a day soon after he/she is born; slowly work your way up from 1 minute of tummy time, each time until your baby can hold up his/her own head, often around 3-4 months of age.

GUIDANCE FOR POSITIVE PARENTING

POSITIVE PARENTING TIPS

At Home and in the Car

- Keep your home and car free of tobacco smoke
- Use a properly-secured rear-facing infant car seat placed in the rear seat of the car, at all times up to age 2 years
- Never leave your baby alone in a vehicle
- Do not leave your baby on a high surface (e.g. changing tables, beds, sofas, chairs). Always keep one hand on the baby or use the fasteners or safety belt.
- As baby begins to move about, securely lock away all medicines, poisons and household cleaners in a safe place out of baby’s sight and reach
- Check for hazards at the baby’s eye level. Baby-proof your home
- Do not leave heavy objects or containers of hot or caustic liquids on the edge of tables, or on tables with tablecloths that a baby may pull down
- Keep toddlers away from hot items (e.g. stoves, space heaters, fireplaces, clothes irons and curling irons). Turn pot handles toward the back of the stove
- Never carry hot liquids or foods near your baby or while holding him/her
- Ensure that all electric outlets, wires and appliances are covered, protected or inaccessible

BATHING YOUR BABY

- Babies especially newborns, do not need to be bathed every day. Focus on the diaper area, around the mouth and anywhere that there are skin folds
- Spot-checking these areas and cleaning them as needed using a wet washcloth regularly, means you will not have to bathe your baby every single day

- Install gates at the top and bottom of stairs; place safety devices on windows

Bath-time & Play-time

- Test the water temperature for baby’s bath with your wrist
- Constantly supervise infants and toddlers when he/she is near water containers (e.g. bucket, toilet or bathtub) or open water
- Avoid over-exposure to the sun by using sunscreen lotion, wearing hats and clothes with adequate skin coverage when baby is outdoor
- Keep toys with small parts, small or sharp objects out of the baby’s reach
- Do not allow babies and infants to play with plastic bags, latex balloons, or anything that may cover his/her face.

Inter-personal

- Take care of yourself physically, mentally, and emotionally. Parenting can be hard work, and be stressful. If you are feeling stressed, call your Health visitor for advice, as necessary.
- Do not shake your baby – **ever!**
- Never leave baby alone, or with a young sibling or a pet
- Choose care-givers carefully. Discuss with them their attitudes and behavior in relation to discipline. Prohibit corporal punishment

POSITIVE PARENTING TIPS

Infants (0-1 year of age)

- Talk to your baby as he/she will find your voice calming; and read to your baby as this helps him/her to develop and understand language and sounds
- Sing to your baby and play music as this helps his/her brain development
- Give lots of praise and loving attention
- Spend time holding and cuddling your baby – it makes him/her feel cared for and secure
- Play with your baby when he/she is alert and relaxed. Babies get tired easily so watch for signs of fussiness and give a break from playing

Toddlers (1-2 years)

- Ask your toddler to find objects, or name body parts and objects
- Encourage your toddler to explore and try new things
- Encourage their growing independence by letting him/her dress and feed themselves.
- Respond more to the “wanted” or good behaviours than you do to punish unwanted behaviours. Tell your toddler what he/she should do instead

PARENT'S SELF-CARE & CONSTRUCTIVE FAMILY RELATIONSHIPS

- Accept support from your partner, family members and friends, as you can feel tired and overwhelmed at times
- Take time to rest and take care of yourself physically, mentally, and emotionally. Do not become overly stressed
- Keep in contact with friends and family members. Avoid social isolation
- Spend time playing with the baby each day
- Spend quality time with your partner
- Agree with other family members on how to support your toddler's emerging independence while maintaining consistent limits
- Listen to, and show respect for your toddler
- Continue to provide attention to other children in the family. Engage them appropriately in the care of the baby

Toddlers (2-3 years)

- Help your child to explore things around him/her by going for walks
- Teach your child simple songs
- Give attention and praise for following instructions and positive behavior and limit attention for defiant behavior like tantrums.
- Encourage free play as much as possible.
- Limit screen time (video games, TV to less than 1 hour per day)

Toddlers (3-5 years)

- Let your child help with simple chores
- Encourage your child to play with other children
- Be clear and consistent when disciplining your child
- Give your child a limited number of simple choices (like deciding what to wear, when to play, what to eat for a snack).
- Help him/her develop language skills by using complete sentences and “grown-up” words
- Help your child through the steps to solve a problem when he/she is upset

