

My personal health record



MY PERSONAL HEALTH RECORD

Based on the model by: Dr A Macfarlane, Oxford District Health Authority, England.

Translation and editing: Gisela Kainz, the Primary Care R&D unit,
Jönköping County Council.

Responsible for the content: Child Health Services central development team
Jönköping, healthcare developer Ann-Charlotte Lilja.

Revised in collaboration with: Child Health Services, Jönköping County Council
August 2016.

Graphic design: Parachute Communication

Illustrations: Cecilia Johansson

Printed by: SKL Kommentus AB

All rights reserved.

Contents

Child Health Services – BVC	4
For new parents	4
Information about BVC	5
Important telephone numbers and websites	6
The Swedish Child Health Register	7
Health and development	9
What you need to know before your appointment	9
The child's development	10
Feeding	12
Dental health	14
Health checks and home visits	16
The first home visit 0-14 days	16
Health checks at :	17
2-8 weeks	18
4-6 weeks	18
3-4 months	18
5 months	19
6 months	20
7-10 months	20
12 months	21
18 months	22
2½ - 3 years of age	23
4 years of age	25
5 years of age	26
The child's environment	27
The child's environment – Parents as role models	27
Children and sun exposure	28
Checklist for a safer environment for children	30
Information about vaccinations	34
Vaccinations	35
Growth	36
Your child's BVC appointments	42

For new parents

Congratulations!

An exciting journey of discovery has just begun. A little baby has arrived. Whether it is your first baby or a new little sibling, there is no doubt that it will bring about changes in the family's day-to-day habits and routines. You will learn a lot about your baby and perhaps something about yourself.

You should always feel welcome at the BVC when you want to talk about your concerns or thoughts, as well as the moments of joy that come with having small children.

We hope that this health record will help you follow your child's health, growth and development, but also provide some advice on healthy choices. You and the other people who have responsibility for the health of your child can record and write about your child's progress.

The health record is an important document. Always take it with you to appointments at:

- the BVC
- the health clinic
- the hospital
- the dental clinic

All children are entitled to free healthcare

It is a fundamental right for all children to have access to good healthcare.

The Child Health Services provide health checks, vaccinations and information about a healthy lifestyle for children up to school age. We also provide advice and support on parenting. It is perfectly fine to ask about anything, from concerns about your child's health and development, to how to approach different everyday problems. In many places in Sweden, BVCs are located in Family Centres. The BVC is often located next door to the pre-natal clinic, a parent and toddler group and a social services office that can provide support.

Child Health Services have responsibility for children's health and also collaborate with other providers such as preschools, paediatrics, dental care and social services.

We would like to wish you a warm welcome to the BVC.

This health record belongs to

The child's full name

Personal identification number

Address

Place of birth

Weight at birth Length at birth

Head circumference.....

Date registered at the BVC in.....

Assigned nurse at the BVC

Name

Opening hours of the BVC.....

Phone number and phone hours.....

Date registered at the BVC in.....

Assigned nurse at the BVC

Name

Opening hours of the BVC.....

Phone number and phone hours.....

Date registered at the BVC in.....

Assigned nurse at the BVC

Name

Opening hours of the BVC.....

Phone number and phone hours.....

Important phone numbers

Emergency services (nationwide, no area code required)	112
Emergency Poison Information	112
Non-Emergency Poison Information (office hours or contact your nearest health centre)	010-456 67 00
Medical advice (around the clock, nationwide, no area code required)	1177

Important websites

1177 Topic page Children and Expectant Mothers	www.1177.se
Breast feeding advice	www.amningshjalpen.se
The National Food Administration	www.livsmedelsverket.se
Swedish Poisons Information Centre	www.giftinformationscentralen.se
The Swedish Chemicals Agency	www.kemikalieinspektionen.se
The Swedish Transport Administration	www.trafikverket.se
The Ombudsman for Children	www.barnombudsmannen.se

The Swedish Child Health Register

In order to continually improve, we would like to report some of your child's personal data to the Swedish Child Health Register. It is a national quality register. It will help to create better and more equitable child health services, irrespective of where you live.

The data is also used for research purposes

We collect data during the period that your child attends the BVC – between birth and 5 years of age. This data is compiled anonymously and no child can be identified.

About your rights

- Your cooperation is voluntary and it will not affect the service you receive at the BVC.
- If you no longer wish to participate, you can inform your nurse at the BVC at any time.
- If, at a later date, you decide you no longer want your child's data to be included in the register, you have the right to have it removed.
- All information is protected by Swedish law and may only be used for the development of better care and for research purposes.
- The only people who can see your child's information are the people who are responsible for the register and the nurses at your BVC.

Additional information about the register can be found at the Swedish Child Health Register's website.

www.bhvq.se

Programme for Child Health Services (Team = nurse and doctor)

Child's age	Personnel	
0-14 days	Nurse	Home visit
4 weeks	Team	
8 weeks	Nurse	
2,5 - 3 months	Nurse	Vaccination
4 months	Nurse	
5 months	Nurse	Vaccination
6 months	Team	
8 months	Nurse	(Home visit)
10 months	Nurse	
12 months	Team	Vaccination
18 months	Nurse	Vaccination
2,5 and 3 years	Nurse/Team	
4 years	Nurse	
5 years	Nurse	Vaccination

The United Nations Convention on the Rights of the Child (UNCRC)

The work of the Child Health Services is based on the UNCRC, with the best interests of the child being central to everything we do.

- All children have the same rights and have equal value. No-one may be discriminated against.
- In all decisions concerning children, the best interests of the child come first.
- Every child has the right to live and develop.
- Every child has the right to express their opinion and to be listened to.

(The main principles of the UN Convention on the Rights of the Child)

In the Convention, the UN stresses that both parents/guardians have the primary responsibility for the child's upbringing and development.

This responsibility continues until the child becomes an adult, regardless of how the family's situation changes. Parenting is a commitment for life, with specific rules for the first eighteen years of the child's life. Society has a particular responsibility to provide support to parents and children. As a parent, you can use the Convention to protect your own and other children's rights, for example in relation to preschool, school, healthcare and economic opportunities, housing and the environment.

What you need to know before your appointment

Health checks

Normally, your child will be examined and weighed without clothes. Older children are examined and weighed in their underwear. Mostly the appointments will take place at the clinic, but occasionally there will be home visits.

Health discussions

Child Health Services have regular health discussions with parents and later with children, focusing on the child's development and growth.

The aim is to provide support/information to parents to enable them to make informed, healthy choices for the healthy development of their child, and to lay the foundation for a healthy lifestyle. These discussions are often about the family's day-to-day habits and routines, such as their eating and exercise habits. They also include information about play, sleep and the prevalence of smoking and alcohol in the child's environment. Preventing accidents also forms an important part.

Parent groups

Child Health Services also organise parent groups, where you have the opportunity to get to know other parents and discuss issues related to parenting, children's needs and development. Family Centres often provide several types of parental support.

Preparing your child for an appointment

It is important that, as parents, you prepare your child for appointments at the BVC. Find out more at:

www.1177.se – Other languages – English

The child's development

The following pages can be used to track your child's development at different stages. You can take a note of new skills that interest you, and it can also provide a picture of your child's progress when visiting the BVC and preschool. If you are worried or have any questions regarding your child's development, talk to the nurse at the BVC.

Age at which the following developmental milestones occur. The child ...

