




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
 - <https://www.cps.ca/en/tools-outils/greig-health-record>
- Canadian Pediatric Society
- Ottawa Public Health

Rourke

Baby Record

Evidence-based infant/child health maintenance guide



For Healthcare Professionals

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.



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.



Welcome

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.



About The RBR

For Parents

Website Features

Print RBR

MAKING THE ROURKE BABY RECORD

Adapted from Rowan-Legg A, Bayoumi I, Kwok B, Leduc D, Rourke L, Rourke J, Li P. The 2020 Rourke Baby Record release: A time for reflection and looking forward. Paediatrics & Child Health, Volume 26, Issue 5, August 2021, Pages 283-286. <https://doi.org/10.1093/pch/pxaa135>

BACKGROUND

First published in 1985, the Rourke Baby Record (RBR) is an evidence-informed knowledge translation/mobilization tool that enables clinicians to deliver efficient, effective and comprehensive preventive care to infants and young children in Canada. The RBR is endorsed by the Canadian Paediatric Society, the College of Family Physicians of Canada, and the Dietitians of Canada. Freely available in print and on EMRs, it is updated every 3 to 4 years.



THE 2020 ROURKE BABY RECORD

Selected Highlights

Visit the RBR website (www.rourkebabyrecord.ca) for full details of the changes to this edition, to download English and French versions, evidence summaries, details of the literature reviewed, and to access parent resources.

NUTRITION

- Screen for food insecurity.
- Introduce allergenic foods early and often.
- Limit foods and beverages high in sugar and sodium.

INJURY PREVENTION

- Prevent scalds by being vigilant with hot liquids on countertops.
- Advise that swaddling is contraindicated once a baby shows signs of attempting to roll.
- Never leave a child unattended in a vehicle.

ENVIRONMENTAL HEALTH

- Educate on the health risks, harms and need for safe storage of E-cigs and cannabis (including edibles).
- Be aware of environmental and psychological risks from climate change.

DEVELOPMENT

- Use new Canadian recommendations for early detection, diagnosis and management of ASD (CPS position statements).
- Recommend that reading and singing begin with young infants.
- Discuss screen time management for parents and caregivers as well as children; video-chatting can improve communication with family and friends.

INVESTIGATIONS/SCREENING

- Use the Canadian Caries Risk Assessment Tool to identify early childhood caries risk.
- Screen for iron-deficiency anemia in high-risk groups.
- Consider blood lead screening in high-risk groups.

PHYSICAL EXAMINATION

- Include heart, lungs and abdomen in P/E at all on-site visits.
- Be aware of early signs of cerebral palsy: asymmetric hand use, low tone or flaking of hands in infants < 3 yr old.
- Examine for tongue mobility only if breastfeeding problems.

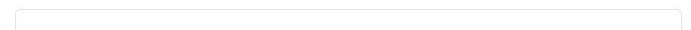
IMMUNIZATIONS

- Adopt the additional pain reduction strategy of giving the oral paracetamol rectally.

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).



Latest News:





Interactive RBR - Guide Page 1

- 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

The Interactive RBR provides the evidence and resources for the items in the RBR.

Clicking on any item with blue shading reveals:

- Evidence summary: Summary of current evidence on this item as outlined in RBR Resource Pages 1 – 4. One can link to guidelines and parent resources organized by topic.
- Parent resources: web links to reliable resources on this item.

©2017 Drs. I. Rourke, D Leduc and J Rourke
Revised January 24, 2017
www.rourkebabyrecord.ca



See [RBR parent web portal](#) for corresponding parent resources

Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance

GUIDE 1: 0–1 mo (National)

NAME: _____ Birth Day (dm/yy): _____ M | J | F |
Gestational Age: _____ cm Birth Length: _____ cm Birth Weight: _____ g
Head Circumference: _____ cm Discharge Weight: _____ g

