My personal child health record

My photo

My name ...

My NHS number.

My date of birth

If this book is found please return to:

Somewhere Healthcare MHS

NHS Trust

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Version 4.1

How to use the 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. You can use it to record details of your child's health and there are pages where you can note your child's developmental firsts. You may find it useful to write things down in the notes pages. For example, this could be something you want to remember about your child, some advice you have been given or something you want to ask a health professional. 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
- your health visitor
- your family doctor
- the children's centre
- the child health clinic
- 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 for you to write in useful notes or details.

The Healthy Child Programme

The Healthy Child Programme is a series of health and development reviews, screening tests, immunisations and information to support you, as parents or carers, to give your child the best start in life. The Healthy Child Programme is delivered by the healthy child team, led by a health visitor who will work closely with other health professionals e.g. your GP practice, midwives, and school nurses. A record of these contacts will be made in this book.

Every parent can expect the following as a minimum:

- Soon after birth: full physical examination
- 5-8 days: heel prick 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
- 12-13 months: immunisations

- 2-21/2 years: health review / Integrated review
- 3 years 4 months: immunisations
- 4-5 years: eye sight check
- School entry (reception class): Height, weight and hearing check
- 10-11 years: (Year 6): height and weight
- 12-14 years (Year 8): HPV immunisations (girls)
- Around 14 years (years 9/10): booster immunisations



An annual influenza vaccination programme is being introduced for all children aged 2- less than 17 years old.

For more information about the Healthy Child Programme visit *NHS Choices* <u>http://www.nhs.uk/conditions/pregnancy-and-baby/pages/baby-reviews.aspx</u>

Some of the early appointments will be made by your health visitor in your home. Others will be offered in your GP surgery, health centre, local clinic or Children's Centre. Some may not need a face-to-face contact. Health reviews for school aged children are usually done in school. The reviews are a chance to ask questions or discuss any concerns you may have. However, 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 information and advice on many minor health issues as well as on spotting the signs of serious illness at http://www.nhs.uk/conditions/pregnancy-and-baby/pages/spotting-signs-serious-illness.aspx#close Contact your health visitor or family doctor if you are still worried.





How we handle information

We want to make sure that your child has the opportunity to have his/her immunisations and health reviews 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 asking 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 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's

Child's details				
 Please place a sticker (if avai otherwise write in space pro 	wided.	mber:		Sex: M / F
Mother's name:	• • • • • • • •			
Father's name:				
Change of address (inclu			uri	./
1):	5,		Tel·	
2):				
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: A	Address:		 Tel:	
Dentist				
Name: A	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:	

Birth details & newborn examination – page 1 of 3

* Please place a	sticker (if available) otherv	vise write in space provided.	Place of	birth:
Surname:			Length c	f pregnancy in weeks:
First names:			Type of a	delivery:
NHS number:		Unit no:	Mother's	NHS Number:
Address:			F Problems	in pregnancy, birth or neonata
•	Post code:	D.O.B:///		
G.P:		Code:		
H.V:		Code:	Admittee	to Neonatal Intensive Care Unit?
Birth Weight: Consent: Newborn Ex	Consent given De	.cm (if indicated) Head circu clined 🗌	umference:	cm Date:///
ltem	Guide to Content	Results		Action Taken
Examination of hips	Barlow & Ortolani tests on both Check for DDH	'	es No No Right No	Referred Yes 🗌 No 🗌
Examination of eyes	Includes inspection and red reflex	'	es 📄 No 📄 eft 📄 Right 📄	Referred Yes No
Examination of heart	Includes colour, pulses, heart sounds, murmurs etc.		es No No es No	Referred Yes No
Testes	Look for undescended testes		es No No C	Referred Yes 🗌 No 🗌
Risk factors p	resent Yes 🗌 No 🗌	Risk factor details <i>(if family</i>	v history, state re	elative)
Date Perform	ed: Perfc	ormed by:		2:

Birth details & newborn examination - page 2 of 3

* Please place a stic	cker (if available) otherwise write in	space provided.	1 3	
Surname: First names: NHS number: Address:	Unit no:	Sex: M / F	_	ormula 🔲 at discharge:
G.P:	Code:		Date of discha	arge:///
Item	Guide to Content	Results		Action taken
Rest of physical examination	Includes: fontanelle, palate, spine, abdomen, urine system, passage of meconium etc.	Condition suspected If yes, details:	Yes 🗋 No 🗋	Referred Yes No

Date blood taken / (results and further details on page 31-32)

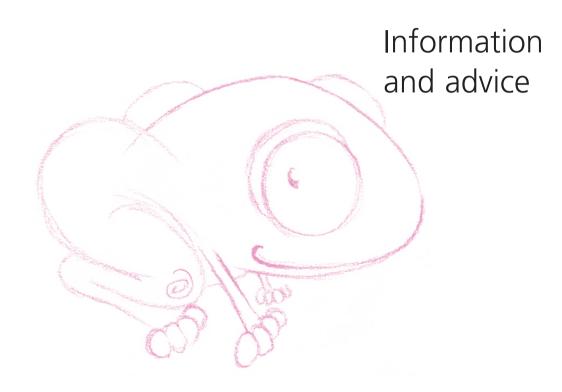
				ion – page 3 of 3
Surname:			write in space provided.	
First names	5:			
NHS numb	er:	Unit	t no:	
Address:			Sex: M	/ F
	Post	code:	D.O.B://	
G.P:		Code	e:	
H.V:		Code	e:	
BCG indic	ated: YES	NO If YES p	lease enter details on sep	arate BCG page (18b)
Hepatitis I	B vaccine inc	licated: YES 🗌 N	O 🗌 If YES please ente	er details on separate Hep B page (18a)
Vitamin K	given: Date	·	Route:	Further doses needed? YES NO
If YES:				
II 123.	Dose No.	Date due	Date given	
II TES.	Dose No.	Date due		
II TES.			//	
	2			
	2 3 4	·····//	····· / ····· / ······	ediatrician 🗖 Hospital 🗖 Other:
Follow-up	2 3 4 required: N	// // pYes GI	P Community Pag	ediatrician 🔲 Hospital 🛄 Other: Date [.]
Follow-up Location/0	2 3 4 required: No Clinic:	// // oYes GI	P Community Pac	Date:
Follow-up Location/0	2 3 4 required: No Clinic:	// // oYes GI	P Community Pag	Date:
Follow-up Location/0	2 3 4 required: No Clinic:	// // oYes GI	P Community Pac	Date:
Follow-up Location/0	2 3 4 required: No Clinic:	// // oYes GI	P Community Pac	Date:

