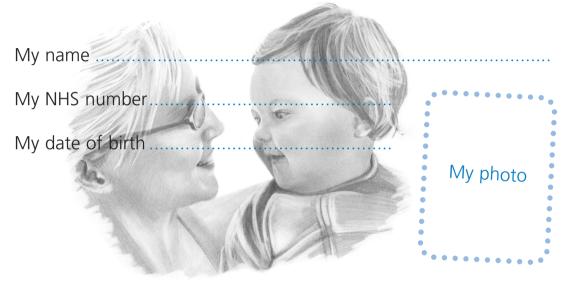
My personal child health record



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Version 2, May 2012





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Harlow Healthcare 121194dtp

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Personal Child Health Record

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

Bring this book with you whenever you visit:

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

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

- childminder
- nursery practitioner or teacher
- primary school teacher
- Children's Centres
- anyone else who helps you care for your child.

Sections with this symbol health visitor and doctor.



are to be filled in by yourself as a parent, or by your midwife,







-

The Healthy Child Programme

Health advice, immunisations, screening and routine health reviews are all important parts of the Healthy Child Programme. They are carried out by health professionals usually doctors, midwives, health visitors, other members of the health visiting team, practice nurses and school nurses in a variety of settings including: GP surgery, Children's Centre, and health centres. A record of these will be made in the personal child health record.

Every parent can expect the following as a minimum:

- Soon after birth: full physical examination
- 5-8 days: newborn bloodspot test
- 10-14 days: new baby review
- In first month: newborn hearing screening
- 6-8 weeks: full physical examination
- 8, 12, 16 weeks: immunisations

- 8-12 months: health review
- 12-13 months: immunisations
- 2-2¹/₂ years: health review
- 3 years 4 months: immunisations
- School entry: Hearing test, eye test, health assessment
- The National Child Measurement Programme

For more information please visit BIRTH to FIVE at NHS Choices www.nhs.uk/birthtofive or view the Birth to Five book at www.dh.gov.uk and search for "birth to five".

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

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

The schedule in the book may vary slightly between areas.







How we handle information

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

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

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

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

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

Professionals have a responsibility to safeguard children, therefore they may need to share information to protect a child.

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

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







Summary Care Records

The NHS aims to provide the best possible care for you and your new baby.

One of the ways we are doing this is by creating a Summary Care Record for you and your baby.

This is a record of important information about your health, which will be available to NHS staff involved in your healthcare.

Your baby's Summary Care Record can be viewed by NHS staff treating them at health care locations across England. It will give them secure access to accurate and up to date information about your baby's health.

This is particularly useful if they need emergency care out of hours as staff will be able to access the information they need to provide safer and better care.

Every time staff want to look at your baby's or your own record, they will ask for permission to view this information.

However, in rare situations where you are not able to give permission, for example, if you were unconscious, staff would still be able to view the record by acting in your best interests.









What information is held on a Summary Care Record?

The record will contain the following items recorded by your baby's GP:

- name
- date of birth
- address
- allergies
- recent & repeat medications
- bad reactions to medicines



What do I need to do now?

To find out if your GP surgery is taking part in the Summary Care Record scheme, you can check your local Primary Care Trust's website or ask at your GP practice.

If you are happy for a Summary Care Record to be created for your baby, you do not need to do anything; their records will automatically become part of the new NHS Care Records Service.

You can choose not to have a Summary Care Record created for your baby. Please speak to someone in your GP surgery to discuss this further.

You can also choose to add additional information to your baby's Summary Care Record. Please speak to your GP if you would like to do this.



For more information about Summary Care Records you can:

- Call the NHS Care Records Service Information line on 0300 123 3020
- Contact your local Patient Advice and Liaison Service (PALS) contact details can be found at www.pals.nhs.uk
- Find more information at <u>www.nhscarerecords.nhs.uk</u>



Parental responsibility

The Childrens Act 1989 defines Parental responsibility as: 'all the rights, duties, powers, responsibilities and authority by law a parent of a child has in relation to the child and his property' and states it is concerned with bringing the child up, caring for him, but does not affect the relationship of parent and child for other purposes.

The following have parental responsibility under the Children's Act 1989:

- A child's biological mother
- A father who is married to the mother of the child when the child is born or a civil partner who had a civil partnership with the mother at the time of the child's birth.
- Unmarried fathers or civil partners for children born after 01.12.03 (in England) if they are registered on the birth certificate. This cannot be used retrospectively.

There are a number of ways of getting parental responsibility under the act:

- For unmarried fathers by being registered as the child's father on the birth certificate (birth is reregistered)
- Entering into a voluntary parental responsibility agreement with the mother and anyone else with parental responsibility
- Marrying the mother
- Applying to the court to obtain a parental responsibility order
- Obtaining a residence order
- Being appointed as the child's guardian
- Adopting the child

Parents do not loose parental responsibility if they divorce.

Foster parents, step parents or grandparents will **not** have parental responsibility unless this has been granted by the courts.



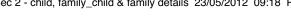






Child, family and birth details / local and information sources





Child's details

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

Surname:					
First names:					
NHS number:		Unit no:			
Address: Sex: M / F					
	Book of the				
	Post code:	D.O.B:	//		
G.P:	Post code:	D.O.B:	//		

Mother's name: .		Date of birth://
Father's name:		Date of birth://
Carer's details:		
Change of add	ress (including post code)	
1):		Tel:
2):		Tel:
3):		Tel:
Named Midwif	e/Team	
Name:		Tel:
Family Doctor		
1) Name:	Address:	Tel:
2) Name:	Address:	Tel:
3) Name:	Address:	Tel:
Health Visitor/	Team	
1) Name:	Address:	Tel:
2) Name:	Address:	Tel:
3) Name:	Address:	Tel:
Dentist		
Name:	Address:	Tel:



Local information

Child health clinics		
1) Name:	. Time:	Tel:
2) Name:	. Time:	Tel:
3) Name:	. Time:	Tel:
4) Name:	. Time:	Tel:
5) Name:	. Time:	Tel:
Children's centre		
Baby/toddler & parents' groups		
Name:	. Time:	Tel:
Name:	. Time:	Tel:
Playgroups		
		Tel:
		Tel:
Nursery schools/classes		
		. Tel:
		Tel:
Other useful contacts		
		Tel:







3 part ncr

Birth details & newborr	n examir	nation	Place of birth:				
♣ Please place a sticker (if available) on each copy ot	herwise write in s	pace provided.	Date of birth://				
Surname:			Length of pregnancy in weeks:				
First names:			Type of delivery:				
NHS number: Unit n	10:		Apgars:(1 min)(5 min)				
Address:	So	x: M / F	Birth weight centile				
			Problems in pregnancy, birth or neonatal period:				
Post code:	D.O.B:/.	/					
G.P: Code:			Feeding: breast / formula				
H.V: Code:			Admitted to NICU? no/yes fordays				
Cinnificant Family bistoms							
Significant Family history:							
Examination explained Accepted by	Examination explained Accepted by parent Y N						
Newborn Examination Age(hours) Date/ Time:							
Newborn Examination Age(hou	ırs) Date		Time:				
Newborn Examination Age(hou							
Performed by		Signature					
Performed by Observation - general		Signature					
Performed by Observation - general Colour		Signature					
Performed by Observation - general Colour O ₂ saturation in air (if applicable) Posture and behaviour Tone,	Normal	Signature Action					
Performed by Observation - general Colour O ₂ saturation in air (if applicable) Posture and behaviour Tone, responsiveness	Normal	Signature Action					
Performed by Observation - general Colour O ₂ saturation in air (if applicable) Posture and behaviour Tone, responsiveness Respiratory Rate Movement Skin Mongolian blue spots, birthmarks,	Normal	Signature Action					
Performed by Observation - general Colour O ₂ saturation in air (if applicable) Posture and behaviour Tone, responsiveness Respiratory Rate Movement Skin Mongolian blue spots, birthmarks, dry, abrasions, bruises	Normal	Signature Action					
Performed by Observation - general Colour O ₂ saturation in air (if applicable) Posture and behaviour Tone, responsiveness Respiratory Rate Movement Skin Mongolian blue spots, birthmarks, dry, abrasions, bruises Auscultation	Normal	Signature Action					
Performed by Observation - general Colour O ₂ saturation in air (if applicable) Posture and behaviour Tone, responsiveness Respiratory Rate Movement Skin Mongolian blue spots, birthmarks, dry, abrasions, bruises Auscultation *Heart Observation, heart sounds and murmur	Normal	Signature Action					

