

Conducting Child and Maternal Checks

Resources

- [Blue Book Personal Health Record](#) - Includes [Learn the Signs. Act Early.](#)
- [Edinburgh Postnatal Depression Scale \(EPDS\)](#)
- [Lift the Lip](#) NSW Health
- [My Health Record for Health Providers](#)
- [RACGP Healthy Kids Check](#)
- [Event Summary](#)
- [HealthPathways](#)
- [NSW Immunisation Schedule](#), Catch up Schedule, Adverse Event
- [Fit4School Checklist](#)
- [Shared health summary](#)

Time Frames for Child Developmental Checks

- 1 – 4 weeks (Universal Health Home Visit)
- 6 Weeks
- 4 months
- 6 Months
- 12 Months
- 18 Months
- 3 Years
- 4 Years RACGP Healthy Kids Check
- 4-5 Years Fit 4 School Check

General Practice equipment

- Treatment room bed
- Infant measure board
- Digital scales - infant & adult (Digital scales to be calibrated annually)
- Stadiometer

- Head tape measure (disposable recommended)
- Digital technology e.g. computer, electronic medical record system, etc.
- Gloves, disposable sheet (e.g. Blueys), cleaning equipment, etc.

General Practice Policies and Procedures

- Work Health and Safety
- Infection control
- Immunisation
- Documentation

Recommended child ‘My personal health record’ (Blue Book) check summary

| Age | Health Check | Parent/ carer questions | ‘Learn the Signs. Act Early.’ | *Head Circumference | Weight | Growth Chart | Height | BMI | Lift the Lip | Immunisation |
|-----------|--------------|-------------------------|-------------------------------|------------------------------------|--------------------|----------------------|-------------------------------------|-----|--------------|-------------------------|
| 1-4 weeks | ✓ | ✓ | | ✓ | ✓ bare | WHO Standard | ✓ supine - remove or loosen nappy | | | Birth |
| 6-8 weeks | ✓ | ✓ | ✓ | ✓ | ✓ bare | WHO Standard | ✓ supine -remove or loosen nappy | | | ✓ |
| 4 months | # | ✓ | # | # | # | # | # | | # | ✓ |
| 6 months | ✓ | ✓ | ✓ | ✓ | ✓ bare | WHO Standard | ✓ supine -remove or loosen nappy | | ✓ | ✓ |
| 12 months | ✓ | ✓ | ✓ | ✓ | ✓ bare | WHO Standard | ✓ supine -remove or loosen nappy | | ✓ | ✓ |
| 18 months | ✓ | ✓ | ✓ | ✓ | ✓ minimal clothing | WHO Standard | ✓ remove or loosen nappy and supine | | ✓ | ✓ |
| 2 years | ✓ | ✓ | ✓ | If clinically indicated or in OOHC | ✓ minimal clothing | CDC Growth Reference | ✓ no shoes, hats, hair ornaments | ✓ | ✓ | As recommended by NHMRC |
| 3 years | ✓ | ✓ | ✓ | If clinically indicated or in OOHC | ✓ minimal clothing | CDC Growth Reference | ✓ no shoes, hats, hair ornaments | ✓ | ✓ | As recommended by NHMRC |
| 4 years | ✓ | ✓ | ✓ | If clinically indicated or in OOHC | ✓ minimal clothing | CDC Growth Reference | ✓ no shoes, hats, hair ornaments | ✓ | ✓ | ✓ |

Recommended additional check and /or as clinically indicated

***Head circumference required:**

- Children and young people birth-18 years in Out of Home Care (OOHC)
- Up to 3 years of age if clinically indicated e.g. crossing head circumference percentiles in infancy; unusually small or large head circumference noted in infancy; etc.

