# Priority Topic: WELL-BABY CARE

## Key Features:

I am including the entire ABCdaire: Suivi periodique des enfants 0-5 ans. Section IV is particularly useful for most of these sections below.

Some may prefer the National Rourke Guide – If you use this to study, make sure you scroll all the way down to the explanation section

- ✓ Rourke National 2017 - English
- ✓ Rourke Nationale 2017 - Français

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**1.** Measure and chart growth parameters, including head circumference, at each assessment; examine appropriate systems at appropriate ages, with the use of an evidence-based pediatric flow sheet such as the Rourke Baby Record.

### What you should study:

- ✓ Utilisation Courbes Croissance
  Brief summary of “definitions” of childhood obesity and underweight (for those who just want: “quick numbers”
- ✓ WHO interpreting indicators For those who want a more extensive review of interpreting growth curves, see WHO learning module

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**2.** Modify the routine immunization schedule in those patients who require it (e.g., those who are immunocompromised, those who have allergies).

### What you should study:

- ✓ Vaccination of Immunocompromised Host IDSA 2013
- ✓ Guidelines for vaccination of Egg Allergic Individual ASCIA 2017
3. **Anticipate and advise** on breast-feeding issues (e.g., weaning, returning to work, sleep patterns) beyond the newborn period to **promote breast-feeding** for **as long as it is desired**.

**What you should study:**

- ✓ Weaning from the breast CPS 2013-16
- ✓ Diagnosis and Management of Common Sleep Problems in Children AAP 2011
- ✓ Breastfeeding - the essential principles AAP 2006

4. At each assessment, **provide parents with anticipatory advice** on pertinent issues (e.g., feeding patterns, development, immunization, parenting tips, antipyretic dosing, safety issues).

**What you should study:**

Both the Rourke and the ABCdaire contain lots of **anticipatory guidance advice**

- ✓ Anticipatory Guidance AAP Guideline

5. Ask about **family adjustment to the child** (e.g., sibling interaction, changing roles of both parents, involvement of extended family).

- ✓ **Just do it! (Think SOO!)**
6. With parents reluctant to vaccinate their children, address the following issues so that they can make an informed decision:

- their understanding of vaccinations.
- the consequences of not vaccinating (e.g., congenital rubella, death).
- the safety of unvaccinated children (e.g., no Third World travel).

**What you should study:**

✓ I’ve screened a lot of materials, and this source summarizes discussion points with patients well: [http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-04-eng.php](http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-04-eng.php)

7. When recent innovations (e.g., new vaccines) and recommendations (e.g., infant feeding, circumcision) have conflicting, or lack defined, guidelines, discuss this information with parents in an unbiased way to help them arrive at an informed decision.

✓ Just do it!

8. Even when children are growing and developing appropriately, evaluate their nutritional intake (e.g., type, quality, and quantity of foods) to prevent future problems (e.g., anemia, tooth decay), especially in at-risk populations (e.g., the socioeconomically disadvantaged, those with voluntarily restricted diets, those with cultural variations).

**What you should study:** see also Priority Topic Anemia

✓ Picky Eaters CPS 2017
✓ Nutrition for Healthy Term Infants 6-24 mo CPS 2014
✓ Anemia in Peds AAP 2010
✓ Iron deficiency in peds AAFP 2016
✓ Fluoride and Dental Caries in Children AAP 2014