

# Personal Child Health Record



Name:


CHI number:

--	--	--	--	--	--	--	--	--	--	--

Family Nurse

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CHI: The Community Health Index number is unique to your child. This number will be used by your Doctor, Health Visitor, Family Nurse and any hospital or other health services across Scotland. It helps us join up all health information, test results, etc. It is important you keep a note of this number.

This Personal Child Health Record belongs to the child named above and should remain with that child.

**If this book is found please return to a local health centre**

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## This is your child's Personal child health record

It is about your child's health, growth and development.

It is for you - and the other people who care for your child  
- to be able to see and to write in, so keep it in a safe place.

Please bring it with you whenever you bring your child to:

- \* Any Community Child Health Clinic
- \* Community Nursing Team (eg. Health Visitor, Family Nurse)
- \* Your Family Doctor
- \* A School Health appointment
- \* The Hospital Emergency or Out-patient Department
- \* The Dentist
- \* A therapist (eg. Speech and Language Therapist)
- \* Any other health appointment
- \* If your Child is admitted to Hospital

You may like to show it to other carers of your Child, such as:

- \* Childminder
- \* Playgroup Leader
- \* Pre-school education staff
- \* Foster or short breaks carer
- \* Anyone else who helps you care for your child

Please ask for identification from any professional unknown to you, before discussing your child's health and wellbeing.

## Child Health Programme Contacts

Health advice, screening and routine health reviews are all important parts of the child health programme. They are carried out by health professionals - usually doctors, dentists, midwives, health visitors, family nurse and school nurses.

Every parent/carer can expect the following as a minimum for their child:

Soon after birth	Full physical health check
Within 5 days after birth	Newborn bloodspot screening
Within first few weeks	Hearing test
Around 11-14 days	First visit by health visitor/family nurse
3-5 weeks of age	Developmental and Wellbeing Visits
6-8 weeks after birth	Full physical health and development check, including weight
Between 10 days & 3 months	Childsmile dental assessment
3 months and 4 months	Developmental and Wellbeing Visit
6 months	Review GIRFEC Assessment and confirmation of Health Plan Indicator (HPI)
8 months	Developmental and Wellbeing Visit
13-15 months	Full review of child health and development
27-30 months	Full review of child health and development
Between 4-5 years	Full review of child health and development
Between 4 and 5 years	Eye sight test
4-6 years (school year P1)	Physical health check, including height, weight and dental check
10-12 years (school year P7)	Dental check

## Meeting Your Child's Needs

Helping you give your child the best possible start in life is a priority for all services in Scotland. Everyone working with children, young people and families uses the Getting it right for every child (GIRFEC) approach of promoting, supporting and safeguarding the wellbeing of your child, whether they might require routine or additional support. Every child, young person and family can access support and advice from a named person if they want to—there is no obligation to use this service. The named person acts as a single point of contact who can provide you information and support, or help you access services or advice from other people to help promote your child's wellbeing. From birth to beginning primary school, the named person for all children is usually their Health Visitor or Family Nurse. For school-aged children, the named person will usually be a promoted teacher in your child's school such as their headteacher or guidance teacher.

The GIRFEC National Practice Model provides a consistent way for you and those supporting you to explore, identify and record any needs your child may have, consider these in your family's wider circumstances and plan actions to support your child's wellbeing. The Wellbeing Wheel and My World Triangle (page 7) form part of the National Practice Model and set out the 8 wellbeing indicators used to identify a child's strengths and needs, the support they may require and who can help you provide that support. Your Health Visitor or Family Nurse will explain how this works and how they will work with you to make sure that both you and your child receive the help and support you require. More information on GIRFEC can be found at [www.gov.scot/policies/girfec/](http://www.gov.scot/policies/girfec/)



The wellbeing of children is at the heart of GIRFEC. To achieve this all children need to be **safe, healthy, active, nurtured, achieving, respected, responsible and included**. These are known as the **wellbeing indicators**. The **My World Triangle** allows your child, you and those who help you to consider how they are growing and developing, what they need from the people who look after them and the impact of their wider world of family, friends, community and society.

Child health programmes change over time but the general contacts mentioned above will remain. If your child has additional health needs, you can be offered more frequent visits and support.

Some of the early appointments will be made by your Health Visitor, Family Nurse in your home. You may need to go to your local health centre or doctor's surgery for others. Health reviews for school age children are usually done in school.

If you are worried about any aspect of your child's health or development, don't wait for the next review to discuss it; look at the parent checklists later in this book, and Ready Steady Baby! and Ready Steady Toddler! Contact your Health Visitor, Family Nurse or Family Doctor if you are still worried.

At some appointments you may be given a copy of a computer form to file in this book.

### **Screening – key points**

- \* Screening tests aim to ensure any health conditions are identified and treatment is started as soon as possible.
- \* No test is 100% accurate or can pick up every problem
- \* Make sure your Doctor has your current address so that you can automatically be invited for regular tests. You can choose to have none, some, or all screening tests offered.
- \* If you notice anything unusual or feel there are issues with your child's health you should discuss this with your Family Doctor or Health Visitor, Family Nurse.



## Local Health Services



### Family Doctor

- 1) Name: ..... Address: ..... Tel: .....  
 2) Name: ..... Address: ..... Tel: .....  
 3) Name: ..... Address: ..... Tel: .....

### Other Local Health Care Professionals

(eg. Health Visitor, Named Person, School Nurse)

- 1) Name: ..... Address: ..... Tel: .....  
 2) Name: ..... Address: ..... Tel: .....

### Dentist

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

### Local Child Health Clinic

Day: ..... Time: ..... Address: ..... Tel: .....

### Local Library, toddler and breastfeeding groups, Playgroups

- 1) Name: ..... Address: ..... Tel: .....  
 2) Name: ..... Address: ..... Tel: .....  
 3) Name: ..... Address: ..... Tel: .....  
 4) Name: ..... Address: ..... Tel: .....

**Local Domestic Abuse contact number:** .....

Your Health Visitor, Family Nurse can provide you with information on local toddlers groups and playgroups.

## NHS24

If your Doctor's or Dentist's surgery is closed and you, or someone you care for, is too ill to wait until it reopens, phone NHS24. You will be put through to a health professional, who will ask you about the symptoms, give advice, and if needed make arrangements to see a Doctor.

**Call  
us  
on  
111**

**If a life is in danger and you need an emergency ambulance, always phone 999.**

NHS24 also provides health advice and information for Scotland. Their website [www.nhs24.com](http://www.nhs24.com) contains all sorts of health information and advice, including an online enquiries service and pharmacy opening times. Health information advisors can also give information over the phone or post information to you.



**My local A&E Department for children is:**

Name: ..... Telephone: .....

Name: ..... Telephone: .....

## Information Sharing and Confidentiality

It is important that we make sure that your child gets their health checks and immunisations at the right time. We use computers to help us do this. The computers also give the doctors, nurses and other staff somewhere to store your medical records. We can use this information to help us to plan the health service properly and do our work better. We can also use this information to check that the work we do actually helps children to keep well.

We look after this information very carefully and all the staff know that it is private. We hide the name and address of your child whenever we use the information, unless we have to use it - for example, when we make an appointment for you.

If we think that we should tell someone about your child - perhaps telling the nursery how they are developing - then we will discuss this with you beforehand. The only times that we will not be able to discuss this with you first is if we are concerned about your child's safety and have to share information to safeguard this.

For more information about your rights or how the NHS uses your personal information go to these websites  
[www.nhsinform.scot/confidentiality](http://www.nhsinform.scot/confidentiality)  
[www.nhsinform.scot/data-protection](http://www.nhsinform.scot/data-protection)

You have a right to know what information we hold and how we use it. You can ask to see the information that we hold and you can also ask us to change the information if you are not happy about it.

If you want to talk to someone about your child's information, then the best person would be your Health Visitor, Family Nurse. You can also find information at <https://www.nhsinform.scot/care-support-and-rights/health-rights/patients-charter/the-charter-of-patient-rights-and-responsibilities>.

Information is also available in Health Centres and Citizen's Advice Bureau offices. You can ask for it in different languages.

### **Consent to be attended by student health professionals**

Health staff may ask you if you would be prepared to have a student present. It is in this way that students gain valuable experience to assist them in their practice in later years. We hope that you will feel able to agree to this but if you do not wish to have a student present, it is your right to refuse. This will not affect your care in any way.



