

# My personal child health record

My name .....

My NHS number .....

My date of birth .....

*My photo*

*If this book is found please return to:*



**Your Organisation's  
Name Goes Here**

**Your Descriptor Goes Here**

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# How to use the Personal Child Health Record

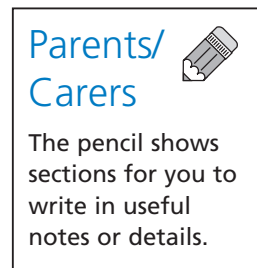
This is your child's personal child health record. It is the main record of your child's health, growth and development. You can use it to record details of your child's health and there are pages where you can note your child's developmental firsts. You may find it useful to write things down in the notes pages. For example, this could be something you want to remember about your child, some advice you have been given or something you want to ask a health professional. It is for **you** – and the other people who care for your child – to be able to see and to write in, so we ask you to keep it in a safe place.

## **Bring this book with you whenever you visit:**

- your midwife
- your health visitor
- your family doctor
- the children's centre
- the child health clinic
- a hospital emergency or outpatients department
- if your child is admitted to hospital
- a therapist (eg speech and language therapist)
- the dentist
- the school nurse
- any other health appointment

You may like to show it to other carers of your child such as

- childminder
- playgroup leader
- nursery school teacher
- primary school teacher
- anyone else who helps you care for your child.



# The Healthy Child Programme

The Healthy Child Programme is a series of health and development reviews, screening tests, immunisations and information to support you, as parents or carers, to give your child the best start in life. The Healthy Child Programme is delivered by the healthy child team, led by a health visitor who will work closely with other health professionals e.g. your GP practice, midwives, and school nurses. A record of these contacts will be made in this book.

Every parent can expect the following as a minimum:

- Soon after birth: full physical examination
- 5 days: heel prick blood spot test
- 10-14 days: new baby review
- In first month: hearing test
- 6-8 weeks: full physical examination
- 8, 12, 16 weeks: immunisations
- By 12 months: health review
- One year: immunisations
- 18 months: immunisations
- 2-2½ years: health review / Integrated review
- 3 years 4 months: immunisations
- 4-5 years: eye sight check
- School entry (reception class): Height, weight and hearing check
- 10-11 years: (Year 6): height and weight
- 12-13 years (Year 8): HPV vaccine
- Around 14 years (years 9/10): Teenage booster and MenACWY immunisations



There is an annual flu vaccination programme for all children from 2 years of age.  
<https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/>

For more information about the Healthy Child Programme visit  
<https://www.nhs.uk/conditions/pregnancy-and-baby/baby-reviews/>



Some of the early appointments will be made by your health visitor in your home. Others will be offered in your GP surgery, health centre, local clinic or Children's Centre. Some may not need a face-to-face contact. Health reviews for school aged children are usually done in school. The reviews are a chance to ask questions or discuss any concerns you may have. However, if you are worried about any aspect of your child's health or development, don't wait for the next review to discuss it. You can find information and advice on many minor health issues as well as on spotting the signs of serious illness at <https://www.nhs.uk/conditions/pregnancy-and-baby/spotting-signs-serious-illness/>  
Contact your health visitor or family doctor if you are still worried.





Child, family,  
birth details  
and local  
information

# How we handle information

We want to make sure that your child has the opportunity to have his/her immunisations and health reviews when they are due. We also want to be able to plan and provide any other services your child needs. Therefore, we enter some of your child's details from this record on to our computer system.

We treat this information as strictly confidential and only release it to:

- Yourself as parent(s)
- Your child's health care professionals, who work directly with your family.

This information may be used anonymously so that we can plan services for all children.

We will not normally release any information that could be linked to your child to any other person or organisation without asking your permission first. However, it is sometimes necessary to use this sort of information for audit purposes and public health reasons such as monitoring the effectiveness and safety of vaccines.

We are subject to the terms of the Data Protection Act 1998 in respect of personal data held by us. You have the right under the Act to ask to see details of the information held regarding your child.

# Child's details

\* Please place a sticker (if available) otherwise write in space provided.

Surname:	<input type="text"/>					
First names:	<input type="text"/>					
NHS number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit no:	<input type="text"/>	
Address:	.....				Sex:	M / F
	.....				Post code:	.....
	.....				D.O.B.:	...../...../.....
G.P.:	<input type="text"/>	Code:	<input type="text"/>			
H.V.:	<input type="text"/>	Code:	<input type="text"/>			



Parent's/carer's name: (please state relationship to child) .....

Parent's/carer's name: (please state relationship to child) .....

### Change of address (including post code)

1): ..... Tel: .....

2): ..... Tel: .....

3): ..... Tel: .....

### Named Midwife/Team

Name: ..... Tel: .....

### Family Doctor

1) Name: ..... Address: ..... Tel: .....

2) Name: ..... Address: ..... Tel: .....

3) Name: ..... Address: ..... Tel: .....

### Health Visitor/Team

1) Name: ..... Address: ..... Tel: .....

2) Name: ..... Address: ..... Tel: .....

3) Name: ..... Address: ..... Tel: .....

### Dentist

Name: ..... Address: ..... Tel: .....

# Local information



## Child health clinics

1) Name: ..... Time: ..... Tel: .....

2) Name: ..... Time: ..... Tel: .....

3) Name: ..... Time: ..... Tel: .....

4) Name: ..... Time: ..... Tel: .....

5) Name: ..... Time: ..... Tel: .....

## Children's centre

.....

## Baby/toddler & parents' groups

Name: ..... Time: ..... Tel: .....

Name: ..... Time: ..... Tel: .....

## Playgroups

..... Tel: .....

..... Tel: .....

## Nursery schools/classes

..... Tel: .....

..... Tel: .....

## Other useful contacts

..... Tel: .....

..... Tel: .....

..... Tel: .....

..... Tel: .....

# Birth details & newborn examination – page 1 of 3

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

..... Post code: ..... D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

Place of birth:.....

Length of pregnancy in weeks:.....

Type of delivery:.....

Mother's NHS Number:.....

Problems in pregnancy, birth or neonatal period: .....

.....

.....

Admitted to Neonatal Intensive Care Unit?

Birth Weight: .....kg Length: .....cm (if indicated) Head circumference: .....cm Date: ...../...../.....

**Consent:** Consent given  Declined

## Newborn Examination

Item	Guide to Content	Results	Action Taken
Examination of hips	Barlow & Ortolani tests on both Check for DDH	Condition suspected If yes: Yes <input type="checkbox"/> No <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Examination of eyes	Includes inspection and red reflex	Condition suspected If yes: Yes <input type="checkbox"/> No <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Examination of heart	Includes colour, pulses, heart sounds, murmurs etc.	Condition suspected Pulse Oximetry performed Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Testes	Look for undescended testes	Condition suspected If yes: Yes <input type="checkbox"/> No <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>

Risk factors present Yes  No  Risk factor details (if family history, state relative).....

Date Performed:..... Performed by:..... Signature: .....



# Birth details & newborn examination – page 2 of 3

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

First milk feed:  
Breast  Formula

Breastfeeding at discharge:  
Totally  Partially  Not at all

Date of discharge: ...../...../.....

## Newborn examination (contd)

Item	Guide to Content	Results	Action taken
Rest of physical examination	Includes: fontanelle, palate, spine, abdomen, urine system, passage of meconium etc.	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details:	Referred Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details:
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## Newborn Bloodspot Screening Programme

Date blood taken ..... / ..... / ..... (results and further details on page 33-34)



# Birth details & newborn examination – page 3 of 3

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

BCG indicated: YES  NO  If YES please enter details on separate BCG page (20b)

Additional Hepatitis B vaccines indicated: YES  NO  If YES please enter details on separate Hep B page (20a)

Vitamin K given: Date: ..... Route: .....Further doses needed? YES  NO

If YES:

Dose No.	Date due	Date given
2	...../...../.....	...../...../.....
3	...../...../.....	...../...../.....
4	...../...../.....	...../...../.....

Follow-up required: No  Yes  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date: .....

Reason: .....

.....

.....





# Important health problems

Does your child have any important health problems? Please write details in here with information about clinics attended and any regular medicines your child takes.

- 1: ..... Date: .....
- 2: ..... Date: .....
- 3: ..... Date: .....
- 4: ..... Date: .....

## Specialist Clinics

- Name: ..... Unit Number: .....
- Name: ..... Unit Number: .....
- Name: ..... Unit Number: .....

## Special needs: (social, physical, educational, emotional)

- 1: ..... Date: .....
- 2: ..... Date: .....
- 3: ..... Date: .....

## Serious allergies and reactions to drugs or vaccines

- 1: ..... Date: .....
- 2: ..... Date: .....
- 3: ..... Date: .....

## Accidents or injuries needing medical attention

- 1: ..... Date: .....
- 2: ..... Date: .....
- 3: ..... Date: .....

## Medication

- 1: .....
- 2: .....
- 3: .....

For advice on preventing accidents see: <https://www.nhs.uk/conditions/pregnancy-and-baby/baby-safety-tips/>

# Family history



**Parents:** Parent's/carer's name:..... Date of birth:...../...../.....  
(please state relationship to child)  
Parent's/carer's name:..... Date of birth:...../...../.....  
(please state relationship to child)

## Are there any other children in the family?

Siblings name(s): .....  
Sex: .....  
Date of Birth: .....



## Is there any family history of:

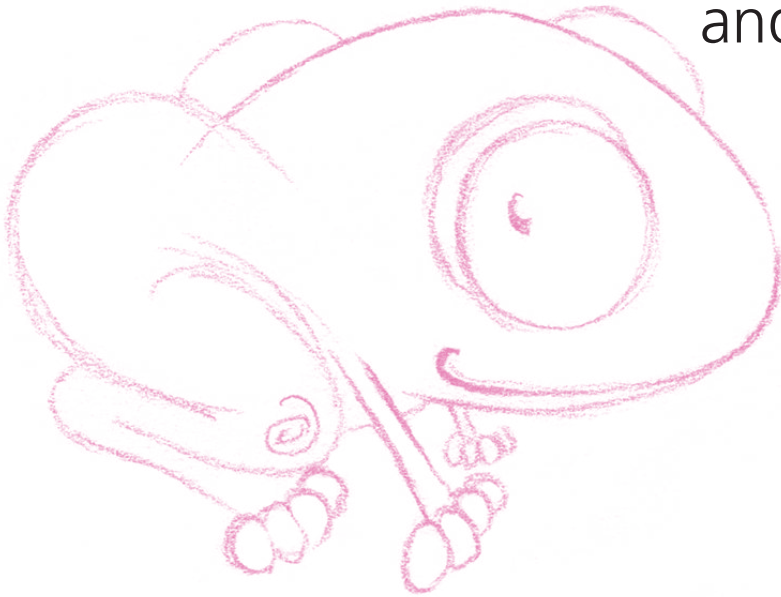
**Yes No Comments**

Childhood deafness	<input type="checkbox"/>	<input type="checkbox"/>	.....
Fits in childhood	<input type="checkbox"/>	<input type="checkbox"/>	.....
Eye problems in childhood	<input type="checkbox"/>	<input type="checkbox"/>	.....
Hip problems in childhood	<input type="checkbox"/>	<input type="checkbox"/>	.....
Reading and spelling difficulties	<input type="checkbox"/>	<input type="checkbox"/>	.....
Asthma / eczema / hayfever / allergies	<input type="checkbox"/>	<input type="checkbox"/>	.....
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	.....
Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>	.....