GUIDANCE FOR POSITIVE PARENTING

ORAL HEALTH

- Teething usually starts between age 4-7 months, which varies greatly
- Teething occasionally causes mild irritability, crying, a low-grade fever (not higher than 101°F or 38.3°C), excessive drooling and a desire to chew on something hard.
- Gums around new teeth will swell and be tender. To ease baby's discomfort, try gently rubbing or massaging the gums with one of your fingers or use a teething ring made of firm rubber
- Pain medication that is rubbed on the gums are often not necessary or useful and may be harmful if too much is used and baby swallows an excessive amount
- If child seems particularly miserable and has a very high fever, it is probably not because of teething, and you should consult your paediatrician
- Clean new teeth by brushing with a soft child's toothbrush
- Never let your baby fall asleep with a bottle, either at naptime or at night
- Give infant fluoride supplements as recommended by your healthcare or dental care provider
- Schedule an oral health visit with a dentist every six months
- Continue to brush the toddler's teeth with a tiny pea-size amount of fluoridated toothpaste
- Ensure Dental Sealants are placed on your child's first permanent molars that usually come by age 6 -7 years.

ILLNESS AND DISEASE PREVENTION

- Breastfeed your baby for the first year.
- Recognize early signs of illness (e.g. loss of appetite, fever, vomiting, diarrhea, unusual irritability or lethargy, change in behavior) and seek medical care
- Never use Aspirin-containing medicines to treat acute fevers or viral illness in children
- Vaccinations (shots) are important to protect your child's health and safety. Get the right shots at the right time.
- Allow your baby to be active and don't limit by keeping him/her in swings, strollers, or bouncer seats. It is best if babies do not watch any screen media

ESTABLISHING GOOD SLEEP HABITS

- Adopt a nightly routine so your child has quiet time before bedtime and understands that it will soon be time to go to sleep. This can include a bath, read a story, or sing a song
- Be consistent – same routine, same time every night. Sleep can be disrupted by events like changing rooms or beds, or by losing a favorite blanket or toy.
- Ensure infant/toddler is comfortable and has been fed
- Do not let your child sleep in your bed
- Wait several seconds before going into a toddler's room when they complain or cry out, and reassure them that you are there, even when out of sight
- Give it time for good sleeping habits to develop

COMMON CHILDHOOD ILLNESSES

RASHES AND SKIN CONDITIONS

General skin care

- Treat your baby's skin gently, and if there is a reaction to a substance, make sure that you avoid it.
- Use products labeled for sensitive skin as these have fewer additives

Cradle Cap

- Occurs in newborns as yellow, crusty or greasy, scaly patches
- It is not contagious and usually clears up on its own
- If you choose to treat, use a mild baby shampoo in baby's hair daily, and loosen scales with a soft-bristle brush before rinsing.
- If scales are difficult, rub a few drops of mineral oil onto the scalp, let sit, then brush and shampoo baby's hair
- If cradle cap persists or extends to the baby's face, visit your paediatrician.

Eczema

- A chronic skin condition seen often in babies and children with a family history of the condition or other allergies
- Itching, redness and small bumps on cheeks, forehead, arms, trunk. In later childhood, may appear scaly and affects elbows, knees, wrists and ankles.
- Majority of babies outgrow it.
- Eczema can be treated, but there is no cure.
- To help control eczema, avoid long, hot baths, and moisturize skin frequently (with unscented cream)
- Your paediatrician can provide treatment
- A non-steroidal or steroidal cream and anti-histamine may be recommended for itching

Diaper Rash

- Occurs mostly between 8-10 months, and the causes include chafing, prolonged contact with urine or stool, yeast infections or a reaction to diaper material.
- To prevent: change diapers promptly, clean baby's bottom with gentle baby-wipes or squirting water, pat dry and apply petroleum jelly. Use olive oil or soap only if stool won't come off easily
- To treat: apply thick layer of zinc oxide or petrolatum. Expose baby's bottom to air as much as possible.

Ringworm

- A fungal skin infection causing one or more ring-shaped spots
- Round pink patch, with clearing in the center as patch grows, and with a raised rough scaly border. May be mildly itchy
- Frequently transmitted from puppies or kittens, close direct skin contact with affected persons, and occasionally from soil fungus
- See your paediatrician if rash affects the scalp, 3 or more spots present, pus is draining from the rash; or rash continues to spread after 1 week of treatment.
- There is no need for child to miss school or daycare.

