WELL BABY VISIT

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Introduction

Well baby visits are an important part of primary care in Canada. Regular visits during the first two years of life allow for relationship building, growth and development screening, parental education and immunizations. This document will provide an evidence-based overview of the well baby visit. There are a number of resources available to help practitioners who perform well baby visits. The Rourke Baby Record, for example, is used by a large proportion of Ontario family physicians. Research has shown that it increases overall comprehensiveness of documentation and it is endorsed by both the College of Family Physicians of Canada and the Canadian Paediatric Society.

The Rourke Baby Record recommends eleven visits within the first two years of life. The first visits should be within one week of birth and at 2 weeks of birth. Subsequent visits are recommended at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months of age.

Growth

The 2006 World Health Organization (WHO) growth charts, which are sex-specific and multi-racial, are considered the gold standard for assessment of length/height, weight and head circumference. They were developed from a six country longitudinal study and have been shown to be better than the CDC 2000 growth charts for monitoring the growth of breastfed infants. For premature infants born at less than 37 weeks gestation, corrected age should be used until at least 24 to 36 months.

Nutrition

- Breast milk has been shown to provide optimal nutrition for infants and reduces gastrointestinal and respiratory infections. Breastfeeding should be encouraged for at least 6 months and can be continued up to and beyond 2 years.
- Vitamin D supplementation of 400 IU is recommended for breastfed infants until the diet provides a sufficient source (around one year of age).
- If soy based formulas are to be used as an alternative to cow's milk formulas parents need to be aware of the possible harmful effects of phytoestrogens.
- Breastfeeding is contraindicated for HIV-1 infected mothers.

Education

- Parents should be educated on injury prevention including: current car seat recommendations, bath safety, choking hazards, safe home environment and sleep safety.
- It has been shown that placing infants on their back to sleep reduces the risk of SIDS. Bed sharing should be discouraged as it has been shown to increase SIDS but room sharing with an approved crib should be encouraged as it has been shown to reduce SIDS.
- Well baby visits are good opportunities to discuss other parenting topics such as crying, sleep hygiene, fever, footwear, sun exposure and dental care.

Development

Development should be a topic of discussion at every well baby visit. In addition, an enhanced 18 month visit is recommended for all children to allow the opportunity to thoroughly assess for developmental delay. It has been shown that early intervention before school age allows children more opportunity to overcome delays. By treating a problem early, it helps children achieve other developmental milestones. There are a variety of developmental screening tools that can be used including the Nipissing District Developmental Screen (www.ndds.ca).

Physical Examination

- A screening physical examination should be performed at each well baby visit.
- Vision screening should be performed at each visit, including red reflex to screen for retinoblastoma and cataracts and corneal light reflex/cover-uncover test for strabismus.
- Examination of the hips should be part of the well baby exam because there is insufficient evidence to recommend ultrasound screening for developmental dysplasia of the hip.

Immunizations

- Standard immunizations should be administered at well baby visits following the publicly funded schedule set out by the province of residence.
- Revisions to the schedules are based on recommendations from the National Advisory Committee on Immunization (NACI) as well as various provincial review committees.
- Hepatitis B - Immunoglobulin should be given at birth to infants of HBsAg positive mothers. In addition Hepatitis B vaccine should be given at birth, 1 month and 6 months of age to infants with any parent or sibling HBsAg positive, infants with parents from a country where Hepatitis B is endemic, and infants whose mothers are positive for Hepatitis C or have a history of substance abuse.
- Hepatitis A or A/B should be considered when traveling to countries where the diseases are endemic.

Additional Screening

- TB skin testing should be done on infants who are living with a family member being investigated or treated for TB or at high risk for TB.
- Lead screening is recommended for children living in homes built before 1950 and for children living through renovations.

Parent Resources

Motherisk - www.motherisk.org
Safe Kids Canada - www.safekidscanada.ca
Caring For Kids - www.caringforkids.cps.ca
Healthy Environments for Kids - www.healthyenvironmentsforkids.ca
Best Start - www.beststart.org

References can be found online at http://www.dfc.m.utoronto.ca/programs/postgraduateprograme/One_Pager_Project_References.htm

Dr. Michael Evans developed the One-Pager concept to provide clinicians with useful clinical information on primary care topics.