enter final outcome on page 5

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3 part ncr

Birth details & newborn examination continued

(Affix baby label on reverse if available) DOB: NHS number: Name: Palpitation and observation Normal Action **Details: Comments** Head and skull: Features, hair, moulding, fontanelles, sutures, caput, cephalhaematoma, trauma Face Appearance, haemangiomas, asymmetry Ears Dimples, position, appearance *Eves: red reflex Right and left Eyes Appearances, squint, conjunctivitis, discharge, haemorrhage Mouth and palate Palate, teeth Neck and clavicles Clavicle fracture, mobility, sternomastoid Chest Shape, nipples, abnormal breathing pattern Abdomen Liver, spleen, masses, tone Umbilicus Smell, discharge, hernia Upper limbs, hands Length, digits, palmar creases, syn/poly-dactyly, tone, movement, oedema Lower limbs, feet Length, digits, syn/poly-dactyly, tone, movement, talipes, oedema *Genitalia Hypo/epi-spadias, testes, hydrocele Anus Position, patency Femoral pulses Both palpable Back and spine Dimples, hair tufts, naevus, abnormal skin patches Breech, leg problems, family history of dislocated hips (Negative = satis) If yes, do hip ultrasound *Hips: Ortonali and Barlow Do either *Hips: Ultrasound if done or both Reflexes Grasp, Moro, rooting stepping

^{*} enter final outcome on page 5 Reproduced and adapted with kind permission from the Perinatal Institute Top Copy; remain in PCHR 2nd Copy (yellow): Maternity Notes (as per local policy) 3rd Copy (pink): to HV



.

Baby discharge summary by midwife First milk feed: breast

Please place a sticker (if available) on each copy otherwise write in space provided.	Birth weightkg
	Discharge weightkg
Surname:	Head circ cm Date
First names:	Summary of examination on discharge
NHS number: Unit no: Unit no:	Hips S P O T R N
Address: Sex: M / F	Testes S P O T R N
Sex. IVI / F	Eyes S P O T R N Heart S P O T R N
Post code: D.O.B: / /	Rest of examination S P O T R N
G.P: Code:	Summary
	Signature
H.V: Code:	Date
Breast feeding at discharge: DateTotally Pa	artially Not at all
Newborn blood spot screening performed YESINO	
Date blood taken(results overleaf) Test No	
BCG indicated YES/NO BCG given YES/NO If YES please enter de	tails on separate BCG page
Hep B indicated YES/NO Hep B given YES/NO If YES please enter d	details on separate Hep B page
Has a Safe Sleening assessment been completed? YES/NO	

S = Satisfactory (normal result) P = Problem (use agreed locally) O = Observation (review agreed) T = (problem) Treatment in place R = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to any community or hospital service N = Referral to N = Referral t

If one or more codes seem to apply select the last one e.g. N takes priority over R, O over P etc.

Top Copy: remain in PCHR 2nd Copy (yellow): HV 3rd Copy (pink): Midwifery Notes

Follow-up required YES/NO GP/Community Paed/Hospital

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If YES specify.....

Location Clinic Date

reverse of top copy (white)

Results of newborn bloodspot screening

Results of newborn bloodspot screening

Condition	Results received? Yes / No / Declined	Result e.g. screen negative/screen positive/carrier for	State action required e.g. premature, retesting at equivalent of 36 weeks gestation/parents referred for genetic testing/baby referred to specialist centre
PKU			
Hypothyroidism			
Sickle Cell			
Cystic Fibrosis			
MCADD			
Other			
Retest required `	Y N Date	Time	Location
Condition			
	Results received? Yes / No / Declined	Result e.g. screen negative/screen positive/carrier for	State action required e.g. baby referred to referred to specialist centre/ parents referred for genetic testing
PKU		e.g. screen negative/screen	e.g. baby referred to referred to specialist centre/
PKU Hypothyroidism		e.g. screen negative/screen	e.g. baby referred to referred to specialist centre/
		e.g. screen negative/screen	e.g. baby referred to referred to specialist centre/
Hypothyroidism		e.g. screen negative/screen	e.g. baby referred to referred to specialist centre/
Hypothyroidism Sickle Cell		e.g. screen negative/screen	e.g. baby referred to referred to specialist centre/



Important health problems

1:	Date:
2:	
3:	Date:
4:	. Date:
Specialist Clinics	
Name:	. Unit Number:
Name:	. Unit Number:
Name:	. Unit Number:
Physical, educational and emotional disabilities	
1:	. Date:
2:	. Date:
3:	. Date:
4:	. Date:
Serious allergies and reactions to drugs or vaccines	
1:	Date:
2:	. Date:
3:	. Date:
4:	. Date:



Family history

Parents:	Mother's name:			
	Father's name:			Date of birth://
Are there a	ny other children in the fa	mily?		
Siblings nam	ne(s):			
Sex:				
Date of Birth	1:			
Is there any	family history of:	Yes	No	Comments
Childhood d	eafness			
Fits in childh	ood			
Eye problem	s in childhood			
Hip problem	s in childhood			
Reading and	spelling difficulties			
Asthma / ecz	zema / hayfever / allergies			
Tuberculosis	(TB)			
Heart Condi	tions			
Are there an	y other particular illnesses or o	onditio	ns in th	e mother's or father's family that you feel are important?
Is an interp	reting service needed? No	Ye:	s 🔲 If	yes, which language?

Children's Centres, playgroups, nurseries and day care

Playgroups, pre-school education and child care are available in all districts. Look at the links below or ask your Health Visitor for details

Sure Start Children's Centres

Sure Start Children's Centres are places within the local community which offer advice and support for families with children under five years. They aim to provide the best possible start in life for your children, help them reach their potential and have fun. Children centres vary from area to area in terms of what they offer, but all aim to support learning

and development for your child and offer support for the family.

Ask your Health Visitor for further information re children centre services in your locality. Health Visitors support registration at the Children Centres.

For information about Playgroups, Preschool education and childcare in your area, contact your Health Visitor or find your local Family Information Service (FIS) who offer free and up to date information on childcare and local services.

Contact them on: www.direct.gov.uk and select finding and choosing childcare in the parents section.

Your child is entitled to 15 hours of free early education per week for 38 weeks per year (some childcare providers may be able to stretch the offer over more weeks) from the term after their third birthday until they start school. You can look for part-time early education for your child in a school nursery class, nursery school, day nursery, playgroup or pre-school or with a childminder if they are part of a registered childminder network.

There is also some free early education provision for two year olds, 10 hours of free early education per week for 38 weeks per year increasing to 15 hours per week from 2013. Please ask your Health Visitor for more information regarding access to the two year old offer.

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

Schools and early year's providers have to follow a structure of learning, development and care from birth to five years old. This is called the Early Years Foundation Stage (EYFS) and it enables your child to learn through a range of activities.

The Families in the Foundation Years website www.foundationyears.org.uk/parents/ takes you through the main life stages all families experience from preparing for parenthood through to starting in reception class. Each section gives an outline of the huge range of information available to you to help in making choices and plans.



Sure Start Children's Centres

2 part set 1st copy - full colour 2nd copy - greyscale



Greater Manchester

Sure Start Children's Centres Membership Form

Child's name	M/F	Ethnicity	,	
DoB NHS No.				
I have been told about the services that Sure Start Children's Cera member of the Children's Centre team about what is happening myself and my children, also that my information is added to Everyone working for the Sure Start Children's Centre has a legal and confidential.	ng in m	ny <mark>local Sure</mark> Sure Start Cl	Start Childre hildren's Cen	en's Centre foi tre database
Your local Children's Centre is:	Telep	phone:		
Children's Centre address:				
Consent given by: Signature		D	ate	
Name of Mum	nicity			
Name of Dad	nicity			
Name of other Carer:				
Address				
			Postcode	
Contact telephone number(s) Mum				
				_
Professional completing form: Name	••••••	MW	FSW F	HV []
Top Copy to remain in the Red Book; Pink Copy to be sent to local Children's Centre				



NHS Choices (http://www.nhs.uk/Pages/HomePage.aspx)

NHS Choices is the UK's biggest health website. It provides a comprehensive health information service that puts you in control of your healthcare.

The website helps you make choices about your health, from decisions about your lifestyle, such as smoking, drinking and exercise, to finding and using NHS services in England.

NHS Choices includes around 20,000 regularly updated articles. There are also hundreds of thousands of entries in more than 50 directories that you can use to find and choose health services in England.

Since the integration of the online arm of NHS Direct in October 2008, NHS Choices has provided a single public website for health and the NHS in England.