Pregnancy/birth remarks/Apgar:			Risk factors/family history:			DATE OF VISIT: ____/____/20____					
within 1 week			2 weeks (optional)			1 month					
Length	Weight	HC (avg 33 cm)	Length	Weight (regain BW 1–3 weeks)	Head Circ.	Length	Weight	Head Circ.			
PARENT/CAREGIVER CONCERNS											
NUTRITION ¹ For each <input type="radio"/> item discussed, indicate "✓" for no concerns, or "X" if concerns											
<input type="radio"/> Breastfeeding (exclusive) ¹ <input type="radio"/> Vitamin D 400 IU/day ¹ <input type="radio"/> Formula Feeding (iron-fortified/preparation) ¹ [150 mL 6 oz/kg/day] ¹ <input type="radio"/> Stool pattern and urine output			<input type="radio"/> Breastfeeding (exclusive) ¹ <input type="radio"/> Vitamin D 400 IU/day ¹ <input type="radio"/> Formula Feeding (iron-fortified/preparation) ¹ [150 mL 6 oz/kg/day] ¹ <input type="radio"/> Stool pattern and urine output			<input type="radio"/> Breastfeeding (exclusive) ¹ <input type="radio"/> Vitamin D 400 IU/day ¹ <input type="radio"/> Formula Feeding (iron-fortified/preparation) ¹ [450–750 mL (15–25 oz)/day] ¹ <input type="radio"/> Stool pattern and urine output					
EDUCATION AND ADVICE Repeat discussion of items is based on perceived risk or need											
Injury Prevention¹ <input type="radio"/> Motorized vehicles/Car seat ¹ <input type="radio"/> Carbon monoxide/Smoke detectors ¹ <input type="radio"/> Firearms safety ¹ <input type="radio"/> Hot water <49°C/Bath safety ¹ <input type="radio"/> Choking/Safe toys ¹ <input type="radio"/> Pacifier use ¹ <input type="radio"/> Safe sleep (position, room sharing, avoid bed sharing, crib safety) ¹ <input type="radio"/> Falls (stairs, change table) ¹			Behaviour and Family Issues² <input type="radio"/> Crying ² <input type="radio"/> Night waking ² <input type="radio"/> Parenting/Bonding ² <input type="radio"/> Siblings <input type="radio"/> Parental fatigue/Postpartum depression ² <input type="radio"/> High risk infants/Assess home visit need ² <input type="radio"/> Inquire re difficulty making ends meet or feeding your family ²			Environmental Health¹ <input type="radio"/> Second hand smoke ¹ <input type="radio"/> Sun exposure ¹ Other Issues¹ <input type="radio"/> No OTC cough/Cold medicine ¹ <input type="radio"/> Inquiry on complementary/Alternative medicine ¹ <input type="radio"/> Temperature control and overdressing <input type="radio"/> Fever abate/Thermometers ¹ <input type="radio"/> Supervised tummy time while awake ¹					
DEVELOPMENT ² (Inquiry and observation of milestones)											
Tasks are set after the time of normal milestone acquisition. Absence of any item suggests consideration for further assessment of development. NB—Correct for age if < 37 weeks gestation											
<input type="radio"/> Sucks well on nipple			<input type="radio"/> Sucks well on nipple <input type="radio"/> No parent/caregiver concerns			<input type="radio"/> Focuses gaze <input type="radio"/> Startles to loud noise <input type="radio"/> Calms when comforted <input type="radio"/> Sucks well on nipple <input type="radio"/> No parent/caregiver concerns					
PHYSICAL EXAMINATION ² An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.											
<input type="radio"/> Fontanelles ² <input type="radio"/> Eyes (red reflex) ² <input type="radio"/> Tongue mobility ² <input type="radio"/> Heart/Lungs <input type="radio"/> Umbilicus <input type="radio"/> Testicles/Gonitalia <input type="radio"/> Patency of anus			<input type="radio"/> Skin (jaundice ² , bruising ²) <input type="radio"/> Ears (TMs) Hearing inquiry/screening ² <input type="radio"/> Neck/Torticollis ² <input type="radio"/> Abdomen/Femoral pulses <input type="radio"/> Hips (Barlow/Ortolani) ² <input type="radio"/> Male urinary stream/Foreskin care <input type="radio"/> Muscle tone ²			<input type="radio"/> Skin (jaundice ² , bruising ²) <input type="radio"/> Ears (TMs) Hearing inquiry/screening ² <input type="radio"/> Neck/Torticollis ² <input type="radio"/> Abdomen/Femoral pulses <input type="radio"/> Hips (Barlow/Ortolani) ² <input type="radio"/> Male urinary stream/Foreskin care <input type="radio"/> Muscle tone ²			<input type="radio"/> Fontanelles ² <input type="radio"/> Corneal light reflex ² <input type="radio"/> Tongue mobility ² <input type="radio"/> Neck/Torticollis ² <input type="radio"/> Hips (Barlow/Ortolani) ² <input type="radio"/> Muscle tone ²		
PROBLEMS AND PLANS/CURRENT & NEW REFERRALS ⁴ Eg. medical specialist, dietitian, speech, audiology, PT, OT, eyes, dental, social-determinants resources											
INVESTIGATIONS/SCREENING ² AND IMMUNIZATION ³ Discuss immunization pain reduction strategies ³ Record Vaccines on Guide V											
<input type="radio"/> Newborn screening as per province <input type="radio"/> Hemoglobinopathy screen (if at risk) ² <input type="radio"/> Universal newborn hearing screening (UNHS) ² <input type="radio"/> If HBsAg-positive parent/sibling Hep B vaccine #1 ³			<input type="radio"/> If HBsAg-positive parent/sibling Hep B vaccine #2 ³								
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
¹Resources 1: Growth, Nutrition, Injury Prevention, Environment, Other ²Resources 2: Family, Behaviour, Development, PE, Investigations ³Resources 3: Immunization ⁴Resources 4: ECD Resources System and Table
Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record is meant to be used as a guide only.

