My Health and Development Record

Government of South Australia

We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, air, waters and culture. We pay our respects to Elders past, present and emerging.

Dear parent / carer,

Congratulations on the birth of your baby!

The Blue Book (My Health and Development Record) is given to all parents / carers of newborn babies in South Australia.

Early Years App

It is a book for you to record your child's growth, health and development checks and immunisations.

It includes information on sleep, feeding and child safety. There is also a list of services you can contact if you need.

For advice and support contact the Child and Family Health Service (CaFHS). This is a free service, offered to all families with children from birth to 5 years, living in South Australia. You can also access additional resources and information on the Early Years SA app to guide you on your parenting journey. Learn more about the Early Years SA app on page 14 or download the app.

CaFHS will contact you soon after you return home with your baby from hospital to offer a first visit and continue to provide health and development checks at key stages between birth and up to 5 years. CaFHS can also provide free consultations for parents requiring additional support.

CaFHS 1300 733 606 (for appointments)
Parent Helpline 1300 364 100
www.cafhs.sa.gov.au

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About me

This book belongs to _____

My family

Write the names of the important people in your child's life on the balloons around their name.

Child's birth details

Completed by the birthing hospital

Your baby's name _____ Date of birth ____/____/____

Place of birth _____ Time of birth _____ Sex M / F

Parent / carer's name _____ Parent / carer's name _____

Pregnancy complications _____

Labour spontaneous / induced – reason _____

Type of birth (please circle) Vaginal Caesarean Breech Forceps Ventouse Other _____

Post-partum (after birth) issues _____

Gestation _____ Apgar 1 minute _____ 5 minutes _____ Birth weight (g) _____ Length (cm) _____ Head circ. (cm) _____

Vitamin K given Y / N Hepatitis B given Y / N HBIG given Y / N Multi Vitamin (if required) Y / N

Only breastmilk Y / N Breastmilk + infant formula Y / N Only Infant formula Y / N

Additional feeding information _____

Newborn examination and discharge information

Child's name _____ Date of birth ___/___/___ Postnatal day _____

Checked by **Doctor** (name) _____ Designation _____

Signature _____ Date ___/___/___

Check	✓	Comment	Check	✓	Comment
Head shape			Abdomen and umbilicus		
Neck			Anus		
Eyes (red reflex)			Genitalia		
Ears			Testes fully descended R/L		
Mouth and palate			Limbs and spine		
Cardiovascular			Hips (Ortolani and Barlow's manoeuvres)		
Central colour			Skin		
Femoral pulses R/L			Neurological, including reflexes, responsiveness / tone		
Respiratory					

Checked by **Nurse** (name) _____ Designation _____

Signature _____ Date ___/___/___

Check	✓	Comment	Check	✓	Comment
Neonatal hearing screening			Neonatal Screening Test (NNST)		
Congenital heart disease oximetry screening			Newborn issues		

Date of discharge ___/___/___ Discharge weight (g) _____ Discharge length (cm) _____ Discharge head circ. (cm) _____

My baby's first weeks

During the first days after birth, your baby is adapting to life outside of the womb. Most babies quickly adjust, but sometimes babies need additional support. This guide will help you to understand what is expected from a healthy baby, and when your baby should see a doctor or child health nurse for help.

What does a healthy baby do?

> Many babies are sleepy for the first 12 hours after birth, but usually they will feed at least once around 6-8 hours after birth. After 12 hours most babies wake and demand a feed every 2-4 hours.

> Breathes quietly and comfortably. When asleep the breathing rate is less than 60 breaths in one minute.

> Moves arms and legs, opens eyes, and responds to touch or noises by startling or crying.

> Has pink lips and tongue.

> Wees and poos at least once in the first 24 hours after birth, and then has 6-8 wet and / or pooey nappies every 24 hours for the first week.

> Babies often sneeze and have a stuffy nose. This is okay if your baby can suck and feed comfortably.

Parent Helpline

1300 364 100
Calls received between **9.15pm to 7.15am** are answered by *healthdirect*.

healthdirect

1800 022 222
for **24 hour** health advice.

Child and Family Health Service (CaFHS)

1300 733 606
for appointments

Monday to Friday
9.00am to 4.30pm.

TURN OVER PAGE
When should I ask for advice?

When should I ask for advice?

The main concerns a baby may have in the first week of life are infections, low blood sugar levels, heart problems, seizures, jaundice and bowel problems.

Call a doctor or midwife urgently or call healthdirect (24 hours) if your baby has any of these:

> not waking up to feed for 8 or more hours

> having trouble feeding because of difficulty breathing

> fast breathing (more than 60 breaths a minute when asleep)

> making a grunting noise with each breath or is "sucking" in chest as though breathing is hard

> making a weak cry or a cry that is different to usual

> showing yellow skin or the whites of their eyes look yellow in the first 24 hours of life (jaundice)

> frequently vomiting or has vomit that is green or contains blood

> not produced wee or poo in the first 24 hours

> unusually warm (temperature 38°C) or cold (temperature < 36°C) despite removing or adding clothing

Seek help if you are at all worried about your baby or you or your partner are feeling overwhelmed.

Call your midwife
_____ (Insert Local number)
Call your GP
_____ (Insert Local number)
Call your local hospital
_____ (Insert Local number)
Call *healthdirect* (24 hours)**1800 022 222**

Call an ambulance. Dial 000, if your baby:

> stops breathing or turns blue

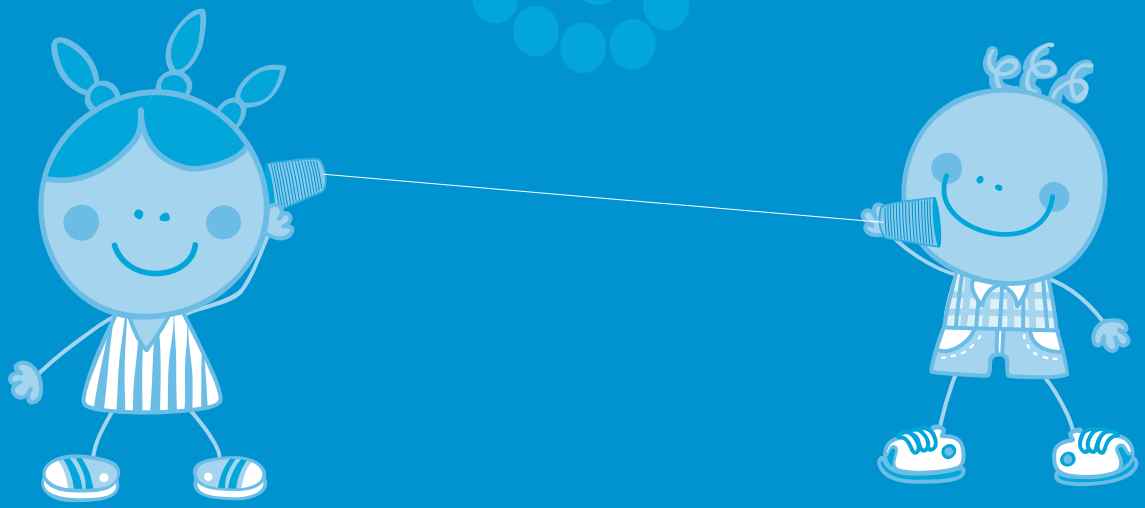
> has a fit / seizure or is arching their back or jerking their arms or legs

> does not respond to loud noises; a bright light shone in their eyes; or a gentle pinch on the arm, when they are awake

> is floppy or does not respond normally, or if baby is very sleepy or hard to wake and not kicking or moving normally.

Dial 000 for an ambulance

Hearing and vision



Baby's hearing and eyesight

Here are some stages of development that can help you identify if your baby is seeing correctly and / or if they may have hearing problems.

Babies (birth to 12 months) can:

Eyesight:

> see from birth, but not clearly

> watch a speaker's eyes and mouth

> recognise the faces of special people in their lives

> follow noiseless moving objects with both eyes

> search for dropped objects in late infancy

> can focus on a face at 30cms (in your arms)

> within the first month babies' eyes may briefly go cross-eyed. By 4 months in a full term baby, eyes should be straight at all times

> use a pincer grip to pick up a very small object.

Hearing:

> at birth babies are curious to meet the voices they have already heard

> babies will turn to the voices of their carers

> by 4 months startle to sudden loud noise, e.g. door slam

> by 7 months turn toward sound or when their name is called

> understands words for common items and people – words like mum, cup, truck.

Toddlers (1 to 2 years) can:

Eyesight:

> see objects in the distance such as signs or logos

> point to objects in a book

> match shapes and objects by colour and size

> pick out small detail in pictures.

Hearing:

> follows 1-part directions, like 'roll the ball', 'wave bye-bye'

> responds to simple questions like, 'who's that?, where's your shoe?'

> points to pictures in a book when you name them.

Children (3 to 5 years) can:

Eyesight:

> begin to colour in within the lines

> look at a book without tilting their head

> look at a book without holding it too close or too far away

> describe what they are seeing in a book

> look at something far away without screwing up or squinting their eyes.

Hearing:

> hear you call from another room

> hear the television and radio at the same level as other family members

> by age 4-5, is able to follow longer directions, like 'put on your pyjamas, brush your teeth and pick out a book'

> by age 5, hears and understands most of what they hear at home and at school.

See your doctor or child and family health nurse if you have any concerns about your baby's eyesight or hearing.

Newborn hearing screening

Newborn hearing screening is offered to all newborn babies shortly after birth. Hearing loss found soon after birth will give your child the best chance to develop normal speech and language.

If your child does not have a fully formed outer ear or ear canal or if they have been given a Programmable Shunt, they will not receive a hearing screen. Instead, they will be referred to Children's Audiology for a hearing test.

Hearing screening can be done up until your child is 6 months of age. Contact the Newborn Hearing Screening Program (SA) on 8303 1585 (8.00 am to 4.00 pm) if your baby did not have a newborn hearing screen and is under 6 months old.

Some babies who pass their newborn hearing screen are at risk of developing hearing loss later in childhood. These babies should be referred to an audiologist (hearing professional) to check their hearing as they grow older. If your baby has any risk factors these will be discussed with you at the newborn hearing screen.

For Aboriginal and Torres Strait Islander children, has the impact of ear infections on hearing and development been discussed by an Aboriginal Health Worker, doctor, nurse?

☐ Yes ☐ No

Newborn hearing screening results	
Screen 1 Date ___/___/___ Site _____	
Left ear	☐ Pass ☐ Refer
Right ear	☐ Pass ☐ Refer
2nd screen required	☐ Yes ☐ No
Screen 2 Date ___/___/___ Site _____	
Left ear	☐ Pass ☐ Refer
Right ear	☐ Pass ☐ Refer
Action: Audiology referral	☐ Yes ☐ No
Screen 3 Date ___/___/___ where indicated Site _____	
Left ear	☐ Pass ☐ Refer
Right ear	☐ Pass ☐ Refer
Action: Audiology referral	☐ Yes ☐ No

Audiology (Hearing) testing after Newborn Hearing Screening

Audiology (Hearing) test Date 1 ___/___/___

Findings _____

_____

Audiology (Hearing) test Date 2 ___/___/___

Findings _____

_____

Actions following hearing testing

- ☐ Discharged
- ☐ Advised Hearing Australia
- ☐ Early intervention advice
- ☐ ENT (Ears Nose and Throat) review
- ☐ Audiology (Hearing) follow-up
- ☐ Other _____

Audiology (Hearing) Assessment in Childhood

Your child will need a hearing test around their first birthday as one or more risk factors present? ☐ Yes ☐ No

If you are worried about your child's speech or hearing at any age, ask your doctor about a referral to an audiologist (hearing specialist).

It's very important to find out early if your baby has hearing problems. Early treatment is best for their speech and language development.

Infant mental health

Your child's mental health

Your child's mental health

Infant mental health provides basic building blocks for future mental health across your baby's life.

Infant mental health describes the emotional, social and developmental wellbeing of babies. We need to understand that the early years are a crucial time for the development of child and adult emotional wellbeing.

You can give your baby the best start by:

consistently showing warmth:

> smile at your baby, talk and listen for their response. Play with them and enjoy the interaction. This lets your baby know they are important to you and helps you both build a joyful relationship with each other.

consistently showing care and concern when they cry:

> your caring response shows you understand their cry is communication and that they need you. It helps them feel safe, secure and protected.

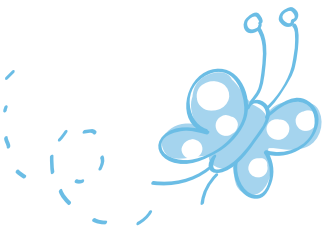
showing interest in their experiences:

> feel their joy, encourage them and respond warmly to their attempts to engage you in their world. Follow their lead. Reflect on their experiences and try to understand what they might be feeling.

Babies' minds develop best within healthy and happy relationships. A healthy mind is as important as a healthy body.

Babies who have strong, loving relationships with their parents / carers develop stronger mental health and emotional wellbeing. This helps them explore, learn and grow, form close and secure relationships and develop resilience and the ability to cope with stress.

Sometimes this relationship does not go smoothly. Getting help to understand and connect with your baby is important so make an appointment at **CaFHS (call 1300 733 606)** or contact the **Parent Helpline on 1300 364 100.**



Development and growth

Your child's development

In the first 5 years of life, your child's brain grows faster than at any other stage. Their brain makes millions of links during this time. These links form the base for your child's lifelong learning, health and growth.

Help your child's brain grow and develop by:

> giving loving care to your baby
> responding early to their needs
> talking and playing with your baby (singing, reading, story telling)
> celebrating how they learn and develop week by week
> encouraging them to learn new skills.

To learn more about how babies grow and develop, see **www.raisingchildren.net.au** Information is also available in languages other than English.

The Early Years SA app can also help guide you on your parenting journey. The app complements the Blue Book by providing easy access to additional information and activities relevant to your family. It sends you notifications to remind you when your child's health and development checks, immunisations, and dental checks are due, and also when to start thinking about preschool and school enrolment. Parent like you know it and download the Early Years SA app today.

If you have any concerns about your child's development, seek help early from Child and Family Health Service (CaFHS) or your doctor.

The developmental milestones on pages 16 to 20 are sourced from the US Centers for Disease Control and Prevention www.cdc.gov/ncbddd/actearly/milestones/index.html

They are based on extensive research by the American Academy of Pediatrics.

Early Years App

Experts say children under 2 years should only use screens for video-chatting with family and friends.

For older children, screen time needs to be safe and balanced with other activities.

For more information see **www.raisingchildren.net.au/toddlers/playlearning/screen-timemedia/screen-time**

Developmental milestones

Developmental milestones are things most children can do by a certain age. Skills such as smiling for the first time, reaching to grab a toy and sitting without support are called developmental milestones.

To check what most children do at different ages, look at the milestones table on the next few pages. If your child is not able to do one or more of the milestones for their age, please book a health and development check with CaFHS or your doctor. If your child needs help to reach a milestone, it will be easier if you seek help early.

What if my baby was premature?

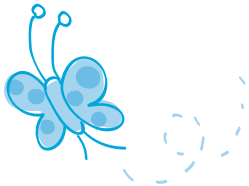
To adjust for age, take your child's age and minus the number of weeks or months they were born early. For example, a 6 month baby born 2 months early has an adjusted age of 4 months (6-2=4). Check the milestones for their adjusted age.

When to seek help

At any age, if you notice your child:

- loses skills that they have gained
- doesn't respond to sound or light
- doesn't use eye contact or interact with other children or adults
- is very stiff or floppy, or shows a difference in how much they use their right and left sides
- or, if you are worried for any other reason.

Seek help early from the Child and Family Health Service (CaFHS) – 1300 733 606 or your doctor.



2 - 4 - 6 months

	Social-Emotional	Language/Communication	Cognitive (Learning, Thinking, Problem-Solving)	Movement/Physical Development
2 Months	■ Calms down when spoken to or picked up ■ Looks at your face ■ Seems happy to see you when you walk up to them ■ Smiles when you talk to or smile at them	■ Makes sounds other than crying ■ Reacts to loud sounds	■ Watches you as you move ■ Looks at a toy for several seconds	■ Holds head up when on tummy ■ Moves both arms and both legs ■ Opens hands briefly
4 Months	■ Smiles on their own to get your attention ■ Chuckles (not yet a full laugh) when you try to make them laugh ■ Looks at you, moves, or makes sounds to get or keep your attention	■ Makes sounds like "oooo", "aahh" (cooing) ■ Makes sounds back when you talk to them ■ Turns head towards the sound of your voice	■ If hungry, opens mouth when they see breast or bottle ■ Looks at their hands with interest	■ Holds head steady without support when you are holding them ■ Holds a toy when you put it in their hand ■ Uses their arm to swing at toys ■ Brings hands to mouth ■ Pushes up onto elbows/ forearms when on tummy
6 Months	■ Knows familiar people ■ Likes to look at self in a mirror ■ Laughs	■ Takes turns making sounds with you ■ Blows "raspberries" (sticks tongue out and blows) ■ Makes squealing noises	■ Puts things in the mouth to explore them ■ Reaches to grab a toy they want ■ Closes lips to show they don't want more food	■ Rolls from tummy to back ■ Pushes up with straight arms when on tummy ■ Leans on hands to support themselves when sitting

9 - 12 -15 months

	Social-Emotional	Language/Communication	Cognitive (Learning, Thinking, Problem-Solving)	Movement/Physical Development
9 Months	■ Is shy, clingy, or fearful around strangers ■ Shows several facial expressions, like happy, sad, angry, and surprised ■ Looks when you call their name ■ Reacts when you leave (looks, reaches for you, or cries) ■ Smiles or laughs when you play peek-a-boo	■ Makes a lot of different sounds like "mamamama" and "bababababa" ■ Lifts arms up to be picked up	■ Looks for objects when dropped out of sight (like their spoon or toy) ■ Bangs two things together	■ Gets to a sitting position by themselves ■ Moves things from one hand to their other hand ■ Uses fingers to "rake" food towards themselves ■ Sits without support
12 Months	■ Plays games with you, like pat-a-cake	■ Waves 'bye-bye' ■ Calls a parent "mama" or "dada" or another special name ■ Understands "no" (pauses briefly or stops when you say it)	■ Puts something in a container, like a block in a cup ■ Looks for things you hide, like a toy under a blanket	■ Pulls up to stand ■ Walks, holding on to furniture ■ Drinks from a cup without a lid, as you hold it ■ Picks things up between thumb and pointer finger, like small bits of food
15 Months	■ Copies other children while playing, like taking toys out of a container when another child does ■ Shows you an object they like ■ Claps when excited ■ Hugs stuffed doll or other toy ■ Shows you affection (hugs, cuddles, or kisses you)	■ Tries to say one or two words besides "mama" or "dada," like "ba" for ball or"da" for dog ■ Looks at a familiar object when you name it ■ Follows directions given with both a gesture and words. For example, gives you a toy when you ask for it and hold out your hand ■ Points to ask for something or to get help	■ Tries to use things the right way, like a phone, cup, or book ■ Stacks at least two small objects, like blocks	■ Takes a few steps on their own ■ Uses fingers to feed themselves some food

18 months - 2 years

	Social-Emotional	Language/Communication	Cognitive (Learning, Thinking, Problem-Solving)	Movement/Physical Development
18 Months	■ Moves away from you, but looks to make sure you are close by ■ Points to show you something interesting ■ Puts hands out for you to wash them ■ Looks at a few pages in a book with you ■ Helps you dress them by pushing arm through sleeve or lifting up foot	■ Tries to say three or more words besides "mama" or "dada" ■ Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."	■ Copies you doing chores, like sweeping with a broom ■ Plays with toys in a simple way, like pushing a toy car	■ Walks without holding on to anyone or anything ■ Scribbles ■ Drinks from a cup without a lid and may spill sometimes ■ Feeds themselves with fingers ■ Tries to use a spoon ■ Climbs on and off a couch or chair without help
2 Years	■ Notices when others are hurt or upset, like pausing or looking sad when someone is crying ■ Looks at your face to see how to react in a new situation	■ Points to things in a book when you ask, like "Where is the bear?" ■ Says at least two words together, like "More milk." ■ Points to at least two body parts when you them to be show you ■ Uses more gestures than just waving and pointing, like blowing a kiss or nodding yes	■ Holds something in one hand while using the other hand; for example, holding a container and taking the lid ■ Tries to use switches, knobs, or buttons on a toy ■ Plays with more than one toy at the same time, like putting toy food on a toy plate	■ Kicks a ball ■ Runs ■ Walks (not climbs) up a few stairs with or without help ■ Eats with a spoon

2 ½ - 3 years

	Social-Emotional	Language/Communication	Cognitive (Learning, Thinking, Problem-Solving)	Movement/Physical Development
2 ½ Years	■ Plays next to other children and sometimes plays with them ■ Shows you what they can do by saying, "Look at me!" ■ Follows simple routines when told, like helping to pick up toys when you say, "It's clean-up time."	■ Says about 50 words ■ Says two or more words together, with one action word, like "Doggie run" ■ Names things in a book when you point and ask, "What is this?" ■ Says words like "I," "me," or "we"	■ Uses things to pretend, like feeding a block to a doll as if it were food ■ Shows simple problem-solving skills, like standing on a small stool to reach something ■ Follows two-step instructions like "Put the toy down and close the door." ■ Shows they know at least one colour, like pointing to a red crayon when you ask, "Which one is red?"	■ Uses hands to twist things, like turning doorknobs or unscrewing lids ■ Takes some clothes off by themselves like loose pants or an open jacket ■ Jumps off the ground with both feet ■ Turns book pages, one at a time, when you read to them
3 Years	■ Calms down within 10 minutes after you leave them, like at a childcare drop off ■ Notices other children and joins them to play	■ Talks with you in conversation using at least two back-and-forth exchanges ■ Asks "who," "what," "where," or "why" questions, like "Where is mummy / daddy?" ■ Says what action is happening in a picture or book when asked, like "running," "eating," or "playing" ■ Says first name, when asked ■ Talks well enough for others to understand, most of the time	■ Draws a circle, when you show them how ■ Avoids touching hot objects, like a stove, when you warn them	■ Strings items together, like large beads or macaroni ■ Puts on some clothes on by themselves like loose pants or a jacket ■ Uses a fork

4 - 5 years

	Social-Emotional	Language/Communication	Cognitive (Learning, Thinking, Problem-Solving)	Movement/Physical Development
4 Years	■ Pretends to be something else during play (teacher, superhero, dog) ■ Asks to go play with children if none are around, like "Can I play with Alex?" ■ Comforts others who are hurt or sad, like hugging a crying friend ■ Avoids danger, like not jumping from tall heights at the playground ■ Likes to be a "helper" ■ Changes behaviour based on where they are (place of worship, library, playground)	■ Says sentences with four or more words ■ Says some words from a song, story, or nursery rhyme ■ Talks about at least one thing that happened during their day, like "I played soccer." ■ Answers simple questions like "What is a coat for?" or "What is a crayon for?"	■ Names a few colours of items ■ Tells what comes next in a well-known story ■ Draws a person with three or more body parts	■ Catches a large ball most of the time ■ Serves themselves food or pours water, with adult supervision ■ Unbuttons some buttons ■ Holds crayon or pencil between fingers and thumb (not a fist)
5 Years	■ Follows rules or takes turns when playing games with other children ■ Sings, dances, or acts for you ■ Does simple chores at home, like matching socks or clearing the table after eating	■ Tells a story they heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it ■ Answers simple questions about a book or story after you read or tell it to them ■ Keeps a conversation going with more than three back-and-forth exchanges ■ Uses or recognizes simple rhymes (bat-cat, ball-tall)	■ Counts to 10 ■ Names some numbers between 1 and 5 when you point to them ■ Uses words about time, like "yesterday," "tomorrow," "morning," or "night" ■ Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count) ■ Writes some letters in their name ■ Names some letters when you point to them	■ Buttons some buttons ■ Hops on one foot

Family health

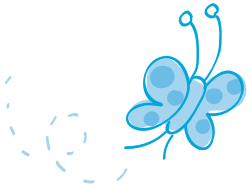
Consider any family health issues which may affect your child, for example vision, hearing, dental, allergies, asthma and health during pregnancy.

Smoking around your child can damage their health. Avoid exposing them to cigarette smoke, and if you can, quit smoking. For help call Quitline on **13 78 48.**

Simple ways to reduce the spread of infections

- Wash your hands well and often by washing with soap and water or an alcohol based hand sanitiser, especially:
  - before eating and handling food
  - after going to the toilet or handling used tissues
  - after changing your baby's nappy
  - after caring for someone who is sick.
- Cover coughs and sneezes with a tissue or your elbow.
- Clean often touched surfaces and items.
- Avoid touching your face and eyes with unwashed hands, especially around your eyes and mouth.
- Keep your vaccinations up to date.
- If children are unwell, keep them home from school or daycare.
- Avoid contact with other people if you are sick, stay at home if you can.
- Face masks are an additional physical barrier to help stop the spread of infections such as COVID-19.

For more information and advice
www.sahealth.sa.gov.au



Growth and weight record

Keeping track of your child's weight and length / height helps you to check that they are growing well. See pages 25-34 for Growth Charts. You can weigh your baby at your local Child and Family Health Service clinic **(www.cafhs.sa.gov.au/locations/find-locations)** or at a chemist.

> It's normal for weight to vary from day to day, so no more than once every 1-2 months is enough in the first 6 months. Less often after this is fine.

> If your baby is having difficulty gaining weight, your healthcare professional may recommend you weigh them more often.

> It's a good idea to weigh your baby without clothes on during the first year to give a more accurate weight.

> If your baby was born prematurely or has other health issues, you may need to check their growth more often. Talk with your doctor or child and family health nurse.

Date	Age	Weight	Length / height

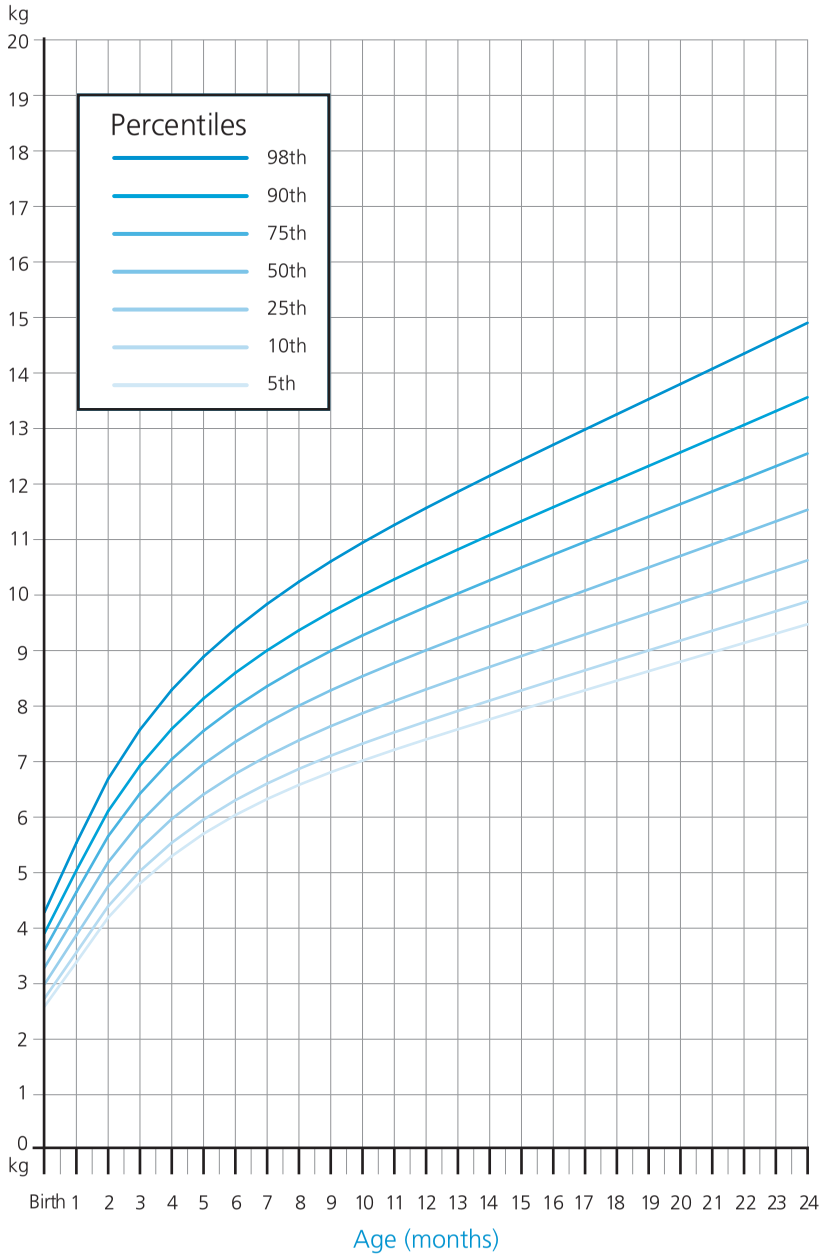
Date	Age	Weight	Length / height

Using growth charts

- Plot your child's weight on the growth charts on pages 25-34.
- If your baby was premature (born before 37 weeks gestation), plot their growth using their corrected age until they turn 2.
- The following could show patterns of growth that may be a cause for concern:
  - weight below the lowest percentile line on the graph
  - weight above the highest percentile line on the chart
  - weight going up or down across 2 or more percentile lines.
- If you see any of these patterns of growth, arrange a health check with Child and Family Health Service (CaFHS) or your doctor.
- It's more important to look at how your child's growth plots over time on the growth charts rather than where they sit at any one point in time.
- You can download the growth charts on the CaFHS website: **www.cafhs.sa.gov.au/topics** under The First 12 Months.

Girls weight-for-age percentiles

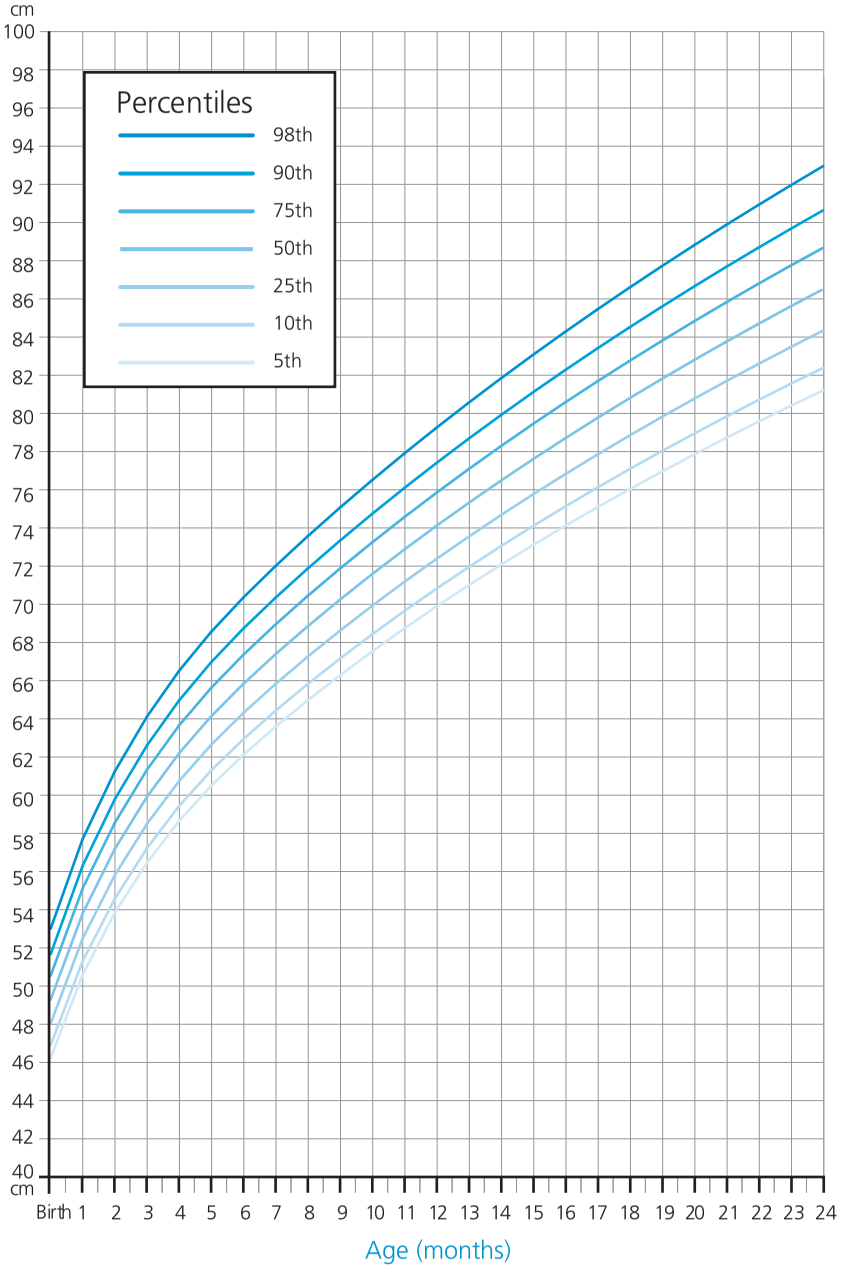
Birth to 24 months



SOURCE: World Health Organisation Child Growth Standards http://www.who.int/childgrowth/en

Girls length-for-age percentiles

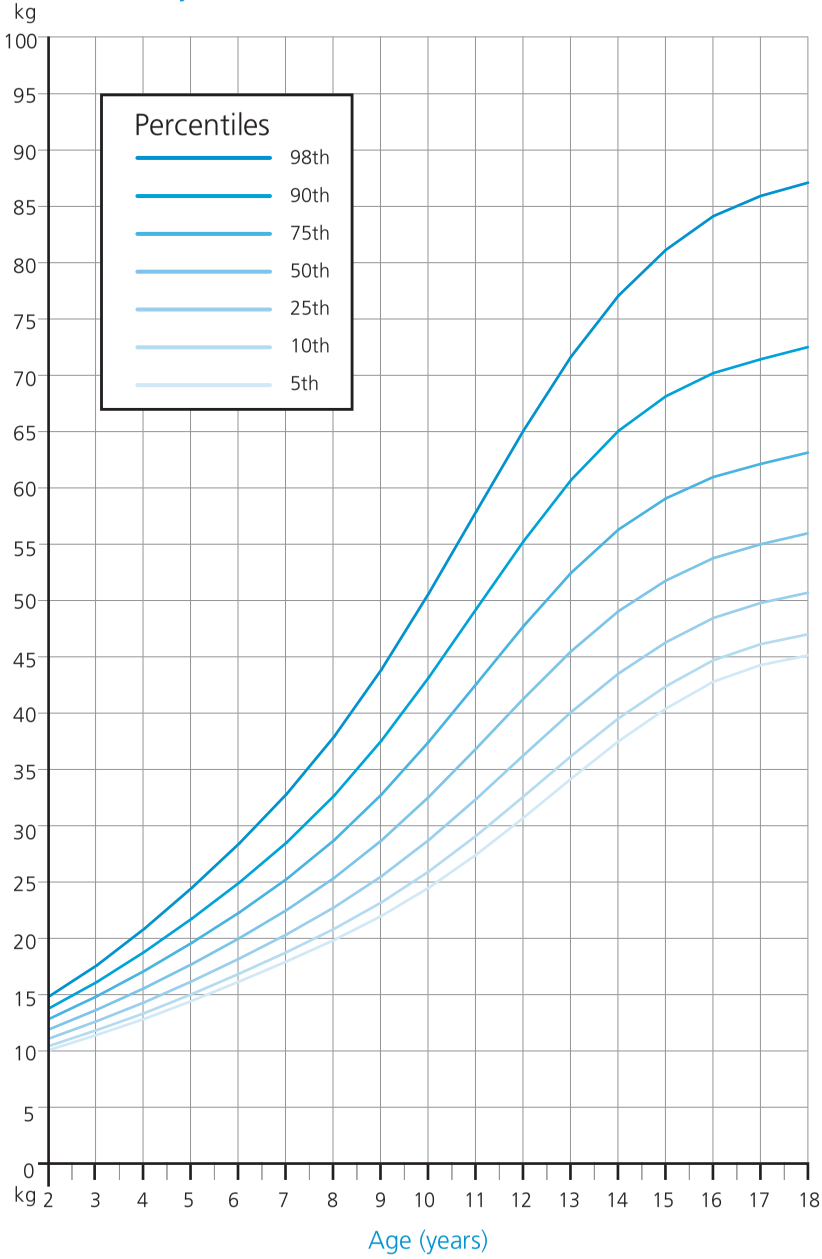
Birth to 24 months



SOURCE: World Health Organisation Child Growth Standards http://www.who.int/childgrowth/en

Girls weight-for-age percentiles

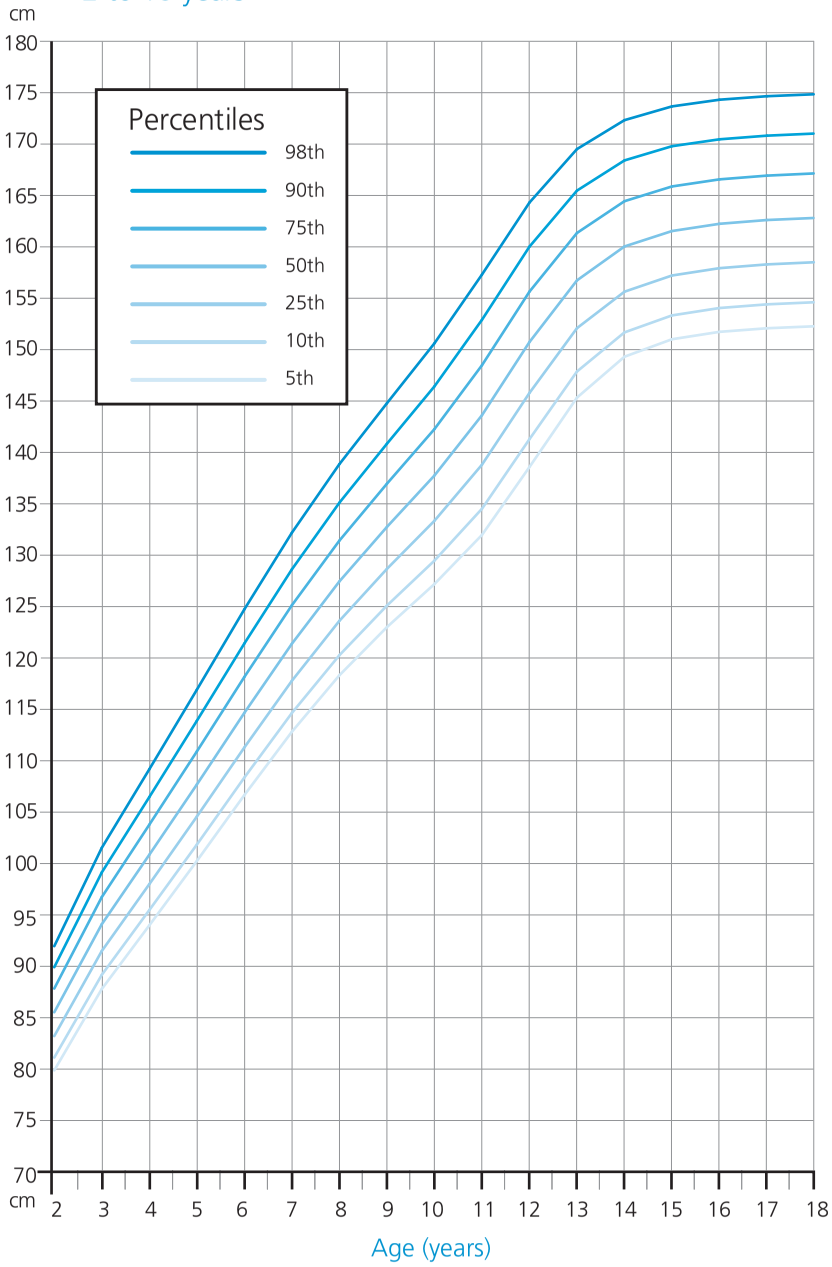
2 to 18 years



SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000) http://www.cdc.gov/growthcharts

Girls height-for-age percentiles

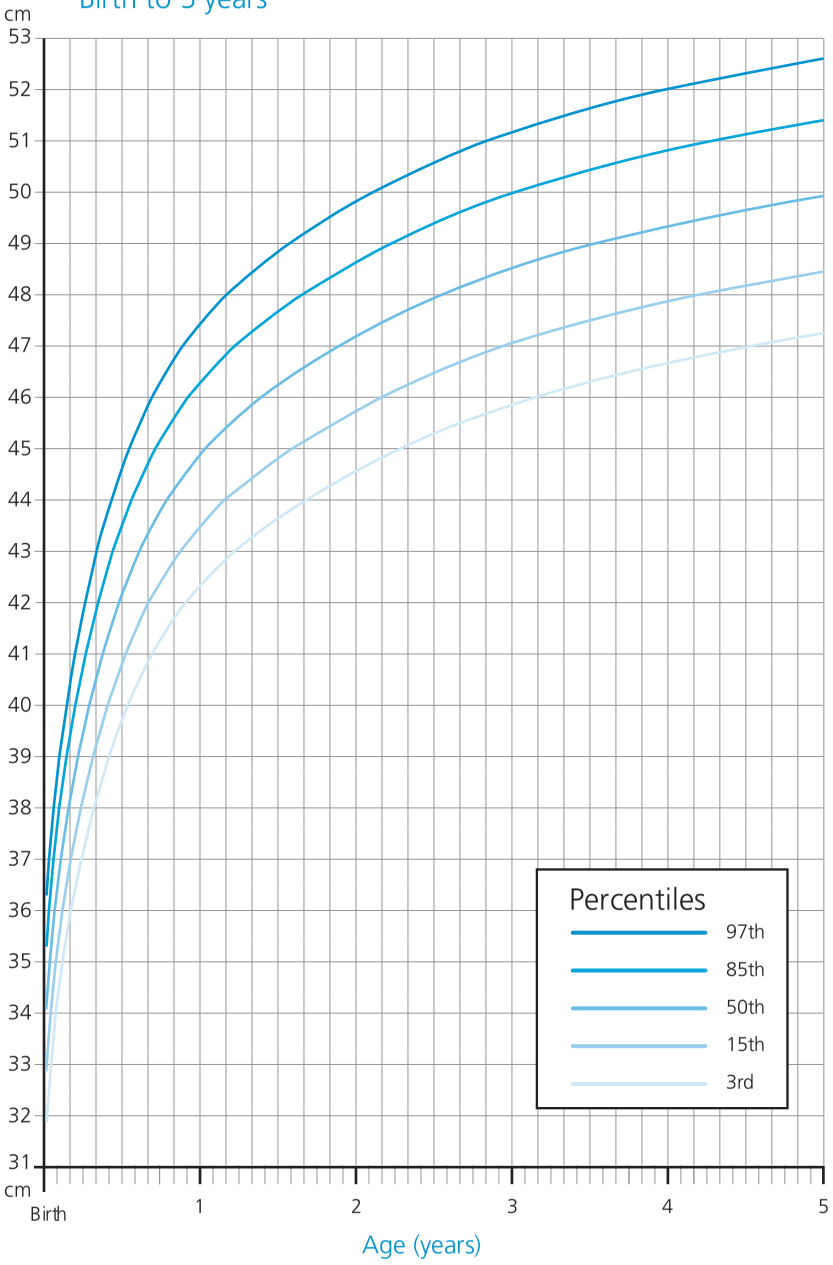
2 to 18 years



SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000) http://www.cdc.gov/growthcharts

Girls head circumference-for-age percentiles

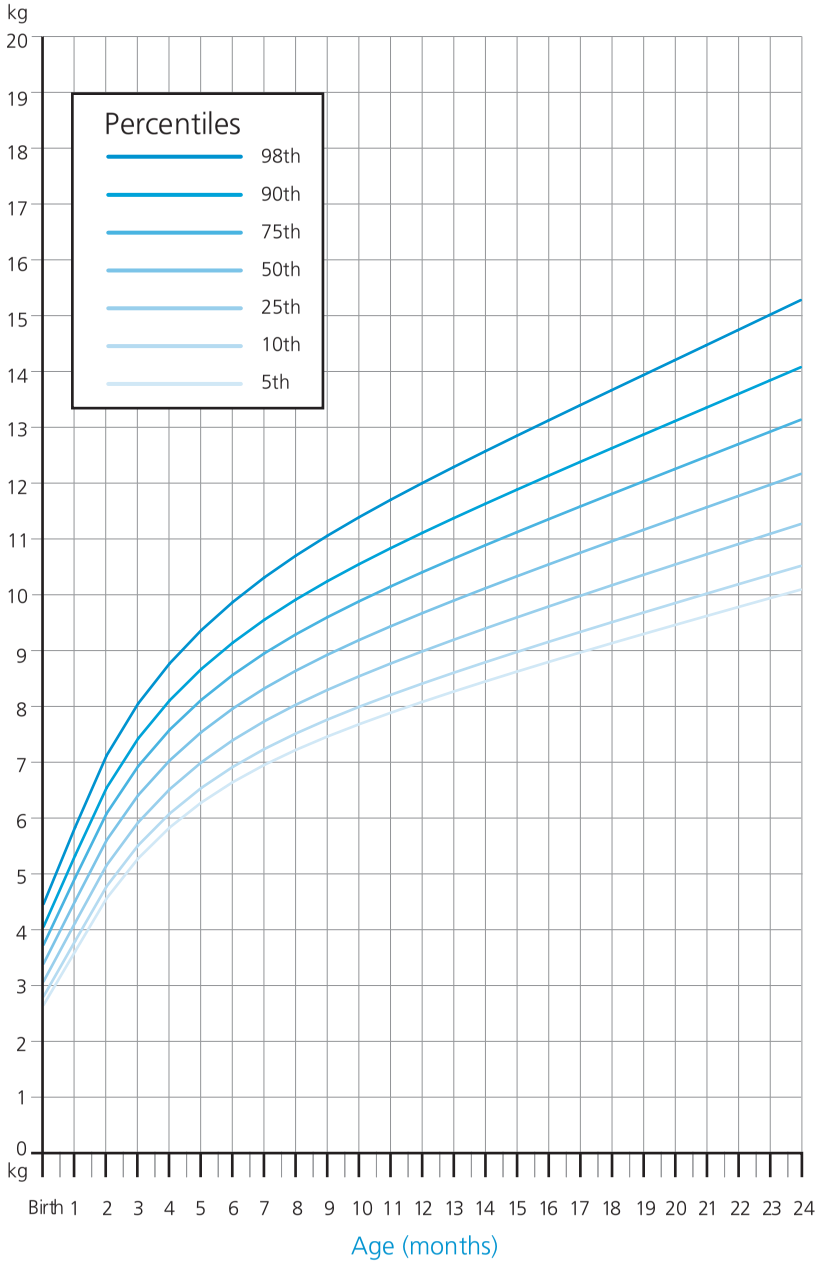
Birth to 5 years



SOURCE: World Health Organisation Child Growth Standards http://www.who.int/childgrowth/en

Boys weight-for-age percentiles

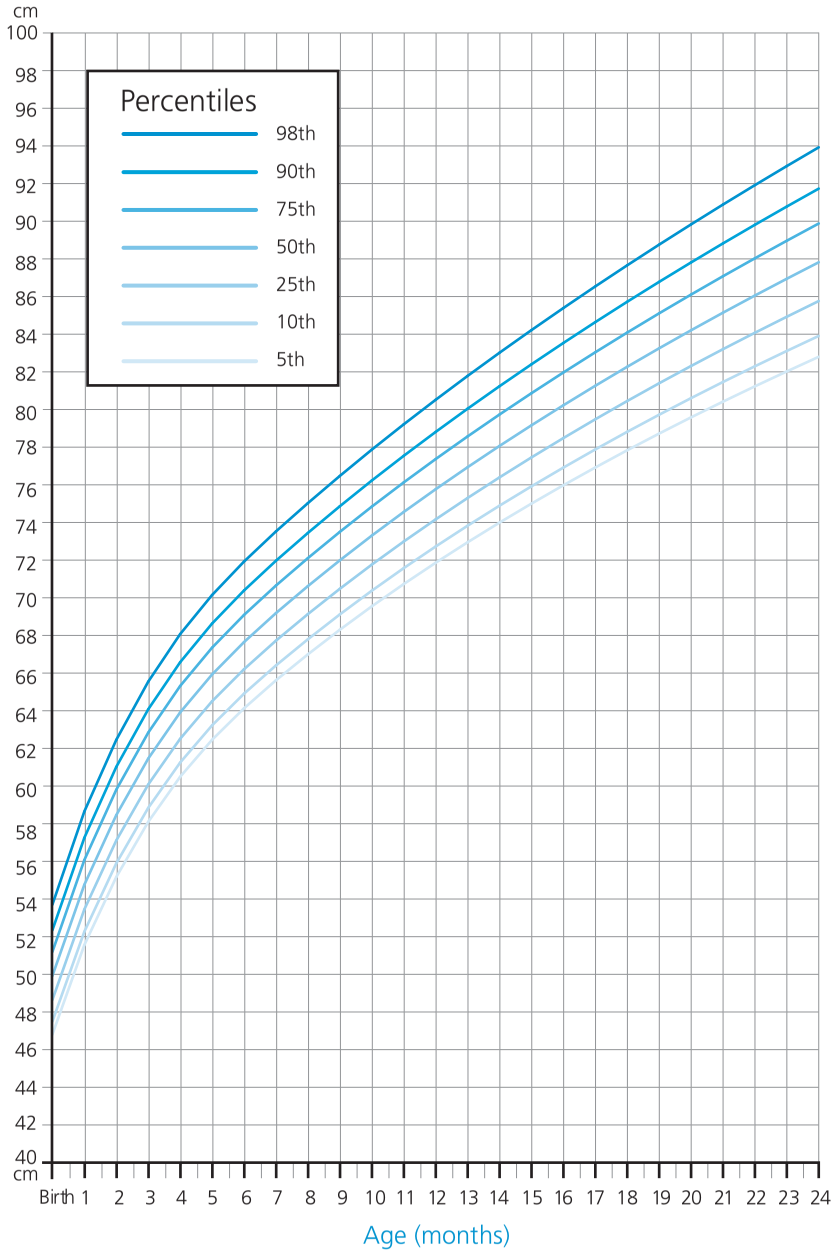
Birth to 24 months



SOURCE: World Health Organisation Child Growth Standards http://www.who.int/childgrowth/en

Boys length-for-age percentiles

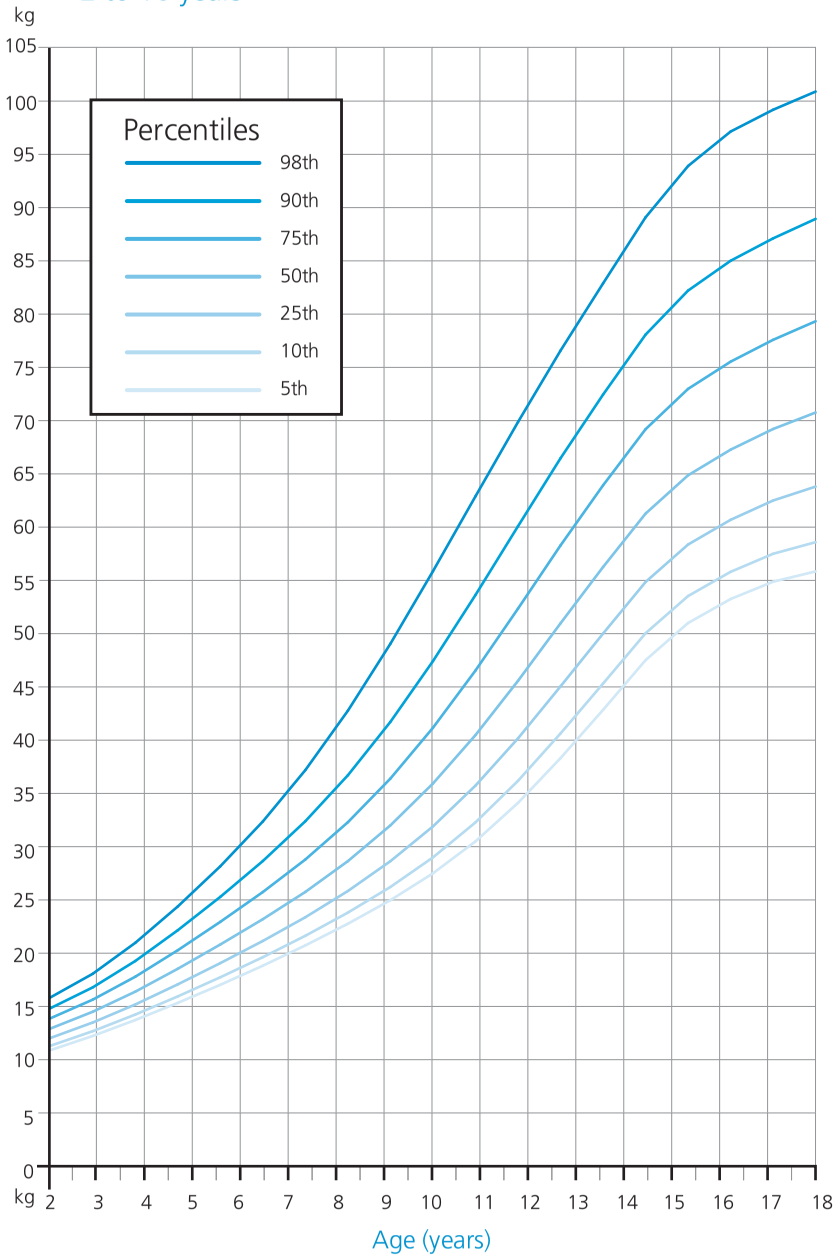
Birth to 24 months



SOURCE: World Health Organisation Child Growth Standards http://www.who.int/childgrowth/en

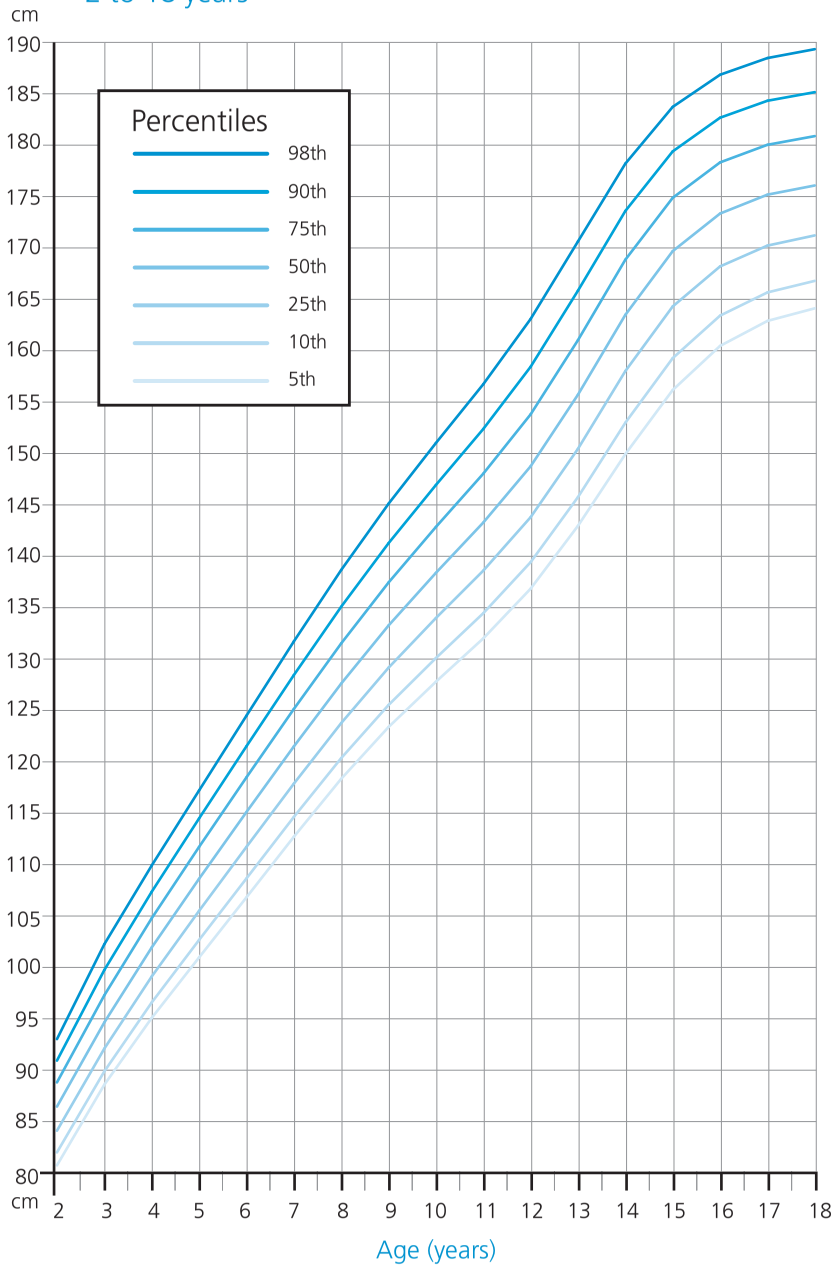
Boys weight-for-age percentiles

2 to 18 years



SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000) http://www.cdc.gov/growthcharts

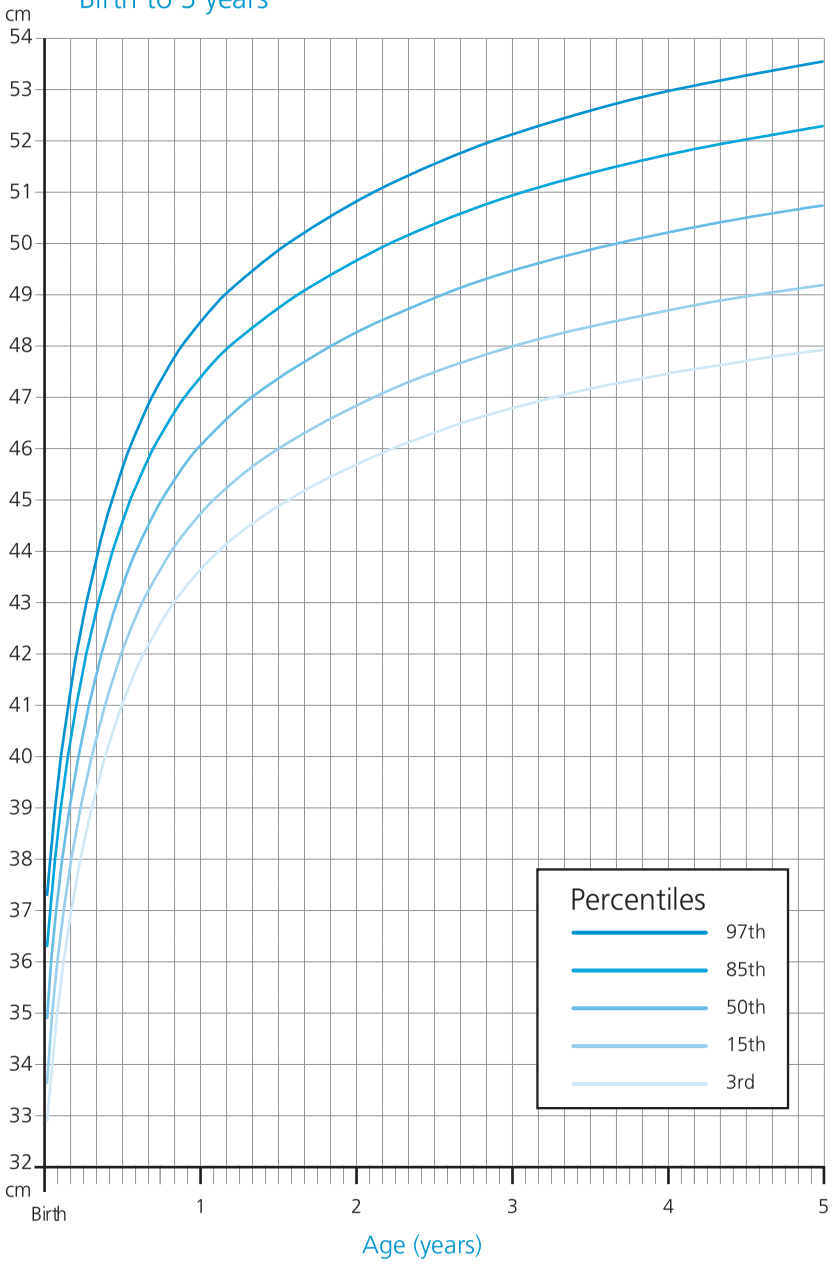
Boys height-for-age percentiles
2 to 18 years



SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000) http://www.cdc.gov/growthcharts

Boys head circumference-for-age percentiles

Birth to 5 years



SOURCE: World Health Organisation Child Growth Standards http://www.who.int/childgrowth/en

Oral health

Your child's oral health is important. Tooth decay is a preventable disease which can affect a child's wellbeing and quality of life.

Teething

Most babies will start teething at around six months of age. Regardless of when they start teething, most children will have their full set of twenty baby teeth by the time they are three years old.

Teething may make your baby uncomfortable. You can ease the pain by giving your baby things to chew on, like a cold, wet cloth or teething ring or rusk. Teething gels and over the counter pain relieving medications can also be useful.

Caring for your baby's teeth:

> Wipe baby's gums with a clean cloth and then start brushing their teeth as soon as they come through.
> Brush twice a day, after breakfast and before bed at night.
> Use a small, soft bristled toothbrush or clean cloth.
> From 0-17 months, do not use toothpaste.
> Breastmilk is best. If you are not breastfeeding, use infant formula.
> Prolonged day and night-time feeding from a bottle containing milk or sugary liquid can cause severe tooth decay in young children.
> Do not put your baby to bed with the bottle.
> Your baby can start to drink from a cup at 6 months of age. Stop the bottle from 12 months.
> If your baby uses a dummy, do not put anything sweet on it. Clean it under running water (not in your mouth) to avoid the transfer of germs that cause tooth decay.

Caring for your toddler or preschooler's teeth:

- Brush teeth twice a day, after breakfast and before bed at night.
- Children will need help with brushing until they are at least 8 years old.
- From 18 months to 5 years, use a pea sized amount of low-fluoride children's toothpaste and a small, soft bristled toothbrush.
- Tap water is the healthiest drink for your child's teeth. Limit how often your child has sugary drinks, including fruit juice, flavoured milk, cordial, and fizzy drinks.
- Offer water after food, between meals and if your child wakes during the night.
- Choose healthy snacks like fruit, cheese, vegetables and dairy foods. Limit their intake of sugary foods, including dried fruit, fruit straps and muesli bars, honey, jam and chocolate spread.

Lift the Lip!

Check your child's teeth regularly (once a month) for early signs of tooth decay. White lines or spots on the top front teeth near the gum line, can be early signs of tooth decay. If white spots are found early on, the need for dental treatment can be avoided.

If you notice any changes to your child's teeth, make an appointment for a dental check-up.

Dental visits

- First dental check-ups are recommended from 12-18 months.
- There are no out-of-pocket costs for all babies, children not yet at school and for most children under 18 at SA Dental.

To find your local SA Dental clinic or for more information, visit: **www.dental.sa.gov.au** or phone **1300 008 222.**

To request an appointment, visit: **www.dental.sa.gov.au/kids/request-an-appointment**

You can also take your child to a private dental clinic.

Record details of your child's first dental appointment here:

Date ___/___/___

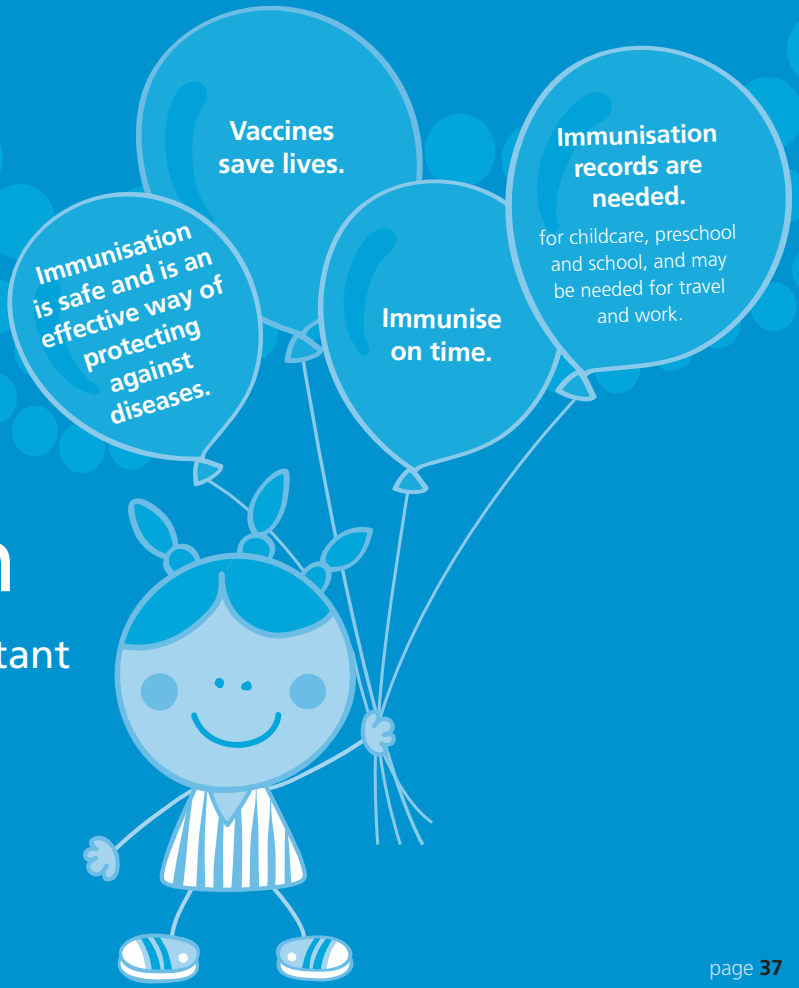
Time _____

Clinic _____

Age of child _____

Immunisation

Immunising your child is important



Immunisation

Immunisation protects your child against harmful diseases.

Having all vaccines on time helps to keep them safe from disease.

Your child will be due an immunisation at birth, and then at 6 weeks of age and at 4, 6, 12 and 18 months of age, with a booster due at 4 years of age.

Your child may be eligible for extra vaccines if they are Aboriginal, were premature or have a medical condition which puts them at risk of some vaccine preventable diseases.

A yearly influenza program is available for all children aged from 6 months to less than 5 years.

You can take your child to the local council clinic, community health service or family doctor to get their vaccines.

The vaccines your child will be given have been fully tested and are very safe.

Your child may have some side effects after immunisation. They are normally mild and don't last long.

Any serious side effects are very rare.

Your child will be due to have more vaccines when they are at high school.

There may be extra vaccines, recommended for other medical at risk conditions, which are not currently funded under the Childhood Immunisation Schedule. Speak with your immunisation provider for further advice.

It's important to keep the immunisation records in a safe place.

For further information about immunisation, please ask your immunisation provider or see the following resources:

1. **Questions about Vaccination**
   www.health.gov.au/resources/publications/questions-about-vaccination
2. **SKAI Sharing Knowledge About Immunisation**
   www.ncirs.org.au/public
3. **Get The Facts Immunisation saves lives**
   www.campaigns.health.gov.au/immunisationfacts
4. **National Centre for Immunisation Research and Surveillance**
   www.ncirs.edu.au for fact sheets on vaccine safety, vaccine preventable diseases and MMR (measles, mumps, rubella) decision aid
5. **The Australian Academy of Science**
   www.science.org.au for The Science of Immunisation booklet
6. **SA Health Immunisation Section**
   www.sahealth.sa.gov.au/immunisation
   1300 232 272 for South Australian immunisation information
7. **Australian Immunisation Register 1800 653 809**
   for your child's immunisation history or you can access via your MyGov account
8. **Immunise Australia Information Line 1800 671 811**

South Australian Childhood Immunisation Schedule July 2020

The National Immunisation Program is subject to change. Your immunisation provider will have the most current information.

Age	Disease	Vaccine
Birth (0-7 days)	Hepatitis B	HB Vax II® Paediatric or Engerix® B Paediatric
6 weeks	Diphtheria, Tetanus, Pertussis, *Haemophilus influenzae* type b (Hib), Hepatitis B, Polio	Infanrix hexa®
	Pneumococcal	Prevenar 13®
	Rotavirus	Rotarix®
	Meningococcal B	Bexsero®
MAR Meningococcal ACWY vaccine is recommended for children with specific MAR conditions, speak to your immunisation provider.		
4 months	Diphtheria, Tetanus, Pertussis, *Haemophilus influenzae* type b (Hib), Hepatitis B, Polio	Infanrix hexa®
	Pneumococcal	Prevenar 13®
	Rotavirus	Rotarix ®
	Meningococcal B	Bexsero®
MAR Meningococcal ACWY vaccine is recommended for children with specific MAR conditions, speak to your immunisation provider.		
6 months	Diphtheria, Tetanus, Pertussis, *Haemophilus influenzae* type b (Hib), Hepatitis B, Polio	Infanrix hexa®
6 months Aboriginal children	Pneumococcal	Prevenar 13®
MAR Pneumococcal, Meningococcal ACWY and / or Meningococcal B vaccine are recommended for children with specific MAR conditions, speak to your immunisation provider.		