Important health problems

1:	Date:
2:	Date:
3:	
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:
Accidents or injuries needing medical attention	
1:	Date:
2:	Date:
3:	Date:
4:	Date:
For advice on preventing accidents visit: Child Accident Prevention Trust www.ca	pt.org.uk/safety-advice or
NHS Choices http://www.nhs.uk/conditions/pregnancy-and-baby/pages/safety-un	der-fives.aspx

Family history

Ганну	history			
Parents:				Date of birth:///
	Father's name:			Date of birth:/
Are there a	any other children in the fa	mily?		
Siblings nan	ne(s):			
Sex:				
Date of Birt	h:			
Is there an	y family history of:	Yes	No	Comments
Childhood o	deafness			
Fits in child	nood			
Eye problem	ns in childhood			
Hip problem	ns in childhood			
Reading and	d spelling difficulties			
Asthma / ec	zema / hayfever / allergies			
Tuberculosis	(TB)			
Heart Cond	itions			
Are there a	ny other particular illnesses	or cond	itions ir	n the mother's or father's family that you feel are
important?.				
ls an interp	preting service needed? No	Ye:	s 🗌 If	yes, which language?







Information Service for Parents

When you have a new baby, your whole world changes. You may have lots of questions about being a parent, but not know where to get the reliable answers you need.

The Start 4 Life Information Service for Parents is a free digital service which provides parents-to-be and new parents with information and advice you can trust. This covers a wide range of issues: staying healthy in pregnancy, preparing for birth and looking after your baby. There is advice on breastfeeding, weaning, immunisations and much more. Over one hundred videos show experts giving practical advice and parents discussing their own experiences.

Both mums and dads can sign up to receive regular emails, videos and SMS messages with advice related to the stage of your pregnancy and the age of your child.

Sign up to the Start 4 Life Information Service for Parents today at http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx



NHS choices Your health, your choices

NHS Choices is a health website providing information on all aspects of child and family health. This includes: being a new parent, birth to five development, immunisation, healthy eating, childhood illnesses, child safety and reducing the risk of sudden infant death syndrome.

Videos are also available featuring child health experts and parents talking on range of topics. Bathing your baby, how you can tell if your baby is ill, building your child's confidence and when should your child start wearing shoes are just a few of the many topics included.

http://www.nhs.uk/conditions/pregnancy-and-baby/pages/routine-checks-vaccinations.aspx

NHS 111

- NHS 111 is the free number to call when you have an urgent healthcare need.
- It is available 24 hours a day, 365 days a year.

When should you call it?

- You need medical help fast, but it's not a 999 emergency
- You don't know who to call for medical help or you don't have a GP to call
- You think you need to go to A&E or another NHS urgent care service; or
- You require health information or reassurance about what to do next.

How does it work?

- When you call 111 you will be assessed by fully trained advisers who are supported by experienced nurses and paramedics. They will ask you questions to assess your symptoms and give you the healthcare advice you need or direct you straight away to the local service that can help you best.
- If the NHS 111 team think you need an ambulance, they will send one immediately.





Infant feeding

Your midwife or health visitor will offer you advice and information about infant feeding. In your local area there may be other places to get this, such as support groups. Ask your midwife or health visitor about these. Below are some other sources of information you may find useful.

Leaflets

NHS Start for Life. Off to the best start (information on breastfeeding) http://www.nhs.uk/start4life/documents/pdfs/start4life_off_to_the_best_start_leaflet.pdf

NHS Start for life. Guide to bottle feeding. http://www.nhs.uk/start4life/documents/pdfs/start4life_guide_to_bottle_feeding.pdf

Websites

NHS Choices http://www.nhs.uk/conditions/pregnancy-and-baby

UNICEF Care Pathways, on breastfeeding, bottle feeding and feeding a preterm baby, describe the standards of support you should expect to receive. <u>www.unicef.org.uk/BabyFriendly/Parents/</u>

DVD

Best Beginnings - **'From bump to breastfeeding'** DVD is a series of films following real mothers on their breastfeeding journeys. You may be given the DVD by your midwife or health visitor. You can also watch the films at: <u>http://www.bestbeginnings.org.uk/watch-fbtb</u>

Telephone Helplines

These helplines are all run by trained volunteers working in their own homes.

National Breastfeeding Helpline - 0300 100 0212 (available every day, 9:30am to 9:30pm). www.nationalbreastfeedinghelpline.org.uk

Association of Breastfeeding Mothers - 0300 330 5453 (available every day 9.30am to 10.30pm) www.abm.me.uk

The Breastfeeding Network Supporterline - 0300 123 1021 (all helplines available 9:30am to 9:30pm) in Bengali/Sylheti 0300 456 2421; in Tamil, Telugu and Hindi 0300 330 5469 <u>www.breastfeedingnetwork.org.uk</u>

NCT Breastfeeding Line - 0300 330 0771 (available 8am to midnight) www.nct.org.uk



Safer Sleep - reduce the risk of sudden infant death syndrome (SIDS)

THINGS YOU CAN DO:

Always place your baby on their back to sleep.

Keep your baby smoke free during the pregnancy and after birth.

Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months.

Breastfeed your baby, if you can. Use a firm, flat, waterproof mattress in good condition.

THINGS TO AVOID:

Never sleep on a sofa or in an armchair with your baby.

Don't sleep in the same bed as your baby if you smoke; drink or take drugs or are extremely tired; if your baby was born prematurely or was of low birth-weight.

Avoid letting your baby get too hot.

Don't cover your baby's face or head while sleeping or use loose bedding.

If you decide you want to co-sleep with your baby, please discuss this with your midwife, health visitor or GP and they will help you to come to a decision about whether this is best for you and your baby. Research shows that there is a link between SIDS and co-sleeping in a bed, on a sofa or armchair. Remember you should never co-sleep if you or your partner smokes, drinks alcohol, use drugs or your baby is low birth weight or premature.

If you think your baby is unwell seek advice promptly.

For more information about reducing the risk of sudden infant death – you can contact the Lullaby Trust by ringing their helpline on **0808 802 6869** or visit their website **www.lullabytrust.org.uk**



or visit NHS Choices <u>http://www.nhs.uk/</u> <u>conditions/pregnancy-and-</u> <u>baby/pages/getting-baby-</u> <u>to-sleep.aspx</u>



Medicines for Children – practical, reliable information for parents and carers about giving medicine to your child

The website has leaflets and videos about many of the medicines that are given to children. All the information is produced by asking parents and carers what they need. The leaflets answer questions like: when and how to give medicine, what if you forget to give it, and what side-effects to look out for. They are written by children's doctors, pharmacists and nurses. Parents make sure the information is clear, relevant and easy to read. Medicines for Children leaflets are free! You can view them online, or you can download them – to save for later or to print. To find out more, visit: www.medicinesforchildren.org.uk or scan the QR code on your phone.

for Children

Medicines



Reporting side effects to the medicines safety 'watchdog'

All medicines and vaccines are tested very carefully before they come into general use. However, some side effects are not discovered during research. Therefore it is important that all medicines and vaccines are carefully monitored. If anyone suspects a side effect, they should report it to the Medicines and Healthcare Products Regulatory Agency (MHRA) using its Yellow Card Scheme - this includes patients, carers and parents. By doing this we can be sure that anything that might be a serious side effect can be investigated as it may be necessary to change how the medicine or vaccine is used.

If you are worried that your child may have had a side effect to an injection or any other medication you can:

- 1. Check the patient information leaflet supplied with the medicine. It lists the known side effects and advises you what to do.
- 2. Talk to your doctor, health visitor, nurse or pharmacist or
- 3. Call the NHS by dialling **111.**
- 4. Report it to the Yellow Card Scheme. The quickest way to do this is online at: <u>www.mhra.gov.uk/yellowcard_or</u> by freephone: 0808 100 3352 (10am-2pm Monday-Friday). The MHRA cannot give medical advice to parents.





O

Helping your child to learn

The Early Years Foundation Stage (EYFS) framework sets the standards for learning, development and care for children aged 0-5 years old. Nurseries, pre-schools, reception classes and childminders must follow the EYFS.



The professionals caring for your child, including your child's key person, will be happy to discuss your child's development with you at any time. At the ages of 2 and 5 they will also give you written information.

As a mum, dad or carer, how can I help with my child's learning?

Parents and carers sometimes underestimate what they can do to support their child's development. Everything you do with your child at home is important in supporting their learning and development.

Talking and reading stories to babies and young children helps them to learn and understand new words and ideas. They respond in different ways long before they can talk themselves. Singing songs or nursery rhymes, or cooking with your child are a few examples of activities that can have a long lasting effect on your child's learning as they progress towards and through school.

Where can I go for further information?

If you would like some ideas for things you can do at home to help your child learn, you can find out at your local children's centre. Many children's centres offer 'messy play' and other fun activities which you and your child can join in, and many of the activities they provide are free.

You can find the EYFS Framework at:

https://www.gov.uk/government/policies/improving-the-quality-and-range-of-education-and-childcare-from-birthto-5-years/supporting-pages/early-years-foundation-stage

You can find your local children's centre by visiting: https://www.gov.uk/find-sure-start-childrens-centre

<u>Visit http://www.foundationyears.org.uk/parents/</u> for more information to help you support your child's development in their first few years of life.

Early education and childcare

Nurseries, playgroups, pre-schools, childminders and other providers of early education and childcare are available in all districts.



Children's Centres offer advice and support for families with children under five years old. 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.

You can find out more about local childminders, day nurseries and playgroups from your health visitor or from your local Family Information Service (FIS)- see: <u>http://findyourfis.familyandchildcaretrust.org/kb5/findyourfis/home.page.</u>

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

All children are entitled to 570 hours of free early education per year (often taken as 15 hours per week during school term time) from 1st September, 1st January or 1st April following their third birthday until they start school. This is also available to many two year olds. Free part time early education places are available in school nursery classes, nursery schools, day nurseries, playgroups, pre-schools and with childminders.

For information about free early education please visit: <u>http://www.gov.uk/freechildcare</u>

Help with costs

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 0300 200 3100 and for information on tax credits phone 0345 300 3900 or visit <u>https://www.gov.uk/help-with-childcare-costs</u>

Contact a Family

One in 20 children are born with a disability. Discovering that a child is ill or has a special need or disability can be difficult and parents may feel isolated. Contact a Family is a UK charity that gives support, information and advice to families, regardless of the child's disability or medical condition.

contact a family for families with disabled children

Freephone helpline – the helpline can give information and advice on a wide range of issues to families including benefits, education, short breaks and equipment and has access to 170 languages via interpreters.

Linking families – Contact a Family can refer parents to a suitable support group for their child's condition, offer one-to-one linking if no support group exists or direct families to their linking website MakingContact.org

Publications and other information – Contact a Family produces a wide range of publications including newsletters and guides for parents. They have a range of videos and podcasts on their website.

Medical information – Contact a Family has information on over 400 medical conditions on their website – each entry is reviewed by an expert and details of support groups are provided where possible.

One-to-one support – Contact a Family offers both practical and emotional support on a one-to-one basis, through their family support service, volunteer parent representatives and local offices, which provide local newsletters, information, workshops and support for families. See the website for details.

Get in touch

W

Contact a Family 209-211 City Road, London, EC1V 1JN Freephone helpline 0808 808 3555 (Monday to Friday 9.30am–5.30pm). Tel: 0207 608 8700 Email: <u>helpline@cafamily.org.uk</u> www.cafamily.org.uk_ http://makingcontact.org



Family Lives

Family Lives is a charity with over three decades of experience helping parents deal with the changes that are a constant part of family life. We know that many people play active roles in the raising of children within any family and we are here for all of them. Mums, dads, grandparents, stepparents and non-resident parents, we have a free service to support you with whatever issue you are facing.



Services

- Family Lives website: <u>www.familylives.org.uk</u>
- Free Confidential 24 Telephone support on any issue
- Parentline 0808 800 2222
- Email Support: <u>parentsupport@familylives.org.uk</u>
- Online Forum: <u>http://familylives.org.uk/forums</u>
- Parenting Courses and Workshops



Bookstart

Bookstart, the national programme brought to you by Booktrust, offers the gift of free books to all children at two key ages before they start school, to inspire a love of reading and writing that will give children a flying start in life.

Sharing books, talking about the pictures and spending time having fun together, will help you to build a strong and loving relationship with your child. It is good to start sharing stories, books and rhymes from as early an age as possible. Babies don't need to understand all the words; they will just love to listen to your voice and will soon join in as they learn to babble and talk.

Ask your heath visitor how you can collect your packs or ask at your local library.

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

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







Bookstart baby pack for babies up to one year old Date received Signed





Your child will be offered the following vaccines (From July 1st 2016)

Age Due	Immunisation
8 weeks	DTaP/IPV/Hib and PCV and MenB and Rota (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, <i>Haemophilus influenzae</i> b [Hib] vaccine and pneumococcal vaccine and meningococcal B vaccine and rotavirus vaccine)
12 weeks	DTaP/IPV/Hib and Rota (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, <i>Haemophilus influenzae</i> b [Hib] vaccine and rotavirus vaccine)
16 weeks	DTaP/IPV/Hib and PCV and MenB (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio vaccine, <i>Haemophilus influenzae</i> b [Hib] vaccine and pneumococcal conjugate vaccine and meningococcal B vaccine)
Between 12 and 13 months of age (i.e. within a month of the first birthday)	Hib/MenC (Haemophilus influenzae b [Hib] and meningococcal C vaccine) PCV (pneumococcal conjugate vaccine) MenB (meningococcal B vaccine) MMR (measles, mumps, rubella)
Annually from 2 to less than 17 years old	Influenza Vaccine (In 2015/16 the programme is for 2, 3 and 4 year olds and children in school years 1 and 2)
3 years 4 months	DTaP/IPV or dTaP/IPV (diphtheria or low dose diphtheria, tetanus, acellular pertussis, inactivated polio vaccine) PRE-SCHOOL BOOSTER MMR (measles, mumps, rubella vaccine)
12-14 years (girls) (School year 8)	HPV (human papillomavirus vaccine) (two doses at least 6 months apart)
Around 14 years (School years 9/10)	dT/IPV (low dose diphtheria, tetanus, inactivated polio vaccine) TEENAGE BOOSTER MenACWY (meningococcal ACWY vaccine)

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 NHS Choices http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx

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.

September 2015

What you can expect after vaccinations

After a vaccination, your baby may cry for a little while, but that usually settles soon with a cuddle or a feed. Most babies don't have any other reaction.

Reactions at the site of the injection

Some babies have some swelling, redness or a small hard lump where the injection was given and it may be sore to touch. This usually only lasts two to three days and doesn't need any treatment.

Fevers

A fever is a temperature over 37.5°C. Fevers are quite common in young children, but are usually mild. If your child's face feels hot to the touch and they look red or flushed, he or she may have a fever. You can check their temperature with a thermometer.

If your baby has a fever:

- make sure they don't have too much clothing or bedding on them, and
- give them plenty of cool fluids
- **Do not** put them in a bath, sponge them down or put a fan on them

After vaccination with MenB

Fever can be expected after any vaccination, but is very common when the MenB vaccine is given with the other routine vaccines at two and four months. The fever shows the baby's body is responding to the vaccine, although not getting a fever doesn't mean it hasn't worked. The level of fever depends on the individual child and does not indicate how well the vaccine has worked. Giving paracetamol will reduce the risk of fever, irritability and general discomfort (including pain at the site of the injection) after vaccination.

After each of the two month and four month vaccinations you will need to give your baby a total of three doses of paracetamol (2.5ml of infant paracetamol 120mg/5ml suspension) to prevent and treat any potential fever. You should give the first dose of paracetamol as soon as possible after your two month vaccination visit. You should then give the second dose four to six hours later and the third dose four to six hours after that. You will need to follow the same steps after your four month vaccinations. Your nurse will give you more information about paracetamol at your vaccination appointment and you may be given a leaflet to take away with you with written instructions.

If you do not have any paracetamol liquid for infants at home you should get some in time for your first vaccination visit. It is widely available from pharmacies and supermarkets.

After vaccination with MMR

MMR is made up of three different vaccines (measles, mumps and rubella) and these can each cause reactions at different times after the injection. None of these reactions is infectious.

After six to ten days, the measles vaccine starts to work and your child may have a fever, a measles-like rash, and be off their food.

Two to three weeks after the injection, the mumps vaccine may cause mumps-like symptoms in some children (fever and swollen glands).

The rubella vaccine may cause a brief rash and possibly a slightly raised temperature, most commonly around 12 to 14 days after the injection, but a rash may also rarely occur up to six weeks later.

Remember, never give medicines that contain aspirin to children under 16.

If you are worried about your child trust your instincts and speak to your doctor or call the NHS on **111**.

Call the doctor immediately if, at any time, your child has a temperature of 39-40°C or above, or has a fit.

If the surgery is closed and you can't contact your doctor, go to the nearest hospital with an emergency department.

If, after reading this information, you are still not happy with your baby's reaction to any vaccination, speak to your practice nurse or GP.

Checking on vaccine safety

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Before vaccines are introduced, they have to be licensed by the Medical and Healthcare products Regulatory Agency which assesses their safety and efficacy. Once they have been introduced into the programme, their safety continues to be constantly monitored so that any new side effects are quickly noticed and investigated.

For more information on the safety of vaccines visit www.mhra.gov.uk

More information about vaccines can be found in the booklet "A guide to immunisations up to 13 months of age" or go to NHS Choices <u>www.nhs.uk</u>

Primary cou	urse of	immunisatio	ons
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* Please place a sticker (if available) otherwise write in space provided.		Please press firmly
Surname: First names: NHS number: Unit no:	Breastfeeding at 1st Imm: Totally Partially	Not at all 🗌
Address: Sex: M / F Post code: D.O.B: //	at 2nd Imm: Totally Partially	Not at all 🗌
G.P: Code: H.V: Code:	at 3rd Imm: Totally Partially	Not at all 🗌

	Antigen	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
	8 weeks						
l layout)	DTaP/IPV/Hib						
ign and	PCV						
nt, des	MenB						
angeme	Rota				By mouth		
ical arra	12 weeks						
ograph I Health	DTaP/IPV/Hib						
9) (typ & Chilc	Rota				By mouth		
ed (200 liatrics	16 weeks						
g Limite of Paec	DTaP/IPV/Hib						
/ Printin College	PCV						
© Harlow Printing Limited (2009) (typographical arrangement, design and layout) © Royal College of Paediatrics & Child Health (2009)	MenB						