| General Practitioner examination | Practice Nurse assessment | Child and Family Health Nurse assessment |
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| <p>Pregnancy – birth history</p> <ul style="list-style-type: none"> • Antenatal care and history • Parity – previous history • Pregnancy – complications; abnormal blood tests; abnormal scans; etc. • Delivery - gestation; type; complications; APGAR; Resus; Vitamin K; multiple birth; etc. • Immunisation status • Newborn hearing - SWISH (Completed/Passed) • Neonatal – NICU/Special care; jaundice; weight change; physical problems; birth trauma; oxygen; Newborn Screening Test; etc. • Feeding • Output – urine/faeces • Family history and risk factors for: <ul style="list-style-type: none"> • Developmental dysplasia of the hips • Breech • Hearing sensorineural hearing loss • Vision • Oral health • Physical problems • Birth weight <1500 grams • Viral illness in pregnancy | <p>Pregnancy – birth history</p> <ul style="list-style-type: none"> • Pregnancy history • Delivery - gestation, type, complications; etc. • Parity - previous history • Neonatal – NICU/Special care; jaundice; weight change; physical problems; birth trauma; oxygen; Newborn Screening Test; etc. • Immunisation status (Up to date; Catch-up; Bexsero, etc.) • Newborn hearing - SWISH (Completed/Passed) • Feeding history – breast, expressed breast milk, formula, mixed feeding EBM/formula • Output – urine/faeces • Family history and risk factors for: <ul style="list-style-type: none"> • Developmental dysplasia of the hips • Breech • Hearing sensorineural hearing loss • Vision • Oral health • Physical problems • Birth weight <1500 grams • Viral illness in pregnancy • Ototoxic medication • Genetic syndromes | <p>Pregnancy – birth history</p> <ul style="list-style-type: none"> • Antenatal care and history • Parity – previous history • Delivery – gestation; type; complications; APGAR; Resus; Vitamin K; multiple birth; etc. • Neonatal – NICU/Special care; jaundice; weight change; physical problems; birth trauma; oxygen; Newborn Screening Test; etc. • Immunisation status • Newborn hearing – SWISH (Completed/Passed) • Feeding assessment • Output – urine/faeces • Family history and risk factors for: <ul style="list-style-type: none"> • Developmental dysplasia of the hips • Breech • Hearing sensorineural hearing loss • Vision • Oral health • Physical problems • Birth weight <1500 grams • Viral illness in pregnancy • Ototoxic medication • Genetic syndromes • Is this child in Out of Home Care (OOHC)? |

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| <ul style="list-style-type: none"> Ototoxic medication Genetic syndromes Is this child in Out of Home Care (OOHC)? | <ul style="list-style-type: none"> Is this child in Out of Home Care (OOHC)? | |
| <p>Infant/child developmental screening & surveillance</p> <ul style="list-style-type: none"> Blue Book¹ infant/child developmental screening and surveillance (from 1-4 week check) 'Learn the Signs. Act Early.'² - from 6-8 weeks Family history and risk factors - from 1 week Blue Book¹ - Additional questions for parents/carers - from 1 week Early childhood care and education Other parent/carer concern | <p>Infant/child developmental screening & surveillance</p> <ul style="list-style-type: none"> Blue Book¹ infant/child growth and developmental screening and surveillance: <ul style="list-style-type: none"> <input type="checkbox"/> 1-4 week check <input type="checkbox"/> 6-8 week check <input type="checkbox"/> 6 month check <input type="checkbox"/> 12 month check <input type="checkbox"/> 18 month check <input type="checkbox"/> 2 year check <input type="checkbox"/> 3 year check <input type="checkbox"/> 4 year check 'Learn the Signs. Act Early.'² - from 6-8 weeks Family history and risk factors - from 1 week Additional parent/carer questions - from 1 week HealthPathways - Healthy Kids Check Early childhood care and education Fit for 4 School Check⁶ (TBC) Other parent/carer concern | <p>Infant/child developmental screening & surveillance</p> <ul style="list-style-type: none"> Blue Book¹ infant/child developmental screening & surveillance (from 1-4 week check) Development surveillance: 'Learn the Signs. Act Early.' - from 6-8 weeks Additional questions for parents/carers - from 1 week Cognitive development: learning; problem solving; etc. Speech, language and communication: language development, expression and understanding; literacy socialisation; plateauing or regression; etc. Social and emotional: emotional regulation; social behaviour; attachment behaviour and patterns; development of attention; independence; self-care; problem solving; plateauing or regression; etc. Fine motor, perceptual and non-verbal development: hand posture; fine motor movement; coordination; problem solving; sensory perception; coordination; etc. Gross motor development: movement; gait (when walking); asymmetry of movements; abnormalities of tone, balance or coordination; etc. |

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| | | <ul style="list-style-type: none"> • Early childhood care and education • Other parent/carer concern <p>Secondary developmental screening</p> <ul style="list-style-type: none"> • As indicated: • Ages and Stages Questionnaire (ASQ:3) • Ages and Stages Social and Emotional Questionnaire (ASQ:SE2) |
| <p>Blue Book infant/child physical examination – as recommended for age</p> <ul style="list-style-type: none"> • General appearance: specific facies/ syndrome; limb movement; jaundice/pink; breathing - respiratory distress; symmetry of body parts; shape; muscle tone; hydration; swelling; etc. • General tone, posture, movement, interactions, etc. • Head: circumference; anterior and posterior fontanelles; sutures; shape; relationship between eyes and ears; etc. • Eyes and vision: <ul style="list-style-type: none"> - General observation - Corneal light reflex - 1-4 weeks-3 years - White pupil - 0-3years - Fixation - 6-8 weeks-3 years - Response to occlusion - 6-8 weeks-3 years - Ocular movements - 6 months – 3 years - Visual Acuity - StEPS¹¹ - 4 years • Mouth: oral mucosa; hard and soft palate; uvula; gums; tongue; lips | <p>Blue Book Infant/child physical assessment – as recommended for age</p> <ul style="list-style-type: none"> • General appearance and responses: specific facies/ syndrome; eyes; response to sound; symmetry of body parts; all limbs moving normally; jaundice/pink; skin integrity; etc. • General tone, posture, movement, interactions, etc. • Head: circumference; fontanelles; shape; general appearance; etc. • Eyes: General observation • Visual Acuity - StEPS¹¹ - 4 years • Neck: skin integrity; movement; etc. • Chest: breast buds; breathing, etc. • Abdomen: general appearance; umbilicus; etc. • Hips: Galezzi test (knee height); leg length; asymmetry; even buttock and thigh creases when supine; etc. • Genitals: Normal female/male, appearance; nappy rash; etc. • Anus: normal appearance and patent | <p>Blue Book Infant/child physical assessment – as recommended for age</p> <ul style="list-style-type: none"> • General appearance: specific facies/syndrome; dysmorphic features; limb movement; body symmetry; shape; muscle tone; hydration; colour; swelling; bruising; skin jaundice/pink; skin integrity; respiratory distress; motor or vocal tics; etc. • General tone, posture, movement, interactions, etc. • Head: anterior and posterior fontanelles; sutures; shape; relationship between eyes and ears; movement; etc. • Eyes and vision: <ul style="list-style-type: none"> - General observation - Corneal light reflex - 1-4 weeks-3 years - White pupil - 0-3years - Fixation - 6-8 weeks-3 years - Response to occlusion - 6-8 weeks-3 years - Ocular movements - 6 months – 3 years - Visual Acuity - StEPS - 4 years |

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| <ul style="list-style-type: none"> • Ears and hearing: otoscope examination; history; etc. • Neck: rash; lumps; cystic hygromas; torticollis; etc. • Cardiovascular - 1-4 week infant cardiovascular check • Chest: heart sounds; lungs; breast buds; breathing; heart murmurs; etc. • Abdomen: organomegaly; umbilicus; normal sharp liver edge: etc. • Hips: Ortolani Manoeuvre (1-4 week and 6-8 week check - up to 3 months); Barlow Manoeuvre (1-4 week and 6-8 week check - up to 3 months); Range of motion at the hip in abduction; Galezzi test; leg length difference on clinical examination and asymmetry; unilateral toe walking • Legs and feet: length; shape; skin & gluteal creases; femoral pulses; range of movement; feet; toes, toenails; gait (when walking) • Spine: curvature of spine; sacrococcygeal area (dimples, sinuses, tufts of hair); etc. - Reflexes: - Rooting – newborn - Sucking – newborn - Moro/Startle - newborn to 3 months - Walking/stepping - newborn to 6 weeks - Abnormal reflexes, tone, posture and movement; etc. • Femoral pulses - 1-4 weeks | <ul style="list-style-type: none"> • Output – urine and faeces • Skin integrity: i.e. rashes; birthmarks; Mongolian Blue Spot; trauma; etc. • Other parent/carer concern | <ul style="list-style-type: none"> • Mouth: oral mucosa; hard and soft palate; uvula; gums; tongue; lips • Ears and hearing: external observation; response to sound; hearing behaviour; auditory perception; history of recurrent or persistent middle ear effusion; discharge; etc. • Neck: cystic hygromas; torticollis; etc. • Chest: breast buds; breathing, etc. • Abdomen: general appearance; umbilicus; etc. • Hips: Ortolani Manoeuvre (1-4 week and 6-8 week check - up to 3 months); Barlow Manoeuvre (1-4 week and 6-8 week check - up to 3 months); Range of motion at the hip in abduction; Galezzi test; leg length difference on clinical examination and asymmetry; unilateral toe walking • Legs and feet: length; shape; skin & gluteal creases; femoral pulses; range of movement; feet; toes, toenails; etc. • Back/spine: alignment; curvature of spine; Sacrococcygeal area (dimples, sinuses, tufts of hair); etc. • Reflexes: - Rooting – newborn - Sucking – newborn - Moro/Startle - newborn to 3 months - Walking/stepping - newborn to 6 weeks - Abnormal reflexes, tone, posture and movement; etc. • Femoral pulses – 1-4 weeks • Genitals: Normal male/female appearance; male descended testes; groin lumps; etc. • Anus: Normal appearance and patent |
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| <ul style="list-style-type: none"> • Genitals: Normal male/female appearance; male descended testes; groin lumps; skin integrity; rash; passing urine normally; etc. • Anus: normal appearance and patent • Back/spine: alignment; curvature of spine; Sacrococcygeal area (dimples, sinuses, tufts of hair); etc. • Neuro: tone in ventral suspension, reflexes • Skin integrity: i.e. rashes; birthmarks; Mongolian Blue Spot; trauma; etc. • Other parent/carer concern • Other examination and investigations as clinically indicated | | <ul style="list-style-type: none"> • Output assessment: Bowel motions; constipation; hydration; passing urine normally; enuresis; etc. • Back/spine: alignment, base of spine, sinuses/fistula, etc. • Neuro: tone in ventral suspension, reflexes, etc. • Skin integrity: i.e. rashes; birthmarks; Mongolian Blue Spot; trauma; etc. • Other parent/carer concern • Other assessment as clinically indicated |
| <p>Blue Book child growth assessment Blue Book Growth measurements⁷</p> <ul style="list-style-type: none"> • Head circumference - birth-18 months • Weight <ul style="list-style-type: none"> - birth-2 years - bare weight - >2 years – light clothing • Supine length < 2 • Standing height (no shoes) > 2 years (no shoes) • BMI - >2 -18 years • Measurements - Plot on centile charts and review trajectory | <p>Blue Book child growth assessment Blue Book Growth measurements⁷</p> <ul style="list-style-type: none"> • Head circumference - birth-18 months • Weight <ul style="list-style-type: none"> - birth-2 years - bare weight - >2 years – light clothing • Supine length < 2 • Standing height (no shoes) > 2 years (no shoes) • BMI - >2 -18 years • Measurements - Plot on centile charts and review trajectory | <p>Blue Book child growth assessment Blue Book growth measurements:</p> <ul style="list-style-type: none"> • Head circumference - birth-18 months • Weight <ul style="list-style-type: none"> - birth-2 years - bare weight - >2 years – light clothing • Supine length - < 2 years • Standing height (no shoes) - >2 years • BMI - >2 years • Plot measurements on centile charts, review trajectory, and Mid parental height |
| <p>Infant/Child Feeding</p> <ul style="list-style-type: none"> • Feeding & nutrition history – breast, expressed breast milk, formula, mixed feeding EBM/formula, family foods, etc | <p>Infant/Child Feeding</p> <ul style="list-style-type: none"> • Feeding & nutrition history – breast, expressed breast milk, formula, mixed feeding EBM/formula, family foods, etc | <p>Infant/Child Feeding Infant/Child Feeding assessment</p> <ul style="list-style-type: none"> • Previous history, breast health, assessment, etc. |