Are there any other particular illnesses or conditions in the mother's or father's family that you feel are important?.....

**Is an interpreting service needed? No  Yes  If yes, which language? .....**

# Information and advice



# Vitamin D

**Vitamin D is important** for everyone to help keep their bones healthy.

**All pregnant women, babies and young children** from birth to 5 years should have a daily supplement containing vitamin D.

- Breastfed babies need vitamin drops from birth alongside breast milk, even once solid foods are introduced at around 6 months
- Babies receiving at least 500mls of formula milk may not need vitamin drops, as formula milk contains vitamin D. Speak to your health visitor who will be able to advise you
- Babies from birth to one year need 8.5-10 micrograms of vitamin D a day
- Children from the age of one and all adults need 10 micrograms of vitamin D a day.

**For more information on why vitamin D is important visit** [www.nhs.uk/conditions/vitamins-minerals/pages/vitamin-d.aspx](http://www.nhs.uk/conditions/vitamins-minerals/pages/vitamin-d.aspx)

## Healthy Start vitamins

Healthy Start vitamins are for children under four years, women planning a pregnancy, pregnant women and new mums who are on the Healthy Start scheme.

- Ask your midwife, health visitor or GP for information on where you can obtain Healthy Start vitamins in your area
- You may be able to get vitamins free, in some areas, even if you are not on benefits.



## Healthy Start

### Pregnant or have children under the age of four?

You could qualify for Healthy Start if you're on benefits, or if you're pregnant and under 18.

With Healthy Start, you may be eligible to get a pre-paid card topped up every four weeks to spend on plain cows' milk, some fresh and frozen fruit and vegetables, fresh, dried and tinned pulses and infant formula milk. You can also get free vitamins.

Ask your midwife, health visitor, or GP or visit [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)





# Information Service for Parents

When you have a new baby, your whole world changes. You may have lots of questions about being a parent, but not know where to get the reliable answers you need.

The Start 4 Life Information Service for Parents is a free digital service which provides parents-to-be and new parents with information and advice you can trust. Mums, dads and partners can sign up to receive regular emails with advice related to the stage of your pregnancy and the age of your child. This covers a wide range of issues: staying healthy in pregnancy, preparing for birth and looking after your baby. There is advice on breastfeeding, weaning, immunisations and looking after your child's teeth. The emails also include videos with experts giving practical advice and parents discussing their own experiences.

Sign up to the Start 4 Life Information Service for Parents today at <https://www.nhs.uk/start4life/signups/new>



For more health information and advice for you and your family, ask your health visiting team or General Practitioner.

The NHS website for England ([www.nhs.uk](https://www.nhs.uk)) has information and advice about all aspects of child and family health, including tips for new parents, baby and toddler development, vaccinations, healthy eating, childhood illnesses, child safety and reducing the risk of sudden infant death syndrome (SIDS).

Videos are also available featuring child health experts and parents talking about a range of topics, including bathing your baby, feeding your baby, potty training, dealing with tantrums, and how to look after your child if they're sick.

<https://www.nhs.uk/baby>



### How to tell if your child is seriously ill

<https://www.nhs.uk/conditions/baby/health/is-your-baby-or-toddler-seriously-ill/>



### NHS 111

NHS 111 is the free number to call if you have an urgent medical problem. It's available 24 hours a day, 365 days a year.

#### Call NHS 111 if:

- you need medical help fast, but it's not a 999 emergency
- you do not know who to call for medical help or you do not have a GP to call
- you think you need to go to A&E or another NHS urgent care service
- you need reassurance about what to do next

#### How NHS 111 works

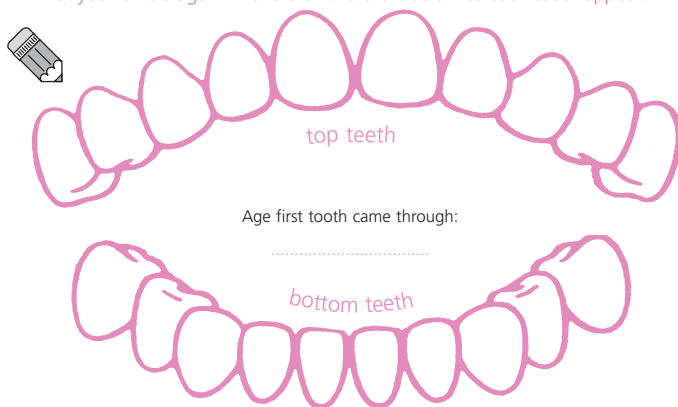
When you call 111 you'll be assessed by fully trained advisers who are supported by experienced nurses and paramedics. They'll ask you questions to assess your symptoms and give you the advice you need or direct you straight away to the local service that can help you best. If the NHS 111 team think you need an ambulance, they'll send one immediately.



## Dental health

You can take your child to see an NHS dentist for preventive advice as soon as he/she is born. **NHS dental treatment for children is free.**

Put your child's age in months on the chart below as each tooth appears...



For more information on caring for your child's teeth see [nhs.uk](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx) <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx>

NHS dental treatment is free for children until the age of 18, and for pregnant women and those who have had a baby in the previous 12 months.

To find an NHS dentist visit <https://www.nhs.uk/using-the-nhs/nhs-services/dentists/how-to-find-an-nhs-dentist/>

To find out about your entitlement to FREE NHS dental care <http://www.nhs.uk/chq/Pages/are-pregnant-women-entitled-to-free-NHS-dental-treatment.aspx>

August 2020



## Dental visits

Name of Dental Practice .....

Telephone number.....

**(To be completed by member of the dental team)**

Date	1st Visit details (e.g. advice/treatment)	Signed

Next appt due .....

Date	2nd Visit details (e.g. advice/treatment)	Signed

Next appt due .....

Date	3rd Visit details (e.g. advice/treatment)	Signed

*All further appointments record on the notes page at the back of the book*

### Looking after your child's teeth

- Start brushing your baby's teeth as soon as the first tooth comes through
- Brush your baby's teeth with fluoride toothpaste
- Brush their teeth at bedtime and at least one other time a day
- Help your child brush his/her teeth
- Use toothpaste with at least 1000 parts per million of fluoride
- Use only a smear of toothpaste if your child is less than 3 years old
- Use a pea size amount of toothpaste if your child is over 3 years
- Children usually have all 20 baby teeth by 3 years of age

For more information on looking after your child's teeth visit <http://www.nhs.uk/Livewell/dentalhealth/Pages/Careofkidsteeth.aspx>



# Infant feeding

Your midwife or health visitor will offer you advice and information about infant feeding. In your local area there may be other places to get this, such as support groups. Ask your midwife or health visitor about these. Below are some other sources of information you may find useful.

## Leaflets

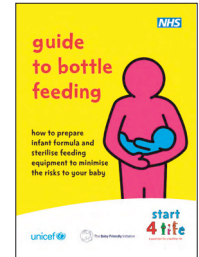
You will find a range of useful resources for parents on infant feeding here:

<https://www.unicef.org.uk/babyfriendly/support-for-parents/>

This includes leaflets on breastfeeding, bottle feeding and introducing solid food in as well as videos on a range of feeding issues. Information on infant feeding is available in multiple languages.

Infant feeding advice is also available here:

<https://www.nhs.uk/start4life/baby/breastfeeding/>



## Websites

**nhs.uk** <http://www.nhs.uk/conditions/pregnancy-and-baby>

**UNICEF** Care Pathways, on breastfeeding, bottle feeding and feeding a preterm baby, describe the standards of support you should expect to receive. [www.unicef.org.uk/BabyFriendly/Parents/](http://www.unicef.org.uk/BabyFriendly/Parents/)

## DVD

Best Beginnings - **'From bump to breastfeeding'** DVD is a series of films following real mothers on their breastfeeding journeys. You can watch the films at: <http://www.bestbeginnings.org.uk/watch-ftb>

## Telephone Helplines

**These helplines are all run by trained volunteers working in their own homes.**

National Breastfeeding Helpline - 0300 100 0212 (available every day, 9:30am to 9:30pm).

[www.nationalbreastfeedinghelpline.org.uk](http://www.nationalbreastfeedinghelpline.org.uk)

Association of Breastfeeding Mothers - 0300 330 5453 (available every day 9.30am to 10.30pm) [www.abm.me.uk](http://www.abm.me.uk)

The Breastfeeding Network Supporterline - 0300 123 1021 (all helplines available 9:30am to 9:30pm) in Bengali/Sylheti 0300 456 2421 [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

NCT Breastfeeding Line - 0300 330 0700 (available 8am to midnight) [www.nct.org.uk](http://www.nct.org.uk)

# Safer Sleep -reduce the risk of sudden infant death syndrome (SIDS)

## THINGS YOU CAN DO:

Always place your baby on their back to sleep.

Keep your baby smoke free during the pregnancy and after birth.

Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months.

Breastfeed your baby, if you can.

Use a firm, flat, waterproof mattress in good condition.

## THINGS TO AVOID:

Never sleep on a sofa or in an armchair with your baby.

Don't sleep in the same bed as your baby if you smoke; drink or take drugs or are extremely tired; if your baby was born prematurely or was of low birth-weight.

Avoid letting your baby get too hot.

Don't cover your baby's face or head while sleeping or use loose bedding.

