



SLS(A2)

Maternal and Child health

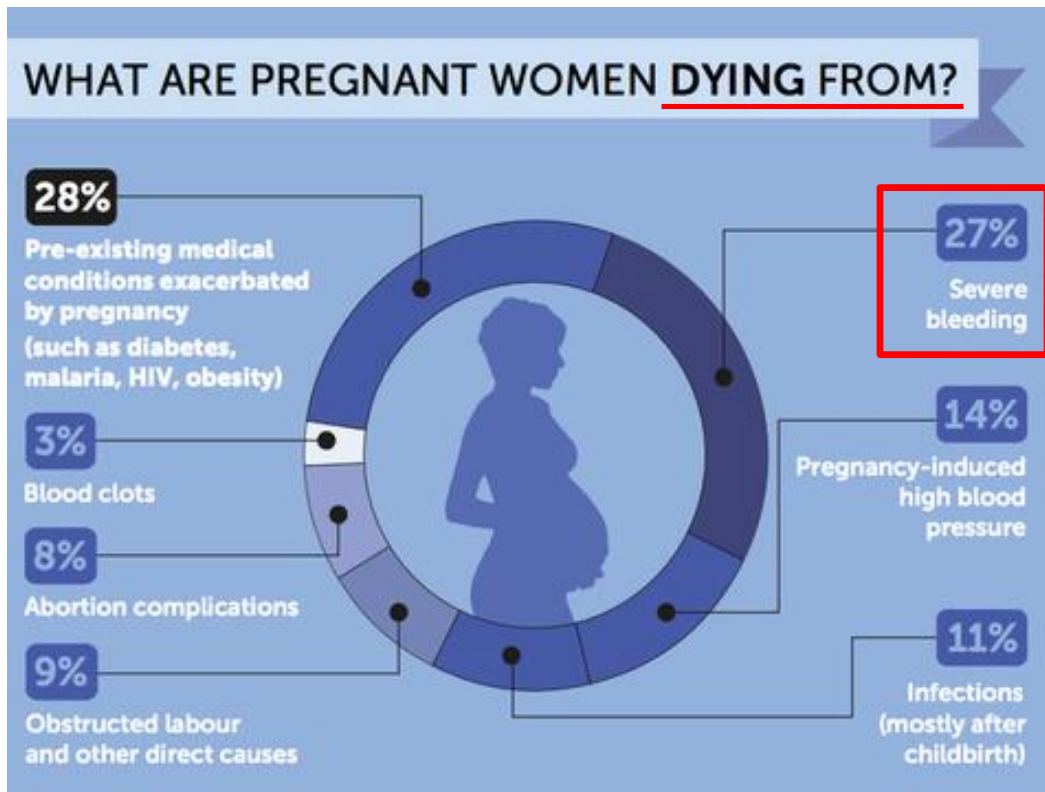
Objectives

- 1-Health behaviors and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.
- 2-Factors can affect pregnancy and childbirth, including: Preconception health status, Age, Access to appropriate preconception and interconception health care, Poverty
- 3-Health risks may include: Hypertension and heart disease, Diabetes, Depression, Genetic conditions, Sexually transmitted diseases (STDs), Tobacco use and alcohol Abuse, Inadequate nutrition, Unhealthy weight
- 4-Social and Physical Determinants of Maternal Health
- 5-Social and Physical Determinants of Infant and Child Health
- 6-How to improve the health and well-being of women, infants, children, and families.

1-Health behaviors and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.

Maternal health:

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period.



Indicators of maternal health

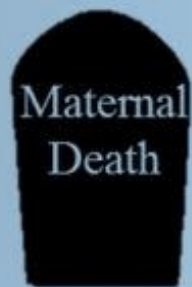


•Maternal mortality ratio(MM Ratio) :

The maternal mortality ratio is obtained by dividing **the number of maternal deaths** in a population during some time interval by the **number of live births** occurring in the same period

Maternal mortality ratio: the number of maternal deaths per *live births*

Numerator: Maternal deaths



Denominator: Live births



- **Maternal mortality rate:**

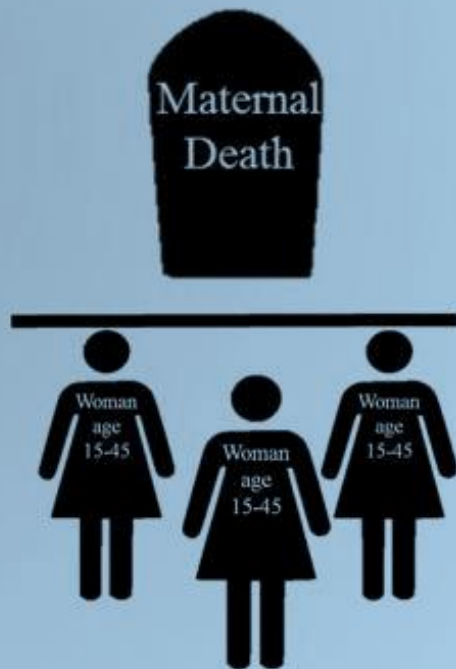
is found by dividing the average annual number of maternal deaths in a population by the average number of women of reproductive age (typically those aged 15 to 49 years) who are alive during the observation period.

Maternal mortality rate:

the number of maternal deaths in a given period per population of *women who are of reproductive age*

Numerator: Maternal deaths

Denominator: Women of reproductive age



- **Life time risk of maternal mortality :**

**Number of maternal deaths over the reproductive life span) /
(women entering the reproductive period)**

- **Proportion maternal death :**

**proportion of all female deaths due to maternal causes = (N of
maternal deaths in a period/Number of all female deaths in
same period) * 100**

Lifetime risk of maternal death:

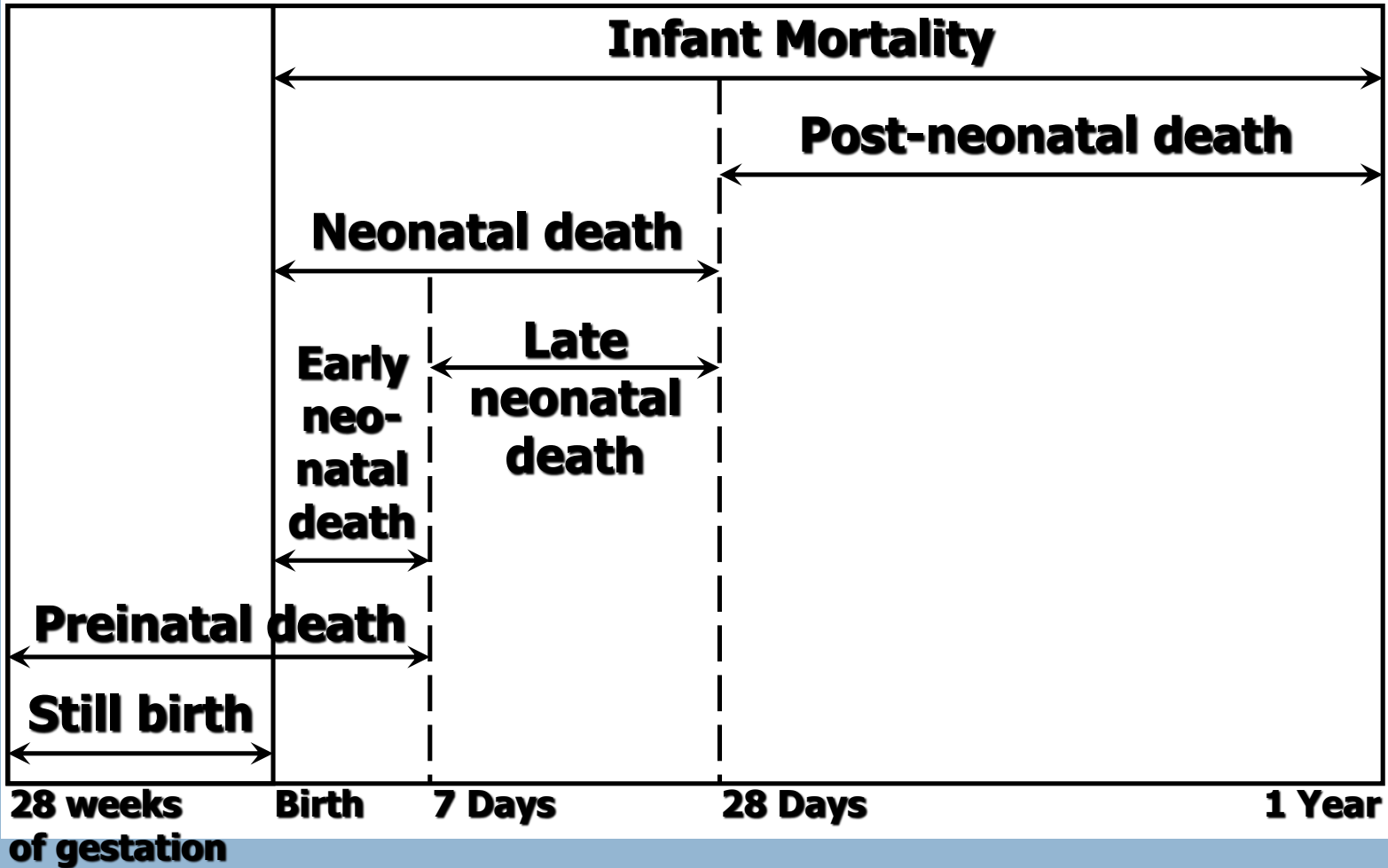
The cumulative probability over your whole life of becoming pregnant *and* of dying from the pregnancy.

$$= \text{Summation over all ages of } \left(\begin{array}{c} \text{Age-specific} \\ \text{chance of:} \end{array} \right) \times \left(\begin{array}{c} \text{Age-specific} \\ \text{chance of:} \end{array} \right) \text{ Maternal Death}$$


Indicators of Child Health



Mortality in and around infancy



Mortality in infancy and childhood

- **Prenatal mortality rate**

is the sum of the number of resident fetal deaths of 28 or more weeks gestation plus the number of resident newborns dying under 7 days of age in a specified geographic area divided by the sum of the number of resident live births plus the number of resident fetal deaths of 28 or more weeks gestation for the same geographic area (for a specified time period, usually a calendar year) and multiplied by 1,000.

- **Neonatal mortality rate**

The number of children under 28 days of age who die, divided by the number of live births in that year.

- **Infant mortality rate**

Probability of dying between birth and exactly one year of age expressed per 1,000 live births.

- **Under 5 mortality rate**

Probability of dying between birth and exactly five years of age expressed per 1,000 live births

2- Factors can affect pregnancy and childbirth

Factors can affect pregnancy and childbirth including:

- Preconception
- health status
- Age
- Access to appropriate preconception
- interconception health care
- Poverty

1-Preconception health status

A)Maternal behaviors like →

- tobacco use
- alcohol use
- failure to consume adequate folic acid

lead to→ poor birth outcomes

B)Other conditions like →

- unintended pregnancy
- experiencing physical abuse
- experiencing high levels of stress

lead to→ poor pregnancy outcomes

C)Certain maternal health conditions like:

- Diabetes
- Hypertension
- obesity

lead to→ poor infant outcomes and have a long-term negative impact on a woman's health.

2-Age

- The chances of surviving the first year of life were better for infants born to mothers aged 20-34 years than for those born to mothers of other ages, and better for infants of low birth order than for infants of high birth order.
- The most favorable survival rates were among first births to mothers aged 20-24 and among first and second births to mothers aged 25-29.

3-preconception and interconception health care

Preconception health care :

is the medical care a woman or man receives from the doctor or other health professionals that aimed to increase the chance of having a healthy baby.

Inter-conceptual health care:

is provided to women of reproductive age between pregnancies. Essentially, it may be describes as pre-conception care delivered after pregnancy. This care addresses specific risk factors that may have contributed to previous poor pregnancy outcome. Additionally, it ensures that conditions and behaviors which may pose maternal and infant risks are identified and managed.

So→ Preconception health refers to helping a woman become as healthy as possible before she becomes pregnant, while **interconception health** involves helping a woman understand the importance of being healthy between pregnancies and the need to wait at least 18 months before becoming pregnant again to help optimize birth outcomes.

4-antenatal care

- WHO has issued a new series of recommendations to improve quality of antenatal care in order to reduce the risk of stillbirths and pregnancy complications and give women a positive pregnancy experience.
- Antenatal care is a critical opportunity for health providers to deliver care, support and information to pregnant women. **This includes** promoting a healthy lifestyle, including good nutrition; detecting and preventing diseases; providing family planning counselling and supporting women who may be experiencing intimate partner violence.





TABLE III.2.1 Focused antenatal care (ANC): The four-visit ANC model outlined in WHO clinical guidelines

Goals				
	First visit 8-12 weeks	Second visit 24-26 weeks	Third visit 32 weeks	Fourth visit 36-38 weeks
	Confirm pregnancy and EDD, classify women for basic ANC (four visits) or more specialized care. Screen, treat and give preventive measures. Develop a birth and emergency plan. Advise and counsel.	Assess maternal and fetal well-being. Exclude PIH and anaemia. Give preventive measures. Review and modify birth and emergency plan. Advise and counsel.	Assess maternal and fetal well-being. Exclude PIH, anaemia, multiple pregnancies. Give preventive measures. Review and modify birth and emergency plan. Advise and counsel.	Assess maternal and fetal well-being. Exclude PIH, anaemia, multiple pregnancy, malpresentation. Give preventive measures. Review and modify birth and emergency plan. Advise and counsel.
Activities				
Rapid assessment and management for emergency signs, give appropriate treatment, and refer to hospital if needed				
History (ask, check records)	Assess significant symptoms. Take psychosocial, medical and obstetric history. Confirm pregnancy and calculate EDD. Classify all women (in some cases after test results)	Assess significant symptoms. Check record for previous complications and treatments during the pregnancy. Re-classification if needed	Assess significant symptoms. Check record for previous complications and treatments during the pregnancy. Re-classification if needed	Assess significant symptoms. Check record for previous complications and treatments during the pregnancy. Re-classification if needed
Examination (look, listen, feel)	Complete general, and obstetrical examination, BP	Anaemia, BP, fetal growth, and movements	Anaemia, BP, fetal growth, multiple pregnancy	Anaemia, BP, fetal growth and movements, multiple pregnancy, malpresentation
Screening and tests	Haemoglobin Syphilis HIV Proteinuria Blood/Rh group* Bacteriuria*	Bacteriuria*	Bacteriuria*	Bacteriuria*
Treatments	Syphilis ARV if eligible Treat bacteriuria if indicated*	Anthelmintic**, ARV if eligible Treat bacteriuria if indicated*	ARV if eligible Treat bacteriuria if indicated*	ARV if eligible If breech, ECV or referral for ECV Treat bacteriuria if indicated*
Preventive measures	Tetanus toxoid Iron and folate+	Tetanus toxoid, Iron and folate IPTp ARV	Iron and folate IPTp ARV	Iron and folate ARV
Health education, advice, and counselling	Self-care, alcohol and tobacco use, nutrition, safe sex, rest, sleeping under ITN, birth and emergency plan	Birth and emergency plan, reinforcement of previous advice	Birth and emergency plan, infant feeding, postpartum/postnatal care, pregnancy spacing, reinforcement	Birth and emergency plan, infant feeding, postpartum/postnatal care, pregnancy spacing, reinforcement

5-Access to appropriate preconception and interconception health care

- Talking to a health-care provider before becoming pregnant and obtaining appropriate counseling and screening can assist in identifying harmful behaviors and uncontrolled medical conditions that can be managed before pregnancy
- Because a woman might have a subsequent pregnancy, services in the postpartum period (e.g., a postpartum check-up, screening for postpartum depression, counseling about birth control, and accessing services such as the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]) all are opportunities to help women maintain or regain good health
- For preconception and postpartum interventions to succeed, women should have access to preventive and curative medical services before and after pregnancy.

6-Poverty

The findings in analysis of NMIHS indicate that, for infants born to women living in poverty in the United States in 1988, overall excess mortality risk was approximately 60% compared with infants born to women living above the poverty level.

3-Health risks

include:

HTN,CVD, DM, Depression, Genetic conditions, STDs, Tobacco use and Alcohol Abuse, Inadequate nutrition, Unhealthy weight.

1- Hypertension

The risks of uncontrolled hypertension include premature death, heart attack, renal insufficiency, and stroke.

The **USPSTF** recommends screening for elevated blood pressure (greater than 140/90 mm Hg) in all adults 18 years and older.²⁷

The Seventh Report of the **Joint National Committee** on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommends screening **every other year** in adults with normal blood pressure (less than 120/80 mm Hg) and **yearly** in those with prehypertension (systolic of 120 to 139 mm Hg; diastolic of 81 to 90 mm Hg).²⁸

2-Cardiovascular disease (CVD)

has been the **primary cause of death in women** for almost a century, and **more women than men have died of CVD** every year since 1984.

Risk factors in common with men:

- Age.
- Family history.
- Hypertension.
- Lipids and lipoproteins.
- Diabetes mellitus.
- Lifestyle factors.



USPSTF= US Preventive Services Task Force

RISK FACTOR MANAGEMENT

Ideal blood pressure is defined as less than 120/80 mm Hg.



If weight loss, dietary modification, and exercise are insufficient to control blood pressure, **pharmacologic therapy** should be considered when

- blood pressure is 140/90 mm Hg or greater, or
- 130/80 mm Hg or greater in women with diabetes or chronic kidney disease.

3-Diabetes

The **USPSTF** recommends screening for type 2 diabetes in **asymptomatic** adults with sustained blood pressure **greater than 135/80** mm Hg (treated or untreated), but found insufficient evidence to support routine screening for asymptomatic adults with a blood pressure below this level.

4-Genetic Conditions

Taking an accurate **three-generation family history** is important when a genetic syndrome is suspected or identified.

Genetic counselors can be invaluable in this regard.

It is critical to consider all health-related issues, even if they do not appear to be directly connected to the primary condition.

For example,

genetic syndromes may be suggested by a preponderance of early cancer diagnoses, early or unusual onset of a relatively common condition such as cardiac disease or a history of unusual reactions to a certain medication.

5- STIs

According to the **USPSTF**, **HIGH-RISK WOMEN** should be screened at least **annually** for chlamydia, gonorrhea, and syphilis, and all sexually active women 24 years and younger should be screened annually for chlamydia.

6-Depression

- **Mental health:** Evidence suggests that women are **more prone** than men to experience anxiety, depression, and somatic complaints – physical symptoms that cannot be explained medically.
- **Depression** is the most common mental health problem for women and **suicide a leading cause** of death for women under 60.

Helping sensitise women to mental health issues, and giving them the confidence to seek assistance, is vital.

Screening For Depression

- **A recent study** showed the reliability of screening for depression by **asking patients one simple question:**

“Have you been feeling sad or depressed lately?”

- Once depressive symptoms have been detected, physicians need to determine whether **comorbid conditions or medications** may be contributing to or aggravating depression.
- The type of **TREATMENT** depends on the nature and severity of the depressive symptoms. **Options** include psychotherapy and pharmacologic therapy. Patients with severe refractory depression may require electroconvulsive therapy.

Overweight And Obesity

Elevated body mass index (BMI) is a marker of unhealthy weight, and **all adults should be screened for elevated BMI.**

A BMI **between 25 and 29.9** kg per m² is defined as **overweight**, and a BMI of **30 kg per m² or greater** indicates **obesity**.

The **USPSTF** recommends that physicians refer patients who are obese to intensive, multicomponent **Behavioral Interventions.**

Components of such interventions **include** setting weight-loss goals, improving diet or nutrition, participating in physical activity sessions, addressing barriers to change, actively self-monitoring, and strategizing

HOW TO MAINTAIN LIFESTYLE CHANGES.

TOBACCO USE

- **Five A's Counseling Strategy**
- **Medications:**

Pharmacologic therapies to assist tobacco cessation substitute the source of nicotine or mimic its function.

Alcohol Abuse

When alcohol abuse is detected, pharmacologic or psychologic treatment can be attempted.

In older adults, pharmacologic treatment is **recommended only for acute detoxification.**

Intermediate-acting benzodiazepines, such as lorazepam (Ativan), may be used as **initial treatment** because they do not accumulate active metabolites.

Long-acting agents, such as chlordiazepoxide (Librium), may be necessary **to prevent withdrawal** symptoms.

In nondependent drinkers, five to 15 minutes of outpatient counseling may be effective in reducing drinking by 32 to 38 percent.

4-Social and Physical Determinants of Maternal Health

Health

- A state of complete **physical**, **mental**, and **social** well-being and not just the absence of sickness or frailty
- Health and wellness are **multidimensional**
 - The dimensions of health and wellness include the emotional (mental), intellectual, physical, social, and spiritual.

Why Are the Social and Physical Determinants of Maternal Health Important?

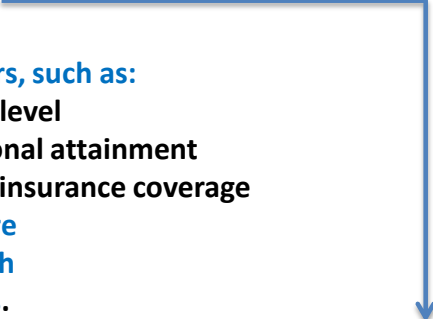
1. To know these factors help in **Improving the well-being** of mothers, infants, and children and that is an important public health goal because Their well-being determines the health of the **next generation** and can help to predict the future of public health challenges for families, communities, and the health care system.
2. **educating patients** in a culturally sensitive manner about steps they can take to prevent disease conditions that are prevalent in their racial and ethnic groups

Social and Physical Determinants of Maternal Health

Range Of **Biological, Social, Environmental, And Physical** Factors Have Been Linked To Maternal, Infant, And Child Health Outcomes.

1-Social Determinants of Maternal Health

These include:

- Race and ethnicity
 - Age
 - socioeconomic factors, such as:
 - income level
 - educational attainment
 - medical insurance coverage
 - access to medical care
 - pre-pregnancy health
 - general health status.
- 

1- Race and ethnicity

Race and ethnicity represent social rather than biological constructs that can provide useful information about how environmental, cultural, behavioral, and medical factors can affect patient health.

2-Age

Advanced age is a risk factor for female infertility, pregnancy loss, fetal anomalies, stillbirth, and obstetric complications.

Reasons people delay pregnancy and parenthood include:

- Women are reaching higher educational levels
- Cultural and value shifts have led towards more women not feeling “ready” to have a child yet
- Lack of childcare, low benefit levels, and workplace policies that signal to women that they cannot be both a wage earner and a mother
- Economic or housing uncertainty, unemployment, temporary work, or unstable labor markets

2-Physical Determinants of Maternal Health

Common barriers to a healthy pregnancy and birth include lack of access to appropriate health care before and during pregnancy. In addition, environmental factors can shape a woman’s overall health status before, during, and after pregnancy by:

- **Affecting her health directly.**
- **Affecting her ability to engage in healthy behaviors.**

5-Social and Physical Determinants of Child Health

Determinants of Infant and Child Health

1. Biological
2. Socio-economic
3. Cultural

A) Biological

1. **Birth Weight:** low birth weight (< 2.5 kg) & high birth weight (> 4 kg)
2. **Age of The Mother :** <19 years) or >over 30 years
3. **Repeated pregnancies :** risk of miscarriage
4. **Birth Spacing:** < 1 year = 2-4 times risk of mortality
5. **Multiple Births:** more risk due to low birth weight
6. **Family Size:** 3 or more children, more frequent/prolonged illness
7. **Birth Order:** Mortality risk increased after the third birth.

B) Socio-economic Factors

- Low income countries
- Rural areas
- Low education
- Nutrition
- Breast & formula milk use
- Health care quality
- Violence (wife beating, infanticide, child abuse)
- Environmental conditions

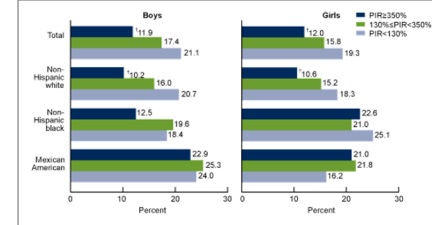
C) Cultural Factors

- Religion
- Customs
- Early marriages
- Sex of child
- Quality of mothering
- Traditions affecting
 - cleanliness,
 - eating,
 - clothing,
 - child care

Effect of income

Obesity and Socioeconomic Status in Children and Adolescents: United States, 2005-2008

Figure 1. Prevalence of obesity among children and adolescents aged 2-19 years, by poverty income ratio, sex, and race and ethnicity - United States, 2005-2008



Among both boys and girls obesity prevalence decreases as income increases, but this relation is not consistent across race and ethnicity groups.

Effect of environment

WHO/D. Rodriguez

Fact 1: More than 1 in 4 child deaths could be prevented by cleaning up the environment

Every year, environmental risks such as indoor and outdoor air pollution, second-hand smoke, and unsafe water and sanitation take the lives of 1.7 million children under 5 years – 26% of child deaths.

6-How to improve the health and well-being of women, infants, children, and families.

Why women, infants and adolescents suffer?

women have lower social status than men, producing unequal power relations.

Women have **different needs** throughout their lifespan than men → not implemented in some global agenda.

They live in poor countries where they miss out health care services.

A) Maternal health

1-Preconception health

Definition: refers to the health of women during their reproductive years.

Aim: It focuses on taking steps now to protect the health of a baby they might have sometime in the future, and staying healthy throughout life.

Why important? :

1. Good preconception health is important for every woman—not just those planning pregnancy.
2. It means taking control and choosing healthy habits.
3. It means living well, being healthy, and feeling good about your life.

2. Postpartum health

Postpartum period you have to assess:

1. vaginal bleeding
2. uterine contraction
3. temperature
4. heart rate
5. Breastfeeding
6. Iron and folic acid => 3 months after delivery

3. Postpartum Depression

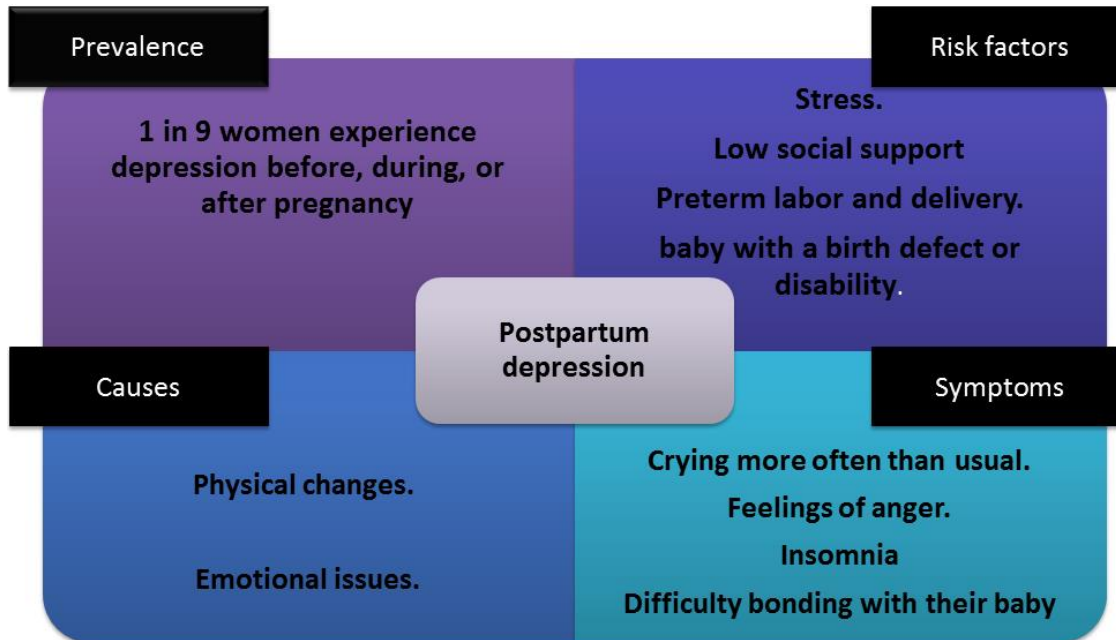
Aim:

✓ We monitor prevalence and treatment of depression among women of postpartum depression.

counseling or other treatments.

Talking to your health care provider is a good first step if you think you may suffer from depression.

✓ After **10–14 days all women should be** asked about emotional wellbeing, their family and social support.



B) Infants health

The US infant death rate has declined 13% since 2005, but is still twice as high for black infants than for white infants.

The five leading causes of infant death:

1. birth defects.
2. preterm birth or low birth weight.
3. maternal complications of pregnancy.
4. sudden infant death syndrome (SIDS).
5. unintentional injuries.

Improving infants health after delivery

1. Promote early and exclusive breastfeeding.
2. A full clinical examination should be done 1 hour after birth. This includes giving **vitamin K prophylaxis** and **hepatitis B vaccination** (within 24 hours).

1-Preterm Birth

Definition: before 37 weeks of pregnancy), nearly 1 in 10 infants (about 380,000) were born prematurely in 2014.

Prevalence: Infant death rates related to preterm birth are three times higher for black infants than for white infants.

Why it is dangerous?

1. The earlier an infant is born, the more likely he or she is to require intensive and prolonged hospitalization and have higher medical costs.
2. Premature infants are also more likely to have lifelong health problems, such as cerebral palsy, developmental delays, chronic lung disease, and vision and feeding problems.

How to prevent it?

babies should be identified as soon as possible and should be provided special care.

2. Assisted Reproductive Technology (ART) Challenges

Why it might put the infant at a risk?

- ✓ women who conceive through ART are at higher risk of preterm birth and low birth weight infants.
- ✓ because they have a greater chance of becoming pregnant with two or more infants at a time.
- ✓ Carrying and delivering two or more infants at a time is associated with a higher risk of complications for both women and infants.

3. Sudden Unexpected Infant Death (SUID) and SIDS

Why it happens:

1. most deaths occurred while the infant was sleeping in an unsafe environment , examples (accidental suffocation from soft bedding or from another person rolling on top of or against the infant while sleeping)
2. Often, no one witnesses these deaths, and no tests exist to tell SIDS from suffocation.
3. Most SUID cases are reported as unknown causes, or accidental suffocation and strangulation in bed.

Leading causes of death in post-neonatal children: risk factors and response

Cause of death	Risk factors	Prevention	Treatment
Pneumonia, or other acute respiratory infections	Low birth weight	Vaccination	Appropriate care by a trained health provider
	Malnutrition	Adequate nutrition	Antibiotics
	Non-breastfed children	Exclusive breastfeeding	Oxygen for severe illness
	Overcrowded conditions	Reduction of household air pollution	
Childhood diarrhoea	Non-breastfed children	Exclusive breastfeeding	
	Unsafe drinking water and food	Safe water and food	Low-osmolarity oral rehydration salts (ORS)
	Poor hygiene practices	Adequate sanitation and hygiene	Zinc supplements
	Malnutrition	Adequate nutrition	
		Vaccination	

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of Vaccine
Hepatitis A	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Hepatitis B	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Human Papillomavirus (HPV)	Yes, if indicated, through 26 years of age	No, under study	Yes, if indicated, through 26 years of age	Inactivated
Influenza IIV	Yes	Yes	Yes	Inactivated
Influenza LAIV	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	No	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	Live
MMR	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible to rubella	Live
Meningococcal: • polysaccharide • conjugate	If indicated	If indicated	If indicated	Inactivated Inactivated
Pneumococcal Polysaccharide	If indicated	If indicated	If indicated	Inactivated
Tdap	Yes, if indicated	Yes, vaccinate during each pregnancy ideally between 27 and 36 weeks of gestation	Yes, immediately postpartum, if not received previously	Toxoid/ inactivated
Tetanus/Diphtheria Td	Yes, if indicated	Yes, if indicated, Tdap preferred	Yes, if indicated	Toxoid
Varicella	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible	Live



Basic Vaccination Schedule

جدول التطعيمات الأساسية

Visit	Vaccine	للصاح	الزيارة
At Birth	BCG HepB	الدرن الإنهاب الكبدي (ب)	الولادة
2 months	IPV (DRP , HepB , Hib)	شلل الأطفال المعطل (الثلاثي البكتيري : الإنهاب الكبدي (ب) : المستدمية النزلية)	شهرين
4 months	OPV (DRP , HepB , Hib)	شلل الأطفال الفموي (الثلاثي البكتيري : الإنهاب الكبدي (ب) : المستدمية النزلية)	4 أشهر
6 months	OPV (DRP , HepB , Hib)	شلل الأطفال الفموي (الثلاثي البكتيري : الإنهاب الكبدي (ب) : المستدمية النزلية)	6 شهور
9 months	Measles (mono)	الحصبة المفرد	9 شهور
12 months	OPV MMR Varicella	شلل الأطفال الفموي الثلاثي الفيروسي الجديري المائي	12 شهر
18 months	OPV (DTP , Hib) Hepatitis (A)	شلل الأطفال الفموي (الثلاثي البكتيري : المستدمية النزلية) الإنهاب الكبدي (أ)	18 شهر
24 months	Hepatitis (A)	الإنهاب الكبدي (أ)	24 شهر
4-6 years	OPV DTP MMR Varicella	شلل الأطفال الفموي الثلاثي البكتيري الثلاثي الفيروسي الجديري المائي	4 - 6 سنوات



Well Child Record



GUIDE I: 0–1 mo

Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:	NAME: _____ Birth Day (d/m/yr): _____ M F G.A.: _____ wks Birth Length: _____ cm Birth Head Circ.: _____ cm Birth Wt.: _____ g Discharge Wt.: _____ g
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DATE OF VISIT	within 1 week DD/MM/YYYY	2 weeks DD/MM/YYYY	1 month DD/MM/YYYY																		
GROWTH use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Length _____ cm</td> <td style="width:33%;">Weight _____ kg</td> <td style="width:33%;">Head Circ. _____ cm</td> </tr> <tr> <td>_____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> </table>	Length _____ cm	Weight _____ kg	Head Circ. _____ cm	_____ %	_____ %	_____ %	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Length _____ cm</td> <td style="width:33%;">Weight (regains BW 1–3 weeks) _____ kg _____ %</td> <td style="width:33%;">Head Circ. _____ cm</td> </tr> <tr> <td>_____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> </table>	Length _____ cm	Weight (regains BW 1–3 weeks) _____ kg _____ %	Head Circ. _____ cm	_____ %	_____ %	_____ %	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Length _____ cm</td> <td style="width:33%;">Weight _____ kg</td> <td style="width:33%;">Head Circ. _____ cm</td> </tr> <tr> <td>_____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> </table>	Length _____ cm	Weight _____ kg	Head Circ. _____ cm	_____ %	_____ %	_____ %
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Length _____ cm	Weight _____ kg	Head Circ. _____ cm																			
_____ %	_____ %	_____ %																			
PARENT/CAREGIVER CONCERNS																					

For each item discussed, indicate “✓” for no concerns, or “X” if concerns

NUTRITION	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~150 mL (5 oz)/kg/day - Give formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops TM) <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~150 mL (5 oz)/kg/day - Give formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops TM) <input type="radio"/> Stool pattern and urine output	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~ 450 - 750 mL (15 - 25 oz)/day - Give formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops TM) <input type="radio"/> Stool pattern and urine output
DEVELOPMENT (Inquiry and observation of milestones) Tasks are set <u>after</u> the time of normal milestone acquisition. NB—Correct for age if < 37 weeks gestation	<input type="radio"/> Sucks well on breast/bottle <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?		<input type="radio"/> Focuses gaze <input type="radio"/> Startles to loud noise <input type="radio"/> Calms when comforted <input type="radio"/> Sucks well on nipple <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?

PHYSICAL EXAMINATION An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Skin (jaundice, dry) <input type="radio"/> Birth marks <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Ears / Hearing inquiry/screening <input type="radio"/> Tongue mobility <input type="radio"/> Heart/Lung Sounds <input type="radio"/> Umbilicus <input type="radio"/> Hips <input type="radio"/> Muscle tone <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care <input type="radio"/> Patency of anus	<input type="radio"/> Skin (jaundice, dry) <input type="radio"/> Birth marks <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Ears / Hearing inquiry/screening <input type="radio"/> Tongue mobility <input type="radio"/> Heart/Lung Sounds <input type="radio"/> Umbilicus <input type="radio"/> Hips <input type="radio"/> Muscle tone <input type="radio"/> Testicles <input type="radio"/> Male urinary stream/foreskin care	<input type="radio"/> Skin (jaundice) <input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Tongue mobility <input type="radio"/> Heart/Lung Sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone
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EDUCATION AND ADVICE Injury Prevention	<ul style="list-style-type: none"> • Fall prevention • Safe sleep (position, room sharing, avoid bed sharing, crib safety) • Firearm safety • Car seat • Carbon monoxide/Smoke detectors • Hot water <49°C • Choking/safe toys • Pacifier use 		
Behaviour and family issues	<ul style="list-style-type: none"> • Crying • Healthy sleep habits • Night waking • Soothability/responsiveness • Alcohol/Drug use in home • Parenting/bonding • Parental fatigue/postpartum depression • Family conflict/stress • Siblings 		
Environmental Health	<ul style="list-style-type: none"> • Second hand smoke • Sun exposure • Cold exposure • Insect Repellent 		
Other Issues	<ul style="list-style-type: none"> • No OTC cough/cold medicine • Home remedies • Concern around food security • Temperature control and overdressing • Fever advice/thermometers 		

PROBLEMS AND PLANS			
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IMMUNIZATION Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date
Signature			



Well Child Record



GUIDE II: 2–6 mo

Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
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NAME: _____ Birth Day (d/m/yr): _____ M | | F | |
G.A.: _____ wks Birth Length: _____ cm Birth Head Circ.: _____ cm Birth Wt.: _____ g Discharge Wt.: _____ g

DATE OF VISIT	2 months DD/MM/YYYY			4 months DD/MM/YYYY			6 months DD/MM/YYYY		
GROWTH use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	Length _____ cm _____ %	Weight _____ kg _____ %	Head Circ. _____ cm _____ %	Length _____ cm _____ %	Weight _____ kg _____ %	Head Circ. _____ cm _____ %	Length _____ cm _____ %	Weight _____ kg _____ %	Head Circ. _____ cm _____ %
PARENT/CAREGIVER CONCERNS									

For each item discussed, indicate “✓” for no concerns, or “X” if concerns

NUTRITION	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~ 600–900 mL (20–30 oz) /day - Review formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™)	<input type="radio"/> Breastfeeding (exclusive) <input type="radio"/> Formula Feeding (iron-fortified)/preparation ~ 750–1080 mL (25–36 oz) /day - Review formula prep handout <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Discuss future introduction of solids	<input type="radio"/> Breastfeeding – introduction of solids <input type="radio"/> Formula Feeding – iron-fortified/preparation ~ 750–1080 mL (25–36 oz) /day ¹ <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Iron containing foods (iron fortified infant cereals, meat, country foods, legumes, poultry, fish, whole eggs) <input type="radio"/> No honey <input type="radio"/> Choking/safe food <input type="radio"/> No juices/pop/ drink crystals <input type="radio"/> If bottles in bed, water only
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DEVELOPMENT - (Inquiry and observation of milestones) - Tasks are set <u>after</u> the time of normal milestone acquisition. - <u>Absence of any item suggests consideration for further assessment of development.</u> - NB–Correct for age if < 37 weeks gestation	<input type="radio"/> Follows movement with eyes <input type="radio"/> Coos – throaty, gurgling sounds <input type="radio"/> Lifts head up while lying on tummy <input type="radio"/> Can be comforted & calmed by touching/rocking <input type="radio"/> Sequences 2 or more sucks before swallowing/breathing <input type="radio"/> Smiles responsively <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Follows a moving toy or person with eyes <input type="radio"/> Responds to people with excitement (leg movement/panting/vocalizing) <input type="radio"/> Holds head steady when supported at the chest or waist in a sitting position <input type="radio"/> Holds an object briefly when placed in hand <input type="radio"/> Laughs/smiles responsively <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Turns head toward sounds <input type="radio"/> Makes sounds while you talk to him/her <input type="radio"/> Vocalizes pleasure and displeasure <input type="radio"/> Rolls from back to side <input type="radio"/> Sits with support (e.g., pillows) <input type="radio"/> Reaches/grasps objects <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?
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PHYSICAL EXAMINATION An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Fontanelles <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips <input type="radio"/> Muscle tone
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EDUCATION AND ADVICE Injury Prevention	<ul style="list-style-type: none"> • Safe sleep (position, room sharing, avoid bed sharing, crib safety) • Carbon monoxide/Smoke detectors • Falls (stairs, change table, unstable furniture/TV, no walkers) 	<ul style="list-style-type: none"> • Childproofing, including: Electric plugs/cords and poisons • Hot water < 49°C/bath safety • Choking/safe toys 	<ul style="list-style-type: none"> • Firearm safety • Car seat • Pacifier use
Behaviour and family issues	<ul style="list-style-type: none"> • Crying • Parenting/bonding 	<ul style="list-style-type: none"> • Healthy sleep habits • Parental fatigue/postpartum depression 	<ul style="list-style-type: none"> • Night waking • Family conflict/stress • Child care/return to work • Exposure to trauma
Environmental Health	<ul style="list-style-type: none"> • Second hand smoke 	<ul style="list-style-type: none"> • Sun exposure/sunscreens 	<ul style="list-style-type: none"> • Cold exposure • Insect Repellent
Other Issues	<ul style="list-style-type: none"> • Teething/Cleaning teeth/Fluoride • Home remedies 	<ul style="list-style-type: none"> • No OTC cough/cold medicine • Encourage reading, singing and speaking 	<ul style="list-style-type: none"> • Fever advice/thermometers • Tummy time when awake • Temperature control and overdressing • Concern around food security

