



IWK Health Centre
Well Baby Care: Nova Scotia

Patsy Smith RN MN
Dr. Sarah Surette
Annette Parker- Smith RN
Dr. Andrew Lynk
Rebecca Attenborough RN MN

Disclosures

Patsy Smith

Dr. Sarah Surette

Annette Parker-Smith

Dr. Andrew Lynk

Rebecca Attenborough

- No disclosures or conflicts



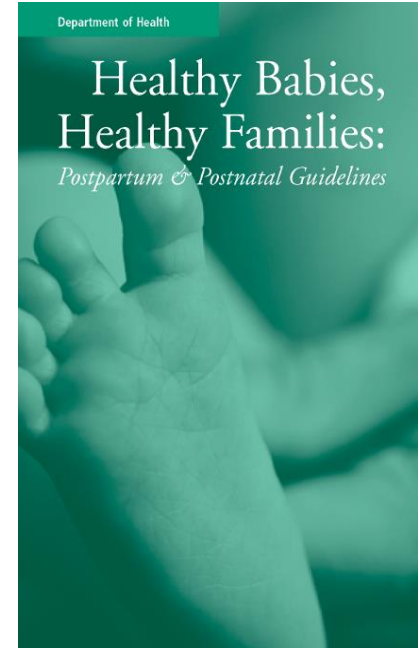
OBJECTIVES

1. Review the 2017 Nova Scotia Rourke Baby Record (RBR) with an emphasis on Nova Scotia key messages and selected new content from the 2017 National RBR.
2. Identify opportunities to use the RBR to document developmental surveillance during all well-baby and well-child visits.
3. Discuss the importance of the 18 month visit in assessing development and identifying the need for early intervention.

Background

Healthy Babies, Healthy Families: Postpartum & Postnatal Guidelines
(December 2002)

- Developed by a multi-disciplinary group to address concerns regarding the lack of a coordinated approach to early postpartum care and support
- Ten guidelines areas; mix of clinical and system-wide standards.
- 2018 revision will be reorganized for improved clarity.
- Collaborated with Dr. Leslie Rourke and team to develop NS specific messaging.



Well Baby Visit Schedule

- Within 1 week
- 2 weeks (optional)
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months (optional)
- 12 months (4 week buffer)
- 15 months (optional)- not billable as well baby care
- 18 months (2 week buffer)



Booking Strategies

- Book 2 appointments at 1 week visit (one for mom and one for baby)- new billing code
- Book at end of morning or afternoon
- If mother is not a patient, can register as “not our patient”: NOP



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

www.rourkebabyrecord.ca | See [RBR parent web portal](#) for corresponding parent resources

©2017 Drs. L Rourke, D Leduc and J Rourke. Revised Oct. 3, 2017



Nova Scotia RBR: Evidence-Based Infant/Child Health Maintenance
www.rourkebabyrecord.ca | See RBR parent web portal for corresponding parent resources

NOVA SCOTIA GUIDE I: 0-1 mo

NAME: _____ Birth Day (d/m/yy): ____/____/20____ M F
 Gestational Age: _____ cm Birth Length: _____ cm Birth Weight: _____ g
 Birth Head Circumference: _____ cm Discharge Weight: _____ g

Pregnancy/Birth remarks/Appar: _____ Risk factors/Family history: _____

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

GROWTH¹ use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation

Length	Weight	Head Circ. (cg. 35 cm)	Length	Weight	Head Circ.	Length	Weight	Head Circ.
_____	_____	_____	_____	_____	_____	_____	_____	_____

PARENT/CAREGIVER CONCERNS

NUTRITION¹ For each item discussed, indicate "✓" for no concerns, or "X" if concerns

WITHIN 1 WEEK	2 WEEKS (OPTIONAL)	1 MONTH
Breastfeeding <input type="checkbox"/> Exclusive ¹ , <input type="checkbox"/> Breastfeeding with supplementation, <input type="checkbox"/> No breastfeeding <input type="checkbox"/> Vitamin D 400 IU/day ¹ Formula Feeding (from-sterilized/preparation) ¹ [150 mL (5 oz)/kg/day ¹] <input type="checkbox"/> Type of formula being used (concentrate, ready to feed or powdered) _____ <input type="checkbox"/> Advised no powdered infant formula (PIF) <input type="checkbox"/> Do not add cereal to bottle <input type="checkbox"/> If on well water - have water checked <input type="checkbox"/> Advised to boil H2O for 2 minutes <input type="checkbox"/> Infant-led feeding for formula fed babies <input type="checkbox"/> Stool pattern and urine output <input type="checkbox"/> Anticipatory guidance for growth spurts <input type="checkbox"/> RBR Information Sheet provided	Breastfeeding <input type="checkbox"/> Exclusive ¹ , <input type="checkbox"/> Breastfeeding with supplementation, <input type="checkbox"/> No breastfeeding <input type="checkbox"/> Vitamin D 400 IU/day ¹ Formula Feeding (from-sterilized/preparation) ¹ [150 mL (5 oz)/kg/day ¹] <input type="checkbox"/> No bottle propping <input type="checkbox"/> Infant-led feeding for formula fed babies <input type="checkbox"/> Stool pattern and urine output <input type="checkbox"/> Anticipatory guidance for growth spurts <input type="checkbox"/> RBR Information Sheet provided	Breastfeeding <input type="checkbox"/> Exclusive ¹ , <input type="checkbox"/> Breastfeeding with supplementation, <input type="checkbox"/> No breastfeeding <input type="checkbox"/> Vitamin D 400 IU/day ¹ Formula Feeding (from-sterilized/preparation) ¹ [150-175 mL (5-25 oz) /day ¹] <input type="checkbox"/> Type of formula being used (concentrate, ready to feed or powdered) _____ <input type="checkbox"/> Advised no powdered infant formula (PIF) <input type="checkbox"/> Do not add cereal to bottle <input type="checkbox"/> Infant-led feeding for formula fed babies <input type="checkbox"/> Stool pattern and urine output <input type="checkbox"/> Anticipatory guidance for growth spurts <input type="checkbox"/> RBR Information Sheet provided

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

WITHIN 1 WEEK	2 WEEKS (OPTIONAL)	1 MONTH
INJURY PREVENTION ¹ <input type="checkbox"/> Motorized vehicles/Car seat ¹ <input type="checkbox"/> Carbon monoxide/Smoke detectors ¹ <input type="checkbox"/> Firearms safety ¹ <input type="checkbox"/> Hot water <49°C/Bath safety ¹ <input type="checkbox"/> Choking/Safe toys ¹ <input type="checkbox"/> Pacifier use ¹ (No pacifier until breastfeeding is well established) <input type="checkbox"/> Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ <input type="checkbox"/> Falls (stairs, change table) ¹ <input type="checkbox"/> Do Not Use Q-Tips to clean ears	BEHAVIOUR AND FAMILY ISSUES ² <input type="checkbox"/> Crying ² <input type="checkbox"/> Night waking ² <input type="checkbox"/> Parenting/Bonding <input type="checkbox"/> Siblings <input type="checkbox"/> Parental fatigue/Postpartum depression ² <input type="checkbox"/> High risk infants/Assess home visit need ² (Check contact with public health) <input type="checkbox"/> Inquire re difficulty making ends meet or feeding your family ² <input type="checkbox"/> Skin to skin	ENVIRONMENTAL HEALTH ¹ <input type="checkbox"/> Second hand smoke ¹ <input type="checkbox"/> Sun exposure ¹ OTHER ISSUES ¹ <input type="checkbox"/> No OTC cough/Cold medicine ¹ <input type="checkbox"/> Inquire re complementary/Alternative medicine ¹ <input type="checkbox"/> Temperature control and overdressing <input type="checkbox"/> Fever advice/Thermometers ¹ <input type="checkbox"/> Supervised tummy time while awake ¹ <input type="checkbox"/> Pets <input type="checkbox"/> Encourage reading

DEVELOPMENT³ (Inquiry and observation of milestones)
 Tasks are met after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB - Correct for age if < 37 weeks gestation

WITHIN 1 WEEK	2 WEEKS (OPTIONAL)	1 MONTH
<input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> Sequences 2 or more sucks before swallowing or breathing <input type="checkbox"/> No parent/caregiver concerns	<input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No parent/caregiver concerns	<input type="checkbox"/> Focuses gaze <input type="checkbox"/> Startles to loud noise <input type="checkbox"/> Calms when comforted <input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No parent/caregiver concerns

PHYSICAL EXAMINATION² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

WITHIN 1 WEEK	2 WEEKS (OPTIONAL)	1 MONTH
<input type="checkbox"/> Fontanelles ² <input type="checkbox"/> Eyes (red reflex) ² <input type="checkbox"/> Tongue mobility ² <input type="checkbox"/> Heart/Lungs <input type="checkbox"/> Umbilicus <input type="checkbox"/> Umbilical cord care <input type="checkbox"/> Male urinary stream/Forensic care <input type="checkbox"/> Potency of anus	<input type="checkbox"/> Skin (jaundice ² , bruising ²) <input type="checkbox"/> Eyes (red reflex) ² <input type="checkbox"/> Neck/Torticollis ² <input type="checkbox"/> Abdomen/Femoral pulses <input type="checkbox"/> Hips (Barlow/Ortolani) ² <input type="checkbox"/> Testicles/Genitalia <input type="checkbox"/> Muscle tone ²	<input type="checkbox"/> Skin (jaundice ² , bruising ²) <input type="checkbox"/> Eyes (red reflex) ² <input type="checkbox"/> Hearing Inquiry/Screening ² <input type="checkbox"/> Heart/Abdomen <input type="checkbox"/> Hips (Barlow/Ortolani) ² <input type="checkbox"/> Muscle tone ²

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS⁴ E.g. medical specialist, dietitian, breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING⁵ AND IMMUNIZATION⁶ Record Vaccines on Guide V

WITHIN 1 WEEK	2 WEEKS (OPTIONAL)	1 MONTH
<input type="checkbox"/> Newborn screening completed <input type="checkbox"/> Universal newborn hearing screening (UNHS) ⁵ <input type="checkbox"/> If HBsAg positive parent/ sibling Hep B vaccine #1 ³ <input type="checkbox"/> Ensure parents/caregivers have Pertussis vaccine <input type="checkbox"/> Locate Yellow immunization card	<input type="checkbox"/> If HBsAg positive parent/sibling Hep B vaccine #2 ³ <input type="checkbox"/> Pain reduction strategies for immunizations ⁵ <input type="checkbox"/> Discuss NACI recommended Non-publicly funded immunization	

SIGNATURE

x _____ x _____ x _____

Adapted, modified, reproduced and used by the Government of Nova Scotia from the Rourke Baby Record (C Leslie Rourke, James Rourke and Denis Leduc, 2017) with the permission of the authors. Strength of recommendation is based on literature review using the classification: Good (bold type) Fair (italic type) Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca. Being unique to Nova Scotia, ours is plain type with green font to reflect the omission of levels of evidence. ¹ Resources 1: Growth, Nutrition, Injury Prevention, Environment. Other ² Resources 2: Family, Behaviour, Development, PVL, Investigations ³ Resources 3: Immunization ⁴ Resources 4: ICD Resources System and Table | Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. | For full use authorization, see www.rourkebabyrecord.ca

Throughout the 2017 RBR Nova Scotia Version, all additions are identified with green font



<http://rcp.nshealth.ca/chartforms/nova-scotia-rourke-baby-record>

Resources



Nova Scotia RBR
www.rourkebabyrecord.ca ©2017 Drs. L. Bourke, D. Leach and J. Bourke
See RBR parent web portal for corresponding parent resources
Revised Dec. 1, 2017

GROWTH

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

NUTRITION

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

- **Breastfeeding:** **Exclusive breastfeeding** is recommended for the first six months of life for healthy term infants. Introduction of solids should be led by the infant's signs of readiness - a few weeks before to just after 6 months. Breast milk is the optimal food for infants, and breastfeeding (with complementary foods) may continue for up to two years and beyond unless contraindicated. Breastfeeding reduces gastrointestinal and respiratory infections and helps to protect against SIDS. Maternal support (both antepartum and postpartum) increases breastfeeding and prolongs its duration. Early and frequent mother-infant contact, rooming in, and banning handouts of free formula increase breastfeeding rates.
 - Baby-Friendly Initiative (Breastfeeding Committee for Canada)
 - Ankyloglossia and breastfeeding (CPS)
 - Maternal medications when breastfeeding: Drugs and Lactation Database (TOXNET)
 - Weaning: Weaning from the breast (CPS)

BREASTFEEDING DEFINITIONS

- **Exclusive:** Infant has received only human milk (incl. expressed, donor milk), oral rehydration solution (e.g. pedialyte), and syrups (vitamins, minerals and medicines) from birth to current visit.
- **Breastfeeding with supplements:** Infant has received human milk (incl. expressed, donor milk) and water, water-based drinks, fruit juice, ritual fluids and any other liquid inc. non-human milk & solids.
- **Vitamin D supplementation of 400 IU/day (800 IU/day in high-risk infants)** is recommended for infants/children for as long as they are breastfed. Breastfeeding mothers should continue to take Vitamin D supplements for the duration of breastfeeding.
- **Vitamin D supplementation (CPS)**
- **Infant formula:** Discourage the use of homemade infant formulas.
 - Formula composition and use Alberta Health Services Compendium and Summary Sheet
 - Formula preparation and handling: **Exonerated formula preparation and handling (HC)**
 - Formula generally contain iron: 14mg-13mg/100ml.
- **Powdered infant formula:** Ensure water is at least 70C when mixing. Refer to Nova Scotia formula book. Emphasize importance of proper preparation. How to Feed Your Baby with Infant Formula
- **Milk consumption range:** is consistent only if provided as an approximate guide.
- **Well water:** recommended testing; Chemical O2/res, Bacterial screen (6months)
- **Soy-based formula:** is not recommended for routine use in term infants as an equivalent alternative to cow's milk formula, or for cow milk protein allergy, and is contraindicated for preterm infants. **Soy-based formula (CPS)**
- **Infants with lower iron stores** are at higher risk of iron deficiency. Infants include those with a birth weight < 3000 grams, born to mothers with iron-deficiency or diabetes, mothers consumed excess alcohol during pregnancy. **Nutrition for healthy term infants**
- **Avoid all sweetened fruit drinks, sport-drinks, energy drinks and soft-drinks:** restrict fruit juice consumption to a maximum of 1/2 cup (125 ml) per day.
- **Colic: Dietary interventions for colic (CPS)**
- **Introduction to solids:** A few weeks before to just after 6 months, start iron containing foods to avoid iron deficiency. A variety of soft texture foods, ranging from purees to finger foods, can be introduced.
- **Delay of textured foods** is associated with feeding difficulties & decreased intake of nutritional foods.
- **Allergenic foods:** Delaying the introduction of potentially food allergens is not currently recommended to prevent food allergies, including for infants at risk of atopy. **Dietary exposures & allergy prevention (CPS)**
- **Avoid honey until 1 year of age** to prevent botulism.
- **Dietary fat content:** Restriction of dietary fat during the first 2 years is not recommended since it may compromise the intake of energy and essential fatty acids, required for growth and development. After 2 years, a gradual transition begins from a high fat milk diet to a lower fat milk diet, as per Canada's Food Guide.
- **Promote family meals** with independent/self-feeding while offering a variety of healthy foods.
- **NHTI: 6-24 months**
- **Vegetarian diets:** Vegetarian diets in children and adolescents (CPS)
- **Fish consumption:** 2 servings/week of low mercury fish: **Fish consumption and mercury (HC)**