Child and  
family details

## Birth and the First Days

If birth details form available this can be inserted here.



Date of Birth:..... Place of Birth:.....

Birth Weight:.....kgs .....lbs, ozs

Head Circumference:.....cm Pregnancy:..... weeks

APGAR scores: .....at 1 minute .....at 5 minutes

Problems during pregnancy/birth: .....

Date of discharge: .....

Vitamin K given: Yes ☐ No ☐ Injection ☐ Oral ☐ Date: .....

In special baby care unit: Yes ☐ No ☐ Duration of stay: .....

Any neonatal contraindications to immunisations? Yes ☐ No ☐

If 'Yes' please specify.....

Hip test for dislocation: L - Norm ☐ Abn ☐ R - Norm ☐ Abn ☐

Action:.....

Testes fully descended: L - Yes ☐ No ☐ R - Yes ☐ No ☐

Specialist follow up: Yes ☐ No ☐ If 'Yes' record at foot of page



Newborn bloodspot screening (Heelprick test):

Yes ☐ No ☐ Date blood taken..... For results see page 29

Full screen: Yes ☐ No ☐ Don't know ☐

Comments:.....

Newborn hearing screening done: Yes ☐ No ☐

Comments:.....

### Immunisations

Hepatitis B: Indicated: Yes ☐ No ☐ If given, record on page 21

BCG: Indicated: Yes ☐ No ☐ If given, record on page 21

**Any other problems or comments**.....

.....

.....

.....

# Family History



	Yes	No	Comments
Does anyone in your household:			
Smoke?	<input type="checkbox"/>	<input type="checkbox"/>	.....
Drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	.....
Have a history of Tuberculosis (TB)?	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>Is there any history in the biological family of:</b>			
Childhood deafness	<input type="checkbox"/>	<input type="checkbox"/>	.....
Seizures 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? .....			
.....			

**Additional Communication Needs for parents/carers (eg. interpreting):**  
.....  
.....



## Important Health Problems



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

### Specialist Clinics

Name: .....  
 Name: .....  
 Name: .....

### Additional Support Needs: (social, physical, educational, emotional)

If your child has significant additional needs, they will have a number of other professionals involved in their care (eg. Speech and Language Therapist, Physiotherapist, Educational Psychologist). We suggest you write (or get them to write) their names and contact details in the notes pages at the back of this booklet.

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

### Serious allergies and reactions to drugs or vaccines

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





Immunisation

## Immunisation – Common questions

It is natural for parents to have questions about getting their child immunised. Your health professional will be happy to answer any questions you have before your child gets their vaccines.

### **What is immunisation?**

Immunisation is a way of protecting against serious diseases. Once we have been immunised, our bodies are better able to fight these diseases if we come into contact with them.

### **How safe is immunisation?**

All medicines, including vaccines, are tested for safety and effectiveness before they're allowed to be used. Their safety continues to be checked while in use. The risk of serious complication is extremely small, and much less than the risk of serious complications from the diseases they prevent. Because of immunisation, diseases like measles and whooping cough have become less common. These diseases can be deadly. If children are not immunised, they begin to circulate again.

### **Can children be immunised even when they have a cold or if they are taking medicines?**

If your child has a minor illness without a fever, like a cold, they should have the vaccination as normal. If your child is ill with a fever, delay the vaccinations until they have recovered. Otherwise, the fever might wrongly be linked to the vaccine. Your child can also be immunised whilst taking most medicines, including antibiotics. If you have any concerns these should be discussed with a health professional prior to immunisation.

### **What if my child misses an immunisation?**

It's important that you follow the Immunisation Programme schedule. But if your baby or child missed an immunisation, you can speak to your health professional to arrange a new appointment. The immunisations can be continued from where they stopped without having to start again. The only exception is for the rotavirus vaccine. The first dose must be given before your baby is 15 weeks old, and the second before 24 weeks.

### Are there any children who should not be immunised?

There are very few reasons why children cannot be vaccinated. But vaccines should not be given to children who have had:

- \* a confirmed anaphylactic reaction to a previous dose of the vaccine
- \* a confirmed anaphylactic reaction to any part of the vaccine.

Generally, any child whose immune system has been weakened should not have live vaccines, such as MMR and, in rare cases, the rotavirus vaccine. Children's immune systems can be weakened by:

- \* treatment for serious conditions, such as a transplant or cancer
- \* having a condition that affects the immune system, such as severe primary immunodeficiency.

Let your health professional know if your child has had a previous anaphylactic reaction to a vaccine or has a weakened immune system. They'll be able to advise you.

### Can someone else bring my child for immunisation?

If you're unable to bring your child for their vaccination appointment you can give permission for another adult to bring your child to the appointment. There will be information about how to do this in your appointment letter. The health professional giving the vaccination needs to be sure that you have consented to the vaccinations.

### Will there be any side effects from the vaccines?

There may be side effects, but they are usually mild - some redness, swelling or tenderness where the injection was given. This will disappear on its own. Some children may develop a fever, be a bit irritable or feel unwell. Speak to your health professional if you are worried. You can find out more information about potential side effects at [www.nhsinform.scot/immunisation](http://www.nhsinform.scot/immunisation) and in the 'Protect your child against serious disease' booklet: <https://www.publichealthscotland.scot/publications/protect-your-child-against-serious-diseases>. You can also report any suspected side effects of vaccines and medicines to the Medicines and Healthcare Products Regulatory Agency (MHRA) using its **Yellow Card Visit** [www.yellowcard.mhra.gov.uk](http://www.yellowcard.mhra.gov.uk) or call the hotline free on **0800 731 6789** (available Monday to Friday, 9 am to 5 pm).

When to immunise	Diseases protected against	Vaccine given
8 weeks old	• Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (HepB)	• Six-in-one (DTaP/IPV/Hib/HepB)
	• Rotavirus	• Rotavirus
	• Meningitis B (MenB)	• MenB
12 weeks old	• Diphtheria, tetanus, whooping cough, polio, Hib and HepB	• Six-in-one (DTaP/IPV/Hib/HepB)
	• Pneumococcal disease	• Pneumococcal
	• Rotavirus	• Rotavirus
16 weeks old	• Diphtheria, tetanus, whooping cough, polio, Hib and HepB	• Six-in-one (DTaP/IPV/Hib/HepB)
	• Meningitis B (MenB)	• MenB
Between 12 and 13 months old - within a month of the first birthday	• Hib and meningococcal group C	• Hib/MenC
	• Pneumococcal disease	• Pneumococcal
	• Measles, mumps and rubella (German measles)	• MMR
	• Meningitis B (MenB)	• MenB
Every year from age 2 until the end of secondary school	• Influenza (flu)	• Flu
3 years 4 months old or soon after	• Diphtheria, tetanus, whooping cough and polio	• Four-in-one
	• Measles, mumps and rubella (German measles)	• MMR (check first dose has been given)
11 to 13 years old	• The Human papillomavirus (HPV) vaccine is offered to all pupils from S1. It helps protect against HPV, which can lead to cancers such as: cervical cancer (in females), head and neck cancers, and anogenital cancers (in men and women)	HPV, and check MMR status
Around 14 years old	• <b>Td/IPV</b> (low dose diphtheria, Tetanus, Inactivated Polio Vaccine booster)	• Td/IPV
	• <b>Men ACWY</b> protects against 4 strains of the meningococcal bacteria (A, C, W and Y) which cause meningitis and blood poisoning (septicaemia).	• MenACWY

\*Correct at the time of printing, but subject to change. For the most up-to-date timetable visit: [www.nhsinform.scot/immunisation](http://www.nhsinform.scot/immunisation)

May 2023

Some babies will need the BCG vaccine and/or additional doses of the Hepatitis B vaccine. If in doubt discuss this with your Midwife/Health Visitor or Family Nurse. In addition, the seasonal flu vaccination programme is offered to children aged 6 months to 2 years with an eligible health condition, all children aged 2 to 5 and all primary and secondary school children. To find out more, please visit: <https://www.nhsinform.scot/healthy-living/immunisation/vaccines/child-flu-vaccine>

### **Immunisations if your child is going abroad**

If your child is going abroad, make sure their routine immunisations are up to date. Your child may also need extra immunisations. Information on travel immunisations can be found on the NHS Scotland website, at [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

The specialist team can write here if your child should be offered additional immunisations.