**If you decide you want to co-sleep with your baby, please discuss this with your midwife, health visitor or GP and they will help you to come to a decision about whether this is best for you and your baby. Research shows that there is a link between SIDS and co-sleeping in a bed, on a sofa or armchair. Remember you should never co-sleep if you or your partner smokes, drinks alcohol, use drugs or your baby is low birth weight or premature.**

If you think your baby is unwell seek advice promptly.

For more information about reducing the risk of sudden infant death – you can contact the Lullaby Trust by ringing their helpline on **0808 802 6869** or visit their website [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)



or visit [nhs.uk](https://www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/)  
<https://www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/>



## Medicines for Children – practical, reliable information for parents and carers about giving medicine to your child

The website has leaflets and videos about many of the medicines that are given to children. All the information is produced by asking parents and carers what they need. The leaflets answer questions like: when and how to give medicine, what if you forget to give it, and what side-effects to look out for. They are written by children's doctors, pharmacists and nurses. Parents make sure the information is clear, relevant and easy to read. Medicines for Children leaflets are free!

You can view them online, or you can download them – to save for later or to print. To find out more, visit: [www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk) or scan the QR code on your phone.



---

## Reporting side effects to the medicines safety 'watchdog'

All medicines and vaccines are tested very carefully before they come into general use. However, some side effects are not discovered during research. Therefore it is important that all medicines and vaccines are carefully monitored. If anyone suspects a side effect, they should report it to the Medicines and Healthcare Products Regulatory Agency (MHRA) using its Yellow Card Scheme - this includes patients, carers and parents. By doing this we can be sure that anything that might be a serious side effect can be investigated as it may be necessary to change how the medicine or vaccine is used.

**If you are worried that your child may have had a side effect to an injection or any other medication you can:**

1. Check the patient information leaflet supplied with the medicine. It lists the known side effects and advises you what to do.
2. Talk to your doctor, health visitor, nurse or pharmacist or
3. Call the NHS by dialling **111**.
4. Report it to the Yellow Card Scheme. The quickest way to do this is online at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or by freephone: 0808 100 3352 (10am-2pm Monday-Friday). The MHRA cannot give medical advice to parents.



# Helping your child to learn

The Early Years Foundation Stage (EYFS) framework sets the standards for learning, development and care for children aged 0-5 years old. Nurseries, pre-schools, reception classes and childminders must follow the EYFS.



Department  
for Education

The professionals caring for your child, including your child's key person, will be happy to discuss your child's development with you at any time. At the ages of 2 and 5 they will also give you written information.

## **As a mum, dad or carer, how can I help with my child's learning?**

Parents and carers sometimes underestimate what they can do to support their child's development. Everything you do with your child at home is important in supporting their learning and development.

Talking and reading stories to babies and young children helps them to learn and understand new words and ideas. They respond in different ways long before they can talk themselves. Singing songs or nursery rhymes, or cooking with your child are a few examples of activities that can have a long lasting effect on your child's learning as they progress towards and through school.

## **Where can I go for further information?**

If you would like some ideas for things you can do at home to help your child learn, you can find out at your local children's centre. Many children's centres offer 'messy play' and other fun activities which you and your child can join in, and many of the activities they provide are free.

You can find the EYFS Framework at:

<https://www.gov.uk/government/policies/improving-the-quality-and-range-of-education-and-childcare-from-birth-to-5-years/supporting-pages/early-years-foundation-stage>

You can find your local children's centre by visiting: <https://www.gov.uk/find-sure-start-childrens-centre>

Visit <https://foundationyears.org.uk/2019/09/resources-for-parents/> for more information to help you support your child's development in their first few years of life.

# Early education and childcare

Nurseries, playgroups, pre-schools, childminders and other providers of early education and childcare are available in all districts.



Department  
for Education

Children's Centres offer advice and support for families with children under five years old. The aim is to make sure your child gets the best possible start in life. Children's Centres vary from area to area in terms of what they offer but all aim to support learning for your child.

You can find out more about local childminders, day nurseries and playgroups from your health visitor or from your local Family Information Service (FIS)- see: <http://finder.familyandchildcaretrust.org/kb5/fct/childcarefinder/home.page>

## **Are you thinking of early education or childcare for your child as he or she grows?**

All children are entitled to 570 hours of free early education per year (often taken as 15 hours per week during term time) from the 1st September, 1st January or 1st April following their third birthday until they start school. This offer is also available to many two year olds.

Some working parents of three and four year olds may also be entitled to 30 hours per week of free early education.

Free early education places are available in school nursery, nursery schools, day nurseries, playgroups, pre-schools and with childminders.

For information about early education please visit: [www.gov.uk/freechildcare](http://www.gov.uk/freechildcare) or [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

## **Help with costs**

Most families can access funding to pay for a substantial amount of their childcare costs through the tax credit system, subject to individual circumstances. Some employers can also give you tax-free vouchers to help pay for childcare. To find out more about child benefits phone 0300 200 3100 and for information on tax credits phone 0345 300 3900 or visit <https://www.gov.uk/help-with-childcare-costs>

# contact *For families with disabled children*

## Contact is the charity for families with disabled children

One in 20 children is born with a disability. Discovering that a child is ill, has a disability or additional need can be difficult and parents may feel isolated.

If you feel like your child may need extra help and support, or you've been living with your child's condition for some time but are now looking for extra support, Contact can help – you are not alone.

Contact provides trusted support and information in lots of ways – through a dedicated free helpline, website, parent guides, factsheets, workshops and other resources. The charity also brings families together in local groups and online, to support each other by sharing experiences and advice.

## Get in touch

**Contact's Freephone helpline** advisers can help you with any question you have about life with a disabled child – from the services and benefits you might be entitled to and getting a diagnosis for your child, to childcare options in the early years and support when your child is at school or college. We can also put you in touch with support groups in your area.

Call **0808 808 3555** (Mon-Fri, 9.30am-5pm) or email [helpline@contact.org.uk](mailto:helpline@contact.org.uk)

**Website** – [www.contact.org.uk](http://www.contact.org.uk) is packed with up-to-date help for you and your family, including medical information on hundreds of health conditions and disabilities. You can download guides and factsheets on issues like education, benefits, family life and growing up too.



# Family Lives

Family Lives is a charity with over three decades of experience helping parents deal with the changes that are a constant part of family life. We know that many people play active roles in the raising of children within any family and we are here for all of them. Mums, dads, grandparents, stepparents and non-resident parents, we have a free service to support you with whatever issue you are facing.



**family  
lives**

## Services

- Family Lives website: [www.familylives.org.uk](http://www.familylives.org.uk)
- Free Confidential 24 Telephone support on any issue
- Parentline - 0808 800 2222
- Email Support: [parentsupport@familylives.org.uk](mailto:parentsupport@familylives.org.uk)
- Online Forum: <http://familylives.org.uk/forums>
- Parenting Courses and Workshops





## Share a story

It's never too early to start sharing stories with your baby! Rhyming, reading and sharing stories can help you:

- Bond with your baby
- Support your baby's brain and language development
- Build a bedtime routine

Before your baby's first birthday, your health visitor, registrar or other health professional will give you a free Bookstart Baby pack from BookTrust. This pack is full of ideas on how to share stories and rhymes.

I have received  
my Bookstart  
Baby Pack



## Continue reading together

You and your little one can continue story time at your local library for free. You'll also find free activity sessions there where you can meet other parents and carers.

You may have a Family Hub in your area, where you can find further support – find out more via your local authority website.

Bookstart Baby is a free reading initiative from BookTrust, the UK's largest children's reading charity. We're dedicated to helping every child to become a reader.

You can find lots of tips, activities and book suggestions aimed at children aged 0-13 years on our website.

Visit [booktrust.org.uk/bookstart](https://booktrust.org.uk/bookstart) or scan the QR code.





Immunisation

# Your child will be offered the following vaccines

Age Due	Immunisation
8 weeks	<b>DTaP/IPV/Hib/HepB and MenB and Rota*</b> (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio, <i>Haemophilus influenzae</i> b [Hib], hepatitis B vaccine) and meningococcal B vaccine and rotavirus vaccine
12 weeks	<b>DTaP/IPV/Hib/HepB and MenB and Rota*</b> (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio, <i>Haemophilus influenzae</i> b [Hib], hepatitis B vaccine), meningococcal B vaccine and rotavirus vaccine
16 weeks	<b>DTaP/IPV/Hib/HepB and PCV</b> (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio, <i>Haemophilus influenzae</i> b [Hib], hepatitis B vaccine) and pneumococcal conjugate vaccine
One year	<b>PCV</b> (pneumococcal conjugate vaccine) and <b>MenB</b> (meningococcal B vaccine) and <b>MMRV</b> (measles, mumps, rubella, varicella vaccine)
18 months	<b>DTaP/IPV/Hib/HepB</b> (diphtheria, tetanus, acellular pertussis [whooping cough], inactivated polio, <i>Haemophilus influenzae</i> b [Hib], hepatitis B vaccine) and <b>MMRV</b> (measles, mumps, rubella, varicella vaccine)
Annually from 2 years old	<b>Influenza Vaccine</b> (The eligible age groups in childhood are kept under review and advice is updated each year)
3 years 4 months	<b>DTaP/IPV or dTaP/IPV</b> (diphtheria or low dose diphtheria, tetanus, acellular pertussis, inactivated polio vaccine) <b>PRE-SCHOOL IMMUNISATIONS</b>
12 and 13 years (School year 8)	<b>HPV</b> (human papillomavirus vaccine)
Around 14 years (School years 9/10)	<b>dT/IPV</b> (low dose diphtheria, tetanus, inactivated polio vaccine) <b>TEENAGE BOOSTER</b> <b>MenACWY</b> (meningococcal ACWY vaccine)

Some babies need BCG\* and/or extra hepatitis B vaccines. If in doubt discuss this with your midwife/health visitor.

The immunisations your child is offered may change with time. Your health visitor or practice nurse will talk to you and give you written information about immunisations. A range of leaflets about vaccination at different ages are here: <https://www.gov.uk/government/collections/immunisation>.

Information on vaccination is also available at nhs.uk: <http://www.nhs.uk/conditions/vaccinations/>.

**\*BCG and Rota vaccines should only be given after checking SCID screening result.**

**Are you protected against rubella (German measles)? If not, you need to have had two doses of MMR, to protect you and future babies.**

# What you can expect after vaccinations

After a vaccination, your baby may cry for a little while, but that usually settles soon with a cuddle or a feed. Most babies don't have any other reaction.