ENVIRONMENTAL HEALTH

- **Second-hand smoke exposure:** There is no safe level of exposure. Advise caregivers to stop smoking and/or reduce second-hand smoke exposure, which contributes to childhood respiratory illnesses, SIDS and neuro-behavioural disorders. Offer smoking cessation resources.
- **Sun exposure/sunscreen/insect repellents:** Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF > 30 for those < 6 months of age. No DEET in < 6 months-6-24 months 10% DEET apply max once daily; 2-12 years 10% DEET apply max TID.
- **Preventing mosquito and tick bites (CPS)**
- **Pesticides:** Avoid pesticide exposure. Encourage pesticide-free foods. **Pesticide Exposure in Children (AAP)**
- **Lead:** There is no safe level of lead exposure in children. Evidence have adverse health effects on a child's cognitive function. **Prevention of Childhood Lead Toxicity (AAP)** **Lead and Child Blood Lead Screening** is recommended for children who:
 - in the last 6 months lived in a house or apartment built before 1960
 - live in a home with recent or ongoing renovations or peeling or chipping paint
 - have a sibling, housemate, or playmate with a prior history of a lead paint source of lead contamination
 - have household members with lead-related occupations or hobbies
 - are refugees aged 6 months-6 years, within 3 months of arrival
- **Lead exposure from water pipes.**
- **Websites about environmental issues:**
 - Canadian Partnership for Children's Health and Environment (CPCHE)
 - AAP Council on Environmental Health

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



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

INJURY PREVENTION

- In Canada, unintentional injuries are the leading cause of death in children and youth. Most of these preventable injuries are caused by motor vehicle collisions, drowning, choking, burns, poisoning, and falls. Unexplained injuries (e.g. fractures, bruising, burns) or injuries that do not fit the rationale provided or developmental stage raise concerns for child maltreatment.
- **Transportation in motorized vehicles including cars, ATVs, snowmobiles, etc.:**
 - **Child passenger safety (AAP):** Preventing ATTY injuries (CPS) **Snowmobile safety (CPS)**
 - Children < 13 years should sit in the rear seat. Keep children away from all airbags.
 - Install and follow size recommendations as per specific car seat model and keep child in each stage as long as possible.
 - Car Seat: Must be 1yr, 22lbs & walk unassisted to turn forward facing. Should meet Canadian safety standards. Maple leaf sticker on seat. Check car seat expiry date. Ensure car seat has never been in accident. Register the car seat. Check for recall.
 - Use rear-facing infant/child seat that is manufacturer approved for use until at least age 2 years.
 - Use forward-facing child seat after 2 years for as long as manufacturer specifications will allow.
 - After this, use booster seat for children 18-36 kg (40-80 lb) and up to 145 cm (4'9").
 - Use lap and shoulder belt in the rear middle seat for children over 8 years who are at least 36 kg (80 lb) and 145 cm (4'9") and fit vehicle restraint system.
- **Bicycle:** wear bike helmets and advocate for helmet legislation for all ages. Replace if heavy impact or damage. **Bicycle helmet legislation (CPS)**
- **Drowning:** Prevention of drowning (AAP)
 - Bath safety: Never leave a young child alone in the bath. Do not use infant bath rings or bath seats.
 - Water safety: Recommended adult supervision, training for adults, 4-sided pool fencing, lifelines, swimming lessons, and boating safety to decrease the risk of drowning.
 - Choking: Avoid hard, small and round, smooth and sticky solid foods until age 3 years. Encourage child to remain seated while eating and drinking. Use safe toys, follow minimum age recommendations, and remove loose parts and broken toys. **Preventing choking and asphyxiation in children (CPS)**
 - **Burns:** Install smoke detectors in the home on every level. Keep hot water at a temperature < 49C.
 - **Poisons:** Keep medications and cleaners locked up and out of child's reach. Have Poison Control Centre number handy. Use of pecan is contraindicated in children.
- **Falls:** Assess home for hazards - never leave baby alone on change table or other high surface; use window guards and stair gates. Baby walkers are banned in Canada and should never be used. Ensure stability of furniture and TV. Advise against trampolines use at home. **Trampoline use (CPS)**
- **Safe sleeping environment:** **Joint statement on safe sleep (CPS/CESIDS/CICH/HC/PHAC)**
 - Sleep position, bed sharing and SIDS: Healthy infants should be positioned on their backs for sleep. Counsel parents on the dangers of other contributory causes of SIDS such as bed sharing, overheating, maternal smoking or second-hand smoke.
 - Positional plagiocephaly: While supine for sleep, the orientation of the infant's head should be varied to prevent positional plagiocephaly. Sleep positioners should not be used. After umbilical cord stump has detached, infants should have supervised tummy time while awake.
 - Crib safety/room sharing: Infants should sleep in a crib, cradle or bassinet, with attached soft objects, loose bedding and similar items that meet current 2016 Health Canada regulations in parents' room for the first 6 months of life. Room sharing is protective against SIDS.
 - **Suicidal:** Proper swaddling of the infant for the first 2 months of life may prolong longer sleep periods but could be associated with adverse events (hyperthermia, SIDS, or development of hip dysplasia) if misapplied. A swaddled infant must always be placed supine with free movement of hips and legs, and the head uncovered. **Suicidal (AAP)**
 - Pacifier use may decrease risk of SIDS and should not be discouraged in the 1st year of life after breastfeeding is well established, but should be restricted in children with chronic/recurrent otitis media. **Pacifier recommendations (CPS)**
- **Firearm safety:** Advise on removal of firearms from home or safe storage to decrease risk of unintentional firearm injury, suicide, or homicide. **Youth and firearms in Canada (CPS)**
- **Pets:** Don't allow pets to sleep with children. Do not allow pet to roam alone in a baby's room. Never leave a young child alone with an animal. **Pet Safety (CPS)**

OTHER

- **Advise parents against using OTC cough/cold medications:**
 - **Restricting Cough and Cold Medicines in Children (PCJ4)**
- **Complementary and alternative medicine (CAM):** Questions should be routinely asked about the use of complementary and alternative medicine, therapy, or products, especially for children with chronic conditions. **Natural Health Products (CPS): Homopathy (CPS): Chiropractic care (CPS)**
- **Fever advice/thermometers:** Fever > 38C in an infant < 3 months needs urgent evaluation. Ibuprofen and acetaminophen are both effective antipyretics. Acetaminophen remains the first choice for antipyresis under 6 months of age; thereafter ibuprofen or acetaminophen may be used. Alternating acetaminophen with ibuprofen for fever control is not recommended in primary care settings as this may encourage fever phobia, and the potential risks of medication error outweigh measurable clinical benefit. **Temperature measurement (CPS)**
- **Footwear:** Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. **Footwear for children (CPS)**
- **Oral Health - Smiles for Life:**
 - Dental Cleaning: As excessive swallowing of toothpaste by young children may result in dental fluorosis, children under 3 years of age should have their teeth and gums brushed twice daily by an adult using either water (if low risk for tooth decay) or a rice grain sized portion of fluoridated toothpaste (if at caries risk). Children 3-6 years of age should be assisted during brushing and only use a small amount (e.g., pea-sized portion) of fluoridated toothpaste twice daily. Caregiver should brush child's teeth until they receive the manual dexterity to do this alone, and should continue to intermittently supervise brushing after children assume independence. Begin flossing daily when teeth touch.
 - Caries risk factors include child has caries or enamel defects, hygiene or diet is concerning, parent has

- **Liquids and constant sipping** of milk or maternal
- **Consider dietary fluoride supplements only for community water fluoridation.**
- **4 (GDA)**
- **1 of 1st tooth or at age 1 year.**
- **1 tooth present.**
- **s thoroughly under fresh, cool, running water, surface pesticide residues and prevent the spread brush to scrub items that have firm surfaces (e.g., oranges, melons, potatoes, carrots, etc.). It is not necessary to use produce cleaners or soap to wash fresh fruits and vegetables. Food Safety**



Reproductive
Care Program
of Nova Scotia
RCP



IWK Health Centre

RBR Nova Scotia Version:
Additions are identified with **green font** - links to provincial resources

NS Immunization Schedule



Nova Scotia RBR: Evidence-Based Infant/Child Health Maintenance
www.rourkebabyrecord.ca | See RBR parent web portal for corresponding parent resources
 ©2017 Drs. I. Rourke, D. Leduc and J. Rourke. Revised Oct. 3, 2017

NOVA SCOTIA GUIDE V: Immunization

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

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

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

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



Local Resources and Referrals

Service	Contact person	Phone number	Website	Other
Public Health			www.nshealth.ca/public-health	<ul style="list-style-type: none"> • Prenatal support for families facing challenges • Postpartum support • Breastfeeding support • Nutrition • Healthy Beginnings: Enhanced home visiting • Immunization information • Early childhood • Communicable disease
Early Intervention Development Centres (ECDIS)			https://www.nsecdis.ca	Provide province-wide specialized services to families of young children between birth and school entry, who either have a biological risk for or a diagnosis of, developmental delay.
Early Intensive Behaviour Intervention (EIBI) – Children should be referred at least 1 year prior to attending school			www.nshsc.nshealth.ca/?q=speech/preschool-services/speech-and-language/autism/early-intensive-behavioural-intervention-program	This program focuses on developing functional social-communication skills in preschool children with autism spectrum disorders (ASD) using specialized treatment methods.
NS Hearing and Speech			www.nshsc.nshealth.ca	Hearing milestones at: www.nshsc.nshealth.ca/sites/default/files/Sound%20Start%20Calendar%2011x8.5_English_web.pdf
Local Family Resource Centre			https://novascotia.ca/coms/families/prevention-and-early-intervention/family-resource-centres.html	Family Resource Centres (FRCs) provide community-based programs and services that support the healthy development and well-being of children and youth by strengthening families and communities.
211		211	http://ns.211.ca	Available 24/7 to find services and programs offered by local community groups, non-profits and government departments.
811		811	https://811.novascotia.ca	811 provides services in over 125 different languages including Farsi, Cantonese, French, Chinese, and Arabic
Local Pediatrician				





Optimal health
for women, babies
and families.

[Home](#) | [About RCP](#) | [Education/Workshops](#) | [Clinical Practice Guidelines](#) | [Chart & Prenatal Forms](#) | [Resources & Reports](#) | [Atlee Database](#) | [Links](#)

Nova Scotia Rourke Baby Record

Adapting the 2017 Rourke Well Baby Record for use in Nova Scotia

In consultation with the RBR authors, the Nova Scotia Reproductive Care Program along with stakeholders and those with expertise in newborn care, has adapted the 2017 Rourke Well Baby Record for use in Nova Scotia.

Several items specific to Nova Scotia have been added without levels of evidence and are identified with green font throughout the document. The immunization record and Resources 4: "Early Child Development and Parenting Resource System and Local Resources/Referrals Table" have been changed to reflect the Nova Scotia immunization schedule and Provincial resources.

Item Number: RCP/RBR

Date Revised: November, 2017

[View as PDF](#)

The screenshot shows the Nova Scotia Rourke Baby Record (RBR) form, which is a comprehensive tool for tracking a child's health and development. The form is organized into several sections, each with specific questions and checkboxes. The sections include:

- GENERAL INFORMATION:** Fields for Name, Sex, Date of Birth, and Date of Visit.
- PROBLEMS/CONCERNS:** A table for recording any issues or concerns.
- NUTRITION:** Questions about feeding, growth, and nutrition.
- DEVELOPMENT:** Questions about motor skills, communication, and social interaction.
- PHYSICAL EXAMINATION:** A detailed checklist for physical health checks.
- IMMUNIZATION:** A section for recording vaccination status.
- RESOURCES:** A table for recording local resources and referrals.



<http://rcp.nshealth.ca/chartforms/nova-scotia-rourke-baby-record>

Additional Resources

Reproductive Care Program of Nova Scotia
RCP
IWK Health Centre

Optimal health for women, babies and families.

Home | About RCP | Education/Workshops | Clinical Practice Guidelines | Chart & Prenatal Forms | Resources & Reports | Atlee Database | Links

Publications
Perinatal Health Indicators
Nova Scotia Postpartum and Postnatal Care Resources
Breastfeeding Resources
Nova Scotia
Maritime Newborn Screening Program
Provincial Seatbelt Campaign
Canadian Perinatal Programs Coalition
Weight Times in Perinatal Health - Presentations
PHAC Maternal Child Health Resources in Arabic

Nova Scotia Postpartum and Postnatal Care Resources

Key Websites

Rourke Baby Record

http://www.rourkebabyrecord.ca/pdf/RBR2014Nat_Eng.pdf
Links to various versions of the RBR (English and French, interactive, one visit/page format)
<http://rourkebabyrecord.ca/downloads.asp>
In-depth Information (evidence summaries, literature reviews, etc.)
http://rourkebabyrecord.ca/literature_review.asp
Parent resources (Handouts for parents for each visit based on age)
<http://rourkebabyrecord.ca/parents.asp>

Healthy Babies, Healthy Families: Postpartum and Postnatal Guidelines

http://rcp.nshealth.ca/sites/default/files/publications/healthy_babies_healthy_families_booklet.pdf

Loving Care

A series of four books for parents of children from birth to 3 years developed by the Nova Scotia Department of Health & Wellness in partnership with Public Health Services.
<http://novascotia.ca/dhw/lovingcare/>



<http://rcp.nshealth.ca/resources-reports/nova-scotia-postpartum-postnatal-care-resources>

1-2 Weeks

Feeding & Growth

- ❑ It is normal for your baby to lose weight after birth. She should grow back to her birth weight by 1 to 3 weeks.
- ❑ Breast milk is the best food for babies. Breastfeeding lowers the risk of infant infections. Babies feed every 2-3 hours, up to 8-12 times each day.
- ❑ Other foods are not needed until your baby is 6 months old.
- ❑ If you are breastfeeding, give your baby Vitamin D drops (400 IU/day or 800 IU/day in Northern communities), until he is about 1 year old. Moms should also take Vitamin D themselves while breastfeeding (400 IU/day).
- ❑ You know your baby is getting enough milk if she has 6 to 8 wet diapers each day.
- ❑ The bowel movements (stools) of breastfed babies are dark colored at first, then change to become yellow and seedy in a few days.
- ❑ If you cannot breastfeed your baby, use iron-fortified formula. At this age, your baby drinks about 150 mL (5 oz) for each kilogram of his body weight per day.

Keeping Baby Safe

- ❑ **Car seat safety:** Your baby should be in a rear-facing infant car seat, in the back middle seat of the car, until she is at least 1 year old, and weighs 10 kg (22 pounds). Follow the instructions that come with your car seat to install it properly.
- ❑ **Safe sleeping:** Your baby should sleep on his back, in a crib, cradle or bassinette that meets Canadian regulations, with no other items such as blankets, toys, or bumper pads. Infants should NOT share a bed with their parents or siblings, as this is linked with a higher rate of sudden infant death syndrome (SIDS). Having the crib in your room until she is 4 to 6 months old lowers the risk of SIDS.
- ❑ So that your baby doesn't develop a flat head from sleeping on his back, alternate your baby's head position in the crib every day, putting his head at opposite sides of the crib at different sleeping times.
- ❑ Never shake your baby. This can cause serious brain damage or death. If your baby will not stop crying, and you feel like you are losing control after trying to comfort her, lay your baby in her crib and take a moment to collect yourself before trying to soothe her again.
- ❑ **Temperature control and overdressing:** Generally dress your baby with 1 more layer of clothing than you are wearing. The temperature of the room where baby sleeps should not be more than 20 degrees C.
- ❑ To prevent sunburn, keep your baby in the shade, when outdoors, for the first 6 months, and use clothing instead of sunscreens. Sunscreens and insect repellants can be used after 6 months.

Development

- ❑ Your baby should be able to suck on the nipple without difficulty.
- ❑ Remember to support his head when you are holding him.
- ❑ Respond to her crying. You can't spoil a newborn by holding and comforting her. Look into her eyes, and soon she will look back at you.
- ❑ Report any concerns about your baby's development to his physician or other healthcare professional.

Other Advice

- ❑ The amount of healthy sleep for your newborn may not be predictable, since every baby is different. It can be as much as 16 hours per day, sleeping at 3-4 hour intervals; for others, it could be much less.
- ❑ Healthy sleep for you can be a challenge. Nap in the day when your baby naps, and accept the help of friends and family when possible.
- ❑ When it's time for sleep, putting your baby in her bed before she falls asleep helps to train her to fall asleep alone, and leads to less night waking when she is older.
- ❑ Make sure your baby is not exposed to cigarette smoke. Second hand smoke predisposes him to childhood illnesses like coughs, colds, ear infections, pneumonia, and asthma, and increases his risk for SIDS.
- ❑ Using a pacifier (soother) may help soothe your baby and is associated with a lower risk of SIDS. Offer your baby the pacifier once breastfeeding is established.
- ❑ It is normal to feel tired and sometimes sad or uncertain with a new baby. If these feelings worsen or become overwhelming, tell your family, friends, and healthcare professional.



IWK Health Centre

<http://www.rourkebabyrecord.ca/parents/default.asp>

- Breastfeeding
- Weaning
- Colic
- Nutrition
- Sleep
- Growth, Development, Farn
- Safety
- Vaccinations
- Common Illnesses
- Medications and Your Bab
- Miscellaneous



Home

Parents often wonder about their child's health, growth and development, leading to the question: "Is my child healthy and growing and developing normally?" On this website you can find reliable parent-friendly resources to help answer your questions about your child.

We try to keep these links up to date, but websites are constantly being restructured, so if a link is broken, go to the home page of the source (e.g. [The Canadian Paediatric Society - Caring for Kids](#); [Hospital for Sick Children - About Kids Health](#); [Parachute](#); [Dietitians of Canada](#); [Health Canada](#)) and search within that website.

RBR Well Baby Information Sheets answer your questions on feeding, safety, development, vaccination, and other common issues for babies at specific ages.

- 1 Week
- 2 Weeks
- 1 Month
- 2 Months
- 4 Months
- 6 Months
- 9 Months
- 12 Months
- 18 Months
- 2-3 Years
- 4-5 Years

English (2017 Edition)

- [1-2 Weeks](#) | [1 Months](#) | [2 Months](#) | [4 Months](#)
- [6 Months](#) | [12 Months](#) | [18 Months](#) | [2-3 Years](#) | [4-5 Years](#)

French (Currently 2013 – 2015. 2017 coming soon)

- [1-2 Weeks](#) | [1 Months](#) | [2 Months](#) | [4 Months](#)
- [6 Months](#) | [12 Months](#) | [18 Months](#) | [2-3 Years](#) | [4-5 Years](#)



<http://www.rourkebabyrecord.ca/parents/>

Loving Care Book Series

NOVA SCOTIA CANADA

RESIDENTS VISITORS BUSINESSES GOVERNMENT NEWS SEARCH

DHW > Loving Care Health and Wellness

English | Français

Loving Care

Loving Care is a series of four books for parents of children from birth to age three developed by Nova Scotia's Department of Health and Wellness in partnership with Public Health Services.

Download the Loving Care eBooks:

Birth to Six Months
This book gives you information about your baby from birth to six months.
File: PDF - 2.67 MB

Six to Twelve Months
This book gives you information about your baby from six to twelve months.
File: PDF - 3.31MB

One to Three Years
This book gives you information about your baby from one to three years.
File: PDF - 4.64 MB



<https://novascotia.ca/dhw/lovingcare/>

Contents

Getting to Know Your Baby

What your baby is telling you	2
Baby temperament.....	4

Help Your Baby Learn to Love

Attachment	8
Skin-to-skin contact with your baby.....	10

Growth and Development

Step by step	14
What a newborn baby can do.....	16
Developing new skills.....	18
New skills to watch for.....	20
Helping your baby develop.....	22
When to wonder about your baby's development	24

Play

Games and activities	28
• Tummy time	28
• Baby massage	29
• Tracking.....	29
• Copycat.....	30
• Pull-ups.....	30
Toys	31



Breastfeeding

The best start	34
Connecting with your baby	36
Breastfeeding to comfort your baby	37
Babies need to feed often	38
How to tell if your baby is breastfeeding well..	39
Weight gain and growth.....	40
Growth spurts.....	41
It's too soon for solid food	42
Breastfeeding anytime, anywhere	44
Support is important when you breastfeed .	45

Crying

Why babies cry	48
How to comfort a crying baby	50
Crying and colic.....	52
• Comfort for parents.....	53
• Colic comfort.....	54
When your baby keeps crying	56
Never shake your baby.....	57

Sleeping

How much do babies sleep?	60
Your baby's sleep and wake cycle	62
Helping your baby fall asleep	64
Helping your baby put herself to sleep.....	67
Bedtime routines	68
Reducing the risk of SIDS	69
Safe places to sleep	70
• Bed-sharing	70

Keeping Clean

Cord care.....	74
Diapers	75
Diaper rash.....	76
Bathing	77



Reproductive
Care Program
of Nova Scotia

<https://novascotia.ca/dhw/lovingcare/>



IWK Health Centre



Key Messages



IWK Health Centre

Breastfeeding



Breastfeeding Duration Surveillance

- Breastfeeding duration is an important health indicator.
- Breastfeeding duration is a requirement for Baby Friendly Initiative (BFI) designation.

<http://breastfeedingcanada.ca/BFI.aspx>

<http://novascotia.ca/dhw/healthy-development/documents/Provincial-Breastfeeding-Policy.pdf>



Breastfeeding

Nova Scotia RBR: Evidence-Based Infant/Child Health Maintenance
 www.novascotiababyrecord.ca | See RBR patient web portal for corresponding parent resources
 ©2017 Drs. L. Louise, D. Louise and J. Rowke. Revised Oct. 3, 2017

NOVASCOTIA GUIDE I: 0-1 mo

NAME: _____ Pregnancy/birth remarks/Appar: _____ Risk factors/Family history: _____

Gestational Age: _____ Birth Length: _____ cm Birth Date (m/y/y): _____/_____/_____ M F

Birth Head Circumference: _____ cm Discharge Weight: _____ g Birth Weight: _____ g

WITHIN 1 WEEK **2 WEEKS (OPTIONAL)** **1 MONTH**

DATE OF VISIT: _____/_____/_____ DATE OF VISIT: _____/_____/_____ DATE OF VISIT: _____/_____/_____

GROWTH Use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation

Length	Weight	Head Circ. (eq. 30 mo)	Length	Weight (approx. 8w-13 weeks)	Head Circ.	Length	Weight	Head Circ.