Immunisation: ..... How often: ..... Signed: ..... Date: .....

Immunisation: ..... How often: ..... Signed: ..... Date: .....

Immunisation: ..... How often: ..... Signed: ..... Date: .....

The immunisations your child is offered may change with time. Your Health Visitor, Family Nurse or Practice Nurse will talk to you and give you written information about immunisations. This and other information is available on [www.nhsinform.scot/immunisation](http://www.nhsinform.scot/immunisation)

**Do you know if you have been immunised against rubella (German measles)?** Rubella is very serious for unborn babies. It can damage their sight, hearing, heart and brain in a condition called congenital rubella syndrome (CRS). Infection in the first three months of pregnancy causes damage to the unborn baby in almost all cases.

**If you are not immune you can still be immunised to protect future babies. Speak to your Health Visitor, Family Nurse, Family Doctor or contact your local health board's vaccination services.**

Your local health board's vaccination services contact information can be found on <https://www.nhsinform.scot/healthy-living/immunisation/when-to-immunise/getting-your-vaccinations/>

## Immunisations given



Date given	Please circle vaccines given	Other (specify which)	Comments
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		
	D T P Pol Hib HepB MenC MenB PCV MMR Rot		





Development,  
screening and  
routine reviews

## Your Child's Developmental Firsts

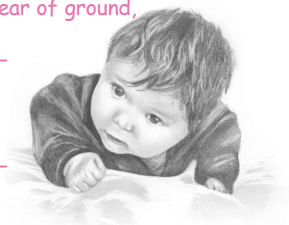
Your baby grows and learns faster in the first year than at any other time. These pages help you to remember some firsts. For more information about development see *Ready Steady Baby!* and *Ready Steady Toddler!* Each child is an individual and picks up skills at their own pace. In the section after this one, there are some checklists to look at as your baby reaches certain ages, listing some things which **most** children will have learned by then. This helps you decide if and when you should think about contacting your Health Visitor, Family Nurse -or Family Doctor for reassurance or advice.

Most children walk independently by 18 months; some may take their time. However, it may be helpful to contact your GP or Health Visitor if they not independently walking by 18 months, especially if there is a family history of late walking.

### Finding Out About Moving

Lifts head clear of ground,  
aged: \_\_\_\_\_

Rolls over,  
aged: \_\_\_\_\_

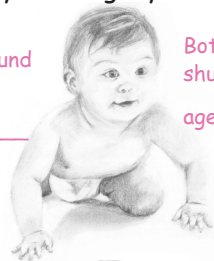


Sits with support,  
aged: \_\_\_\_\_

Sits alone,  
aged: \_\_\_\_\_



Moves around  
or crawls,  
aged: \_\_\_\_\_



Bottom  
shuffles,  
aged: \_\_\_\_\_



Stands holding on,  
aged: \_\_\_\_\_

Stands alone,  
aged: \_\_\_\_\_



Walks holding on,  
aged: \_\_\_\_\_

Walks alone,  
aged: \_\_\_\_\_



First outdoor walk,  
aged: \_\_\_\_\_

## Finding Out About Hands



Stares at hands,  
aged: \_\_\_\_\_



Grabs and holds things  
using whole hand,  
aged: \_\_\_\_\_

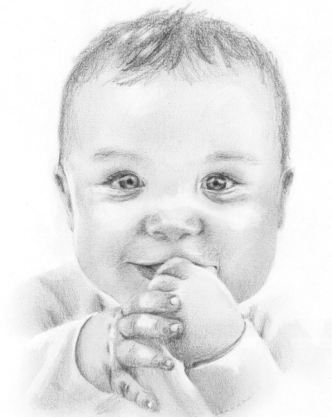


Picks up small  
things using  
finger and thumb,  
aged: \_\_\_\_\_



Drops things on purpose,  
aged: \_\_\_\_\_

Reaches out for things  
such as your hair,  
aged: \_\_\_\_\_



Finger feeds,  
aged: \_\_\_\_\_

Feeds with a spoon,  
aged: \_\_\_\_\_



Holds pencil and makes marks,  
aged: \_\_\_\_\_

Opens cupboards,  
aged: \_\_\_\_\_



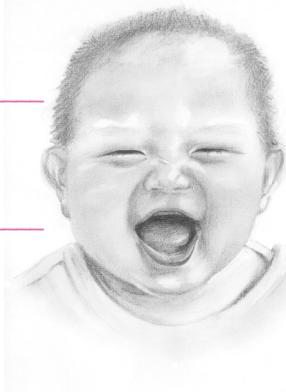
## Finding Out About Words

Smiles,

aged: \_\_\_\_\_

Laughs,

aged: \_\_\_\_\_

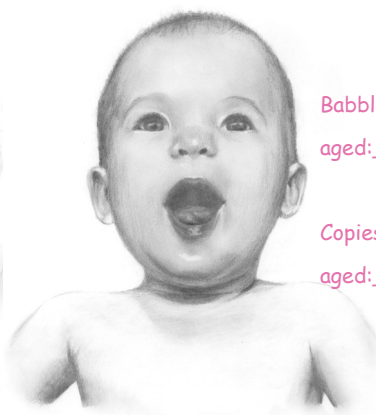


Babbles,

aged: \_\_\_\_\_

Copies noises,

aged: \_\_\_\_\_



Says "mama" - to anyone,

aged: \_\_\_\_\_



Says recognisable word,

aged: \_\_\_\_\_

Helps turn pages in a book,

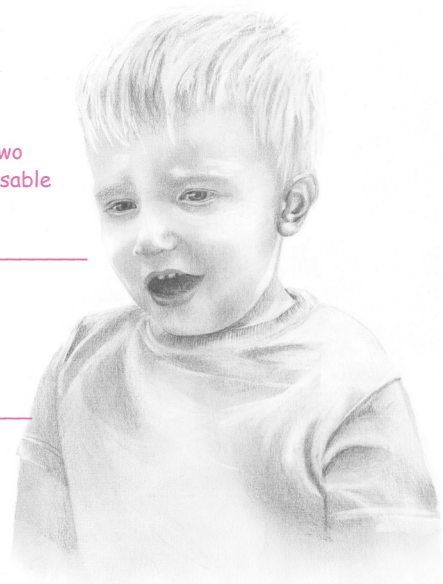
aged: \_\_\_\_\_

Joins two recognisable words,

aged: \_\_\_\_\_

Speaks in sentences,

aged: \_\_\_\_\_



## Finding Out About People



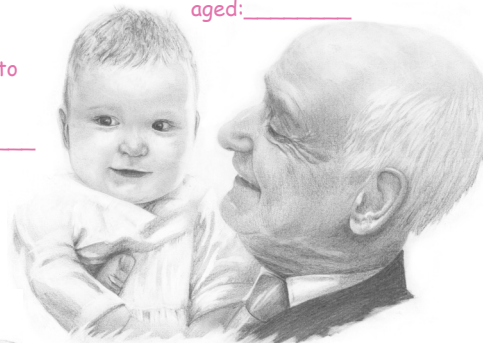
Stares at your face,

aged: \_\_\_\_\_



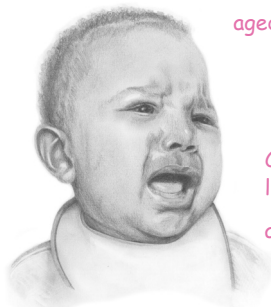
Moves eyes to watch you,

aged: \_\_\_\_\_



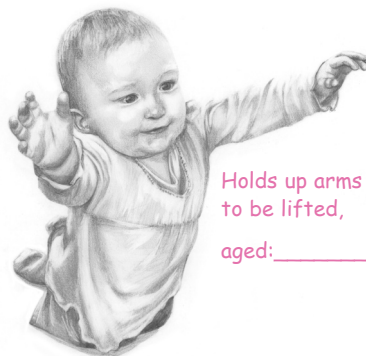
Smiles for special people,

aged: \_\_\_\_\_



Cries when you leave the room,

aged: \_\_\_\_\_



Holds up arms to be lifted,

aged: \_\_\_\_\_



Usually sleeps through the night,

aged: \_\_\_\_\_

## Your Child's Teeth

**Age when first tooth came through: .....**

As soon as the first tooth appears, brush 2 times a day. Use a smear of fluoride toothpaste.