Along with articles and reports, the site offers hundreds of videos, interactive tools and listings that allow you to compare services, such as hospitals, GPs or dentists. You can also create your own private account and have content personalised for you on the NHS Choices homepage.

An automated translation system allows most content to be displayed in more than 50 languages.

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: www.familylives.org.uk
- Free Confidential 24 Telephone support on any issue
- Parentline 0808 800 2222
- Email Support: parentsupport@familylives.org.uk
- · Live Chat: http://fmly.me/fliveonline
- Online Forum: http://familylives.org.uk/forums
- Parenting Courses and Workshops









Baby health and advice







Make sure you Choose Well.

Is your child feeling unwell? Do you need help and advice?

Self Care

NHS Choices

www.nhs.uk or NHS Direct 0845 4647

Health Visitor Your Local Pharmacy

Your GP/Out of Hours GP

Primary Care Centre

Walk In Centres / Minor Injuries Unit / **Urgent Care Centres**

A&E and 999

For critical and life threatening situations

For further information on childhood illnesses refer to the online Birth to Five

www.nhs.uk/birthtofive

or see Baby Health and Advice section







Getting to know your baby

Birth to five

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



It explains:

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

For more information please visit BIRTH to FIVE at NHS Choices www.nhs.uk/birthtofive or view the Birth to Five book at www.dh.gov.uk and search for "birth to five".

NHS direct

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

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

Calls to NHS Direct are charged at local rates.



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

www.nhsdirect.nhs.uk





Attachment and bonding

The early relationship between a parent and child is very important. It affects your child's future relationships and the way your child thinks about him or her self.

Being in warm loving surroundings with plenty of good physical contact is the single most important factor for improving your baby's development. Cuddling, smiling, chatting and singing all of these activities matter in building up your growing child's sense of enjoyment.

You can make a difference from day one:

- Talk to your baby from day one, giving your baby a chance to respond.
- Make sure that you hold your baby about 20cm or 8" from your face in a comfortable position for both of you
 when you are talking or singing with your baby.
- The newborn baby cannot bear to wait and needs a quick response. He/she will learn to feel secure from not having to wait too long. You cannot spoil a baby of this age. Limit the number of carers for your baby.

Your responses may be a smile, a kind word or a gentle touch if your baby is not too distressed and just needs to know you are there.

Babies can demonstrate they are tense or anxious by presenting with poor sleep patterns, difficulties with feeding or restlessness. All babies need your presence and reassurance. Some babies can be soothed more easily than others. Your patience and ability to be sympathetic to your baby when they are upset, even if you don't know why, will help them to learn to bear these difficult feelings.

Getting it right will be different for different babies. During the first few months you will be getting to know your baby and learning to read his/her signals. You will learn to recognise when your baby is tired or bored as he/she looks away, yawns, puts his/her hands up to his/her face or when they are ready to play - when he/she looks at you, reaches towards you, smiles at you.

- Consoling techniques for your baby
- A smile
- A smile and gentle word
- Placing your hand on your baby's stomach
- Placing a hand on baby's stomach and gently bringing baby's arms across baby's chest
- Picking up and rocking your baby gently, remembering to talk to your baby

Please leave the scratch mitt off - your baby can get his/her hand to his/her mouth to settle him/herself without them.

Your Midwife or Health Visitor will be happy to help you with any queries or concerns you may have.



LET'S PLAY BABY

A GUIDE TO GET YOU AND YOUR BABY ACTIVE

TUMMY TIME

Babies need time on their tummy to strengthen muscles, they will need to crawl (legs, arms, back & neck). Some babies may not like being on their tummy, try them for short periods of time, lay them on your tummy while you lie down.

Bubbles are a great way to get your child to move their eyes, they can follow them in lots of directions, which strengthens their eye muscles.

MOVE TOGETHER

Babies **love music and movement.** Why not dance around the living room with them in your arms. Or sit down, lie back, balance them on you, move together.



IT'S REALLY GOOD TO TALK

Communication is essential for your child to develop. Talk to them about what you're doing, sing to them (they don't mind if you're off key). Keep eye contact when you explain things, they are listening.

www.greatersport.co.uk/letsplay

.

ROLLTASTIC Rolling helps develop

balance, strength. Support your baby rolling from the hip; help them roll from front to back and back to front.



TICKLES & TOUCH

Babies can be active! Get them out of their cot, rocker, car seat for a cuddle. They love to kick their feet and wiggle about.

Tickles are the very best thing ever! Check out baby massage.....



get back in the better. Making water

time fun from their very first bath as crucial, lots of smiles and eye contact.

You can head to the pool straight away too, keep the visits short (10 minutes).











CRAWLING

Encourage movement from tummy time by placing objects in front of them, maybe use a favourite toy. They will start to move eventually.

Don't worry if they don't crawl, some babies go from a 'bum shuffle' straight to standing up. Make tunnels with vour body for them to crawl under.



BALL FUN

You can play with a ball straight away. From following it with their eyes, crawling after it and then rolling the ball themselves

You can roll it to each other.



PLAY SAFE

We all worry about the safety of our children, but we shouldn't wrap them in cotton wool or stop them from playing.

WHY PLAY BABY... PHYSICAL DEVELOPMENT

Babies need to be physically active from the time they are born. They need to be able to move, stretch, kick, look, grab, wrigale & wigale.

These activities encourage your child's development, promoting their movement skills giving you some great things you can do as part of your normal routine. in your home and outside throughout the day. Get them out of the car seat, buggy, rocker etc. as much as possible. They shouldn't be in a car seat for any prolonged length of time.











SITTING UP / PULLING UP **REACHING / GRABBING CRUISING AND WALKING**



WOULD YOU LIKE TO KNOW MORE

See all activities demonstrated at www.greatersport.co.uk/letsplay and much more, go on log on!

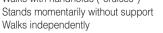
Lets play - part of Changing Lives, AGMA's 2012 legacy plan for Greater Manchester

For more information on what is available in your area please contact your local Children's Centre. Leisure Centre or Health Visitor

If you have any concerns trying these activities please speak with your GP or Health Visitor

MOTOR SKILL

AGE RANGE Holds head erect and steady 1-4 months Sits with support 1-5 months Lifts head, shoulders, and forearms 2-5 months while lying down Sits momentarily without support 4-8 months Reaches with one hand Rolls over from back to front 4-10 months Crawls and pulls on objects to achieve 5-12 months upright position Walks with handholds ("cruises") 6-12 months



9-16 months 9-18 months

3 PART NCR To be completed by a midwife before five days

	Safe sleeping assessment and action	n plan		CH776
	Surname: Ad	dress:		0
	NHS number: Pos	st code:		0
	D.(O.B:/		Sex: M/F
	***************************************			C
1	Have you discussed a 'Safe Sleeping' leaflet?	Voc 🗆	No 🗆	Comments
	, , ,	Yes		
	If breastfeeding, has advice been given about managing breastfeeding and sleeping?	d safe Yes 🔝	No	
	Have you seen baby's sleeping arrangements (day & night) and advised the baby sleeps in same room as parents for first 6 months?	at Yes 🗌	No 🗌	
	Have you shown and discussed 'safe sleeping' images and the protective and risk factors? • Back to sleep / feet to foot? • Room temperature, suitable bedding? • Use of dummies? • Sofa / car seats	Yes Yes Yes Yes Yes	No	
	Routine questions for parent / care giver			
	Would you consider placing your baby in your bed or on a sofa / beanbag	to sleep? Yes	No 🗌	
	Do you share your bed with anyone else, including other children?	Yes	No 🗌	
	Did you smoke at any time during your pregnancy?	Yes	No 🗌	
	Does anyone in the house smoke?	Yes	No 🗌	
	Do you drink alcohol in the house or come home to baby after drinking?	Yes	No 🗌	
	Are you taking any drugs or medication?	Yes 🗌	No 🗌	
	Does your partner take drugs, medication or drink alcohol?	Yes	No 🗌	
	Due to overtiredness could you easily fall asleep whilst settling / feeding you	our baby? Yes 🗌	No 🗌	
	Was your baby premature or low birth weight?	Yes 🗌	No 🗌	
	Would you keep a hat on the baby in the house or leave his/her outdoor clothing on when returning home from an outing?	Yes 🗌	No 🗌	
	Top Copy: remain in PCHR 2nd Copy (yellow): HV 3rd Copy (pink): Midwifery Notes			continued on p18



REVERSE OF TOP COPY (WHITE)

Safe sleeping

It can be dangerous for babies to get too hot (or too cold)

- 65°F or 18°C is the ideal temperature for your baby's room
- 2 or 3 layers of blankets are enough
- babies after the age of one month do not need more clothes than their parents
- take off 'out of door' clothes inside the house
- be particularly careful to prevent babies who are unwell from getting too hot

For further information ask your midwife, health visitor or doctor

Tog Table

Apply no more than 12 Tog units in total of clothing and wrapping.