PARENT/CAREGIVER CONCERNS

NUTRITION For each item discussed, indicate "✓" for no concerns and "✗" for concerns

Breastfeeding Exclusive¹, Breastfeeding with supplementation, No breastfeeding

Vitamin D 400 IU/day¹

Formula Feeding (from Sterilized/Preparation)¹ (150 mL milk/kg/day)¹

Type of formula being used (concentrate, ready to feed or powdered)

Sterilized infant formula (bottle)

If on one breast, alternate feeding for formula fed babies

Anticipatory guidance for growth spurts

RBR Information sheet provided

ADVICE

Advise to hold B/D for 2 minutes

Infant-led feeding for formula fed babies

Stool pattern and urine output

Anticipatory guidance for growth spurts

RBR Information sheet provided

BEHAVIOUR AND FAMILY ISSUES²

Crying²

Night waking²

Parental fatigue/Postpartum depression²

Pacifier use² (No pacifier until breastfeeding is well established)

Safe sleep (position, room sharing, avoid bed sharing, crib safety)²

Falls (stairs, change table)²

Do Not Use Q-Tips to clean ears

ENVIRONMENTAL HEALTH¹

Second hand smoke¹ Sun exposure

OTHER ISSUES¹

No OTC cough/cold medicines¹

Inquiry on complementary/alternative medicine¹

Temperature control and overbreast

Fever advice/thermometers¹

Supervised tummy time while awake¹

Pets

Encourage reading

DEVELOPMENT³ (Inquiry and observation of milestones)

Table are not attain the limit of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NP-Correct for age if < 37 weeks gestation

Sucks well on nipple

Sequences 2 or more sucks before allowing or breathing

No parent/caregiver concerns

PHYSICAL EXAMINATION⁴ An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

Fontanelles⁴ Skin (jaundice⁴, bruising⁴)

Eyes (red reflex)⁴ Ears (TMJ/Hearing inquiry/screening⁴)

Tongue mobility⁴ Neck/Torticollis⁴

Heart/Lungs Abdomen/Pernum/pulses

Umbilicus Hips (Barlow/Ortolan)⁴

Umbilical cord care Testicles/Gonads

Male urinary stream/Forekin care

Patency of anus Muscle tone⁴

PROBLEMS AND PLANS/CURRENT & NEW REFERRALS⁴ E.g. medical specialist, dietitian, breastfeeding support, speech, audiology, PT, OT, eyes, dental, social-determinants resources

INVESTIGATIONS/SCREENING AND IMMUNIZATION⁵ Record Vaccines on Guide V

Newborn screening completed

Universal newborn hearing screening (UNHS)⁵

If HBsAg-positive parent/sibling Hep B vaccine #1⁵

Ensure parents/caregivers have Pertussis vaccine

Locate Yellow immunization card

If HBsAg-positive parent/sibling Hep B vaccine #2⁵

Pertussis vaccination for immunizations⁵

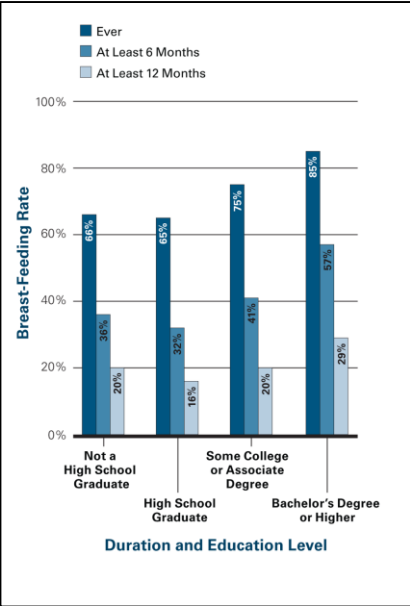
Discuss NACI recommended Non-publicly-funded immunisation

SIGNATURE

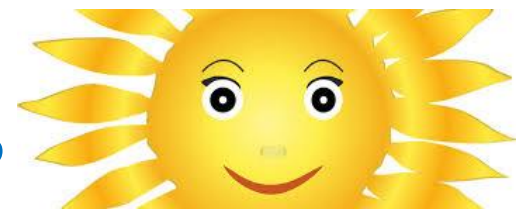
x _____ x _____

Adapted, modified, reproduced and used by the Government of Nova Scotia from the Rourke Baby Record (C. Louise Rourke, James Rourke and Debra Laidlaw, 2017) with the permission of the authors. Strength of recommendation is based on literature review using the classification of Good (B), Fair (F), Weak (W), Inconclusive evidence/Controversial (I), or No (N) evidence. See literature review table at www.novascotiababyrecord.ca. Some changes to Nova Scotia are in plain type with first time to reflect the variation of levels of evidence. ¹ Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other. ² Resources 2: Family, Behaviour, Development, PTE, Investigations. ³ Resources 3: Immunizations. ⁴ Resources 4: ECD Resources System and Table. ⁵ Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only. For further information, see www.novascotiababyrecord.ca

Breastfeeding Exclusive¹, Breastfeeding with supplementation, No breastfeeding Vitamin D 400 IU/day¹



Vitamin D Recommendations



Vitamin D supplementation of 400IU/day (800 IU/day in high-risk infants) is recommended for infants/children for as long as they are breastfed.



Powdered Infant Formula (PIF)

- Powdered infant formula is a not a sterile product
- Recommend **no powdered infant formula for babies under 2 months** & discuss risks from 2 months onwards
- Must be prepared properly (sterile approach, one bottle at a time, mix at **no less than 70°C** (158°F) degrees)
- Refer parents to the NS Formula book



Reproductive
Care Program
of Nova Scotia

<https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/infant-feeding/recommendations-preparation-handling-powdered-infant-formula-infant-feeding.html>



Goat's Milk



As some parents are choosing to use goat's milk, specific information has been added to provide guidance for fortification with folic acid and vitamin D.



Introduction of solids

- Exclusive breastfeeding to 6 months is the goal.
- Timing: a few weeks before or just after 6 months depending on signs of readiness
- Iron rich foods first: To avoid iron deficiency
- Variety of soft textured foods.
- “Do not delay the introduction of any specific solid food beyond six months of age. Later introduction of peanut, fish or egg does not prevent, and may even increase, the risk of developing food allergy.”
(Evidence II-2B) <http://www.cps.ca/en/documents/position/dietary-exposures-and-allergy-prevention-in-high-risk-infants>



<http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/index-eng.php>

Social determinants of health (SDH):

Inquiry about impact of poverty: “Do you have difficulty in making ends meet? Do you have trouble feeding your family?”

<https://www.policyalternatives.ca/publications/reports/2017-report-card-child-and-family-poverty-nova-scotia>



Minimize screen time

- Screen time for children under 2 years old is not recommended.
- For children 2 to 5 years, limit routine or regular screen time to under 1 hour per day.
- Ensure that sedentary screen time is not a routine part of child care for children younger than 5 years old.
- Maintain daily 'screen-free' times, especially for family meals and book-sharing.
- Avoid screens for at least one hour before bedtime, given the potential for melatonin-suppressing effects
- No computer/TV screens in bedroom.



<http://www.cps.ca/en/documents/position/screen-time-and-young-children>

Maternal Mental Health

- Assess maternal mood/depression (Edinburgh postnatal depression scale)
- Risk factor for the socio-emotional & cognitive development of children
- Paternal factors may compound the maternal-infant issues (less studied)



<https://www.cps.ca/en/documents/position/maternal-depression-child-development>

Pacifiers



- Pacifier use may decrease risk of SIDS
- Should not be discouraged in first year of life
- Advise not to use until breastfeeding is well established
- Should be restricted in children with chronic/recurrent otitis media



1. http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/jsss-ecss-eng.php
2. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2791559/>



Back to Sleep

- Safest: own bed in parent's room
- Messages regarding sleep surfaces and bedding
- Back to sleep, front to play, change head position in bed daily
- Positional plagiocephaly prevention: Supervised tummy time while awake



http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/ssb_brochure-eng.php

Pain Reduction Strategies

- Breastfeeding/Sweet taste
- Topical analgesics
- No evidence for acetaminophen or ibuprofen before

Older children add:

- Distraction
- Relaxation and deep breathing



<http://resources.cpha.ca/immunize.ca/data/1823e.pdf>

<http://resources.cpha.ca/immunize.ca/data/1824e.pdf>

<https://www.youtube.com/watch?v=3nqN9c3FWn8>

<http://pediatric-pain.ca/it-doesnt-have-to-hurt>

See immunize Canada link at bottom of the page

A promotional graphic for the video series 'It Doesn't Have to Hurt'. The top section is red with white text: 'Visit itdoesnthavetohurt.ca to view the award-winning video series!'. Below this is a white box with blue text: 'Do your kids get upset about going to the doctor to get a needle? Strategies for Helping Children with Shots & Needles'. A blue ribbon in the top right corner says 'CIHR IRSC Special Mention'. Below the text are two small images: a young girl looking nervous and a woman holding a child. Social media icons for YouTube, Facebook, and Twitter are shown with the handle '@DrCChambers'. The bottom section is red with white text: 'Visit online itdoesnthavetohurt.ca to view videos & learn more'. Logos for Dalhousie University, IWK Health Centre, and CIHR IRSC are present. The bottom of the graphic is dark blue with white text: 'Centre for Pediatric Pain Research SCIENCE HELPING CHILDREN'.



