***Well Baby Care***

**Nutrition**

* Exclusive breastfeeding recommended in first 6 months, and breastfeeding (with complementary foods) is promoted as long as desired
* Vitamin D 400 IU/day for breastfed infants (800 IU/day in Northern communities)
* Solids: introduction at 6 months
	+ Iron containing foods (cereals, meat, egg yolk, tofu)
	+ Fruits and veggies to follow
	+ Introduce cow’s milk products at 9 months
	+ No egg white, nut products, or honey until 12 months
* Milk
	+ Switch from formula to homo milk (500-750 mLs/day) at 12 months
	+ Transition to 1% or 2% milk (~500 mLs/day) at 2-3 years
	+ Discontinue bottles by 18 months
* Avoid sweetened juices/liquids
* Inquire about vegetarian diets
* Transition to lower fat diet after age 2 as per Canada’s Food Guide

**Breastfeeding**

* Benefits
	+ Infant: reduced risk of infections (GI, respiratory, UTIs, AOM, meningitis), SIDS, obesity, T1DM, childhood CA (leukemia, lymphoma), IBD, Celiac disease, heart and liver diseases in adulthood
	+ Mother: decreased risk of breast and ovarian CA, decreased risk of DM improved bone health, weight loss, lactational amenorrhea
* Weaning
	+ Eliminate one BF session every 2-5 days (start with midday feed), supplement with age appropriate alternative (see nutrition)
	+ Another caregiver could introduce the bottle, as some babies initially refuse the bottle when the mother’s breast is available
* Return to work: pumping every few hours will help prevent mastitis
* Tips to facilitate sleep: keep baby awake with frequent feeds in evening, bedtime rituals (ie. bath), keep lights low and do not talk to or stimulate baby during nighttime feeds

**Education/Advice**

* Sleep safety
	+ Place on back to sleep (place head in different positions on alternate days), supervised tummy time while awake
	+ Soft mattresses, pillows, comforters, stuffed toys and bumper pads should not be used in cribs
	+ Rooming-sharing lowers the risk of SIDS
	+ Avoid bed-sharing, overheating, and maternal or second-hand smoke to decrease the risk of SIDS
	+ Pacifier use may decrease risk of SIDS and should not be discouraged in the first year
* Medications
	+ Antipyretics: acetaminophen 15 mg/kg/dose
	+ Ibuprofen 10 mg/kg/dose
	+ Do not use OTC cough/cold medication

**Development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age** | **Gross Motor** | **Fine Motor** | **Speech** | **Social** |
| 2m | Prone-lifts head and pushes up on arms |  | Coos | Smiles, follows |
| 4m | Holds head steady, rolls F to B | Reaches for and holds objects, hands to mouth | Begins to babble | Laughs |
| 6m | Begins to sit without support, rolls B to F | Palmar grasp, hand to hand transfer | Babbles, responds to name | Stanger anxiety |
| 9m | Gets into sitting position, sits independently, pulls to stand, stands holding on | Finger-thumb grasp | Mama, dada, baba | Peek-a-boo, bye-bye |
| 12m | Independent standing, cruising, first steps | Pincer grasp, throws | Single words (2) | Drinks from cup |
| 18m | Walks independently, stairs with help | Scribbles, tower of 3 blocks | Single words (10), follows simple commands | Points to show interest, points to body parts, uses spoon |
| 2y | Runs, up stairs 2 feet/step, kicks ball | Draws straight lines, tower of 6 blocks | 2 word phrases, follow 2-step commands | Undresses, knows age/sex |
| 3y | Up stairs 1 foot/step, down 2 feet/step, stands on 1 foot, jumps | Draws circle, turns book pages one at a time | 3 word phrases, says name, age, and sex, counts to 10 | Dresses/undresses self, toilet trained  |

**Pediatric Exam Includes**

* Growth: correct percentiles until 24-36 months if gestation <37 weeks, regain BW by 1-3 weeks
* Eyes: red reflex, corneal light reflex, cover-uncover test and inquiry for strabismus (6+ months)
* Hearing inquiry/screening
* Fontanelles: posterior closed by 2 months, anterior closed by 18 months
* Muscle tone
* Hips (until at least 1 year, or until child can walk)
* Snoring/tonsils

**Immunization**

* Understanding vaccines
	+ Infants can respond to 10,000 different antigens at any one time, giving 6 vaccines does not add, significantly, to the daily load
* Not vaccinating
	+ Protection from herd immunity declines, as vaccination rates decline
	+ Diseases only one flight away – massive outbreaks (eg. diptheria in Russia in the 90’s and polio in middle east last year with >500 paralyzed) due to lapses in immunization
	+ Advise against 3rd world travel
* Some contraindications
	+ Immunocompromised: live vaccines, consult specialist
	+ IgE-mediated chicken or egg allergy is a contraindication to influenza, yellow-fever and rabies vaccines (GI intolerance in NOT)
	+ Anaphylaxis to neomycin or gelatin is a contraindication to MMR