Baby Clothing		Bedding	
Vest	0.2	Sheet	0.2
Babygro	1.0	Old Blanket	1.5
Jumper/Cardigan	2.0	New Blanket	2.0
Trousers	2.0	Quilt (check makers instructions)	9.0
Sleep suit	4.0	Swaddled/wrapped in single sheet	0.8
Disposable nappy	2.0	Swaddled/wrapped in single blanket	8.0

Smoke Free zone. Do not smoke anywhere near your baby.

Remember that when your baby is awake they should spend time in other positions, not always lying on their back, this will help their head control and healthy development. You must supervise your baby when it is playing on its front and never let them fall asleep on their front.





3			

Safe sleeping assessment and action plan continued

CH776

ame: Address:			
			Comments
Do you place toys in your baby's cot?	Yes 🗌	No 🗌	
Do pets share your baby's sleeping environment or is baby ever left alone in same room as a family pet?	Yes 🗌	No 🗌	
Do you have a plan to manage safe sleep for your baby in different circumstances (e.g. sleeping away from home, after drinking alcohol?	Yes 🗌	No 🗌	
The best place for your baby to sleep for long periods is in a cot (not in a car seat)			
Action Plan - What is your Action Plan and what are the time scales?			
ompleted By			
int Name:Signature:		Dat	te:

Top Copy: remain in PCHR 2nd Copy (yellow): HV 3rd Copy (pink): Midwifery Notes Adapted from: Derby City and Derbyshire County Assessment



Infant deaths - reducing the chances

The Foundation for the Study of Infant Deaths (FSID) 0808 802 6868 and 'Caring for your baby at night: a guide for parents' www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Caring-for-your-baby-at-night/

- The safest place for your baby to sleep is on his/ her back in a cot in a room with you for the first six months.
- Place your baby with their feet to the foot of the cot, to prevent them wriggling down under the covers.
- Do not let your baby become too hot, and keep your baby's head uncovered indoors
- Do not place your baby on his/ her tummy or side to sleep.
- Never sleep on a sofa or armchair with your baby
- Do not smoke in pregnancy fathers too! Do not let anyone smoke in the same room as your baby
- Breastfeeding your baby reduces the risk of cot death
- Don't forget, accidents can happen: you might roll over in your sleep and suffocate your baby, or your baby could get caught between the wall and the bed, or baby could roll out of an adult bed and be injured
- If your baby is unwell seek medical advice promptly
- Bed sharing is never recommended for premature babies.
- It's especially dangerous for your baby to sleep in your bed if you (or your partner)
 - are a smoker, even if you never smoke in bed or at home
 - have been drinking alcohol
 - taken medication or drugs that make you drowsy
 - feel very tired

or if your baby:

- was born before 37 weeks
- weighed less than 2.5 kg (5½ lbs) at birth
- is less than 4 months old









Breastfeeding

National Breastfeeding Helpline

Call 0300 100 0212 for breastfeeding information and to speak to your nearest trained volunteer mother who will be happy to listen to you in confidence.

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

Best Beginnings

You can access this at www.bestbeginnings.org.uk

The website covers topics including:

- · preparing for birth
- graphic of a baby attaching on the breast
- feeding out and about
- introducing other foods

- birth, skin-to-skin and early feeds
- the early days and weeks
- overcoming challenges



There are also five extra films, covering:

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

For further information on hand expression, 'breast feeding outside the home' and 'returning to work and breastfeeding', please contact your professional or see:

www.nhs.uk/planners/breastfeeding/pages/breastfeeding.aspx

For further information about breastfeeding see Birth to Five.







2 part ncr

Breastfeeding assessment – midwife

Mother's name:

Baby's name:

Gestation in weeks:

Date of Assessment				Where seen:
What to observe/ask about	Answer indicating effective feeding	Yes	No	Additional support required – if answered 'no' complete action plan and follow up
Attachment	Baby approaches nose to nipple, with chin leading, wide open mouth. More areola visible above the top lip than below. Baby held close to mum.			Action plan:
Hold/position	Head and body in a straight line, head free to tilt back, breasts hanging naturally.			
Sucking pattern during feeds	Initial rapid sucks changing to slower sucks with pauses and soft swallowing. Cheeks are full and rounded. Baby calm and relaxed during feeds.			
Length of feed	Baby feeds for 5-30 minutes at most feeds.			
Number of feeds in last 24 hours End of feed	At least 8-12 feeds in last 24 hours Baby lets go spontaneously, or does so when breast is lifted gently.			Action plan review date: Signature:
Offer of second breast if required	Second breast offered. Baby feeds from second breast or not according to appetite.			Print and designation: Date and time:
Comfort	Mother reports breast and nipples comfortable. Feeding pain free.			Mums remember to seek advice from you
Shape of either nipple at end of feed	Nipple may be slightly fuller and pinker at end of feed, elongated nipples can be an indication that positioning is not adequate and attachment is not optimal.			midwife, health visitor or breastfeeding suppor worker if you have:
Baby's behaviour after feeds	Baby content after most feeds.			assessment.
Baby's colour, alertness and tone	Normal skin colour; alert; good tone			Remember to keep your baby close.
Weight (following initial post-birth loss)	Gaining weight as per WHO chart guidance.			, , ,
Urine output	Day 1-2 1 wet nappy or more, day 3-4 3 or more, 5-6 6 or more, 6 days onwards 6-8 wet nappies in 24 hours.			Feed your baby as soon as they show signs of: rooting, licking with lips, rapid eye movement. Night feeds are important to ensure a good mill
Appearance and frequency of stools	Day 1-2 meconium (black tar like) Day 3-4 changing stool (brown, green, yellow), Day 5-6 2 or more a day yellow, soft, size £2.00 coin. Over 4 weeks variable frequency of stool, soft and yellow.			production – discuss 'safe sleeping' with you midwife, health visitor or breastfeeding support worker.
Use of dummy/nipple shields/formula	None used.			

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2 part ncr

Breastfeeding assessment – health visitor

Mother's name.	Baby's name	
Date of hirth:	Birth weight:	Gestation in weeks:

Date of Assessment			Where seen:	
	Baby's Age in Weeks			
What to observe/ask about	Answer indicating effective feeding	Yes	No	Additional support required – if answered 'no' complete action plan and follow up
Attachment	Baby approaches nose to nipple, with chin leading, wide open mouth. More areola visible above the top lip than below. Baby held close to mum.			Action plan:
Hold/position	Head and body in a straight line, head free to tilt back, breasts hanging naturally.			
Sucking pattern during feeds	Initial rapid sucks changing to slower sucks with pauses and soft swallowing. Cheeks are full and rounded. Baby calm and relaxed during feeds.			
Length of feed	Baby feeds for 5-30 minutes at most feeds.			
Number of feeds in last 24 hours End of feed	At least 8-12 feeds in last 24 hours Baby lets go spontaneously, or does so when breast is lifted gently.			Action plan review date: Signature:
Offer of second breast if required	Second breast offered. Baby feeds from second breast or not according to appetite.			Print and designation: Date and time:
Comfort	Mother reports breast and nipples comfortable. Feeding pain free.			Mums remember to seek advice from you
Shape of either nipple at end of feed	Nipple may be slightly fuller and pinker at end of feed, elongated nipples can be an indication that positioning is not adequate and attachment is not optimal.			midwife, health visitor or breastfeeding suppor worker if you have:
Baby's behaviour after feeds	Baby content after most feeds.			assessment.
Baby's colour, alertness and tone	Normal skin colour; alert; good tone			Remember to keep your baby close.
Weight (following initial post-birth loss)	ial post-birth loss) Gaining weight as per WHO chart guidance.			, , ,
Urine output	Day 1-2 1 wet nappy or more, day 3-4 3 or more, 5-6 6 or more, 6 days onwards 6-8 wet nappies in 24 hours.			Feed your baby as soon as they show signs of:rooting, licking with lips, rapid eye movement.
Appearance and frequency of stools	Day 1-2 meconium (black tar like) Day 3-4 changing stool (brown, green, yellow), Day 5-6 2 or more a day yellow, soft, size £2.00 coin. Over 4 weeks variable frequency of stool, soft and yellow.			Night feeds are important to ensure a good mill production – discuss 'safe sleeping' with you midwife, health visitor or breastfeeding suppor worker.