18 month visit



Why 18 months?

- Crucial time in childhood development
- Issues:
 - Child care
 - Behavior management
 - Nutrition/eating
 - Sleep
 - Literacy
- Screening for parental morbidities:
 - Mental health challenges
 - Abuse
 - Substance misuse
 - Physical illness
- Final regularly scheduled visit (involving immunizations) with a primary care provider before school entry



R Williams, J Clinton; Canadian Paediatric Society, [Early Years Task Force](#) Paediatr Child Health 2011;16(10):647-50

Barriers

- Time
- Identification of need without adequate community supports for referral and treatment



18 months

Feeding & Growth

- ❑ You can continue to breastfeed your child until 2 years and beyond.
- ❑ Your child should be drinking from an open cup. The use of bottles is not recommended at this age.
- ❑ At this age, he will drink about 500 to 750 mL (16 to 24 oz) of homogenized milk per day.
- ❑ Avoid sweetened liquids or fruit juices as they can cause tooth decay, overweight, or diarrhea, and can take the place of healthy foods. Satisfy her thirst with water.
- ❑ You can give your child honey after 1 year of age.
- ❑ Because your child is not growing as rapidly now, she will want to decide how much and what she wants to eat. This may be less than what you expect.
- ❑ To prevent choking, avoid small, round, hard, smooth and sticky foods until 3 years of age.

Preventing Injuries

- ❑ As your child grows, continue to childproof your home. Lock away all medications and cleaning products. Cover electrical outlets and tape down cords. Secure TVs and furniture to prevent them from tipping over. Use window guards and stair gates. Find the hazards before your child does. Have Emergency numbers handy. Use safe toys for your child's age, and remove loose parts and broken toys to prevent choking.

Development

- ❑ At 18 months, your child should:
 - Point to several body parts.
 - Turn and respond to his name.
 - Look for a toy when asked or pointed in direction.
 - Point to what he wants.
 - Try to get your attention to show you something.
 - Imitate speech sounds and gestures.
 - Say 20 or more words. Words do not have to be clear.
 - Produce 4 consonants. E.g. B,D,G,H,N,W.
 - Walk alone.
 - Feed himself with a spoon.
 - Removes his hat or socks by himself.
 - Usually have manageable behavior.
 - Usually be easy to soothe.
 - Come for comfort when he is upset.
 - Be interested in other children.
- ❑ Continue reading to your child and let her hold the book and turn the pages. Limit TV, video and computer time to allow more time for reading and for physical activity.
- ❑ Play games with singing, rhyming, clapping. Use actions when giving instructions.
- ❑ Make sure he has times to socialize and play with other children.
- ❑ Report any concerns about your child's development, including her hearing and vision, to her physician or other healthcare professional.

Other Advice

- ❑ Do not use over the counter cough/cold medications.
- ❑ Within 6 months of your child's first tooth, or after 1 year of age, take him to his first dental appointment.
- ❑ You should wean your child from her pacifier at this time.
- ❑ Some children are ready to begin toilet training at 18 months of age; however many will not be ready until 2 - 4 years of age. Signs that your child is ready to potty train include an interest in toileting, telling you when he needs to use the toilet, and the ability to balance or walk.
- ❑ It's normal if your child cries or fusses when you leave her in her crib for the night. Keep your bedtime routine consistent and predictable, and allow her to find ways of comforting herself to fall asleep on her own.
- ❑ Having a healthy lifestyle yourself with healthy eating and physical activity will provide a good role model for your child.
- ❑ Warm, consistent and responsive discipline techniques are associated with positive behavior outcomes. Praise good behavior.

Vaccinations

- ❑ After the vaccinations, your child may have no reaction, or may be fussy or sleep more or less than usual. He may have a mild fever or a little redness or swelling where the needle was given. If needed, you can give him acetaminophen. Call your doctor if his fever reaches 40C (104F), if he is crying/fussy for more than 24 hours, is unusually sleepy or unresponsive, or has swelling at the needle site that is worsening.

DEVELOPMENT

Maneuvers are based on evidence-based literature on milestone acquisition. [Evidence-based milestone ages \(PCH\)](#). They are not a developmental screen, but rather an aid to developmental surveillance. They are set after the time of normal milestone acquisition. Thus, absence of any one or more items is considered a high-risk marker and indicates consideration for further developmental assessment, as does parental or caregiver concern about development at any stage.

- [Best Start](#) website contains resources for maternal, newborn, and early child development
- [Improving the Odds: Healthy Child Development \(OCFP\)](#) toolkit for primary healthcare providers
- Centre of Excellence for Early Childhood Development [Encyclopedia on Early Childhood Development](#)
- [Getting it right at 18 months \(CPS\)](#) [Measuring in support of early childhood development \(CPS\)](#)



<http://www.rourkebabyrecord.ca/pdf/RBR%202017%20National%20English%20-%20Black%20170926.pdf>

AUTISM SPECTRUM DISORDER

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

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



<http://www.rourkebabyrecord.ca/pdf/RBR%202017%20National%20English%20-%20Black%20170926.pdf>

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make unusual finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)	Yes	No

© 2009 Diana Robins, Deborah Fein, & Marianne Barton

<https://www.m-chat.org>



M-CHAT-R Follow-Up™ Scoring Sheet

Please note: Yes/No has been replaced with Pass/Fail

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)	Pass	Fail
2. Have you ever wondered if your child might be deaf?	Pass	Fail
3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal)	Pass	Fail
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Pass	Fail
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	Pass	Fail
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach)	Pass	Fail
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)	Pass	Fail
8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	Pass	Fail
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)	Pass	Fail
10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Pass	Fail
11. When you smile at your child, does he or she smile back at you?	Pass	Fail
12. Does your child get upset by everyday noises? (FOR EXAMPLE, a vacuum cleaner or loud music)	Pass	Fail
13. Does your child walk?	Pass	Fail
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Pass	Fail
15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)	Pass	Fail
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Pass	Fail
17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say “look” or “watch me”)	Pass	Fail
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”)	Pass	Fail
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Pass	Fail
20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)	Pass	Fail

Total Score: _____

<https://www.m-chat.org>



IWK Health Centre

Local Resources and Referrals

Service	Contact person	Phone number	Website	Other
Public Health			www.nshealth.ca/public-health	<ul style="list-style-type: none"> • Prenatal support for families facing challenges • Postpartum support • Breastfeeding support • Nutrition • Healthy Beginnings: Enhanced home visiting • Immunization information • Early childhood • Communicable disease
Early Intervention Development Centres (ECDIS)			https://www.nsecdis.ca	Provide province-wide specialized services to families of young children between birth and school entry, who either have a biological risk for or a diagnosis of, developmental delay.
Early Intensive Behaviour Intervention (EIBI) – Children should be referred at least 1 year prior to attending school			www.nshsc.nshealth.ca/?q=speech/preschool-services/speech-and-language/autism/early-intensive-behavioural-intervention-program	This program focuses on developing functional social-communication skills in preschool children with autism spectrum disorders (ASD) using specialized treatment methods.
NS Hearing and Speech			www.nshsc.nshealth.ca	Hearing milestones at: www.nshsc.nshealth.ca/sites/default/files/Sound%20Start%20Calendar%2011x8.5_English_web.pdf
Local Family Resource Centre			https://novascotia.ca/coms/families/prevention-and-early-intervention/family-resource-centres.html	Family Resource Centres (FRCs) provide community-based programs and services that support the healthy development and well-being of children and youth by strengthening families and communities.
211		211	http://ns.211.ca	Available 24/7 to find services and programs offered by local community groups, non-profits and government departments.
811		811	https://811.novascotia.ca	811 provides services in over 125 different languages including Farsi, Cantonese, French, Chinese, and Arabic
Local Pediatrician				



Core Outreach Services:

- Child Development Support
- Family Support & Capacity Building
- Transition Support
- Case Coordination & Partnerships

If you are concerned about your child's development:

NS Early Childhood Development Intervention Services has an open referral system, where referrals can be made directly by the family, or on behalf of the family with their consent. Eligibility for services is determined through an initial screening process and home visit. The eligibility criteria for services, includes a developmental delay in two or more areas of development or a risk for developmental delay based on documented biological risk factors.