Register your baby with a dentist as soon as possible after birth and if you haven't done this yet, please do so.

More information on caring for your child's teeth can be found at [www.childsmile.nhs.scot](http://www.childsmile.nhs.scot)



## Eye Checks

As part of the newborn and 6-8 week examinations and the 27-30 month review, your baby's eyes are checked carefully. In between then and the 4-5 year check, if you have concerns about your child's sight (such as a squint or lazy eye) at any stage, contact your Health Visitor, Family Nurse or Community Optometrist (optician).

### The 4-5 year old vision screening

Your child will be offered vision screening before or soon after they start primary school. This important eye check makes sure that your child's eyes are developing normally, especially as some eye problems need treatment before the age of 7.

It is not always easy to tell if your child can see properly, especially if the problem occurs in just one eye.

A squint is where the eyes are not looking in the same direction at the same time. It may not be obvious, but it can result in poorer sight in the squinting eye. Some children have poor sight in one eye without a squint and this may need treatment too.

Your child may also need glasses to help them see more clearly.

Contact your local health care team (Health Visitor, Family Nurse, School Nurse or Community Optometrist) if your child has not been tested by the end of Primary 1.



## Further eye tests

Short sightedness often doesn't develop until the early teenage years. Your child may have normal vision when they are young, but develop problems later. As your child gets older, if they seem to have difficulty seeing distant objects, it is important to take them to see a Community Optometrist for a free NHS eye examination.

Once your child is old enough to do the test, they will have their colour vision checked by their Community Optometrist as part of a routine eye examination. Colour deficiency (colour blindness) usually runs in families and there is no treatment. There are a few professions which have colour vision requirements and so awareness is important to steer career choices.

## 6-8 Week Review

This review is carried out by your Health Visitor, Family Nurse and Doctor. Below are some things you may want to talk about when you see them. However, if you are concerned about your child's health, growth or development you can contact your Health Visitor, Family Nurse or Doctor at any time.

Do you feel well yourself? Yes ☐ No ☐ Not Sure ☐ 

Do you have any concerns about feeding your baby? Yes ☐ No ☐ Not Sure ☐

Do you have any concerns about your baby's weight? Yes ☐ No ☐ Not Sure ☐

Does your baby watch your face and follow with his/her eyes? Yes ☐ No ☐ Not Sure ☐

Does your baby turn towards the light? Yes ☐ No ☐ Not Sure ☐

Does your baby smile at you? Yes ☐ No ☐ Not Sure ☐

Do you think your baby can hear you? Yes ☐ No ☐ Not Sure ☐

Is your baby startled by loud noises? Yes ☐ No ☐ Not Sure ☐

Are there any problems in looking after your baby? Yes ☐ No ☐ Not Sure ☐

Do you have any concerns about your baby? Yes ☐ No ☐ Not Sure ☐

Any other issues you would like to discuss? .....

.....

.....

.....



## Results of Newborn Screening

The results of the blood spot test (heel prick) are usually through by the 6-8 week review.

Ask your Health Visitor, Family Nurse or Doctor to show you the results on the computer form. They will also check that the results from the Newborn Hearing Screening are complete on this form.

## Development Checklists

The previous section is for you to record the age your child first learns to do various things. Your child is an individual and will develop at their own speed. For detailed information about what to expect in your child's development, and games and activities to help development, see the "Your Growing Baby" section in Ready Steady Baby!, and the "How am I Doing?" and "Playing It Right" sections in Ready Steady Toddler! (issued at 12 months).

Although all children are different, there are ages by which we know **most** children will be able to do a particular task, as in the checklists on the following pages. If your child has not reached one or more of the milestones, you can approach your Health Visitor/Family Nurse/Family Doctor for advice on what you can do to help them, and to check whether there is any reason why they have not yet learned that activity.

The checklists are to help you think about the progress your child is making, and decide whether you need to contact your local health team for advice or support. You know your child best, and the team will want to hear from you if you have any concerns.

If the answer to any (even just one) of the questions is no or not sure, contact your local team: ring your Health Visitor, Family Nurse drop in to their clinic, or make an appointment with your Family Doctor. It's not an emergency - try to see them within about a month.

If your child stops being able to do things which they could do before, it is very important to check whether there is something wrong, so make an appointment with your Family Doctor.

### 3 Months



Does your baby lift their head when lying on their tummy?

Yes ☐ No ☐ Not Sure ☐

Does your baby watch his/her hands?

Yes ☐ No ☐ Not Sure ☐

Does your baby notice people and playthings?

Yes ☐ No ☐ Not Sure ☐

Does your baby laugh, gurgle and coo?

Yes ☐ No ☐ Not Sure ☐

Does your baby quieten or smile to the sound of your voice even when you can't be seen?

Yes ☐ No ☐ Not Sure ☐

Are you happy with your baby's feeding, sleep and growth?

Yes ☐ No ☐ Not Sure ☐

Do you feel well yourself?

Yes ☐ No ☐ Not Sure ☐

Comments: .....

.....

.....

.....

## 6 Months



Does your baby sit with support?

Yes ☐ No ☐ Not Sure ☐

Does your baby roll over?

Yes ☐ No ☐ Not Sure ☐

Does your baby push up on the palms of the hands when lying on their tummy?

Yes ☐ No ☐ Not Sure ☐

Does your baby reach for and pick up toys?

Yes ☐ No ☐ Not Sure ☐

Does your baby look at things with interest?

Yes ☐ No ☐ Not Sure ☐

Does your baby turn their head to sounds?

Yes ☐ No ☐ Not Sure ☐

Does your baby vocalise - making vowel sounds, eg. a-a, aroo?

Yes ☐ No ☐ Not Sure ☐

Are you happy with your baby's feeding?

Yes ☐ No ☐ Not Sure ☐

Do you feel well yourself?

Yes ☐ No ☐ Not Sure ☐

Comments: .....

.....

.....

.....

## 9 Months



Can your baby sit without support?

Yes ☐ No ☐ Not Sure ☐

Can your baby reach out for things and pass objects from hand to hand?

Yes ☐ No ☐ Not Sure ☐

Can your baby eat finger foods themselves?

Yes ☐ No ☐ Not Sure ☐

Does your baby locate sounds quite accurately, turning the head to the correct side to listen to your voice or to the sound of a toy?

Yes ☐ No ☐ Not Sure ☐

Does your baby respond to their name?

Yes ☐ No ☐ Not Sure ☐

Does your baby babble and respond to you with noises (eg. dadada mamama bababa)?

Yes ☐ No ☐ Not Sure ☐

Does your baby enjoy peek-a-boo games?

Yes ☐ No ☐ Not Sure ☐

Are you happy with your baby's feeding, sleep and growth?

Yes ☐ No ☐ Not Sure ☐

Do you feel well yourself?

Yes ☐ No ☐ Not Sure ☐

Comments.....

.....

.....

.....

## 12 Months

Can your child move about by crawling, or shuffling on their bottom?

Yes ☐ No ☐ Not Sure ☐

Can your child pull themselves up into a standing position?

Yes ☐ No ☐ Not Sure ☐

Can your child reach for a toy when sitting, without falling over?

Yes ☐ No ☐ Not Sure ☐

Can your child use their index finger to poke at a small object?

Yes ☐ No ☐ Not Sure ☐

Can your child bring fingers and thumb together to pick up something small?

Yes ☐ No ☐ Not Sure ☐

Does your child recognise people they know from a distance?

Yes ☐ No ☐ Not Sure ☐

Does your child understand some words/phrases eg. no, bye bye, where's mummy?

Yes ☐ No ☐ Not Sure ☐

Can your child drink from a feeder cup?

Yes ☐ No ☐ Not Sure ☐

Are you brushing your child's teeth every day?

Yes ☐ No ☐ Not Sure ☐

Are you happy with your child's feeding, sleep, growth and behaviour?

Yes ☐ No ☐ Not Sure ☐

Do you feel well yourself?

Yes ☐ No ☐ Not Sure ☐

Comments.....  
.....  
.....

## 18 Months



Can your child walk 10 steps unaided?

Yes ☐ No ☐ Not Sure ☐

Can your child put things in and out of containers?

Yes ☐ No ☐ Not Sure ☐

Can your child scribble with a crayon?

