Child Health and Vaccination
Dr. Jolanda Turley
2023/24
• Routine well child care is a large part of family medicine
• Pediatricians, family physicians, nurses and nurse practitioners can and do all provide well child care
• Debate exists about efficiency, effectiveness and costs of different systems and different countries do things differently
Tools for Well Child Care

- Rourke Record
  - http://www.rourkebabyrecord.ca
- Greig Record
- Canadian Pediatric Society
- Ottawa Public Health
The Rourke Baby Record (or 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 and Resources pages 1 to 4 that summarize current information and provide links to supporting resources for healthcare professionals.

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

Rourke Baby Record 2020 Edition

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 RBR contains guidelines and information for comprehensive well baby/child care including:

- growth and nutrition monitoring,
- developmental surveillance,
- physical examination parameters,
- immunizations, and
- anticipatory guidance on safety, family, behaviour and health promotion issues.

The Rourke Baby Record is affiliated with the Canadian Paediatric Society (CPS) and the College of Family Physicians of Canada (CFPC), and is endorsed by the CPS, the CFPC, and Dietitians of Canada (DC).
Rourke Records
- Compatible with many EMR's including PS Suite
- The interactive version gives information for the different points—click on blue sections to see
- Separate tab of Evidence Summary
- Text indicates different levels of evidence—bold, italics and regular text
- The Ontario version includes ON vaccines
Topics of Focus in WCC

- Feeding and nutrition (body image in teens)
- Developmental Milestones
- Anticipatory guidance, safety, behaviour
- Indicators of mental health (age appropriate)
- Growth (includes obesity)
- Physical Exam maneuvers
- Follow up and resources
Feeding and Nutrition

- Breastfeeding and chest-feeding (bottle-feeding) is big focus in 1st few visits
- Lots of good community resources for breastfeeding support—know your local resources (eg http://ottawabreastfeeds.ca/)
- Weight gain closely tracked
- Toddler years—”The Picky Eater”
- Teenage years—body image, obesity
- Consider involving dietician if available and appropriate
Developmental Milestones

- Gross motor
- Fine motor
- Cognitive
- Speech
- Emotional
- Social
Developmental Milestones

- Gross motor—lifting head, sitting, crawling, cruising, walking, squatting
- Fine motor
- Cognitive
- Speech
- Emotional
- Social
Developmental Milestones

- Gross motor—lifting head, sitting, crawling, cruising, walking, squatting
- Fine motor—pincer grasp, holding crayon, drawing, cutting, blocks, Lego
- Cognitive
- Speech
- Emotional
- Social
Developmental Milestones

- Gross motor—lifting head, sitting, crawling, cruising, walking, squatting
- Fine motor—pincer grasp, holding crayon, drawing, cutting, blocks, Lego
- Cognitive—understanding commands, recognizing people, school performance
- Speech
- Emotional
- Social
Developmental Milestones

- Gross motor—lifting head, sitting, crawling, cruising, walking, squatting
- Fine motor—pincer grasp, holding crayon, drawing, cutting, blocks, Lego
- Cognitive—understanding commands, recognizing people, school performance
- Speech—vocalizing, words, sentences, communicating ideas
- Emotional
- Social
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- Cognitive—understanding commands, recognizing people, school performance
- Speech—vocalizing, words, sentences, communicating ideas
- Emotional—bonding, attachment, mood, anxiety (separation anxiety)
- Social
Developmental Milestones

- Gross motor—lifting head, sitting, crawling, cruising, walking, squatting
- Fine motor—pincer grasp, holding crayon, drawing, cutting, blocks, Lego
- Cognitive—understanding commands, recognizing people, school performance
- Speech—vocalizing, words, sentences, communicating ideas
- Emotional—bonding, attachment, mood, anxiety (separation anxiety)
- Social—social smile, eye contact, interaction, parallel play, interactive play, friends
Developmental Checklists

- Looksee, formerly known as Nippissing District Developmental Scale (NDDS)
- M-CHAT2
- Other tools developed specifically for language development
1 Get Started

1. Choose the nearest age
Choose the checklist that matches your child’s age. If your child falls between two ages, use the earlier age (if child is 4½ years old, use the 4 year checklist). If your child is 3 or more weeks premature, determine the appropriate checklist at lookseechecklist.com/premature

2. Answer the questions
Answer the questions to the best of your ability. If you are not sure, try the question with your child. Any examples are only suggestions. You may use similar examples from your family experience.
Language and communication items can be asked in the child’s first language. Items marked with ** may not be common to all cultures.

