



New Priorities & Advances in Well-baby/Well-child Care from the 2014 Rourke Baby Record

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RBR authorship, endorsement and support

- Co-authors: Drs. Leslie Rourke, Denis Leduc and James Rourke
- Epidemiology support: Dr. Patty Li, Bruno Riverin, Dr. E Constantin
- Organizational consultation and endorsement: CPS, CFPC, DC
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 - Licensing fee for EMR use of RBR (if firm not in Ontario) goes to the MUN RBR Development Fund

Disclosure of Commercial Support

- No royalties received from RBR
- No honoraria from commercial interests
- Licensing fee for EMR use of RBR goes to the MUN RBR Development Fund – no honorarium from this
- Potential for conflict of interest in this talk – nil
- Mitigating potential bias – not applicable

Learning Objectives

At the end of this session, participants will be able to:

1. describe new preventive care information for infants/young children including growth monitoring, timely introduction of solid foods and allergenic foods, healthy sleep habits, etc.

2. demonstrate the most efficient use of the 2014 Rourke Baby Record and its related parent and healthcare provider resources (www.rourkebabyrecord.ca)



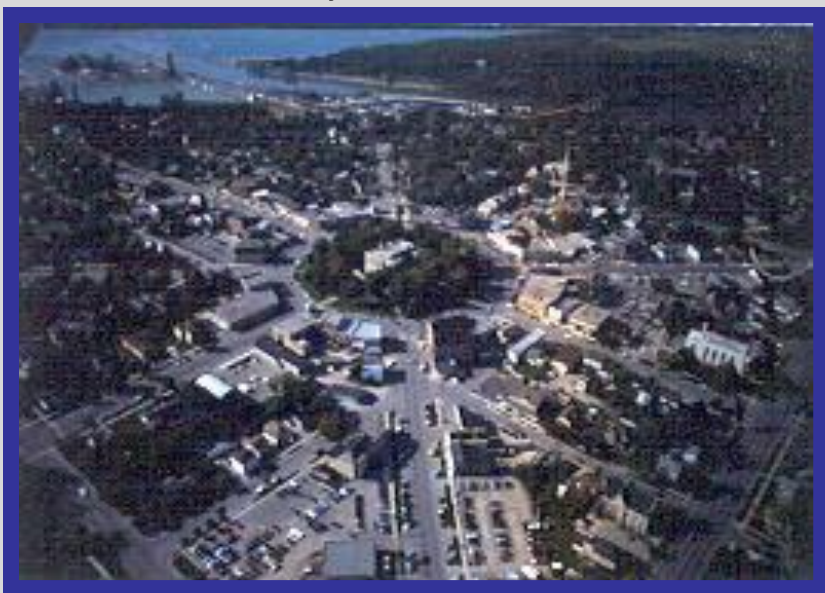
Rourke Baby Record



Evidence-based infant/child health maintenance guide

www.rourkebabyrecord.ca

- validated system for preventive care for 1 wk to 5 yrs of age
- developed in 1979, published in 1985, most recent edition 2014
- co-authors Drs. Leslie Rourke, Denis Leduc (past Pres CPS) and James Rourke
- endorsed by CFPC, CPS and DC



2014 Rourke Baby Record

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www.rourkebabyrecord.ca



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THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA

LE COLLEGE DES
MEDECINS DE FAMILLE
DU CANADA



Dietitians of Canada

Pregnancy/Birth records/Age		Risk factors/Family history		Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance GUIDE I: 0-1 mo	
NAME: _____ Birth Day (d/m/y): _____ M F		Gestational Age: _____ Birth Length: _____ cm Birth Wt: _____ g Head Circ: _____ cm Discharge Wt: _____ g			
DATE OF VISIT		within 1 week		2 weeks (optional)	
GROWTH ¹ use WHO growth charts. Correct age until 24-36 months if < 37 weeks gestation		Length		Weight	
PARENT/CAREGIVER CONCERNS		HC (avg 25 cm)		Head Circ.	
		Length		Weight (regains BW 1-3 weeks)	
		Weight		Head Circ.	
		Length		Weight	
		Head Circ.			
For each item discussed, indicate "+" for no concerns, or "X" if concern					
NUTRITION ¹		<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula Feeding (from fortified/preparation) ¹ (150 mL/kg as/kg/day) ¹ <input type="checkbox"/> Stool pattern and urine output		<input type="checkbox"/> Breastfeeding (exclusive) ¹ <input type="checkbox"/> Vitamin D 400 IU/day ¹ <input type="checkbox"/> Formula Feeding (from fortified/preparation) ¹ (150 mL/kg as/kg/day) ¹ <input type="checkbox"/> Stool pattern and urine output	
EDUCATION AND ADVICE		<input type="checkbox"/> Car seat (infant) ¹ <input type="checkbox"/> Carbon monoxide/smoke detectors ¹ <input type="checkbox"/> Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ <input type="checkbox"/> Hot water < 49°C ¹ <input type="checkbox"/> Choking/safe toys ¹ <input type="checkbox"/> Pacifier use ¹		<input type="checkbox"/> Firearm safety ¹	
Injury Prevention					
Behaviour and family issues		<input type="checkbox"/> Crying ² <input type="checkbox"/> Parenting/bonding ² <input type="checkbox"/> Healthy sleep habits ² <input type="checkbox"/> Night waking ² <input type="checkbox"/> Parental fatigue/postpartum depression ²		<input type="checkbox"/> Socialability/responsiveness ² <input type="checkbox"/> Family conflict/stress ² <input type="checkbox"/> High risk infants/less home visit need ² <input type="checkbox"/> Siblings	
Environmental Health		<input type="checkbox"/> Second hand smoke ³ <input type="checkbox"/> Sun exposure ³			
Other Issues		<input type="checkbox"/> No OTC cough/cold medicine ⁴ <input type="checkbox"/> Temperature control and overdressing ⁴ <input type="checkbox"/> Inquire on complementary/alternative medicine ⁴ <input type="checkbox"/> Fever advice/thermometers ⁴			
DEVELOPMENT ⁵ (Inquiry and observation of milestones) Tests are set at the time of normal milestone acquisition. <u>Absence of any item suggests consideration for further assessment of development.</u> NB-Correct for age if < 37 weeks gestation		<input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No jaw/clenching concerns		<input type="checkbox"/> Focuses gaze <input type="checkbox"/> Starts to hold noise <input type="checkbox"/> Calms when comforted <input type="checkbox"/> Sucks well on nipple <input type="checkbox"/> No jaw/clenching concerns	
PHYSICAL EXAMINATION An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.		<input type="checkbox"/> Skin (jaundice, dry) <input type="checkbox"/> Fontanelles ¹ <input type="checkbox"/> Eyes (red reflex) ¹ <input type="checkbox"/> Ears (TMJ) Hearing (inquiry/monitoring) ¹ <input type="checkbox"/> Tongue mobility ¹ <input type="checkbox"/> Heart/Lungs <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips ¹ <input type="checkbox"/> Muscles tone ¹ <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream/forensic care <input type="checkbox"/> Patency of anus		<input type="checkbox"/> Skin (jaundice, dry) <input type="checkbox"/> Fontanelles ¹ <input type="checkbox"/> Eyes (red reflex) ¹ <input type="checkbox"/> Ears (TMJ) Hearing (inquiry/monitoring) ¹ <input type="checkbox"/> Tongue mobility ¹ <input type="checkbox"/> Heart/Lungs <input type="checkbox"/> Umbilicus <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Hips ¹ <input type="checkbox"/> Muscles tone ¹ <input type="checkbox"/> Testicles <input type="checkbox"/> Male urinary stream/forensic care	
PROBLEMS AND PLANS					
INVESTIGATIONS/IMMUNIZATION Discuss immunization pain reduction strategies ²		<input type="checkbox"/> Newborn screening as per province <input type="checkbox"/> Hemoglobinopathy screen (if at risk) ¹ <input type="checkbox"/> Universal newborn hearing screening (UNHS) ¹ <input type="checkbox"/> IF HBAt-positive present/abnormal Hep B vaccine #1 ² <input type="checkbox"/> Record Vaccines on Guide V		<input type="checkbox"/> IF HBAt-positive present/abnormal Hep B vaccine #2 ² <input type="checkbox"/> Record Vaccines on Guide V	
Signature					

Strength of recommendation is based on literature review using the classification: Good (bold type); Fair (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
¹See Rourke Baby Record Resources 1: General ²See Rourke Baby Record Resources 2: Healthy Child Development ³See Rourke Baby Record Resources 3: Immunization/Infectious Diseases

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

Financial support has been provided by the Government of Ontario.