Top copy: remain in PCHR 2nd Copy (pink): HV notes

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How can I tell that breastfeeding is going well?

now can't ten that breastreeuing is going wen?					
Breastfeeding is going well when:	Talk to your midwife, Health Visitor or community breastfeeding supporter				
Your baby has 8 feeds or more in 24 hours after the first few days. These may not be evenly spaced.	Your baby is sleepy and has had less than 6 feeds in 24 hours. Your baby almost always feeds.				
Your baby is feeding for between 5 and 30 minutes at each feed.	Your baby consistently feeds for 5 minutes or less at each feed. Your baby consistently feeds for longer than 40 minutes at each feed.				
	Your baby always falls asleep on the breast and/or never finishes the feed himself.				
Your baby has normal skin colour.	Your baby appears jaundiced (yellow discolouration of the skin). Most jaundice in babies is not harmful, however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow.				
Your baby is generally calm and relaxed whist feeding and is content after most feeds.	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed.				
Your baby has wet and dirty nappies.	Your baby is not having the wet and dirty nappies explained overleaf.				
Breastfeeding is comfortable.	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side.				
When your baby is 3-4 days old and beyond you should be able to hear your baby swallowing frequently during the feed.	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond.				
	You think your baby needs a dummy.				
	You feel you need to give your baby formula milk.				

If you have any other concerns please discuss with your midwife, health visitor or community breastfeeding supporter. With Kind Permission from UNICEF Baby Friendly.



Bottle feeding your baby

When using formula milk to feed your baby, it is important that you prepare it in the safest way possible. Tins and packets of milk powder are not sterile even when sealed and can contain harmful bacteria, which, if the feed is prepared incorrectly can cause infections that can be life threatening.

Cleaning and sterilising - this applies if you are breast or bottle feeding.

- Wash your hands and work surfaces.
- Clean all feeding equipment in hot soapy water then rinse under running water before sterilising. Remove all traces of milk.
- For cold water sterilising units follow the manufacturers Instructions. Change the sterilising solution every 24
 hours. Completely immerse the bottles and teats in the solution, ensuring no air is trapped in them. Keep all the
 equipment under the solution by using the floating cover. It will take at least 30 minutes to sterilise the
 equipment.
- For steam sterilisers follow the manufacturer's instructions. Ensure the openings of the bottles and teats are facing down in the unit. Any equipment not used immediately should be re-sterilised before use.

Making up feeds - Always make up bottles fresh at each feed. Never store milk in the fridge for later.

- Use fresh tap water to fill up the kettle.
- After it has boiled, let it cool for no more than 30 minutes. The optimal temperature to prepare the feed is 70 degrees centigrade. Do not use artificially softened water, or kettle water that has been repeatedly boiled. If you have to use bottled water (if you are on holiday), it will still have to be boiled.
- Shake off any excess water from the bottle and stand on a clean surface. Always pour the cooling boiled water first. Check the bottle is filled to the required level.
- Follow the formula manufacturers instructions. Loosely fill the scoop with milk powder and level it off with the flat side of a clean knife or leveller.
- Never add extra scoops, sugar or cereals to the bottle as this can make your baby ill or choke.
- Carefully attach the teat, retaining ring and cap on the bottle and shake until all the powder is dissolved
- Make sure the feed is not too hot: 70° centigrade can still cause scalds. You may need to cool the bottle in cool
 water before giving it to your baby. Always test a small amount on the inside of your wrist to check it is cool
 enough to give to your baby.



DΛ		

Baby's name & address

Feeding your baby

- Sit comfortably, give eye contact and cuddle your baby close.
- Tilt the bottle so there is no air in the teat.
- Give your baby time to take as much feed as he/she needs try to use a single carer if possible.
- Throw away unused formula in the bottle.
- Never leave your baby propped up or unattended while feeding.
- Exclusive 1st stage milk for 6 months; weaning can be commenced from 6 months

Bottle feeding checklist	Yes	No
Baby-led feeding explained		
Feeding cues discussed		
Rooming-in discussed		
Bed-sharing discussed and managing night feeds		
Checklist for bottle feeding a healthy term baby		
Mother shown how to hold baby and how to offer feed safely		
Mother confident with holding and feeding		
Full feed observed		
Problems with using dummies discussed		
Mother shown or discussed how to make up feeds safely and how to sterilise equipment		
Mother confident with making up feeds and sterilising equipment.		
Artificial milk, feeding equipment and steriliser ready at home		
Introducing solid food		
Date: Signature:		



Top copy: remain in PCHR 2nd Copy (pink): to midwifery notes 3rd Copy(???): ?????? No copy supplied for this information?

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N

Crying

All babies cry, and some cry a lot! Crying is your baby's way of asking for help.

Most babies have a crying time each day. Early evening is the most common time for a baby to cry a lot.

Your baby may be:

*Too hot *Lonely *Too Cold *Bored

It may help if you make sure your baby is:

- Clean and dry
- Fed
- Offered breast if breastfeeding
- Rocked in your arms or pram
- Taken out for a walk in the pram
- Talked or sung to
- Given things to look and listen to
- Comfortable

Cry-Sis helpline 7 days a week 9am-10pm 08451 228 669

National Breastfeeding helpline 9.30am until 9.30pm 0300 100 0212

Nappy care & Constipation

Breastfed babies may pass a stool after each feed at first, after 4-6 weeks this may alter and can be several times a day to less than once a week. If you are worried contact your health visitor for advice. (For early stool colour see breastfeeding assessment)

Babies often strain to pass a stool. As long a it is soft this is quite normal.

Nappy rash is very common, affects a lot of babies and is easy to treat.

It can be caused by prolonged contact with urine or 'poo', sensitive skin, rubbing, chaffing, soap, bubble bath, detergents, baby wipes and diarrhoea.







Nappy care includes:

- Changing wet or dirty nappies as soon as possible
- Washing and drying your baby's bottom at each nappy change with plain water
- Leave baby's nappy off for half an hour several times a day to let air get to the skin

If your baby does have nappy rash you can treat it with nappy rash cream ensuring that you leave the nappy off until the cream has been absorbed if using disposable nappies.

If the spots get sore or the rash persists seek medical help.

Constipation is infrequent bowel actions (poo) that are difficult to pass and are causing distress.

If formula fed check feeds are being made up correctly, and offer small amounts of cooled, boiled water between feeds.

If taking solids improving diet and fluid input often relieves constipation.

If your child is having persistent problems please seek help early from your health visitor.

Solids

Six months is the recommended age for weaning babies.

If you want to start giving your baby solids before then, ask your Health Visitor for advice.

Do not add salt or cook with salt.





Healthy Start

Help give your baby the very best start in life

Vitamin D is important for all babies' health.

The Healthy Start children's vitamins contain the recommended dose, please ask your health professional for more information about when to start.

Healthy Start vouchers for FREE milk, as well as fresh or frozen fruit and vegetables and coupons to swap for free vitamins for you and your baby are available if you qualify for the National Programme.

Who qualifies?

Women more than 10 weeks' pregnant, and families with children under four years old, qualify for Healthy Start if the family is receiving:

- Income Support, or
- · Income-based Jobseekers Allowance, or
- Income-related Employment and Support Allowance, or
- Child Tax Credit (but not Working Tax Credit unless your family is receiving Working Tax Credit run-on only*) and has an annual family income of £16,190 or less (2011/12).

You also qualify if you are under 18 and pregnant, even if you don't get any of the above benefits or tax credits.

*Working Tax Credit run-on is the Working Tax Credit you receive in the 4 weeks immediately after you have stopped working for 16 hours or more per week.

You can apply yourself by downloading the application form at www.healthystart.nhs.uk You should then take your application form to your midwife or health visitor for them to confirm your pregnancy or you have a child/children under four.





Where can I exchange my Healthy Start vouchers and coupons?

Find the nearest shop that accepts vouchers at www.healthystart.nhs.uk

You can exchange your Healthy Start vitamin coupons for free at many Children's Centres and Health Centres.

Use the following link to find the nearest centre where Healthy Start vitamins are available:

www.nhs.uk/servicedirectories/pages/servicesearchadditional.aspx?servicetype=heathystartvitamins

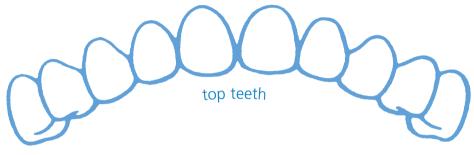
However, even if you do not qualify for free Healthy Start vitamins you can still buy them and they supply

essential vitamin D.