Yes ☐ No ☐ Not Sure ☐

Can your child recognise pictures?

Yes ☐ No ☐ Not Sure ☐

Can your child understand a simple instruction e.g. get your cup?

Yes ☐ No ☐ Not Sure ☐

Does your child use a few recognisable words?

Yes ☐ No ☐ Not Sure ☐

Does your child point to make requests and show interest?

Yes ☐ No ☐ Not Sure ☐

Can your child feed themselves a little with a spoon (making a mess!)?

Yes ☐ No ☐ Not Sure ☐

Are you happy with your baby's feeding, sleep, growth and behaviour?

Yes ☐ No ☐ Not Sure ☐

Do you feel well yourself?

Yes ☐ No ☐ Not Sure ☐

Comments: .....  
 .....  
 .....

## 2 Years



Can your child run? Yes ☐ No ☐ Not Sure ☐

Can your child kick a ball? Yes ☐ No ☐ Not Sure ☐

Can your child sit astride a small trike and paddle it along (taking little interest in pedals)? Yes ☐ No ☐ Not Sure ☐

Can your child turn the pages of a book one at a time? Yes ☐ No ☐ Not Sure ☐

Can your child recognise themselves in a photo? Yes ☐ No ☐ Not Sure ☐

Can your child point to parts of the body (eg. eyes, nose, mouth) when asked? Yes ☐ No ☐ Not Sure ☐

Can your child put two (or more) words together eg. more milk? Yes ☐ No ☐ Not Sure ☐

Does your child copy activities in play, eg. feeding teddy? Yes ☐ No ☐ Not Sure ☐

Can your child pull off some of their own clothes, and help when dressing? Yes ☐ No ☐ Not Sure ☐

Are you happy with your child's feeding, sleep, growth and behaviour? Yes ☐ No ☐ Not Sure ☐

Do you feel well yourself? Yes ☐ No ☐ Not Sure ☐

Comments.....

.....



### 3 Years

**NB: Remember to find out when your child will be able to start their free pre-school education sessions.** Contact your local authority's education department or look at [www.scottishchildcare.gov.uk](http://www.scottishchildcare.gov.uk) for details on eligibility, enrolment times and local nurseries/partner centres.

Can your child walk up and down stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Can your child jump from the bottom step?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Can your child pedal a tricycle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Can your child use a pencil with good control, and draw some recognisable forms, eg. line, circle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Can your child drink from a cup without a lid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Does your child understand instructions containing ideas such as big/little, in/on, eg. put teddy <u>on</u> the table, put the <u>big</u> doll <u>in</u> the box?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Can your child have simple conversations about their experiences, eg. "me play sand a' nursery", "me falled over"?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Does your child use eye contact and a range of facial expressions in their communication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Can your child stay dry during the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Are you happy with your child's feeding, sleep, growth and behaviour?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Do you feel well yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>

Comments: .....

.....





Health services  
and information  
sources

## Who Can Make Decisions?

### Parental Responsibilities and Rights (PRRs), and Consent for the Child Health Programme

If it is difficult for you to accompany your child for an appointment, you may want someone else, such as a grandparent, to take them. For simple review appointments, we can take the fact that the child is brought as an indication of consent for the review to take place. Some reviews in school take place without a parent present - in which case we ask for signed consent in advance (consent for school reviews and screens may be taken at starting school). By law, dental inspections do not require parental consent.

In some situations, Scots law allows any person caring for a child, such as a grandparent, babysitter or friend to give consent to any surgical, medical or dental treatment or procedure if it is in the child's best interests. This ability to consent only applies where:

- \* the child cannot consent themselves and
- \* the person consenting does not know that a parent of the child would refuse to give this consent

A range of people may have PRRs in relation to a child:

- \* The child's mother
- \* The child's father if:
  - he was married to the mother either when the child was conceived or afterwards,
  - he was not married to the mother but he jointly signs the Birth Register with her on or after 4 May 2006,
  - he was not married to the mother but the mother has agreed he should have PRRs, and they have completed and registered a special form, or
  - he is not married to the mother but the court has made an order giving him PRRs.
- \* The child's second female parent under the Human Fertilisation and Embryology Act 2008 (HFEA), if:
  - she was in a civil partnership with the child's mother and is the child's parent by virtue of section 42 of the HFEA
  - she is the child's parent by virtue of section 43 of the HFEA and she jointly signed the birth register with the mother
  - she and the mother have agreed she should have PRRs and they have completed and registered a special form
  - the court has given her PRRs.
- \* A guardian who has been properly appointed (in the event of the parent's death)
- \* Adoptive parents, in relation to adopted children
- \* Local authorities who have been given PRRs by the court in relation to looked after children - a parental responsibilities order (sections 86 to 89 of the Children (Scotland) Act 1995).
- \* Other adults can also hold PRRs if this is decided in court.

A Scottish Government leaflet Joint Birth Registration in Scotland and other information about family law in Scotland is available at [www.scotland.gov.uk/familylaw](http://www.scotland.gov.uk/familylaw)

## Information Sources

Parent Club offers up-to-date guidance from the Scottish Government on your child's health and education. It also has advice to help you look after your own wellbeing and to point you in the direction of the support available. <https://www.parentclub.scot/>

These free books are produced by Public Health Scotland. They will be offered to you by your Midwife or Health Visitor, Family Nurse at the appropriate time. Public Health Scotland is happy to consider requests for other languages or formats (translations, easy to read, audio, BSL, large print and braille). Please contact 0131 314 5300 or email [phs.otherformats@phs.scot](mailto:phs.otherformats@phs.scot).



### **Ready Steady Baby!**

This book aims to provide practical information for all parents-to-be throughout their pregnancy, labour, and until their baby is one year old. You will have received this from your midwife early in your pregnancy. There is also a Ready Steady Baby! website ([www.readysteadybaby.org.uk](http://www.readysteadybaby.org.uk)) and a free Ready Steady Baby! App, available to download for IOS, Android and Blackberry. Parents can also request easy read versions and the Young Parent Survival Guide.

## Information Sources

### Five Family Payments



Scottish Child Payment, Best Start Foods and the 3 Best Start Grant payments - Pregnancy and Baby Payment, Early Learning Payment and School Age Payment - are known as the five family payments. If you are pregnant or care for a child under the age of 16 years old and receive income related benefits, you could qualify for one or more of the five family payments. If you are under 18, or you're 18 or 19 and someone is getting benefits for you, you may be able to qualify for Best Start Foods and Best Start Grant even if you do not receive income related benefits. For more information and to apply go to [www.mygov.scot/beststart](http://www.mygov.scot/beststart) and [www.mygov.scot/scottish-child-payment](http://www.mygov.scot/scottish-child-payment) or call Social Security Scotland on 0800 182 2222.

### Vitamin D

The main UK expert committee on nutrition has reviewed the research evidence on Vitamin D. Based on their advice, the Scottish Government now provides free vitamin D supplements to all children from birth until their third birthday. For more details ask your Health Visitor or Family Nurse. More information can be found here: <https://www.gov.scot/publications/vitamin-d-advice-for-all-age-groups/pages/advice-for-parents/>

Look out for your free baby and toddler books (given out by your health visitor) and pre-school book (from nursery).

These books contain simple activities and play ideas for you and your baby at home.



## Sources of help

We all want to do the best for our children. Sometimes we need advice and support to help us with this. Family, friends and local professionals may be very helpful. Find hints and tips from parents who have done it all before, backed up by help from experts you can trust on the Parent Club website at [www.parentclub.scot](http://www.parentclub.scot). There are also some national groups who can help: look at the lists in the back of Ready Steady Baby! These include groups who can help if your child has additional needs. General information on feeding your baby can be found on the Parent Club website. Breastfeeding support is available from the National Breastfeeding Helpline on 0300 100 0212 (every day from 9.30am-9.30pm) and information on caring for your child's teeth can be found at [www.child-smile.org](http://www.child-smile.org)

NHS Inform provides information on what to do and where and when to seek medical help if your child is unwell:

[www.nhsinform.scot/illnesses-and-conditions/lungs-and-airways/if-your-child-has-cold-or-flusymptoms/](http://www.nhsinform.scot/illnesses-and-conditions/lungs-and-airways/if-your-child-has-cold-or-flusymptoms/)

Being a parent or carer is not always easy and sometimes you may need some help. [www.parentclub.scot/family-support-directory](http://www.parentclub.scot/family-support-directory) the Family Support Directory brings together all the helpful organisations, benefits and information that support parents and carers, no matter what your situation or stage your child is at. A page on what you are entitled to has been developed as part of the cost of living crisis work and can be accessed here: [Money & Work | Parent Club](#)

## Young Patients Family Fund

If your child becomes unwell and requires hospital treatment you may be entitled to financial help to help with the cost of visiting them in hospital. More information on the fund and who is eligible to claim can be found here: [www.mygov.scot/young-patients-family-fund](http://www.mygov.scot/young-patients-family-fund)



## Insert from the Baby Friendly Initiative: Infant feeding and Relationships

### Welcoming baby to the world

A lovely way to welcome your baby to the world is to spend time holding her in skin to skin contact. Placing her on your skin so she can hear your heartbeat, recognise your smell and listen to your voice will offer reassurance that she is in a safe place. You can continue with skin to skin contact long after those initial first few days to calm your baby before a feed, provide reassurance and to help keep her warm.