COMMON CHILDHOOD ILLNESSES

RASHES AND SKIN CONDITIONS

Milia

- Many babies are born with milia - pearly white bumps on nose, chin, or cheeks, caused by skin flakes being trapped near the surface of the skin
- Milia usually clears up on its own within a few weeks
- Simply wash baby's face with water and a mild baby soap daily, avoid lotions or oils, and never pinch or scrub the bumps

Baby Acne

- Appears within 3-4 weeks of birth as pronounced red or white bumps on forehead or cheeks due to hormonal changes that stimulate oil glands
- Baby acne usually clears within a few months. If not cleared within 3 months, contact your paediatrician.
- Wash baby's face with water and a mild baby soap daily, as for milia.

Impetigo

- Impetigo is a bacterial skin infection that can develop in any skin injury, such as an insect bite, or cut, or as a result of irritation caused by a runny nose
- A child can spread the infection to other parts of his body by scratching or to other children in close contact by directly touching them
- The rash may appear as:
 - Red pimples
 - Fluid-filled blisters
 - Oozing rash covered by crusted yellow scabs
- Consult your paediatrician for diagnosis and possible treatment.
- Prevent spread by proper hand-washing

EYE CONDITIONS

Conjunctivitis (Pink eye)

- There are several kinds of pinkeye caused by bacteria, viruses, allergies etc
- Infections can be spread when hands get contaminated with discharge from an infected eye, or by touching other surfaces that have been contaminated, and gets into the child's eyes
- Consult your paediatrician for diagnosis and possible treatment.
- Prevent spread by proper handwashing before and after touching eyes, nose or mouth

Amblyopia (Lazy Eye)

- Common eye problem that develops when a child has one eye that doesn't see well or is injured, and he begins to use the other eye almost exclusively
- The idle eye then relaxes and becomes even weaker
- The problem must be detected by the age of 3 years in order to treat and restore normal vision in the affected eye by age 6 years
- Your child may need to wear a patch over the "good" eye for periods of time

COMMON CHILDHOOD ILLNESSES

ASTHMA AND ALLERGIES

Asthma

- Early warning signs that a child is at risk for developing asthma include eczema starting in the early months, frequent lower respiratory symptoms/problems appearing before the first birthday, and having a family history of asthma.
- Children usually develop symptoms by age 4 or 5 years
- Symptoms may be mild to moderately severe, masquerading for years as chronic or recurrent bronchitis or pneumonia, cough lasting over 2-3 weeks, or lower respiratory infections.
- **Discuss with your paediatrician the circumstances when you notice symptoms, thereby making it easier for early diagnosis and start of treatment.**
- Symptoms include wheezes (whistling sound on breathing), coughing frequently especially at nights or with exercise/exertion, tight feeling in chest and shortness of breath.
- Asthma can be properly managed with “preventer” medications and environmental measures, thereby preventing severe flare-ups.
- Children can know and learn how to get their symptoms under control and live with asthma. The Asthma Nurse Educator at the Clinic can help you.

Allergies

- Allergies, eczema, and asthma are not fully understood, but allergies are reactions caused by an overactive immune system
- Allergies can develop at any age, but commonly during childhood or early adulthood. Usually a close relative also has allergies.
- Some common symptoms and clues that should lead you to suspect that your child may have an allergy include:
 - Patches of bumps or itchy, red skin
 - Hives - intensely itchy skin eruptions that usually last for a few hours
 - Repeated cold-like symptoms (runny nose, stuffiness, sneezing, and throat clearing), lasting more than a week
 - Nose rubbing, sniffing, sneezing, itchy, congested or drippy nose
 - Red, itchy, runny or puffy eyes
 - Dry coughing, wheezing, difficulty breathing, and other respiratory symptoms
 - Although allergies can trigger asthma, and asthma is often associated with allergies, they are actually 2 different conditions.
 - Discuss with your paediatrician the best way to manage your child’s allergies.

COMMON COLD

- Your child may have more colds than any other illness, as this viral illness spreads easily among children in close contact (e.g. in daycare and/or school)
- If your child has an uncomplicated cold, the symptoms should disappear by themselves gradually after 7 to 10 days
- There is no cure for the common cold. Antibiotics have no effect on viruses, so just make your child comfortable, ensure he/she gets rest and drinks increased amounts of fluids.
- **If baby is three months or younger, however, call the paediatrician at the first sign of illness as colds can quickly develop into more serious ailments**
- Over-the-counter cough and cold medicines should not be given to children under two years old because of the risk of serious side effects. Also, cold and cough products do not work in children younger than six years and can have potentially serious side effects.

Paediatrician/Physician

Name:

Tel:

Address:

Name:

Tel:

Address:

Health Visitor

Name:

Tel:

Address: