

SUMMARY OF CHILD HEALTH RECOMMENDATIONS

Anaemia

RECOMMENDATIONS	Level of evidence
Include screening for anaemia in the preventive health assessment of high risk children. These include twins, those with low birth weight, failure to thrive, or recurrent infections. Check venous or capillary haemoglobin, mean cell volume, and blood film by age 6–9 months and repeat at 18 months.	V
Develop counselling and education strategies to promote healthy infant feeding practices locally.	V
Link child health assessments to nutritional and environmental support programs.	V

See Evidence base: *Child health – Anaemia* pages 176–9

Growth failure

RECOMMENDATIONS	Level of evidence
Conduct regular postnatal review of infants. Assess growth as a minimum, with the routine immunisation schedule (age 2, 4, 6, 12 and 18 months, and at school entry). Include weight, length, and head circumference (commencing at age 6–8 weeks), and plot on the growth chart. When undertaking growth assessments, use these opportunities to improve immunisation coverage.	V
Follow up children with growth failure using an appropriate action plan, including history, examination, laboratory results, relevant advice, and home visits.	V
Routine measurement of height and weight of school age children (from 5 years) is not recommended. Weight, diet, and physical activity should be assessed opportunistically.	V
Routine formal developmental screening is not recommended. Assess children with risk factors (including prematurity, convulsions, microcephaly or possible foetal alcohol syndrome) for developmental delay by age 9 months.	V
Screening for children who are at risk of abuse is not recommended. Where available, refer disadvantaged families to a home visitation program to help prevent child abuse and neglect.	I
Supplement clinic interventions with population based programs in order to improve the nutrition and growth of Aboriginal and Torres Strait Islander children (see <i>Types of interventions</i> in the <i>Growth failure</i> section of the <i>Evidence base</i>).	V
Use health assessments performed in a primary health care setting to identify any opportunities for individual referral. This may include referral to relevant agencies for socioeconomic support, white goods and housing.	V

See Evidence base: *Child health – Growth failure* pages 180–5

Hearing loss

RECOMMENDATIONS	Level of evidence
Perform otoscopy regularly at primary health care well-baby checks and on children younger than 5 years at all other opportunities. Management of otitis media should proceed according to clinical practice guidelines.	V
Screen for hearing loss in all children younger than 5 years and in older children at high risk of hearing impairment. Audiological screening tools that may assist in the detection of hearing loss in younger children include simplified parental questionnaires as well as pneumatic otoscopy or tympanometry in children older than 7 months. Management should proceed according to clinical practice guidelines.	V
Conduct audiometry at or just before school entry.	V
Use a preventive health assessment to promote breastfeeding. Refer women to breastfeeding support programs if needed.	III
The 7vPCV is recommended for all Aboriginal and Torres Strait Islander children as part of the Australian Standard Childhood Vaccination Schedule (see <i>Immunisation in the Respiratory disease – Communicable</i> section and <i>Australian immunisation handbook, 8th edition</i>).	II

See Evidence base: *Child health – Hearing loss* pages 185–90

Kidney disease

RECOMMENDATION	Level of evidence
It is not recommended that urinalysis or blood pressure be used to screen for kidney disease in children unless there is a clinical indication.	V

See Evidence base: *Child health – Kidney disease* pages 191–4

Vaccine preventable diseases

RECOMMENDATIONS	Level of evidence
Conduct regular postnatal review of all infants and complete the Australian Standard Vaccination Schedule.	V
Use reminders, checklists or computerised prompts during every clinic visit to remind parents and staff about immunisations needed at that visit.	V
Use growth or nutritional assessments as an opportunity to improve immunisation coverage.	V
Supplement clinic interventions with population based programs in order to improve immunisation coverage. Consider local promotional activities and home visits for the delivery of vaccinations.	V

See Evidence base: *Child health – Vaccine preventable diseases* pages 194–9