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| <ul style="list-style-type: none"> • Nutrition history • Transition to family foods <ul style="list-style-type: none"> - Starting Family Foods - Introducing your baby to solid foods³ – 4- 6 months • Healthy Eating Active living <ul style="list-style-type: none"> - 8 Healthy Habits: 0-12 months⁴ - 8 Healthy Habits for 12 to 24 months¹³ - 8 Healthy Habits: 2-17 years⁵ • Other parent/carer concern | <ul style="list-style-type: none"> • Transition to family foods <ul style="list-style-type: none"> - Starting Family Foods - Introducing your baby to solid foods³ – 4- 6 months • Healthy Eating Active Living <ul style="list-style-type: none"> - 8 Healthy Habits: 0-12 months⁴ - 8 Healthy Habits for 12 to 24 months¹³ - 8 Healthy Habits: 2-17 years⁵ • Other parent/carer concern | <ul style="list-style-type: none"> • Promoting , protecting and supporting breast feeding assessment and anticipatory guidance <ul style="list-style-type: none"> - 1-4 week check - 6-8 weeks - 6-12 months - or as clinically indicated • Nutrition history • Transition to family foods <ul style="list-style-type: none"> - Starting Family Foods - Introducing your baby to solid foods³ – 4- 6 months • Healthy Eating Active living <ul style="list-style-type: none"> - 8 Healthy Habits: 0-12 months⁴ - 8 Healthy Habits for 12 to 24 months¹³ - 8 Healthy Habits: 2-17 years⁵ • Other parent/carer concern |
| <p>Blue Book Oral Health check:</p> <ul style="list-style-type: none"> • Family dental history and risk factors – from 6 months • Lift the Lip - from 6 months • Visible plaque; bleeding &/or swollen gums; white spot; carious lesions or facial swelling | <p>Blue Book Oral Health check:</p> <ul style="list-style-type: none"> • Family dental history and risk factors – from 6 months⁸ - from 6 months <p><input type="checkbox"/> 6 month check <input type="checkbox"/> 12 month check <input type="checkbox"/> 18 month check <input type="checkbox"/> 2 year check <input type="checkbox"/> 3 year check <input type="checkbox"/> 4 years check</p> <ul style="list-style-type: none"> • Visible plaque; bleeding &/or swollen gums; white spot; carious lesions or facial swelling | <p>Blue Book Oral Health assessment:</p> <ul style="list-style-type: none"> • Family dental history and risk factors – from 6 months • ‘Lift the Lip’ oral health assessment (from 6 months) • Visible plaque; bleeding &/or swollen gums; white spot; carious lesions; facial swelling • Teething • Care of first teeth |
| <p>Safe sleep practices</p> <ul style="list-style-type: none"> • Red Nose - 6 ways to reduce risk of SUDI • Other parent/carer concern | <p>Safe sleep practices</p> <ul style="list-style-type: none"> • Red Nose - 6 ways to reduce risk of SUDI⁹ • Other parent/carer concern | <p>Safe sleep practices assessment</p> <ul style="list-style-type: none"> • Safe sleeping practices and risk assessment • Sleep and settling patterns and behaviour • Red Nose - 6 ways to reduce risk of SUDI⁹ • Other parent/carer concern |