MAR – Medically At Risk. The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people.

South Australian Childhood Immunisation Schedule July 2020 continued

Age	Disease	Vaccine
12 months	Measles, Mumps, Rubella (MMR)	M-M-R 11® or Priorix®
	Pneumococcal	Prevenar 13®
	Meningococcal Conjugate ACWY	Nimenrix®
	Meningococcal B	Bexsero®
MAR Hepatitis B vaccine is recommended for children who were low birth weight (< 2000g) and / or preterm (< 32 weeks gestation)		
18 months	*Haemophilus influenzae* type b (Hib)	Act-Hib®
	Diphtheria, Tetanus, Pertussis	Tripacel® or Infanrix®
	Measles, Mumps, Rubella / Varicella (chickenpox)	Priorix-Tetra® or ProQuad®
18 months Aboriginal children	Hepatitis A	Vaqta Paediatric®
4 years	Diphtheria, Tetanus, Pertussis, Polio	Infanrix IPV® or Quadracel®
4 years Aboriginal children	Hepatitis A	Vaqta Paediatric®
	Pneumococcal	Pneumovax 23®
MAR Pneumococcal vaccine is recommended for children with specific MAR conditions, speak to your immunisation provider		

MAR – Medically At Risk. The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people.

Immunisation record

To be completed by doctor or nurse.

Child's name _____ Date of birth ___/___/___ Medicare number _____

Age	Immunisation	Site	Batch number	Date given	Next due	Provider signature / stamp
Birth (0-7 days)	Hepatitis B	LL/RL				
6 weeks	Diphtheria, Tetanus, Pertussis, *Haemophilus influenzae* type b (Hib), Hepatitis B, Polio	LL/RL				
	Pneumococcal (13vPCV)	LL/RL				
	Rotavirus	Oral				
	Meningococcal B	LL/RL				
4 months	Diphtheria, Tetanus, Pertussis, *Haemophilus influenzae* type b (Hib), Hepatitis B, Polio	LL/RL				
	Pneumococcal (13vPCV)	LL/RL				
	Rotavirus	Oral				
	Meningococcal B	LL/RL				

Immunisation record continued

To be completed by doctor or nurse.

Child's name _____ Date of birth ___/___/___ Medicare number _____

Age	Immunisation	Site	Batch number	Date given	Next due	Provider signature / stamp
6 months	Diphtheria, Tetanus, Pertussis, *Haemophilus influenzae* type b (Hib), Hepatitis B, Polio	LL/RL				
6 months Aboriginal children	Pneumococcal (13vPCV)	LL/RL				
12 months	Measles, Mumps, Rubella (MMR)	LA/RA LL/RL				
	Meningococcal Conjugate ACWY	LA/RA LL/RL				
	Pneumococcal (13vPCV)	LA/RA LL/RL				
	Meningococcal B	LA/RA LL/RL				

Immunisation record continued

To be completed by doctor or nurse.

Child's name _____ Date of birth ___/___/___ Medicare number _____

Age	Immunisation	Site	Batch number	Date given	Next due	Provider signature / stamp
18 months	*Haemophilus influenzae* type b (Hib)	LA/RA LL/RL				
	Measles, Mumps, Rubella / Varicella (chickenpox)	LA/RA LL/RL				
	Diphtheria, Tetanus, Pertussis	LA/RA LL/RL				
18 months Aboriginal children	Hepatitis A	LA/RA LL/RL				
4 years	Diphtheria, Tetanus, Pertussis, Polio	LA/RA				
4 years Aboriginal children	Hepatitis A Pneumococcal (23vPPV)	LA/RA				

Administration of paracetamol with every dose of Bexsero® (Meningococcal B vaccine) is recommended for all children less than 2 years of age. Paracetamol will reduce the possibility of high grade fever (fever is a common reaction following any vaccine but more common with Bexsero®).

Parents / caregivers are recommended to give the 1st dose of paracetamol 30 minutes before immunisation or as soon as possible after immunisation. Give 2 more doses of paracetamol 6 hours apart, after the 1st dose, even if your child does not have a fever.

Additional vaccinations (for example influenza, travel vaccines and MAR)

Children with Medically At Risk (MAR) conditions may require additional funded meningococcal and / or pneumococcal vaccines. These recommendations are very specific. Refer to your immunisation provider for details and further information.

Age	Dose No.	Immunisation	Site	Batch number	Date given	Next due	Provider signature / stamp

Additional vaccinations (for example influenza, travel vaccines and MAR)

Children with Medically At Risk (MAR) conditions may require additional funded meningococcal and / or pneumococcal vaccines. These recommendations are very specific. Refer to your immunisation provider for details and further information.

Age	Dose No.	Immunisation	Site	Batch number	Date given	Next due	Provider signature / stamp

Notes

Age	Date	

My health and development checks

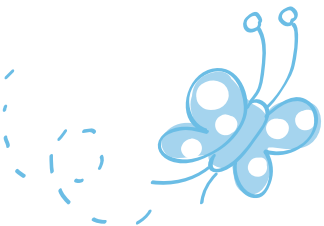
Health and development checks

Routine health and development checks are advised for all babies and young children to see that they are growing well. Vital brain development occurs in the first years of a child's life. Your child's early years form the base for their lifetime growth and development.

In addition to these routine checks, you can ask for a health consult for your child at any age if you have concerns about your child's growth and development.

1-4 weeks

A health and development check (1-4 weeks) is offered by CaFHS either in your home or one of our clinics.



2 weeks

See your doctor for a 2 week medical check for your baby.

6 weeks

See your doctor for a 6 week medical check for mother and baby, plus immunisations.

8 weeks

CaFHS provides an 8 week health and development check. This is also a time to check how you are managing as a parent / carer in the first couple of months. A child and family health nurse will be able to offer support if needed.

6-9 months, 12 months, 18-24 months and 3 years

At 6-9 months, 12 months, 18-24 months and 3 years, it is recommended that your child visits CaFHS for a health and development check.

4-5 years

Health and development checks including hearing and vision are offered to all 4-5 year olds at your local CaFHS clinic and some preschools.

1-4 week health and development check

Offered by the Child and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Head shape, including fontanelles			
Eyes			
Ears			
Mouth / palate			
Skin			
Reflexes			
Femoral pulses			
Hips			
Limbs and spine; hands, feet, toes			
Abdomen and umbilicus			
Genitalia and inguinal area			
Testes fully descended R/L			
Hearing			
Immunisation (as per schedule)	Y / N		
Breastfeeding	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

2 week health and development check

See your doctor for this check. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Head shape, including fontanelles			
Eyes			
Ears			
Mouth / palate			
Skin			
Reflexes			
Femoral pulses			
Hips			
Limbs and spine			
Abdomen and umbilicus			
Genitalia and inguinal area			
Testes fully descended R/L			
Cardiovascular			
Hearing			
Immunisation (as per schedule)	Y / N		
Breastfeeding	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

6 week health and development check

See your doctor for this check. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Head shape, including fontanelles			
Eyes			
Ears			
Mouth/palate			
Skin			
Reflexes			
Femoral pulses			
Hips			
Limbs and spine			
Abdomen and umbilicus			
Genitalia and inguinal area			
Testes fully descended R/L			
Cardiovascular			
Hearing			
Immunisation (as per schedule)	Y / N		
Breastfeeding	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

8 week health and development check

Offered by Child and and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Head shape, including fontanelles			
Eyes			
Ears			
Mouth/palate			
Skin			
Reflexes			
Femoral pulses			
Hips			
Limbs and spine			
Abdomen and umbilicus			
Genitalia and inguinal area			
Testes fully descended R/L			
Hearing			
Immunisation (as per schedule)	Y / N		
Breastfeeding	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

Ages and Stages Questionnaire (ASQ)/ASQ TRAK completed

6-9 month health and development check

Offered by the Child and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Head shape, including fontanelles			
Eyes			
Dental – Lift the lip			
Skin			
Hips (abduction)			
Limbs and spine			
Genitalia and inguinal area			
Testes fully descended R/L			
Development			
Immunisation (as per schedule)	Y / N		
Breastfeeding	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

Ages and Stages Questionnaire (ASQ)/ASQ TRAK completed

12 month health and development check

Offered by the Child and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Eyes			
Dental – Lift the lip			
Gait			
Testes fully descended R/L			
Development			
Immunisation (as per schedule)	Y / N		
Breastfeeding	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

Ages and Stages Questionnaire (ASQ)/ASQ TRAK completed

18-24 month health and development check

Offered by the Child and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Eyes			
Dental – Lift the lip			
Gait			
Testes fully descended R/L			
Development			
Immunisation (as per schedule)	Y / N		
Breastfeeding	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

Ages and Stages Questionnaire (ASQ)/ASQ TRAK completed

3 year health and development check

Offered by Child and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
Head circumference	cm	%

	Normal	Review	Refer
Eyes			
Ears			
Dental – Lift the lip			
Gait			
Testes fully descended R/L			
Development			
Immunisation (as per schedule)	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

Ages and Stages Questionnaire (ASQ)/ASQ TRAK completed

4-5 year health and development check

Offered by the Child and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Height	cm	%
Body Mass Index (BMI)		

	Normal	Review	Refer
Vision			
Hearing (audiometer)			
Dental – Lift the Lip			
Hips			
Development			
Immunisation (as per schedule)	Y / N		

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

Ages and Stages Questionnaire (ASQ)/ASQ TRAK completed

Additional health check

Offered by Child and and Family Health Service. Child's name _____ Age _____ Date completed ___/___/___

Health check

Weight	g	%
Length	cm	%
BMI (2 years and older)		%
Head circumference	cm	%

	Normal	Review	N/A	Refer
Head shape, including fontanelles				
Eyes				
Ears				
Mouth/palate				
Dental- Lift the Lip				
Skin				
Reflexes				
Femoral pulses				
Hips				
Limbs and spine				
Abdomen and umbilicus				
Genitalia and inguinal area				
Testes fully descended R/L				
Hearing				
Development				
Immunisation (as per schedule)	Y / N			
Breastfeeding	Y / N			

Information for parents (include referrals if needed)

After this visit

Health and development check completed by

Ages and Stages Questionnaire (ASQ)/ASQ TRAK completed

Caring for baby

Information for parents

Information for parents

Becoming a parent can be one of the most wonderful experiences.

But it also can sometimes be stressful. There are many changes, for each person and the family as a whole. There is lots of learning about your new baby. Being a parent is a process of trial and error, with good days and bad. It's common to take a while to feel happy and confident in your role.

Talk to a health professional about how you are feeling. It's ok to seek support.

Child and Family Health Service (CaFHS) on **1300 733 606** for appointments.

Parent Helpline **1300 364 100**

Postnatal depression and anxiety

1 in 5 mums and 1 in 10 dads experience Postnatal Depression (PND) and Anxiety.

Symptoms of PND include:

> sleep disturbance
> loss of appetite
> sadness, irritability
> difficulty concentrating
> loss of confidence and belief in self.

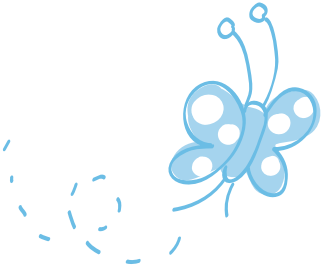
Symptoms of anxiety include:

> constant worry, often about the health or wellbeing of your baby
> feeling nervous or on edge
> stressed and panicky
> feelings of dread and that something terrible is about to happen.

Postnatal depression and anxiety often improves. It's important to seek professional help in order to receive the right support, care and treatment for mental health disorders during the perinatal period.

If you think you have postnatal depression and anxiety, call:

> Your doctor or other healthcare provider
> 'ForWhen", National Perinatal Infant Mental Health Helpline **1300 242 322**
> PANDA Helpline **1300 726 306**



Sleeping baby safely

Newborn babies spend a lot of their time asleep. It is vital that where they sleep is safe. Some sleeping places are not safe and can increase the risk of Sudden Unexpected Death in Infancy (SUDI), including SIDS, and fatal sleeping accidents.

Sadly, every year on average,10 babies still die while sleeping in an unsafe sleeping place. Most of these deaths are preventable.

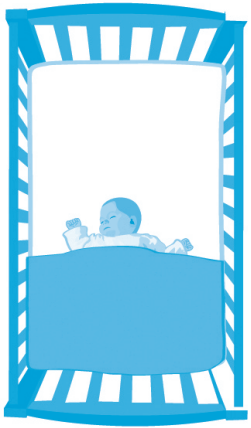


Diagram developed by SIDS and Kids 2014

Things you can do to help your baby sleep safely:

> Put your baby to sleep on their back.

> Keep your baby's head and face uncovered (no beanie, no hat, no hooded clothing) and position baby's feet to the bottom of the cot. Tuck blankets in firmly or use a safe infant sleeping bag.

> Keep your baby 'smoke free' before and after birth.

> Create a safe sleeping place for night and day sleeps (safe cot, mattress and bedding).

> Sleep baby in a cot in the same room as you for the first 6-12 months.

> Check that the cot meets Australian standards and the mattress is firm, clean, well-fitting and flat.

> Make sure there is no loose bedding, quilts, doonas, pillows, cot bumpers, sheepskins or soft toys in the cot. Less is best.

> Make sure the cot is well away from dangling curtain and blind cords. Secure them up high and out of reach.

> Where possible, breastfeed your baby.

A clear cot free of potential hazards is the safest option.

Talk with your child and family health nurse about finding safe sleeping places for your baby.