(From July 1st 2016)

Please place a sticker (if ava	••••••	••••			1other's surname:	
First names:						
NHS number:	Unit r				lother's first name:	
Address:			Sex: M / F	•	lother 5 mist nume.	
Post co	40.			• •		
				• •	1other's NHS number:	
G.P:	Code:			_ • .		
H.V:	Code:					
Indications for benatit	is B immunoalol	•••••	•••••	•••		
inulations for nepatit	is b illillillilliogioi	buiin an	d/or vaccine	e: Factors	s in Mother and Baby	
		buiin an	d/or vaccine	e: Factors	s in Mother and Baby	
Mother's hepatitis B statu	IS					Neg 🗌
Mother's hepatitis B statu Hepatitis B surface antigen:	Pos	Neg [Hepatitis E	3 e antibody: Pos 🗌 I	
Mother's hepatitis B statu	Pos	Neg [Hepatitis E Hepatitis E	B e antibody: Pos I B e antigen: Pos I	Neg 🗌
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar	Pos ncy: Yes	Neg [No [Hepatitis E Hepatitis E	3 e antibody: Pos 🗌 I	J
Mother's hepatitis B statu Hepatitis B surface antigen:	Pos	Neg [No [Hepatitis E Hepatitis E	B e antibody: Pos I B e antigen: Pos I	Neg 🗌
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar	rs Pos ncy: Yes Yes	Neg [No [Hepatitis E Hepatitis E	B e antibody: Pos I B e antigen: Pos I	Neg 🗌
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar Baby's birth weight <1.5 kg	Pos ncy: Yes] Neg [] No [] No [Hepatitis E Hepatitis E High Viral	8 e antibody: Pos I I 8 e antigen: Pos I I Load (>10º IU/ml): Yes I	Neg D
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar Baby's birth weight <1.5 kg	rs Pos ncy: Yes Yes] Neg [] No [] No [Hepatitis E Hepatitis E High Viral	B e antibody: Pos I I B e antigen: Pos I I Load (>10° IU/ml): Yes I	Neg D
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar Baby's birth weight <1.5 kg Dose Hepatitis B immunoglobulin	Age	Neg [No [No [Batch No.	Hepatitis E Hepatitis E High Viral Site	B e antibody: Pos I I B e antigen: Pos I I Load (>10° IU/ml): Yes I Immuniser Name in CAPITALS	Neg D
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar Baby's birth weight <1.5 kg Dose Hepatitis B immunoglobulin (if needed)	Age	Neg [No [No [Batch No.	Hepatitis E Hepatitis E High Viral Site	B e antibody: Pos I I B e antigen: Pos I I Load (>10° IU/ml): Yes I Immuniser Name in CAPITALS	Neg D
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar Baby's birth weight <1.5 kg Dose Hepatitis B immunoglobulin (if needed) Babies should receive a five-	Age Within 24 hours	Neg [No [No [Batch No.	Hepatitis E Hepatitis E High Viral Site	B e antibody: Pos I I B e antigen: Pos I I Load (>10° IU/ml): Yes I Immuniser Name in CAPITALS	Neg D
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar Baby's birth weight <1.5 kg Dose Hepatitis B immunoglobulin (if needed) Babies should receive a five- 1st Dose	Age Within 24 hours of birth	Neg [No [No [Batch No.	Hepatitis E Hepatitis E High Viral Site	B e antibody: Pos I I B e antigen: Pos I I Load (>10° IU/ml): Yes I Immuniser Name in CAPITALS	Neg D
Mother's hepatitis B statu Hepatitis B surface antigen: Acute hepatitis B in pregnar Baby's birth weight <1.5 kg Dose Hepatitis B immunoglobulin (if needed) Babies should receive a five- 1st Dose 2nd Dose	Age dose course of hep Within 24 hours of birth 4 weeks	Neg [No [No [Batch No.	Hepatitis E Hepatitis E High Viral Site	B e antibody: Pos I I B e antigen: Pos I I Load (>10° IU/ml): Yes I Immuniser Name in CAPITALS	Neg D

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

BCG vac	cinatio	n				Please press firm		
* Please place a stic	ker (if available	e) otherwise write in s	space prov	vided.				
Surname:					For Babies Only			
First names:					Mother's surname:			
NHS number:		Unit no:						
Address:			Se	ex: M/F	Mother's first name:			
	Post code:	D.C).B:/					
G.P:		Code:			Mother's NHS numb	er:		
H.V:		Code:						
Reason for BC	G (plaasa tid	k): (soo Dopartmor	t of Hoa	lth quidalinas	for specific details)			
	natal programn		it of fied	itir guidennes	for specific details/			
	, ,	country with a high	TB rate ¹ .	please specify o	country:			
	e or close conta		,					
Travel to a co	untry with a hid	gh TB rate ¹						
Born or lived	in a country wi	th a high TB rate ¹						
Other, please	specify:							
¹ High TB rate = 40/100,000 or higher. For information on TB incidence by country see: https://goo.gl/gLsBpg								
Administratior	n of prior ski	n test (if indicate	d):					
	-				nmuniser			
Test	Date	Batch No.	Site	Name	in CAPITALS	Venue		
Mantoux	Data			N.		Maria		
Result –	Date			Name	in CAPITALS	Venue		
Measurement (mm)								

Administration of BCG

5	Auministration	TOT DCG.		Immuniser				
pho-		Date	Batch No.	Site	Name in CAPITALS	Venue		
)								

18b

MMR immunisation – first dose & second year boosters Please press firmly

* Please place a sticker (if available) otherwise write in space provided.	
Surname:	• Breastfeeding at all at 1st birthday:
First names:	Yes No
NHS number:	•
Address:	•
D.O.B:///	
G.P: Code:	
H.V: Code:	•

Antigen	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
Between 12 an 13 months	d					
Hib/MenC						
PCV						
MenB						
MMR (1st dose)						

10

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

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

*	Please	place	а	sticker	(if	available)	otherwise	write	in	space pr	ovided.
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Surname:		
• First names:		
• NHS number:		Unit no:
Address:		Sex: M / F
	Post code:	D.O.B:///
G.P:		Code:
H.V:		Code:

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

Influenza immunisation

* 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:

Flu vaccine is being introduced for all children from two years to less than 17 years old. In 2015/16 the programme is for 2, 3, and 4 year olds and children in school years 1 and 2.