### Breastfeeding in the early days and weeks

Keep your baby close to you so you can recognise the signals that tell you she is hungry, thirsty or would just like a cuddle. Responding to these signals before your baby gets upset will help her feel safe and secure. You can offer your baby a feed if your breasts are full, if you need to fit in a feed around other commitments, or anytime you want to sit down and spend time with your baby. This is known as responsive breastfeeding. It will ensure that you make enough milk for your growing baby.

You can't overfeed a breastfed baby and so feeding whenever either of you want, will help make life easier and ensure that you make enough milk for your growing baby.

- Night feeds are important to help maintain a good milk supply, as your milk making hormones are higher at night. See you leaflet 'Caring for your baby at night' ([unicef.uk/caringatnight](http://unicef.uk/caringatnight)) for some helpful information.
- Try to avoid using teats and dummies when baby is learning to breastfeed as it may be confusing

- Breastfeeding works on a supply and demand basis: the more milk your baby takes, the more you will make
- Giving your baby breastmilk and nothing else, will provide her with maximum protection from infections, allergies and ensure that all her nutritional needs are met.
- To get things off to a great start, offer feeds when baby shows early signals of being hungry, tired, or just needs some time with you.
- If you do decide to introduce formula you can carry on giving some breastmilk as well. The more breastmilk you give the better the nutrition and protection will be for your baby.
- Your midwife and health visitor will be able to help you with breastfeeding so do make sure you ask.
- You can also talk to the National Breastfeeding Helpline on 0300 100 0212, for confidential advice and support, or visit Parent Club  
<https://www.parentclub.scot> for more breastfeeding tips.

### **Responsive bottle feeding**

If you have decided to bottle feed your baby, the following information will help you do so as safely as possible and will help you and your baby have a close and loving feeding experience. Even if you have bottle fed before, talk to your health visitor about the latest information on sterilising, types of milk to use and how to make up feeds as safely as possible.

It is best for just you and your partner to feed baby in the early weeks. This will help baby to feel safe and secure, get used to your way of feeding, and enable you to form a close loving bond with her.

### **Tips for bottle feeding**

- Offer feeds when baby shows early signals of being hungry
- If baby is upset, try to soothe her before you offer a feed. Skin contact is great for calming babies at any time
- Hold baby close to you, in a slightly upright position
- Look into baby's eyes and talk gently to her
- Gently rub the teat above baby's top lip to encourage her to open her mouth and poke her tongue out
- Place the teat into front of baby's mouth allowing her to draw it further in
- Allow just enough milk to cover teat and pace the feed to meet baby's needs, gently removing it if baby appears to want a break
- Offer frequent breaks throughout the feed sitting baby upright to help bring up her wind
- Never force baby to take a whole feed as she will know when she has had enough
- Discard any leftover milk

### **Helping your baby grow and develop**

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. Babies don't become spoilt or demanding if they are given too much attention. When babies' needs for love and comfort are met, they will be calmer and grow up to become happy, healthy, secure children and adults.

When babies feel secure they release a hormone called oxytocin, which helps them to be happy babies, and also helps their brain to grow and develop. Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.

Babies love looking into their parents' eyes: when we look at babies in a loving way our pupils (the dark circle in the centre of our eyes) become bigger. Babies pick up on this and know that they are loved. This makes them feel happy and secure.

## **Breastfeeding Friendly Scotland**



This national Breastfeeding Friendly Scotland scheme was launched by the Scottish Government and is aimed at supporting women to feel confident when breastfeeding out and about. The Breastfeeding Friendly Scotland 'sticker' lets you know that businesses like cafés and restaurants will look after and welcome breastfeeding mums. You can also find breastfeeding friendly venues near you on the Parent Club website.

## Scotland's Baby Box

The Baby Box is a universal gift from the Scottish Government to help all families prepare for the arrival of their baby and provide them with a safe comfortable place for their baby to sleep. The Baby Box provides essential items to support you and your baby in the first 6 months, such as:

- a selection of clothes from newborn up to the age of 6 months
- everyday must haves, like a bath towel, a travel changing mat, muslin cloth squares and a bib
- books so you and your wee one can read together
- a digital under arm thermometer for taking your baby's temperature

You should have received your Baby Box 4-6 weeks before your babies due date. If you haven't received your Baby Box please speak to your midwife or health visitor.

More information on the Baby Box is on the Parent Club website at <http://www.parentclub.scot/>

# Bookbug

The Bookbug programme gives all children in Scotland the best start in life by encouraging families to read and sing together, it's lots of fun and just a few minutes a day will:

- Develop your child's language skills
- Give you time to cuddle and help you bond with your child
- Help you and your child relax
- Boost your child's confidence
- Encourage drawing and writing
- Give your child a head start in life



## The Bookbug Bags

We gift books to every baby, toddler, 3 and 5 year-old in Scotland in four age appropriate Bookbug Bags:

- Bookbug Baby Bag (gifted by your health visitor in your baby's first year)
- Bookbug Toddler Bag (gifted by your health visitor when your toddler is aged 1-2 years)
- Bookbug Explorer Bag (gifted at nursery when your child is aged 3 years)
- Bookbug Primary 1 Family Bag (gifted at school when your child is in P1)

If you haven't received your free Bookbug Baby Bag, please ask your health visitor for more details.

We also can provide touchy-feely books for children and families with additional support needs.

## Bookbug Sessions

Bookbug Sessions take place at your local library or community group. These are free, fun-filled sessions for 0-4 year-olds. Find details of your local Bookbug Session at

[www.scottishbooktrust.com/localbookbugsessions](http://www.scottishbooktrust.com/localbookbugsessions)

Bookbug is run by Scottish Book Trust and funded by the Scottish Government and Creative Scotland. Local Bookbug activity is co-ordinated by the library service or education department in conjunction with the NHS. For more information go to [www.scottishbooktrust.com/bookbug](http://www.scottishbooktrust.com/bookbug)




## Notes and Growth Charts





## Notes Pages for Health Professionals


These pages are for Health Professionals who are in contact with your child to record information and treatment.

 Date	Where seen	Comments & any advice or treatment	Name & designation

All entries should be signed and dated.

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 Date	Where seen	Comments & any advice or treatment	Name & designation

All entries should be signed and dated.

These pages are for you to record any information about your child's health and/or development. You can also keep a note here of anything you would like to discuss with a Health Professional or others involved in your child's care. Remember to take this book with you.

All entries should be signed and dated.

## Notes Pages for Parents/Carers

These pages are for you to record any information about your child's health and/or development. You can also keep a note here of anything you would like to discuss with a Health Professional or others involved in your child's care. Remember to take this book with you.



Date	Where seen	Comments & any advice or treatment

All entries should be signed and dated.

These pages are for you to record any information about your child's health and/or development. You can also keep a note here of anything you would like to discuss with a Health Professional or others involved in your child's care. Remember to take this book with you.

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Date	Where seen	Comments & any advice or treatment

All entries should be signed and dated.



## Dental Care Notes

Dental Care Programme

Routine ☐

Enhanced ☐

Record Childsmile programme and dental practice visits here

 Date	Where seen	Comments & any advice or treatment	Name & designation	Tick if fluoride varnish applied

All entries should be signed and dated.