## Reactions at the site of the injection

Some babies have some swelling, redness or a small hard lump where the injection was given and it may be sore to touch. This usually only lasts two to three days and doesn't need any treatment.

## Fevers

A fever is a temperature over 37.5°C. Fevers are quite common in young children, but are usually mild. If your child's face feels hot to the touch and they look red or flushed, he or she may have a fever. You can check their temperature with a thermometer.

### If your baby has a fever:

- make sure they don't have too much clothing or bedding on them, and
- give them plenty of cool fluids
- **Do not** put them in a bath, sponge them down or put a fan on them

## After vaccination with MenB

Fever can be expected after any vaccination, but is very common when the MenB vaccine is given with the other routine vaccines at two and three months. The fever shows the baby's body is responding to the vaccine, although not getting a fever doesn't mean it hasn't worked. The level of fever depends on the individual child and does not indicate how well the vaccine has worked. Giving paracetamol will reduce the risk of fever, irritability and general discomfort (including pain at the site of the injection) after vaccination.

After each of the MenB doses given under 12 months of age you will need to give your baby a total of three doses of paracetamol (2.5ml of infant paracetamol 120mg/5ml suspension) to prevent and treat any potential fever. You should give the first dose of paracetamol as soon as possible after your two month vaccination visit. You should then give the second dose four to six hours later and the third dose four to six hours after that. You will need to follow the same steps after your three month vaccinations. Your nurse will give you more information about paracetamol at your vaccination appointment and you may be given a leaflet to take away with you with written instructions.

**If you do not have any paracetamol liquid for infants at home you should get some in time for your first vaccination visit. It is widely available from pharmacies and supermarkets.**

## After vaccination with MMRV

Your child may be sore at the injection site for the first couple of days. The 4 viruses in the vaccine act at different times and sometimes produce side effects that are milder forms of the symptoms caused by the diseases themselves. These mainly occur after the first dose.

- the measles part of the vaccine starts to work 6 to 10 days after the immunisation. About 1 in 10 children may develop a fever (see section on treating and preventing fever (page 19)) and may be off their food. Some develop a measles-like rash which is not infectious
- the mumps and rubella parts of the vaccine start to work 2 to 3 weeks after the immunisation. A small number of children will have swelling of the face or pain in their joints. These are not infectious
- the chickenpox part of the vaccine starts to work from 3 to 4 weeks after immunisation. Some children will develop a few chickenpox-like spots at the site of the injection. The spots may contain infectious virus and should be covered by clothing. As long as the spots are covered children can go to childcare as normal.

## Remember, never give medicines that contain aspirin to children under 16.

**If you are worried about your child, trust your instincts and speak to your doctor or call the NHS on 111.**

Call the doctor immediately if, at any time, your child has a temperature of 39-40°C or above, or has a fit.

If the surgery is closed and you can't contact your doctor, go to the nearest hospital with an emergency department.

If, after reading this information, you are still not happy with your baby's reaction to any vaccination, speak to your practice nurse or GP.

## Vaccine Safety

Before vaccines are introduced, they have to be licensed by the Medical and Healthcare products Regulatory Agency which assesses their safety and efficacy. Once they have been introduced into the programme, their safety continues to be constantly monitored so that any new side effects are quickly noticed and investigated.

For more information on the safety of vaccines visit [www.mhra.gov.uk](http://www.mhra.gov.uk)

## Immunisation leaflets and guidance for parents

A range of leaflets about vaccination at different ages are here:

<https://www.gov.uk/government/collections/immunisation>

Information on vaccination is also available at nhs.uk: <http://www.nhs.uk/conditions/vaccinations/>

and Oxford Vaccine Group <https://vaccineknowledge.ox.ac.uk/home>

# Primary course of immunisations

\* Please place a sticker (if available) otherwise write in space provided.

Please press firmly

• Surname:

• First names:

• NHS number:    Unit no:

• Address: ..... Sex: M / F

• ..... Post code: ..... D.O.B: ...../...../.....

• G.P:  Code:

• H.V:  Code:

**Breastfeeding**

at 1st Imm: Totally  Partially  Not at all

at 2nd Imm: Totally  Partially  Not at all

at 3rd Imm: Totally  Partially  Not at all

Vaccine	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
<b>8 weeks</b>						
DTaP/IPV/Hib/HepB						
MenB						
Rota*				By mouth		
<b>12 weeks</b>						
DTaP/IPV/Hib/HepB						
MenB						
Rota*				By mouth		
<b>16 weeks</b>						
DTaP/IPV/Hib/HepB						
PCV						

\*Rotavirus vaccine should only be given after checking for SCID screening result.

Top copy: remain in PCHR

All subsequent copies return to Immunisation Section as each immunisation is completed

From 1-7-2025



# Hepatitis B infant immunisation programme for those at increased risk

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

..... Post code: ..... D.O.B.: ...../...../.....

G.P:    Code:

H.V:    Code:

Mother's surname:  
.....

Mother's first name:  
.....

Mother's NHS number:  
.....

- Indications for hepatitis B vaccine**
- Mother is hepatitis B surface antigen (HBsAg) positive
- Indications for hepatitis B immunoglobulin in addition to vaccine**  
(tick all that apply)
- Mother had acute hepatitis B during pregnancy
  - Mother is hepatitis B e antigen (HBeAg) positive or e antibody (anti-HBe) negative
  - Mother has high viral load (HBV DNA  $\geq 1 \times 10^6$  IU/ml)
  - Mother is HBsAg positive and baby's birth weight <1.5kg

**The complete immunisation schedule for babies at increased risk is six doses of hepatitis B containing vaccine**

Age	Immunisation and Follow up required	Date	Vaccine Trade Name	Batch No.	Site	Immuniser (Name in capitals)	Venue
Within 24 hours of birth	Monovalent HepB						
	Hepatitis B immunoglobulin (if needed)						
4 weeks	Monovalent HepB						
8 weeks	DTaP/IPV/Hib/HepB		<i>also complete page 20 *</i>		<i>also complete page 20</i>		
12 weeks	DTaP/IPV/Hib/HepB		<i>also complete page 20 *</i>		<i>also complete page 20</i>		
16 weeks	DTaP/IPV/Hib/HepB		<i>also complete page 20 *</i>		<i>also complete page 20</i>		
12-18 months	Blood test for HBsAg (refer to specialist if positive)		Result				
18 months	DTaP/IPV/Hib/HepB		<i>also complete page 21a *</i>		<i>also complete page 21a</i>		

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Hepatitis B infant immunisation programme for those at increased risk 20a



# BCG vaccination\*

Please press firmly

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

..... Post code: ..... D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

**For Babies Only**

Mother's surname: .....

Mother's first name: .....

Mother's NHS number: .....

**\*Check SCID screening outcome before giving BCG.**

**Reason for BCG (please tick):** (see Department of Health guidelines for specific details)

- Universal neonatal programme
- Parent/grandparent born in a country with a high TB rate<sup>1</sup>, please specify country: .....
- TB in a relative or close contact
- Travel to a country with a high TB rate<sup>1</sup>
- Born or lived in a country with a high TB rate<sup>1</sup>
- Other, please specify: .....

<sup>1</sup> High TB rate = 40/100,000 or higher. Tuberculosis by country: rates per 100,000 people - GOV.UK ([www.gov.uk](http://www.gov.uk))

**Administration of prior skin test (if indicated):**

Immuniser					
Test	Date	Batch No.	Site	Name in CAPITALS	Venue
Mantoux					
Result – Measurement (mm)	Date			Name in CAPITALS	Venue

**Administration of BCG:**

Immuniser					
	Date	Batch No.	Site	Name in CAPITALS	Venue

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# Immunisations at 12 months of age

Please press firmly

\* Please place a sticker (if available) otherwise write in space provided.

Surname:   
 First names:   
 NHS number:    Unit no:   
 Address: ..... Sex: M / F  
 ..... Post code: ..... D.O.B: ...../...../.....  
 G.P:  Code:   
 H.V:  Code:

**Breastfeeding at all at 1st birthday:**  
 Yes  No

Vaccine	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
<i>One year</i>						
PCV						
MenB						
MMRV (1st dose)						

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# Immunisations at 18 months

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

..... Post code: ..... D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

Vaccine	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
<b>18 months</b>						
DTaP/IPV/Hib/HepB						
MMRV (2nd dose)*						

\*for children who received MMR at 12 months, this will be their first MMRV dose. They should be offered a second dose at 3 years 4 months.



# Pre-school immunisations - 3 years 4 months

\* Please place a sticker (if available) otherwise write in space provided.

Surname:   
 First names:   
 NHS number:    Unit no:   
 Address: ..... Sex: M / F  
 ..... Post code: ..... D.O.B: ...../...../.....  
 G.P:  Code:   
 H.V:  Code:

Vaccine	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
DTaP/IPV or dTaP/IPV						
Other						

**Offer MMRV unless two doses have already been given.**

**If no MMR-containing vaccines have yet been given, refer to guidance on incomplete immunisation.**



# Influenza immunisation

\* Please place a sticker (if available) otherwise write in space provided.

• Surname:

• First names:

• NHS number:    Unit no:

• Address: ..... Sex: M / F

• ..... Post code: ..... D.O.B: ...../...../.....

• G.P:  Code:

• H.V:  Code:

**Annually from two years of age.**  
 (The eligible age groups in childhood are kept under review and advice is updated each year).

For more information see <https://tinyurl.com/y3ana57v>



Age	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser - Name in CAPITALS	Venue









## Screening and routine reviews



# Screening and routine reviews

Your doctor, health visitor, midwife or school nurse will offer simple routine checks for your child.

Some of these are called screening tests and include:

- hearing tests within the first few weeks after birth
- blood tests for certain conditions which could cause health problems (for example phenylketonuria, hypothyroidism and sickle cell disease).

Checks of your baby's:

- hips
- heart
- eyes/vision
- testes, if a boy

Other checks or reviews may include:

- growth
- hearing
- general development

Screening tests and other health checks and reviews are done to pick up problems before they have been noticed. They can never be fully accurate in all cases. This means that sometimes there is a false alarm, when you will be told that your baby may have a condition. However, further tests may show that in fact she or he does not have the condition.

It also means that sometimes a problem may not be picked up even if it is present. So even if your baby has had a check for a condition and was found to be OK, if you think there may be a problem you should still point it out to your health visitor or GP. Do not assume that because the check was 'normal', there cannot be a problem.

**For more information on screening see**

<https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-physical-exam/>



You can also download this leaflet "Screening tests for you and your baby":  
<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief>



# Can your baby see?

There is no easy way to test a young baby's eyes accurately, but you can help check there is no serious problem by watching how your baby uses his/her eyes. **Talk to your health visitor or GP as soon as possible if you are ever worried about your child's eyes or vision.**

## At all ages

If you notice any of the following: an opaque or white reflection in the pupil (dark area in centre of the eye), a change in colour of the iris (the coloured part of the eye), or the 'red eye' reflection missing or altered in a photograph, take your child to see a doctor as soon as possible.



## First two months

**Your child's eyes will be examined as part of the routine baby review during this period**

**Yes No**

Does your baby open his/her eyes and look at you?

Does your baby look at you when you move your head from side to side?

Have you noticed anything unusual about or in your child's eyes?

Does anyone in the family have serious eye disease that started in childhood?

## Babies and toddlers

Does your baby ever seem to have a squint (a 'turn' or a 'lazy' eye)?

Does your baby have any difficulty in seeing small objects (tiny bits of food, crumbs, bits of fluff) or recognising familiar people?

Does anyone in the family have a squint (a 'turn' or a 'lazy' eye), or wear glasses (starting in childhood)?

## Age two to school entry

Your child should be offered a vision test as part of their routine school entry physical examination (between 4 and 5 years). If you are concerned before that test is done, for example that your child may need glasses, talk to your doctor or health visitor.

Does your child have any squint (a 'turn' or a 'lazy' eye) or any difficulty in seeing? (e.g. watching T.V., recognising you across a room, bumping into things, being unusually clumsy)

# Can your baby hear?

## Screening Programmes

### Newborn Hearing

These two lists give pointers about what to look and listen out for as your baby grows to check if he/she can hear. Babies do differ in what they can do at any given age. The ages presented here are approximate only.

#### Checklist for Reaction to Sounds

##### Shortly after birth – a baby:

Is startled by a sudden loud noise such as a hand clap or a door slamming. Blinks or opens eyes widely to such sounds, stops sucking or starts to cry.

##### 1 month – a baby:

Starts to notice sudden prolonged sounds like the noise of a vacuum cleaner and may turn towards the noise. Pauses and listens to the noises when they begin.

##### 4 months – a baby:

Quietens or smiles to the sound of familiar voice even when unable to see speaker and turns eyes or head towards voice. Shows excitement at sounds e.g. voices, footsteps etc.

##### 7 months – a baby:

Turns immediately to familiar voice across the room or to very quiet noises made on each side (if not too occupied with other things).

##### 9 months – a baby:

Listens attentively to familiar everyday sounds and searches for very quiet sounds made out of sight.

##### 12 months – a baby:

Shows some response to own name. May also respond to expressions like 'no' and 'bye bye' even when any accompanying gesture cannot be seen.

If at any stage in the baby or child's development you think he/she may have difficulties hearing, contact your health visitor or family doctor.

For information on the newborn hearing screening see [nhs.uk](http://www.nhs.uk)

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-hearing-test.aspx>

Adapted from: The 'Can Your Baby Hear You' form, B. McCormick, 1982, Children's Hearing Assessment Centre, Nottingham, UK.

## Checklist for Making Sounds



### 4 months – a baby:

Makes soft sounds when awake. Gurgles and coos.

### 6 months – a baby:

Makes laughter-like sounds. Starts to make sing-song vowel sounds, e.g. a-a, muh, goo, der, aroo, adah.

### 9 months – a baby:

Makes sounds to communicate in friendliness or annoyance. Babbles (e.g. 'da da da', 'ma ma ma', 'ba ba ba'). Shows pleasure in babbling loudly and tunefully. Starts to imitate other sounds like coughing or smacking lips.

### 12 months – a baby:

Babbles loudly, often in a conversational-type rhythm. May start to use one or two recognisable words.

### 15 months – a baby:

Makes lots of speech-like sounds. Uses 2-6 recognisable words meaningfully (e.g. 'teddy' when seeing or wanting the teddy bear).

### 18 months – a baby:

Makes speech-like sounds with conversational-type rhythm when playing. Uses 6-20 recognisable words. Tries to join in nursery rhymes and songs.

### 24 months – a child:

Uses 50 or more recognisable words appropriately. Puts 2 or more words together to make simple sentences e.g. more milk. Joins in nursery rhymes and songs. Talks to self during play (may be incomprehensible to others).

### 30 months – a child:

Uses 200 or more recognisable words. Uses pronouns (e.g. I, me, you). Uses sentences but many will lack adult structure. Talks intelligibly to self during play. Asks questions. Says a few nursery rhymes.

### 36 months – a child:

Has a large vocabulary intelligible to everyone.

## Screening Programmes

### Newborn Hearing

# Newborn hearing screening programme



\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

## Screening Programmes

Newborn Hearing

Name of NHSP Screening Programme/Site: .....

Inpatient  Outpatient  Home

NICU\* Protocol

Well Baby Protocol

**Consent:** Consent given  Declined

Test Completed Yes  No  Incomplete reason: .....

	1st test (AOAE)	2nd test (AOAE)	AABR
	Date: ...../...../.....	Date: ...../...../.....	Date: ...../...../.....
<b>Right Ear:</b> Clear response:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Left Ear:</b> Clear response:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Screen outcome:</b>	Complete - clear response <input type="checkbox"/>	Complete - no clear response <input type="checkbox"/>	Incomplete <input type="checkbox"/>
<b>Further Management:</b>			
Refer to audiology <input type="checkbox"/>	No follow up required <input type="checkbox"/>	Targeted follow-up at 8 months <input type="checkbox"/>	
Risk factors present Yes <input type="checkbox"/> No <input type="checkbox"/>			
Risk factor details (if family history, state exact relative): .....			
Name: .....	Signature: .....		Screeener/Nurse/HV* <small>*delete as applicable</small>

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Top copy: stay in PCHR 2nd copy: to Health Visitor or Hospital Record 3rd copy: Child Health Department

\* NICU Protocol is OAE + AABR



# Developmental dislocation of the hip

## (Sometimes called "Developmental Dysplasia of the Hip"- DDH)

In some babies, the top of one or both of the thigh bones may be out of the hip joint, or have a tendency to move out of the joint. It is important to pick this up as soon as possible so that it can be treated. Soon after birth and at about 6-8 weeks your baby's hips will be checked for this problem. Unfortunately, even experts cannot always pick it up, and sometimes it develops later on. There are some things that indicate there could be a problem. If you notice any of the following, you should contact your health visitor or General Practitioner.

- One leg cannot be moved out sideways as far as the other when changing your baby's nappy.
- One leg seems to be longer than the other.
- One leg drags when your baby starts crawling.
- Your child walks with a limp or has a 'waddling' gait when they start walking.

For information on the newborn physical examination and examination of the hips see [nhs.uk](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-physical-exam.aspx)  
<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/newborn-physical-exam.aspx>



# New baby review

- A member of the health visiting team will visit you and your family at home, usually when your new baby is between 10-14 days old.
- This first visit gives you the chance to discuss any issues about the health and well-being of yourself, your new baby and the rest of the family. This is a chance to ask for any advice or information and to discuss any worries you may have.
- The health visiting team is led by a health visitor who is a trained nurse with specialist qualifications in child and family health.

Here are some of the things you may want to discuss:

- contacting the health visitor team in the future
- child health clinics
- feeding
- sleeping and crying
- advice on reducing the risk of cot death
- immunisation
- family health (yourself, your partner, your baby's brothers or sisters)
- registering your baby's birth
- child benefit
- home and car safety
- registering your baby with the GP



You may find it helpful to write down here anything you would like to discuss at the new baby review:

.....

.....

.....

For more information on your baby's health and development reviews see: <https://www.nhs.uk/conditions/pregnancy-and-baby/baby-reviews/>

August 2020

# New baby review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B.: ...../...../.....

G.P:  Code:

H.V:  Code:

Date of contact: .....

Nature of contact/location: .....

.....

By whom: .....

Weight (if indicated): .....

Age: .....

Breast feeding: Totally  Partially  Not at all  Ethnicity of baby: .....

Any concerns about the baby's feeding? .....

.....

Mother current smoker  Other smoker in household  No smoker in household

Any concerns about the baby's health or behaviour? .....

.....

How is mother / family? .....

.....

Clinic/surgery to be attended for 6-8 week review: .....

Clinic/surgery to be attended for immunisations: .....

Follow-up required: No  Yes  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date/Interval: .....

Reason: ..... Signature: .....

# Newborn blood spot screening programme

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:       Unit no:

Address: ..... Sex: M / F

..... Post code: ..... D.O.B.: ..... / ..... / .....

G.P:       Code:

H.V:       Code:

Date blood sample taken: ..... / ..... / .....

Name of Midwife: .....

Maternity Unit: .....

.....

Hospital  Community

Less than 32 weeks gestation

## Results of newborn blood spot screening (Page 1 of 2)

Condition	Test Status	Result		Action Taken
Sickle Cell Disease	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Carrier Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Cystic Fibrosis (CF)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Carrier Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Congenital hypothyroidism (CHT)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Not applicable	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Significant Thalassaemia	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Not applicable	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe Combined Immunodeficiency Disease (SCID) (where offered)	Taken <input type="checkbox"/> Declined <input type="checkbox"/> Not offered <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Not applicable	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>

For information on the newborn blood spot test see [nhs.uk](https://www.nhs.uk/conditions/baby/newborn-screening/blood-spot-test/)  
<https://www.nhs.uk/conditions/baby/newborn-screening/blood-spot-test/>



It is strongly recommended that babies who are part of the Generation Study research project, should also have the routine heel prick test at about 5 days.

Continued on opposite page

# Newborn blood spot screening programme

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:       Unit no:

D.O.B: ...../...../.....

## Results of newborn blood spot screening (Page 2 of 2)

Condition	Test Status	Result	Action Taken
Phenylketonuria (PKU)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Maple syrup urine disease (MSUD)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Isovaleric acidaemia (IVA)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Glutaric aciduria type 1 (GA1)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Homocystinuria (pyridoxine unresponsive) (HCU)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>
Hereditary Tyrosinaemia Type 1 (HT1)	Taken <input type="checkbox"/> Declined <input type="checkbox"/>	Condition suspected Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred Yes <input type="checkbox"/> No <input type="checkbox"/>

For information on the newborn blood spot test see [nhs.uk](https://www.nhs.uk/conditions/baby/newborn-screening/blood-spot-test/)  
<https://www.nhs.uk/conditions/baby/newborn-screening/blood-spot-test/>

It is strongly recommended that babies who are part of the Generation Study research project, should also have the routine heel prick test at about 5 days.