3. Follow-up with a professional
If you answer “no” to any question or have any concerns about your child’s development, follow-up with a health care and/or child care professional.

When you’re done

Follow the parenting tips beside the checklist to help your child grow. These tips may be a bit more challenging than the checklist. If you have questions, contact a professional. The tips are organized into the following developmental areas:

- Emotional
- Fine Motor
- Gross Motor
- Social
- Self-Help
- Communication
- Learning & Thinking

LIMITATION OF LIABILITY: NDDS has created and provides the Checklists to assist parents, health care and child care professionals (upto) with a convenient and easy to use method of recording the development and progress of infants and children within certain age groupings. The Checklists are not meant to be a substitute for the advice and/or treatment of health care and child care professionals trained in properly and professionally assess the development and progress of infants and children. Although the Checklists may help you to determine when they need to seek out the advice and/or treatment of health care and child care professionals, users must still consult with competent health care and child care professionals for advice and/or treatment regarding specific children and their particular needs. Users should be aware of the following when using the Checklists: 1. The needs of each individual are unique. Each individual will develop differently and as such, any perceived limitations in development must be reviewed by a health care and/or child care professional to be properly assessed. 2. While every effort has been made to make the Checklists as accurately, economically and geographically feasible as possible, it is not understood by users that may reflect some cultural, economic or geographic prejudices. As such, these prejudices may affect a specific infant’s ability to interact in a Checklist that reflects that individual’s cultural, economic or geographic prejudices. 3. The Checklist cannot contain every possible indicator of development. Limitations or goals to be set. As such, the Checklists are not designed for and should not be used to diagnose or treat perceived developmental limitations or other health-related conditions or health problems, nor should any warranties or representations be made or implied. This includes, but is not limited to, implied warranty of merchantability or fitness for a particular use or purpose, or specific purpose. No representations, warranties or guarantees of any kind are made by the authors regarding the accuracy, completeness or usefulness of the information presented herein. NDDS makes no representations, warranties, or guarantees of any kind regarding the accuracy, availability, completeness, or reliability of any content or information contained on this page. NDDS is not responsible for any errors, inaccuracies, or omissions in or relating to such content or information. NDDS disclaims any liability for loss, injury or damage incurred by the use or reliance on any such content or information. NDDS is not responsible for the content or accuracy of any external website linked to this page. A checklist to monitor your child’s development from 1 month to 6 years of age with tips to help them grow.
By eighteen months of age, does your child:

1. Identify pictures in a book? “show me the baby”
2. Use a variety of familiar gestures? (waving, pushing, giving, reaching up)
3. Follow directions using “on” and “under”? “put the cup on the table”
4. Make at least four different consonant sounds? b, n, d, h, g, w
5. Point to at least three different body parts when asked? “where is your nose?”
6. Say 20 or more words? words do not have to be clear
7. Hold a cup to drink?
8. Pick up and eat finger food?
9. Help with dressing by putting out arms and legs?
10. Walk up a few stairs holding your hand?
11. Walk alone?
12. Squat to pick up a toy and stand back up without falling?
13. Push and pull toys or other objects while walking forward?
14. Stack three or more blocks?
15. Show affection towards people, pets, or toys?
16. Point to show you something?
17. Look at you when you are talking or playing together?

* Examples are only suggestions. Use similar examples from your family experience.
* Be careful they do not be common to all cultures.

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Try these tips to help your child grow:

I feel safe and secure when I know what is expected of me. You can help me with this by following routines and setting limits. Praise my good behaviour.