For full use authorization, see www.rourkebabyrecord.ca

www.rourkebabyrecord.ca



Rourke Baby Record: RESOURCES 1: General (February 20, 2014)

GROWTH

• **Secondhand smoke exposure:** contributes to childhood illnesses such as URTI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS.
 • **Sun exposure/ultraviolet radiation:** Minimize sun exposure. Wear protective clothing, hats, properly applied sunscreen with SPF ≥ 30 for those > 6 months of age. No DEET in < 6 months; 6-34 months 10% DEET apply max once daily; 3-12 years 10% DEET apply max TID.
 • **Pesticide:** Avoid pesticide exposure. Encourage pesticide-free foods. [CCF review](#)
 • **Lead Screening** is recommended for children who: [CCF article: Lead and children](#)
 • In the last 6 months lived in a house or apartment built before 1978.
 • Live in a home with recent or ongoing renovations or peeling or chipped paint;
 • Have a sibling, housemate, or playmate with a prior history of lead poisoning;
 • Live near point sources of lead contamination;
 • Have household members with lead-related occupations or hobbies;
 • Are referred aged 6 months-6 years, within 3 months of arrival and again in 3-6 months.
 • Even for blood levels less than 10 µg/dL, evidence suggests an association, and perhaps partial causal relationship with lower cognitive function in children. [CCF article: Lead levels in Canadian children: Do we have to review the standard?](#)
 • Websites about environmental issues:
 • CPSC – Healthy Environment for Kids
 • AAP – Council on Environmental Health

NUTRITION

• **Exclusive breastfeeding** is recommended for the first six months of life for healthy term infants. Breast milk is the optimal food for infants, and breastfeeding (with complementary foods) may continue for up to two years and beyond unless contraindicated. Breastfeeding reduces gastrointestinal and respiratory infections and helps to protect against SIDS. Maternal support (both antenatal and postnatal) increases breastfeeding and prolongs its duration. Early and frequent mother-infant contact, rooming in, and banning handouts of free infant formula increase breastfeeding rates.
 • [Breastfeeding Committee for Canada](#)
 • [Anglophone and breastfeeding – CCF Position Statement](#)
 • Maternal medications when breastfeeding – [TOWNET, US National Library of Medicine](#)
 • [Methadone](#)
 • [Weaning CCF Position Statement](#)
 • Routine Vitamin D supplementation of 400 IU (1000 IU/day in high-risk infants) is recommended for all breastfed infants until the diet provides a sufficient source of Vitamin D (~ 1-2 years). Breastfeeding mothers should continue to take Vitamin D supplements for the duration of breastfeeding. [CCF Position Statement](#)
 • Infant formula – formula composition and use [Alberta Health Services](#)
 • Formula preparation and handling – [Health Canada](#)
 • Milk consumption range is consensus only & is provided as an approximate guide.
 • Soy-based formula is not recommended for routine use in term infants as an equivalent alternative to cow's milk formula, or for cow milk protein allergy, and is contraindicated for preterm infants. [CCF Position Statement](#)
 • Colic – [CCF Position Statement](#)
 • Introduction of solids should be led by the infant's signs of readiness – a few weeks before to just after 6 months.
 • Iron containing foods: At ~6 months, start iron containing foods to avoid iron deficiency.
 • Allergenic foods: Delaying the introduction of primary food allergens is not currently recommended to prevent food allergies, including for infants at risk of allergy. [CCF Position Statement](#)
 • Avoid honey until 1 year of age to prevent botulism.
 • Dietary fat content: Restriction of dietary fat during the first 2 years is not recommended since it may compromise the intake of energy and essential fatty acids, required for growth and development. A gradual transition from the high-fat infant diet to a lower-fat diet begins after age 2 years as per Canada's Food Guide.
 • Encourage a healthy diet as per Canada's Food Guide.
 • Vegetarian diets – [CCF Position Statement](#)
 • Fish consumption: 2 servings/week of low mercury fish – [Health Canada](#)

ENVIRONMENTAL HEALTH

• **Secondhand smoke exposure:** contributes to childhood illnesses such as URTI, middle ear effusion, persistent cough, pneumonia, asthma, and SIDS.
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OTHER

• Advise parents against using OTC cough/cold medications. [Restricting Cough and Cold Medicines in Children](#)
 • Complementary and alternative medicine (CAM): Questions should be routinely asked on the use of homeopathy and other complementary and alternative medicine therapy or products, especially for children with chronic conditions. [CCF Position Statement](#)
 • Homeopathy [CCF Position Statement](#)
 • Fever: fever thermometers: Fever ≥ 38°C in an infant < 3 months needs urgent evaluation. Ibuprofen and acetaminophen are both effective antipyretics. Acetaminophen remains the first choice for antipyresis under 6 months of age; thereafter ibuprofen or acetaminophen may be used. Alternating acetaminophen with ibuprofen for fever control is not recommended in primary care settings as this may encourage fever phobia, and the potential risks of medication error outweigh measurable clinical benefit. [CCF Position Statement](#)
 • Footwear: Shoes are for protection, not correction. Walking barefoot develops good toe gripping and muscular strength. [CCF Position Statement](#)
 • Dental Care:
 • Dental Cleaning: As excessive swallowing of toothpaste by young children may result in dental fluorosis, children 3-6 years of age should be supervised during brushing and only use a small amount (e.g., pea-sized portion) of fluoridated toothpaste twice daily. Children under 3 years of age should have their teeth and gums brushed twice daily by an adult using either water (if low risk for tooth decay) or a rice grain sized portion of fluoridated toothpaste (if at caries risk).
 • Systemic fluoride and/or fluoride varnish should be considered based on caries risk assessment. [American Academy of Pediatric Dentistry Assessment tool, CDA Position Statement](#)
 • To prevent early childhood caries: avoid sweetened juices/liquids and constant sipping of milk or natural juices in both bottle and cup.