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

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

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

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:



LIMITATION OF LIABILITY: NDDs® has created and provides the Checklists to assist parents, health care and child care professionals (users) 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 to properly and professionally assess the development and progress of infants and children. Although the Checklists may help users 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 bear in mind the following when using the Checklists: (i) The needs of each infant/child are unique. Each infant/child 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; (ii) While every effort has been made to make the Checklists as culturally, economically and geographically neutral as possible, it must be understood by users that they may still reflect some cultural, economic or geographic prejudices. As such, these prejudices may affect a specific infant's/child's results in a Checklist without actually reflecting a developmental limitation. Again, users should contact a health care and/or child care professional to review the needs of an individual infant/child; (iii) The Checklists cannot contain every possible indicator of developmental limitations or goals to be met. As such, the Checklists are not designed for and should not be used to diagnose or treat perceived developmental limitations or other health needs. NDDs® makes no representation or warranties, express or implied. This includes, but is not limited to, any implied warranty or merchantability of fitness for a particular use or purpose, and specifically disclaims any such warranties and representations. NDDs® expressly disclaims any liability for loss, injury or damages incurred or occasioned as a consequence, directly or indirectly, of the use of the Checklists. The Checklists are sold with the understanding that NDDs® is not engaged in rendering health care, child care, medical or other professional services. NDDs® PRODUCT LICENSE: The Checklists are the copyright of NDDs Intellectual Property Association and are subject to copyright and other intellectual property laws. By purchasing the Checklists, the user agrees to be bound by the terms of the following limited license. (i) Each page of the Checklist shall only be used in relation to an individual infant/child; (ii) When a Checklist page has been used for an individual infant the completed Checklist page may be copied for archival purposes only, or in order to provide a copy to a health care and child care professional in order to assist in the advice or treatment given by the recipient professional for the individual infant/child; (iii) Except as provided in (ii) above, the user shall not copy, modify or remove any of the trademarks, trade names or copyright notices of Nipissing® from the Checklists, either in whole or in part; (iv) The user does not acquire any proprietary or other interest in the Checklists. ® The Nipissing and NDDs are trademarks of NDDs Intellectual Property Association, used under license. All rights reserved. NDDs © 2018 NDDs Intellectual Property Association. All rights reserved.



looksee
checklist[®] by **nnds**

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:

Y N

- 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.

