

Health supervision from 0 to 5 years using the Rourke Baby Record 2006

Leslie Rourke, MD, FCFP, MCLSC Denis Leduc, MD, CCFP, FRCPC
James Rourke, MD, CCFP(EM), FCFP, MCLSC Evelyn Constantin, MD, FAAP, CSPQ, FRCPC

The Rourke Baby Record (RBR), first developed in 1979 by Drs Leslie and James Rourke and published in *Canadian Family Physician* in 1985,¹ promotes comprehensive, evidence-based well-baby and well-child care by acting as an aide-mémoire, allowing for efficient use of time, encouraging a team approach, and providing an ideal teaching tool.

The RBR is widely used by Canadian family doctors. A 2005 Ontario survey found that 78% of family physicians who provide well-baby care in Toronto, Ottawa, and London use the Rourke Baby Record.

The 2006 RBR represents a major revision. Over the past 20 years, several updates have been published in *Canadian Family Physician*²⁻⁵ and, more recently, in *Paediatrics and Child Health*.⁶ As with the most recent version, this revision has been a collaboration between Drs Leslie Rourke, Denis Leduc, and James Rourke. It is endorsed by the College of Family Physicians of Canada (CFPC) and by the Canadian Paediatric Society (CPS). Financial support for this revision came from the Strategic Initiatives Division of the Ontario Ministry of Children and Youth Services, with funds administered by the Ontario College of Family Physicians.

The pertinent literature has been extensively reviewed to reaffirm or modify the levels of evidence attached to the recommendations and advice given. A substantial proportion of this evidence was derived through critical appraisal of position statements of the CPS. Additional expertise was obtained through consultation with other organizations, including the Canadian Dental Association, the Ontario College of Family Physicians Environmental Health Committee, the CFPC, and the specialty committees and sections of the CPS.

As in previous versions of the RBR, evidence to support inclusion of various items in well-child health supervision is graded according to the classification outlined by the Canadian Task Force on Preventive Health Care.⁷ Based on the quality of the evidence (levels I through III), items classified as grade A recommendations are printed in bold type; those classified as grade B are printed in italics; and those items judged important to include because of consensus or inconclusive evidence (usually owing to inadequate research) appear in plain type.

Major changes from the previous version are described below.

Format

The periodic health supervision visits from 0 to 5 years of age have been expanded from 3 guides to 4. This provides additional writing space as well as a new optional visit at 15 months to accommodate some immunization preferences or schedules.

18-Month visit

The 18-month visit is a critical time for assessing development. Substantial evidence-based modifications to the format and content of this visit have been made, consistent with the report of the Ontario Expert Panel on the 18-Month Well Baby Visit, entitled *Getting it Right at 18 Months...Making it Right for a Lifetime*.⁸ There is more information to expand the development section, including evidence-based guidelines and resources on the back of the fourth guide. This expansion includes information on parenting and discipline, toilet learning, autism spectrum disorder, fetal alcohol spectrum disorder, literacy, and parental and family issues affecting child development. Intervention pathways for identified areas of concern are outlined.

Growth parameters

At the time of publication of the RBR 2000, the Centers for Disease Control growth data were available only in chart form, and thus those data were converted to graph form on the reverse of the RBR. In the RBR 2006, these smaller growth graphs have been replaced by full-size freestanding Centers for Disease Control growth charts. Further modifications might occur in the future to reflect the recent release of child growth standards by the World Health Organization (<http://www.who.int/childgrowth/standards/en/>).

Education and Advice section

Anticipatory guidance included in the Education and Advice section has also undergone several changes. Items have been grouped by age range and realigned horizontally; thus items will be considered, if applicable, at every visit. This avoids duplication of items on each guide and helps to prevent omission of issues if a visit is missed as well as preventing unnecessary repeat discussion of items that are not applicable.

New evidence has resulted in the incorporation of several items in this section. New injury prevention

items include firearm safety and removal, updated Transport Canada car seat recommendations, and an expansion of safe sleeping issues. The literature on the importance of children's environmental health is growing; sun exposure, sunscreen use, insect repellent use, and pesticide exposure are now discussed. The importance of healthy active living is introduced to set the stage for lifelong activity and the prevention of obesity. Miscellaneous new items include discussion of pacifier use, complementary and alternative medicine, fever advice and thermometers, and footwear.

Immunization record

In the past few years, the development of new vaccines for such diseases as varicella, and pneumococcal and meningococcal infections has resulted in the need for more space on the RBR for immunizations. In addition, guidelines for the timing, schedule, and inclusion of recommended immunizations often differ between provinces depending on local funding issues. A major improvement of the RBR 2006 is the development of Guide V: Childhood Immunization Record to record all immunizations. This sheet follows the National Advisory Committee on Immunization recommendations, and is easily modified for specific provincial schedules. The reverse of this record contains guidelines for and resources about immunization and selected infectious diseases.

Web-based information

The availability of almost unlimited information on the Internet has resulted in the ability to incorporate evidence, background information, and supporting links in a condensed format as part of the selected guidelines and resources on the back of Guides I, IV, and V. These Web-based resources allow users of the RBR to easily access further information on most items, which is particularly helpful when they are used as a part of electronic medical records. This obviates the need for an accompanying manual whose content is fixed at the time of printing. Many of the chosen websites are position statements of the CPS that are reviewed and updated every 2 years.

Distribution

As before, the RBR 2006 is available on the websites of the CFPC (<http://www.cfpc.ca/English/cfpc/programs/patient%20care/rourke%20baby/default.asp?s=1>) and the CPS (<http://www.cps.ca/english/statements/CP/Rourke/RourkeBabyRecord.htm>). Hard copies are available through McNeil Consumer Healthcare at 800 265-7323.

Future initiatives

Translation of the RBR 2006 into French will occur as soon as possible. Until a French version of the new RBR

is available, the RBR 2000 is available in French on the CPS and CFPC websites. Mechanisms to adapt the RBR 2006 for electronic medical records are currently under way. The process for regular and consistent updates of the RBR is also being developed to facilitate and enhance the preventive care of infants and young children in Canada. ❁

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Dr Leslie Rourke is Associate Professor in the Discipline of Family Medicine at Memorial University of Newfoundland in St John's. Dr Leduc is Associate Professor of Paediatrics at McGill University in Montreal, Que. Dr James Rourke is Dean of Medicine and Professor in the Discipline of Family Medicine at Memorial University of Newfoundland in St John's. Dr Constantin is an Assistant Professor of Pediatrics at McGill University in Montreal.

Correspondence to: Dr Leslie Rourke, Memorial University of Newfoundland, The Health Sciences Centre, St John's, NL A1B 3V6; telephone 709 777-6743; fax 709 777-7913; e-mail lrourke@mun.ca

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