INJURY PREVENTION

In Canada, unintentional injuries are the leading cause of death in children and youth. Most of these preventable injuries are caused by motor vehicle collisions, drowning, choking, burns, poisoning, and falls.
 • [Parachute: About Injuries CCF Position Statement](#)
 • Transportation in motor vehicles: [AAP article](#)
 • Children < 13 years should sit in the rear seat. Keep children away from all airbags.
 • Install and follow size recommendations as per specific car seat model and keep child in each stage as long as possible.
 • Use rear-facing infant/child seat that is manufacturer approved for use until age 2 years.
 • Use forward-facing child seat after 2 years for as long as manufacturer specifications will allow.
 • After this, use booster seat up to 145 cm (4'9").
 • Use lap and shoulder belt in the rear middle seat for children over 8 years who are at least 36 kg (80 lb) and 145 cm (4'9") and fit vehicle restraint system.
 • Bicycle wear bike helmets and advocate for helmet legislation for all ages. Replace if heavy impact or damage. [CCF Position Statement](#)
 • Drowning: [CCF Position Statement](#)
 • Bath safety: Never leave a young child alone in the bath. Do not use infant bath rings or bath seats.
 • Water safety: Recommend adult supervision, training for adults, 4-sided pool fencing, lifelines, swimming lessons, and boating safety to decrease the risk of drowning.
 • Choking: Avoid hard, small and round, smooth and sticky solid foods until age 3 years. Use safe toys, follow minimum age recommendations, and remove loose parts and broken toys.
 • Burns: Install smoke detectors in the home on every level. Keep hot water at a temperature < 49°C.
 • Poisoning: Keep medicines and cleaners locked up and out of child's reach. Have Poison Control Centre number handy. Use of poison is contraindicated in children.
 • Falls: Always harness for hazards – never leave baby alone on change table or other high surface; use window guards and stair gates. Baby walkers are banned in Canada and should never be used. Ensure stability of furniture and TV. Advise against transplacental use – Screen for sleep problems (behavioural sleep problems and snoring in the presence of sleep-disordered breathing which warrants assessment re obstructive sleep apnea). [AAP article](#)
 • Muscle tone – Physical assessment for spasticity, rigidity, and hypotonia should be performed.
 • Hips – There is insufficient evidence to recommend routine screening for developmental dysplasia of the hips, but examination of the hips should be included until at least one year, or until the child can walk. [AAP article](#)

PHYSICAL EXAMINATION

• Fontanelles – The posterior fontanelle is usually closed by 2 months and the anterior by 18 months.
 • Vision inquiry/monitoring: [CCF Position Statement](#)
 • Check Red Reflex for serious ocular diseases such as retinoblastoma and cataracts.
 • Corneal light reflex/cover-uncover test & inquiry for strabismus: With the child focusing on a light source, the light reflex on the cornea should be symmetrical. Each eye is then covered in turn, for 2-3 seconds, and then quickly uncovered. The test is abnormal if the uncovered eye "wanders" OR if the covered eye moves when uncovered.
 • Check visual acuity at age 3-5 years.
 • Hearing inquiry/monitoring – Any parental concerns about hearing acuity or language delay should prompt a rapid referral for hearing assessment. Formal audiology testing should be performed in all high-risk infants, including those with normal UNHS. Older children should be screened if clinically indicated.
 • Inspect tongue mobility for ankyloglossia. [CCF Position Statement](#)
 • Tussis sicca/leaky-disordered breathing – Screen for sleep problems (behavioural sleep problems and snoring in the presence of sleep-disordered breathing which warrants assessment re obstructive sleep apnea). [AAP article](#)
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INVESTIGATIONS/SCREENING

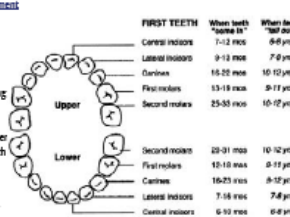
Anemia screening: All infants from high-risk groups for iron deficiency anemia require screening between 6 and 12 months of age, e.g., Lower SES; Asian; First Nations children; low-birth-weight and premature infants, and infants fed whole cow's milk during their first year of life.
 Hemoglobinopathy screening: Screen all neonates from high-risk groups: Asian, African & Mediterranean.
 Universal newborn hearing screening (UNHS) effectively identifies infants with congenital hearing loss and allows for early intervention & improved outcomes. [CCF Position Statement](#)

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For Healthcare Professionals

The Rourke Baby Record (RBR) for short is a system that many Canadian doctors and other healthcare professionals use for well-baby and well-child visits for infants and children from 1 week to 5 years of age. It includes forms (Guides I to V) for charting the well-baby visits as well as supporting resources for healthcare professionals.