- ... holds their gaze
- ... smiles at you
- ... balances their head
- ... actively grasps for a rattle or toy
- ... starts to babble
- ... turns their head towards a noise
- ... can pass objects from one hand to the other
- ... turns around
- ... sits without support
- ... crawls or slides
- ... sits up by themselves
- ... gets their first tooth
- ... pulls themselves upright
- ... walks with the support of the furniture.....
- ... understands single words
- ... waves goodbye
- ... takes small steps without support.....
- ... walks steadily without support

- ... eats by themselves (with a spoon)
- ... doodles
- ... runs
- ... says simple two word sentences
- ... refers to themselves as "I"
- ... jumps up and down
- ... "speaks" using 3-4 word sentences
- ... can walk up and down stairs
- ... draws people with combined head and body
- ... can pedal a tricycle
- ... dresses themselves (without buttons and buckles)
- ... can ride a bicycle (without stabilizers)



Feeding

Breastfeeding

Breastfeeding not only provides food for the baby, but is also part of close mother-baby contact and a way to spend time with the baby. It signifies closeness, warmth and security.

Breast milk is nutritionally adapted for your baby. It contains substances that protect your baby against infections. For a baby who is satiated, content and growing well, breast milk is sufficient for the first 6 months. The only exception is vitamin D, which the child needs to get from vitamin D drops.

Babies need varying amounts of milk, at different times and with varying regularity. How breastfeeding works for you and your baby is unique to you both. Breastfeed in the way that works best for the baby, you and the rest of the family.

When you are not breastfeeding

If you cannot or choose not to breastfeed your baby, it is advisable to simulate breastfeeding as much as possible. Let the baby feel your body heat by sitting or lying down with the baby's tummy against yours, preferably with skin-to-skin contact. We recommend that only the parents feed the baby in the beginning, as far as this is possible. This facilitates the interaction between baby and parents during the early stages as they start to get to know each other.

The BVC can help by providing practical advice if you have questions about bottle feeding.

Vitamin D

All children should receive vitamin D drops for the first two years. Some children need to continue taking vitamin D drops after the age of two. This applies to:

- Children with dark skin, as the pigmentation reduces vitamin D production in the skin.
- Children who do not go outdoors regularly or who even during the summer wear clothing that covers the face, arms and legs when they are outdoors.
- Children who do not eat food that is enriched with vitamin D, such as skimmed and semi-skimmed milk and margarine.
- Children who do not eat fish.

If you are unsure as to whether your child needs to continue taking vitamin D, it is better to continue giving it rather than not.

Introducing solid food from six months

At about six months, it is time to start weaning your child onto solid food. Learning to eat solid food is a gradual process. In the beginning, it is mostly about the child getting used to new textures, more flavours, eating from a spoon and learning how to chew. Continue to breastfeed or give infant formula as usual during this period. Because breast milk and infant formula contains so much nutrition, you need not be worried if your child proceeds at a slow pace.

When your child wants to eat larger portions, gradually increase the amount to the size of a small meal. Let your child's interest in the food dictate the pace. Eventually, when the child is ten to twelve months old, two main meals a day are required as well as some snacks in between. Your child can soon join the rest of the family at meal times, children learn a lot by imitating family members who are natural role models. Eating together is natural, as is a varying appetite. Avoid praising your child for eating everything or being irritated if your child does not eat all their food.

Tiny portions

Some children take an interest in food at an early stage. You can let your child taste small portions of solid food from as early as four months, as long as they are sufficiently small portions that do not compete with breastfeeding.

Avoid excessive snacking

Corn puffs, wafers, raisins, etc., may seem convenient to take with you to keep your child amused in the pram or to console her/him. However, it is not good for the child's teeth or appetite to constantly have something in their mouth. You should avoid giving your child sweet drinks such as cordial. It is better that your child gets used to drinking water to quench their thirst, at an early stage.

You can find out more about breastfeeding and food at the following:

www.1177.se – Other languages – English

www.livsmedelsverket.se

www.amningshjalpen.se



Dental health

Good dental health is established during the early childhood years. Children get caries (cavities) in their teeth more easily. Therefore, dental health services provide the following advice about children's teeth and dental health.