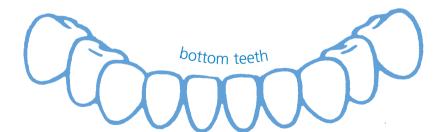


NHS dental treatment for children is free.

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



Age first tooth came through:



For more information please visit BIRTH to FIVE at NHS Choices www.nhs.uk/birthtofive or view the Birth to Five book at **www.dh.gov.uk** and search for "birth to five".



Giving teeth a good start



- Baby teeth are very important, they allow your child to eat, speak and smile.
- Start off with a good brushing habit
- Start to brush teeth as soon as they appear, usually around six months of age.
- For babies aged 6 months use a smear of family strength fluoride toothpaste. Baby toothpastes do not contain enough fluoride. When the child reaches three they usually have all 20 baby teeth through. From three it is recommended to use a pea sized amount of family fluoride toothpaste (1350-1500ppm fluoride), encourage the child to spit out and do not rinse the mouth out with water as this will wash away the fluoride that strengthens the tooth's surface.
- Remember to brush the teeth twice a day especially before bedtime and one other time in the day. Brushing should be supervised by an adult for children under 7 years.
- Give them a healthy start
- Introduce a free flow feeder cup from six months
- Only give water or milk between meals
- Limit how often they have sugary foods or drinks, keep sugar to mealtimes only.
- Never give sugary foods or drinks last thing at night before bed
- If your child needs to take medicines ask your GP to prescribe sugar-free varieties.
- Reduced cost brushes, toothpaste and advice are often available from children centres.
- If you require further information please refer to the Birth to Five book.

Common childhood illnesses

When to see a doctor

Is your child feeling unwell? All children get ill from time to time. Many illnesses get better by themselves and can be easily treated at home.

Small babies can become very poorly very quickly.

You know your baby best.

Do not wait too long if you are worried.

Ask for help when you feel you need it.

A very ill baby may:

- Be unusually sleepy or floppy
- Have breathing difficulties, such as breathing fast or grunting
- Be much less active
- Take less than half the normal feed in the previous 24 hours
- Have less than four wet nappies in the previous 24 hours
- Feel hot when looking pale, or they look mottled or blue
- Has a spotty purple red rash on their body could be a sign of meningitis (see above)

If you notice any of these contact your

Doctor (or out of hours doctor) at once and find out what to do next.

If you cannot talk to a Doctor quickly, then take your baby

to a Walk-in centre, or to A & E

It's always better to be safe than sorry, if ever in doubt talk to a health professional, or seek medical advice.





Fevers

If you think your child has a fever, watch out for other signs of illness. Encourage your child to drink more fluids. A hot child may not want food and may want more sleep.

Keep your child cool by taking off clothing or bedding. Consider giving infant paracetamol if your child appears distressed or is unwell. Check the dosage. For a young baby seek medical advice first.

Do not sponge your child with cool water and do not add more clothes or bedding.

Contact your GP if you are worried.

Spots & Rashes

Babies often get spotty. Most spots do not need treatment. Your baby's skin is very delicate. Try to limit the amount of products you use on their skin.

- Milk spots on baby's face newborn babies often develop a rash that looks like 'acne'. It will normally settle on
 its own without treatment after several weeks.
- Heat rash this mainly appears on the head and neck as tiny red spots. Make sure your baby is not too hot.
- Cradle Cap Yellowish, greasy scaly patches on the scalp. No specific treatment, however try a small amount of olive/vegetable oil on the baby's scalp (leave for 15 mins before washing off).

Fits & convulsions

A child who is having a fit needs to be in a safe place – such as on the floor.

Babies and young children should be placed on their side.

Do not put anything into the child's mouth. Get medical help immediately.

Fits may sometimes happen when your child has a high temperature.



Meningitis & Septicaemia

Meningitis and septicaemia are very serious illnesses, but if treated early most children make a full recovery. Early signs of meningitis and septicaemia may be similar to a cold or flu. However they can become seriously ill within hours, so it is important to be able to spot the signs.

They may have:

- A fever
- Cold hands and feet
- Drowsy and difficult to wake
- Floppy and unresponsive
- Rapid breathing or grunting
- Vomiting and refusing feeds
- Neck stiffness or a stiff neck
- Skin that is pale, blotchy or turning blue
- A cluster of red or purple spots DO THE GLASS TEST see card in front pocket
- A high pitched cry

If your child develops some of the symptoms above, especially red or purple spots, get medical help urgently. Not all children develop all these symptoms.

Tummy upsets & vomiting

Most babies have occasional loose stools, and breastfed babies have looser stools than formula-fed babies. Infections can cause diarrhoea with or without vomiting.

Diarrhoea: More than five loose or watery stools in 24 hours

- Continue to give food/milk in normal way
- For every watery stool give an extra drink or cooled boiled water, dehydration fluid or breastmilk. Exclusive breastfed babies should not need extra fluids.
- If it continues or your baby is otherwise unwell (e.g. high temperature or has signs of dehydration) seek medical advice



Vomiting: If your baby vomits more than twice in a few hours.

- If breastfeeding do not stop feeding.
- Stop food or bottled milk for 3-4 hours.
- Give small amounts of cooled boiled water or rehydration fluid little and often.

Seek medical advice if child has high temperature, is lethargic, a non-blanching rash, neck stiffness or green, blood stained vomit or vomiting persists.

Breathing difficulties

Newborns often have unusual breathing patterns and most babies have a stuffy nose for the first few weeks of life. Rapid breathing or panting is common and their breathing may become a little noisy. However seek advice if your baby:

- Seems to find breathing hard work and is sucking in their ribs
- Their skin turns blue, especially lips and nose

Coughs and Colds

Babies often get coughs and colds. Because most colds are viral there is usually no need to see the doctor if your child is generally well.

If your baby is finding it hard to breathe, to feed or has a high temperature contact your doctor (or out of hours doctor).





Accident & Safety advice - www.capt.org.uk

Medicines & Poisoning

From about 6 months, babies will start to put things in their mouths

- Keep all medicines locked away or high up out of reach
- Keep cleaning products high up or fit safety catches to low cupboards
- If you suspect a child has swallowed something dangerous seek urgent medical advice, do not try and make them vomit.

Burns and Scalds

- Be aware and keep hot objects and liquids safely out of reach.
- Always turn pan handles away from the edge
- Don't leave flexes trailing over the sides of worktops or ironing board.
- Put hot drinks down when holding your baby.
- Never leave your baby in the sun.

Run cold water over the burnt area at once. Keep the water running for five minutes. Do not take clothes off the burnt area. Seek medical help.

Drowning

Babies can drown in as little as 5cm (2 inches) of water

- Never leave babies or young children alone in the bath
- Fence off, fill in, or cover your garden pond if you have one
- Watch toddlers in paddling pool

Falls

Babies soon learn to wriggle and kick, here are some useful tips:

- Don't leave them unattended on a high surface
- Bouncing cradles must always be on the floor
- Fit safety gates on stairs and teach them to use stairs
- · Baby walkers can be dangerous as they can propel your baby into furniture, heaters or fall downstairs
- An area can be made safe by removing all sharp and breakable objects and using appropriate covers for sharp corners.

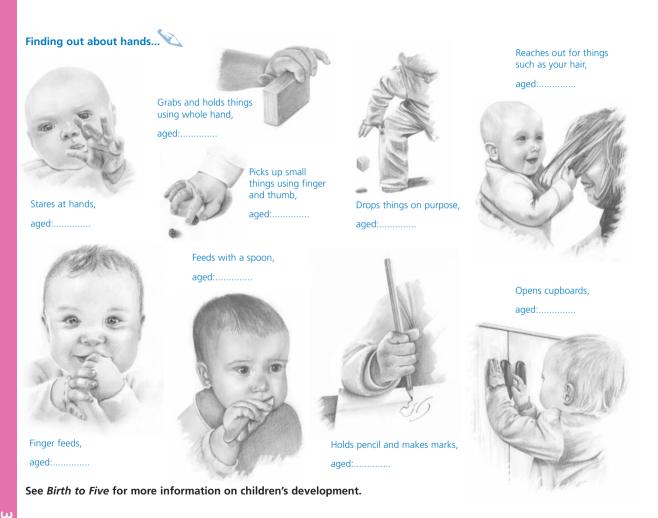


w

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.