For more information see <u>https://goo.gl/1Wv6z5</u>



Age	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser - Name in CAPITALS	Venue

N

BOND

	Surname: First names: NHS number: Unit no: Address: Sex: M / F	Use this page to record other vaccines given e.g. HPV and d/T/IPV and MenACWY teenager boosters.
•	Post code: D.O.B: //. G.P: Code: H.V: Code:	

Antigen	Vaccine Trade Name Date Batch		Batch No.	Site/route	Immuniser Name in CAPITALS	Venue

22

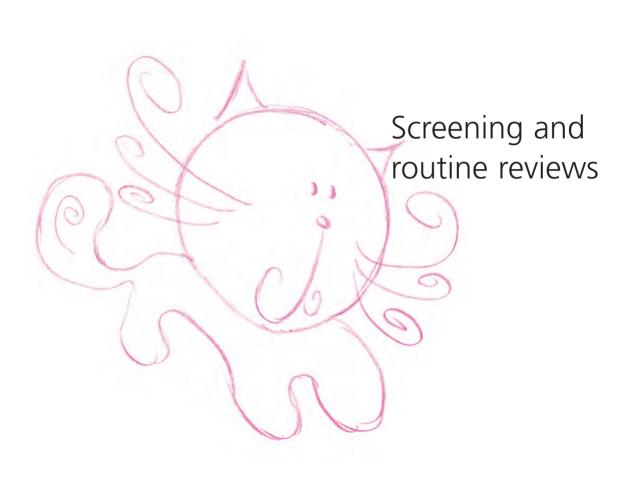
Additional immunisations

* 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:	

Use this page to record other vaccines given e.g. HPV and d/T/IPV and MenACWY teenager boosters.

Antigen	Vaccine Antigen Trade Name D		Batch No.	Site/route	Immuniser Name in CAPITALS	Venue



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 the 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 <u>you</u> 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 see NHS Choices

http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/newborn-physical-exam.aspx_



Can your baby see?

There is no easy way to test a young baby's eyes accurately, but you can help check there is no serious problem by watching how your baby uses his/her eyes. Talk to your health visitor or GP as soon as possible if you are ever worried about your child's eyes or vision.

At all ages

If you notice any of the following: an opaque or white reflection in the pupil (dark area in centre of the eye), a change in colour of the iris (the coloured part of the eye), or the 'red eye' reflection missing or altered in a photograph, take your child to see a doctor as soon as possible.

Your child's eyes will be examined as part of the routine baby review during this periodYesDoes your baby open his/her eyes and look at you?Does your baby look at you when you move your head from side to side?Have you noticed anything unusual about or in your child's eyes?Does anyone in the family have serious eye disease that started in childhood?	
Does your baby look at you when you move your head from side to side? Have you noticed anything unusual about or in your child's eyes?	No
Have you noticed anything unusual about or in your child's eyes?	
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?

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, 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.

For information on the newborn hearing screening see NHS Choices http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx

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

Screening Programmes

Newborn Hearing

Checklist for Making Sounds

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:

26

Has a large vocabulary intelligible to everyone.

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



Screening Programmes

Newborn Hearing

Newborn hearing screening programme



Newborn hearing screening programme

* Please place a sticker (if available)	otherwise write in space provided.	··· Scr	eening Programmes
Surname:			
First names:			Newborn Hearing
NHS number:	Unit no:	Name of NHSP Screeni	ng Programme/Site:
Address:	Sex: M / F		
Post code:	D.O.B:///	Inpatient Outpa	atient 🔄 Home 🗌
G.P:	Code:	NICU* Protocol	
H.V:	Code:	Well Baby Protocol	
Consent: Consent given	Declined		
Test Completed Yes	No Incomplete reasc	n:	
	1st test (AOAE)		AABR
			Date:///
Right Ear: Clear response:	Yes No	Yes No	Yes No
Left Ear: Clear response:	Yes No	Yes No	Yes No
Screen outcome:	Complete - clear response	Complete - no clear respon	se Incomplete
Further Management:			
Refer to audiology	No follow up required	Targeted follow-up at 8	months 📃
Risk factors present Yes	No		
Risk factor details (if family histo	ory, state exact relative):		
Name:	Signature:		
op copy: stay in PCHR 2nd copy: to Health	Visitor or Hospital Record 3rd copy: Child Health	Department	Jan 201

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* NICU Protocol is OAE + AABR

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.

For information on the newborn physical examination and examination of the hips see NHS Choices http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-physical-exam.aspx

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

* Please place a sticker (if available) otherwise write in space provided.	
Surname:	Date of contact:
First names:	Nature of contact/location:
NHS number:	
Address:	
D.O.B:///	
	By whom:
G.P: Code: Code:	Weight (if indicated):
H.V:	Age:
Breast feeding: Totally Partially Not at all E	thnicity of baby:
Any concerns about the baby's feeding?	
Mother current smoker 🗌 Other smoker in household 🗌 No	o smoker in household 🗌
Any concerns about the baby's health or behaviour?	
How is mother / family?	
now is model , 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 Paediatri	ician 🔄 Hospital 🔄 Other:
Location/Clinic:	Date/Interval:
Reason:	Signature:

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Newborn blood spot screening programme

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

Surname:	Date blood sample taken://
First names:	Name of Midwife:
	Nume of Midwire.
NHS number:	Maternity Unit:
Address:	···· , · · ·
D.O.B://	Hospital Community
	Hospital Community
G.P:	Less than 32 weeks gestation
H.V:	
H.V.	