I want to do things just like you. Let me have toys so I can pretend to have tea parties, dress up, and play mommmy or daddy.

I like new toys, so find the local toy lending library or play groups in our community.

I am learning new words every day. Put pictures of people or objects in a bag and say “1, 2, 3, what do we see?” and pull a picture from the bag. Pretend to talk to me on the phone or encourage me to call someone.

I like simple puzzles with two to four pieces and shape-sorters with simple shapes. Encourage me to match the pieces by taking turns with me.

Help me to notice familiar sounds such as birds chirping, car or truck motors, airplanes, dogs barking, sirens, or splashing water. Imitate the noise you hear and see if I will imitate you. Encourage me by smiling and clapping.

I enjoy exploring the world, but I need to know that you are close by. I may cry when you leave me with others, so give me a hug and tell me you will be back.

I may get ear infections. Talk to my doctor about signs and symptoms.

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Child’s Name: ______________________
Birthdate: ______________________
Today’s Date: ____________________
The Modified Checklist for Autism in Toddlers (M-CHAT) is a validated developmental screening tool for toddlers between 16 and 30 months of age. It is designed to identify children who may benefit from a more thorough developmental and autism evaluation.

Once an autism diagnosis is reached, medical guidelines including the American Academy of Pediatrics recommend genetic testing for the child to identify DNA changes that inform cause and critical medical management changes.

"The M-CHAT is designed to be administered to parents/guardians and interpreted by pediatric providers in the context of developmental surveillance. The online version at M-CHAT.org is approved by the M-CHAT authors."

- Diana Robins, Deborah Fein, Marianne Barton

Take the M-CHAT Test Now

Is there a genetic test for autism?
Anticipatory Guidance, Safety and Behaviour

- Parents may have some questions, or it may be prompted by you
- [https://www.parachutecanada.org/en/](https://www.parachutecanada.org/en/)
- Prevention of accidents, injuries and illness (e.g. helmets, swimming lessons)
- Difficult behaviours may be addressed by you or require more resources (e.g. sleep issues, eating issues, tantrums, school refusal)
Indicators of Mental Health

- Age appropriate
- Burgeoning field of Infant Mental Health
- Importance of early brain development and learning in life-long mental health
- School-age children and teenagers may present with anxiety, substance use, family dysfunction
Growth and Physical Exam

- Always track growth on growth curves
  - Head circumference done until age 18 months
  - Height and weight done at every well child visit
- Physical exam maneuvers depend on age, presenting complaint, and sometimes patient comfort
- Newborns should always have head-to-toe, complete exam to rule out congenital issues
- Fewer physical exam maneuvers have evidence later on (as seen on Rourke record)
Special Considerations

- Infants who were born prematurely
- Infants with chronic medical conditions
- Infants who were adopted
  - Consider Adoption Clinic at CHEO
- Psychosocial stressors at home—think about questions on ACES questionnaire
  - Single-parent home
  - Parent(s) with significant mental illness
  - Parent(s) with substance use disorders
  - Financial stress or poverty
Follow up and resources

- Empower parents by providing them with parenting resources
- It’s good to have a few up-to-date, trustworthy sources of information—think IG and TikTok for younger parents
- Lots of community resources are available for motivated parents
- For providers, CPS is excellent source of reliable, Canadian information
Clinical Practice

In this section, we’ve compiled resources and tools to help child and youth health professionals deliver quality care.

- **Clinical tools & resources**: Health supervision guides, growth charts, clinical prompts, counselling guides, and more.
- **Position statements and practice points**: Full-text clinical guidance and advocacy documents from our committees, sections and task forces.
- **Information for parents**: Our Caring for Kids website has more than 200 documents designed to answer common questions from parents and caregivers on health-related topics from pre-birth through adolescence.
- **Caring for Kids New to Canada**: Developed by experts in paediatric immigrant and refugee health, this website will help you provide informed and sensitive care to newcomer children, youth and families. Topics include mental health, assessment and screening, nutrition, and infectious diseases.
- **Choosing Wisely Canada**: Our list of unnecessary tests and treatments in paediatrics.