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| <p>Immunisation</p> <ul style="list-style-type: none"> • Discuss due vaccines and expected adverse events • Discuss optional extra vaccines i.e. Bexsero • Administration as required | <p>Immunisation</p> <ul style="list-style-type: none"> • Discuss due vaccines and expected adverse events • Discuss optional extra vaccines i.e. Bexsero • Administration as required | <p>Immunisation</p> <ul style="list-style-type: none"> • Promote and discuss due and recommended vaccines |
| <p>Maternal/carer assessment Maternal/family psychosocial and mental health assessment</p> <ul style="list-style-type: none"> • As early as practical in pregnancy and repeat screening at least once later in pregnancy or if clinically indicated - First postnatal screening 6–12 weeks after birth and repeat screening at least once in the first postnatal year e.g. 6 to 8 weeks, 6 months, 12 months or if clinically indicated - Repeat at any time in pregnancy or the 1st year if clinically indicated • Maternal and family assessment for smoking, alcohol or substance misuse • Domestic and family Violence assessment and first line response • Other family risk factors e.g. untreated mental health issues; chronic health concern; other psychosocial concern e.g. homelessness, new to area, single parent, etc. • Parent-child attachment; attachment behaviour and response; adjustment to parenting; etc. • Other parent/carer concern | <p>Maternal/carer assessment</p> <ul style="list-style-type: none"> • Pregnancy – care and complications • Administer maternal wellbeing Edinburgh Post-Natal depression Scale (EPDS) as recommended¹⁰ - As early as practical in pregnancy and repeat screening at least once later in pregnancy. - First postnatal screening 6–12 weeks after birth and repeat screening at least once in the first postnatal year e.g. 6 to 8 weeks, 6 months, 12 months - Repeat at any time in pregnancy or the 1st year if clinically indicated • Other parent/carer concern • Handover EPDS score and other relevant clinical findings to Doctor | <p>Maternal/carer assessment Maternal/family psychosocial assessment as recommended or clinically indicated</p> <ul style="list-style-type: none"> • Pregnancy – complications • Maternal and family assessment for tobacco smoking, alcohol or other substance misuse • Edinburgh Post-Natal depression Scale (EPDS) Screening and Suicide Risk Assessment and Safety Management • Domestic violence screening, assessment and first line response for family and domestic violence • Other risk factors e.g. previous mental health issues; chronic health concern; adverse childhood experiences; family relationships and support; recent major stressors; unstable housing; etc. • Parent-child attachment; attachment behaviour and response; adjustment to parenting; etc. • Other parent/carer concern • Other assessment as clinically indicated |

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| <ul style="list-style-type: none"> Other examination and investigations as clinically indicated | | |
| Child protection¹²: <ul style="list-style-type: none"> Identify and respond to infant/child risk of harm concerns | Child protection¹²: <ul style="list-style-type: none"> Identify and respond to infant/child risk of harm concerns | Child protection¹²: <ul style="list-style-type: none"> Identify and respond to infant/child risk of harm concerns |

