

Personal Child Health Record

This is your child's personal child health record. It is the main record of your child's health, growth and development. It is for you – and the other people who care for your child – to be able to see and to write in, so we ask you to keep it in a safe place.

Bring this book with you whenever you visit:

- * your midwife
- * the children's centre
- * the child health clinic
- * your health visitor
- * your family doctor
- * a hospital emergency or outpatients department
- * if your child is admitted to hospital
- * a therapist (eg speech and language therapist)
- * the dentist
- * the school nurse
- * any other health appointment

You may like to show it to other carers of your child such as

- * childminder
- * playgroup leader
- * nursery school teacher
- * primary school teacher
- * anyone else who helps you care for your child.

Sections with this symbol  are to be filled in by yourself as a parent, or by your midwife, health visitor and doctor.

The Healthy Child Programme

Health advice, immunisations, screening and routine health reviews are all important parts of the healthy child programme. They are carried out by health professionals usually doctors, midwives, health visitors, other members of the health visiting team, practice nurses and school nurses. A record of these will be made in the personal child health record.

Every parent can expect the following as a minimum:

- * Soon after birth: full physical examination
- * 5-8 days: heelprick blood spot test
- * 10-14 days: new baby review
- * In first month: hearing test
- * 6-8 weeks: full physical examination
- * 8, 12, 16 weeks: immunisations
- * By 12 months: health review
- * 12 and 13 months: immunisations
- * 2-2½ years: health review
- * 3 years 4 months: immunisations
- * 4-5 years: eye sight check
- * School entry (reception class): Height, weight and hearing check

For more information on these see *Birth to Five*.

Some of the early appointments will be made by your health visitor in your home. You may need to go to your local doctor's surgery or health centre for others and some may not need a face-to-face contact. Health reviews for school aged children are usually done in school.

If you are worried about any aspect of your child's health or development, don't wait for the next review to discuss it. You can find out information on many minor health issues in *Birth to Five* but if you are still worried contact your health visitor or family doctor.

How we handle information

We wish to make sure that your child has the opportunity to have his/her immunisations and health checks when they are due. We also want to be able to plan and provide any other services your child needs. Therefore, we enter some of your child's details from this record on to our computer system.

We treat this information as strictly confidential and only release it to:

- * Yourself as parent(s)
- * Your child's health care professionals, who work directly with your family.

This information may be used anonymously so that we can plan services for all children.

We will not normally release any information that could be linked to your child to any other person or organisation without seeking your permission first. However, it is sometimes necessary to use this sort of information for audit purposes and public health reasons such as monitoring the effectiveness and safety of vaccines.

We may also give the Department of Health contact details of children due immunisations so that they can send information leaflets about immunisation. These contact details are kept by the Department of Health only until the leaflets are sent out.

We are subject to the terms of the Data Protection Act, 1998 in respect of personal data held by us. You have the right under the Act to ask to see details of the information held regarding your child.



Child, family
and birth details
/ local and
information
sources

Child's details

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

.....Post code:D.O.B:...../...../.....

G.P: Code:

H.V: Code:

 Mother's name: Date of birth:...../...../.....
Father's name: Date of birth:...../...../.....

Change of address (including post code)

1): Tel:

2): Tel:

3): Tel:

Named Midwife/Team

Name: Tel:

Family Doctor

1) Name: Address: Tel:

2) Name: Address: Tel:

3) Name: Address: Tel:

Health Visitor/Team

1) Name: Address: Tel:

2) Name: Address: Tel:

3) Name: Address: Tel:

Dentist

Name: Address: Tel:

Local information

Child health clinics

- 1) Name: Time: Tel:
- 2) Name: Time: Tel:
- 3) Name: Time: Tel:
- 4) Name: Time: Tel:
- 5) Name: Time: Tel:

Children's centre

.....

Baby/toddler & parents' groups

- Name: Time: Tel:
- Name: Time: Tel:

Playgroups

..... Tel:

..... Tel:

Nursery schools/classes

..... Tel:

..... Tel:

Other useful contacts

..... Tel:

..... Tel:

..... Tel:

..... Tel:

Birth details & newborn examination

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

..... Post code: D.O.B: / /

G.P: Code:

H.V: Code:

Place of birth:

Date of birth: / /

Length of pregnancy in weeks:

Type of delivery:

Mother's NHS Number:

Problems in pregnancy, birth or neonatal period:
.....
.....

Admitted to Neonatal Intensive Care Unit?
No Yes, for days

Birth Weight:kg Length:cm Head circumference:cm Date: / /

Newborn Examination

Item	Guide to Content	Coded Outcome (ring one)	Comment/Action Taken
Examination of hips	Barlow and Ortolani tests on both	S P O T R N	
Testes	Ring 'N' for girls	S P O T R N	
Examination of eyes	Includes inspection and red reflex	S P O T R N	
Examination of heart	Colour, pulses, heart sounds, murmurs	S P O T R N	
Rest of Physical Examination	Including fontanelle, palate, spine, abdomen, urine system, passage of meconium	S P O T R N	

Date Performed: Performed by: Signature:

S = Satisfactory P = Problem O = Continue observation T = Treatment being received R = Referral N = Not examined
 Top copy: remain in PCHR 2nd Copy: Health Visitor 3rd Copy: Child Health Department

Birth details & newborn examination continued

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

..... Post code: D.O.B:/...../.....

G.P: Code:

H.V: Code:

First milk feed:
 Breast Formula

Breast feeding at discharge:
 Totally Partially Not at all

Heel prick tests Date blood taken:/...../..... (results on page 25)

BCG indicated: YES NO BCG given: YES NO If YES please enter details on separate BCG page

Hep B indicated: YES NO Hep B given: YES NO If YES please enter details on separate Hep B page

Vitamin K given: Date: Route: Further doses needed? YES NO

If YES:

Dose No.	Date due	Date given
2/...../...../...../.....
3/...../...../...../.....
4/...../...../...../.....

Follow-up required: No Yes : GP Community Paediatrician Hospital Other:

Location/Clinic: Date:

Reason:

Important health problems



- 1: Date:
- 2: Date:
- 3: Date:
- 4: Date:

Specialist Clinics

- Name: Unit Number:
- Name: Unit Number:
- Name: Unit Number:

Special needs: (social, physical, educational, emotional)

- 1: Date:
- 2: Date:
- 3: Date:
- 4: Date:

Serious allergies and reactions to drugs or vaccines

- 1: Date:
- 2: Date:
- 3: Date:
- 4: Date:

Family history

Parents: Mother's name: Date of birth:/...../.....
Mother's educational level:
Father's name: Date of birth:/...../.....

Are there any other children in the family?

Siblings name(s):
Sex:
Date of Birth:

Is there any family history of:	Yes	No	Comments
Childhood deafness	<input type="checkbox"/>	<input type="checkbox"/>
Fits in childhood	<input type="checkbox"/>	<input type="checkbox"/>
Eye problems in childhood	<input type="checkbox"/>	<input type="checkbox"/>
Hip problems in childhood	<input type="checkbox"/>	<input type="checkbox"/>
Reading and spelling difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Asthma / eczema / hayfever / allergies	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>

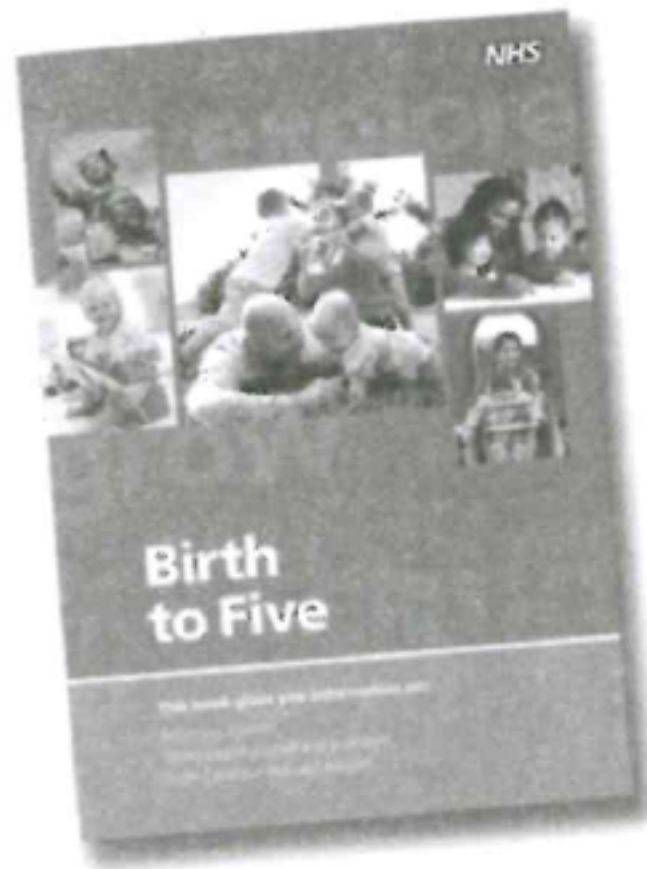
Are there any other particular illnesses or conditions in the mother's or father's family that you feel are important?
.....

Is an interpreting service needed? No Yes If yes, which language?

Information sources

Birth to five

Birth to Five is an easy-to-use and practical guide for parents. It gives the latest advice and information on all aspects of child health, immunisation, healthy eating, childhood illnesses, child safety and reducing the risk of cot death.



Fully illustrated with photographs, cartoons and helpful diagrams it explains:

- * the first few weeks and how your child will develop;
- * learning and playing, habits and behaviour;
- * feeding the family;
- * where to get help and advice; and
- * your rights and benefits.

The book is available from your health visitor and can also be viewed by searching for *Birth to Five* at www.dh.gov.uk

NHS direct

NHS Direct is a 24-hour nurse-led helpline providing confidential healthcare advice and information on:

- * What to do if you're feeling ill;
- * Health concerns for you and your family;
- * Local health services;
- * Self-help and support organisations.

Calls to NHS Direct are charged at local rates.

NHS Direct Online provides a gateway to high quality and authoritative health information on the Internet. It is unique in being the only UK website supported by a 24-hour nurse-led helpline.

www.nhsdirect.nhs.uk



Breastfeeding

National Breastfeeding Helpline

Call 0844 20 909 20 for breastfeeding information and help for you and your baby. You can also call the Helpline to speak to your nearest trained volunteer mother who will be happy to listen to you in confidence.

Lines open 9.30am – 9.30pm every day of the week, do call again later if you don't get an answer straight away.

Best Beginnings

You should have received your FREE *from bump to breastfeeding* DVD.

Now's a good time to watch it again.

If you have not received your copy yet, ask your midwife or health visitor, or go to www.bestbeginnings.info

What are the topics covered?

In the main film, we meet nine different women and follow them on their journey...

- * preparing for birth
- * graphic of a baby attaching on the breast
- * feeding out and about
- * introducing other foods
- * birth, skin-to-skin and early feeds
- * the early days and weeks
- * overcoming challenges



There are also five extra films, covering:

- * the first few weeks
- * overcoming challenges
- * expressing and returning to work
- * breastfeeding your sick or pre-term baby
- * breastfeeding twins or more

For further information about breastfeeding see *Birth to Five*.

Children's centres, playgroups, nurseries and day care

Playgroups, Pre-school Education and Child Care are available in all districts. Look at the links below or ask your Health Visitor for details of services in your area.

SureStart Sure Start Children's Centres offer advice and support for families with children under five years. The aim is to make sure your child gets the best possible start in life. Children's Centres vary from area to area in terms of what they offer but all aim to support learning for your child. It is planned there will be a Centre for every community by 2010. There may already be one in your locality. Ask your health visitor for further information.

Are you thinking of childcare for your child as he or she grows?

Find out more about local childminders, day nurseries and playgroups from your health visitor or local Family Information Service (FIS). Find your nearest FIS through ChildcareLink on 0800 2 346 346 or visit www.childcarelink.gov.uk

All children are entitled to some free early education from the age of three until they start school. You can look for part-time early education for your child in a school nursery class, nursery school, day nursery, playgroup or pre-school or with a childminder if they are part of a registered childminder network.

Most families can access funding to pay for a substantial amount of their childcare costs through the tax credit system, subject to individual circumstances. Some employers can also give you tax-free vouchers to help pay for childcare. To find out more about child benefits phone 0845 302 1444 and for information on tax credits phone 0845 300 3900 or visit www.hmrc.gov.uk/taxcredits

Parent Line Plus

Parentline Plus is a national charity offering help and information for parents and families via a range of services including a free 24-hour confidential helpline, workshops, courses, information leaflets and website.

Parentline_eplus

Services

- * A free confidential, 24-hour helpline 0808 800 22 22
- * A free text phone for people with a speech or hearing impairment 0800 783 6783
- * Parenting courses and workshops
- * Information leaflets
- * A helpful website www.parentlineplus.org.uk
- * Referral Telephone Support
- * Training for professionals
- * Volunteer opportunities.

Values

Parentline Plus works to recognise and to value the different types of families that exist and to shape and expand the services available to them. We understand that it is not possible to separate children's needs from the needs of their parents and carers and encourages people to see it as a sign of strength to seek help. We believe that it is normal for all parents to have difficulties from time to time.

Contact a Family

Every day over 75 children in the UK are born or diagnosed with a serious disability. Discovering that a child is ill or has a special need or disability is always very difficult and parents may feel very isolated.

contact a family
for families with disabled children

Contact a Family gives support, information and advice to families across the UK, regardless of the medical condition of the child.

Contact a Family advisers can:

- * put families in touch with support groups or, where there isn't a group, try to link families directly on a one-to-one basis
- * give medical information on all conditions affecting children, including rare conditions
- * advise on services like respite and benefits
- * send a range of helpful factsheets
- * talk via an interpreter in over 100 languages if a language other than English is preferred

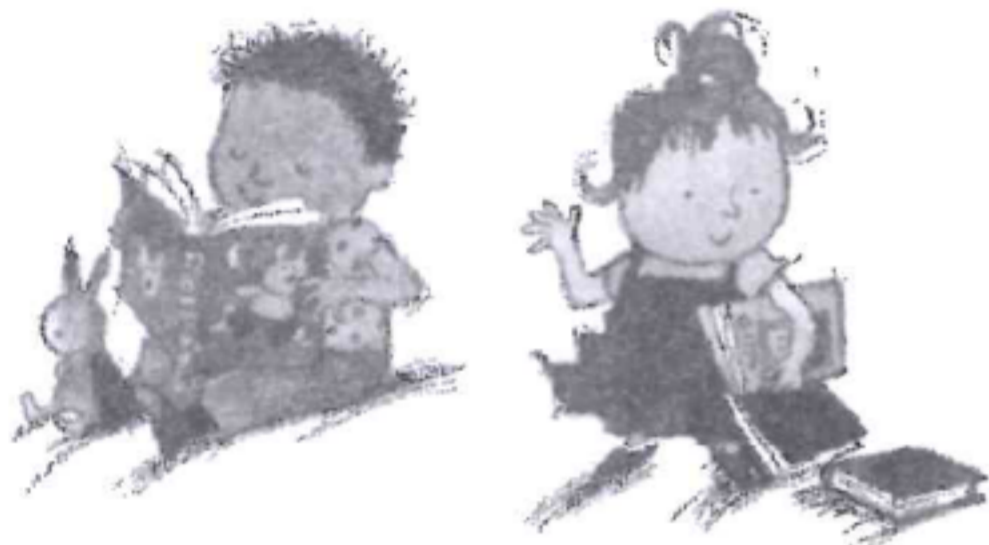
To get in touch with *Contact a Family*, parents can:

- * phone the National Freephone Helpline, tel 0808 808 3555 (10am-4pm, Monday to Friday and Monday evening 5.30pm-7.30pm). The Service is free and confidential.
- * use Minicom on 020 7608 8702
- * email helpline@cafamily.org.uk
- * write to Contact a Family, 209-211 City Road, London, EC1V 1JN
- * look at the website www.cafamily.org.uk which contains the directory of rare conditions and syndromes affecting children, information about sources of support, as well as regional contacts

Bookstart

Bookstart is the national programme that encourages a lifelong love of reading by providing free packs of books for babies, toddlers and three-year-olds.

Your health visitor can tell you how to collect your packs or you can ask at your local library.



Sharing books with your child is a wonderful way to build a loving relationship, increase their language skills and help them have a lifelong love of books.



bookstart
est. by booktrust 1992

For more information about **Bookstart** visit www.bookstart.org.uk

Special packs are available for children that are deaf or visually impaired.

Bookstart for babies

Date received

Signed



Bookstart + for toddlers

Date received

Signed



My Bookstart Treasure Chest for nursery age children

Date received

Signed





Immunisation



Your child will be offered the following immunisations

Age Due	Immunisation
8 weeks	DTaP/IPV/Hib and PCV (Diphtheria, Tetanus, acellular Pertussis [whooping cough], Inactivated Polio Vaccine, <i>Haemophilus influenzae</i> b [Hib] and Pneumococcal conjugate vaccine)
12 weeks	DTaP/IPV/Hib and Men C (Diphtheria, Tetanus, acellular Pertussis [whooping cough], Inactivated Polio Vaccine, <i>Haemophilus influenzae</i> b [Hib] and Meningococcal C)
16 weeks	DTaP/IPV/Hib, Men C and PCV (Diphtheria, Tetanus, acellular Pertussis [whooping cough], Inactivated Polio Vaccine, <i>Haemophilus influenzae</i> b [Hib], Meningococcal C and Pneumococcal conjugate vaccine)
12 months	Hib/Men C (<i>Haemophilus influenzae</i> b [Hib] and Meningococcal C)
13 months	MMR (1st) and PCV (Measles, Mumps, Rubella and Pneumococcal conjugate vaccine)
3 years 4 months	DTaP/IPV or dTaP/IPV (Diphtheria or low dose diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine pre-school booster)
3 years 4 months	MMR (2nd) (Measles, Mumps, Rubella)
12-13 years (girls)	HPV (Human Papilloma vaccine) (3 doses over 6 months)
13-18 years	dT/IPV (low dose diphtheria, Tetanus, Inactivated Polio Vaccine booster)

Some babies will need Hepatitis B and /or BCG vaccines. If in doubt discuss this with your midwife/health visitor.

The immunisations your child is offered may change with time. Your health visitor or practice nurse will talk to you and give you written information about immunisations. This and other information is available on www.immunisation.nhs.uk.

Do you know if you are immune to rubella (German measles)? If you are not immune you can be immunised, with MMR vaccine, to protect you and future babies.

Primary course of immunisations

Please press firmly

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

.....Post code:D.O.B:...../...../.....

G.P: Code:

H.V: Code:

Breastfeeding

at 1st Imm:

Totally Partially Not at all

at 2nd Imm:

Totally Partially Not at all

at 3rd Imm:

Totally Partially Not at all

Antigen	Date	Batch No.	Site	Immuniser		Venue
				Signature	Name in CAPITALS	
8 weeks						
DTaP/IPV/Hib						
PCV						
12 weeks						
DTaP/IPV/Hib						
Men C						
16 weeks						
DTaP/IPV/Hib						
Men C						
PCV						

Top copy: remain in PCHR
All subsequent copies return to Immunisation Section as each immunisation is completed

MMR immunisation – first dose & second year boosters

Please press firmly

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:


NHS number: Unit no:

Address: Sex: M / F

.....Post code:D.O.B:...../...../.....

G.P: Code:

H.V: Code:

Breastfeeding at all at 1st birthday: 

Yes No

Antigen	Date	Batch No.	Site	Immuniser		Venue
				Signature	Name in CAPITALS	
12 months						
Hib/Men C						
13 months						
MMR (1st dose)						
PCV						

MMR immunisation – second dose & pre-school booster Please press firmly

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

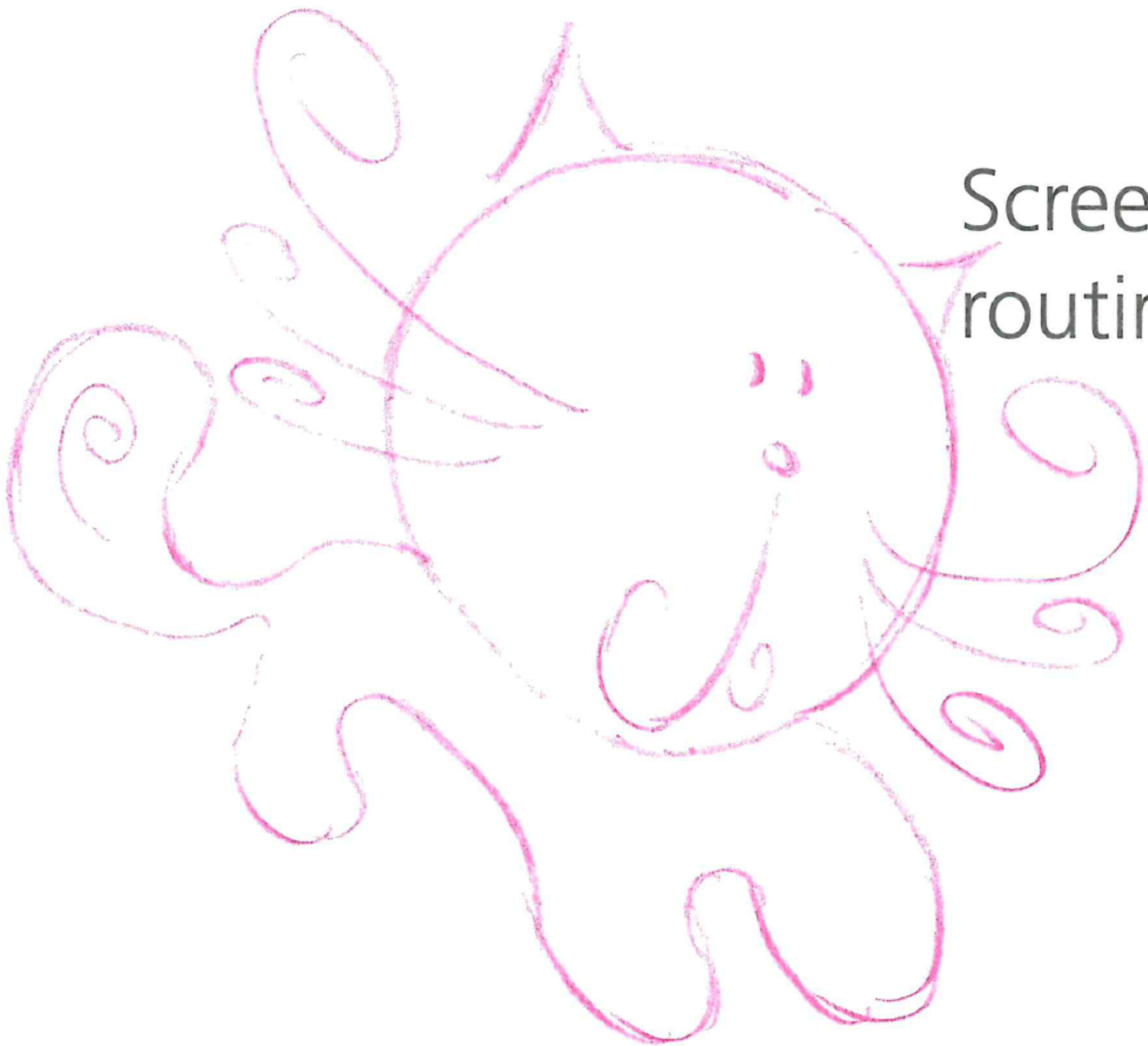
..... Post code: D.O.B: / /

G.P: Code:

H.V: Code:

Antigen	Date	Batch No.	Site	Immuniser		Venue
				Signature	Name in CAPITALS	
MMR (2nd dose)						
DTaP/IPV or dTaP/IPV						
Other						

Screening and routine reviews



Screening and routine reviews

Your doctor, health visitor, midwife or school nurse will offer simple routine checks for your child.

Some of these are called screening tests and include:

- * hearing tests within first few weeks after birth
- * blood tests for certain conditions which could cause health problems (for example phenylketonuria, hypothyroidism and sickle cell disease).

Checks of your baby's:

- * hips
- * heart
- * eyes/vision
- * testes, if a boy

Other checks or reviews may include:

- * growth
- * hearing
- * general development

Screening tests and other health checks and reviews are done to pick up problems before they have been noticed. They can never be fully accurate in all cases. This means that sometimes there is a false alarm, when you will be told that your baby *may* have a condition. However, further tests may show that in fact she or he does not have the condition.

It also means that sometimes a problem may not be picked up even if it is present. So even if your baby has had a check for a condition and was found to be OK, if you think there may be a problem you should still point it out to your health visitor or GP. Do not assume that because the check was 'normal', there cannot be a problem.

For more information on screening and routine reviews see *Birth to Five* and www.screening.nhs.uk

Can your baby see?

There is no easy way to test a young baby's eyesight accurately, but you can help check that there is no serious problem by watching how your baby uses his/her eyes.

Ask your health visitor or doctor at any time if you are worried about your child's eyesight, especially in relation to the questions below.

First two months

Your child's eyes will be examined as part of the routine baby check during this period

Does your baby open his/her eyes and look at you?

Yes

No

Does he/she keep looking at you when you move your head from side to side?

Do the eyes look normal?

Does anyone in the family have serious eye disease that started in childhood?

Babies and toddlers

Does your baby ever seem to have a squint (a 'turn' or a 'lazy' eye)?

Does your baby have any difficulty in seeing small objects (tiny bits of food, crumbs, bits of fluff) or recognising familiar people?

Does anyone in the family have a squint (a 'turn' or a 'lazy' eye), or wear glasses (starting in childhood)?

Age two to school entry

Your child should be offered a vision test as part of their routine school entry physical examination (between 4 and 5 years). If you are concerned before that test is done, for example that your child may need glasses, talk to your doctor or health visitor.

Does your child have any squint (a 'turn' or a 'lazy' eye) or any difficulty in seeing (e.g. watching T.V., recognising you across a room, bumping into things, being unusually clumsy)?



Can your baby hear?

Screening Programmes

Newborn Hearing

These two lists give pointers about what to look and listen out for as your baby grows to check if he/she can hear. Babies do differ in what they can do at any given age. The ages presented here are approximate only.

Checklist for Reaction to Sounds

Shortly after birth – a baby:

Is startled by a sudden loud noise such as a hand clap or a door slamming. Blinks or opens eyes widely to such sounds or stops sucking or starts to cry.

1 month – a baby:

Starts to notice sudden prolonged sounds like the noise of a vacuum cleaner and may turn towards the noise. Pauses and listens to the noises when they begin.

4 months – a baby:

Quietens or smiles to the sound of familiar voice even when unable to see speaker and turns eyes or head towards voice. Shows excitement at sounds e.g. voices, footsteps etc.

7 months – a baby:

Turns immediately to familiar voice across the room or to very quiet noises made on each side (if not too occupied with other things).

9 months – a baby:

Listens attentively to familiar everyday sounds and searches for very quiet sounds made out of sight.

12 months – a baby:

Shows some response to own name. May also respond to expressions like 'no' and 'bye bye' even when any accompanying gesture cannot be seen.

If at any stage in the baby or child's development you think he/she may have difficulties hearing, contact your health visitor or family doctor.

Adapted from: The 'Can Your Baby Hear You' form, B. McCormick, 1982, Children's Hearing Assessment Centre, Nottingham, UK.

4 months – a baby:

Makes soft sounds when awake. Gurgles and coos.

6 months – a baby:

Makes laughter-like sounds. Starts to make sing-song vowel sounds, e.g. a-a, muh, goo, der, aroo, adah.

9 months – a baby:

Makes sounds to communicate in friendliness or annoyance. Babbles (e.g. 'da da da', 'ma ma ma', 'ba ba ba'). Shows pleasure in babbling loudly and tunefully. Starts to imitate other sounds like coughing or smacking lips.

12 months – a baby:

Babbles loudly, often in a conversational-type rhythm. May start to use one or two recognisable words.

15 months – a baby:

Makes lots of speech-like sounds. Uses 2-6 recognisable words meaningfully (e.g. 'teddy' when seeing or wanting the teddy bear).

18 months – a baby:

Makes speech-like sounds with conversational-type rhythm when playing. Uses 6-20 recognisable words. Tries to join in nursery rhymes and songs.

24 months – a child:

Uses 50 or more recognisable words appropriately. Puts 2 or more words together to make simple sentences e.g. more milk. Joins in nursery rhymes and songs. Talks to self during play (may be incomprehensible to others).

30 months – a child:

Uses 200 or more recognisable words. Uses pronouns (e.g. I, me, you). Uses sentences but many will lack adult structure. Talks intelligibly to self during play. Asks questions. Says a few nursery rhymes.

36 months – a child:

Has a large vocabulary intelligible to everyone.

Adapted from: M. D. Sheridan (Revised by M. Frost and A. Sharma), 1997, Routledge, London, New York.



Newborn hearing screening programme



* Please place a sticker (if available) otherwise write in space provided.

Screening Programmes

Newborn Hearing

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

..... Post code: D.O.B: / /

G.P: Code:

H.V: Code:

Place:
(District/Hospital where screened)

Hosp Clinic Home

NICU Protocol: Yes No

Community screening programme data: Screener ID: Equipment No:

Consent: Screen: Yes No Data: Yes No

	1st OAE	2nd OAE	AABR
Right Ear:	Date: / / Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: / / Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: / / Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Test No. (Community):	Test No. (Community):	Test No. (Community):
	Not Tested: Reason:	Not Tested: Reason:	Not Tested: Reason:
Left Ear:	Date: / / Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: / / Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: / / Clear response: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Test No. (Community):	Test No. (Community):	Test No. (Community):
	Not Tested: Reason:	Not Tested: Reason:	Not Tested: Reason:

Further Management:

Discharge to routine child health surveillance For further screen: OAE / AABR Refer to audiology

Later follow-up at 8 months (corrected) State reason: Declined Screen Risk factor **give details below:**

Risk factor details (if family history, state exact relative):

Name: Signature: Screener/Screening Co-ordinator/Unit

Newborn hearing screening programme

Developmental dislocation of the hip

(Sometimes called "Developmental Dysplasia of the Hip"- DDH)

In some babies, the top of one or both of the thigh bones may be out of the hip joint, or have a tendency to move out of the joint. It is important to pick this up as soon as possible so that it can be treated. Soon after birth and at about 6-8 weeks your baby's hips will be checked for this problem. Unfortunately, even experts cannot always pick it up, and sometimes it develops later on. There are some things that indicate there could be a problem. If you notice any of the following, you should contact your health visitor or General Practitioner.

- * A difference in the deep skin creases of the thighs between the two legs
- * When you change your baby's nappy, one leg cannot be moved out sideways as far as the other.
- * Your baby drags a leg when crawling
- * One leg seems to be longer than the other
- * You can hear or feel a click in one or both hips.
- * Your child walks with a limp.

New baby review

- * A member of the health visiting team will visit you and your family at home, usually when your new baby is between 10-14 days old.
- * This first visit gives you the chance to discuss any issues about the health and well-being of yourself, your new baby and the rest of the family. This is a chance to ask for any advice or information and to discuss any worries you may have.
- * The health visiting team is led by a health visitor who is a trained nurse with specialist qualifications in child and family health.

Here are some of the things you may want to discuss:

- * contacting the health visitor team in the future
- * child health clinics
- * feeding
- * sleeping and crying
- * advice on reducing the risk of cot death
- * immunisation
- * family health (yourself, your partner, your baby's brothers or sisters)
- * registering your baby's birth
- * child benefit
- * home and car safety



You may find it helpful to write down here anything you would like to discuss at the new baby review:

.....

.....

.....

New baby review

6-8 week review

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

..... Post code: D.O.B: / /

G.P: Code:

H.V: Code:

Date of contact:

Nature of contact/location:

.....

By whom:

Weight (if indicated):

Age:

Breast feeding: Totally Partially Not at all Ethnicity of baby:

Any concerns about the baby's feeding?

.....

Mother current smoker Other smoker in household No smoker in household

Any concerns about the baby's health or behaviour?

.....

How is mother / family?

.....

Clinic/surgery to be attended for 6-8 week review:

Clinic/surgery to be attended for immunisations:

Follow-up required: No Yes : GP Community Paediatrician Hospital Other:

Location/Clinic: Date/Interval:

Reason: Signature:

6-8 week review

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

..... Post code: D.O.B: / /

G.P: Code:

H.V: Code:

Date of contact: Age:

Seen by:

Place seen:

Length (if indicated):cmcentile

Weight:kgcentile

Head circ.:cmcentile

Breast feeding: Totally Partially Not at all

Third dose Vit K? No Not Needed Given

Any previous medical problems? Yes No

If YES specify:

Item	Guide to Content	Coded Outcome (ring one)	Comment/Action Taken
Hips	Check for DDH	S P O T R N	
Testes/Genitalia	'O' if testes not fully descended	S P O T R N	
Heart	Murmur, Cyanosis, Femorals	S P O T R N	
Eyes	Cataract, Eye movements	S P O T R N	
Other physical features	General examination, Fontanelle, Palate, Spine	S P O T R N	
Hearing	Stills, Startles, Risk factors	S P O T R N	
Locomotion	Tone, Head control	S P O T R N	
Manipulation		S P O T R N	
Speech/Language	Social smile	S P O T R N	
Behaviour	Parental concerns, Sleep, Feeding	S P O T R N	

Follow-up required: No Yes : GP Community Paediatrician Hospital Other:

Location/Clinic: Date/Interval:

Reason: Signature:

1 year review

* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number: Unit no:

Address: Sex: M / F

..... Post code: D.O.B: / /

G.P: Code:

H.V: Code:

Date of contact:

Nature of contact/location:

By whom:

Weight (if indicated):

Age:

Date of last breastfeed: / /

Mother current smoker Other smoker in household No smoker in household

Follow-up required: No Yes : GP Community Paediatrician Hospital Other:

Location/Clinic: Date/Interval:

Reason: Signature:

School Health Service

- * The School Health Service offers advice and support throughout your child's school years.
- * The school nurse or doctor can help if you have concerns about your child's health or development that may affect their education. They also support school staff in meeting children's special needs in school.
- * Tests of eyesight and hearing are usually offered during the first year at school as well as a general health assessment including height and weight. If you have any concerns, discuss these with the school nurse.
- * As your child gets older he or she will be able to talk to the school nurse about their health or about any worries they may have.
- * It is important that your child's immunisations are up to date before starting school. If you are unsure please check with your health visitor or general practitioner.



Please note anything you would like to discuss with the school nurse:

.....

.....

.....

.....

.....

.....

.....

.....



Your child's firsts and growth charts

Your child's developmental firsts

Babies want to explore the world around them. Your baby grows and learns faster in the first year than at any other time. There are many things that all babies and young children do, but not always at the same age or in the same order. Use these pages to note down when your child does things for the first time.

Finding out about moving...

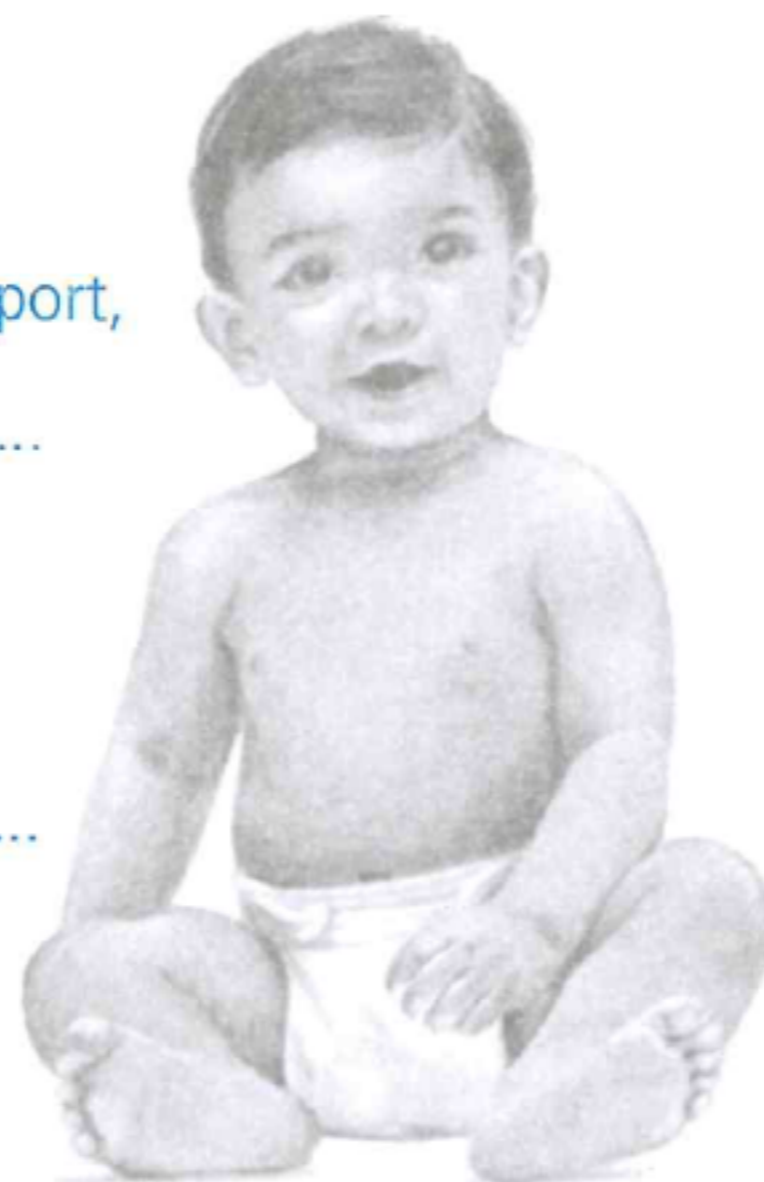


Lifts head clear of ground,
aged:.....



Rolls over,
aged:.....

Sits with support,
aged:.....

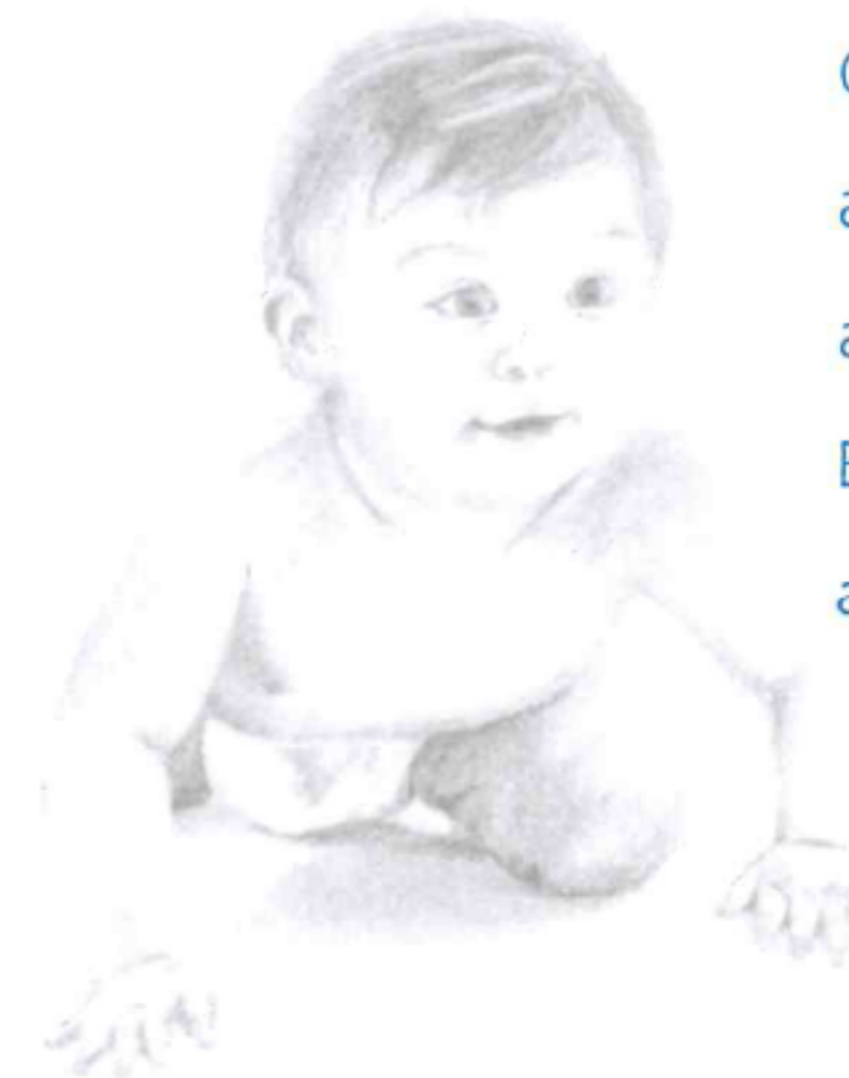


Sits alone,
aged:.....

Crawls,
aged:.....

and/or

Bottom shuffles,
aged:.....



Stands holding on,
aged:.....



Stands alone,
aged:.....



Walks holding on,
aged:.....

Walks alone,
aged:.....

First outdoor walk,
aged:.....



See *Birth to Five* for more information on children's development.

Finding out about hands... 



Stares at hands,
aged:.....



Grabs and holds things
using whole hand,
aged:.....



Picks up small
things using finger
and thumb,
aged:.....



Drops things on purpose,
aged:.....

Reaches out for things
such as your hair,
aged:.....



Feeds with a spoon,
aged:.....



Finger feeds,
aged:.....



Holds pencil and makes marks,
aged:.....

Opens cupboards,
aged:.....



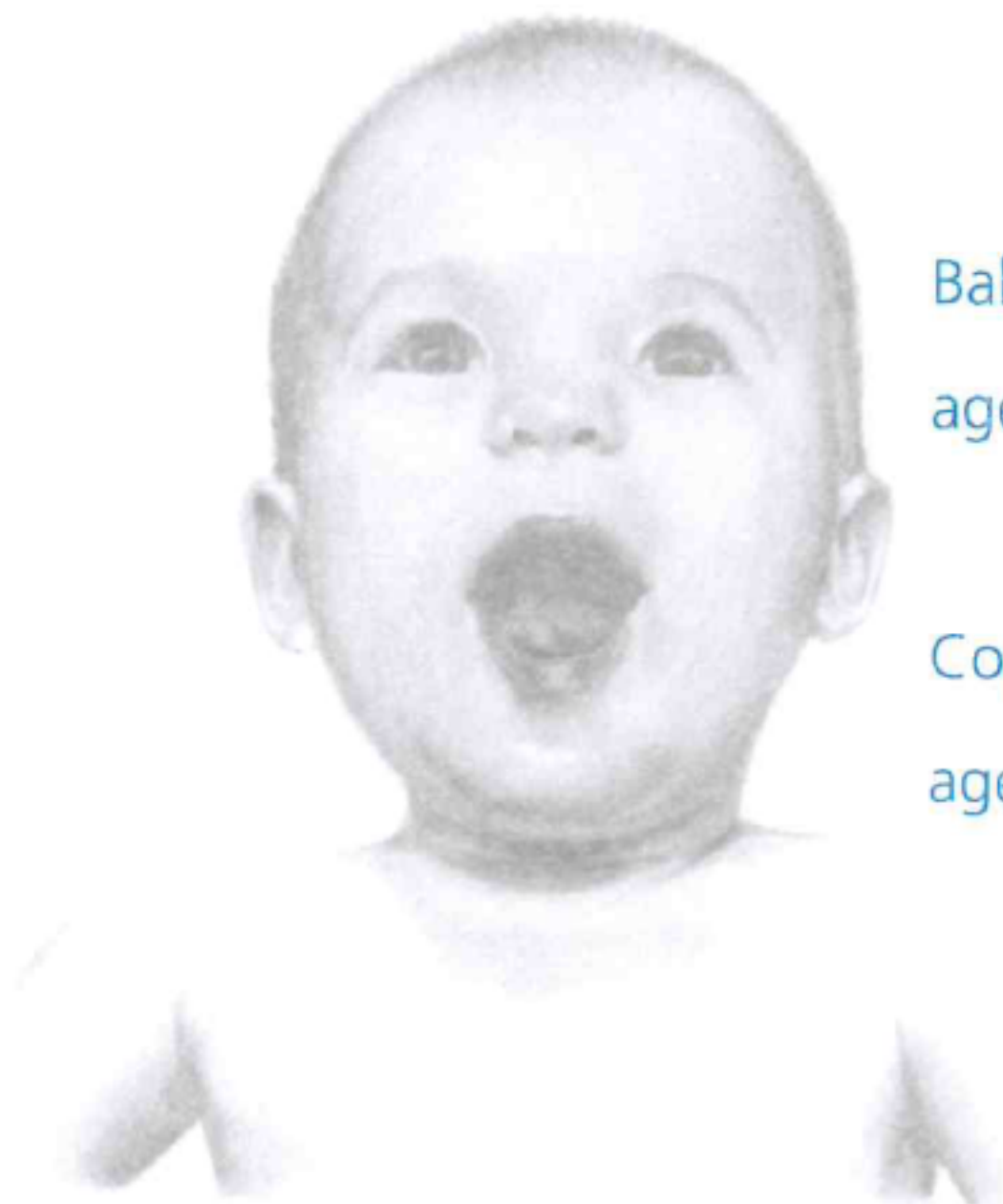
See *Birth to Five* for more information on children's development.

Finding out about words... 

Smiles,
aged:.....



Laughs,
aged:.....

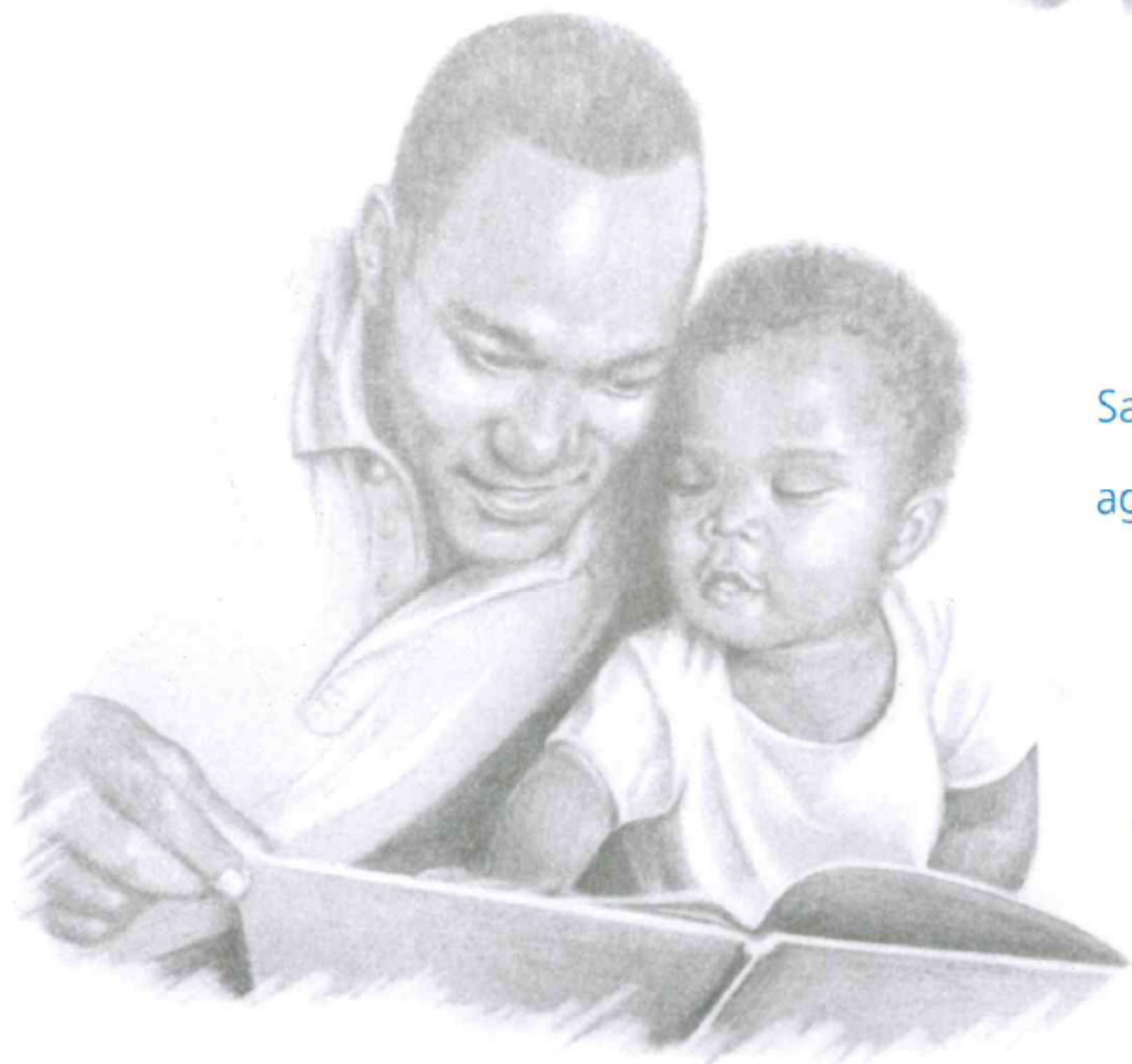


Babbles,
aged:.....

Copies noises,
aged:.....



Says "mama" – to anyone,
aged:.....

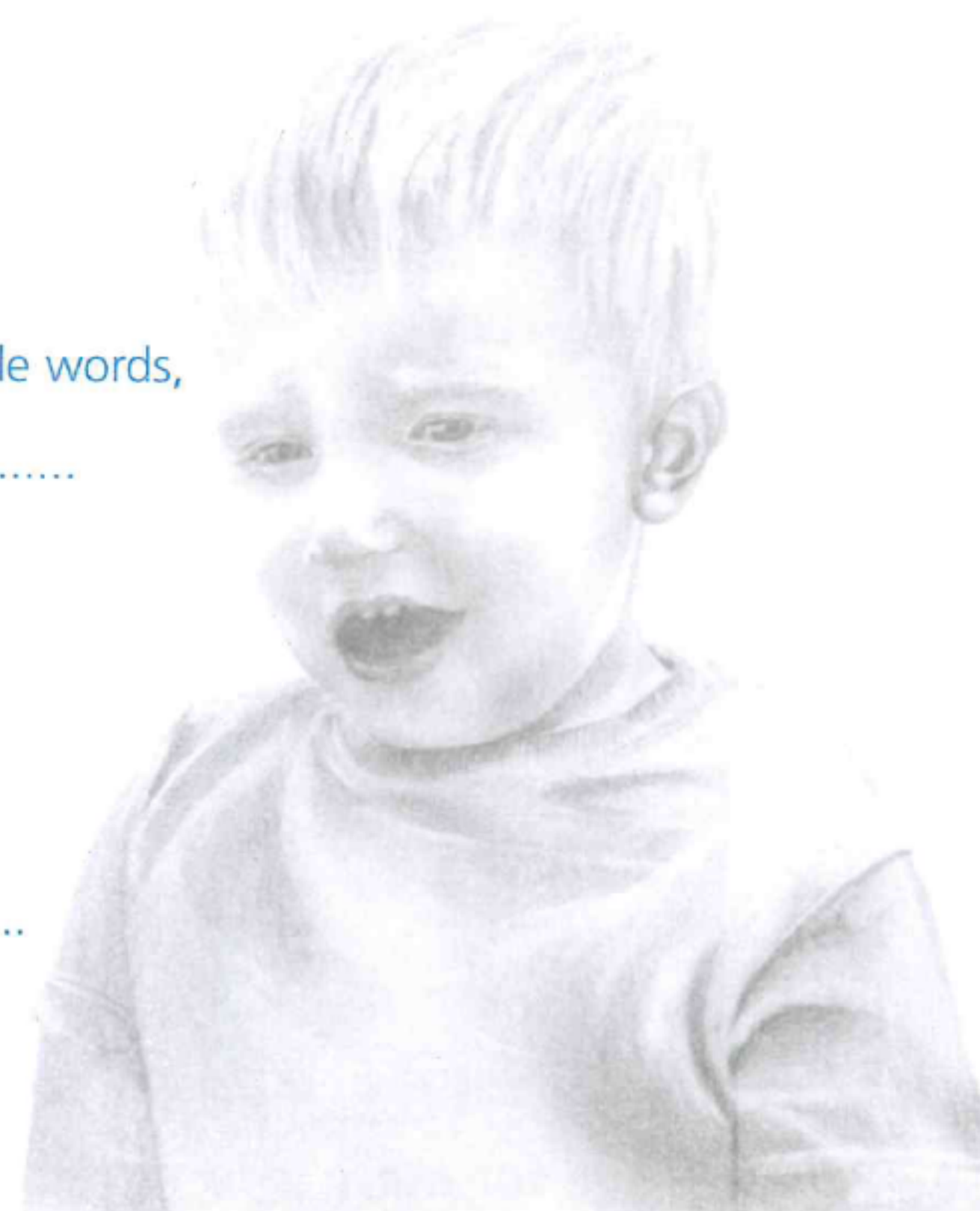


Says recognisable word,
aged:.....

Helps turn pages
in a book,
aged:.....

Joins two
recognisable words,
aged:.....

Speaks in
sentences,
aged:.....



See *Birth to Five* for more information on children's development.

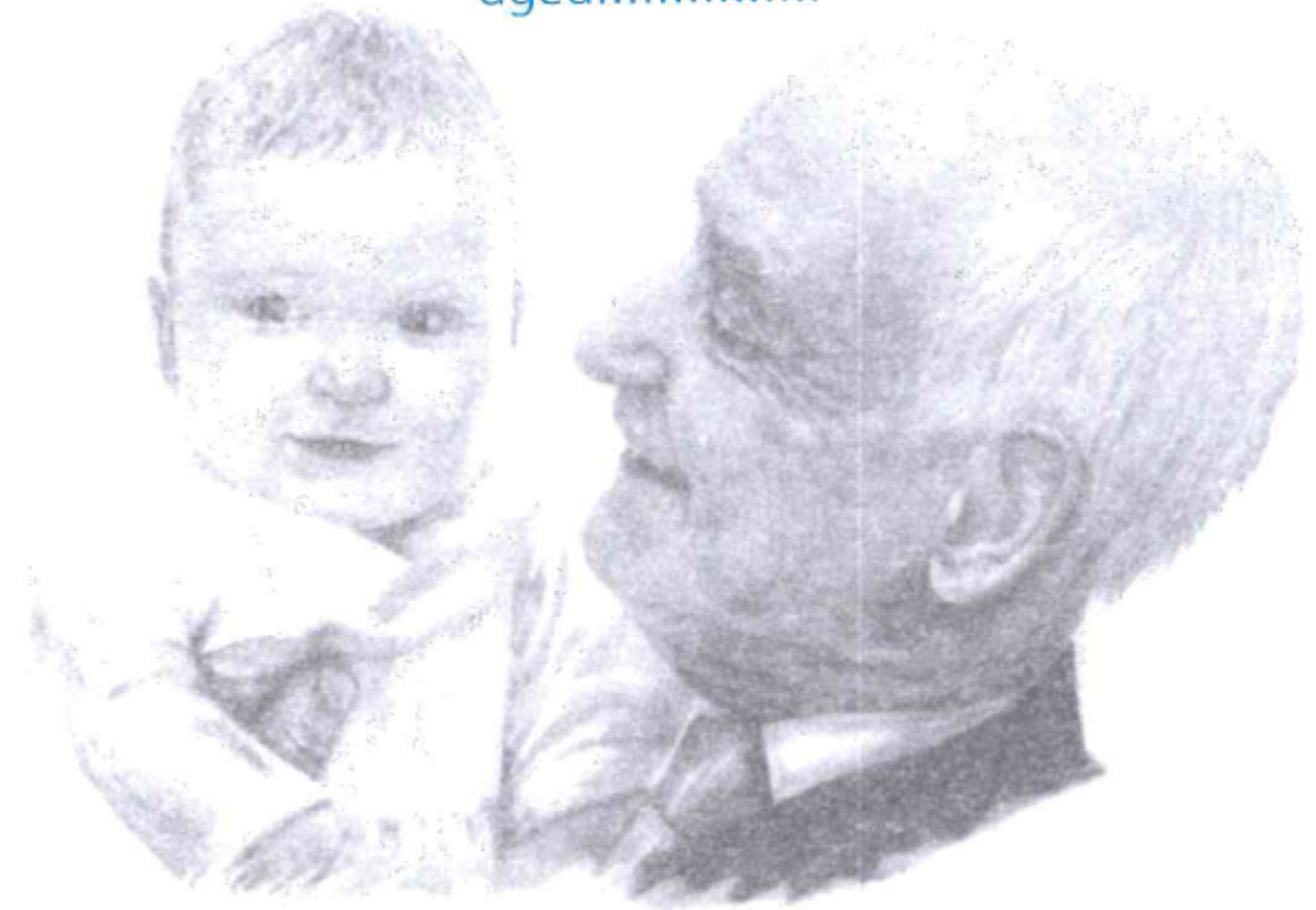
Finding out about people... 



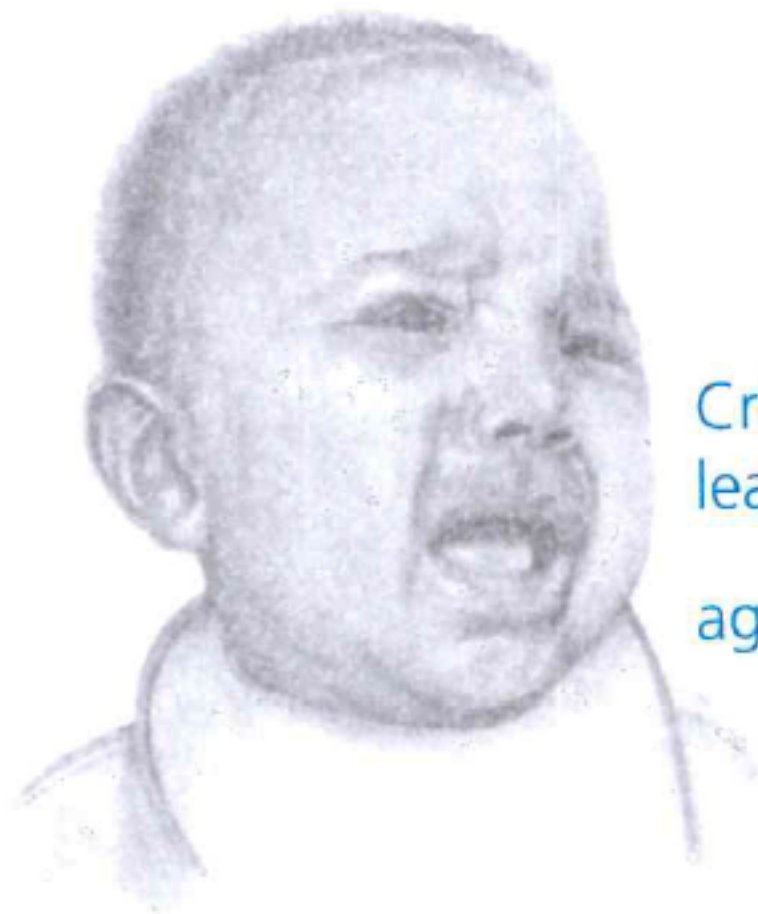
Stares at your face,
aged:.....



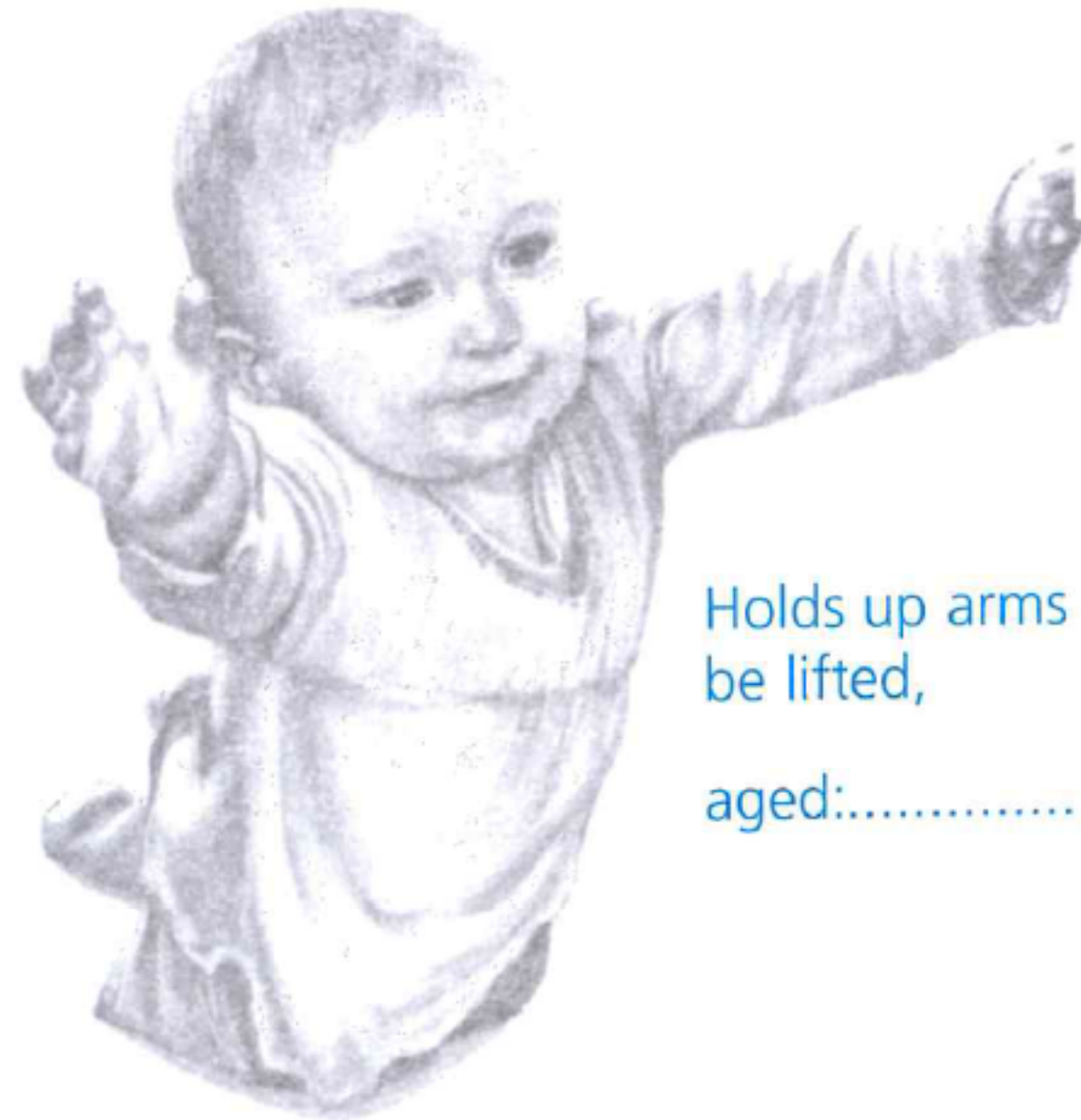
Moves eyes to
watch you,
aged:.....



Smiles for special people,
aged:.....



Cries when you
leave the room,
aged:.....



Holds up arms to
be lifted,
aged:.....



Usually sleeps
through the night,
aged:.....

Favourite games...

Aged:

Aged:

Comments:

See *Birth to Five* for more information on children's development.



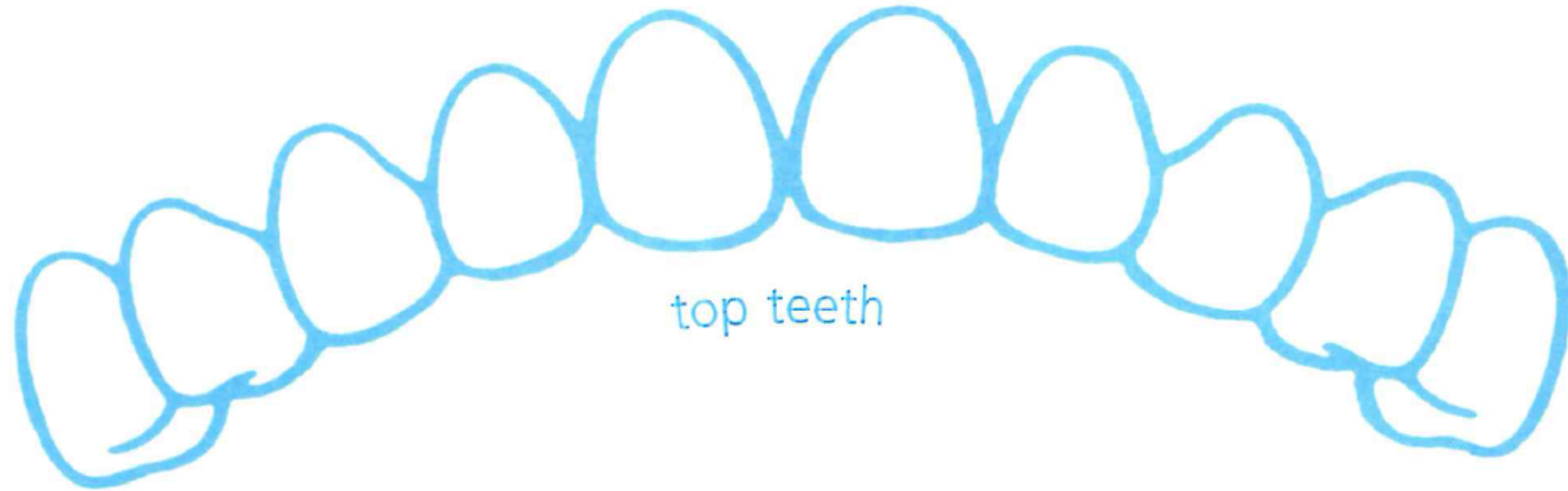
A large light blue rectangular area containing 20 horizontal dotted lines for writing.

Dental health

You can take your child to see an NHS dentist for preventive advice as soon as he/she is born.

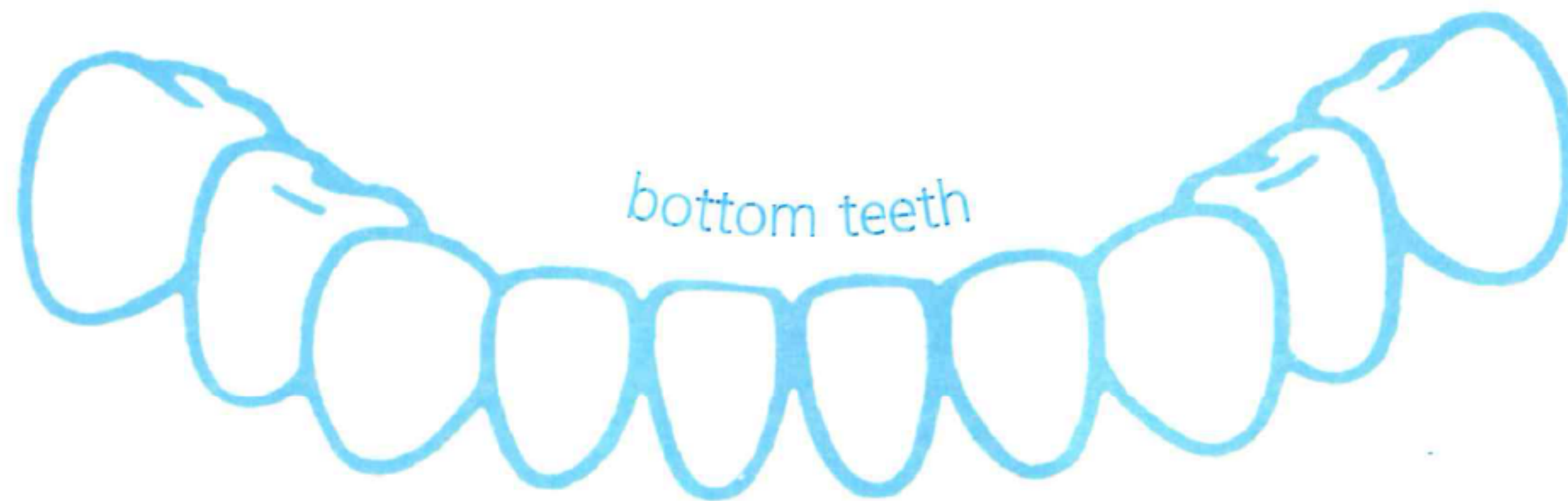
NHS dental treatment for children is free.

Put your child's age in months on the chart below as each tooth appears... 



Age first tooth came through:

.....



For more information on caring for your child's teeth see *Birth to Five*.
Can also be viewed by searching for *Birth to Five* at www.dh.gov.uk

Weight conversion chart

gm	lbs	oz	kg	lbs	oz	kg	lbs	oz	kg	lbs	oz
500	1	2	3.05	6	11	5.65	12	7	8.20	18	1
550	1	3	3.10	6	13	5.70	12	9	8.25	18	2
600	1	5	3.15	6	15	5.75	12	10	8.30	18	4
650	1	7	3.20	7	1	5.80	12	12	8.35	18	6
700	1	9	3.25	7	2	5.85	12	14	8.40	18	8
750	1	10	3.30	7	4	5.90	13	0	8.45	18	9
800	1	12	3.35	7	6	5.95	13	1	8.50	18	11
850	1	14	3.40	7	8	6kg			8.55	18	13
900	2	0	3.45	7	9	6.00	13	3	8.60	18	15
950	2	1	3.50	7	11	6.05	13	5	8.65	19	0
1kg			3.55	7	13	6.10	13	7	8.70	19	2
1.00	2	3	3.60	7	15	6.15	13	8	8.75	19	4
1.05	2	5	3.65	8	0	6.20	13	10	8.80	19	6
1.10	2	7	3.70	8	2	6.25	13	12	8.85	19	8
1.15	2	8	3.75	8	4	6.30	13	14	8.90	19	9
1.20	2	10	3.80	8	6	6.35	14	0	8.95	19	11
1.25	2	12	3.85	8	8	6.40	14	1	9kg		
1.30	2	14	3.90	8	9	6.45	14	3	9.00	19	13
1.35	3	0	3.95	8	11	6.50	14	5	9.05	19	15
1.40	3	1	4kg			6.55	14	7	9.10	20	0
1.45	3	3	4.00	8	13	6.60	14	8	9.15	20	2
1.50	3	5	4.05	8	15	6.65	14	10	9.20	20	4
1.55	3	7	4.10	9	0	6.70	14	12	9.25	20	6
1.60	3	8	4.15	9	2	6.75	14	14	9.30	20	7
1.65	3	10	4.20	9	4	6.80	14	15	9.35	20	9
1.70	3	12	4.25	9	6	6.85	15	1	9.40	20	11
1.75	3	14	4.30	9	7	6.90	15	3	9.45	20	13
1.80	3	15	4.35	9	9	6.95	15	5	9.50	20	14
1.85	4	1	4.40	9	11	7kg			9.55	21	0
1.90	4	3	4.45	9	13	7.00	15	6	9.60	21	2
1.95	4	5	4.50	9	14	7.05	15	8	9.65	21	4
2kg			4.55	10	0	7.10	15	10	9.70	21	5
2.00	4	6	4.60	10	2	7.15	15	12	9.75	21	7
2.05	4	8	4.65	10	4	7.20	15	13	9.80	21	9
2.10	4	10	4.70	10	5	7.25	15	15	9.85	21	11
2.15	4	12	4.75	10	7	7.30	16	1	9.90	21	12
2.20	4	13	4.80	10	9	7.35	16	3	9.95	21	14
2.25	4	15	4.85	10	11	7.40	16	4	10kg		
2.30	5	1	4.90	10	12	7.45	16	6	10.00	22	0
2.35	5	3	4.95	10	14	7.50	16	8	10.05	22	2
2.40	5	4	5kg			7.55	16	10	10.10	22	4
2.45	5	6	5.00	11	0	7.60	16	12	10.15	22	5
2.50	5	8	5.05	11	2	7.65	16	13	10.20	22	7
2.55	5	10	5.10	11	4	7.70	16	15	10.25	22	9
2.60	5	12	5.15	11	5	7.75	17	1	10.30	22	11
2.65	5	13	5.20	11	7	7.80	17	3	10.35	22	12
2.70	5	15	5.25	11	9	7.85	17	4	10.40	22	14
2.75	6	1	5.30	11	11	7.90	17	6	10.45	23	0
2.80	6	3	5.35	11	12	7.95	17	8	10.50	23	2
2.85	6	4	5.40	11	14	8kg			10.55	23	3
2.90	6	6	5.45	12	0	8.00	17	10	10.60	23	5
2.95	6	8	5.50	12	2	8.05	17	11	10.65	23	7
3kg			5.55	12	3	8.10	17	13	10.70	23	9
3.00	6	10	5.60	12	5	8.15	17	15	10.75	23	10

UK-WHO Growth Charts 0-4 years



Royal College of
Paediatrics and
Child Health



World Health
Organization

Plotting and interpreting measurements

The chart is a guide to how your child is growing. It compares your child's length and height with other children of the same age. It also shows how quickly your child is growing.

Your baby's charts shows weight in kilograms and height in centimetres. If you want to change these measurements into pounds/ounces and feet/inches you can use the conversion chart in this record or ask your health visitor to convert them.

Someone who has been appropriately trained should complete the growth chart. If your baby was born prematurely (less than 37 weeks), the weight will be plotted on the preterm chart, until your baby reaches the estimated delivery date (EDD) plus 2 weeks (42 weeks). After this, his or her weight will be plotted on the 0–1 year weight chart but with an allowance to take account of prematurity. This should continue until at least 1 year of age.

Normal weight and height

The curves on the chart are called centile lines. These show the range of weights and heights (or lengths) of most children. If your child's height is on the 25th centile, for example, this means that if you lined up 100 children of the same age in height order, your child would be number 25; 75 children would be taller than your child. It is quite normal for a child's weight or height to be anywhere within the centile lines on the chart.

When are children unusually big or small?

There is not an exact point at which it can be said that a child's weight or height is definitely abnormal. However, only four in every thousand healthy children are at or below the 0.4th centile. A paediatrician usually assesses these children to make sure that there are no problems. Being very small can sometimes indicate a medical or health problem.

Babies on the top weight or length centile are usually

after 12 months of age, this may be a sign that they are overweight. Your health visitor may want to assess this further.

What is a normal rate of weight gain?

Weight gain in the early days varies a lot from baby to baby so there are no lines on the chart for 0–2 weeks. By 2 weeks of age most babies weight will be on a centile close to their birth centile.

It is unlikely that your baby's weight will exactly follow a single centile line, particularly in the first year. It is most likely to track within one centile space (i.e. the gap between two centile lines).

Children may lose weight during an illness but their weight will usually go back to their usual centile within 2–3 weeks. However, if your baby's weight remains down by two or more centile spaces, they should be assessed by your health visitor and their length should also be measured.

Length and height

Under the age of 2 years, a child's length is measured lying down. When your child reaches 2 years of age their height will be measured instead. When standing up, the spine is squashed a little, which will mean that your child's height is slightly less than their length. However, their height will be on the same centile as their length and your child should continue to grow approximately along the same centile.

Healthy children may be on a different length/height centile from the weight centile, although the two are usually similar.

To get an idea of how tall your child may be as an adult, plot their height and follow the centile line to the scale at the side of the 2–4 years height chart. Four out of five healthy children have an adult height that is within 6cm above or below this value. So, if, for example, your child's height is on the 25th centile, the average adult height for a girl for this centile is 161cm and for a boy is 174 cm. A girl's adult height is therefore likely to be between 155cm and 167cm

GROWTH MONITORING USING GROWTH CHARTS

The UK-WHO growth charts

The charts in this book are based on measurements of healthy breastfed children from several countries, whose mothers did not smoke. They represent the pattern of growth for healthy children, whether breastfed or formula fed, and of all ethnic origins.

Babies come in all shapes and sizes and they do not all gain weight at the same rate, so every chart will look different when it is filled in.

Weighing and measuring

Babies and children up to 2 years of age should be weighed without any clothes or nappy on, as this can make a big difference to the weight.

Toddlers (aged 2 years and older) can be weighed wearing their vest and pants, but they should not wear shoes.

Be aware that different scales sometimes give different readings, particularly if they are not electronic. If you notice this, try to take your baby/child to the same place for weighing each time.

Length or height should always be measured if there are any concerns about a child's growth.

Up to the age of 2, your child's length (i.e. lying down) is measured, rather than height. Special equipment is needed to measure length accurately. Your child should not be wearing a nappy.

From age 2, their height (i.e. standing up) will be measured. Children should not be wearing shoes when their length or height is measured.

How often to weigh

It is normal for a baby to lose some weight in the first few days after birth. Your baby should be weighed in the first

back to their birth weight by 2 weeks of age. This is a sign that feeding is going well and that your baby is healthy.

After that, weight will usually be measured only when your baby is seen routinely, unless there is concern. Your health visitor may ask you to bring your baby more often if he/she wishes to monitor them more closely. Weighing your baby too often may cause unnecessary concern; the list below shows how often, as a maximum, babies should be weighed to monitor their growth. However, most children will not need to be weighed as often as this.

Age

2 weeks to 6 months

6-12 months

Over 12 months

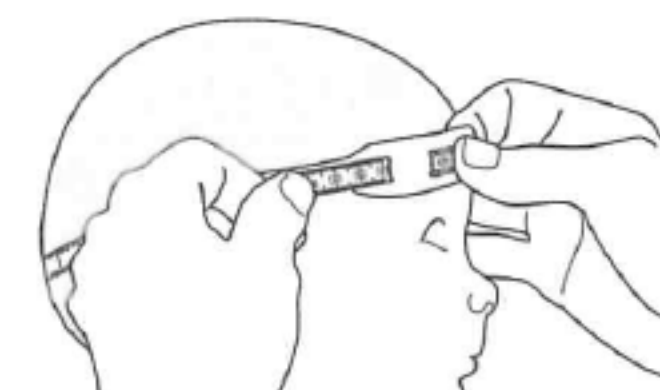
No more than

Once a month

Once every 2 months

Once every 3 months

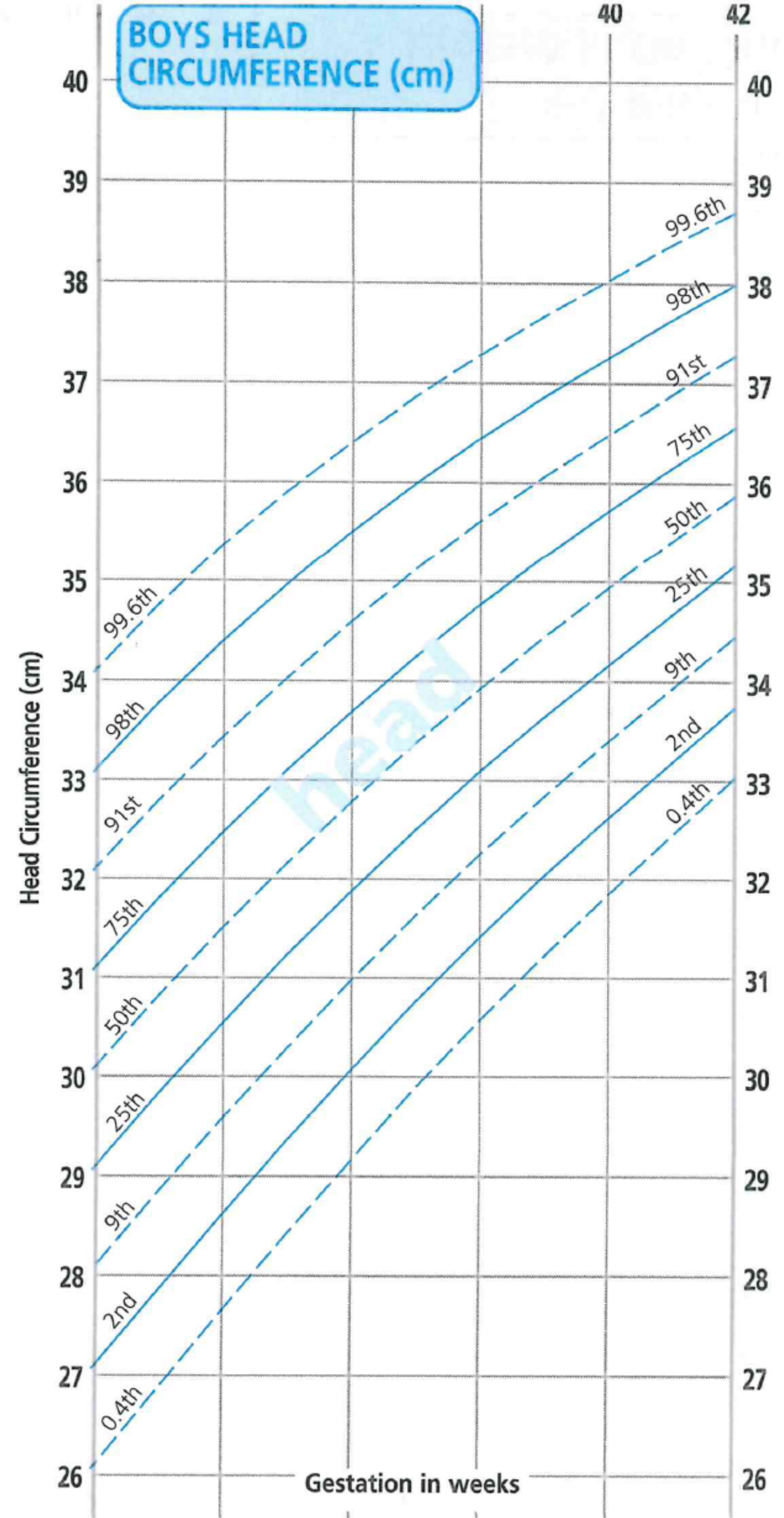
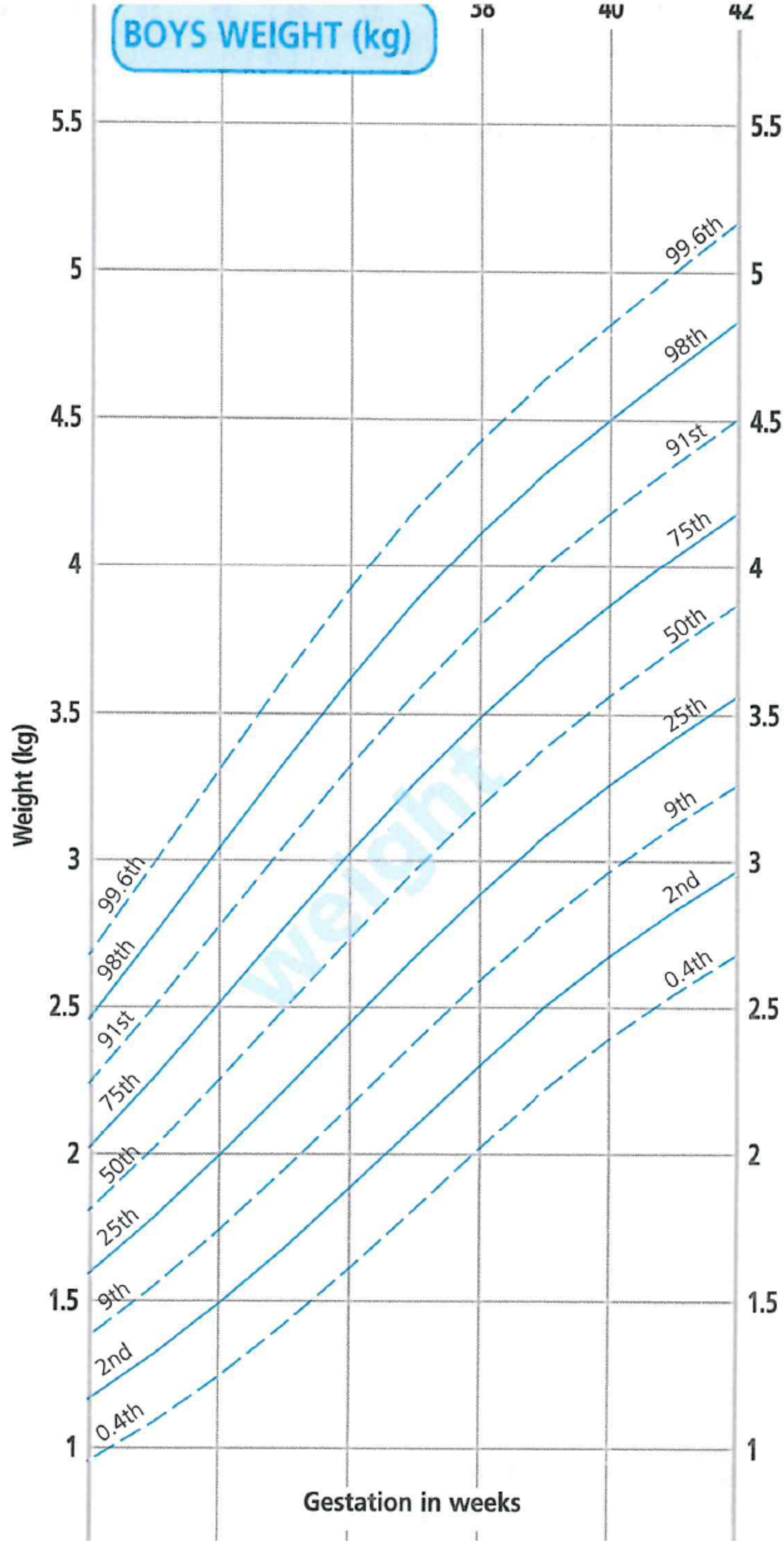
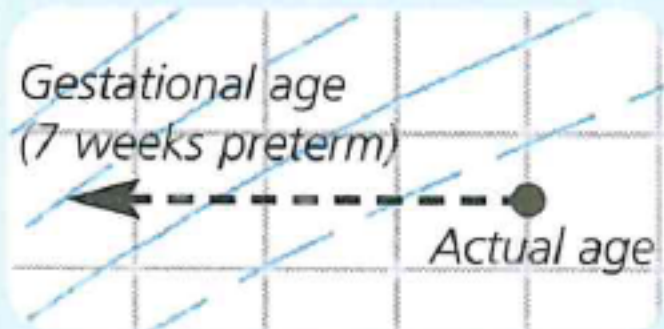
Remember that if you want to ask something you can always phone your health visitor or visit the clinic, without having your child weighed.



Preterm

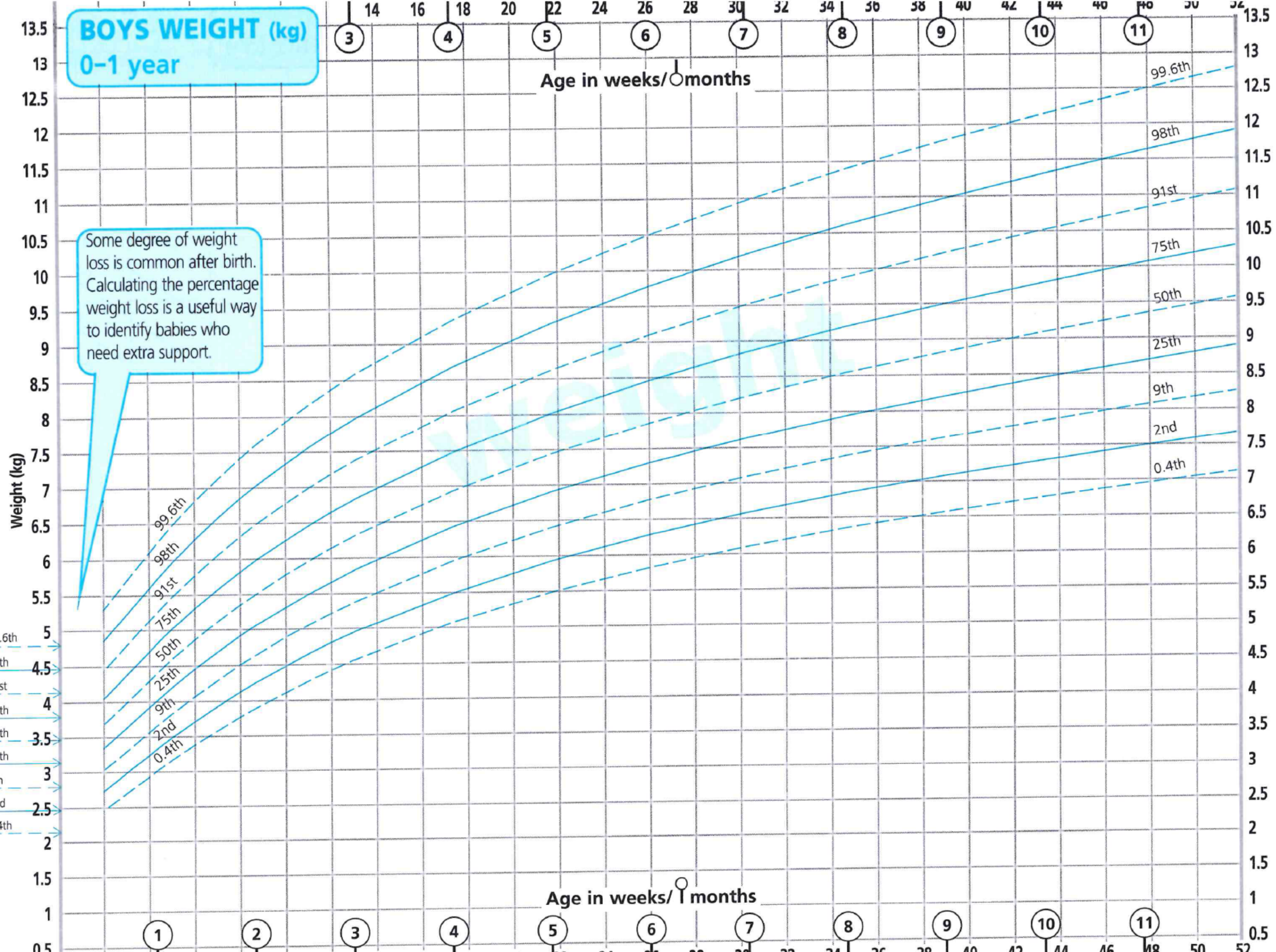
For **preterm infants** (less than 37 weeks gestation), plot on this chart until 2 weeks after expected date of delivery (42 weeks). As with term infants, some weight loss is common in the early days.

From 42 weeks, plot on the 0-1 year charts with **gestational correction**. Plot at actual age then draw a line back the number of weeks the infant was preterm and mark spot with arrow; this is the gestationally corrected centile.



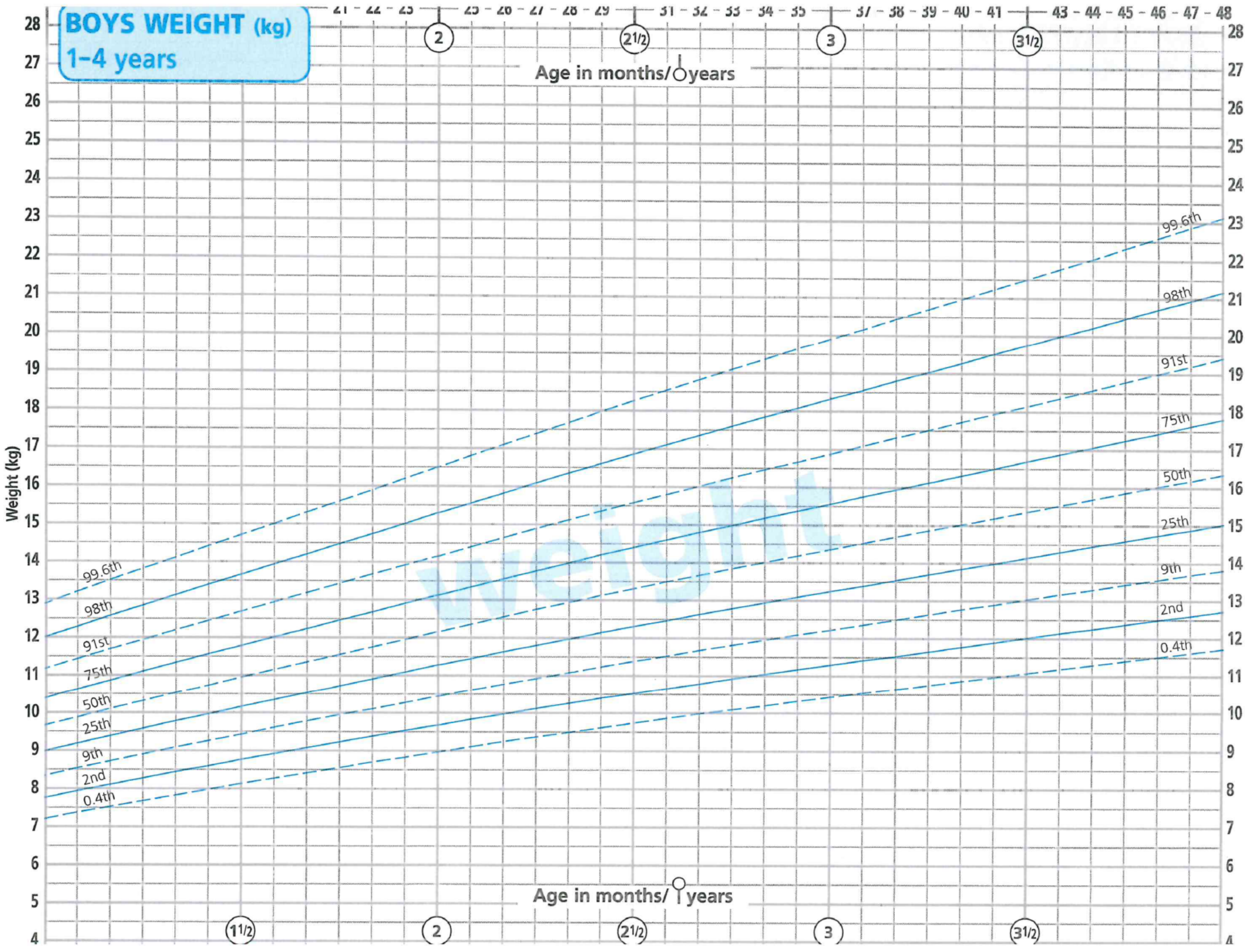
BOYS WEIGHT (kg)

0-1 year

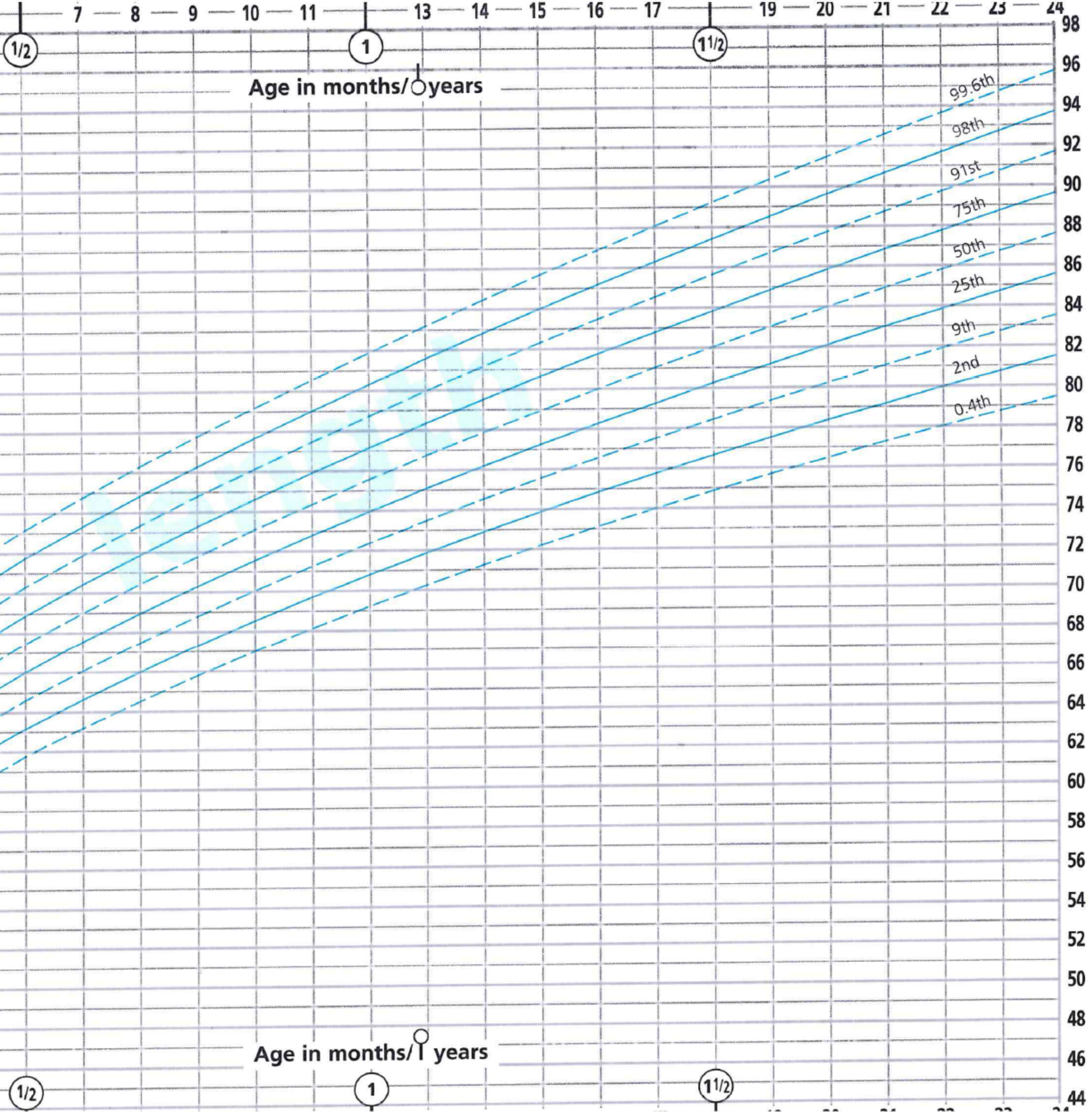


Some degree of weight loss is common after birth. Calculating the percentage weight loss is a useful way to identify babies who need extra support.

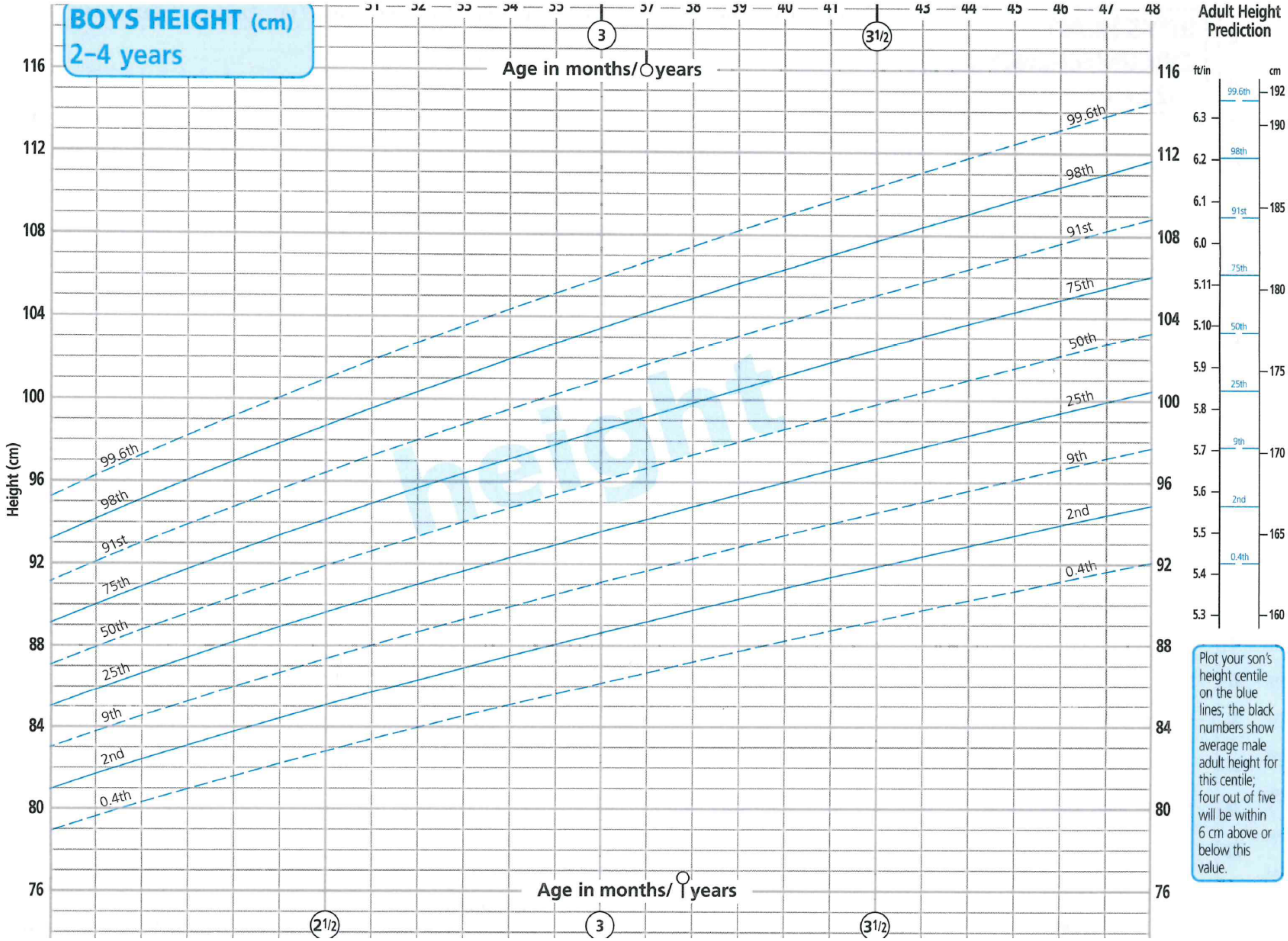
BOYS WEIGHT (kg)
1-4 years



BOYS LENGTH (cm)
0-2 years

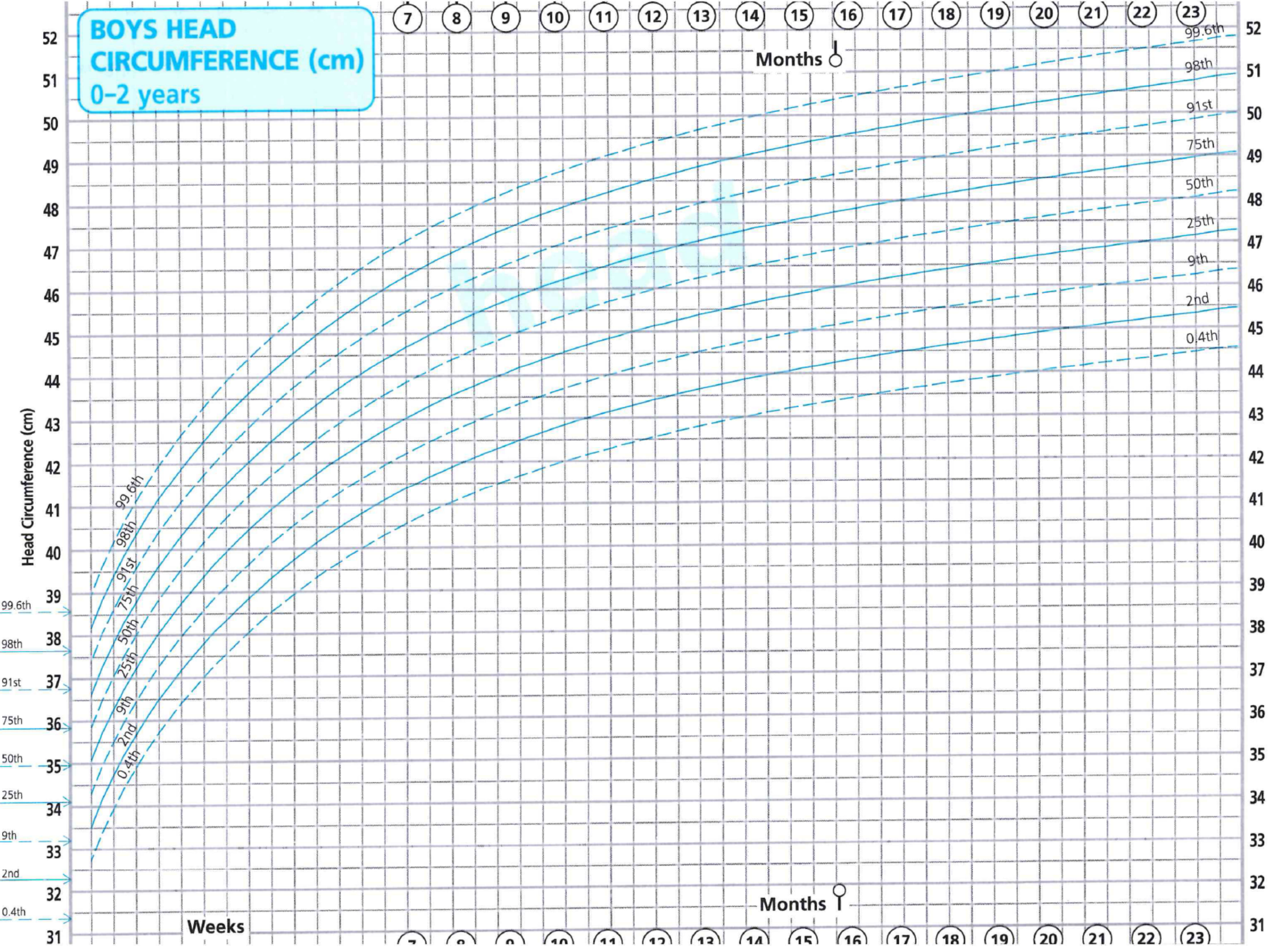


BOYS HEIGHT (cm)
2-4 years



Plot your son's height centile on the blue lines; the black numbers show average male adult height for this centile; four out of five will be within 6 cm above or below this value.

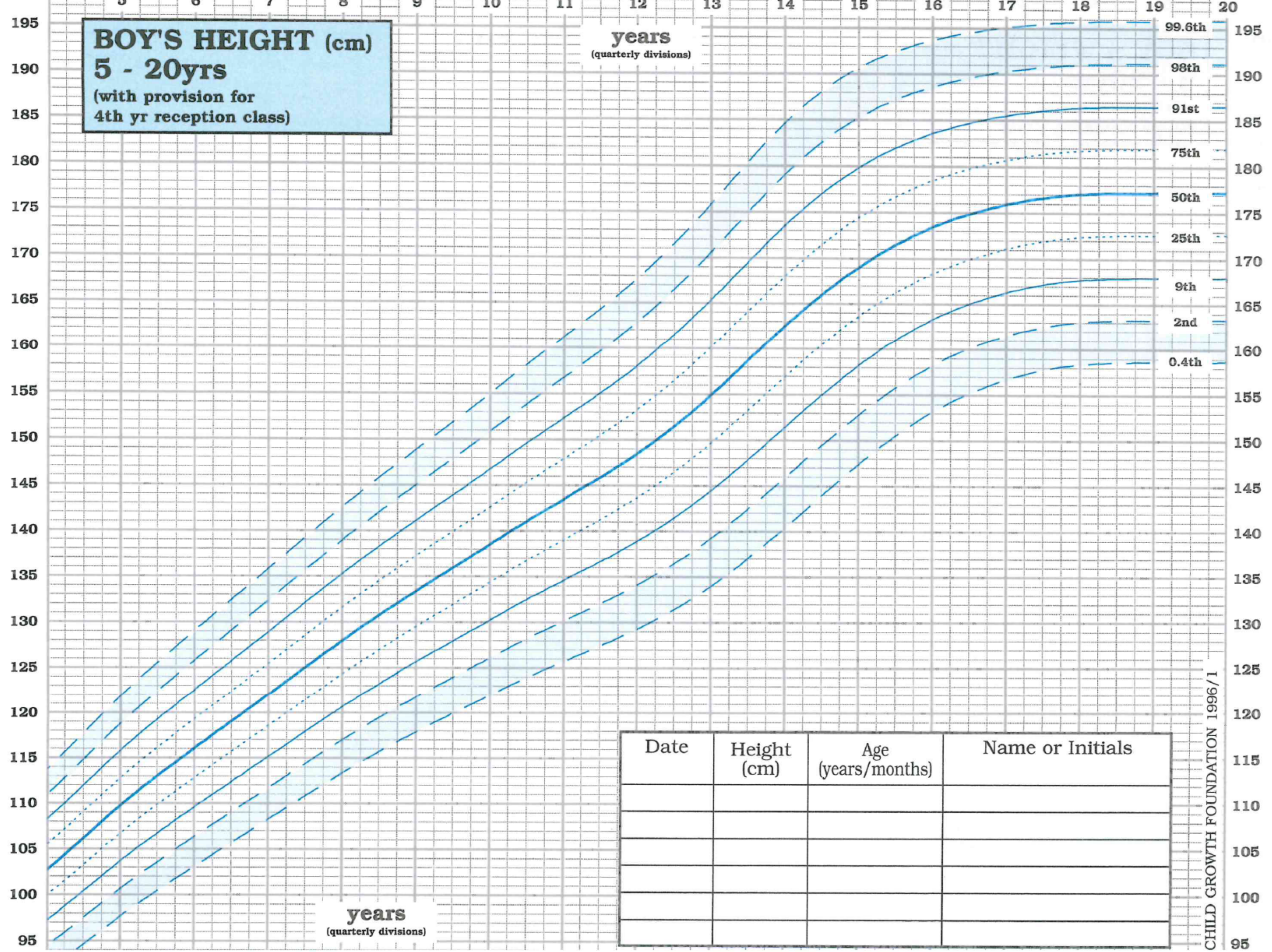
BOYS HEAD CIRCUMFERENCE (cm) 0-2 years



BOY'S HEIGHT (cm)
5 - 20yrs
 (with provision for
 4th yr reception class)

years
 (quarterly divisions)

years
 (quarterly divisions)



CHILD GROWTH FOUNDATION 1996/1

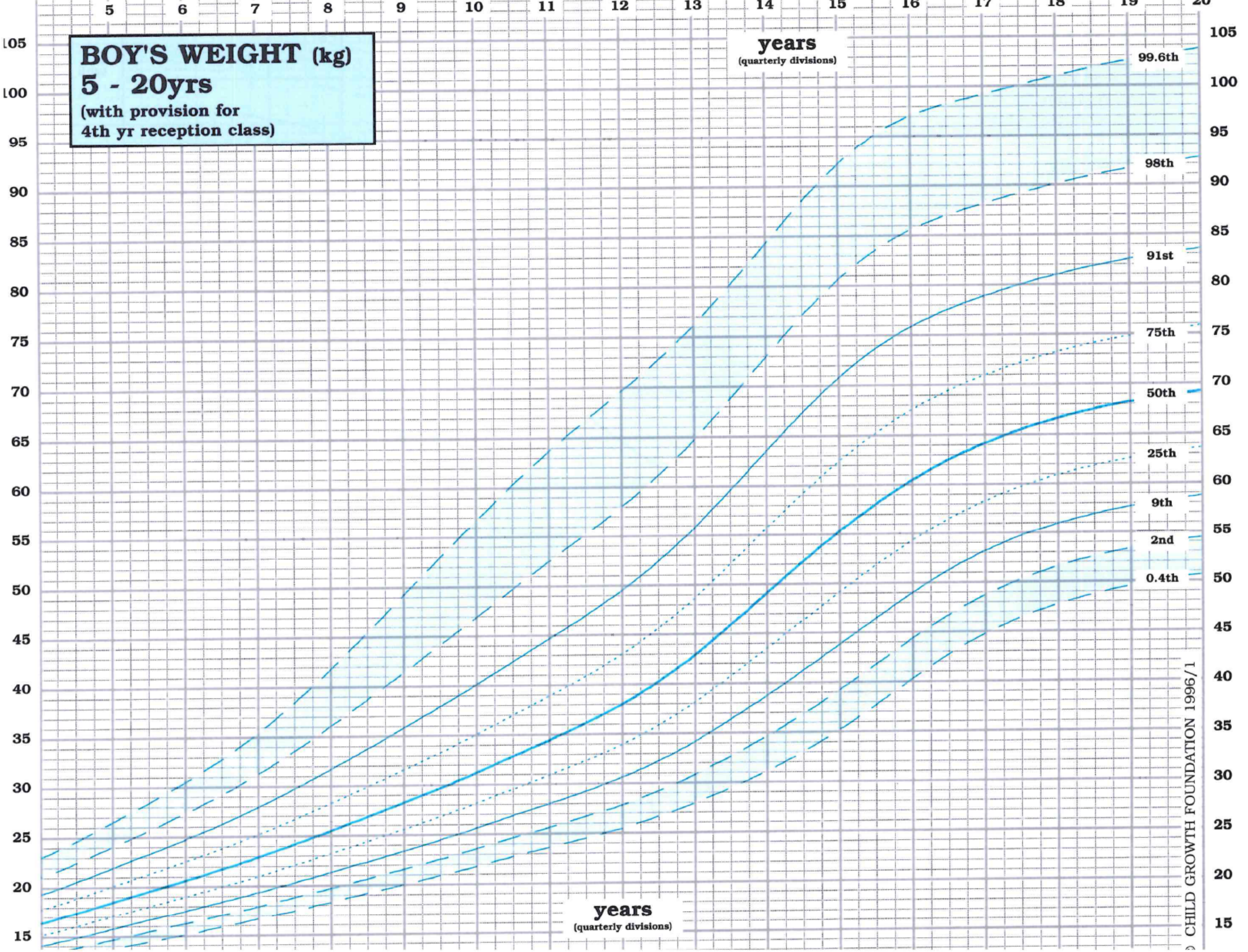
Date	Height (cm)	Age (years/months)	Name or Initials

BOY'S WEIGHT (kg)
5 - 20yrs
 (with provision for
 4th yr reception class)

years
 (quarterly divisions)

years
 (quarterly divisions)

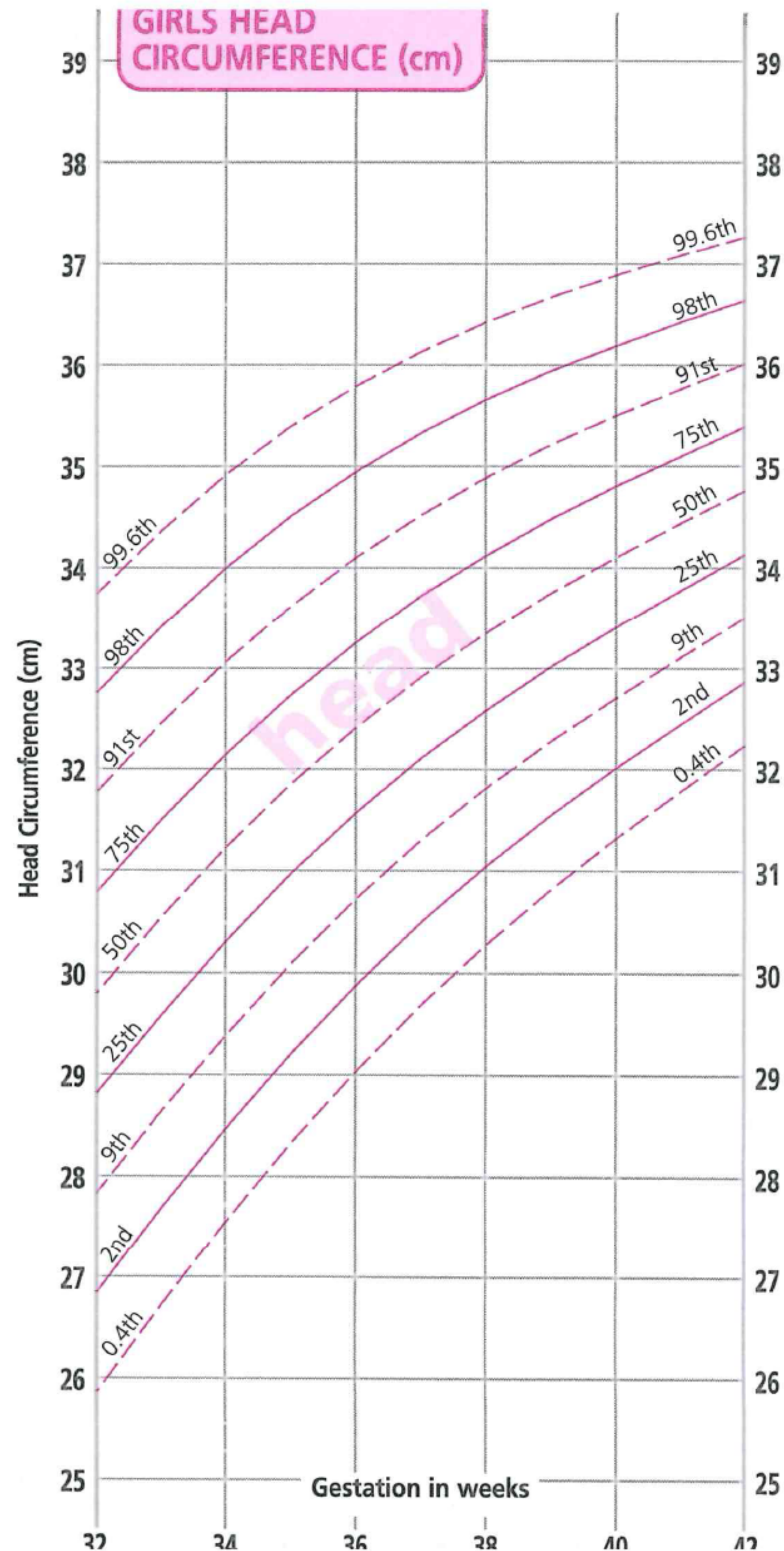
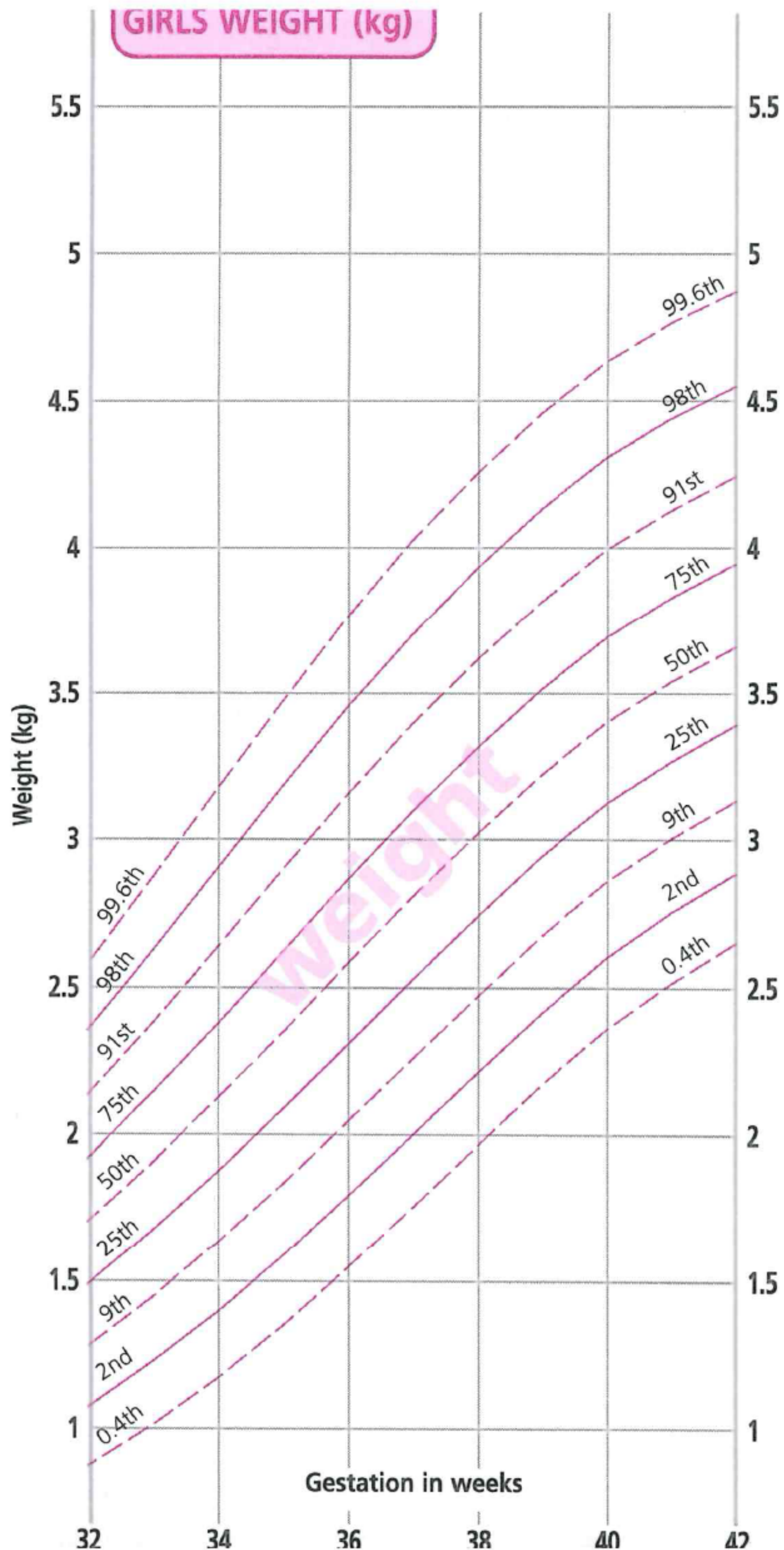
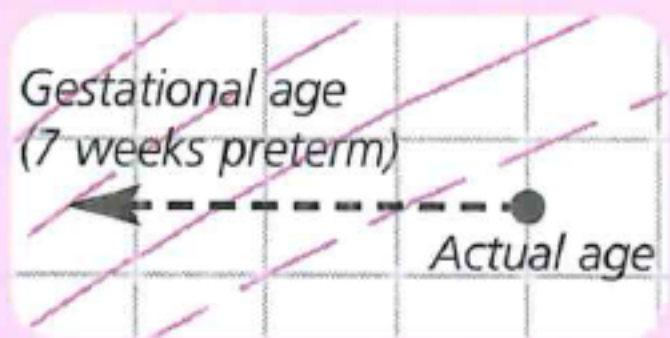
CHILD GROWTH FOUNDATION 1996/1



Preterm

For **preterm infants** (less than 37 weeks gestation), plot on this chart until 2 weeks after expected date of delivery (42 weeks). As with term infants, some weight loss is common in the early days.

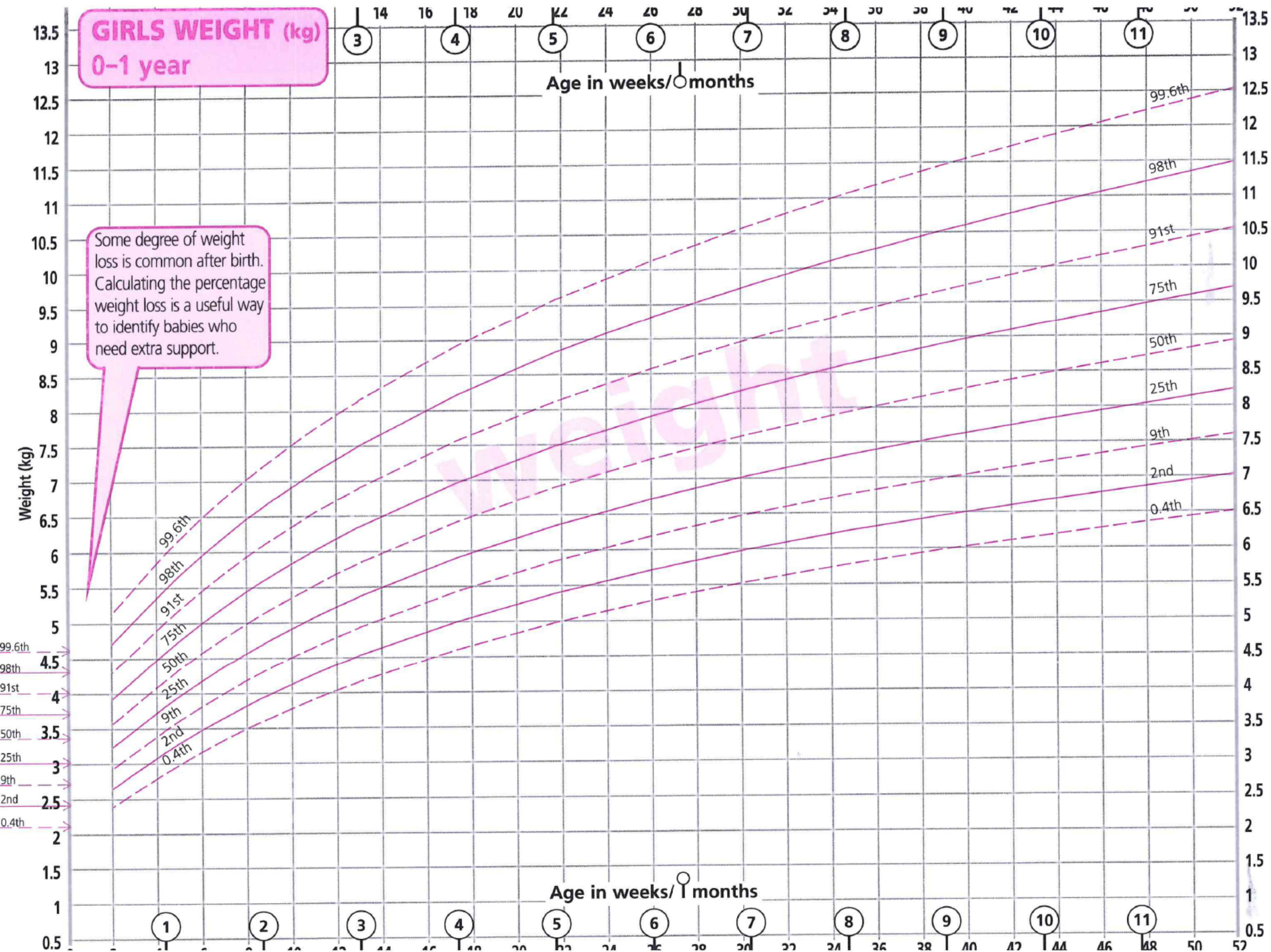
From 42 weeks, plot on the 0-1 year chart with **gestational correction**. Plot at actual age then draw a line back the number of weeks the infant was preterm and mark spot with arrow; this is the gestationally corrected centile.