# Dental Care Notes

Dental Care Programme      Routine ☐      Enhanced ☐

 Record Childsmile programme and dental practice visits here

Date	Where seen	Comments & any advice or treatment	Name & designation	Tick if fluoride varnish applied

All entries should be signed and dated.

## Dental Care Notes

Dental Care Programme

Routine ☐

Enhanced ☐

Record Childsmile programme and dental practice visits here



Date	Where seen	Comments & any advice or treatment	Name & designation	Tick if fluoride varnish applied

All entries should be signed and dated.

# Dental Care Notes

Dental Care Programme      Routine ☐      Enhanced ☐

 Record Childsmile programme and dental practice visits here

Date	Where seen	Comments & any advice or treatment	Name & designation	Tick if fluoride varnish applied

All entries should be signed and dated.

## Insert from the Baby Friendly Initiative: Infant feeding and Relationships

### Breastfeeding in the early days and weeks

Keep your baby close to you so you can recognise the signals that tell you she is hungry, thirsty or would just like a cuddle. Responding to these signals before your baby gets upset will help her feel safe and secure. You can offer your baby a feed if your breasts are full, if you need to fit in a feed around other commitments, or anytime you want to sit down and spend time with your baby. This is known as responsive breastfeeding. It will ensure that you make enough milk for your growing baby. You can't overfeed a breastfed baby and so feeding whenever either of you want, will help make life easier and ensure that you make enough milk for your growing baby.

- Night feeds are important to help maintain a good milk supply, as your milk making hormones are higher at night. See the leaflet 'Caring for your baby at night' ([unicef.uk/caringatnight](https://www.unicef.uk/caringatnight)) for some helpful information.
- Try to avoid using teats and dummies when baby is learning to breastfeed as this may be confusing.
- Breastfeeding works on a supply and demand basis: the more milk your baby takes, the more you will make.
- Giving your baby breastmilk and nothing else, will provide her with maximum protection from infections, allergies and ensure that all her nutritional needs are met.
- If you do decide to introduce formula you can carry on giving some breastmilk as well. The more breastmilk you give the better the nutrition and protection will be for your baby.
- To get things off to a great start, offer feeds when baby shows early signals of being hungry, tired, or just needs some time with you.
- If baby is upset, try to soothe him before you offer a feed. Skin contact is great for calming babies at any time.
- You can talk to The National Breastfeeding Helpline on 0300 100 0212, for confidential advice and support.

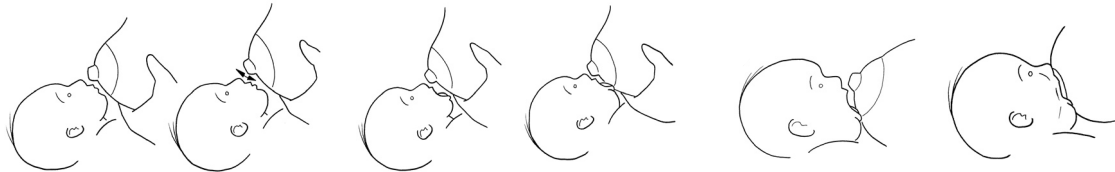


## Insert from the Baby Friendly Initiative: Infant feeding and Relationships

### Breastfeeding tips

Your midwife and health visitor will be able to help you with breastfeeding so do make sure you ask. Here are some extra things that can help you and baby get breastfeeding off to a good start:

- Hold baby close to you with his nose, tummy and toes in a line facing your breast.
- Make sure baby's head is free so he can tilt his head back as he comes onto your breast
- Gently rub your nipple in the space between baby's top lip and nose to encourage him to open his mouth wide.
- Watch and wait until baby opens his mouth, pokes his tongue out slightly and tilts his head back, then gently bring him towards your breast, allowing your nipple to slip under baby's top lip towards the roof of his mouth.
- You might feel a drawing sensation (may or may not be painful) but this should stop within a minute or so. If pain continues you can break baby's suction by gently placing your finger inside the side of his mouth, to start again.



## Insert from the Baby Friendly Initiative: Infant feeding and Relationships

### Responsive bottle feeding

If you have decided to bottle feed your baby, the following information will help you do so as safely as possible and will help you and your baby have a close and loving feeding experience. Even if you have bottle fed before, talk to your health visitor about the latest information on sterilising, types of milk to use and how to make up feeds as safely as possible.

It is best for just you and your partner to feed baby in the early weeks. This will help baby to feel safe and secure, get used to your way of feeding, and enable you to form a close loving bond with her.

### Tips for bottle feeding

- Offer feeds when baby shows early signs of being hungry.
- If baby is upset, try to soothe her before you offer a feed. Skin contact is great for calming babies at any time.
- Hold baby close to you, in a semi-upright position.
- Look into baby's eyes and talk gently to her.
- Gently rub the teat against baby's top lip to encourage her to open her mouth and poke her tongue out.
- Place the teat into the front of baby's mouth allowing her to draw it further in, keeping the bottle in a horizontal position (or just slightly tipped) to prevent milk flowing too fast.
- Follow baby's cues for when they need a break and gently remove the teat or bring the bottle downwards to cut off the flow of milk.
- Your baby will know how much milk they need. Forcing your baby to finish a feed will be distressing and can mean your baby is overfed.







## Insert from the Baby Friendly Initiative: Infant feeding and Relationships

### Helping your baby grow and develop

- New babies have a strong need to be close to their parents, as this helps them to feel secure and loved.
- Babies don't become spoilt or demanding if they are given too much attention.
- When babies' needs for love and comfort are met, they will be calmer and grow up to become happy, healthy, secure children and adults.
- When babies feel secure they release a hormone called oxytocin, which helps them to be happy babies, and also helps their brains to grow and develop.
- Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.
- Breastfeeding provides everything your baby needs in terms of nutrition, protection and comfort. The hormones that make your milk are also the hormones that help you form a loving bond with your baby.
- Oxytocin levels are high during breastfeeding, helping your baby's brain to grow.
- If you are bottle feeding you can help raise oxytocin levels by doing things such as holding baby close, looking into his eyes, talking to him and spending time in skin-to-skin contact.
- Babies love looking into their parents' eyes: when we look at babies in a loving way our pupils (the dark circle in the centre of our eyes) become bigger. Babies pick up on this and know that they are loved. This makes them feel happy and secure.





# Insert from the Baby Friendly Initiative: Infant feeding and Relationships

## Breastfeeding assessment form

How you and your health visitor can recognise that your baby is feeding well			This assessment tool was developed for use in or around day 10-14	
What to look for/ask about	✓	✓		
<b>Your baby:</b>			<b>Wet nappies:</b>	
has at least 8-12 feeds in 24 hours			Nappies should feel heavy. To get an idea of how this feels take a nappy and add 2-4 tablespoons of water as this will help you know what to expect.	
is generally calm and relaxed when feeding and content after most feeds				
will take deep rhythmic sucks and you will hear swallowing			<b>Stools/dirty nappies:</b>	
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously			By day 10-14 babies should pass frequent soft runny yellow stools every day with 2 stools being the minimum you would expect.	
has a normal skin colour and is alert and waking for feeds			After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more without stooling. Breastfed babies are never constipated and when they do pass a stool it will still be soft, yellow and abundant.	
has regained birth weight				
<b>Your baby's nappies:</b>				
at least 6 heavy, wet nappies in 24 hours				
at least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more				
<b>Your breasts:</b>			<b>Feed frequency:</b>	
breasts and nipples are comfortable			Young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.	
nipples are the same shape at the end of the feed as the start				
how using a dummy/nipple shields/infant formula can impact on breastfeeding?				
			<b>Care plan commenced: Yes/No</b>	
<b>Date</b>				
<b>Health visitor initials</b>				
Health Visitor: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.				