**Last updated**: Jun 2, 2020
**COVID-19 and your child**
A disease outbreak such as COVID-19 can be hard for children and teens to cope with and understand. How your child or teen responds will depend on their age, temperament, developmental level. Please consult our resource for guidance.

**Helping children and teens cope with stressful public events**
Stressful public events can be hard for children and teens to cope with and understand. You play an important role in reassuring your child or teen and helping them cope with their feelings and reactions.

**Handwashing for parents and children**
Washing your hands and your children's hands is the best way to stop the spread of germs. When water and soap are not available and hands are not visibly dirty, you can use pre-moistened hand wipes or alcohol-based hand sanitizers.
Telephone support line for families of babies, up to 1 year

Parenting in Ottawa Services
Ottawa Public Health offers a variety of services to make it easier for your child to grow up healthy

Immunization
Learn more about your child's immunizations and how to update their immunization record.

Mental Health
Learn more about mental health for you as a parent and for your child or youth.

Parenting in Ottawa - June 10
June is seniors’ month. A time to recognize and celebrate older adults! Tag a senior friend, parent and/or grand-parent and thank them for something they’ve done to positively influence your life. – Katherine Abramak...

View Our Facebook Feed

Parenting In Ottawa - June 9
Vegetable gardens are a great way to get the kids outside, explore what nature has to offer, and let them be physically active. If there is a veggie garden in your future, how will you get your kids involved in the proc...

Parenting In Ottawa - June 8
As the City reopens its businesses and some amenities, it's tempting to just go back to our former ways. However, it is more important than ever to be vigilant in preventing the spread of COVID-19. What precautions are...

Facebook
Calendar

Youth and Young Adults

Ottawa Public Health
The City’s Children’s Services is responsible for the system planning of child care and early years program and services for children 0 to 12 years old.

What is an EarlyON centre?

EarlyON Child and Family Centres offer free, high-quality programs for families and children from birth to 6 years old where you can:

- Join fun activities – reading, storytelling, sing-alongs, games and more
- Get advice from professionals trained in early childhood development
- Find out about other family services in your community
- Connect with other families with young children
Where to Refer

- Pediatricians
- Speech and Language Pathologists (First Words)
- Public health nurses (HBHC)
- Parenting support groups and Family Services
- Specialized services for teenage parents
- Youth mental health services (Crossroads, YSB)
- School-affiliated services
- Psychological services
- Children’s Aid Society
Vaccination

• Different schedules for different provinces
• Standard vaccines vs. extra vaccines (e.g. early HepB, RSV, MenB)
• Familiarize yourself with schedule
• Technique
  ◦ Intra-muscular, subcutaneous, oral or intra-nasal
  ◦ Proper documentation is VERY important
  ◦ https://www.canimmunize.ca/en/home
Publicly Funded Immunization Schedules for Ontario – December 2016

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

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*Every year in the fall

◆ = A single vaccine dose given in a syringe and needle by intramuscular injection
■ = A single vaccine dose given in a syringe and needle by subcutaneous injection
△ = A single vaccine dose given in an oral applicator by mouth
● = Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-4 is a 2 dose series (see Table 10). Each vaccine dose is given in a syringe and needle by intramuscular injection.
* = Preferably given at 4 years of age
† = Given 10 years after the 4-6 year old Tdap/IPV dose
‡ = Given 10 years after the adolescent (14-16 year old) Tdap dose
§ = Once a dose of Td/IPV is given in adulthood (26-28 years of age), adults should receive Td boosters every 10 years thereafter
● = Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given 4 weeks apart. Children who have previously received a dose of influenza vaccine should receive 1 dose per season thereafter.

Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-23).
Vaccine Hesitancy

• Growing issue around the world
• Many different reasons
  ◦ Concerns about adverse effects
  ◦ Concerns about vaccine additives
  ◦ Mistrust of medical system
  ◦ Religious or cultural reasons
  ◦ Other personal reasons
• CPS has position statement from Sep. 2018
• Questions?
• Comments?
• Feedback?

THANK YOU