

Dear parent / caregiver

The Child Health and Development Record, commonly known as the Blue Book, is given to all parents / caregivers of newborn babies in South Australia.


Please use this book as a place to record your child's development and growth, and immunisations from birth until preschool age.

There is also information for parents on:

- > the importance of keeping your baby safe
- > safe baby sleeping
- > feeding babies, toddlers and preschoolers
- > settling your baby for sleep
- > where to go for help.

Please keep your Blue Book in a safe place. Bring it with you to your child's health appointments to use when talking with a health professional about your child's development and growth.

If at any stage you have any concerns about your child's health and development, contact the Child and Family Health Service on 1300 733 606 or your family doctor.



Congratulations
on the birth
of your baby!

Content

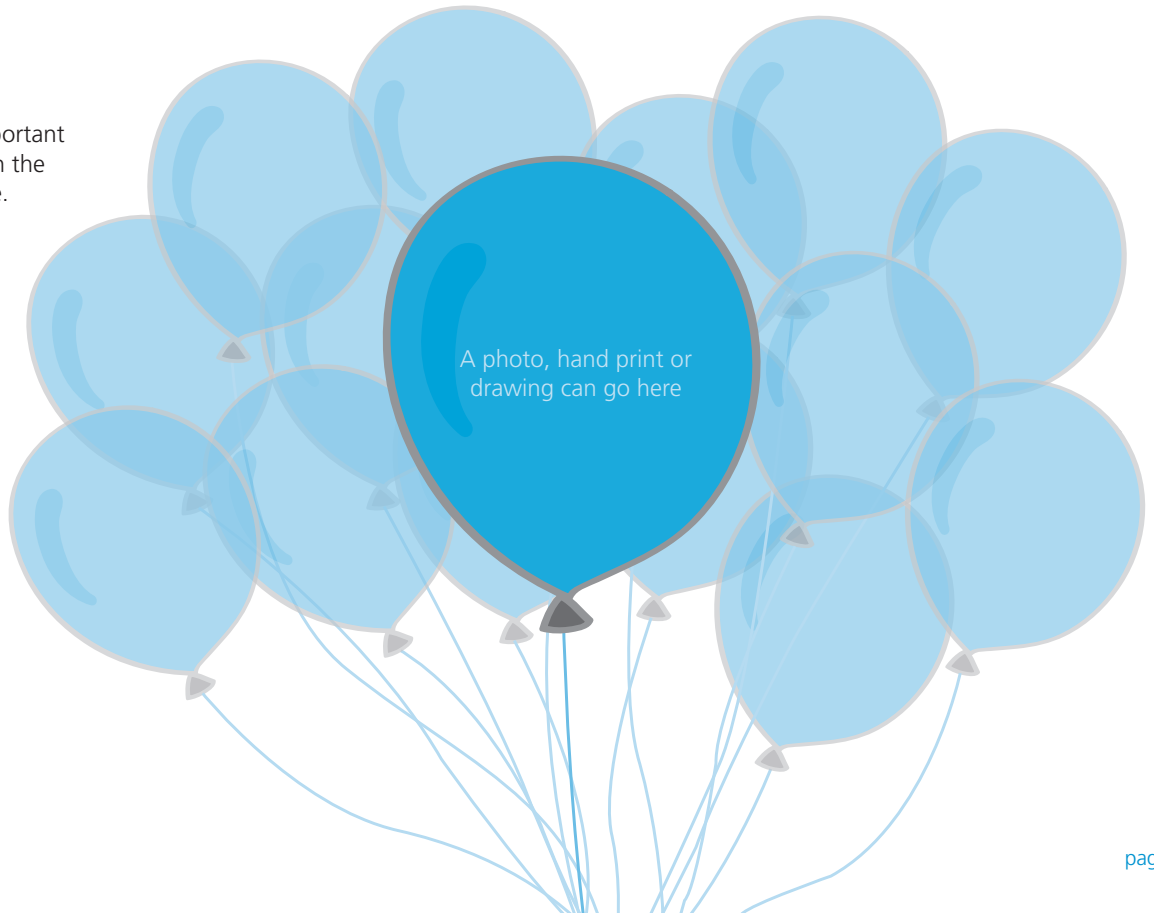
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About me

This book belongs to: _____

My family

Write the names of the important people in your child's life on the balloons around their name.



Child's birth details

Completed by the birthing hospital

Your baby's name _____ Date of birth ___ / ___ / ___

Name of place of birth _____ Time of birth _____ Sex M / F

Parent / guardian's name _____ Parent / guardian's name _____

Pregnancy complications _____ Blood group _____

Labour spontaneous / induced – reason _____

Type of birth: (please circle) Vaginal Caesarean Breech Forceps Ventouse Other _____

Post-partum issues _____

Gestation _____ Apgar 1 minute _____ 5 minutes _____ Birth Weight (gm) _____ Length (cm) _____ Head Circ. _____ (cm)

Neonatal Screening Test (NNST) completed Y / N Vitamin K given Y / N Hepatitis B given Y / N HBIG given Y / N

Blood group (if required) _____ Pentavite (if required) Y / N

Only breastmilk Y / N Infant formula Y / N Breastmilk + infant formula Y / N

Additional feeding information _____

Date of discharge ___ / ___ / ___ Discharge weight (g) _____ Discharge length (cm) _____ Head circ. (cm) _____

Neonatal issues _____

Newborn examination (completed by a medical officer in hospital)

Child's name _____ Date of birth ___/___/___ Postnatal day _____ Date of examination ___/___/___

Conducted by: Name _____ Designation _____

Check	Comment
Head shape	
Neck	
Eyes (red reflex)	
Ears	
Mouth and palate	
Cardiovascular	
Central colour	
Femoral pulses R/L	
Respiratory	
Abdomen and umbilicus	
Anus	
Genitalia	
Testes fully descended R/L	
Limbs and spine	
Hips	
Skin	
Neurological, including reflexes, responsiveness/tone	
Neonatal hearing screening	
Congenital heart disease oximetry screening	