Domestic abuse

Domestic abuse is a crime. "Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial, emotional) between adults aged 18 and over, who are or have been intimate partners of family members regardless of gender and sexuality". It affects 1:4 women and 1:6 men at some point in their life. Do not be frightened to seek help or support from any of the numbers .

USEFUL CONTACTS AND RESOURCES (Apart from Greater Manchester Police, services may be office hours only). Always dial 999 in an emergency.

Greater Manchester Police Domestic violence General switchboard (24 Hours): 0161 872 5050 Specialised Unit (office hours): 0161 856 4551 or 4555

Women's Aid (National Helpline): 0808 200 247 www.womensaid.org.uk

Manchester Domestic Violence helpline 0161 636 7525

Men's Advice Line 0808 801 0327

National Domestic Violence Helpline 0808 2000 247

The Hide Out – (Resource for children & young people) www.thehideout.org.uk

Bolton (GM Police) 0161 872 5050 or national helpline

Bury - Manchester Domestic Violence Helpline 0161 636 7525

Oldham Threshold Women's Services Helpline (24 hours) 0161 628 4991

Rochdale Domestic Violence forum outreach project 01706 718923

Salford Domestic Violence Unit 0161 856 5171

Stockport Domestic Violence Unit 0161 856 7974

Stockport Without Abuse 0161 477 4271

Tameside Police Domestic Violence Helpline 0161 856 9363

Tameside Women's Project and Outreach Service 0800 328 0967

Trafford Women's Aid 0845 241 1117

Trafford Police Domestic Abuse Unit 0161 856 7574

Arena Options (Wigan) 01942 496094





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.



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 – The Contact a Family Directory contains 440 medical conditions – each entry provides an overview of the condition with details of support groups and is reviewed by an expert.

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

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: helpline@cafamily.org.uk

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www.cafamily.org.uk http://makingcontact.org



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 <u>www.bookstart.org.uk</u>

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





bookstart est. by booktrust 1992



Bookstart treasure pack for three to four year olds Date received
Signed
Ma Free Marsis











Immunisations







3 part NCR

Intent to be scheduled (if required according to local health visitor protocol)

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

-	Surname:					
	First names:					
	NHS number:					
	Address:		· Sex:	M / F		
		Post code:	D.O.B:	//	Breastfeeding at primary	Yes No No
t		indicated below, so t			e, at the appropriate time, ir chool health examinations an	
	Signature	e of Parent/Guardian	<i>:</i>		Date	
1	1. Family Doctor	(Name and Address)				
2	2. Appointments	s are requested for th				
		for immunisation				
•					(Trea	atment Centre address)
(ii) Family Doctor	/Child Health Clinic (delete as appro	priate)		
	a) at 6-8 w	eeks			(Exami	nation Centre address)

3. Change of details (surname, sex, date of birth, address)

4. H.V. Number/Name/Team: Practitioner signature:

other............(Examination Centre address)

Top copy: stay in PCHR 2nd Copy (yellow): HV Notes 3rd Copy (pink): Child Health





Your child will be offered the following immunisations

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

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

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

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









6 part ncr set

Immunisation record

Your child should have the following immunisations. It is important to keep a record of each immunisation, so remember to take this book with you and ASK THE DOCTOR OR NURSE TO FILL IN THE APPROPRIATE SECTIONS for you.

If your child is falling behind with their immunisations please speak to your doctor or nurse to enable your child to catch up.

Age due	Immunisation	Date given	Batch No.	Site	Signature of giver
8 weeks	1st Diphtheria/Tetanus/Whooping Cough, Hib, Polio.				
	Pneumococcal vaccine				
12 weeks	2nd Diphtheria/Tetanus/Whooping Cough, Hib, Polio.				
	Meningitis C.				
16 weeks	3rd Diphtheria/Tetanus/Whooping Cough, Hib, Polio.				
	Meningitis C.				
	Pneumococcal vaccine				
12-13 months	HIB/Meningitis C				
	Measles, Mumps, Rubella (MMR)				
	Pneumococcal vaccine				
3½-5 years	Diphtheria/Tetanus/Whooping Cough/Polio.				
	MMR				
12-13 years	H.P.V. (Human Papilloma Virus)	1			
	- girls only	2			
	g,	3			
15-18 years	Tetanus, Polio and Low Dose Diphtheria				

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7 part NCR

Hepatitis B infant immunisation programme

≭ Please pla	ce a sticker (if availa	ble) otherwis	e write in space pro	ovided.			1
Surname:					Mo	ther's surname:	
First name	S:]		
NHS numb	per:	U	nit no:		Mot	ther's first name:	
• Address:			S	ex: M/F	•		
•	Post code:		D.O.B:	//		de este NUIC servede ess	
G.P:		Co	ode:		· IVIO	ther's NHS number:	
H.V:		Co	ode:				
Hepatitis Hepatitis Acute hep	s hepatitis B stat B surface antigen B e antigen: patitis B in pregna B Immunoglobulir	Pos Pos Incy: Yes	S Neg Neg Neg Neg Neg Neg Neg No Neg Neg No Neg	F	igh Viral L	e antibody: Pos One odd (>10°): Yes One odd (>10°):	Neg 🔲 No 🗍
Babies sho	uld receive a five-	dose course	of a hepatitis B v	accine ac	cording to	the following schedule	:
Dose	Age	Date	Batch No.	Site	Signature	Immuniser	Venue
1st Dose	Within 24 hours of birth						
2nd Dose	1 month						
3rd Dose	2 months						
Booster	12 months						
Serology (HBs Ag)	12 months						
Booster	3 years 4 months						

All subsequent copies return to Immunisation Section as each immunisation is completed





3 part NCR

BCG vaccination

Please press firmly

Administratio	n of BCG: Batch No.		Site	Signa		uniser Nam	e in CAPITALS	Venue	
Measurement (mm									
Result –				Date	Signature		Name in CAPITAI	LS Ve	nue
Лantoux									
est	Date	Batch No.		Site	Signature	Immu	uniser Name in CAPITAI	LS Ve	nue
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	ountry with a hi	9							
	ve or close cont								
Parent/grand	parent born in	a country wi	th a high	TB rate*	, please specif	y coun	try:		
Universal ne	onatal programi	me							
Reason for Bo	CG (please tic	:k): (see De	partmen	t of Hea	alth guideline	es for s	specific details)		
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G.P:		Cod				Info	ormed consent of	parent	(sign)
	Post code:).B:	/	· IVIC	other's NHS numb	er:	
Address:				3	ex: M/F	•	the sufe NUIC seconds		
NHS number:			iit no:			Mo	other's first name:		
First names:						•			
							r Babies Only other's surname:		

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2nd Copy (pink): HV Notes 3rd Copy (yellow): Child Health





Screening and routine reviews





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

Some of these are called screening tests and include:

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

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 and routine reviews see Birth to Five and www.screening.nhs.uk



Can your baby see?

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

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

First two months Your child's eyes will be examined as part of the routine baby check during this period	Yes	No
Does your baby open his/her eyes and look at you?		
Does he/she keep looking at you when you move your head from side to side?		
Do the eyes look normal?		
Does anyone in the family have serious eye disease that started in childhood?		
Babies and toddlers		
Does your baby ever seem to have a squint (a 'turn or a 'lazy' eye)?		
Does your baby have any difficulty in seeing small objects (tiny bits of food, crumbs, bits of fluff) or recognising familiar people?		
Does anyone in the family have a squint (a 'turn or a 'lazy' eye), or wear glasses (starting in childhood)?		
Age two to school entry		
Your child should be offered a vision test as part of their routine school entry physical examination (between 4 you are concerned before that test is done, for example that your child may need glasses, talk to your doctor of	•	
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.

Screening Programmes

Newborn Hearing

Checklist for Reaction to Sounds

Shortly after birth – a baby:

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

1 month - a baby:

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

4 months - a baby:

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

7 months - a baby:

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

9 months - a baby:

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

12 months – a baby:

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

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

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



Checklist for Making Early Communication Sounds



4 months - a baby:

Makes soft sounds when awake. Gurgles and coos.

Screening Programmes

6 months - a baby:

Newborn Hearing

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

9 months - a baby:

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

12 months - a baby:

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

15 months – a baby:

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

18 months - a baby:

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

24 months - a child:

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

30 months – a child:

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

36 months - a child:

Has a large vocabulary intelligible to everyone.