# 6-8 week review

This review is usually done by your health visitor or a doctor. At this review your baby will have a full physical examination. This is a chance to talk about your baby, their health and general behaviour and discuss any worries, even minor things. Here are some things you may want to talk about when you go for the review. Remember that if you are worried about your child's health, growth or development you can contact your health visitor or doctor at any time.



	Yes	No	Not sure
Do you feel well yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all going well feeding your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you pleased with your baby's weight gain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby watch your face and follow with his/her eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby turn towards the light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby smile at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think your baby can hear you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby startled by loud noises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby easy to look after?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any worries about your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You may find it helpful to write down here anything you would like to discuss at the 6-8 week review:



.....

.....

.....

.....

.....

.....

.....

.....

.....

For more information on your baby's health and development reviews see: <https://www.nhs.uk/conditions/pregnancy-and-baby/baby-reviews/>

# 6-8 week review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B.: ...../...../.....

G.P:  Code:

H.V:  Code:

Date of contact: ..... Age: .....

Seen by: .....

Place seen: .....

Length (if indicated): .....cm .....centile

Weight: .....kg .....centile

Head circ.: .....cm .....centile

Breast feeding: Totally  Partially  Not at all

Third dose Vit K? No  Not Needed  Given

Any previous medical problems? Yes  No

If YES specify: .....

Item	Guide to Content	Coded Outcome (ring one)	Comment/Action Taken
Hips	Check for DDH	S P O T R N	
Testes/Genitalia	'O' if testes not fully descended	S P O T R N	
Heart	Murmur, Cyanosis, Femorals	S P O T R N	
Eyes	Cataract, Eye movements	S P O T R N	
Other physical features	General examination, Fontanelle, Palate, Spine	S P O T R N	
Hearing	Stills, Startles, Risk factors	S P O T R N	
Locomotion	Tone, Head control	S P O T R N	
Manipulation		S P O T R N	
Speech/Language	Social smile	S P O T R N	
Behaviour	Parental concerns, Sleep, Feeding	S P O T R N	

Follow-up required: No  Yes  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date/Interval: .....

Reason: ..... Signature: .....

S = Satisfactory P = Problem O = Continue observation T = Treatment being received R = Referral N = Not examined  
 Top copy: remain in PCHR 2nd Copy: Health Visitor 3rd Copy: Child Health Department

# 1 year review

## Your baby is now one year old and is learning many new skills, such as:

- turning to his/her name and making lots of new sounds
- enjoying pat-a-cake games and toys that make noises like rattles
- almost walking alone but you need to be close by
- picking up small things and exploring them so you need to keep him/her safe
- being demanding and pointing to things out of reach
- holding a spoon but needing more practice to feed him/herself
- using a feeder cup

S/he has his/her first tooth and has got used to tooth brushing with a fluoride toothpaste.

S/he has been to the dentist. S/he needs to have his/her next immunisations.

## nhs.uk gives information about what children are usually doing at this age.

Other things you may want to talk about at the review are:

- your child's growth or weight
- vision or hearing
- sleep and routines
- behaviour
- encouraging your child's development
- childcare if you want to go back to work or training
- your own health



You may find it helpful to write down here anything you would like to discuss at the 1 year review:

.....

.....

.....

For more information on your baby's health and development reviews see: <https://www.nhs.uk/conditions/pregnancy-and-baby/baby-reviews/>



# 2-2½ year Integrated review - health and development review

## Your child is 2-2½ years old and is learning many new skills, such as:

- wanting to explore everything and be more independent
- wanting to run and climb and always being on the go
- enjoying messy play but not sharing!
- starting to join up words and trying to repeat words you say. Favourite words are “NO” and “MINE!”
- enjoying books and joining in with songs and rhymes
- liking being close to you and having cuddles and hugs
- playing with other children
- using a spoon at mealtimes and using a feeder cup
- starting to show an interest in potty training
- turning from laughter to anger very quickly, which can be hard work

S/he has got used to tooth brushing with a fluoride toothpaste.

S/he has been to the dentist.

Are her/his immunisations up to date?

## nhs.uk gives information about what children are usually doing at this age.

Other things you may want to talk about at the review are:

- speech and language
- learning
- diet
- behaviour
- safety
- your own health



You may find it helpful to write down here anything you would like to discuss at the 2-2½ year review / Integrated review:

.....

.....

For more information on your baby's health and development reviews see: <https://www.nhs.uk/conditions/pregnancy-and-baby/baby-reviews/>

# 2-2½ year Integrated review - health and development review

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

Date of contact: .....

Nature of contact/location: .....

.....

By whom: .....

Weight (if indicated): .....

Age: .....

\*ASQ-3™ completed Yes  Date: ...../...../..... No

\*\*ASQ:SE completed Yes  Date: ...../...../..... No

Findings of review and any action to be taken: .....

.....

.....

\*Ages & Stages Questionnaires®, Third Edition (ASQ-3™)

\*\*Ages & Stages Questionnaires®, Social – Emotional (ASQ:SE)

Follow-up required: No  Yes  HV  GP  Community Paediatrician  Hospital  Other: .....

Location/Clinic: ..... Date/Interval: .....

Reason: ..... Signature: .....

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© Royal College of Paediatrics & Child Health (2009)



# 2-2½ year Integrated review - Early Years Foundation Stage progress check

\* Please place a sticker (if available) otherwise write in space provided.

Surname:

First names:

NHS number:    Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B: ...../...../.....

G.P:  Code:

H.V:  Code:

Name of Practitioner:.....

.....

Setting:.....

.....

Date of Assessment: .....

Prime areas of learning and development		Assessment Comments	
Communication and language			
Physical development			
Personal, social and emotional development			
Any areas of concern	Type of Support Requested/Provided	Referral date	Progress
Summary Report provided to parents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental consent to share information with health professionals and other practitioners obtained	Yes <input type="checkbox"/> No <input type="checkbox"/>

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© Royal College of Paediatrics & Child Health (2009)











# School Health Service

- The School Health Service offers advice and support throughout your child's school years.
- The school nurse or doctor can help if you have concerns about your child's health or development that may affect their education. They also support school staff in meeting children's special needs in school.
- Tests of eyesight and hearing are usually offered during the first year at school as well as a general health assessment including height and weight. If you have any concerns, discuss these with the school nurse.
- As your child gets older he or she will be able to talk to the school nurse about their health or about any worries they may have.
- It is important that your child's immunisations are up to date before starting school. If you are unsure please check with your health visitor or general practitioner.
- NHS dental care for children is free. Take your child for regular dental checks.



Please note anything you would like to discuss with the school nurse: .....

.....

.....

.....

.....

.....

.....

.....

.....









## Your child's firsts and growth charts



# Your child's developmental firsts

Babies want to explore the world around them. Your baby grows and learns faster in the first year than at any other time. There are many things that all babies and young children do, but not always at the same age or in the same order. Use these pages to note down when your child does things for the first time.

## Finding out about moving...

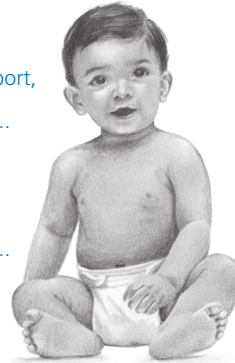


Lifts head clear of ground,  
aged:.....

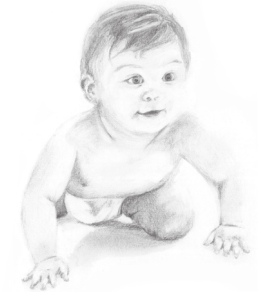


Rolls over,  
aged:.....

Sits with support,  
aged:.....



Sits alone,  
aged:.....



Crawls,  
aged:.....  
and/or  
Bottom shuffles,  
aged:.....



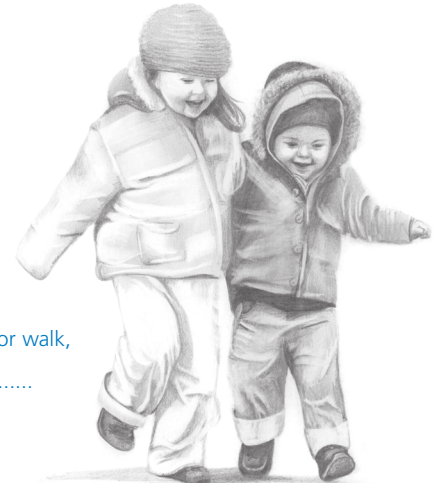
Stands holding on,  
aged:.....

Stands alone,  
aged:.....



Walks holding on,  
aged:.....

Walks alone,  
aged:.....



First outdoor walk,  
aged:.....

See [nhs.uk](https://www.nhs.uk) for more information on children's development.

Finding out about hands...



Stares at hands,  
aged:.....

Grabs and holds things  
using whole hand,  
aged:.....



Drops things on purpose,  
aged:.....

Reaches out for things  
such as your hair,  
aged:.....



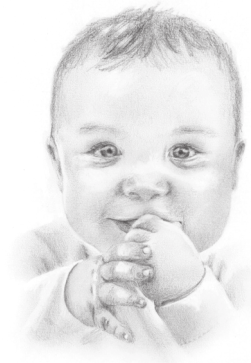
Picks up small  
things using finger  
and thumb,  
aged:.....

Feeds with a spoon,  
aged:.....



Holds pencil and makes marks,  
aged:.....

Opens cupboards,  
aged:.....



Finger feeds,  
aged:.....

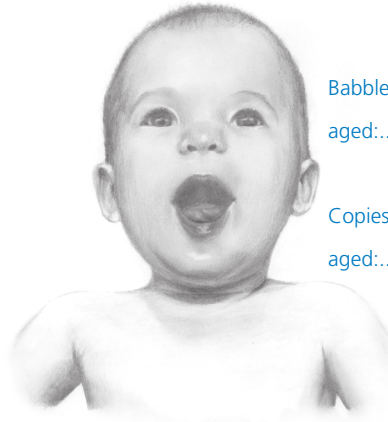
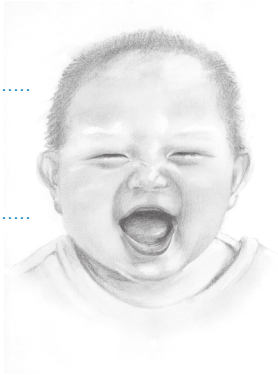


## Finding out about words...



Smiles,  
aged:.....