Documentation and transfer of health information

| General Practitioner | Practice Nurse | Child and Family Health Nursing |
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| Documentation: <ul style="list-style-type: none"> General Practice electronic medical record (eMR) Referral to Child and Family Health as indicated Blue Book <u>Event/Shared Health Summary</u> <p>Address parental concerns and facilitate follow-up; further examination; investigations; and referrals as clinically indicated</p> | Documentation: <ul style="list-style-type: none"> General Practice electronic medical record Referral to Child and Family Health as indicated Blue Book <u>Event/Shared Health Summary</u> Immunisation Other documentation as required <p>Consult GP and handover clinical findings and parental concerns</p> <p>Arrange follow-up; further assessment; investigations; and referrals as recommended by GP</p> | Documentation <ul style="list-style-type: none"> Community Health Outpatient Care (CHOC) electronic medical record (eMR) Child Blue Book Other eMR documentation as required 'Letter to GP' – for referrals to and from General Practice and as clinically indicated <p>Address parental concerns; anticipatory guidance; facilitate further assessment; referrals and follow-up as clinically indicated</p> |

Referral Options

| General Practice | Child and Family Health Nursing |
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| <ul style="list-style-type: none"> eMR referral letter to Child and Family Health Nursing Find NSLHD Child and Family Health Services HealthPathways – see 'Request' section in Child and Youth Health Pathways | Referral to extended parenting* and specialised nursing services*; Paediatric Speech Pathology*; Paediatric Physiotherapy*; Paediatric Occupational Therapy*; Oral Health*; Perinatal Infant Mental |

- [Private Neurodevelopmental and Behavioural Specialists](#)
- Private Allied Health providers
- [ECEI](#)

Health; Child Youth & Adult Mental Health*; Community Paediatrician*; Audiology; Youth Health; Community Support and Connect & other community services as required

*A fee may apply for families ineligible for Medicare

Key resources and references

- ¹ [Blue Book](#)
- ² [‘Learn the Signs. Act Early.’](#)
- [Bright Tomorrow’s Start Today](#)
- ³ [Starting Family Foods - Introducing your baby to solid foods](#) – 6 months
- ⁴ [8 Healthy Habits: 0-12 months](#)
- ¹³ [8 Healthy Habits for 12 to 24 months](#)
- ⁵ [8 Healthy Habits: 2-17 years](#)
- ⁶ [Fit for 4 School Check](#)⁵
- ⁷ [Healthykids for professionals](#)
- ⁸ [‘Early Childhood Oral Health What Child Health Professionals need to know’](#)
- ⁹ [Red Nose - 6 ways to reduce risk of SUDI](#)
- ¹⁰ Austin M-P, Hight N and the Expert Working Group (2017) [Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline](#). Melbourne: Centre of Perinatal Excellence p.28.
- ¹¹ [StEPS](#) – Statewide Preschool Vision Screening
- ¹² [Mandatory Reporters: What to report and when](#)

Additional resources and links

- Center for Disease Control and Prevention – [Watch Me! Celebrating Milestones and Sharing Concerns](#)
- Department of Community Paediatrics Liverpool Hospital. Handbook for Well Child Screening and Surveillance. [The Well Child Health Program](#). Sydney. NSW
- Developmental Dysplasia of the Hip, online module from the Royal Children's Hospital Melbourne by Leo Donnan and Richard Angliss. This provides a comprehensive overview of the condition with emphasis on examination skills and detection.
- [Health Translations](#)
- [NSLHD Child Youth and Family Health Service](#)

- NSW Health [Save the Date to Vaccinate](#)
- NSW Government [Early childhood care and education](#)
- NSW Government [Healthykids for professionals](#)
- NSW Government [Early Childhood Oral Health](#)
- [PANDA for Health Professionals](#)
- [Raising Children Network](#)
- RACGP – [Abuse and violence: Working with our patients in general practice \(4th edition\)](#)
- Royal Children’s Hospital Melbourne – [Child growth eLearning resource](#)
- Sydney North Health Network - [HealthPathways](#)
- Telethon Kids Institute – [Bright Tomorrows Start Today](#)
- The Sydney Children’s Hospital Network - [Factsheets](#)