For Parents

The RBR Parent Resources Website is a place to find reliable parent-friendly resources and is designed to help parents answer their questions about their children up to age 5 years.

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The Rourke Baby Record
Home News Interactive RBR ▾ Parents Resources Indepth Information ▾ Downloads ▾

The Rourke Baby Record

The Rourke Baby Record (RBR) is an evidence-based health supervision guide for primary healthcare practitioners of children in the first five years of life.

The Rourke Baby Record is endorsed by the College of Family Physicians of Canada (CFPC), the Canadian Paediatric Society (CPS) and Dietitians of Canada (DC).

Features of this Website

(in development)

Latest News

September 2014: Rourke Baby Record Parent Information Sheets
 September 2014: One Page per Visit Format of English National 2014 RBR
 August 2014: Revised format for WHO growth charts for Canada (March 2014)
 June 2014: Launch of the 2014 RBR at the 91st Annual Conference of the Canadian Paediatric Society
 May 2014: 2014 Rourke Baby Record is now available

[View all News articles](#)

Information

- Background Information
- Authors
- Support & Acknowledgements

Site Links

- Frequently Asked Questions
- Disclaimer
- Fair Use Authorization

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By Topic

- Breastfeeding
- Weaning
- Colic
- Nutrition ▸
- Sleep
- Growth and Development ▸
- Safety ▸
- Vaccinations
- Common Illnesses
- Medications and Your Baby
- Miscellaneous

Rourke Baby Record
For Parents

Is it normal for my baby to...?

[Home](#)

Parents often wonder about their child's health, growth and development, leading to the question: "Is my child healthy and growing and developing normally?"

The RBR Parent Resources Website is a place where you can find parent-friendly resources to help answer your questions about your child.

New for 2014: Rourke Baby Record Well Baby Information Sheets are now available to answer your questions on feeding, safety, development, vaccination, and other common issues for babies at specific ages.

1-2 Weeks | 1 Months | 2 Months | 4 Months | 6 Months | 12 Months | 18 Months
 2-3 Years | 4-5 Years

For a specific issue: You can browse "By Topic" or "By Age" of your child, using the links on the sides of this page, or you can "Search" for a topic (see above). These will bring you to reliable resources about normal child growth and development, along with information on common health topics such as feeding, injury prevention, vaccinations, and some common illnesses. We try to keep these links up to date, but websites are constantly being restructured, so if a link is broken, go to the home page of the source (e.g. [The Canadian Paediatric Society - Caring for Kids](#); [Hospital for Sick Children - About Kids Health](#); [Safe Kids Canada](#); [Dietitians of Canada](#); [Health Canada](#)) and search within that website.

By Age

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

What's new in preventive care of infants and young children?



- Case-based discussion
 - Revised or new content in 2014
- RBR is shown in **aqua print**.

Case # 1: Is my baby getting enough milk?

- 2 week old full term infant
- First child to professional parents in late 30s
- Birth weight – 3500 g
- Breastfeeding started well but mother afraid milk supply is lessening and baby seems hungry all the time.

Newborn Nutrition

- Loses $\leq 7\%$ body wt, regains by ~ 14 days
- ~ 6 wet diapers/day in 1st wk, then 6 – 8 /day
- Age 2 weeks to 3 months: 6 - 7 oz = 180 – 210 g weight gain/week
- Appetite spurts at 8 – 12 days, 3 – 4 wks, 3 months
- Breastfeeds ~ 8 -12x in 24 hours



Nutrition for Healthy Term Infants: 0 – 6 months

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

OSNPPH <http://www.osnpnh.on.ca/resources/index.php>

Breastfeeding: How do you know your baby is getting enough milk?

www.aboutkidshealth.ca/En/HealthAZ/HealthandWellness/BreastandInfantFeeding/Pages/Breastfeeding-How-Do-You-Know-Your-Baby-Is-Getting-Enough-Milk.aspx

Consider failure to thrive – if any of:

- Wt <5th %ile for age/sex on ≥ 1 occasion
- Wt <80% of ideal body wt for age/sex
- Wt depressed in proportion to ht
- Wt trajectory crossing 1 or more major %ile lines – especially away from 50%ile
- Consider if rate of daily wt gain < expected
 - 0 – 3 mos: 26 – 31 g/day
 - 3 – 6 mos: 17 – 18 g/day
 - 6 – 9 mos: 12 – 13 g/day
 - 9 – 12 mos: 9 – 13 g/day
 - 1 – 3 yrs: 7 – 9 g/day

Infant Formulas

[<http://www.albertahealthservices.ca/3505.asp>]

<http://hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/pif-ppn-recommandations-eng.php>

- Cow's milk based iron fortified until 9 – 12 months.
- Approx milk consumption/24 hours:
 - 1 - 2 wks: 5 oz (150 ml)/kg body wt
 - 1 month: 15 - 25 oz (450 - 750 ml)
 - 2 months: 20 - 30 oz (600 - 900 ml)
 - 4 - 6 months: 25 - 36 oz (750 - 1080 ml)
 - 9 months: 24 - 32 oz (720 - 960 ml)
 - 12 - 18 months: 16 - 24 oz (500 – 750 ml)



Remember Vitamin D

<http://www.cps.ca/en/documents/position/vitamin-d>

- Routine **Vitamin D supplementation** of 400 IU/day (800 IU/day in high risk infants/areas) is recommended for all breastfed full term infants until the diet provides a sufficient source of Vitamin D (1 - 2 years of age).
1,000 IU/day for breastfeeding mothers.

2014 RBR: Growth monitoring

- WHO Growth Charts for Canada: [Format revised March/14](http://www.whogrowthcharts.ca)
www.whogrowthcharts.ca
- Percentile lines
- Wt-for-age >10 yrs allowed but not best
- Includes BMI calculator and tables for 2 – 19 yrs
- Adjust for [age](#) until 24 – 36 months in premature infants < 37 wks gestation

