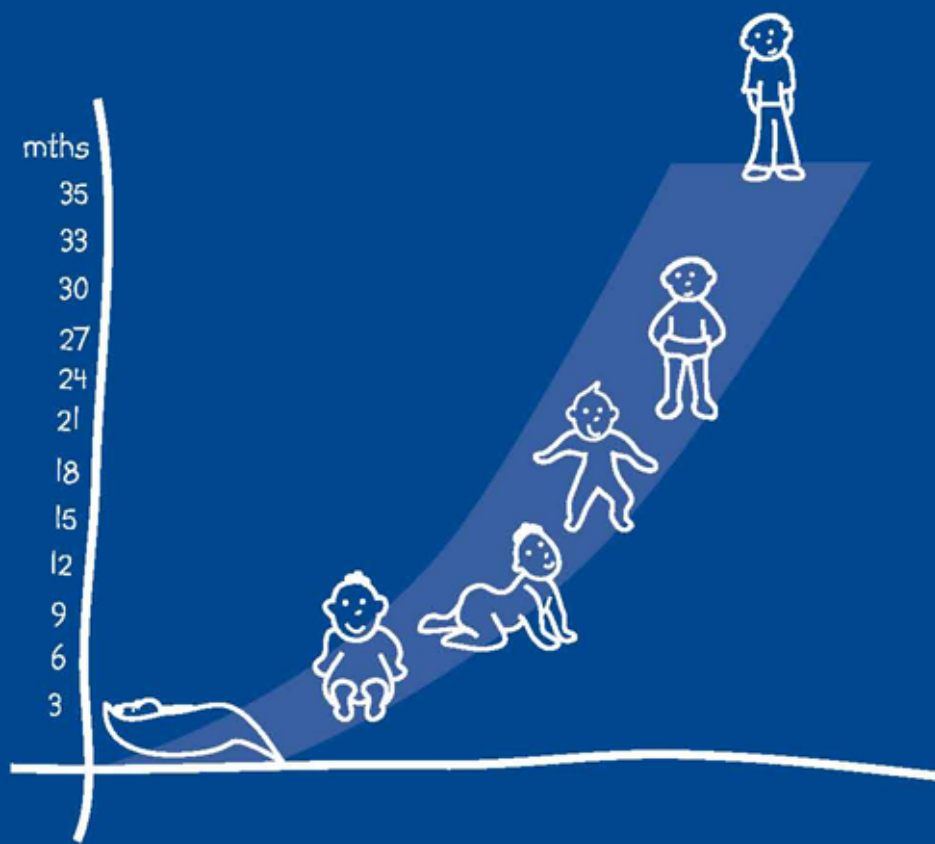


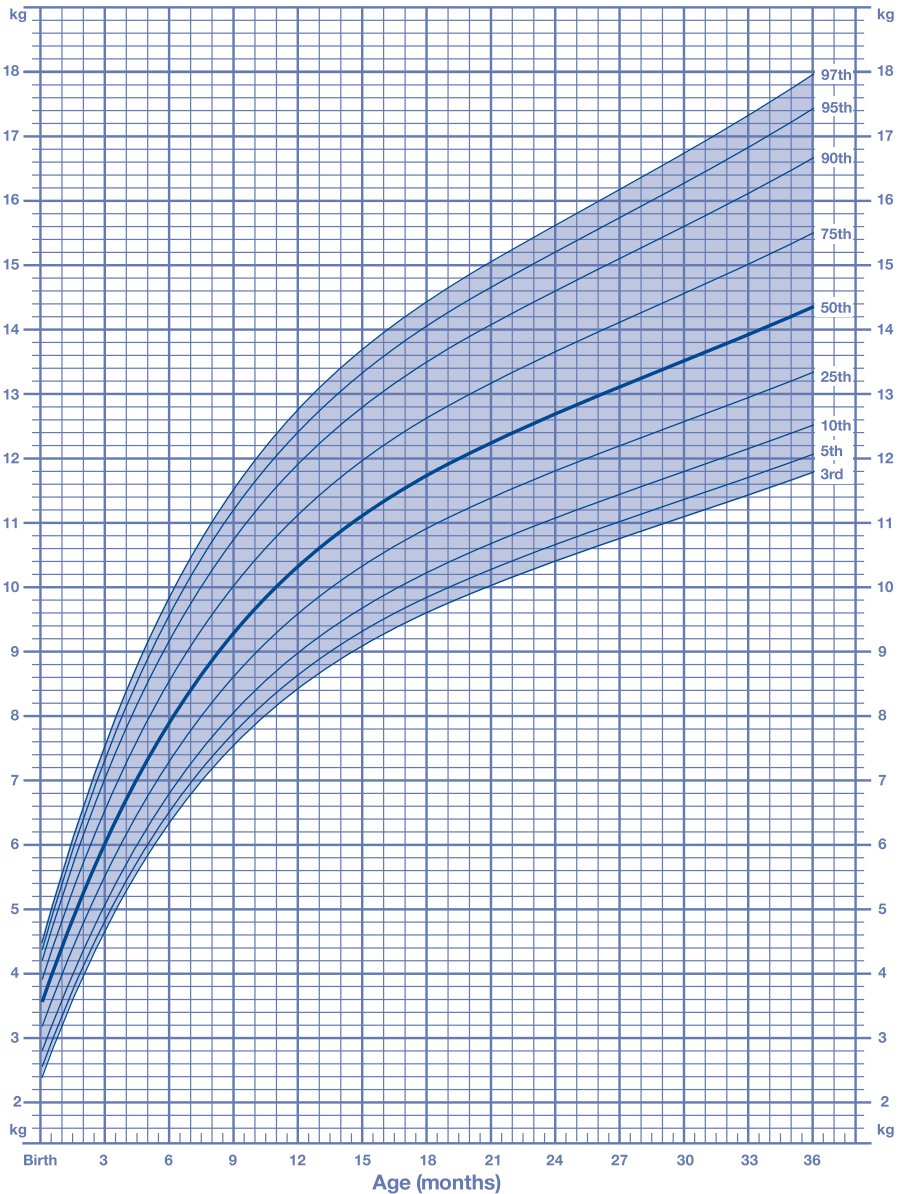
# growth charts







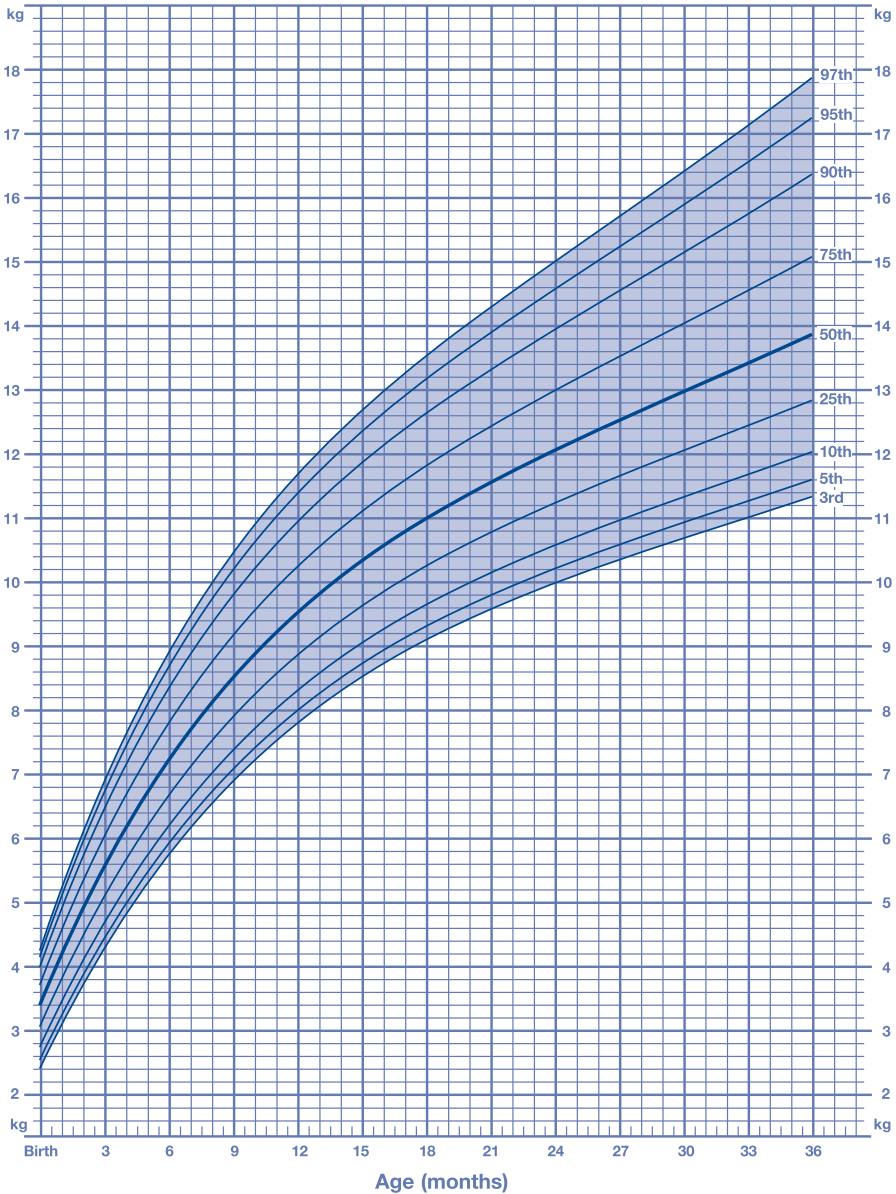
Weight-for-age percentiles – BOYS, birth to 36 months



CDC Growth charts – United States Published May 30 2003  
Source: Developed by the National Center for Health Statistics in collaboration  
with the National Center for Chronic Disease Prevention and Health Promotion (2000)

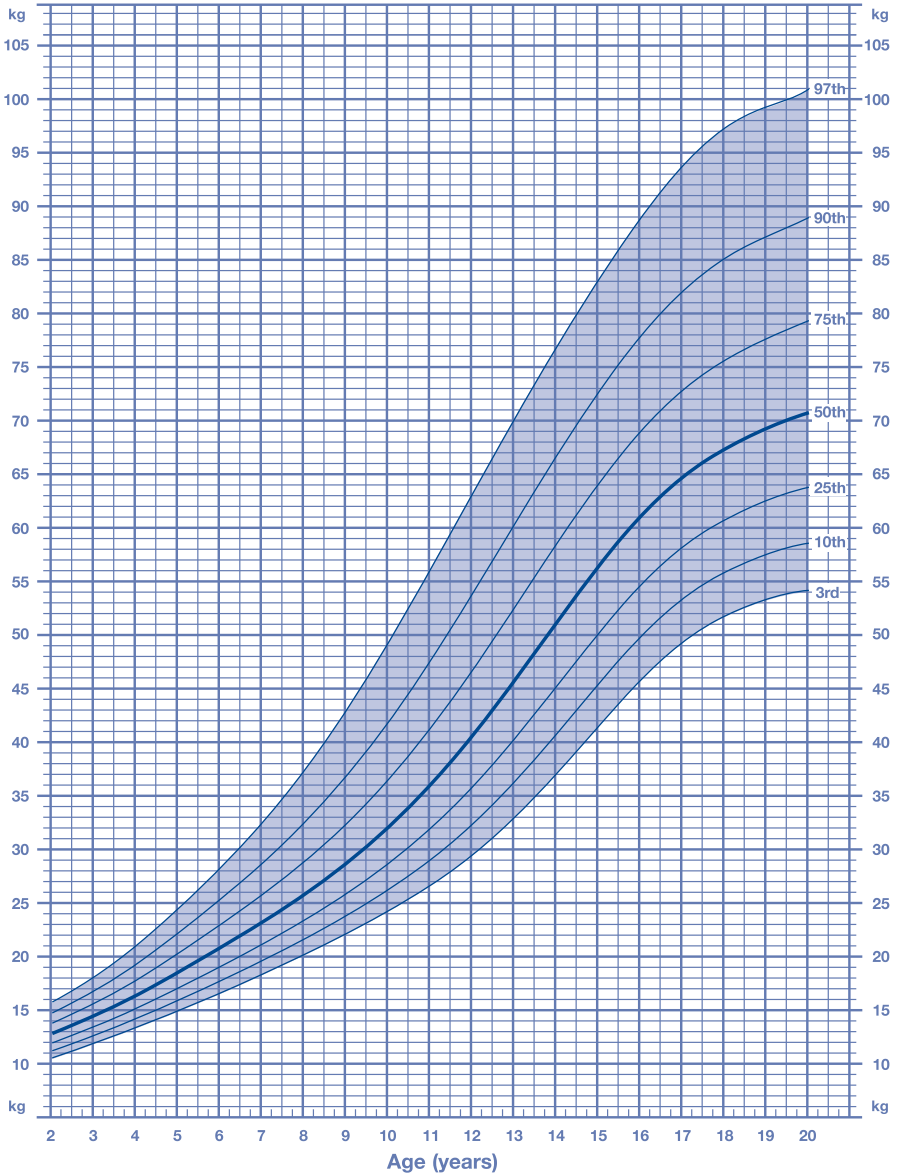


Weight-for-age percentiles – GIRLS, birth to 36 months





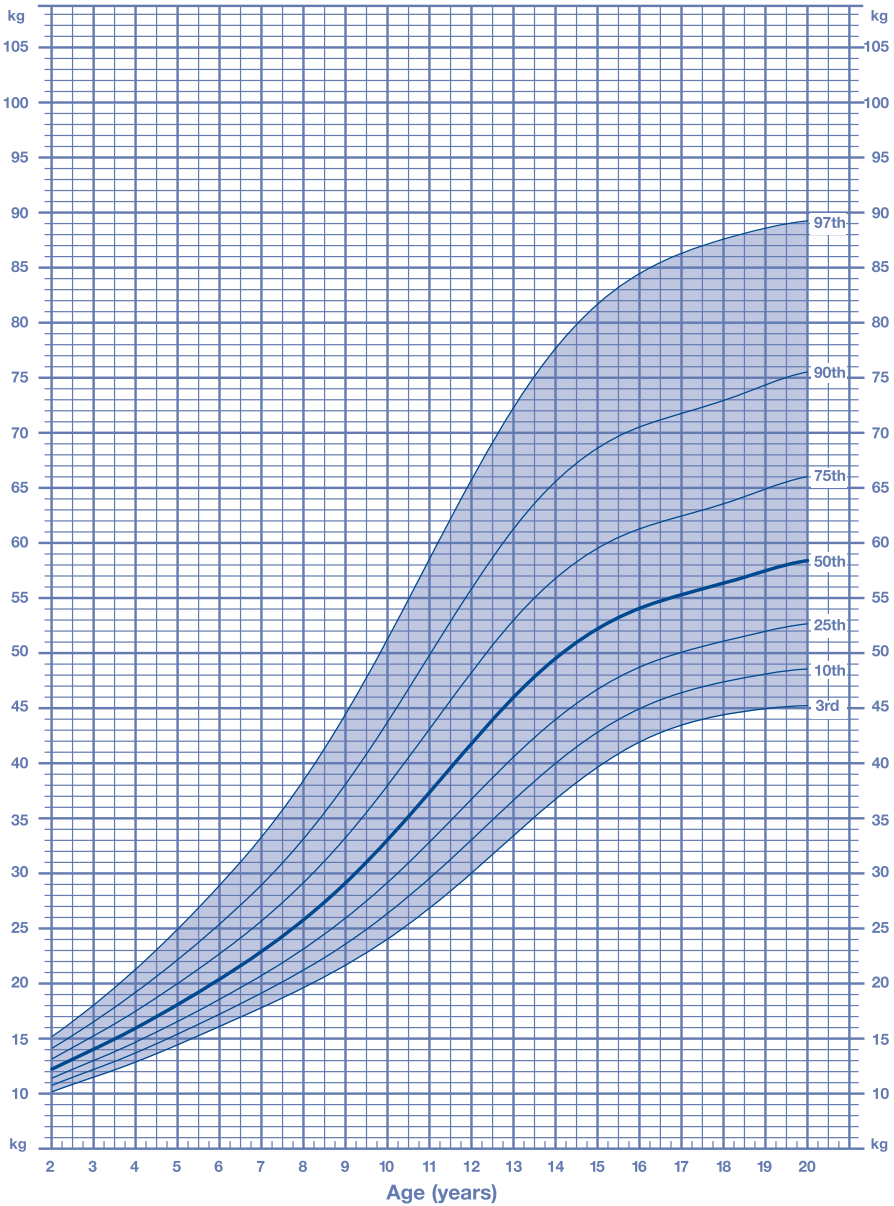
Weight-for-age percentiles - BOYS, 2 to 20 years



CDC Growth charts - United States Published May 30 2003  
Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)



Weight-for-age percentiles - GIRLS, 2 to 20 years

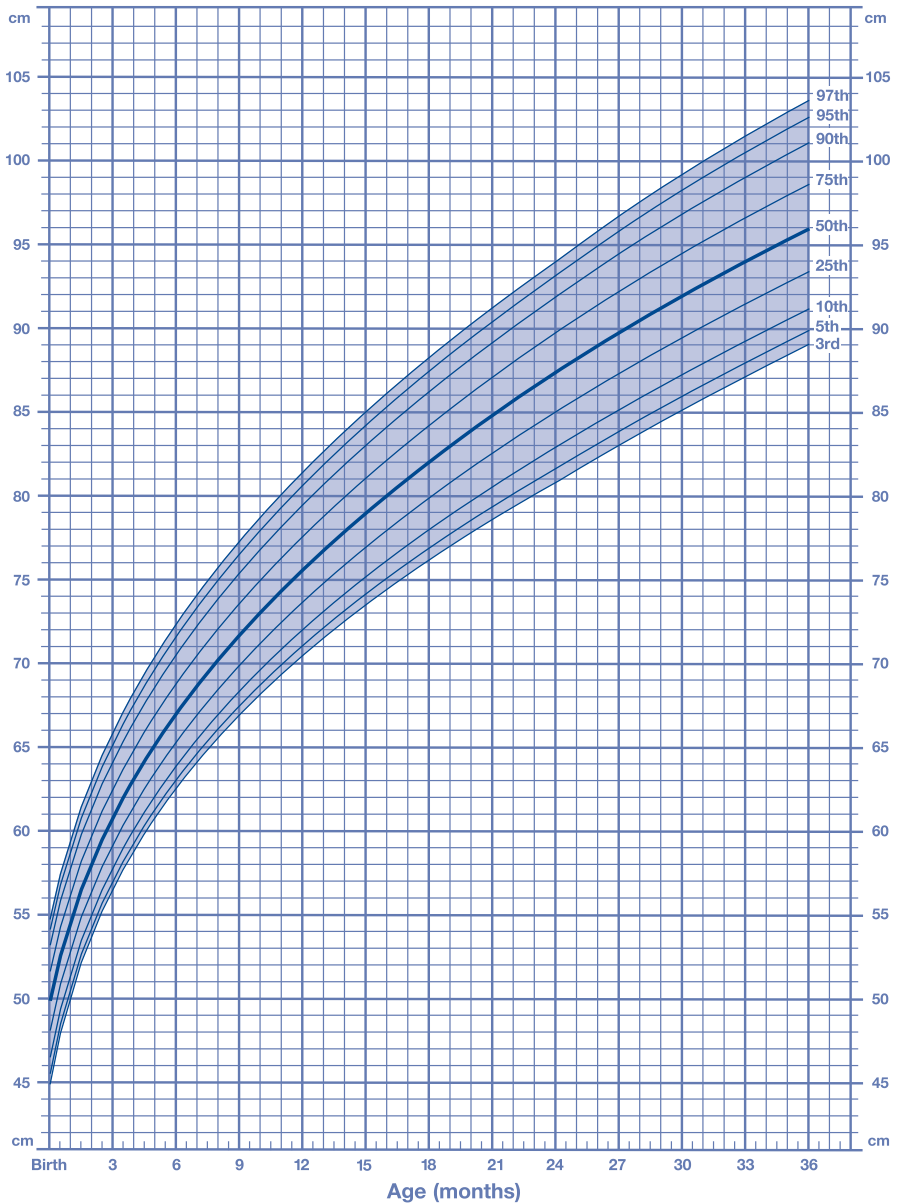


CDC Growth charts – United States Published May 30 2003  
Source: Developed by the National Center for Health Statistics in collaboration  
with the National Center for Chronic Disease Prevention and Health Promotion (2000)

# my first health record



## Length-for-age percentiles - BOYS, birth to 36 months

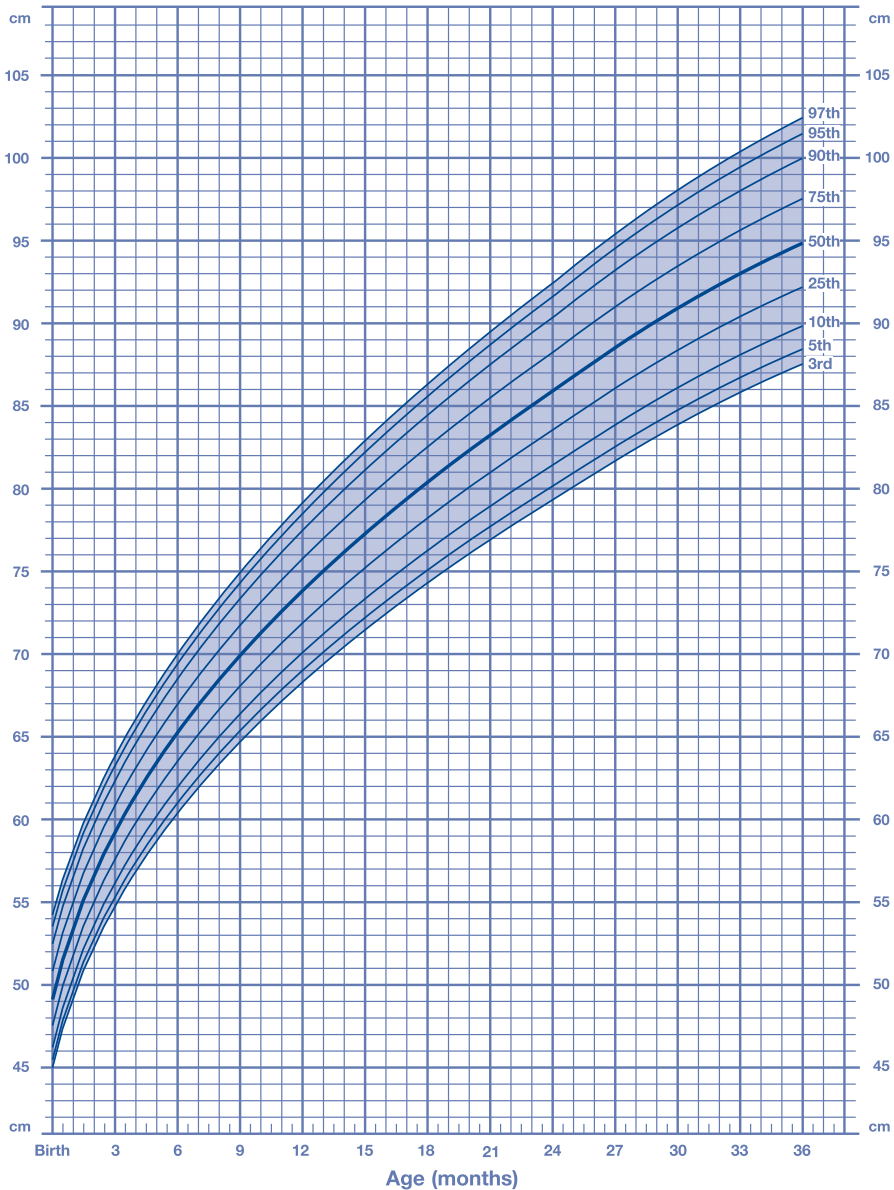


CDC Growth charts - United States Published May 30 2003

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)



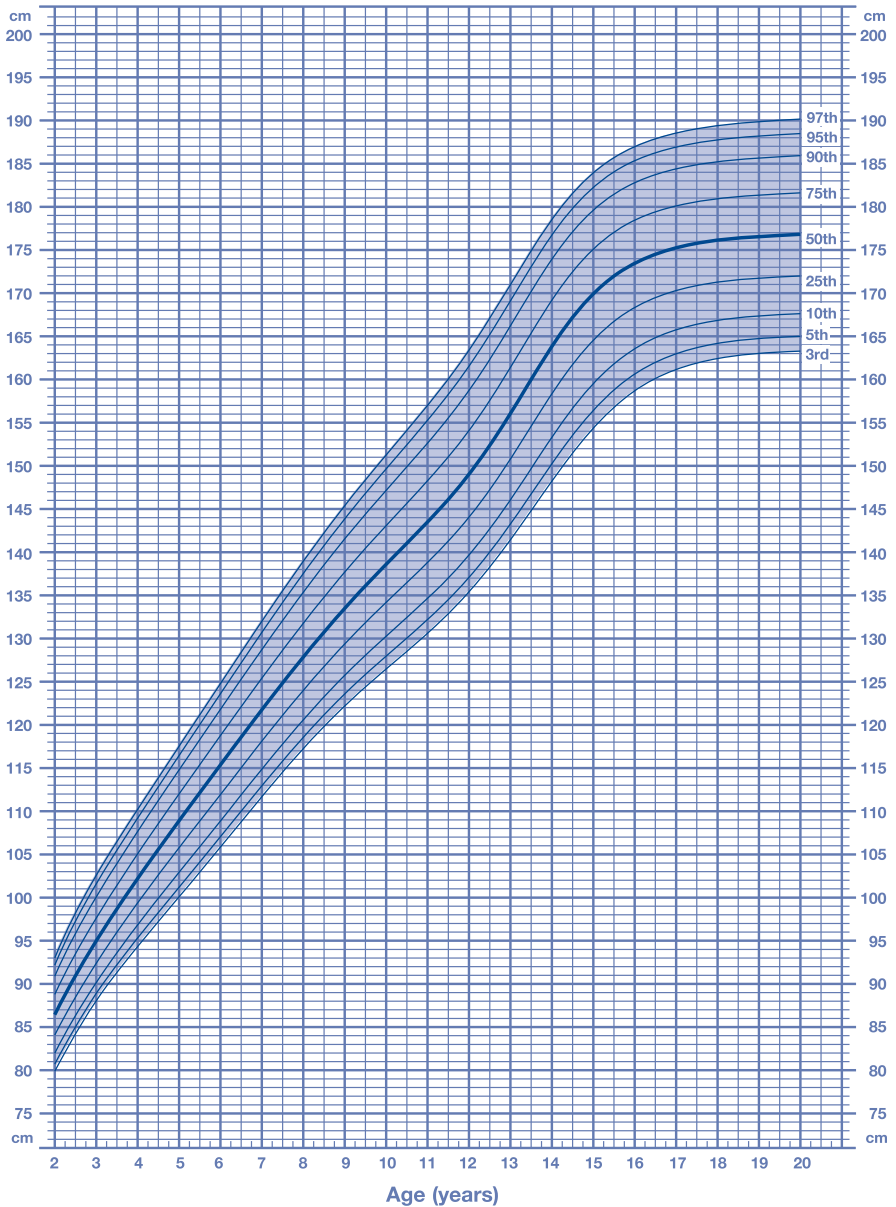
Length-for-age percentiles - GIRLS, birth to 36 months



CDC Growth charts - United States Published May 30 2003  
Source: Developed by the National Center for Health Statistics in collaboration  
with the National Center for Chronic Disease Prevention and Health Promotion (2000)



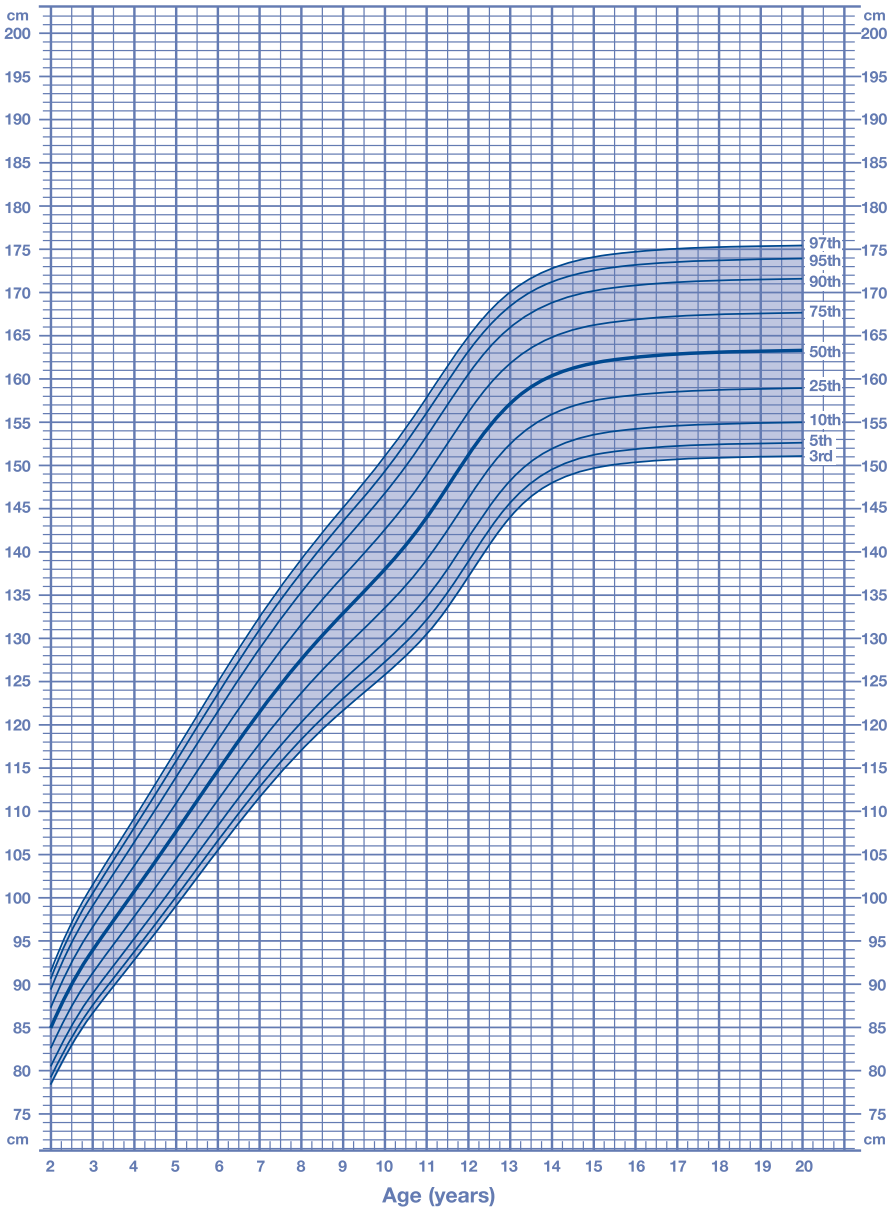
## Stature-for-age percentiles - BOYS, 2 to 20 years



CDC Growth charts - United States Published May 30 2003  
Source: Developed by the National Center for Health Statistics in collaboration  
with the National Center for Chronic Disease Prevention and Health Promotion (2000)



Stature-for-age percentiles - GIRLS, 2 to 20 years

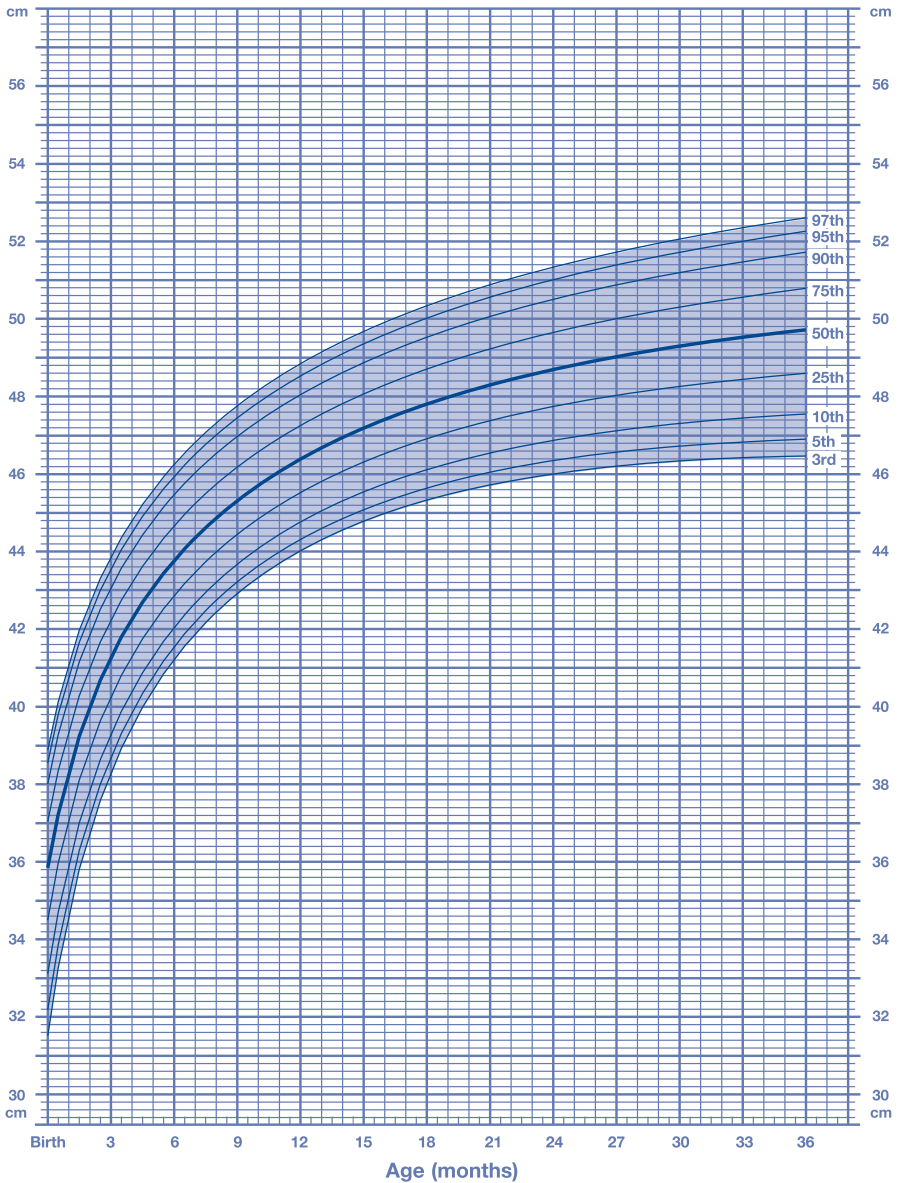


CDC Growth charts - United States Published May 30 2003

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)



Head Circumference-for-age percentiles - BOYS, birth to 36 months

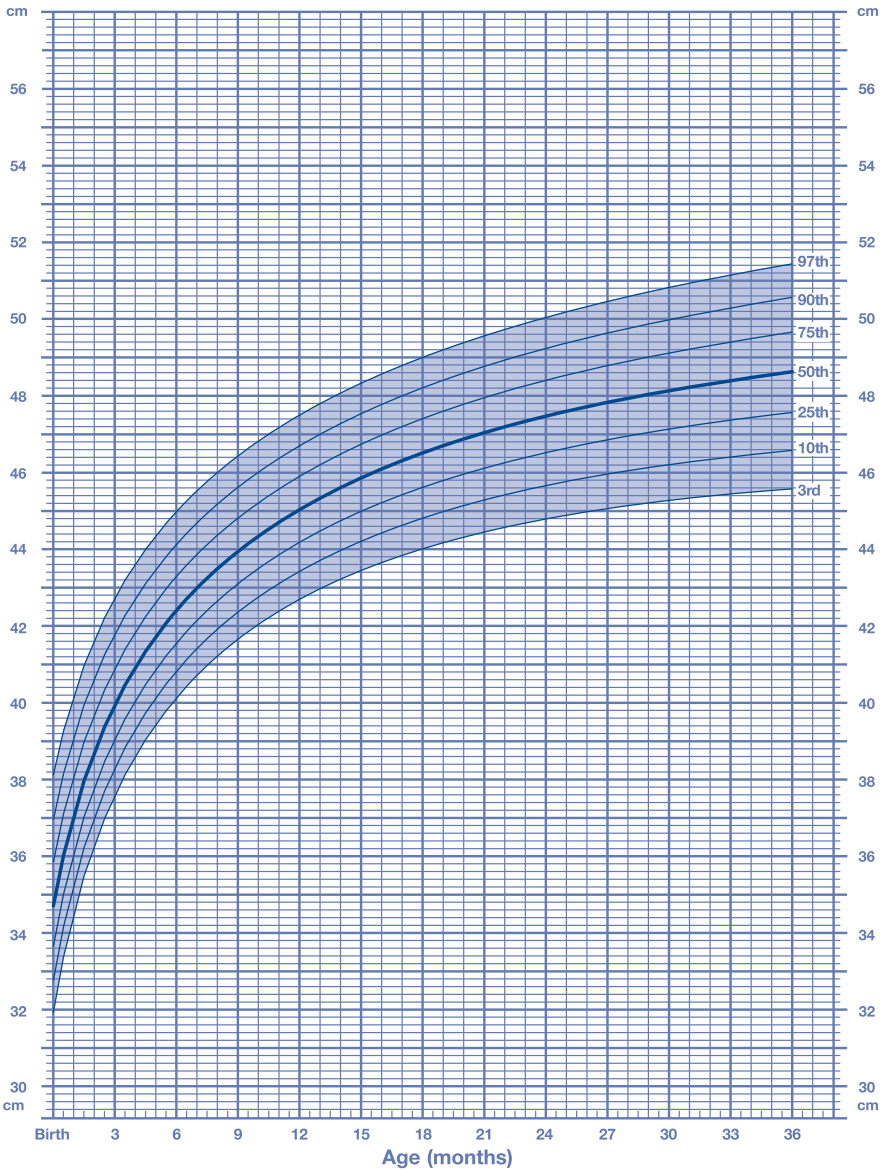


CDC Growth charts - United States Published May 30 2003

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)

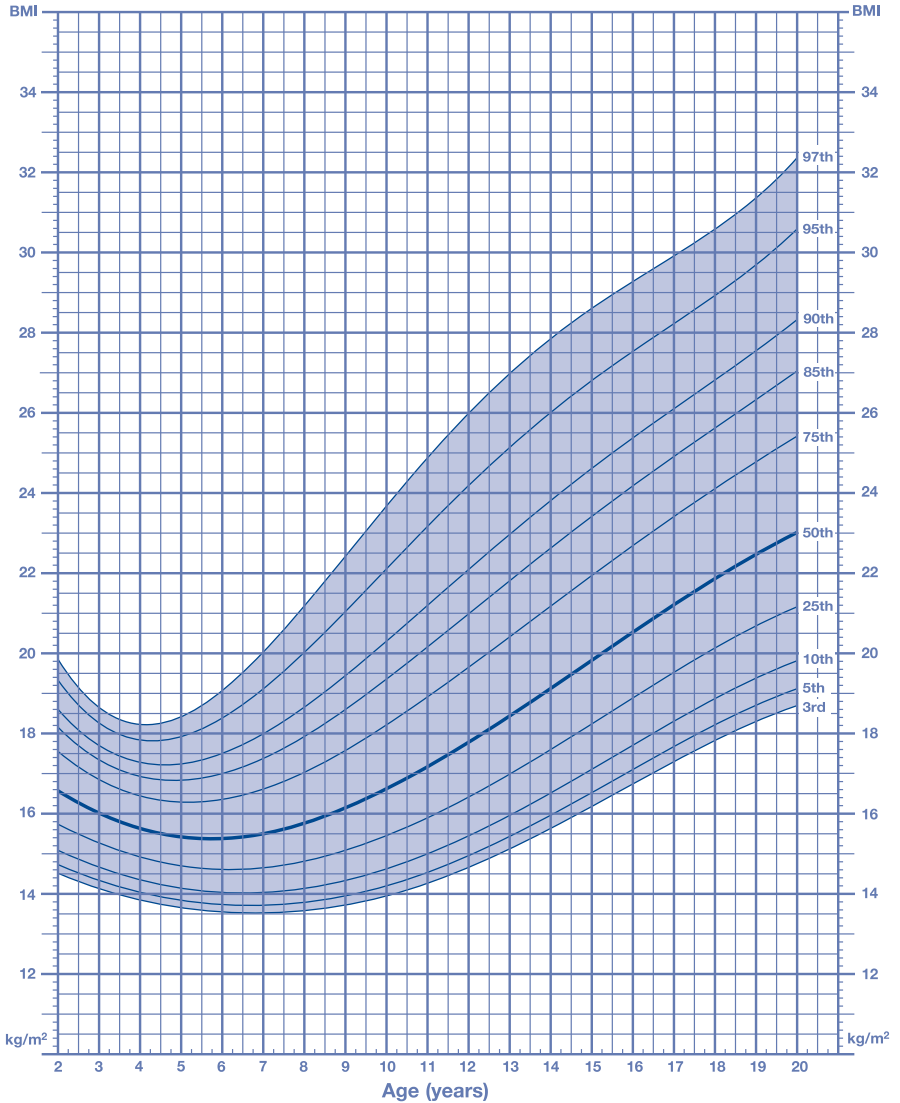


Head Circumference-for-age percentiles - GIRLS, birth to 36 months



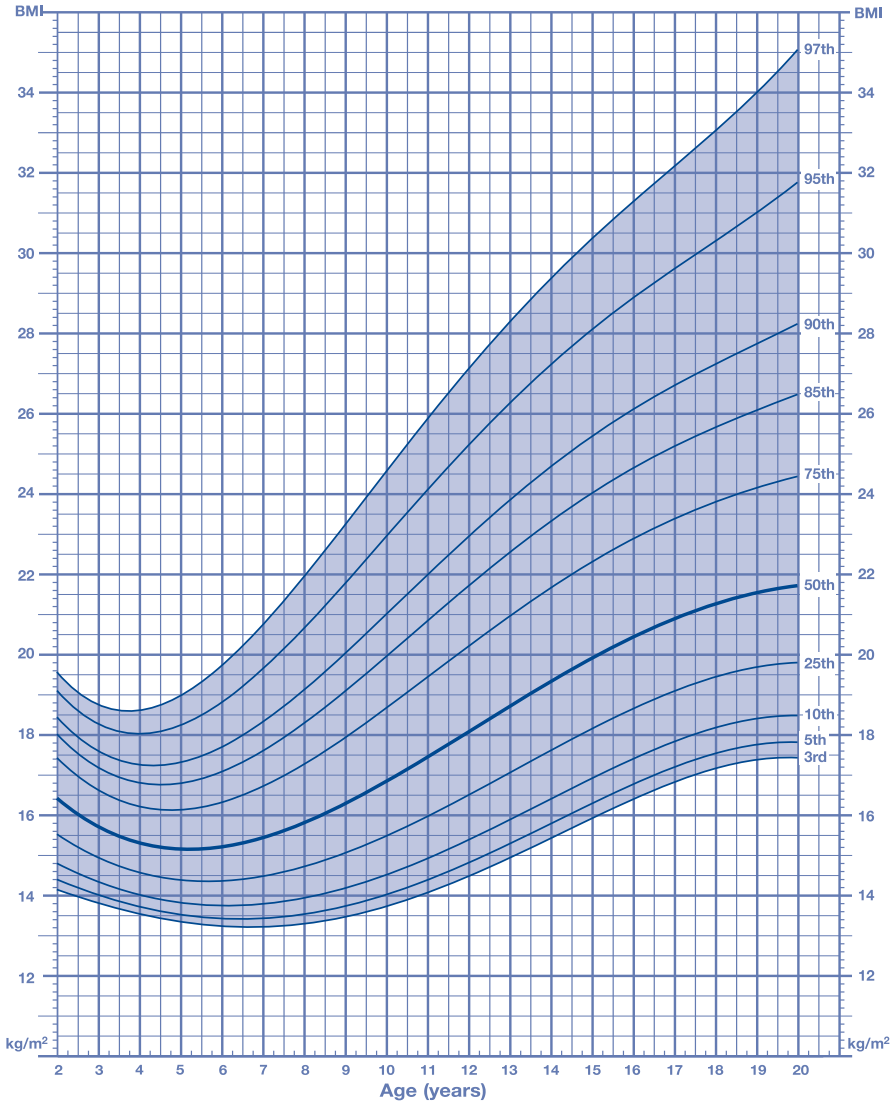


Body Mass Index-for-age percentiles – BOYS, 2 to 20 years





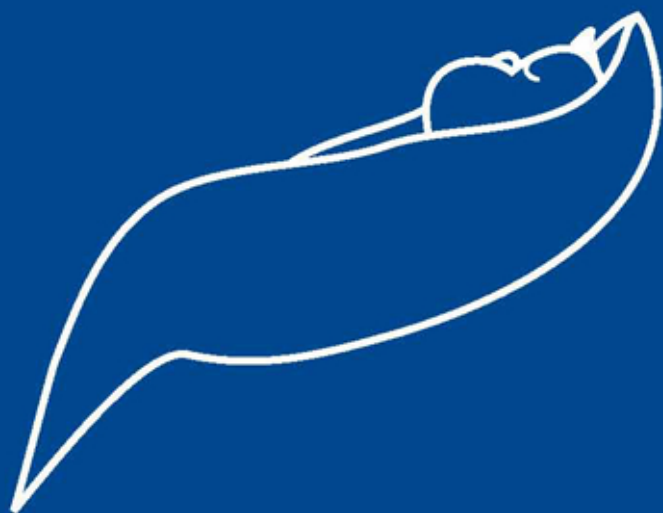
Body Mass Index-for-age percentiles – GIRLS, 2 to 20 years



CDC Growth charts – United States Published May 30 2003  
 Source: Developed by the National Center for Health Statistics in collaboration  
 with the National Center for Chronic Disease Prevention and Health Promotion (2000)

my first health record

# birth & newborn





## Monitoring your child's growth & development

Parents are the best people to monitor their child's growth and development. They are the people who know their children best. Health professionals act as partners to parents in this process. It is important to monitor your child's development so that any possible problems can be identified and treated as early as possible. Children grow and develop very quickly, especially in the early years. If some problems are not discovered and treated early, it can lead to further problems later in life.

### Your child's growth and development is monitored in a number of ways:

- by you checking your child's milestones and filling in the health check questionnaires
- by a health professional examining your child at regular scheduled health checks
- through some screening tests.

These checks and tests include those recommended by the National Health and Medical Research Council on monitoring children's growth and development.

### Children should be examined by a health professional at:

- birth
- 1 to 4 weeks
- 6 to 8 weeks
- 6 months
- 12 months
- 18 months
- 2 years
- 3 years
- 4 years

Be sure to take your child to visit your nurse or doctor at these ages. These scheduled visits should be thought of as a minimum number of visits. If you have any concerns about your child's growth and development, you should consult your doctor or child and family health nurse about your concerns. There is a progress notes section in this book, in which you should make sure any extra visits are recorded.

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Note. Screening tests, checks and examinations can never be 100% accurate. Sometimes a health check or screening test may cause a false alarm or miss a problem. Occasionally a new problem may occur after your child has had a screening test or health check. This is why it is important to attend all listed checks and to fill in the questions at different ages. Raise any concerns you have about your child's health and development, no matter how slight, with your doctor or child and family health nurse.

## Newborn Bloodspot Test

Some rare disorders in an apparently healthy baby can be detected by a blood test done between 48 to 72 hours after birth. Early diagnosis means that treatment can be started quickly, before the baby becomes sick. The test will check for phenylketonuria, congenital hypothyroidism, cystic fibrosis, galactosaemia and other rare disorders of protein and fat metabolism.

Over 30 different congenital disorders can now be detected using the baby's blood sample. All of the disorders tested for are rare, and in most cases the test results are normal. The receipt of each baby's sample is confirmed with the hospital. Parents are contacted if there are concerns with the test results.

## Hearing

By the time children say their first word they have been listening to the language that surrounds them for about a year. About 1 baby out of every 1,000 babies born will have a significant hearing loss. The NSW Statewide Infant Screening – Hearing (SWISH) program aims to identify at birth babies born with significant hearing loss and introduce them to appropriate services as soon as possible. The hearing screen is offered as soon as possible after birth and the results will be recorded in this book. This test only tests hearing at birth. Hearing may not always remain the same over time. Some children can develop hearing loss after birth and at other times during childhood, which will not be identified by this test. It is important to monitor your child's speech and language development as well as responses to sound. Refer to the checklists in this book regularly to monitor any changes in your child's hearing over time. If you are concerned about your child's hearing or speech and language development in future, take your child to your doctor or child and family health nurse. Your doctor or child and family health nurse can arrange for a referral for a further assessment. Hearing can be tested at any age.

## Vision

These examinations are used to check for any eye problems, including turned eyes and poor vision. The doctor or nurse will examine your child's eyes, particularly at birth. You can help by answering the questions for parents in each age review. Vision may not always remain the same over time. It is important to monitor your baby's vision development similarly to their hearing development. Refer to the checklists in this book regularly to monitor any changes in your child's vision over time. If you are concerned about your child's vision development in future, take your child to your doctor or child and family health nurse. Your doctor or child and family health nurse can arrange for a referral. The eyes can be examined at any age. It is important that you take your child to have their vision tested at around 4–5 years of age, before they start school.

## Height, weight, head circumference

These measurements tell you how your child is growing. You, your doctor or nurse should record your child's measurements in each age review and in the Growth Charts in this book. Remember that a single measurement is not what is important. To assess your child's growth, you need to record measurements over time so that you can see trends in growth.

## Congenital heart disease (CHD)

These examinations are used to check whether your child has a heart problem. The doctor will feel your child's pulse, check your child's colour and breathing, and listen to his/her heart. Remember that, as with any test, some children with a heart problem may not be identified by this examination. Raise any concerns you have about your child's health and development, no matter how slight, with your doctor or child and family health nurse.