Results of newborn blood spot screening (Page 1 of 2)

Condition	Test Status	Result		Action Taken
Sickle Cell Disease	Taken Declined	Condition suspected Yes 🗌 No 🗌	Carrier Yes 📃 No 🗌	Referred Yes No
Cystic Fibrosis (CF)	Taken Declined	Condition suspected Yes 🗌 No 🗌	Carrier Yes No	Referred Yes No
Significant beta Thalassaemia	Taken Declined	Condition suspected Yes 🗌 No 🗌	Not applicable	Referred Yes No
Congenital hypothyroidism (CHT)	Taken Declined	Condition suspected Yes 🗌 No 🗌	Not applicable	Referred Yes No

For information on the newborn blood spot test see NHS Choices http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/newborn-blood-spot-test.aspx



Continued on opposite page

Newborn blood spot screening programme

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

Surname:											
First names:											
NHS number:					Un	it n	0:				
D.O.B:/	 	./	 								

Results of newborn blood spot screening (Page 2 of 2)

Condition	Test Status	Result	Action Taken
Phenylketonuria	Taken Declined	Condition suspected Yes 🗌 No 🗌	Referred Yes No
Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)	Taken 🗌 Declined 📃	Condition suspected Yes 📃 No 🗌	Referred Yes 🗌 No 🗌
Maple syrup urine disease (MSUD)	Taken Declined	Condition suspected Yes 📃 No 🗌	Referred Yes No
Isovaleric acidaemia (IVA)	Taken 🗌 Declined 📃	Condition suspected Yes 🗌 No 🗌	Referred Yes No
Glutaric aciduria type 1 (GA1)	Taken 🗌 Declined 📃	Condition suspected Yes 🗌 No 🗌	Referred Yes No
Homocystinuria (pyridoxine unresponsive) (HCU)	Taken Declined	Condition suspected Yes 📃 No 🗌	Referred Yes No

For information on the newborn blood spot test see NHS Choices http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/newborn-blood-spot-test.aspx



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6-8 week review

This review is usually done by your health visitor or a doctor. At this review your baby will have a full physical examination. This is a chance to talk about your baby, their health and general behaviour and discuss any worries, even minor things. Here are some things you may want to talk about when you go for the review. Remember that if you are worried about your child's health, growth or development you can contact your health visitor or doctor at any time.

	Yes	No	Not sure
Do you feel well yourself?			
Is all going well feeding your baby?			
Are you pleased with your baby's weight gain?			
Does your baby watch your face and follow with his/her eyes?			
Does your baby turn towards the light?			
Does your baby smile at you?			
Do you think your baby can hear you?			
Is your baby startled by loud noises?			
Is your baby easy to look after?			
Do you have any worries about your baby?			

You may find it helpful to write down here anything you would like to discuss at the 6-8 week review:

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6-8 week review

6-8 week review

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

Surname:						
First names:						
NHS number:		Unit no:				
Address:						
	Post code:	D.O.B://				
G.P:		Code:				
H.V:		Code:				

Date of contact:	Age:
Seen by:	
Place seen:	
Length (if indicated):cr	ncentile
Weight:k	gcentile
Head circ.:cr	ncentile
Breast feeding: Totally 🗌 Pa	artially 📃 Not at all 🗌
Third dose Vit K? No 🗌 No	t Needed 📃 Given 🗌
Any previous medical proble	ems?Yes No
If YES specify:	

Item	Guide to Content	Coc	led	Outc	ome	(ring	g one)	Comment/Action Taken
Hips	Check for DDH	S	Р	0	Т	R	Ν	
Testes/Genitalia	'O' if testes not fully descended	S	Р	0	Т	R	Ν	
Heart	Murmur, Cyanosis, Femorals	S	Р	0	Т	R	Ν	
Eyes	Cataract, Eye movements	S	Р	0	Т	R	Ν	
Other physical features	General examination, Fontanelle, Palate, Spine	S	Ρ	0	Т	R	Ν	
Hearing	Stills, Startles, Risk factors	S	Ρ	0	Т	R	Ν	
Locomotion	Tone, Head control	S	Р	0	Т	R	Ν	
Manipulation		S	Р	0	Т	R	Ν	
Speech/Language	Social smile	S	Ρ	0	Т	R	Ν	
Behaviour	Parental concerns, Sleep, Feeding	S	Ρ	0	Т	R	Ν	
Follow-up required: No Yes GP Community Paediatrician Hospital Other: Lasetien/Clinic: Data/Interval;								
Location/Clinic: Date/Interval:								
Reason: Signature:								
= Satisfactory \mathbf{P} = Problem \mathbf{O} = Continue observation \mathbf{T} = Treatment being received \mathbf{R} = Referral \mathbf{N} = Not examined Jan 2015								

Top copy: remain in PCHR 2nd Copy: Health Visitor 3rd Copy: Child Health Department

1 year review

Your baby is now one year old and is learning many new skills, such as:

- turning to his/her name and making lots of new sounds
- enjoying pat-a-cake games and toys that make noises like rattles
- almost walking alone but you need to be close by
- picking up small things and exploring them so you need to keep him/her safe
- being demanding and pointing to things out of reach
- holding a spoon but needing more practice to feed him/herself
- using a feeder cup

S/he has his/her first tooth and has got used to tooth brushing with a fluoride toothpaste. S/he has been to the dentist. S/he needs to have his/her next immunisations.

NHS Choices gives information about what children are usually doing at this age.

Other things you may want to talk about at the review are:

- your child's growth or weight
- vision or hearing
- sleep and routines
- behaviour

ω

- encouraging your child's development
- childcare if you want to go back to work or training
- your own health

You may find it helpful to write down here anything you would like to discuss at the 1 year review:

1 year review

Please place a sticker (if available) otherwise write in space provided.					
Surname:	Date of contact: Nature of contact/location:				
Post code: D.O.B: /// G.P: Code: H.V: Code:	By whom: Weight (if indicated): Age:				
Date of last breastfeed:/					
Follow-up required: No Yes GP Community Paediatric	ian 🗌 Hospital 🗌 Other:				
Reason:					

Jan 2015

2-2¹/₂ year review / Integrated review

Your child is 2-2¹/₂ years old and is learning many new skills, such as:

- wanting to explore everything and be more independent
- wanting to run and climb and always being on the go
- enjoying messy play but not sharing!
- starting to join up words and trying to repeat words you say. Favourite words are "NO" and "MINE!"
- enjoying books and joining in with songs and rhymes
- liking being close to you and having cuddles and hugs
- playing with other children
- using a spoon at mealtimes and using a feeder cup
- starting to show an interest in potty training
- turning from laughter to anger very quickly, which can be hard work

S/he has got used to tooth brushing with a fluoride toothpaste. S/he has been to the dentist.

NHS Choices gives information about what children are usually doing at this age.