WHO GROWTH CHARTS FOR CANADA

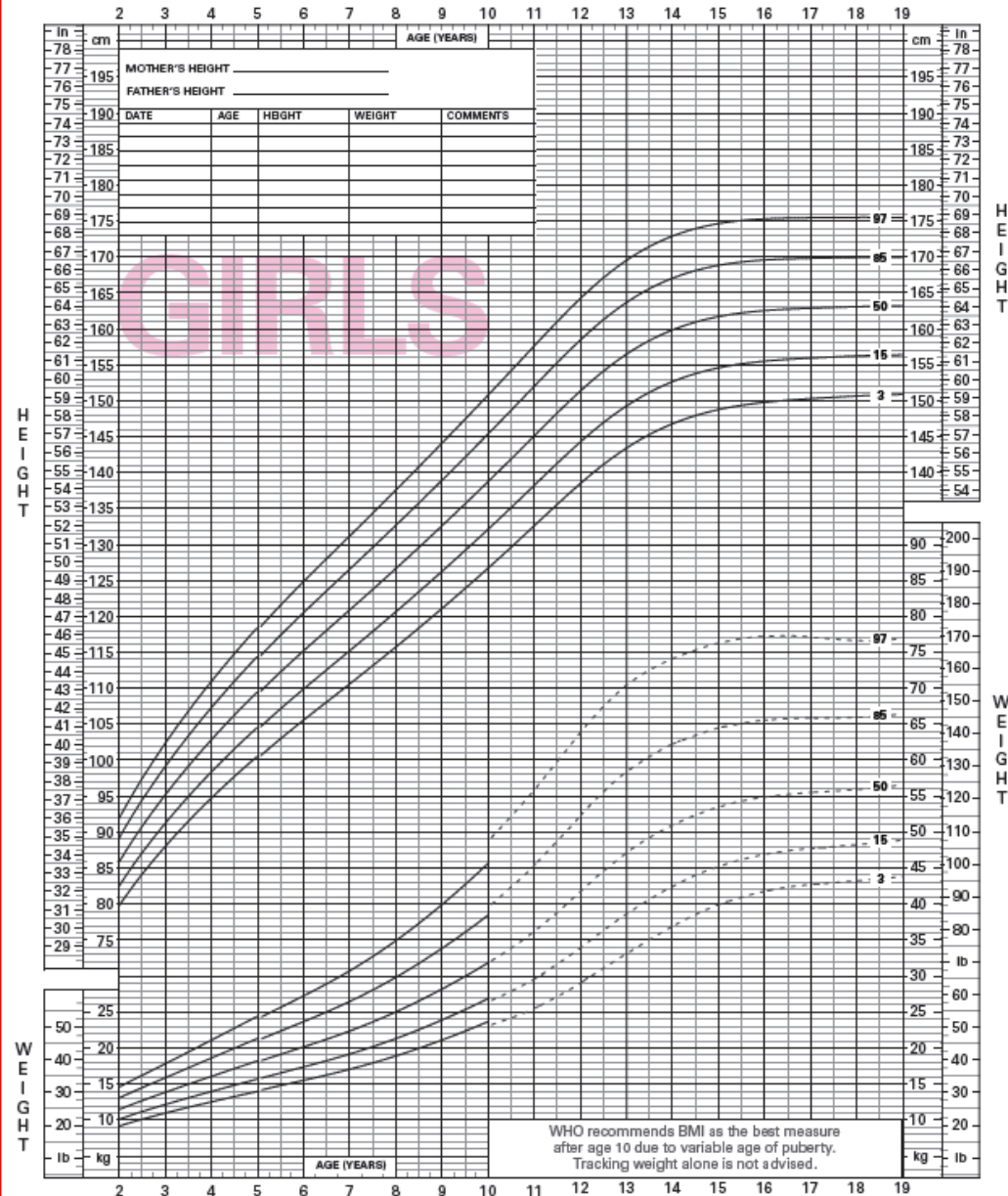


2 TO 19 YEARS: GIRLS

Height-for-age and Weight-for-age percentiles

NAME: _____

DOB: _____ RECORD # _____



SOURCE: The main chart is based on World Health Organization (WHO) Child Growth Standards (2006) and WHO Reference (2007) adapted for Canada by Canadian Paediatric Society, Canadian Pediatric Endocrine Group (CPEG), College of Family Physicians of Canada, Community Health Nurses of Canada and Dietitians of Canada. The weight-for-age 10 to 19 years section was developed by CPEG based on data from the US National Center for Health Statistics using the same procedures as the WHO growth charts.

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Case #2: What should I feed my baby?



- 4 ½ month old full term infant, exclusively breastfed
- Was sleeping through the night and now waking – seems hungry
- Grandma says baby needs solids.

TRANSITION TO SOLID FOODS

http://www.caringforkids.cps.ca/handouts/feeding_your_baby_in_the_first_year

When developmentally ready:

- Transition from sucking to spoon feeding
- Holds head up well
- Sits with little help
- Opens mouth when food offered
- Turns head to refuse food



Introduction of Allergenic Foods

- Evidence supports introduction of allergenic foods (at home) between 4-6 months to reduce the risk of food allergy but against complimentary foods before 12 weeks
 - Complimentary foods at 4-6 months may include cow's milk protein (except whole cow's milk), egg, soy, wheat, peanut, fish and shellfish
- Avoidance of allergenic foods during pregnancy and lactation not recommended
- Total duration of breastfeeding (without artificial milk) may be more important for allergy prevention than exclusive breastfeeding
- Consider partial hydrolysate or extensively hydrolyzed formula in high risk children when breast feeding not possible.
- Allergy testing/consultation prior to allergenic foods not recommended unless severe eczema or sib with peanut allergy

CPS position statement 2013: <http://www.cps.ca/en/documents/position/dietary-exposures-and-allergy-prevention-in-high-risk-infants>



Case #3: My baby won't fall asleep

- 2 month old full term breastfed infant
- Birth weight – 3200 g
- Parents are unable to get their baby to fall sleep unless they rock her until she is soundly asleep.
- She wakes at least 3 times each night and is now spending most of every night in her parents' bed.

Healthy sleep

- Safe sleep: on back; safe crib; room sharing x 6 mo; avoid bed sharing; change head position; no sleep positioners
CPS, CICH, CFSID, HC, PHAC joint statement: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/jsss-ecss-eng.php

- Night waking (NAP vs. CIO):
 - common: 20% of infants and toddlers without night feeding
 - counselling → v night waking, esp counselling within 1 – 3 wks of age

Behavioral treatment of bedtime problems and night wakings in infants and young children. Mindell et al. Sleep 2006 Oct;29(10):1263-76.

- Healthy sleep habits/routines: Normal sleep (quality and quantity for age) is associated with normal development

<http://www.sleepfoundation.org/article/sleep-topics/children-and-sleep>

(fall asleep independently “self-soother”; regular schedule; security object; relaxing bedtime routine ending in bedroom; same sleeping environment each night in a cool, quiet, dark room without a TV or computer)

2014 RBR: Developmental surveillance

- Development surveillance: assessing risk (asking re parental concerns re their child's development, observing the child, identifying risk/protective factors, documenting milestone attainment)

vs.