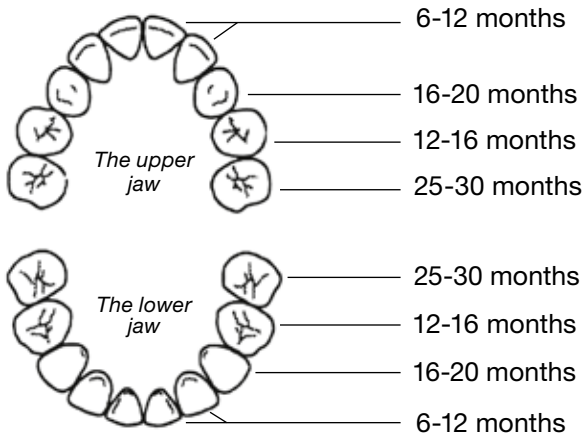
- Encourage your child to drink water when he/she is thirsty.
- Five meals a day are sufficient from the age of one. Three main meals and two snacks.
- Only give your child cordial on special occasions and never in a bottle.
- Limit your child's intake of sweets to one day a week and preferably give them sugar-free sweets.
- Ice cream and other sweet foods cause less damage if the child gets them as a dessert immediately after a meal.
- When your child is no longer breastfeeding, do not give them food or drink at night – and definitely not after the age of one.
- If You continue to breastfeed after the age of one, avoid giving the child short feeds too frequently.
- Brush your child's teeth in the morning and evening with fluoride toothpaste, use approximately as much as will fit on the child's little fingernail.
- Help your child to brush their teeth until they are 9-10 years old.

Dental injury

Approximately one in two children will experience an accident during their childhood that will affect their teeth.

It is important to deal with dental injuries quickly. Contact the dental health services if your child suffers a dental injury.

When do children get their baby teeth?



The first home visit 0-14 days

Common topics that often arise:

How the family is doing and how things are at home with a newborn baby.

How breastfeeding or infant formula is working out, vitamin D.

How the baby is sleeping and what the baby's sleeping position should be, preventing sudden infant death syndrome.

Interaction with the baby, how to try to interpret what the baby wants when it cries.

What you can do if the baby cries a lot. What strategies you can use if you become frustrated and angry about your child's inconsolable crying.

How to get help when parenting feels difficult.

Child safety, including what to consider when using a changing table and travelling by car with your baby.

How the alcohol and tobacco habits of parents can affect their children.

Risk of infection.

Child care and equipment.

Going outside with your baby.

What the BVC can offer.

Any questions and concerns you may have.

The nurse creates a child health journal, where matters pertaining to your child's health are documented.

Other topics for discussion:

.....

.....

.....

.....

.....

.....

.....

.....

.....

Health check, 2-8 weeks

You meet the nurse at the BVC every week or fortnight depending on your needs. You talk about different topics concerning your baby's development and health. The nurse will also monitor your baby's growth by measuring and weighing your baby.

When babies are between 6-8 weeks old, all mothers are invited to attend a discussion about how they are feeling. You can also complete a questionnaire about how you feel. It is common to feel despondent a few days after giving birth, but sometimes this can become more prevalent and may lead to depression. It can affect both parents. To get the right help, you should tell your nurse at the BVC how you are feeling.

Topics that often feel relevant for discussion at the appointment include:

How the parents feel.

What has been happening since your last appointment?

Day-to-day routines, caring and sleeping.

How breastfeeding is going, other foods.

Mother-child bonding.

Going outside with your baby.

During this period, you will notice that your baby is becoming increasingly interested in its surroundings:

- trying to mimic sounds and talking to you
- following your gaze when you establish eye contact
- smiling back

Perhaps there are other things that you would like to raise. You are always welcome to contact the BVC nurse if you feel worried or are unsure about anything concerning your child. No question is too small or unimportant to raise.

Other topics for discussion:

.....

.....

Team visit doctor and nurse, 4-6 weeks

This health check is carried out by the doctor and the BVC nurse. The baby's physical and mental development are examined, so that any potential problems will be detected and rectified as early as possible. The doctor will explain how the examination will be conducted.

Other topics for discussion:

.....

.....

Health check, 3-4 months

Health checks are usually performed once a month by the nurse, or more frequently if necessary. You talk about different topics concerning your baby's development and health. How the parents feel. Your baby's growth is monitored by measuring and weighing your child. At three months, your child is offered vaccinations in accordance with the vaccination programme. As a parent, it is good to be prepared before the vaccination. You can talk to the BVC if you are worried. It is advisable to feed the baby and make sure it is well rested before the vaccination. It could be a good idea to bring the baby's favourite toy.

Other common topics for discussion usually include:

How things are at home and how you feel, as well as how day-to-day life with the baby is working out.

Feeding and sleeping.

How interaction with the baby is working, if you feel you understand what the baby wants when it cries.

How the baby reacts to different situations, if the baby is difficult to console, what the baby likes/dislikes.

Child safety.

How does the baby react to voices, music, loud noises?
Going outside with your baby.

Other topics for discussion:
.....
.....
.....

Health check, 5 months

This health check is carried out by your BVC nurse when your baby is five months old. During this health check we usually discuss mother-child bonding. Growth and development are also part of the discussion. Feeding and accidents are relevant areas. At this health check, vaccinations are also given in accordance with the vaccination programme. As a parent, it is good to be prepared before the vaccination. You can talk to the BVC if you are worried. It is advisable to feed the baby and make sure it is well rested before the vaccination. It could be a good idea to bring the baby's favourite toy.

Common questions/topics for discussion:

- How the parents feel. What has been happening since the last appointment?
- What the baby likes/dislikes.
- How the baby is moving?
- Is the baby babbling more, or making any other sounds?
- How is the baby feeding and sleeping?

Other topics for discussion:
.....
.....
.....



Team visit doctor and nurse, 6 months

At this health check, which is carried out by the BVC nurse and doctor, particular emphasis is placed on how the baby moves and interacts with their environment.

Common questions/topics for discussion:

How the parents feel. What has been happening since the last appointment?

Does the baby look at the person who is speaking? Does the baby react to loud noises?

Does the baby make more nuanced sounds than previously?

How is the baby feeding and sleeping?

Other topics for discussion:

.....

.....

Health check, 7-10 months

This health check is carried out by your BVC nurse. The nurse checks how the baby is interacting with their environment, if the baby makes eye contact, responds with smiles and sounds and how the baby explores things. The nurse also checks if the baby has a squint. Child safety is also discussed.

Keep the accident checklist in mind!

Common questions/topics:

How the parents feel.

What has been happening since the last appointment?



What is the baby's hearing like? Does the baby make more sounds now than previously and has perhaps started to mimic real words?
How are the baby's feeding and sleeping habits?
Going outside with your baby.

Other topics for discussion:

.....
.....



Team visit doctor and nurse, 12 months

This health check is carried out by the BVC nurse and doctor. Particular emphasis is placed on how the child moves and interacts with other people in their environment.

It is important to pay attention to hearing and speech, as well as good eating habits. It is now time for the third vaccination, in accordance with the vaccination programme.

Keep the accident checklist in mind!

Common questions/topics for discussion:

How the parents feel. What has been happening since the last appointment?

What the child likes/dislikes.

What is the child's hearing like? How is the child's language development progressing?

Is the child eating well? Is the child sleeping well?

Teeth and dental health.

Child safety.

Parental leave/child care.

Other topics for discussion:

.....

Health check, 18 months

This health check is carried out by your BVC nurse. This is a time when your child's energy and enthusiasm for life seems inexhaustible. On this occasion, it is important to pay attention to hearing, speech and interaction, as well as eating habits. It is also time for another vaccination, in accordance with the vaccination programme.

Keep the accident checklist in mind!

Common questions/topics for discussion:

How the parents feel. What has been happening since the last appointment?

What the child likes/dislikes.

What is the child's hearing like?

Is the child eating well? Is the child sleeping well?

Has the child started to walk/climb?

Are you finding time to play outdoors with the child?

Other topics for discussion:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



Health check, 2½ - 3 years of age

On this occasion, an assessment of the child's language development is carried out.