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



Newborn hearing screening programme



Dloaco	place a sticker (if available) of	honvico virito in conco providod		
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Developmental dislocation of the hip

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

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

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





New baby Health Visitor 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 Health Visitor review

* Please place a sticker (if available) otherwise write in space provided.	/1
Surname:	Date of contact:
First names:	Nature of contact/location:
NHS number: Unit no: Unit no:	
Address: Sex: M / F	
	By whom:
G.P: Code:	Weight (if indicated):
H.V: Code:	Age:
Breast feeding: Totally Partially Not at all Et	hnicity of baby:
Any concerns about the baby's feeding?	
Mother current smoker Other smoker in household No	smoker in household
Any concerns about the baby's health or behaviour?	
· ·	
Any family history of note (see Summary from page 8)	
How is mother / family?	
Have you carried out assessment of maternal emotional health? No	
Clinic/surgery to be attended for 6-8 week review:	
Clinic/surgery to be attended for immunisations:	
Follow-up required: No Yes : GP Community Paediatric	
Location/Clinic:	Date/Interval:
Reason:	Signature:

Top copy: stay in PCHR $\;\;$ 2nd copy: HV $\;\;$ 3rd copy: Community information system



6-8 week health 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.

6.

	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:

6-8 week contact (Health Visitor)

* Please place a sticker (if available) otherwise write in space provided.	1
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:
Date of last breastfeed:	smoker in household
Has safe sleeping been discussed and the safe sleeping assessment fo	
Follow-up required: No Yes : GP Community Paediatric Location/Clinic:	Date/Interval:

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NHS number:

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Surname:																	
First names																	

Code:

Date of contact: Age:
Seen by:
Place seen:
Length (if indicated):cmcentile
Weight:kgcentile
Head circ.:cmcentile
Breast feeding: Totally Partially Not at all
Third dose Vit K? No Not Needed Given
Any previous medical problems? Yes No
If YES specify:
Safe sleeping assessment completed? Yes No

Item	Guide to Content	Cod	ed (Outc	ome	(ring	g one)	Comment/Action Taken
Hips	Check for DDH	S	Р	Ο	Т	R	Ν	
Testes/Genitalia	'O' if testes not fully descended	S	Р	Ο	Т	R	Ν	
Heart	Murmur, Cyanosis, Femorals	S	Р	0	Т	R	Ν	
Eyes	Cataract, Eye movements	S	Р	Ο	Т	R	Ν	
Other physical features	General examination, Fontanelle, Palate, Spine, Mongolian blue spot	S	Р	0	Т	R	N	
Hearing	Stills, Startles, Risk factors	S	Р	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	Р	0	Т	R	Ν	
Behaviour	Parental concerns, Sleep, Feeding	S	Р	0	Т	R	Ν	
Follow-up required: No Yes : GP Community Paediatrician Hospital Other: Bloodspot results Location/Clinic: Date/Interval: Reason: Signature:								

Sex: M/F

 $S = Satisfactory \quad P = Problem \quad O = Continue \ observation \quad T = Treatment \ being \ received \quad R = Referral \quad N = \ Not \ examined \ Top \ copy: remain \ in PCHR \quad 2nd \ Copy: Health \ Visitor \quad 3rd \ Copy: Community \ Information \ System$



8-12 month developmental review

Now your baby is 8-12 months 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 free flow 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.

Birth to Five 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
- · your child's growth or weight
- vision or hearing
- sleep and routines
- behaviour
- encouraging your child's development
- childcare if you want to go back to work or training
- your own health

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3 part NCR

8-12 month developmental review

★ Please place a sticker (if available) otherwise write in space provided.	/4
Surname:	Date of contact: Nature of contact/location:
D.O.B:// G.P: Code:	By whom: Weight (if indicated): Age:
Continues to breastfeed YES/NO Date of last breastfeed:// Mother current smoker Other smoker in household No	smoker in household
Follow-up required: No Yes : GP Community Paediatric Location/Clinic:	Date/Interval:

Top copy: stay in PCHR 2nd copy: HV 3rd copy: Community information system



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2-2¹/₂ year health 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 an open top 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.

Birth to Five 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 h	nelpful to write	down here anyt	hing you would	like to discuss at	the 2-21/2 year review:	



2-2¹/₂ year health review

Please place a sticker (if available) otherwise write in space prov	ded.
Surname:	Date of contact:
First names:	Nature of contact/location:
NHS number: Unit no: Unit no:	
Address: Sex	M / F
G.P: Code:	Age:
H.V: Code:	
* • • • • • • • • • • • • • • • • • • •	••••••••
Weight:	
3	
BMI centile Date	Action
BMI centile	Action
BMI centile Date	
BMI centile	e 17 in the professionals booklet from the DOH "Using the new UK-World Health
BMI centile Date (From 2 years the child BMI centile can be calculated from the tool on page Organisation 0-4 years growth charts")	e 17 in the professionals booklet from the DOH "Using the new UK-World Health

Top copy: stay in PCHR 2nd copy: HV 3rd copy: Community information system



School Health Service

- The School Health Service offers advice and support throughout your child's school years.
- The school nurse 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.
- Vision tests by an orthoptic led screening service, and hearing tests, are usually offered during the reception or first year at school as well as a general health assessment, with parental consent. If you have any concerns, discuss these with the school nurse.
- As part of the national child measurement programme (NCMP) children in reception year (4-5 year olds) and year six (10-11 year olds) are weighed and measured.
- 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:	
(Please contact your school nurse via your child's school)	









Notes and growth charts





Notes

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. Keep a note here of anything you would like to discuss with your HV / GP or other health professional.

Date	Comments & any advice or treatment	Name & designation





Notes

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. Keep a note here of anything you would like to discuss with your HV / GP or other health professional.

Date	Comments & any advice or treatment	Name & designation





Notes

Date	Comments & any advice or treatment	Name & designation



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Notes

Date	Comments & any advice or treatment	Name & designation





Weight conversion chart

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kg	10.80	10.85	10 90	10.95	11kg	11.00	11.05	11.10	11.15	11.20	11.25	11.30	11 35	11.40	11.45	11.50	11.55	11.60	11.65	11.70	11.75	11.80	11.85	11.90	11.95	12kg	12.00	12.05	12.10	12.15	12.20	12.25	12.30	12.33	12.45	12.50	12.55	12.60	12.65	12.70	12.75	12.80	12.85	12.90	12.95	13Kg 13.00
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ķ	5.65	5.70	5.75	5.80	5.85	7.95	6kg	6.00	6.05	6.10	6.15	6.20	6.25	6.30	6.35	6.45	6.50	6.55	0.60	0.00	6.75	6.80	6.85	6.90	6.95	, kg	7.05	7.10	7.15	7.20	7.25	7.30	7.40	7.45	7.50	7.55	7.65	7.70	7.75	7.80	7.85	7.90	8ka	8.00	8.05	8.10
zo sql	6 11	6 13			7 2									•		-						•	_				0 0					7 0				,	11 0	11 4	11 5	11 7	11 0	11 11				12 3
kg	3.05	3.10	3.15	3.20	3.25	3.35	3.40	3.45	3.50	3.55	3.60	3.65	3.70	3.75	3.80	3.90	3.95	4kg	4.00	4.05	4.15	4.20	4.25	4.30	4.35	7.4 0 4.4 0 4	4.50	4.55	4.60	4.65	4.70	4.75	4.85	4.90	4.95	5 <mark>kg</mark>	5.00	5.10	5.15	5.20	5.25	5.30	5.40	5.45	5.50	5.55
zo sql	1 2	1 3	1 5	1 7	1 0	1 - 1 - 2	1 1 4 1	2 0	2 1		2 3	2 5	2 7														4 4 v r			8 ,														9		6 10
gm	200	550	009	650	700	800	850	006	950	1kg	1.00	1.05	1.10	1.15	1.20	1.30	1.35	1.40	1.45	1.50	1.60	1.65	1.70	1.75	1.80	0.0	1.95	2kg	2.00	2.05	2.10	2.15	2.25	2.30	2.35	2.40	2.45	2.55	2.60	2.65	2.70	2.75	2.85	2.90	2.95	3.00







Height conversion chart

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Writing shield

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		
8-12 months	Health review		
12-13 months	Booster immunisations 1st dose MMR vaccine and booster immunisations		
2-2 ¹ / ₂ years	Health review		
3 years 4 months	2nd dose MMR vaccine (can be given earlier) and pre-school booster immunisations		
4-5 years	Vision check		
School entry (reception class)	Height, weight and hearing check		
10-11 years	Height and weight check		
12-13 years (girls only)	HPV vaccine		
13-18 years	School leavers' 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.