Development screening: standardized tools

- Red flag approach
- Fair evidence for most milestone items including “No parent/caregiver concerns”
- ASD: Revised M-CHAT-R/F with electronic format.
- New web links

For Healthcare Professionals

The Rourke Baby Record (RBR) for short is a system that many Canadian doctors and other healthcare professionals use for well-baby and well-child visits for infants and children from 1 week to 5 years of age. It includes forms (Guides I to V) for charting the well-baby visits as well as supporting resources for healthcare professionals.

For Parents

The RBR Parent Resources Website is a place to find reliable parent-friendly resources and is designed to help parents answer their questions about their children up to age 5 years.

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The Rourke Baby Record
Home News Interactive RBR ▾ Parents Resources Indepth Information ▾ Downloads ▾

The Rourke Baby Record

The Rourke Baby Record (RBR) is an evidence-based health supervision guide for primary healthcare practitioners of children in the first five years of life.

The Rourke Baby Record is endorsed by the College of Family Physicians of Canada (CFPC), the Canadian Paediatric Society (CPS) and Dietitians of Canada (DC).

Latest News

September 2014: Rourke Baby Record Parent Information Sheets
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Features of this Website

(in development)

Information

- Background Information
- Authors
- Support & Acknowledgements

Site Links

- Frequently Asked Questions
- Disclaimer
- Fair Use Authorization

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By Topic

- Breastfeeding
- Weaning
- Colic
- Nutrition ▸
- Sleep
- Growth and Development ▸
- Safety ▸
- Vaccinations
- Common Illnesses
- Medications and Your Baby
- Miscellaneous

Rourke Baby Record
 For Parents

Is it normal for my baby to...?

Home

Parents often wonder about their child's health, growth and development, leading to the question: "Is my child healthy and growing and developing normally?"

The RBR Parent Resources Website is a place where you can find parent-friendly resources to help answer your questions about your child.

New for 2014: Rourke Baby Record Well Baby Information Sheets are now available to answer your questions on feeding, safety, development, vaccination, and other common issues for babies at specific ages.

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

For a specific issue: You can browse "By Topic" or "By Age" of your child, using the links on the sides of this page, or you can "Search" for a topic (see above). These will bring you to reliable resources about normal child growth and development, along with information on common health topics such as feeding, injury prevention, vaccinations, and some common illnesses. We try to keep these links up to date, but websites are constantly being restructured, so if a link is broken, go to the home page of the source (e.g. [The Canadian Paediatric Society - Caring for Kids](#); [Hospital for Sick Children - About Kids Health](#); [Safe Kids Canada](#); [Dietitians of Canada](#); [Health Canada](#)) and search within that website.

By Age

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



The Rourke Baby Record

The Rourke Baby Record (RBR) is an evidence-based health supervision guide for primary healthcare practitioners of children in the first five years of life.

- 6 Evidence Summary
(from RBR Resources Pages 1-3)
- 7 Updates / Changes
- 8 Literature Review
- 9 Publications



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In Summary

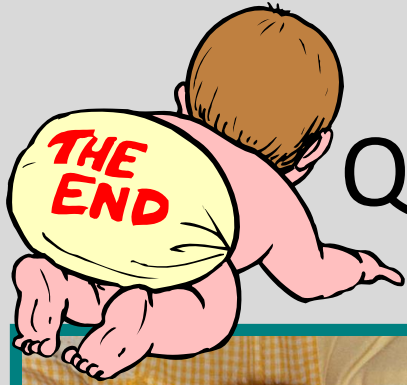
- Well-baby care is an important part of healthcare. Early child development and experience affect learning and behaviour as well as physical, mental and emotional health for a lifetime – and into the next generation.
- Parents have many questions with a new infant, and knowing what is normal or common helps you provide good healthcare.
- 2014 edition of the Rourke Baby Record provides a validated system for efficient, evidence-informed well baby/child care from 1 wk to 5 years: www.rourkebabyrecord.ca

General Resources for Healthcare Providers

- Rourke Baby Record: www.rourkebabyrecord.ca
- CPS position statements: www.cps.ca
- Dietitians of Canada website: www.dietitians.ca
- Health Canada: <http://www.hc-sc.gc.ca>
- Local printed resources: e.g. Government/PHU/etc

General Resources for Parents

- Rourke Baby Record Parent Portal: www.rourkebabyrecord.ca
- CPS Caring for Kids: www.caringforkids.cps.ca
- HSC About Kids' Health: www.aboutkidshealth.ca
- Parachute (Safe Kids Canada): <http://www.parachutecanada.org/>
- Dietitians of Canada: <http://www.dietitians.ca/Nutrition-Resources-A-Z/Factsheets/Infants/Feeding-Infants-and-Toddlers.aspx>
- Health Canada: <http://www.hc-sc.gc.ca>
- Local printed resources: e.g. Government/PHU/etc



Questions?