For a copy of our referral form please click here:

[Referral Form](#)

Centre-Based Services:

- Toy Libraries
- Resource Libraries
- Parent Discussion Groups
- Playgroups
- Family Events

We provide:

- Information to support your child's development
- Connections to services in your community
- Home visiting services
- Service coordination and program planning for your child and family
- Consultation to child care and other community programs
- Assistance with your child's transition to school

<https://www.nsecdis.ca>



Referral Contact Information



Region	Location	Address	Phone	Fax
Central Office	Halifax, Nova Scotia	276 Bedford Hwy, Unit 104, Halifax, NS, B3M 2K6	902-423-8010 1-844-292-6730	902-423-4468
Tri-County Region	Digby location	PO Box 2266 1 Birch Street, Digby, NS, B0V 1A0	902-245-1900	902-245-2583
Tri-County Region	Shelburne location	35 King St. PO BOX 9 Shelburne, NS, B0T 1W0	902-875-4067	902-875-4094
Tri-County Region	Yarmouth location	NS Community College Room 244-2 Burrigde Campus 372 Pleasant St. Yarmouth, NS B5A 2L2	902-742-3366	902-742-1984
South Shore Region	Liverpool location Queens	PO Box 630 6 Bridge St. Milton, NS, B0T 1P0	902-354-5890	902-354-5004
South Shore Region	Mahone Bay First Steps location	PO BOX 640 45 School St. Mahone Bay, NS, B0J 2E0	902-531-3500	902-531-3501
Annapolis Valley Region	Kentville location VCDA	P.O. Box 63 11 Calkin Dr. Unit 2 Kentville, NS, B4N 3V9	902-678-6111	902-678-6112
Annapolis Valley Region	Lawrencetown location Bright Beginnings	10 Middle Road, RR#1 Lawrencetown, NS, B0S 1M0	902-584-2000	902-584-3099
Halifax Region	Halifax location Progress Centre	3530 Novalea Dr, Halifax, NS, B3K 3E8	902-423-2686	902-425-3360
Halifax Region	Lower Sackville location Sackville Bedford	45 Connolly Rd. Lower Sackville, NS, B4E 1S6	902-864-5251	902-864-2943
Halifax Region	Eastern Shore Musquodoboit Valley location	PO Box 245, 22709 Highway #7 Sheet Harbour NS , B0J 3B0	902-885-2946	902-885-2629
CSAP Region	CPRPS Port Hawkesbury	609 Church St. Suite 107, Port Hawkesbury, NS, B9A 2X4	902-625-0396	902-625-0468
CSAP Region	CPRPS Clare location	École Joseph-Dugas 450 chemin Patrice, C.P. 169 Pointe-de-l'Église, N.-É., B0W 1M0	902-769-5853	902-648-2755
CSAP Region	CPRPS Tusket location	Par-en-Bas Box 63 Tusket Yarmouth Co. NS, B0W 3M0	902-648-2522	902-648-2755
CSAP Region	CPRPS Halifax Location	École du Carrefour 201C Portage Avenue Dartmouth , NS B2X 3T4	902-430-6136	902-648-2755
Chignecto Central Region	Truro location	339 Willow Street, Suite A-2 Truro, NS, B2N 5A6	902-843-6060	902-843-6062
Chignecto Central Region	Amherst location Cumberland	141 Victoria St. East PO Box 997 Amherst, NS, B4H 1X9	902-667-8244	902-667-0661
Chignecto Central Region	Indian Brook	185 Sesame St. Indian Brook, NS, B0N 1W0	902-236-2322	902-236-2325
Chignecto Central Region	New Glasgow location Pictou County	138 Campbell St. Unit 5 New Glasgow, NS, B2H 5X9	902-752-1016	902-752-7412
Strait Region	Antigonish location	25 Bay St. Ste 2R Martha Centre, Antigonish, NS, B2G 2G7	902-863-2298	902-867-1037
Strait Region	Guysborough location	Chedabucto Mall, Unit 6, 9996 Route 16 Guysborough, NS, B0H 1N0	902-533-2694	902-533-2694
Strait Region	Port Hawkesbury location Inverness Richmond	609 Church St. Suite 107, Port Hawkesbury, NS, B9A 2X4	902-625-0396	902-625-0468
Cape Breton Victoria Region	Sydney location Allkids	37 Nepean St. Suite 206 Sydney, NS, B1P 6A7	902-567-0991	902-567-0055
Cape Breton Victoria Region	Glace Bay location Allkids	Town Daycare Centre 15 Second St. Glace Bay, NS, B1A 4E9	902-849-3429	902-842-0655
Cape Breton Victoria Region	Baddeck location Allkids	P.O. Box 807 65 High St. Baddeck, NS, B0E 1B0	902-295-2504	902-295-1269
Cape Breton Victoria Region	Eskasoni Location Allkids	Eskasoni Middle School Rm135, P.O. Box7970, 4895 Shore Rd. Eskasoni, NS, B1W 1B8	902-379-3552	

<https://www.nsecdis.ca>



IWK Health Centre

Hearing

Speech

Balance

Swallowing

Professionals



In this Section

About Speech & Language >

Services for Preschool Children >

Speech & Language

Autism

EIBI

Baby and Toddler

Preschool Special Needs Service

Fluency

Communication Aids

Voice and Resonance

Hearing

Services for Home Schooled Children

Early Intensive Behavioural Intervention Program (EIBI)

What is the EIBI Program?

NSHSC is a partner organization in Nova Scotia Department of Health and Wellness' Early Intensive Behavioural Intervention (EIBI) program. This program focuses on developing functional social-communication skills in preschool children with autism spectrum disorders (ASD) using specialized treatment methods.

The NS EIBI program provides treatment for young children (not yet in school) with autistic spectrum disorder (ASD). The program is funded by the NS Department of Health and Wellness and is offered through the Nova Scotia Health Authority, the IWK Health Centre and the Nova Scotia Hearing and Speech Centres (NSHSC). Treatment is provided by a coordinated team consisting of parents, one-to-one interventionists, Clinical Interventionists and Speech-Language Pathologists from NSHSC. The main form of treatment in the NS EIBI program is Pivotal Response Treatment (PRT; Koegel & Koegel, 2006). The main goals of treatment are to facilitate development of the children's communication, play and other functional skills. Treatment focuses on "pivotal" or fundamental areas (e.g. motivation) that result in widespread gains in skill development. Depending on the needs of individual children, treatment also may incorporate the Picture Exchange Communication System (PECS; Bondy & Frost, 2011) and/or Positive Behaviour Support (Lucyshyn et al., 2007). Speech-Language services are coordinated with the EIBI team.



IWK Health Centre

<http://www.nshsc.nshealth.ca/?q=speech/preschool-services/speech-and-language/autism/early-intensive-behavioural-intervention-program>

Healthy Beginnings Enhanced Home Visiting

- Universal, standardized screening tool is administered to all mothers/families postpartum
- Offered services for up to 3 years **and/or** referral and linkage to other health and community resources.
- Refer?: Contact local public health office.



<http://novascotia.ca/dhw/healthy-development/enhanced-home-visiting.asp>



**Take
home message*

- The 2017 Nova Scotia Version of the Rourke baby record is now available
- The 18 month visit is a critical time for assessing development
- Community Resources are available: refer if concerned



Questions?





Thank you!

Contact:

Rebecca Attenborough: Rebecca.attenborough@IWK.nshealth.ca