PROBLEMS AND PLANS			
IMMUNIZATION Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol
Signature			



Well Child Record



GUIDE III: 9–15 mos

Pregnancy/Birth remarks/Apgar:	Risk factors/Family history:
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NAME: _____ Birth Day (d/m/yr): _____ M | F | |
 G.A.: _____ wks Birth Length: _____ cm Birth Head Circ.: _____ cm Birth Wt.: _____ g Discharge Wt.: _____ g

DATE OF VISIT	9 months (optional) DD/MM/YYYY			12–13 months DD/MM/YYYY			15 months DD/MM/YYYY		
GROWTH use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation	Length	Weight	Head Circ.	Length	Weight	Head Circ.	Length	Weight	Head Circ.
	_____ cm _____ %	_____ kg _____ %	_____ cm _____ %	_____ cm _____ %	_____ cm _____ %	_____ kg _____ %	_____ cm _____ %	_____ cm _____ %	_____ kg _____ %
PARENT/CAREGIVER CONCERNS									

For each item discussed, indicate “✓” for no concerns, or “X” if concerns

NUTRITION	<input type="radio"/> Breastfeeding <input type="radio"/> Formula Feeding – iron-fortified/preparation ~ 720–960 mLs (24–32 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> If bottles in bed, water only <input type="radio"/> Cereal, meat/alternatives, fruits, vegetables <input type="radio"/> Cow’s milk products (e.g., yogurt, cheese, homogenized milk) <input type="radio"/> Choking/safe foods <input type="radio"/> No juices/pop/drink crystals	<input type="radio"/> Breastfeeding <input type="radio"/> Homo milk (3.25% MF) ~ 500–750 mLs (16–24 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Choking/safe foods <input type="radio"/> No juices/pop/drink crystals <input type="radio"/> Promote open cup instead of bottle <input type="radio"/> If bottles in bed, water only <input type="radio"/> Foods from all 4 food groups	<input type="radio"/> Breastfeeding <input type="radio"/> Homo milk (3.25% MF) ~ 500–750 mLs (16–24 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> Choking/safe foods <input type="radio"/> No juices/pop/drink crystals <input type="radio"/> Promote open cup instead of bottle <input type="radio"/> Foods from all 4 food groups
DEVELOPMENT (Inquiry and observation of milestones) Tasks are set <u>after</u> the time of normal milestone acquisition. <u>Absence of any item suggests consideration for further assessment of development.</u> NB—Correct for age if < 37 weeks gestation	<input type="radio"/> Looks for an object seen hidden <input type="radio"/> Babbles a series of different sounds (e.g., baba, duhduh) <input type="radio"/> Responds differently to different people <input type="radio"/> Makes sounds/gestures to get attention or help <input type="radio"/> Sits without support <input type="radio"/> Stands with support when helped into standing position <input type="radio"/> Opposes thumb and fingers when grasps objects <input type="radio"/> Plays social games with you (e.g., nose touching, peek-a-boo) <input type="radio"/> Cries or shouts for attention <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Responds to own name <input type="radio"/> Understands simple requests, (e.g., Where is the ball?) <input type="radio"/> Makes at least 1 consonant/vowel combination <input type="radio"/> Says 3 or more words (do not have to be clear) <input type="radio"/> Crawls or ‘bum’ shuffles <input type="radio"/> Pulls to stand/walks holding on <input type="radio"/> Shows distress when separated from parent/caregiver <input type="radio"/> Follows your gaze to jointly reference an object <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	<input type="radio"/> Says 5 or more words (words do not have to be clear) <input type="radio"/> Picks up and eats finger foods <input type="radio"/> Walks sideways holding onto furniture <input type="radio"/> Shows fear of strange people/places <input type="radio"/> Crawls up a few stairs/steps <input type="radio"/> Tries to squat to pick up toys from the floor <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?
PHYSICAL EXAMINATION An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Heart sounds <input type="radio"/> Hips	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Teeth <input type="radio"/> Heart sounds <input type="radio"/> Hips	<input type="radio"/> Anterior fontanelle <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry/screening <input type="radio"/> Teeth <input type="radio"/> Heart sounds <input type="radio"/> Hips
EDUCATION AND ADVICE Injury Prevention	<input type="checkbox"/> Car seats <input type="checkbox"/> Choking/safe toys <input type="checkbox"/> Carbon monoxide/Smoke detectors <input type="checkbox"/> Hot water <49°C/bath safety <input type="checkbox"/> Pacifier use <input type="checkbox"/> Childproofing, including: Electric plugs/cords and poison <input type="checkbox"/> Falls (stairs, change table, unstable furniture/TV, no walkers) <input type="checkbox"/> Firearm safety		
Behaviour and Family Issues	<input type="checkbox"/> Crying <input type="checkbox"/> Healthy sleep habits <input type="checkbox"/> Night waking <input type="checkbox"/> Soothability/responsiveness <input type="checkbox"/> Alcohol/Drug use and home <input type="checkbox"/> Siblings <input type="checkbox"/> Parenting <input type="checkbox"/> Parental fatigue/depression <input type="checkbox"/> Family conflict/stress <input type="checkbox"/> Child care/return to work <input type="checkbox"/> Family healthy active living/sedentary behaviour <input type="checkbox"/> Exposure to trauma		
Environmental Health	<input type="checkbox"/> Second hand smoke <input type="checkbox"/> Sun exposure/sunscreens <input type="checkbox"/> Cold exposure <input type="checkbox"/> Insect Repellent		
Other Issues	<input type="checkbox"/> Teething/Toothbrushing/Fluoride <input type="checkbox"/> Concern around food security <input type="checkbox"/> No OTC cough/cold medicine <input type="checkbox"/> Home remedies <input type="checkbox"/> Fever advice/thermometers <input type="checkbox"/> Encourage reading, singing and speaking <input type="checkbox"/> Footwear		
PROBLEMS AND PLANS			
INVESTIGATIONS/IMMUNIZATION Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol
Signature			