Laughs,  
aged:.....

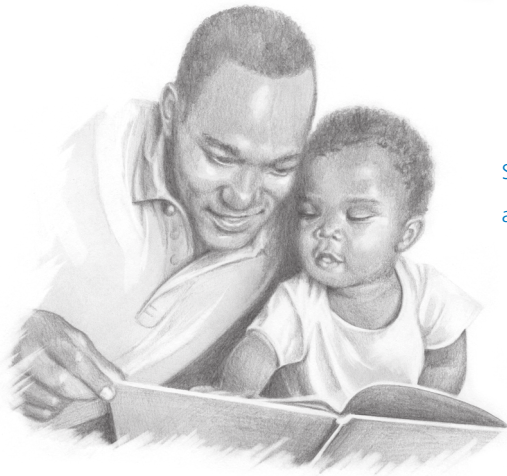


Babbles,  
aged:.....

Copies noises,  
aged:.....



Says "mama" – to anyone,  
aged:.....



Says recognisable word,  
aged:.....

Helps turn pages  
in a book,  
aged:.....

Joins two  
recognisable words,  
aged:.....

Speaks in  
sentences,  
aged:.....



See [nhs.uk](https://www.nhs.uk) for more information on children's development.

August 2020

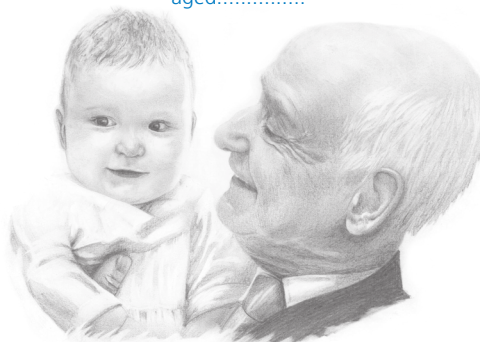
## Finding out about people...



Stares at your face,  
aged:.....



Moves eyes to  
watch you,  
aged:.....



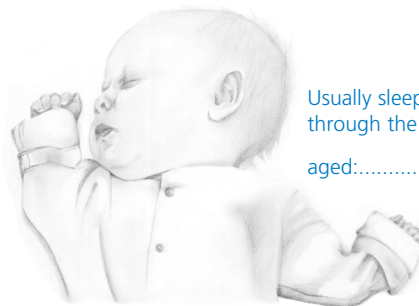
Smiles for special people,  
aged:.....



Cries when you  
leave the room,  
aged:.....



Holds up arms to  
be lifted,  
aged:.....



Usually sleeps  
through the night,  
aged:.....

Favourite games...

Aged:

Aged:

.....  
.....

Comments: .....

.....  
.....

Make a note of your child's other firsts here:



A large light blue rectangular area containing 20 horizontal dotted lines for writing.

Make a note of your child's other firsts here:



A large light blue rectangular area containing 20 horizontal dotted lines for writing.





















# Weight conversion chart

(Please note: These show pounds/stones and ounces/pounds **not** decimals of a pound/stone)

gm	lbs	oz	kg	lbs	oz	kg	lbs	oz	kg	st	lb	kg	st	lb
500	1	2	3.75	8	4	<b>7kg</b>	15.5	2	13.50	2	0	<b>48kg</b>	7	8
550	1	3	3.80	8	6	7.00	15	6	<b>14kg</b>	2	2	<b>49kg</b>	7	10
600	1	5	3.85	8	8	7.10	15	10	14.50	2	4	<b>50kg</b>	7	12
650	1	7	3.90	8	9	7.20	15	13	<b>15kg</b>	2	5	<b>51kg</b>	8	0
700	1	9	3.95	8	11	7.30	16	1	15.50	2	6	<b>52kg</b>	8	3
750	1	10	<b>4kg</b>	8	13	7.40	16	4	<b>16kg</b>	2	7	<b>53kg</b>	8	5
800	1	12	4.00	8	15	7.50	16	8	16.50	2	8	<b>54kg</b>	8	7
850	1	14	4.05	8	15	7.60	16	12	<b>17kg</b>	2	9	<b>55kg</b>	8	9
900	2	0	4.10	9	0	7.70	16	15	17.50	2	11	<b>56kg</b>	8	12
950	2	1	4.15	9	2	7.80	17	3	<b>18kg</b>	2	12	<b>57kg</b>	9	0
<b>1kg</b>			4.20	9	4	7.90	17	6	18.50	2	13	<b>58kg</b>	9	2
1.05	2	3	4.25	9	6	<b>8kg</b>	17	10	<b>19kg</b>	3	0	<b>59kg</b>	9	4
1.10	2	5	4.30	9	7	8.00	17	13	19.50	3	1	<b>60kg</b>	9	6
1.15	2	7	4.35	9	9	8.10	17	13	<b>20kg</b>	3	2	<b>61kg</b>	9	9
1.20	2	8	4.40	9	11	8.20	18	1	20.50	3	3	<b>62kg</b>	9	11
1.25	2	10	4.45	9	13	8.30	18	4	<b>21kg</b>	3	4	<b>63kg</b>	9	13
1.30	2	12	4.50	9	15	8.40	18	8	21.50	3	5	<b>64kg</b>	10	1
1.35	2	14	4.55	10	0	8.50	18	11	<b>22kg</b>	3	7	<b>65kg</b>	10	3
1.40	3	0	4.60	10	2	8.60	18	15	<b>23kg</b>	3	8	<b>66kg</b>	10	6
1.45	3	1	4.65	10	4	8.70	19	2	23.50	3	10	<b>67kg</b>	10	8
1.50	3	3	4.70	10	5	8.80	19	6	<b>24kg</b>	3	11	<b>68kg</b>	10	10
1.55	3	5	4.75	10	7	8.90	19	9	24.50	3	12	<b>69kg</b>	10	12
1.60	3	7	4.80	10	9	9.00	19	13	<b>25kg</b>	3	13	<b>70kg</b>	11	0
1.65	3	10	4.85	10	11	9.10	20	0	25.50	4	0	<b>71kg</b>	11	3
1.70	3	12	4.90	10	12	9.20	20	4	<b>26kg</b>	4	1	<b>72kg</b>	11	5
1.75	3	14	4.95	10	14	9.30	20	7	<b>27kg</b>	4	2	<b>73kg</b>	11	7
1.80	3	15	5.00	11	0	9.40	20	11	27.50	4	5	<b>74kg</b>	11	9
1.85	4	1	5.05	11	2	9.50	20	14	<b>28kg</b>	4	6	<b>75kg</b>	11	11
1.90	4	3	5.10	11	4	9.60	21	2	28.50	4	7	<b>76kg</b>	12	0
1.95	4	5	5.15	11	5	9.70	21	5	<b>29kg</b>	4	8	<b>77kg</b>	12	2
<b>2kg</b>			5.20	11	7	9.80	21	9	29.50	4	9	<b>78kg</b>	12	4
2.00	4	6	5.25	11	9	9.90	21	13	<b>30kg</b>	4	10	<b>79kg</b>	12	6
2.05	4	8	5.30	11	11	<b>10kg</b>	20	0	30.50	4	11	<b>80kg</b>	12	8
2.10	4	10	5.35	11	12	10.00	22	0	31.00	4	12	<b>81kg</b>	12	11
2.15	4	12	5.40	11	14	10.10	22	4	<b>31kg</b>	4	12	<b>82kg</b>	12	13
2.20	4	13	5.45	12	0	10.20	22	8	31.50	4	13	<b>83kg</b>	13	1
2.25	4	15	5.50	12	2	10.30	22	11	<b>32kg</b>	5	1	<b>84kg</b>	13	3
2.30	5	1	5.55	12	3	10.40	22	15	32.50	5	2	<b>85kg</b>	13	5
2.35	5	3	5.60	12	5	10.50	23	2	<b>33kg</b>	5	3	<b>86kg</b>	13	8
2.40	5	4	5.65	12	6	10.60	23	6	33.50	5	4	<b>87kg</b>	13	10
2.45	5	6	5.70	12	9	10.70	23	9	<b>34kg</b>	5	5	<b>88kg</b>	13	12
2.50	5	8	5.75	12	10	10.80	23	13	34.50	5	6	<b>89kg</b>	14	0
2.55	5	10	5.80	12	12	10.90	24	0	<b>35kg</b>	5	7	<b>90kg</b>	14	2
2.60	5	12	5.85	12	14	<b>11kg</b>	24	4	35.50	5	8	<b>91kg</b>	14	5
2.65	5	13	5.90	13	0	11.10	24	8	<b>36kg</b>	5	9	<b>92kg</b>	14	7
2.70	5	15	5.95	13	2	11.20	24	11	36.50	5	11	<b>93kg</b>	14	9
2.75	6	1	<b>6kg</b>	13	4	11.30	24	14	<b>37kg</b>	5	12	<b>94kg</b>	14	11
2.80	6	3	6.00	13	4	11.40	25	1	37.50	5	13	<b>95kg</b>	15	0
2.85	6	4	6.05	13	5	11.50	25	5	38.00	6	0	<b>96kg</b>	15	2
2.90	6	6	6.10	13	7	11.60	25	8	38.50	6	1	<b>97kg</b>	15	4
2.95	6	8	6.15	13	8	12.40	27	4	<b>39kg</b>	6	2	<b>98kg</b>	15	6
<b>3kg</b>			6.20	13	10	12.50	27	8	39.50	6	3	<b>99kg</b>	15	8
3.00	6	10	6.25	13	12	12.60	27	12	40.00	6	4	<b>100kg</b>	15	11
3.05	6	11	6.30	13	14	12.80	28	3	40.50	6	5	<b>105kg</b>	16	8
3.10	6	13	6.35	14	0	12.90	28	7	41.00	6	6	<b>110kg</b>	17	5
3.15	6	15	6.40	14	1	12.00	26	7	41.50	6	8	<b>115kg</b>	18	2
3.20	7	1	6.45	14	3	12.10	26	10	<b>42kg</b>	6	9	<b>120kg</b>	18	13
3.25	7	2	6.50	14	5	12.20	26	13	42.50	6	10	<b>125kg</b>	19	10
3.30	7	4	6.55	14	7	12.30	27	1	43.00	6	11			
3.35	7	6	6.60	14	8	12.40	27	4	43.50	6	12			
3.40	7	8	6.65	14	10	12.50	27	8	<b>44kg</b>	6	13			
3.45	7	9	6.70	14	12	12.60	27	12	44.50	7	0			
3.50	7	11	6.75	14	14	12.70	27	15	<b>45kg</b>	7	1			
3.55	7	13	6.80	14	15	12.80	28	3	45.50	7	2			
3.60	7	15	6.85	15	1	12.90	28	7	<b>46kg</b>	7	3			
3.65	8	0	6.90	15	3	<b>13kg</b>	28	11	46.50	7	5			
3.70	8	2	6.95	15	5	13.00	28	11	<b>47kg</b>	7	6			

