Rourke Baby Record 2000

Collaboration in action

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Since the 1985 publication of the Rourke Baby Record in *Canadian Family Physician*,[1] the document has been revised several times to incorporate the most current evidence-based recommendations for well-baby and well-child care.[2-4] These evidence-based recommendations are discussed in detail in the March 1998 issue of *Canadian Family Physician*.[3,4]

Despite changes over the past 15 years, the basic philosophy of the Rourke Baby Record has not changed; a charting system, such as the Rourke Baby Record, functions as an aide-mémoire, allows for efficient use of time, encourages a team approach, and is an ideal teaching tool for comprehensive well-baby and well-child care.

Appropriate use of evidence

A recent trend encouraging physicians to structure their clinical practice according to published evidence can be a double-edged sword: while appropriate use of evidence-based literature is ideal to target the most effective maneuvers to detect a variety of problems, the lack of available evidence for any given intervention could simply reflect a paucity of good research in that area. Thus the 2000 version of the Rourke Baby Record: Evidence-Based Infant and Child Health Maintenance Guide (RBR:EB2000) combines evidence and consensus. It is based on properly evaluated evidence in the literature, primarily that from the Canadian Task Force on Preventive Health Care (formerly the Canadian Task Force on the Periodic Health Examination, or CTFPHE) published in 1994[5] and on more recent studies satisfying the same rigorous criteria (**Table 1**[5]). On the RBR:EB2000, maneuvers are identified according to the level of research evidence reviewed and published by the Task Force on Preventive Health Care (**Table 1**[5]). Maneuvers with good evidence for inclusion (grade A) are printed in bold type. Maneuvers for which there is fair evidence for inclusion (grade B) are printed in italics. When evidence was inconclusive (frequently because of an absence of adequate research), but the maneuver was judged to be important for inclusion in the guide, plain type was used.

Some recommendations are issued by organizations that have not used the same evidence-based approach as the CTFPHE. These expert opinion recommendations are included where we believed the issues and recommendations were of clinical importance and there was no other evidence-based literature.

Readers are also referred to two books published last year on this field: *Evidence-Based Paediatrics,* edited by William Feldman,[6] and *Evidence Based Pediatrics and Child Health,* edited by Virginia Moyer and colleagues.[7]

Revisions to the Record

This version of the Rourke Baby Record is a multidisciplinary effort facilitated by the Joint Action Committee on Child and Adolescent Health, a conjoint committee of the College of Family Physicians of Canada and the Canadian Paediatric Society, and highlighted by endorsement of the Rourke Baby Record by both groups. This version also is informed by the expertise of many professionals involved in the care of babies and young children, including pediatricians, family physicians, nurses, developmental specialists, nutritionists, educators, and speech and language consultants.

The most apparent change in this version is the move from 10 visits on two pages to 11 visits on three pages. With the trend for shorter hospital stays and the need for earlier surveillance of hydration and weight gain, a visit at 1 week of age has been added. The three-page format also allows more room for notes at each visit. The third page expands height and weight growth charts to 6 years and reintroduces head circumference charts to 24 months. New growth parameters published by the Centers for Disease Control and Prevention have been used to plot growth charts.[8] Unfortunately no similar Canadian growth data exist. A chart is provided on the RBR:EB2000 for case coordination involving consultants and community resources.

Several changes in the RBR:EB2000 reflect new data from long-term studies. Examples include changes in nutritional recommendations, sleep position, and immunizations. Selected guidelines on the reverse side of the RBR:EB2000 Guide 1 distributed in print reflect these changes.

Nutritional recommendations have been consolidated in the publication *Nutrition for Healthy Term Infants. Statement*

of the Joint Working Group: Canadian Paediatric Society, Dietitians of Canada, and Health Canada published in 1998.[9]

> The recommendations in this statement are based on available scientific evidence.... In the absence of solid science, accepted practice and its rationale is presented.... Those recommendations based on science versus those based on common practice [are distinguished].[9]

Nutritional recommendations have been changed from the previous version of the Rourke Baby Record for vitamin D supplementation among breastfed babies, for fluoride supplementation, and for allergenic foods.

The section on "Education and Advice" reminds practitioners to discuss items listed for the previous visit if they were omitted for any reason. There is often no magic age to discuss these items because they are only somewhat age specific.

One of the most difficult areas of the Rourke Baby Record has been the section on developmental milestones—certainly the area most open to criticism. In the RBR:EB2000, this section has been entirely rewritten. Maneuvers are based on the Nipissing District Developmental Screen (revised January 2000).[10] Items have been chosen from all areas of development—vision, hearing and speech, gross and fine motor control, socialization—and have been checked for cultural content. Early indicators of autism are also included to help with early detection. Validation testing of the Nipissing District Developmental Screen is under way but incomplete; use of the screen in further versions of the Rourke Baby Record will depend on validation results. The Nipissing District Developmental Screen is available at PO Box 1035, North Bay, ON P1B 8K3, telephone (705) 472-0910, fax (705) 472-9743.

It is most important to note that these maneuvers are not a developmental screen, but rather a developmental surveillance tool. They are set *after* the time normal milestones are reached. Thus absence of one or more items suggests further developmental assessment: red flags, so to speak. Parental concern about development at any stage is also predictive of problems with development. It is hoped that this change in the development section represents a substantial improvement from previous versions.

The last advance in the evolution of the Rourke Baby Record concerns the method of distribution. The RBR:EB2000 is now available on the Internet on the websites of the College of Family Physicians of Canada (http://www.cfpc.ca/rourkebaby.htm) and the Canadian Paediatric Society (http://www.cps.ca/english/statements/CP/Rourke/RourkeBabyRecord.htm). Practitioners, and indeed parents interested in following their children's health, can download and modify it to suit their circumstances. Copies of the RBR:EB2000 can be ordered from McNeil consumer Healthcare at 1-800-265-7323.

The RBR:EB2000 is a refinement of previous versions. Improvements include better surveillance of newborns, enhanced and updated growth charts, further advances in nutrition and anticipatory advice, improved developmental surveillance, more space for notes, and increased availability through the Internet. We hope these revisions will continue to enhance our pursuit of excellence in preventive care for the babies and young children of Canada.

Acknowledgment

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