Through discussion with you and seeing where your baby sleeps, CaFHS:

- ☐ agrees you are doing everything you can to help your baby sleep safely
- ☐ suggests some changes for your baby to sleep safely and reduce the risk of Sudden Unexplained Deaths in Infancy

Date_____/_____/_____

More information

Red Nose
(previously SIDS and Kids National)
1300 998 698
www.rednose.org.au

SIDS and Kids SA
8332 1066 (9.00am to 4.00pm)
www.sidssa.org.au

Red Nose Safe Sleeping app
(available for iPhone or Android)

Child and Family Health Service
1300 733 606 (Appointments Mon-Fri 9.00am to 4.30pm)
www.cafhs.sa.gov.au

Kidsafe SA
For child restraint fitting, sale and hire, and for safety advice and safety products
7089 8554 (Mon-Fri 9.00am to 5.00pm)
www.kidsafesa.com.au

Your First Steps
www.babyproductsafety.gov.au

ACCC Keeping Baby Safe
A guide to infant and nursery products
www.accc.gov.au/publications/keeping-baby-safe-a-guide-to-infant-and-nursery-products

Sleep

Supporting your child's sleep can bring great joy and happiness as well as challenges. Sleep is important for health and wellbeing. It helps your child to grow, learn and play and boosts their immunity. What matters most as a parent / carer is that you give your baby the comfort they need to help them get ready for sleep.

Every baby is different when it comes to sleep. Some sleep for hours at a time, others for short periods.

Sleep is often related to their need to feed. Newborn babies with small stomachs may wake every 2 or so hours to feed. As they grow, they are able to last longer between feeds.

Your baby is getting enough sleep if they are feeding well and enjoying wake time.

Parents / carers should see a more stable pattern in their baby's sleeping, waking and feeding cycles by around 6 months of age. It is normal for children to wake in the night up until at least 3 years of age, sometimes older.

Things you can do to help your baby get ready for sleep:

> Looks for signs that your baby is tired – these could include rubbing their eyes, closing their fists, yawning, restlessness

> Try rocking, patting, singing and / or walking to help them feel calm and relaxed.

You may need to try different things at different times. For more ways to help your baby with sleeping see **www.raisingchildren.net.au**

If your baby finds it hard to sleep and settle, parents / carers can get overtired, anxious and stressed. If you are feeling tense, frustrated and upset, place your child safely in a cot and take a break. Give yourself time to calm down or get someone else to help you.

Talk with your child and family health nurse or call Parent Helpline **1300 364 100** if you need help.

STOP!

NEVER SHAKE A BABY, it can damage their brain.

Child safety

For more information about keeping your child safe, contact Kidsafe SA on **7089 8554** or go to **www.kidsafesa.com.au**

Babies and toddlers (from birth to 3 years)

Sleep

» See pages 59-61.

Falls

» Never leave babies unattended on the change table, bed, couch or any raised surface – they may roll and fall off.

» Use a full harness with high chairs, swings and prams.

Cars and traveling

» Use a correctly fitted car restraint for all children on every trip. Check the seat is fitted and adjusted properly as your child grows. Kidsafe SA provides a child restraint fitting and hire service – call 7089 8554.

» Premature and low birth weight babies should be in a special child restraint to travel safely in the car – call Kidsafe SA.

» Watch them around the driveway and garage. Make sure you know exactly where they are before moving the car.

» Never leave your baby / child unattended in a car, even if only for a short time.

Water

» Watch them at all times when they are near water (including baths, buckets, wading pools, swimming pools). Put distractions like mobile phones away.

» Empty baths, buckets and wading pools after each use and make sure backyard pools are child-safe fenced. A child can drown silently in as little as 3cm of water.

Medications

» Check recommended dosage when giving medication to children.

Baby slings

» When using a baby sling make sure baby's face is visible and kissable – this means chin up, face visible and mouth free.

Burns

» Keep hot things such as tea, coffee, heaters and hot appliances (e.g. irons) out of reach to prevent burns.

» Check the temperature of the bath water and hot water in the bathroom and keep children away from the kitchen stove.

» Never nurse a child while holding a hot drink.

» Use a sunscreen and hat to protect your child from sunburn.

Animals

» Watch your child with animals and pets. All dogs have the potential to bite a child. Keep cats and dogs out of your baby's bedroom.

Choking

» Always watch children when they eat. Keep small items that could cause choking out of reach.

Further information on next page

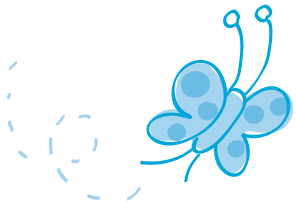
Babies and toddlers (from birth to 3 years) continued

Home

- Keep curtain and blind cords and other hazards up and well away from the cot or floor.
- Keep all medicines, household cleaning goods and other poisons up high and out of reach in a locked cupboard.
- Check for items around your home that may contain coin-sized or smaller button batteries. Put them out of sight and reach of young children.
- Secure TVs and heavy furniture such as bookshelves and cabinets so they don't topple on children.
- Put a safety gate at the top and bottom of stairs to prevent falls and unsafe access.
- Baby walkers and exercise jumpers are dangerous and not recommended.

Children (3 to 5 years)

- Set up play equipment on a soft surface and close to the ground.
- Teach your child their full name and address and get them to practise it.
- Always watch your child when crossing the road, in car parks and around garages and driveways – they can move so quickly.
- Always watch children around dogs (especially when the dog is eating).
- Watch children when they are in the kitchen (keep them away from hot stoves, sharp knives, detergents).
- Make sure your child wears a helmet every time they ride a bike or scooter.
- Teach your child about safety and explain what it means to be safe and why we all need to stay safe.



Healthy hips

Hip dysplasia, also known as developmental dysplasia of the hip (DDH) or clicky hips, is a condition that affects the hip joints in babies and young children. It can be present at birth or develop as the child grows older. Untreated hip dysplasia can lead to hip pain and is the most common cause of hip arthritis in adults under 50 years. Early diagnosis and treatment is best, since late diagnosis may require surgical treatment.

Parents are encouraged to learn about the risk factors and potential signs of hip dysplasia, and to get their children's hips regularly checked from birth through to 5 years of age. Your GP or Child Health Nurse can complete this check.

Wrapping and hip dysplasia: Wrapping or swaddling newborn babies can help them feel more secure and comfortable. Research has shown that tight wrapping with the legs held straight can lead to hip dysplasia and dislocation. When this practice is stopped the frequency of dislocation is significantly reduced.

Every child's hips need checking at:

- ✓ **Birth**
- ✓ **1-4 weeks**
- ✓ **6-8 weeks**
- ✓ **6-9 months**
- ✓ **12 months**
- ✓ **18-24 months**
- ✓ **3-5 years**

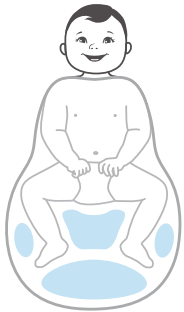
Or at any other stage if you are concerned.

1 in 10

Full-term newborns have some hip instability

Hip dysplasia affects both girls and boys

There are a number of ways to wrap babies. Whatever method you choose, always remember:

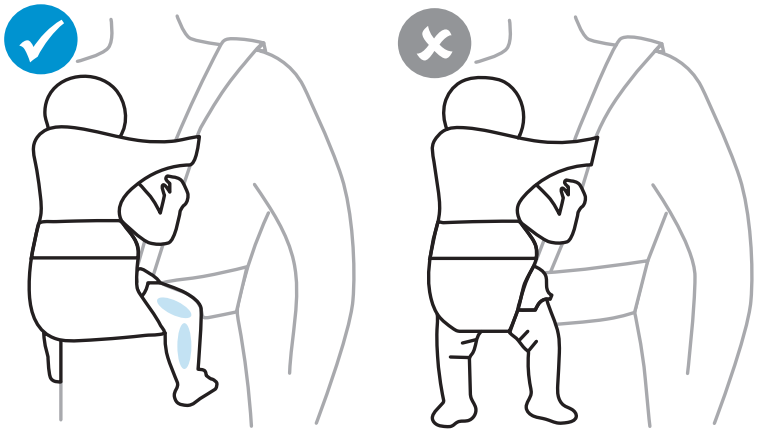


> leave enough room in the wrap for the legs to move freely in and out of their natural frog-like position

> the legs should be able to bend at the hips with the knees apart to help the hips develop normally.

Signs and symptoms of hip dysplasia:

- leg(s) difficult to spread apart
- when changing a nappy or at other times, one leg does not seem to spread as far out or as easily as the other
- difference in leg lengths
- limping when walking
- walking on tippy toes on one side
- favours one side when sitting, crawling or standing
- uneven buttock crease lines
- uneven skin creases on the back of your baby's thighs.



Your baby carrier should:

- allow your baby's legs to straddle your body
- knees should be spread apart
- thighs supported and hips bent.

More information

Child and Family Health Service 1300 733 606, www.cafhs.sa.gov.au
Bone Health Foundation www.bonehealth.org.au, info@bonehealth.org.au
Healthy Hips Australia www.healthyhipsaustralia.org.au, info@healthyhipsaustralia.org.au
International Hip Dysplasia Institute www.hipdysplasia.org
Raising Children's Network www.raisingchildren.net.au

Prepared with support of Bone Health Foundation and Healthy Hips Australia

Early feeding

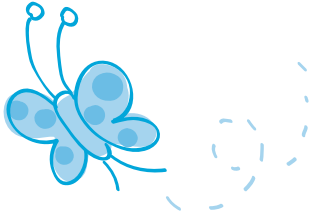
Babies (0 to 12 months)

Until around 6 months of age, breastmilk or formula meets all of your baby's nutritional needs. Breastmilk or formula is still an important food source after your baby has started on solid foods.

Feed your baby breastmilk or formula whenever they seem hungry; this might be between 5-10 times per day. Signs your baby is feeding well include gaining weight, having plenty of wet nappies each day, and being alert and content at least for some of the time.

Breast feeding

- Breast feeding is good for babies and their mothers.
- Breastmilk is easy to digest, safe and always ready when your baby needs it. It has components that lower the chance of your baby getting sick.
- For information and advice about breastfeeding, talk to your midwife, lactation consultant, child and family health nurse or family doctor.
- If you are breastfeeding, avoid drinking alcohol.



Bottle feeding

- If your baby is not drinking breastmilk, infant formula is the only other safe choice as the main drink for the first 12 months of life.
- Always follow the instructions on the tin to make up formula. Ask your child and family health nurse if you need advice about how to prepare infant formula.

For more information visit:
www.cafhs.sa.gov.au/topics/feeding
www.breastfeeding.asn.au or call **1800 686 268**
www.raisingchildren.net.au

Solid foods

At around 6 months solid foods are needed to meet your baby's increasing nutrition needs and development.
Your baby is ready to start solid foods when they are:

> able to hold their head up and sit with support and control their tongue

> interested in what others eat – looking, reaching and grabbing for food.

Follow your baby's cues. If you are unsure about your baby's readiness for solids, talk with your child and family health nurse.

Learning to feed themselves is a key but messy step in your baby's development. Playing with food is one of the ways babies learn about foods.

Choking is a risk at any age. Children under 4 do not have back teeth to chew and grind food. Watch your child when they are eating. Make sure they don't eat when they are running or playing, laughing or crying.

See **www.raisingchildren.net.au**
and look under 'Safety and First Aid' for information on choking.

Start with small tastes of food

> Start with small amounts of smooth foods and gradually increase the texture to mashed and chopped foods.

> Include at least one iron-rich food regularly in your baby's first foods to prevent iron deficiency. Iron-rich foods include iron-fortified cereals (e.g. baby rice cereal), puréed meat and poultry, hard-boiled egg, tofu, legumes, lentils and beans.

> There are no strict rules on the order in which foods should be offered or the number of new foods that can be offered at a time. Aim to offer your child foods from all the food groups. Food may need to be offered as many as 10 times before it is accepted.

> To reduce the risk of food allergies, include common allergy causing foods like peanut paste and egg in your child's diet often before 12 months.

For more information visit
www.preventallergies.org.au

> Gagging is a normal part of learning to eat and is a reflex to protect food from going down the airway. It often frightens the parents more than the baby. Keep offering lumpy foods to your baby, even if they gag, so they can learn how to eat them.

Enjoy family meals together. Babies learn by watching what you do.

Toddlers

- After 12 months your toddler can be offered modified versions of your meals.
- Toddlers have small tummies and appetites so need to be offered small frequent meals and snacks. Offer 3 meals and 1 or 2 snacks each day.
- Children are good at knowing when they are hungry and full. They can lose this skill if they are pushed to eat more than they want to or are forced to finish everything on their plate.
- Toddlers like to do things for themselves – let them use their fingers or spoons to feed themselves, even if it makes a mess.
- Most toddlers are easily distracted – turn off the TV, put pets outside and tidy away toys so they can focus on the meal.
- Enjoy family meals together. Your toddler will learn by watching you eat and enjoy a range of healthy foods.
- The best drinks for toddlers are breastmilk, water, or full cream cow's milk from a cup.
- Drinking too much milk will take up the tummy space they need for healthy food so limit their intake to no more than 500ml (about 2 cups) per day.
- At the age of 2 your child can be offered low-fat milk if you choose. Offer water from a cup as their main drink.
- Avoid fruit juice, cordial and other high sugar drinks. They can damage teeth and cause excess weight gain.
- Tea and coffee should not be given to children. These drinks are low in nutrition and high in caffeine.
- Try to include foods from each of the 5 food groups in your child's diet every day:
  - grain (cereal) foods – mostly wholegrain and / or high-fibre varieties
  - vegetables
  - fruit
  - milk, yoghurt, cheese and / or alternatives – mostly reduced-fat
  - lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes / beans.

For more information see the Parenting SA website and look for:
www.parenting.sa.gov.au/pegs/PEG86-First-foods-for-babies.pdf
www.parenting.sa.gov.au/pegs/PEG21-Feeding-toddlers-Parenting-SA.pdf

Did you know? The foods that children are given when they are young can affect what they like to eat when they are older. Give your child fresh foods that are low in sugar, fat and salt for a healthy start.