Other things you may want to talk about at the review are:

- speech and language
- learning
- diet
- behaviour
- safety
- your own health

You may find it helpful to write down here anything you would like to discuss at the 2-2¹/₂ year review / Integrated review:

37

	2-2 ¹ / ₂ year review / Integrated review * Please place a sticker (if available) otherwise write in space provided.	N				
	Surname: First names: NHS number: Unit no:	Date of contact: Nature of contact/location:				
	Address: Sex: M / F Post code: D.O.B: G.P: Code: H.V: Code:	By whom: Weight (if indicated): Age:				
ngement, design and layout)	*ASQ-3™ completed Yes Date: No **ASQ:SE completed Yes Date: No Findings of review and any action to be taken: No					
Harlow Printing Limited (2009) (typographical arrangement, design and layout) Royal College of Paediatrics & Child Health (2009)	*Ages & Stages Questionnaires [®] , Third Edition (ASQ-3 [™]) **Ages & Stages Questionnaires [®] , Social – Emotional (ASQ:SE) Follow-up required: No Yes HV GP Community Paediatrician Hospital Other: Location/Clinic: Date/Interval:					
© Harlow Prir © Royal Colle	Reason:					

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Health review

* Please place a sticker (if available) otherwise write in space provided.	
Surname: First names:	Date of contact: Nature of contact/location:
NHS number: Unit no: Address: Sex: M / F	
G.P:	By whom:
H.V: Code:	Age:
Follow-up required: No Yes GP Community Paediatri	
Location/Clinic:	
Reason:	Signature:

Health review

* Please place a sticker (if available) otherwise write in space provided.	
Surname: First names:	Date of contact: Nature of contact/location:
NHS number:	
Address:	
D.O.B:///	By whom:
G.P: Code:	Weight (if indicated):
H.V: Code:	Age:
	ician 🗌 Hospital 📄 Other: 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:	<i>y</i>

School entry review in reception class *Please place a sticker (if available) otherwise write in space provided. Surname: First names: NHS number:	Date of contact: Nature of contact/location: Weight: Height:
Address: Sex: M / F	Hearing screen: Pass Fail
D.O.B:	Vision screen: Pass 📄 Fail
G.P: Code:	By whom:
H.V:	Age:
Immunisations complete? Yes No What vaccines are needed	ed?
Follow-up required: No Yes GP Community Paediatric	ian 🗌 Hospital 🗌 Other:
Location/Clinic:	Date/Interval:
Reason:	Signature:



Your child's firsts and growth charts

Finding out about moving

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 hands...



Stares at hands, aged:.....



Finger feeds,

4

aged:....



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

aged:....

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



Drops things on purpose, aged:....







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

Opens cupboards,

aged:....



See NHS Choices for more information on children's development.

Finding out about words...



Laughs, aged:....



Babbles, aged:.....

aged:....

aged:....

Says recognisable word,

aged:....

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

Joins two recognisable words, aged:....

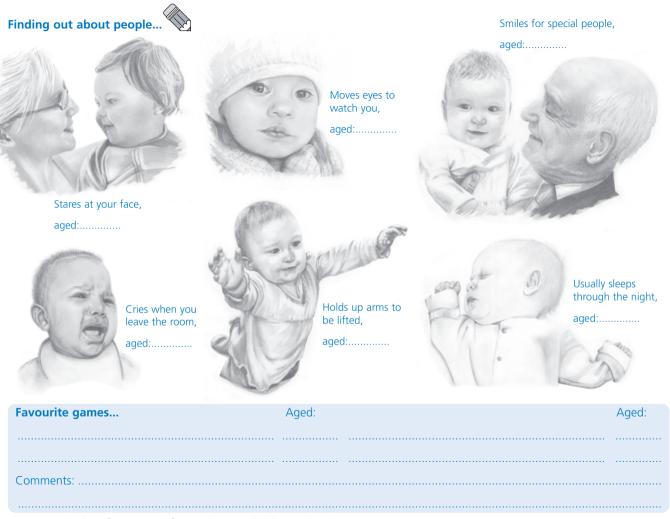
Speaks in sentences,

aged:....



Finding out about words

See NHS Choices for more information on children's development.



See NHS Choices for more information on children's development.

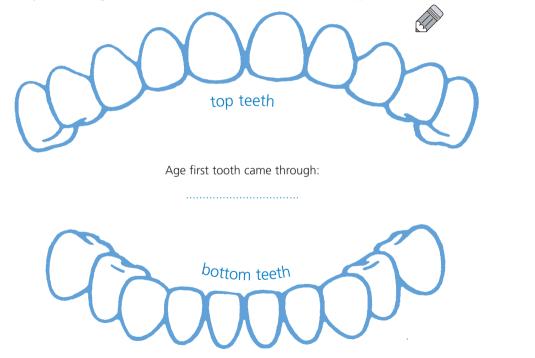
Make a note of your child's other firsts here:	
	2

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...



For more information on caring for your child's teeth see *NHS Choices*. Can also be viewed by searching for *NHS Choices* at <u>http://www.nhs.uk/conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx</u>

These pages are for **you** and others who are in contact with your child to record any information about your child's health and/or development. You can keep a note here of anything you want to remember about your child, some advice you have been given or something you want to ask a health professional.

Date	Comments & any advice or treatment	Name & designation	Ż
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Date	Comments & any advice or treatment	Name & designation

Weight conversion chart

Weight conversion chart

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Height conversion chart

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UK-WHO Growth Charts 0–4 years RCPCH Royal College of Paediatrics and Child Health **DH** Department of Health World Health Organization

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 week as part of the assessment of feeding. Most babies get

Age

2 weeks to 6-12 mont Over 12 mo

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.

No more than

o 6 months	Once a month
ths	Once every 2 months
ionths	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.





Measurement Record (Child's name)

Your health visitor or doctor should fill in these boxes when they weigh your child and then plot the measurements on the appropriate centile charts.

Date of Birth			/		Birth Weight	kg	Gesta	ation	wks		
Date	Age	Wt (kg)	Wt (lb)	Other Measurements	Name or Initials	Date	Age	Wt (kg)	Wt (lb)	Other Measurements	Name or Initials

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 healthy. If your child's weight goes above the top centile

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

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 and a boy's adult height between 168 cm and 180 cm. \bigcirc

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		
12-13 months	1st dose MMR vaccine and booster immunisations		
From 2 years (annually)	Influenza Vaccine		
2-2 ¹ / ₂ years	Health review / Integrated 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		
10-11 years	Height and weight check		
12-14 years (girls only)	HPV vaccine		
Around 14 years	Teenage booster immunisations		

This is a list of the minimum contacts that are provided for your child during their pre-school and school aged years. This may vary according to your child's needs and to local policy. Jan 2015