## Testes

This examination is used to check whether your son's testes have come right down into the bottom of the scrotum. Testes should be checked by your child and family health nurse or doctor.

## Development checks

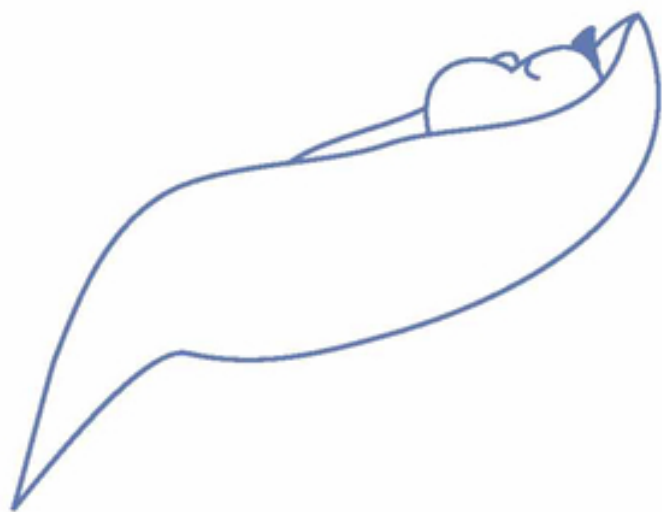
These checks monitor how your child's language, movement and social skills are developing. The aim of these checks is to identify problems early so they can be treated as soon as possible. Your observations of your child are important. You should answer the questions for parents in each age review, before attending your child's health check. If you have concerns, discuss your answers with your child and family health nurse or doctor.

## Teeth

Healthy teeth are important for general health and speech development. Most dental problems can be prevented. Early identification of children at risk of dental disease, and early detection of the disease, can prevent widespread destruction of the teeth and expensive dental treatment in a hospital under general anaesthesia. By answering the dental questions in this book, and by referring to the information on caring for teeth in the 'Records & family history' section, p.6, you can help to identify any potential problems and learn how to care for your child's teeth properly.

## Congenital dislocation of the hip (CDH)

This test is used to check your child's hips. The way your child's hips grow will affect how well he or she can stand and walk. This test normally involves examining babies.





## Newborn examination

To be completed by hospital staff in the presence of the mother or father before baby's discharge from hospital.

Date of birth     /     /                      Baby's age                                      Sex m / f

Baby's name \_\_\_\_\_

Check	Normal	Comment
Head and fontanelles		
Eyes		
Ears		
Mouth and palate		
Cardiovascular		
Femoral pulses R / L		
Respiratory		
Abdomen and umbilicus		
Anus		
Genitalia		
Testes fully descended R / L		
Musculo-skeletal		
Hips		
Skin		
Reflexes		
Does the mother have any concerns about her baby?	y / n circle reply	

Examiner (name in block letters) \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date     /     /

## Questions about hearing

Parents please answer the following questions by ticking the appropriate boxes

	Yes	No
Have any of your baby's close relatives been deaf from birth?	<input type="checkbox"/>	<input type="checkbox"/>
Did your baby's mother have german measles (Rubella) or CMV (Cytomegalovirus) while pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Did your baby have severe breathing problems at time of birth?	<input type="checkbox"/>	<input type="checkbox"/>
Has your baby had meningitis?	<input type="checkbox"/>	<input type="checkbox"/>
Did your baby have jaundice, requiring an exchange transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby lighter than 1500 grams at birth?	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby in intensive care for more than 24 hours after birth?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby have anything unusual about the appearance of the head or neck (cleft palate)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby have Down's Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of these questions is yes, tell your doctor or child and family health nurse.**

### Outcome

Normal    Refer



## Statewide Infant Screening – Hearing (SWISH)

To be completed by the screener.

### Area Health Service

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**Screened at** (place)

---

**Screened on** (date & time)

---

### Screened by

Screener's name (print)

---

Screener's signature

---

### Outcome

Pass  Right  Left

---

Repeat screen required  Right  Left

---

Repeat screen outcome **R** pass / refer **L** pass / refer

---

Refer to Audiologist  Yes  No

---

**Area Coordinator tel.**

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# 1 - 4 week check





## Your first visit with a child and family health nurse

For your first contact with your child and family health nurse after the birth of your baby, you are likely to be offered a home visit. Many parents have said that in the first few weeks after their baby arrives, it is easier to have someone come to the home rather than to have to pack up the baby for a clinic visit. Having the nurse visit you at home also means you are in a familiar place so that you can feel more comfortable asking about anything that concerns you. It also means that you can show the nurse anything at home that you would like advice about – such as how you have arranged your baby's sleeping area or play area. These are some of the common concerns that you may wish to discuss with your child and family health nurse:

- What to expect of your new baby
- Talking to and playing with your new baby
- Infant feeding
- Child safety
- Cot death / Sudden Infant Death Syndrome (SIDS)
- Sleeping / crying / comforting
- Immunisation
- Mother's general health (diet, rest, breast care, exercise, oral health)
- Mother's emotional health
- Father's emotional health
- The role of the child and family health nurse, visits, hours etc
- Parent groups
- Relationship with baby
- Relationship with partner
- Support network
- Family Issues
- Using the 'My first health record'

Notes

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## Still Smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS).

Call Quitline **13 QUIT (13 7848)** or go to [http://www.health.nsw.gov.au/cancer\\_inst/programs/quitline.html](http://www.health.nsw.gov.au/cancer_inst/programs/quitline.html)

Parents please answer the following questions by ticking the appropriate boxes

	Yes	No
<b>Questions about hearing</b>		
Has anyone in your family had a history of early deafness (under 3 years)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby react to loud sounds?	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby startled by loud noises such as a loud clap?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby quieten to familiar voices or sounds?	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby respond to speech by looking at the speaker's face?	<input type="checkbox"/>	<input type="checkbox"/>

### Questions about vision

Have any of your baby's close relatives had a turned eye or a lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your baby's close relatives blind in one or both eyes?	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby lighter than 1500 grams at birth?	<input type="checkbox"/>	<input type="checkbox"/>

### Outcome

Normal    Refer

Current recommendations are that babies receive only breastmilk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond.

*NHMRC Infant Feeding Guidelines for Health Workers, 2003.*



## Health protective factors

	Yes	No
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>
Age appropriate immunisation completed as per schedule? (Hep B only)	<input type="checkbox"/>	<input type="checkbox"/>
Are there any hearing risk factors?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any vision risk factors?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any hip risk factors?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any oral health risk factors?	<input type="checkbox"/>	<input type="checkbox"/>

## Feeding

1 Since this time yesterday, did (baby) receive breastmilk?	<input type="checkbox"/>	<input type="checkbox"/>
2 Since this time yesterday, did (baby) receive any of the following?		
a Vitamins OR mineral supplements OR medicine	<input type="checkbox"/>	<input type="checkbox"/>
b Plain water OR sweetened / flavoured water OR fruit juice OR tea / infusions	<input type="checkbox"/>	<input type="checkbox"/>
c Infant formula OR other milk (eg cows milk, soy milk, evaporated milk, condensed milk etc)	<input type="checkbox"/>	<input type="checkbox"/>
d Solid OR semi-solid food	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appropriate health information discussed?</b>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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Action taken

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Name of doctor or nurse

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Signature

---

Venue

Date of check / /

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