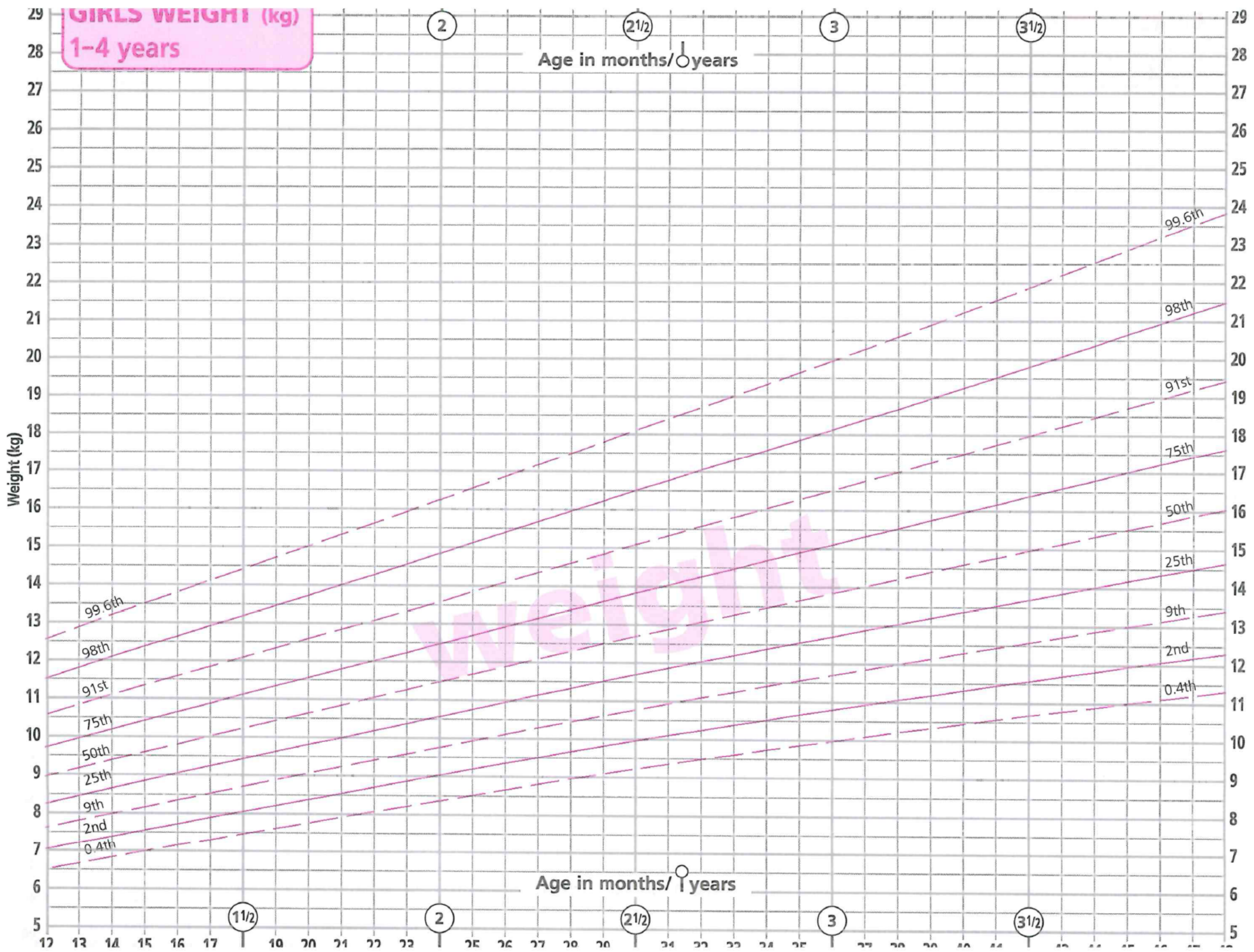


GIRLS WEIGHT (kg)
0-1 year

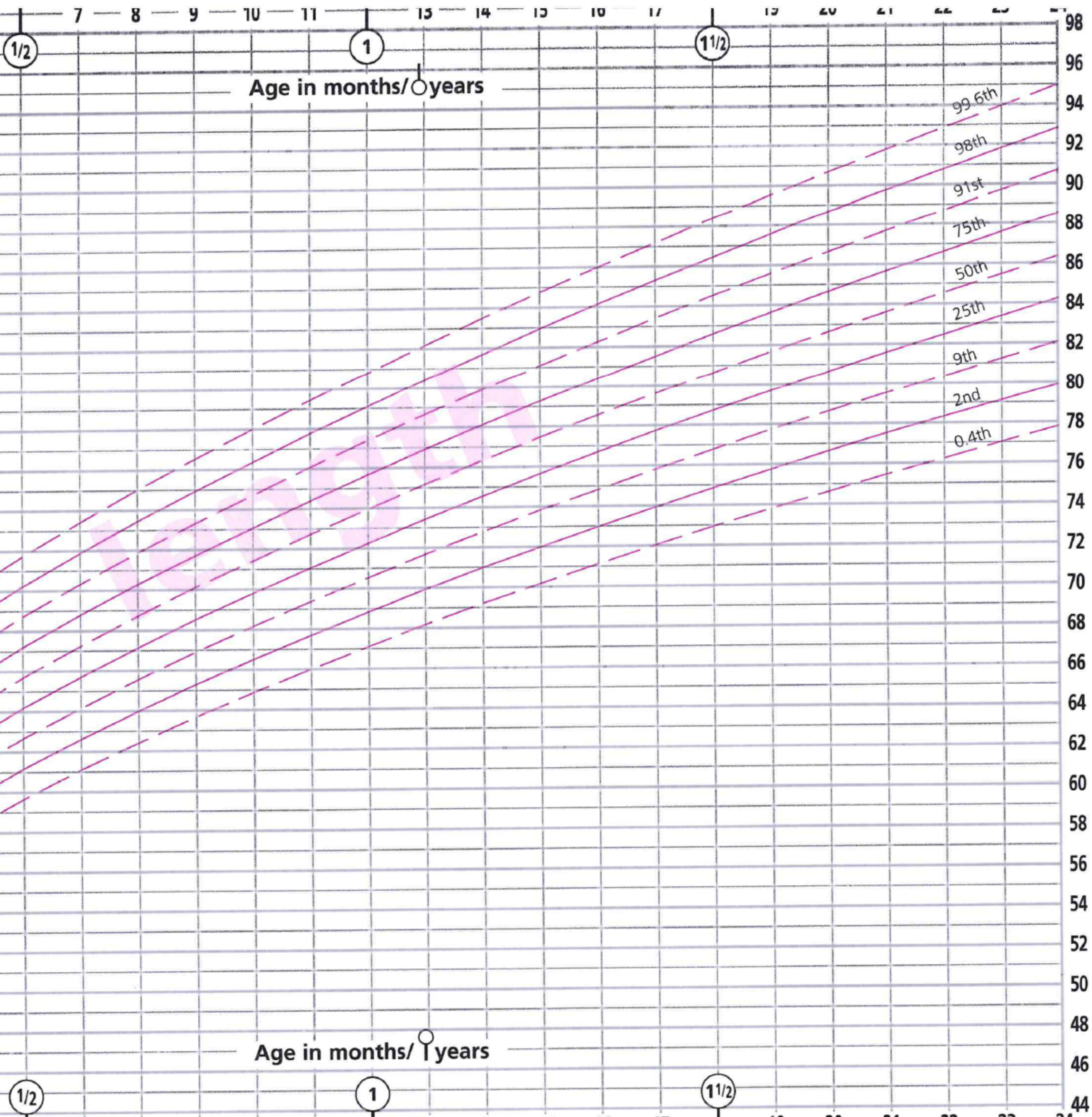
Age in weeks/○ months

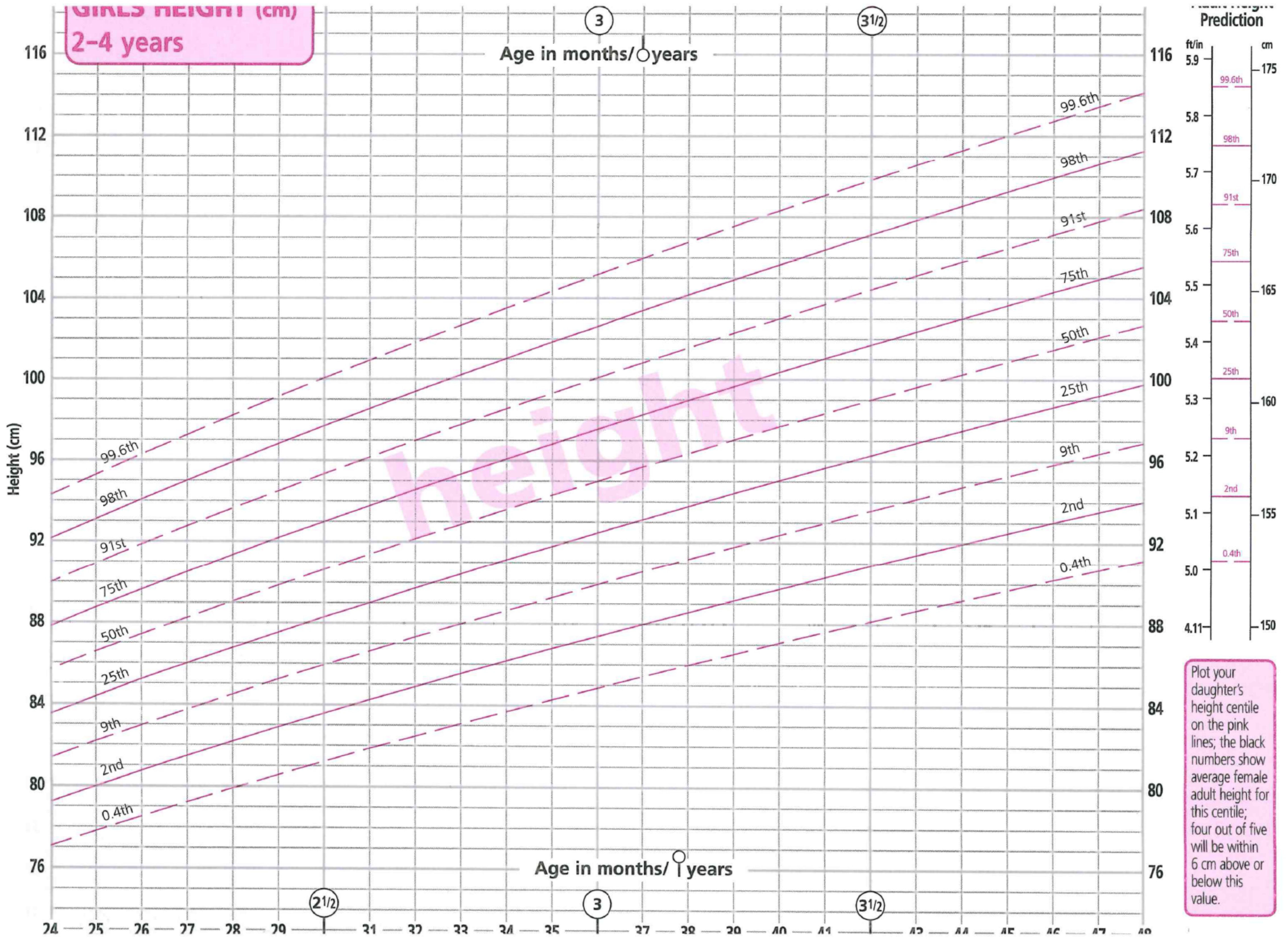
Some degree of weight loss is common after birth. Calculating the percentage weight loss is a useful way to identify babies who need extra support.





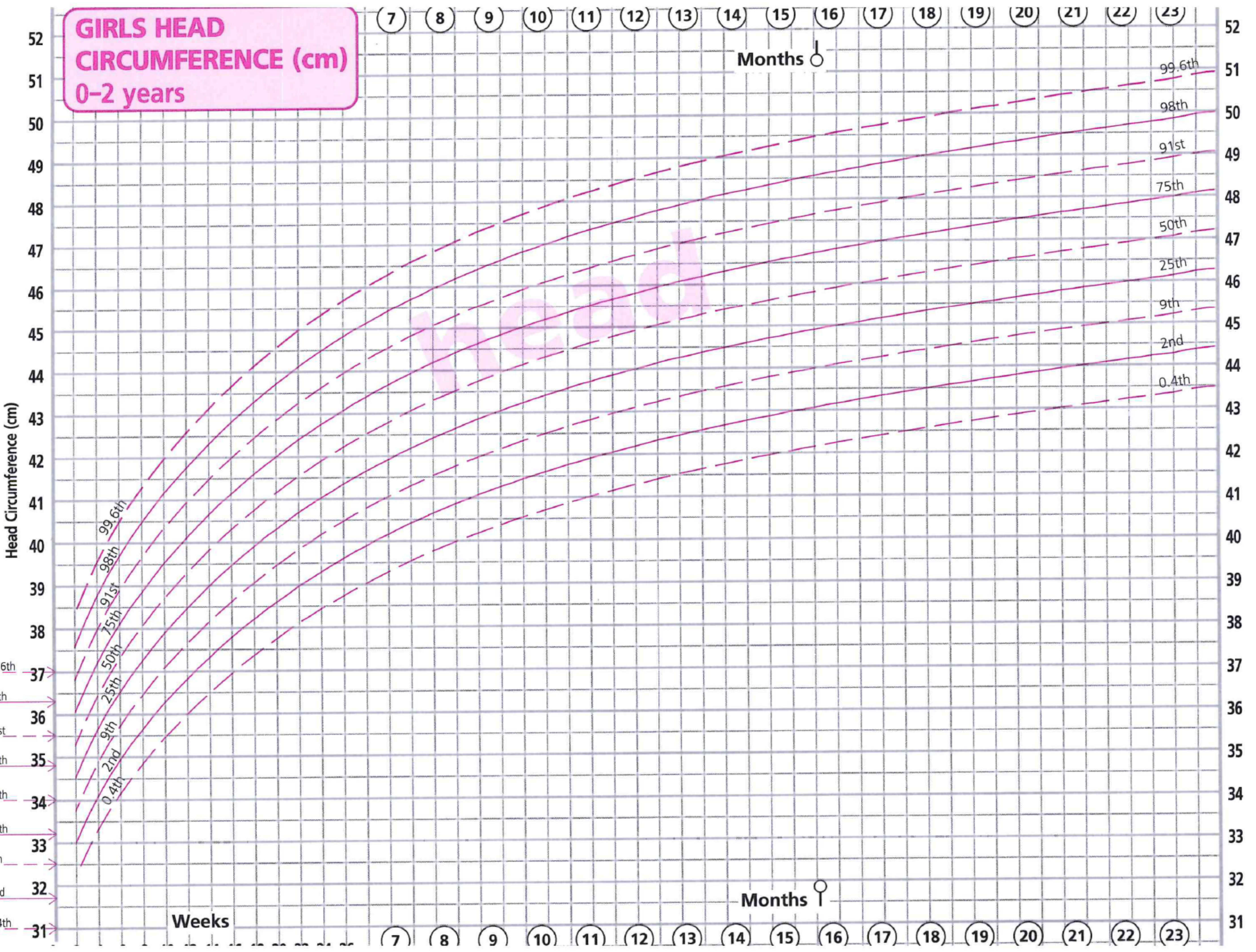
GIRLS LENGTH (cm)
0-2 years





Plot your daughter's height centile on the pink lines; the black numbers show average female adult height for this centile; four out of five will be within 6 cm above or below this value.

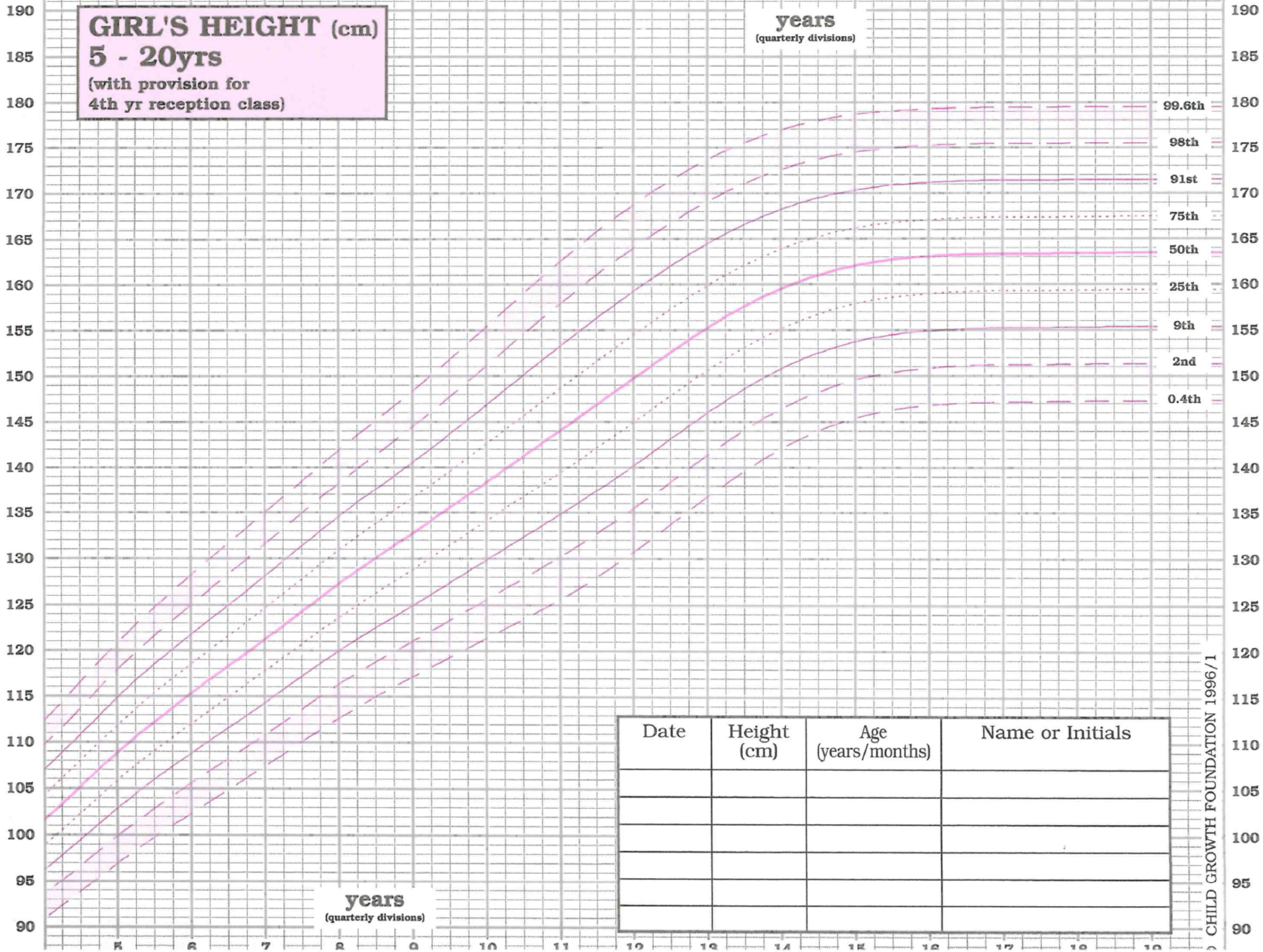
GIRLS HEAD CIRCUMFERENCE (cm) 0-2 years



GIRL'S HEIGHT (cm)
5 - 20yrs
 (with provision for
 4th yr reception class)

years
 (quarterly divisions)

years
 (quarterly divisions)



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Date	Height (cm)	Age (years/months)	Name or Initials

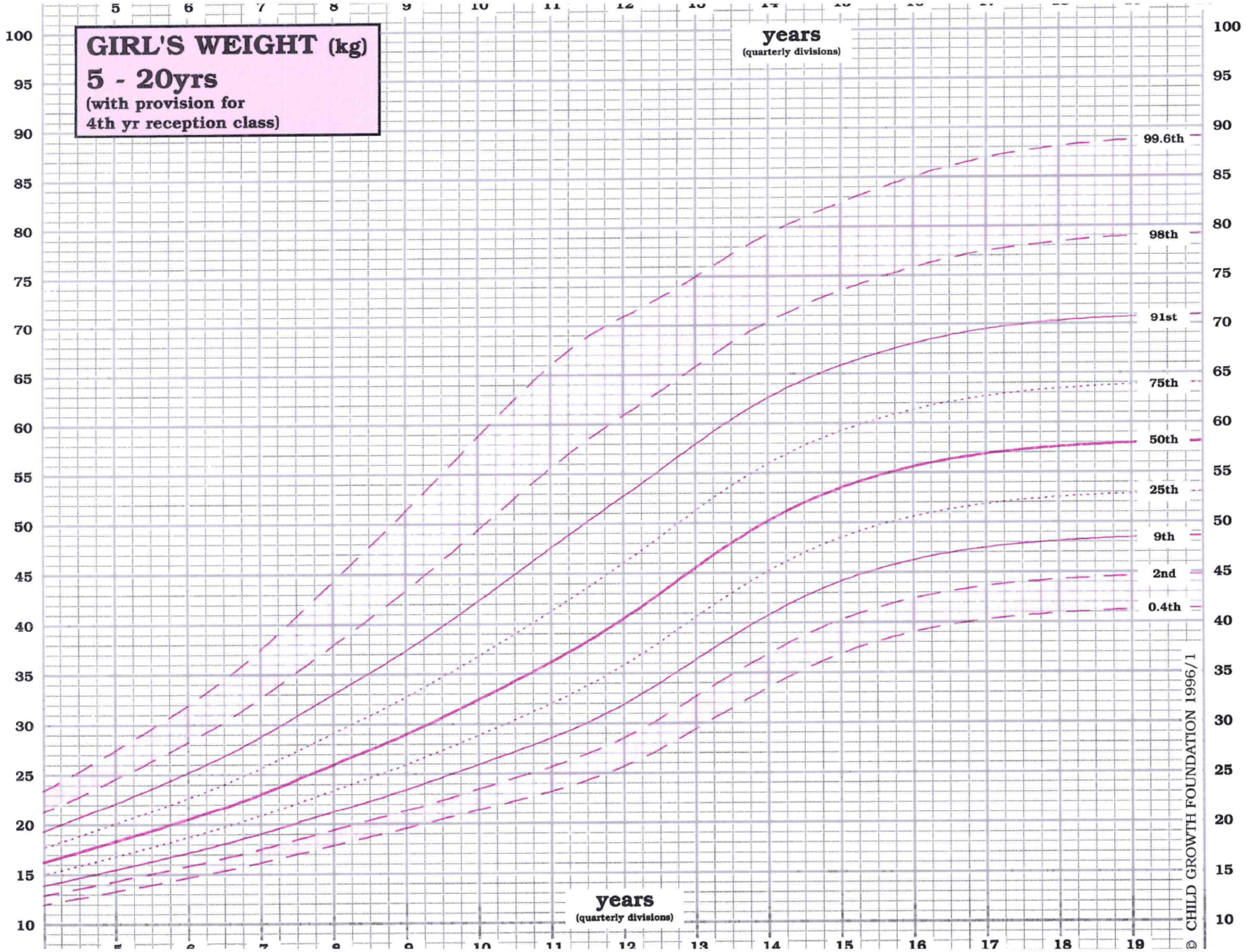
GIRL'S WEIGHT (kg)
5 - 20yrs
 (with provision for
 4th yr reception class)

years
 (quarterly divisions)

years
 (quarterly divisions)

- 99.6th
- 98th
- 91st
- 75th
- 50th
- 25th
- 9th
- 2nd
- 0.4th

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Age	Reason for contact	Date/time due	Place
Within 72 hours	Full physical examination		
5-8 days	Blood sample for screening tests (heel prick)		
10-14 days (usually)	New baby review		
In 1st month	Hearing screening		
6-8 weeks	Full physical examination		
8 weeks	1st set of immunisations		
12 weeks	2nd set of immunisations		
16 weeks	3rd set of immunisations		
By 12 months	Health review		
12 months	Booster immunisations		
13 months	1st dose MMR vaccine and booster immunisations		
2-2½ years	Health review		
3 years 4 months	2nd dose MMR vaccine (can be given earlier) and pre-school booster immunisations		
4-5 years	Vision check		
School entry (reception class)	Height, weight and hearing check		
12-13 years (girls only)	HPV vaccine		
13-18 years	School leavers' booster immunisations		