** Item may not be common to all cultures.

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 like toys that I can pull apart and put back together—large building blocks, containers with lids, or plastic links. Talk to me about what I am doing using words like “push” and “pull”.

I’m not too little to play with large crayons. Let’s scribble and talk about our art work.



Don’t be afraid to let me see what I can do with my body. I need to practise climbing, swinging, jumping, running, going up and down stairs, and going down slides. Stay close to me so I don’t get hurt.

Play some of my favourite music. Encourage me to move to the music by swaying my arms, moving slowly, marching to the music, hopping, clapping my hands, tapping my legs. Let’s have fun doing actions while listening to the music.

Let me play with balls of different sizes. Take some of the air out of a beach ball. Watch me kick, throw, and try to catch it.



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

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.

Is there a genetic
test for autism?

"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 →

Anticipatory Guidance, Safety and Behaviour

- Parents may have some questions, or it may be prompted by you
- <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
- <https://www.sickkids.ca/en/learning/our-programs/infant-and-early-mental-health-promotion/>
- 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



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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

[STATEMENTS AND
PRACTICE POINTS](#)

[PAEDIATRICS & CHILD
HEALTH](#)

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- Keeping Kids Safe
- Growing & Learning
- Illnesses & Infections
- Immunization
- Behaviour & Parenting
- Teen Health



News to Use

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.

Ages & Stages



- Preparing for Baby
Preparing for baby: The essentials shopping list
- Your New Baby
Pacifiers (soothers): A user's guide for parents
- Your Growing Child
Healthy eating for children
- Teens and Tweens
Dieting: Information for teens

Search articles by age and stage

Helpful Tips



- Talking with your teen about vaping
Take advantage of situations where you can talk about vaping. It doesn't have to be formal. **Discuss the facts** and correct any misconceptions.
- A parent's guide to health information on the Internet
The Internet can be a rich source of information on child and youth health. But it isn't always clear whether the information is reliable. **Trustworthy health information** should be objective, unbiased and based on scientific evidence.

Social Media

Twitter Feed

Facebook

Tweets by @CaringforKids

Caring for Kids
@CaringforKids

As the school year ends, students transitioning into new schools or learning settings are being left behind with no closure and little support.

The @CanPaedSociety is calling on Education Ministries to allow safe, in-person graduations: ow.ly/kbbs50A3SXc #canpoli #onpoli



Embed

View on Twitter



Healthy Kids
Healthy Families

Video Gallery



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.

Facebook

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 Abramenk ...

[View Our Facebook Feed](#)

Calendar

Parenting In Ottawa - June 9

Vegetables 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 ...

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

[+ Find an EarlyON centre](#)

[+ Indigenous-led EarlyON child and family programs](#)

[+ Support your child's development](#)

[+ Contact us](#)

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

Routine Schedule: Children Starting Immunization in Infancy														
Vaccine	Age	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years [^]	Grade 7	14-16 Years [†]	24-26 Years [‡]	≥34 Years [‡]	65 Years	
DTap-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b		◆	◆	◆			◆							
Pne u-C-13 Pneumococcal Conjugate 13		◆	◆		◆									
Rot-1 Rotavirus		▲	▲											
Men-C-C Meningococcal Conjugate C					◆									
MMR Measles, Mumps, Rubella					■									
Var Varicella						■								
MMRV Measles, Mumps, Rubella, Varicella								■						
Tdap-IPV Tetanus, diphtheria, pertussis, Polio								◆						
HB Hepatitis B									●					
Men-C-ACYW Meningococcal Conjugate ACYW-135									●					
HPV-4 Human Papillomavirus									●					
Tdap Tetanus, diphtheria, pertussis										◆	◆			
Td (booster) Tetanus, diphtheria												◆		
HZ Herpes Zoster													■	
Pne u-P-23 Pneumococcal Polysaccharide 23													■	
Inf Influenza													* 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 or 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 Tdap is given in adulthood (24-26 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 24 weeks apart. Children who have previously received ≥1 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

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- Questions?
 - Comments?
 - Feedback?

THANK YOU