2018 edition of the Blue Book is out now!

Information for health care and early childhood service providers

Presented by Child and Family Health Service for Women’s and Children’s Health Network and the Department for Education. August 2018
- Content by neonatal specialists and consumer group
- Highlights symptoms of problems newborns may experience post discharge
- Designed to be removed from book and kept near at hand e.g. use a magnet to stick on the fridge

New ‘My Baby’s First Weeks’ front page insert
New page 1 Dear Parent / Caregiver to explain Blue Book intent and use

Child birth details and newborn examination pages remain the same

Child birth details & newborn examination are completed by the birthing hospital
Newborn hearing screening

All babies born in a hospital have a hearing screen soon after birth. Newborn (neonatal) hearing screening is quick, free and results are available straight away. It’s best to have the screen as soon as possible after your baby is born. This screening can be done up to 6 months of age, although younger is better.

<table>
<thead>
<tr>
<th>Hearing screening results</th>
<th>Pass (P)</th>
<th>Refer (R)</th>
<th>Decline (D)</th>
<th>No test (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left ear</td>
<td>Right ear</td>
<td>Left ear</td>
<td>Right ear</td>
<td>Date <em><strong>/</strong></em>/___</td>
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</tbody>
</table>

Check to see if your baby has had a screen, and what the result was:

**Pass**  Your baby showed a clear response to sound in both ears during the screening tests.

**Refer**  Your baby did not show a clear response to sound during the screening tests.

If your baby did not show a clear response, the Child and Family Health Service will contact you to arrange follow-up screening. This will occur separately to any other services you may or may not have consented to receive from the Child and Family Health Service.

If your baby has missed a hearing screening, contact the Universal Neonatal Hearing Screening program on 8303 1585 (Mon-Fri 8:00am - 4:30pm).

It’s very important to find out early if your baby has hearing problems. Early treatment is best for their speech and language development.

Newborn hearing screening updated to reflect current practice
Baby’s hearing and eyesight

Here are some stages of development that can help you identify if your baby is seeing correctly.

**Babies** (birth to 12 months) can:
- see from birth, but not clearly
- watch a speaker’s eyes and mouth
- recognise the faces of special people in their lives
- follow noiseless moving objects with both eyes
- search for dropped objects in late infancy.

**Toddlers** (1 to 2 years) can:
- see objects in the distance such as signs or logos
- point to objects in a book
- match shapes and objects by colour and size
- pick out small detail in pictures.

**Preschoolers** (3 to 5 years) can:
- begin to colour in within the lines
- look at a book without tilting their head
- look at a book without holding it too close or too far away.

All children should be able to use their eyes together, without them turning inwards or outwards or wobbling.

See your doctor or optometrist if you have any worries about your child’s eyesight at any age. For advice on optometrists in your area, visit [www.optometry.org.au](http://www.optometry.org.au)

Developmental information on eyesight included
# Developmental milestones

## Learning to talk and connect

<table>
<thead>
<tr>
<th>Babies (0 to 12 months)</th>
<th>Toddlers (1 to 3 years)</th>
<th>Preschoolers (4 to 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>laugh or chuckle (2 to 3 months)</td>
<td>wave bye-bye (12 to 15 months)</td>
<td>take turns when talking with others (36 to 50 months)</td>
</tr>
<tr>
<td>make sounds (such as ‘bub-bub-bub’) to people (4 to 7 months)</td>
<td>point or gesture to what they want (12 to 19 months)</td>
<td>use sentences of about 6 words with mostly correct grammar (42 to 54 months)</td>
</tr>
<tr>
<td>look for their family or pets when named (6 to 8 months)</td>
<td>point to simple parts of their body such as a nose or tummy when asked (15 to 22 months)</td>
<td>speak clearly enough to be understood by anyone (42 to 54 months)</td>
</tr>
<tr>
<td>recognise their name (9 to 10 months)</td>
<td>use 15 words or more, name some objects and talk more clearly (17 to 21 months)</td>
<td>use language when playing with other children (48 to 60 months)</td>
</tr>
<tr>
<td>respond to simple requests like ‘where is the ball?’ (9 to 14 months)</td>
<td>follow 2-step instructions such as ‘put on your shoes and get your hat!’ (18 to 24 months)</td>
<td>explain why something happens such as ‘mum’s car stopped because the petrol ran out’ (50 to 60 months)</td>
</tr>
<tr>
<td>use 1 clear word with a meaning such as ‘mama’ or ‘dada’ (11 to 14 months)</td>
<td>put 2 words together such as ‘go bye-bye’, ‘push car’ (20 to 24 months)</td>
<td>follow 3 directions such as ‘stand up, get your bag and wait at the door’ (54 to 60 months)</td>
</tr>
<tr>
<td></td>
<td>say how objects are used, eg ‘a cup for drinking’ (26 to 32 months)</td>
<td></td>
</tr>
</tbody>
</table>

Developmental milestones have more prominence at the front of the book
Now an option to record weight and height in a table; growth charts remain
New and additional vaccines including for:

- *Haemophilus influenzae* type b (Hib) and Meningococcal Conjugate ACWY
- Medically at Risk children
- Children < 32 weeks gestation or <2000g at birth

**July 2018 Immunisation Schedule**
Health checks are recorded on a single page
look on page 40 for new contact details, SIDS and Kids National now called Red Nose

Sleeping baby safely

New babies spend a lot of their time asleep. Some sleeping arrangements are not safe and can increase the risk of Sudden Unexpected Death in Infancy (SIDS) and fatal sleeping accidents.

Unfortunately, every year some babies still die while sleeping in an unsafe sleeping arrangement and most of these deaths are preventable.

Your Child and Family Health Service nurse/health worker can discuss this further with you. They will work with you to help find safe sleep habits for your baby.

There are a number of things you can do to help your baby sleep safely and reduce the risk of Sudden Unexpected Death in Infancy:

> put your baby to sleep on their back
> keep your baby’s head and face uncovered (no beanie, no hat, no hooded clothing)
> keep your baby ‘smoke free’ before and after birth
> create a safe sleeping environment for night and day sleeps (safe product, mattress and bedding)
> if you want your baby with you, put them in a safe cot in your bedroom (for first 6 to 12 months)
> check that the cot meets current Australian standards
> check that the mattress is firm, clean, well-fitting and flat
> make sure there is no loose bedding, quilts, doonas, pillows, cot bumpers, sheepskins or soft toys in the cot
> where possible, breastfeed your baby.

Diagram developed by SIDS and Kids 2014
Introducing solids

Feeding toddlers

More information on feeding
New services include:
- Domestic Violence Gateway Helpline
- Domestic Violence and Aboriginal Family Violence Gateway
- Lactation Consultants of Australia
- Great Start
- National Disability Insurance Scheme
- 1800 RESPECT
- Metropolitan and regional domestic violence services
- PANDA
- Child and Adolescent Mental Health Service (CAMHS)
- Women's Health Service

More services listed in Where to Go for Help.
Feedback on the Blue Book is welcome.

All feedback is reviewed with respect to future editions.

Email: Health.BlueBookfeedback@sa.gov.au

Thank you.