See
www.healthdirect.gov.au/healthy-eating-forchildren

Where to go for help

Where to go for help

Contact Child and Family Health Service if you are concerned about these or any other issues:

- breastfeeding
- infant feeding
- parenting information
- sleep and settling
- your child's development
- your child's growth.

Contact your doctor for help if you notice any of these signs or if you are worried for any other reason:

- drowsiness (less alert than usual)
- lethargic (less active than usual)
- breathing difficulties
- looks paler than usual
- not feeding well
- fever above 38 degrees celsius
- vomiting and diarrhoea
- unusual rash
- more crying than usual.

If you are unsure about seeing a doctor, contact *healthdirect* Australia (24 hours) on **1800 022 222** for advice.

Domestic violence

Domestic and family violence is far too common and can have a major impact on families, including children. There is an increased risk of violence during pregnancy and birthing, and it is important to remember that victims are never to blame for someone else's use of violence. Children and families flourish in respectful relationships and supports are available – please refer to page 74 for information about services that can help.

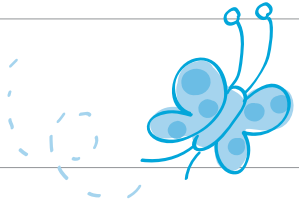
Where to go for help

Emergency	
(Ambulance, Fire or Police)	000 or for hearing impaired 106
Child Abuse Report Line	13 14 78
Crisis Care (Mon-Fri 4.00pm to 9.00pm; 24 hours weekends and Public holidays)	13 16 11
Mental Health Emergency (24 hours)	13 14 65
Domestic Violence Crisis Line (24 hours)	1800 800 098 or 13 14 50 (if interpreter needed)
1800RESPECT National Sexual Assault, Domestic and Family Violence Counselling Service	1800 737 732
Lifeline Australia (24 hours) Crisis support and suicide prevention	13 11 14

Breastfeeding	
Australian Breastfeeding Association	www.breastfeeding.asn.au
Breastfeeding Helpline (24 hours, 7 days)	1800 686 268
Baby Friendly Health Initiative Australia Information about baby friendly health services	www.bfhi.org.au
Child and Family Health Service Breastfeeding support and resources	1300 733 606 (for appointments) www.cafhs.sa.gov.au/topics
Lactation Consultants of Australia and New Zealand Find a lactation consultant of your choice	www.lcanz.org info@lcanz.org

Childcare	
Starting Blocks Help to find a childcare service that meets your needs	www.startingblocks.gov.au
Care for Kids Help to find a childcare service that meets your needs	www.careforkids.com.au
Child health and development	
Child and Family Health Service (Mon-Fri 9.00am to 4.30pm) www.cafhs.sa.gov.au/locations/find-locations	1300 733 606 (for appointments)
Raising Children Network Information for parents, resources and activities for children	www.raisingchildren.net.au
Great Start Everyday learning activities for children	www.greatstart.sa.edu.au
Raising Literacy Australia Books for babies, toddlers and pre-schoolers including free resources	www.raisingliteracy.org.au
Playgroup South Australia	1800 171 882 www.playgroupsa.com.au
Speech and language fact sheets	www.speechpathologyaustralia.org.au (click on Resources for the Public, then Fact Sheets)
National Disability Insurance Scheme (NDIS)	1800 800 110 www.ndis.gov.au

Child safety	
Kidsafe SA For information on how to prevent childhood injuries, to have a child car restraint fitted, or to hire a restraint for a premature or low birth weight baby, visit the Kidsafe Centre at 6/69 Sir Donald Bradman Drive, Hilton (Mon-Fri 9.00am to 5.00pm) or in the Women's and Children's Hospital (Level 1, Zone A)	7089 8554 www.kidsafesa.com.au (click on Resources tab, then Easy Read Fact Sheets)
Kidsafe SA Home Safety Checklist	www.kidsafesa.com.au (click on Resources tab, then Home Safety Checklist)
ACCC (Australian Competition and Consumer Commission) Information on product safety and consumer rights.	www.accc.gov.au
Medicines Information Service Information on using medicines in pregnancy, while breastfeeding or for children and adults.	8161 7555
Medicines Line Information on any prescription, over the counter and complementary (herbal, natural, vitamins medicine). (Mon-Fri 8.30am to 4.30pm SA time 9.00am to 5.00pm AEST)	1300 633 424
Poisons Information Centre	13 11 26
Red Nose (Mon-Fri 9.00am to 5.00pm) Information on safe sleeping	1300 998 698 www.rednose.com.au
SIDS and Kids SA For SA support (Mon-Fri 9.00am to 4.00pm) Information on safe sleeping. Grief and support counselling (After hours leave a message and someone will return your call the next business day).	8332 1066 www.sidssa.org.au



Dental	
SA Dental	1300 008 222 www.dental.sa.gov.au
Domestic and family violence	
Domestic Violence Crisis Line Assistance for women and their children who are experiencing domestic or family violence (24 hours)	1800 800 098 www.womenssafetyservices.com.au
1800RESPECT National Sexual Assault, Domestic and Family Violence Counselling Service (24 hours)	1800 737 732
Eastern Adelaide Domestic Violence Service (Mon-Fri 9.00am to 5.00pm)	8365 5033
Western Adelaide Domestic Violence Service	8268 7700
Northern Domestic Violence Service	8255 3622
Southern Domestic Violence Service	8382 0066
SA Regional Domestic Violence Services	1800 800 098 womenssafetyservices.com.au
Migrant Women's Support Program For migrant and refugee women and children from non-English speaking backgrounds experiencing or escaping domestic or family violence.	8152 9260
Men's Referral Service	1300 766 491 www.mrs.org.au

Domestic and family violence (including behaviour that is threatening or scary, or when people feel put-down, belittled and controlled) can have a major impact on the health and wellbeing of families, including children. It is important to remember that victims are never to blame for someone else's use of violence. If your family, or someone you know needs support, see above for services or call **1800 800 098** (24 hours).

Men using violence, threatening and / or controlling behaviour can seek help from Mensline Australia **1300 789 978** (24 hours) and the Men's Referral Service **1300 766 491.**

Domestic and family violence: Aboriginal and Torres Strait Islander Services	
Nunga Mi:Minar Northern Regional Domestic Violence and Aboriginal Family Violence Service	1800 003 308 (free call) 8367 6474
Ninko Kurtangga Patpangga Southern Region Aboriginal Family Violence Service	1800 800 098 (free call) 8297 9644
Health and wellbeing	
COVID-19 Information Health advice, vaccination, school & community.	www.covid-19.sa.gov.au
Beyondblue Help with depression and anxiety, also **Dad's Handbook: A Guide To The First 12 Months**	1300 224 636 www.beyondblue.org.au
PANDA The National Perinatal Anxiety and Depression Helpline (Mon-Fri 9.00am to 7.30pm AEST, Mon-Fri 8.30am to 7.00pm SA time).	1300 726 306 www.panda.org.au
Drug and Alcohol Services South Australia Prevention, treatment, information, education and community-based services.	1300 131 340 www.sahealth.sa.gov.au (click on Health Services tab, then Drug and Alcohol Services)
Child and Adolescent Mental Health Service (CAMHS) Free statewide community based mental health service for infants, children, young people up to 18 (16 in some areas) and perinatal women.	www.wchn.sa.gov.au/our-network/camhs
***healthdirect* Australia** (24 hours, 7 days) Telephone health advice	1800 022 222 www.healthdirect.gov.au
MensLine Australia (24 hours, 7 days) Support for men with family and relationship issues.	1300 789 978 www.mensline.org.au
Quitline Help to quit smoking	13 78 48
SHineSA Information and resources on sexual health	1300 883 793 1800 188 171 (country callers) www.shinesa.org.au

Health and wellbeing continued	
ForWhen Free supportive mental health navigation for new and expecting parents-mums, dads and guardians (9.00am to 4.30pm).	1300 242 322
COPE (Centre of Perinatal Excellence) Provides support for the emotional challenges of becoming a new parent.	www.cope.org.au
Cedar Health Service Holistic care and support to people 16 years and over who have been subjected to abusive and unsafe behaviour from a partner or ex-partner. Inclusive and open to people, regardless of gender identity, sexual orientation or cultural / linguistic background. (Mon-Fri 9.00am to 5.00pm).	8444 0700 www.wchn.sa.gov.au/our-network/cedar-health-service
Kids Helpline (24 hours, 7 days)	1800 551 800
Hearing and vision	
Children's Audiology Service Free hearing assessment services for children 6 months-18 years. (Mon-Fri 8.00am to 4.00pm)	8303 1530
Open Your Eyes - Sight for All Information on eye health Find an optometrist in your area	openyoureyes.sightforall.org www.raisingchildren.net.au/guides/a-z-health-reference/optometrist www.optometry.org.au/findan-optometrist/
Parenting	
Childcare Services All Department for Education schools, preschools and other services.	www.education.sa.gov.au
Families Growing Together Workshops and resources to help parents and caregivers lay strong foundations for their children.	
Parent Easy Guides Fact sheets with helpful information for parents and carers.	www.parenting.sa.gov.au

Parenting continued	
Child and Family Health Service Appointments (Mon-Fri 9.00am to 4.30pm)	www.cafhs.sa.gov.au/parenting/topics/supporting-parents 1300 733 606
Raising Children Network	www.raisingchildren.net.au
Pregnancy, Birth and Baby National Helpline (6.30am to 11.30pm SA time, 7 days)	1800 882 436 www.pregnancybirthbaby.org.au
Multiple Birth SA Practical support and networks	www.multiplebirthsa.org.au 0426 634 995 (Tues and Thurs 9.30am to 2.30pm for home help service)
Other	
Legal Services Commission Independent legal advice on child support matters. Free initial telephone advice and follow-up interview if required (Mon-Fri 9.00am to 4.30pm)	Child Support Help 8111 5576
Multicultural Health Information Health information including infant health in many languages	www.mhcs.health.nsw.gov.au
SA Health Information about services available in metropolitan and country areas, including Aboriginal health, drug and alcohol, GP Plus services and Centers, men's health, mental health, youth health.	www.sahealth.sa.gov.au 8226 6000 TTY Users: 133 677, then ask for (08) 8226 6000 www.sahealth.sa.gov.au Speak and listen users: 1300 555 727, then ask for (08) 8226 6000
Internet relay users	Connect to the National Relay Service, then ask for (08) 8226 6000
National Health Services Directory (operated by *healthdirect*) Directory of health and community services.	www.nhsd.com.au
Your local council	
Local Government Association Find out about the services and activities for children and families that your local council provides. Use the website to find out what council area you live in, if you are unsure.	8224 2000 www.lga.sa.gov.au

Your healthcare rights

In Australia, everyone has rights when using health and community services. Your rights are important. They outline what is expected of health and community services so you have the highest standard of care, that is respectful of and responsive to your needs and choices.

ACCESS: to find out what services are available and to use the services that best meet your needs.

SAFETY: to be safe from abuse or the risk of abuse; to receive services free from discrimination or harassment.

QUALITY: to receive safe, reliable, coordinated services that are appropriate to your needs and provided with care and skill; to be told if a mistake has happened and what will be done to stop the same mistake from happening again.

RESPECT: to be treated with courtesy and that services respect your cultural and religious beliefs and personal values.

INFORMATION: to receive open and timely communication about services, treatment, options and costs in a way that you understand; to have a competent professional interpreter, if you need one.

PARTICIPATION: to be fully involved in decisions and choices about services; to seek advice or information from other sources; to withhold or withdraw your consent at any time.

PRIVACY: to have your privacy respected and personal information kept confidential and secure; to consent to sharing of your personal information (unless the disclosure is required to lessen or prevent a serious threat to life, wellbeing, or safety or is required by law); to gain access to your records (unless there is a legal restriction in place); to nominate person/s with whom your information can be shared.

COMMENT: to be listened to and to comment on, or make a complaint about requested or provided services; to have your complaint dealt with properly and promptly, and without penalty as a result of having made a complaint; to access a representative of your choice to support and advocate for you when making a complaint; to have your feedback and complaints managed openly and honestly to ensure service improvements.

Source: Health and Community Services Complaints Commission in South Australia.

Questions to ask your healthcare provider

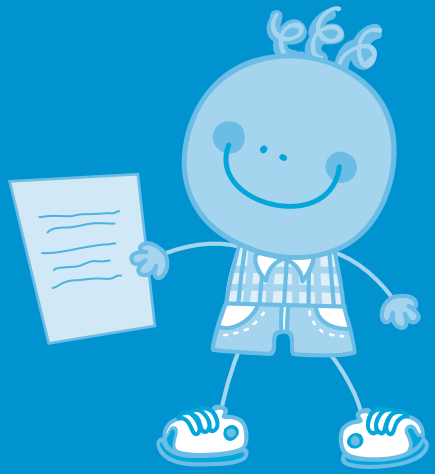
> What are the benefits and the risks of the recommended treatment / solution?
> What are the options?
> What happens if I don't do anything?
> What are the costs?

Providing feedback

Ask a staff member about how to give feedback about a service or service provider.

The Charter of Rights is available in 26 languages visit **hcscc.sa.gov.au**

Appointments and notes



Appointments

Your local Child and Family Health Service (CaFHS) is _____ Opening hours _____

If you are unable to attend, please let us know with as much notice as possible.

Phone **1300 733 606** (please leave a message if calling after hours)

Date	Time	Appointment for

Notes

Age	Date	

Notes

Age	Date	

Useful contacts

Child and Family Health Service (Mon-Fri)	1300 733 606 (for appointments) www.cafhs.sa.gov.au
Mental Health Emergency	13 14 65
Parent Helpline	1300 364 100
Australian Breastfeeding Association	1800 686 268 www.breastfeeding.asn.au
healthdirect Australia (24 hours)	1800 022 222
Emergency (Ambulance, Fire or Police)	000
Crisis Care (after hours and weekends)	13 16 11
Poisons Information Centre (24 hours)	13 11 26
Raising Children Network	www.raisingchildren.net.au
SA Dental	1300 008 222

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Interpreter

Telephone Interpreter Service 13 14 50