Before the appointment, the BVC sends out a form to the parents containing questions about diet, movement, as well as the child's language development. These questions are usually discussed during the appointment. We monitor the child's growth and development.

It is important that, as parents, you prepare your child for appointments at the BVC. Find out more at: www.1177.se – Other languages – English.

Common questions/topics for discussion:

The child's development, what the child likes/dislikes.

Is the child eating well, what food is healthy and what is a healthy lifestyle?

Teeth and dental health.

Is the child doing well at preschool or with their child-minder?

Is the child sleeping well?

Is the child watching a lot of TV or other media? What to think about in relation to screen time.

How you feel about your role as a parent and dealing with different situations with your child. What has been happening since the last appointment?

Child safety.

Smoking and drinking alcohol when you have children.

Toilet habits, nighttime/daytime dryness.

Other topics for discussion:

.....

.....

.....

.....

.....

.....

.....

.....

Team visit doctor and nurse, 2½ - 3 years of age

On this occasion, the child's health and development is checked, the child is also examined by a doctor.

Common questions/topics for discussion:

The child's development, what the child likes/dislikes.

Is the child eating well, what food is healthy and what is a health lifestyle?

Teeth and dental health.

Is the child doing well at preschool or with their child-minder?

Is the child sleeping well?

Is the child watching a lot of TV or other media? What to think about in relation to screen time.

How you feel about your role as a parent and dealing with different situations with your child. What has been happening since the last appointment?

Child safety.

Smoking and drinking alcohol when you have children.

Toilet habits, nighttime/daytime dryness.

Other topics for discussion:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



Health check, 4 years of age

At the age of 4, the nurse carries out an assessment of the child's development, including vision, hearing and language, during which the child is asked to perform a number of simple tasks. The child's first real sight and hearing test is performed when the child is four years old. If you suspect that your child may have a visual impairment/squint or hearing loss, testing can be performed at an earlier age. We discuss a healthy lifestyle and monitor the child's growth.

It is important that, as parents, you prepare your child for appointments at the BVC. Find out more at: www.1177.se – Other languages – English.

Common questions/topics for discussion:

How things are going at home and how you feel. How everything is going with preschool and if the child has any after-school activities.

How you feel about your role as a parent and dealing with different situations with your child.

The child's development, what the child likes/dislikes.

Is the child eating well, what food is healthy and what is a healthy lifestyle?

The child's interests and activities.

Is the child sleeping well?

Is the child watching a lot of TV or other media? What to think about in relation to screen time.

Toilet habits, nighttime/daytime dryness.

Drinking alcohol and smoking when you have children.

Teeth and dental health.

Other topics for discussion:

.....

.....

.....

.....

.....

.....

Health check, 5 years of age

At the age of five, a final health check is carried out before the child starts school. The nurse, parents and child carry out a summary of the child's health, development and growth prior to the transition to school health services. It is now time for the fourth vaccination, in accordance with the vaccination programme. As parent, it is good to prepare your child in good time for the vaccination. You can ask the BVC for advice if you are worried.

It is important that, as parents, you prepare your child for appointments at the BVC. Find out more at: www.1177.se – Other languages – English.

Common questions/topics for discussion:

How things are going at home and how you feel. How everything is going with preschool and if the child has any after-school activities.

How you feel about your role as a parent and dealing with different situations with your child.

The child's development, what the child likes/dislikes.

Is the child eating well, what food is healthy and what is a healthy lifestyle?

The child's interests and activities.

Is the child sleeping well?

Is the child watching a lot of TV or other media?

What to think about in relation to screen time.

Toilet habits, nighttime/daytime dryness.

Drinking alcohol and smoking when you have children.

Teeth and dental health.

Other topics for discussion:

.....

.....

.....

.....

.....

.....