Well Child Record

GUIDE IV: 18 mo–5 yr

Current family:	Risk factors/Family history:	NAME: _____ Birth Day (d/m/yr): _____ M F
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DATE OF VISIT	18 months DD/MM/YYYY	2–3 years DD/MM/YYYY	4–5 years DD/MM/YYYY
GROWTH use <u>WHO growth charts</u> . Correct age until 24–36 months if < 37 weeks gestation	Length _____ cm _____%	Weight _____ kg _____%	Head Circ. _____ cm _____%
	Height _____ cm _____%	Weight _____ kg _____%	BMI _____ kg/m ²
PARENT/CAREGIVER CONCERNS			

For each item discussed, indicate “✓” for no concerns, or “X” if concerns

NUTRITION	<input type="radio"/> Breastfeeding <input type="radio"/> Homo milk (3.25% MF) ~ 500–750 mLs (16–24 oz) /day <input type="radio"/> Vitamin D 800 IU/Day (2 drops Baby Ddrops™) <input type="radio"/> No juices/pop/drink crystals <input type="radio"/> No bottles	<input type="radio"/> Breastfeeding <input type="radio"/> Skim, 1% or 2% milk ~ 500 mLs (16 oz) /day <input type="radio"/> Vitamin D 400 IU/Day (daily multivitamin) <input type="radio"/> Limit juice to 1/2 cup per day <input type="radio"/> Nunavut's Food Guide
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DEVELOPMENT (Inquiry and observation of milestones) Tasks are set <u>after</u> the time of normal milestone acquisition. <u>Absence of any item suggests consideration for further assessment of development.</u> NB—Correct for age if < 37 weeks gestation	Social/Emotional <input type="radio"/> Child's behaviour is usually manageable <input type="radio"/> Interested in other children <input type="radio"/> Usually easy to soothe <input type="radio"/> Comes for comfort when distressed Communication Skills <input type="radio"/> Points to several different body parts <input type="radio"/> Tries to get your attention to show you something <input type="radio"/> Turns/responds when name is called <input type="radio"/> Points to what he/she wants <input type="radio"/> Looks for toy when asked or pointed in direction <input type="radio"/> Imitates speech sounds and gestures <input type="radio"/> Says 20 or more words (words do not have to be clear) <input type="radio"/> Produces 4 consonants, (e.g., B D G H N W) Motor Skills <input type="radio"/> Walks alone <input type="radio"/> Feeds self with spoon with little spilling Adaptive Skills <input type="radio"/> Removes hat/socks without help <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?	2 years <input type="radio"/> Combines 2 or more words <input type="radio"/> Understands 1 and 2 step directions <input type="radio"/> Walks backward 2 steps without support <input type="radio"/> Tries to run <input type="radio"/> Puts objects into small container <input type="radio"/> Uses toys for pretend play (e.g., give doll a drink) <input type="radio"/> Continues to develop new skills <input type="radio"/> No parent/caregiver concerns 3 years <input type="radio"/> Understands 2 and 3 step directions (e.g., "Pick up your hat and shoes and put them in the closet.") <input type="radio"/> Uses sentences with 5 or more words <input type="radio"/> Walks up stairs using handrail <input type="radio"/> Twists lids off jars or turns knobs <input type="radio"/> Shares some of the time <input type="radio"/> Plays make-believe games with actions and words (e.g., pretending to cook a meal, fix a car) <input type="radio"/> Turns pages one at a time <input type="radio"/> Listens to music or stories for 5–10 minutes <input type="radio"/> No parent/caregiver concerns <input type="radio"/> Exposure to trauma - Since the last time you were here has anything really scary or upsetting happened?
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PHYSICAL EXAMINATION An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.	<input type="radio"/> Anterior fontanelle closed <input type="radio"/> Eyes (red reflex) <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry <input type="radio"/> Teeth	<input type="radio"/> Eyes (red reflex)/Visual acuity <input type="radio"/> Corneal light reflex/Cover-uncover test & inquiry <input type="radio"/> Hearing inquiry <input type="radio"/> Teeth <input type="radio"/> Blood pressure
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EDUCATION AND ADVICE Injury Prevention	<ul style="list-style-type: none"> • Car/vehicle safety • Bath safety • Choking/safe toys • Falls (stairs, change table, unstable furniture/TV) • Wean from pacifier 	<ul style="list-style-type: none"> • Car/vehicle safety • Bike helmets • Carbon monoxide/smoke detectors • Falls (stairs, unstable furniture/TV, trampolines) • Firearm safety • Matches/Lighters • Water safety
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Behaviour	<ul style="list-style-type: none"> • Discipline/Parenting skills programs • Healthy sleep habits 	<ul style="list-style-type: none"> • Discipline/parenting skills programs • Parental fatigue/depression • Siblings • Family conflict/stress
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Family	<ul style="list-style-type: none"> • Parental fatigue/stress/depression • Family healthy: active living/sedentary behaviour • Encourage reading, singing and speaking • Socializing/peer play opportunities 	<ul style="list-style-type: none"> • Healthy sleep habits • Family healthy active living/sedentary behaviour • Socializing opportunities • Assess child care /preschool needs/school readiness • Encourage reading, singing and speaking
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Environmental Health	<ul style="list-style-type: none"> • Second-hand smoke • Sun exposure/sunscreens • Insect Repellent 	<ul style="list-style-type: none"> • Second-hand smoke • Sun exposure/sunscreens • Insect Repellent
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Other	<ul style="list-style-type: none"> • Toothbrushing/Fluoride • Toilet learning • Concern around food security 	<ul style="list-style-type: none"> • Toothbrushing/Fluoride • Toilet learning • No pacifiers • No OTC cough/cold medicine • Concern around food security
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PROBLEMS AND PLANS		
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INVESTIGATIONS/IMMUNIZATION Follow Nunavut Immunization Guide	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol	<input type="radio"/> Check if Immunizations up-to-date <input type="radio"/> Hemoglobin as per Iron Deficiency, Anemia Protocol
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Signature		
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MCQs

MCQ:1

is obtained by dividing the number of maternal deaths in a population during some time interval by the number of live births occurring in the same period referred to :

- A. Neonatal mortality rate
- B. Proportion maternal death
- C. **Maternal mortality ratio**
- D. Maternal mortality rate

MCQ:2

Which one of the following is considers a factor affecting pregnancy and childbirth?

- A. Age
- B. preconception health care
- C. poverty
- D. **all of the above.**

MCQ:3

Which one of the following is considered the primary cause of death in women?

- A. Depression
- B. **CVD**
- C. DM
- D. GENETIC CONDITIONS

MCQ:4

All Of The Following Are Considered A Socioeconomic Factors, Except

- A. Income Level
- B. Educational Attainment
- C. Medical Insurance Coverage
- D. **Pre-pregnancy Health**

MCQ:5

Which of the following can predict a good health outcome for infants ?

- A. Younger age of the mother <19 years
- B. **Birth Wight = 3.2 kg**
- C. Birth Spacing > 6 months
- D. Low maternal education

MCQ:6

When to screen women for postpartum depression?

- A. - 2 hours after delivery
- B. - 1 week after delivery
- C. **- 10 days after delivery**
- D. - 1 month after delivery



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