# Height conversion chart

cm	ft in	cm	ft in	cm	ft in	cm	ft in	cm	ft in
30.5	1 0.0	64.5	2 1.4	99.0	3 3.0	133.5	4 4.6	168.0	5 6.1
31.0	1 0.2	65.0	2 1.6	99.5	3 3.2	134.0	4 4.8	168.5	5 6.3
31.5	1 0.4	65.5	2 1.8	100.0	3 3.4	134.5	4 5.0	169.0	5 6.5
32.0	1 0.6	66.0	2 2.0	100.5	3 3.6	135.0	4 5.1	169.5	5 6.7
32.5	1 0.8	66.5	2 2.2	101.0	3 3.8	135.5	4 5.3	170.0	5 6.9
33.0	1 1.0	67.0	2 2.4	101.5	3 4.0	136.0	4 5.5	170.5	5 7.1
33.5	1 1.2	67.5	2 2.6	102.0	3 4.2	136.5	4 5.7	171.0	5 7.3
34.0	1 1.4	68.0	2 2.8	102.5	3 4.4	137.0	4 5.9	171.5	5 7.5
34.5	1 1.6	68.5	2 3.0	103.0	3 4.6	137.5	4 6.1	172.0	5 7.7
35.0	1 1.8	69.0	2 3.2	103.5	3 4.7	138.0	4 6.3	172.5	5 7.9
35.5	1 2.0	69.5	2 3.4	104.0	3 4.9	138.5	4 6.5	173.0	5 8.1
36.0	1 2.2	70.0	2 3.6	104.5	3 5.1	139.0	4 6.7	173.5	5 8.3
36.5	1 2.4	70.5	2 3.8	105.0	3 5.3	139.5	4 6.9	174.0	5 8.5
37.0	1 2.6	71.0	2 4.0	105.5	3 5.5	140.0	4 7.1	174.5	5 8.7
37.5	1 2.8	71.5	2 4.1	106.0	3 5.7	140.5	4 7.3	175.0	5 8.9
38.0	1 3.0	72.0	2 4.3	106.5	3 5.9	141.0	4 7.5	175.5	5 9.1
38.5	1 3.2	72.5	2 4.5	107.0	3 6.1	141.5	4 7.7	176.0	5 9.3
39.0	1 3.4	73.0	2 4.7	107.5	3 6.3	142.0	4 7.9	176.5	5 9.5
39.5	1 3.6	73.5	2 4.9	108.0	3 6.5	142.5	4 8.1	177.0	5 9.7
40.0	1 3.7	74.0	2 5.1	108.5	3 6.7	143.0	4 8.3	177.5	5 9.9
40.5	1 3.9	74.5	2 5.3	109.0	3 6.9	143.5	4 8.5	178.0	5 10.1
41.0	1 4.1	75.0	2 5.5	109.5	3 7.1	144.0	4 8.7	178.5	5 10.3
41.5	1 4.3	75.5	2 5.7	110.0	3 7.3	144.5	4 8.9	179.0	5 10.5
42.0	1 4.5	76.0	2 5.9	110.5	3 7.5	145.0	4 9.1	179.5	5 10.7
42.5	1 4.7	76.5	2 6.1	111.0	3 7.7	145.5	4 9.3	180.0	5 10.9
43.0	1 4.9	77.0	2 6.3	111.5	3 7.9	146.0	4 9.5	180.5	5 11.1
43.5	1 5.1	77.5	2 6.5	112.0	3 8.1	146.5	4 9.7	181.0	5 11.3
44.0	1 5.3	78.0	2 6.7	112.5	3 8.3	147.0	4 9.9	181.5	5 11.5
44.5	1 5.5	78.5	2 6.9	113.0	3 8.5	147.5	4 10.1	182.0	5 11.7
45.0	1 5.7	79.0	2 7.1	113.5	3 8.7	148.0	4 10.3	182.5	5 11.9
45.5	1 5.9	79.5	2 7.3	114.0	3 8.9	148.5	4 10.5	183.0	5 12.1
46.0	1 6.1	80.0	2 7.5	114.5	3 9.1	149.0	4 10.7	183.5	5 12.3
46.5	1 6.3	80.5	2 7.7	115.0	3 9.3	149.5	4 10.9	184.0	5 12.5
47.0	1 6.5	81.0	2 7.9	115.5	3 9.5	150.0	4 11.1	184.5	5 12.7
47.5	1 6.7	81.5	2 8.1	116.0	3 9.7	150.5	4 11.3	185.0	5 12.9
48.0	1 6.9	82.0	2 8.3	116.5	3 9.9	151.0	4 11.4	185.5	5 13.1
48.5	1 6.9	82.5	2 8.5	117.0	3 10.1	151.5	4 11.6	186.0	5 13.3
49.0	1 7.1	83.0	2 8.7	117.5	3 10.3	152.0	4 11.8	186.5	5 13.5
49.5	1 7.3	83.5	2 8.9	118.0	3 10.5	152.5	5 0.0	187.0	5 13.7
49.5	1 7.5	84.0	2 9.1	118.5	3 10.7	153.0	5 0.2	187.5	5 13.9
50.0	1 7.7	84.5	2 9.3	119.0	3 10.9	153.5	5 0.4	188.0	5 14.1
50.5	1 7.9	85.0	2 9.5	119.5	3 11.0	154.0	5 0.6	188.5	5 14.3
51.0	1 8.1	85.5	2 9.7	120.0	3 11.2	154.5	5 0.8	189.0	5 14.5
51.5	1 8.3	86.0	2 9.9	120.5	3 11.4	155.0	5 1.0	189.5	5 14.7
52.0	1 8.5	86.5	2 10.1	121.0	3 11.6	155.5	5 1.2	190.0	5 14.9
52.5	1 8.7	87.0	2 10.3	121.5	3 11.8	156.0	5 1.4	190.5	5 15.1
53.0	1 8.9	87.5	2 10.4	122.0	4 0.0	156.5	5 1.6	191.0	5 15.3
53.5	1 9.1	88.0	2 10.6	122.5	4 0.2	157.0	5 1.8	191.5	5 15.5
54.0	1 9.3	88.5	2 10.8	123.0	4 0.4	157.5	5 2.0	192.0	5 15.7
54.5	1 9.5	89.0	2 11.0	123.5	4 0.6	158.0	5 2.2	192.5	5 15.9
55.0	1 9.7	89.5	2 11.2	124.0	4 0.8	158.5	5 2.4	193.0	5 16.1
55.5	1 9.9	90.0	2 11.4	124.5	4 1.0	159.0	5 2.6	193.5	5 16.3
56.0	1 10.0	90.5	2 11.6	125.0	4 1.2	159.5	5 2.8	194.0	5 16.5
56.5	1 10.2	91.0	2 11.8	125.5	4 1.4	160.0	5 3.0	194.5	5 16.7
57.0	1 10.4	91.5	3 0.0	126.0	4 1.6	160.5	5 3.2	195.0	5 16.9
57.5	1 10.6	92.0	3 0.2	126.5	4 1.8	161.0	5 3.4	195.5	5 17.1
58.0	1 10.8	92.5	3 0.4	127.0	4 2.0	161.5	5 3.6	196.0	5 17.3
58.5	1 11.0	93.0	3 0.6	127.5	4 2.2	162.0	5 3.8	196.5	5 17.5
59.0	1 11.2	93.5	3 0.8	128.0	4 2.4	162.5	5 4.0	197.0	5 17.7
59.5	1 11.4	94.0	3 1.0	128.5	4 2.6	163.0	5 4.2	197.5	5 17.9
60.0	1 11.6	94.5	3 1.2	129.0	4 2.8	163.5	5 4.4	198.0	5 18.1
60.5	1 11.8	95.0	3 1.4	129.5	4 3.0	164.0	5 4.6	198.5	5 18.3
61.0	2 0.0	95.5	3 1.6	130.0	4 3.2	164.5	5 4.8	199.0	5 18.5
61.5	2 0.2	96.0	3 1.8	130.5	4 3.4	165.0	5 5.0	199.5	5 18.7
62.0	2 0.4	96.5	3 2.0	131.0	4 3.6	165.5	5 5.2	200.0	5 18.9
62.5	2 0.6	97.0	3 2.2	131.5	4 3.8	166.0	5 5.4	200.5	5 19.1
63.0	2 0.8	97.5	3 2.4	132.0	4 4.0	166.5	5 5.6	201.0	5 19.3
63.5	2 1.0	98.0	3 2.6	132.5	4 4.2	167.0	5 5.7	201.5	5 19.5
64.0	2 1.2	98.5	3 2.8	133.0	4 4.4	167.5	5 5.9	202.0	5 19.7

<b>Age</b>	<b>Reason for contact</b>	<b>Date/time due</b>	<b>Place</b>
Within 72 hours	Full physical examination		
5 days	Blood sample for screening tests (heel prick)		
10-14 days (usually)	New baby review		
In 1st month	Hearing screening		
6-8 weeks	Full physical examination		
8 weeks	1st set of immunisations		
12 weeks	2nd set of immunisations		
16 weeks	3rd set of immunisations		
By 12 months	Health review		
One year	1st dose MMRV vaccine and booster immunisations		
18 months	2nd Dose MMRV vaccines and booster immunisations		
From 2 years (annually)	Influenza Vaccine		
2-2½ years	Health review / Integrated review		
3 years 4 months	Pre-school immunisation		
4-5 years	Vision check		
School entry (reception class)	Height, weight and hearing check		
10-11 years	Height and weight check		
12-13 years	HPV vaccine		
Around 14 years	Teenage booster and MenACWY immunisations		

This is a list of the minimum contacts that are provided for your child during their pre-school and school aged years. This may vary according to your child's needs and to local policy.