# Insert from the Baby Friendly Initiative: Infant feeding and Relationships

**Conversations guidance: please ask your health visitor to complete this**

## Conversations for the health visiting team: Key points

Remember: explore what parents already know → accept → offer relevant information\*

All breastfeeding mother/baby dyads should have a feeding assessment using the breastfeeding assessment form during the new birth visit and an appropriate plan of care made. This may include referral for additional/specialist support

New birth visit	Continued breastfeeding
<p>All mothers are offered support and information on:</p> <ul style="list-style-type: none"> <li>• The importance of closeness and responsiveness for mother-baby well-being</li> <li>• How to hold their baby for feeding</li> <li>• Responsive feeding</li> <li>• Where to access feeding and social support within the local area</li> <li>• Caring for their baby at night</li> </ul> <p>All breastfeeding mothers are offered support and information on:</p> <ul style="list-style-type: none"> <li>• Why hand expression is a useful skill and how to do it</li> <li>• How to recognise effective feeding</li> <li>• The value of breastfeeding</li> </ul> <p>Mothers who formula feed are offered support on:</p> <ul style="list-style-type: none"> <li>• Sterilising equipment and making up feeds</li> <li>• Feeding their baby first milks</li> <li>• Responsive bottle feeding</li> <li>• Limiting the number of people who feed their baby</li> </ul>	<p>All mothers are offered support and information on:</p> <ul style="list-style-type: none"> <li>• Appropriate introduction of solid foods</li> </ul> <p>All breastfeeding mothers are offered support and information on:</p> <ul style="list-style-type: none"> <li>• Feeding whilst out and about</li> <li>• Maximising breastmilk if other milks have been introduced</li> <li>• Continuing to breastfeed upon return to work</li> </ul>
<p>Signature:</p> <p>Date:</p> <p>Comments:</p>	<p>Signature:      Date:      Comments:</p> <p>1</p> <p>2</p> <p>3</p>

\*refer to the health professionals' guide for more information: <http://unicef.uk/conversations>

# Weight Conversion Chart

gm	lbs	oz	gm	lbs	oz	gm	lbs	oz	gm	lbs	oz	gm	lbs	oz
500	1	2	3.05	6	11	5.65	12	7	8.20	18	1	10.80	23	12
550	1	3	3.10	6	13	5.70	12	9	8.25	18	2	10.85	23	14
600	1	5	3.15	6	15	5.75	12	10	8.30	18	4	10.90	24	0
650	1	7	3.20	7	1	5.80	12	12	8.35	18	6	10.95	24	1
700	1	9	3.25	7	2	5.85	12	14	8.40	18	8	11kg		
750	1	10	3.30	7	4	5.90	13	0	8.45	18	9	11.00	24	3
800	1	12	3.35	7	6	5.95	13	1	8.50	18	11	11.05	24	5
850	1	14	3.40	7	8	6kg			8.55	18	13	11.10	24	7
900	2	0	3.45	7	9	6.00	13	3	8.60	18	15	11.15	24	8
950	2	1	3.50	7	11	6.05	13	5	8.65	19	0	11.20	24	10
1kg			3.55	7	13	6.10	13	7	8.70	19	2	11.25	24	12
1.00	2	3	3.60	7	15	6.15	13	8	8.75	19	4	11.30	24	14
1.05	2	5	3.65	8	0	6.20	13	10	8.80	19	6	11.35	25	0
1.10	2	7	3.70	8	2	6.25	13	12	8.85	19	8	11.40	25	1
1.15	2	8	3.75	8	4	6.30	13	14	8.90	19	9	11.45	25	3
1.20	2	10	3.80	8	6	6.35	14	0	8.95	19	11	11.50	25	5
1.25	2	12	3.85	8	8	6.40	14	1	9kg			11.55	25	7
1.30	2	14	3.90	8	9	6.45	14	3	9.00	19	13	11.60	25	8
1.35	3	0	3.95	8	11	6.50	14	5	9.05	19	15	11.65	25	10
1.40	3	1	4kg			6.55	14	7	9.10	20	0	11.70	25	12
1.45	3	3	4.00	8	13	6.60	14	8	9.15	20	2	11.75	25	14
1.50	3	5	4.05	8	15	6.65	14	10	9.20	20	4	11.80	25	15
1.55	3	7	4.10	9	0	6.70	14	12	9.25	20	6	11.85	26	1
1.60	3	8	4.15	9	2	6.75	14	14	9.30	20	7	11.90	26	3
1.65	3	10	4.20	9	4	6.80	14	15	9.35	20	9	11.95	26	5
1.70	3	12	4.25	9	6	6.85	15	1	9.40	20	11	12kg		
1.75	3	14	4.30	9	7	6.90	15	3	9.45	20	13	12.00	26	6
1.80	3	15	4.35	9	9	6.95	15	5	9.50	20	14	12.05	26	8
1.85	4	1	4.40	9	11	7kg			9.55	21	0	12.10	26	10
1.90	4	3	4.45	9	13	7.00	15	6	9.60	21	2	12.15	26	12
1.95	4	5	4.50	9	14	7.05	15	8	9.65	21	4	12.20	26	13
2kg			4.55	10	0	7.10	15	10	9.70	21	5	12.25	26	15
2.00	4	6	4.60	10	2	7.15	15	12	9.75	21	7	12.30	27	1
2.05	4	8	4.65	10	4	7.20	15	13	9.80	21	9	12.35	27	3
2.10	4	10	4.70	10	5	7.25	15	15	9.85	21	11	12.40	27	4
2.15	4	12	4.75	10	7	7.30	16	1	9.90	21	12	12.45	27	6
2.20	4	13	4.80	10	9	7.35	16	3	9.95	21	14	12.50	27	8
2.25	4	15	4.85	10	11	7.40	16	4	10kg			12.55	27	10
2.30	5	1	4.90	10	12	7.45	16	6	10.00	22	0	12.60	27	12
2.35	5	3	4.95	10	14	7.50	16	8	10.05	22	2	12.65	27	13
2.40	5	4	5kg			7.55	16	10	10.10	22	4	12.70	27	15
2.45	5	6	5.00	11	0	7.60	16	12	10.15	22	5	12.75	28	1
2.50	5	8	5.05	11	2	7.65	16	13	10.20	22	7	12.80	28	3
2.55	5	10	5.10	11	4	7.70	16	15	10.25	22	9	12.85	28	4
2.60	5	12	5.15	11	5	7.75	17	1	10.30	22	11	12.90	28	6
2.65	5	13	5.20	11	7	7.80	17	3	10.35	22	12	12.95	28	8
2.70	5	15	5.25	11	9	7.85	17	4	10.40	22	14	13kg		
2.75	6	1	5.30	11	11	7.90	17	6	10.45	23	0	13.00	28	10
2.80	6	3	5.35	11	12	7.95	17	8	10.50	23	2			
2.85	6	4	5.40	11	14	8kg			10.55	23	3			
2.90	6	6	5.45	12	0	8.00	17	10	10.60	23	5			
2.95	6	8	5.50	12	2	8.05	17	11	10.65	23	7			
3kg			5.55	12	3	8.10	17	13	10.70	23	9			
3.00	6	10	5.60	12	5	8.15	17	15	10.75	23	10			

cm	ft in
30.5	1 0.0
31.0	1 0.2
31.5	1 0.4
32.0	1 0.6
32.5	1 0.8
33.0	1 1.0
33.5	1 1.2
34.0	1 1.4
34.5	1 1.6
35.0	1 1.8
35.5	1 2.0
36.0	1 2.2
36.5	1 2.4
37.0	1 2.6
37.5	1 2.8
38.0	1 3.0
38.5	1 3.2
39.0	1 3.4
39.5	1 3.6
40.0	1 3.7
40.5	1 3.9
41.0	1 4.1
41.5	1 4.3
42.0	1 4.5
42.5	1 4.7
43.0	1 4.9
43.5	1 5.1
44.0	1 5.3
44.5	1 5.5
45.0	1 5.7
45.5	1 5.9
46.0	1 6.1
46.5	1 6.3
47.0	1 6.5
47.5	1 6.7
48.0	1 6.9
48.5	1 7.1
49.0	1 7.3
49.5	1 7.5
50.0	1 7.7
50.5	1 7.9
51.0	1 8.1
51.5	1 8.3
52.0	1 8.5
52.5	1 8.7
53.0	1 8.9
53.5	1 9.1
54.0	1 9.3
54.5	1 9.5
55.0	1 9.7
55.5	1 9.9
56.0	1 10.0
56.5	1 10.2
57.0	1 10.4
57.5	1 10.6
58.0	1 10.8
58.5	1 11.0
59.0	1 11.2
59.5	1 11.4
60.0	1 11.6
60.5	1 11.8
61.0	2 0.0
61.5	2 0.2
62.0	2 0.4
62.5	2 0.6
63.0	2 0.8
63.5	2 1.0
64.0	2 1.2