The child's environment – Parents as role models

Day-to-day habits

A healthy lifestyle will affect the child's future health. Good eating habits, a smoke-free environment, good dental care and moderation in the alcohol consumption of parents has already been mentioned. That children are loved, feel safe and can meet the demands that are placed on them increases their self-esteem and enables the child to trust the people around them. Encourage play and activity outdoors. Make time for your child, use your imagination when you spend time together and enjoy "real" adventures outdoors and do so on the child's terms. Having fun together is a good choice in the long term. Limit time spent sitting in front of the TV, computer and tablet.

A smoke-free environment is beneficial for children!

Children are much more sensitive than adults to all sorts of toxins, even those found in tobacco smoke. Children are particularly vulnerable because they cannot choose how or where they should live.

Children who live in a smoke-free environment have fewer infections and develop asthma and allergy less frequently. The research also shows a correlation between smoking and Sudden Infant Death Syndrome (SIDS). Nicotine and other toxins pass to the baby through breast milk. Therefore, it is advisable to smoke as little as possible when breastfeeding – and preferably not at all.

If you smoke, you can protect your child by not smoking indoors or in the car and by avoiding smoky environments when the child is with you. You can get advice at your BVC about where to go if you would like help to quit smoking.

Alcohol and children

Young children and alcohol do not go together. Alcohol affects all of us differently. Some people become happy and relaxed, others may become despondent and angry. Irrespective of how we are affected, alcohol makes us smell different. We can become more vocal, it affects our movement and our judgement is impaired. Young children are very sensitive to these effects. It can make them feel less secure when adults speak loudly, hold them differently and smell strangely.

Children have a tendency to adopt their parents' attitudes towards alcohol. Do you drink more than you really want to? At the BVC or your health centre, there are trained personnel who can provide help and support.

Frequently asked questions about children and sun exposure

What should I consider when my children are out in the sun?

Limit the amount of time spent in the sun. When children are outdoors in the sun, make sure they wear protective clothing. Apply sunscreen to exposed areas such as the face, hands and feet. Sunscreen should be used as a complement to clothing.

How important is it to avoid the sun?

Sunburn in childhood increases the risk of skin cancer later in life. The sun is strongest between 11:00 and 15:00, so it is better to avoid the sun during these hours. Children need vitamin D, which they get when they are out in the sun. They will obtain their daily requirement of vitamin D if their hands and face are exposed to the summer sun at midday for 15-30 minutes.

What kind of clothing should my child wear in the sun?

Clothing that is made of tightly woven fabric is best, or special sun-protective clothing. Clothing should be loose fitting and dry. Use a sun hat or a cap. The fabric in the clothing should be so tightly woven that you cannot see your hand through it. The tighter the weave the better the protection. Most clothing has a Sun Protection Factor (SPF) of between 10 and 30.

What sunscreen should I use for my children?

Firstly, protect your child using shade and clothing. In addition, use a sunscreen that has an SPF of at least 30 and bears the UVA symbol. It is particularly important to protect children under the age of one, as they should not be out in the sun at all. Dress your child in clothing that covers them and use the shade.



Healthy sun habits

The sun is strongest between the hours of 11:00 and 15:00.



Protect your own and your children's sensitive skin by:

Protecting the skin and eyes with clothing, a sun hat and sunglasses.



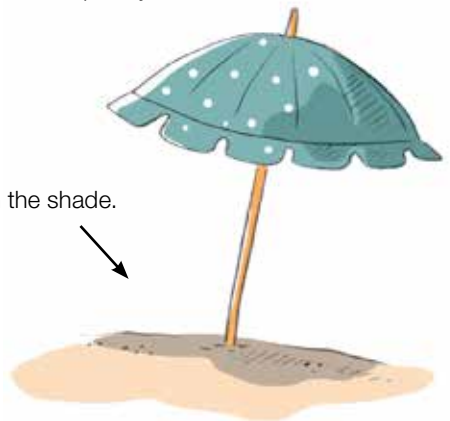
Do not expose children under the age of 1 to direct sunlight.



Use sunscreen, at least SPF 30 and reapply it frequently.



Sit in the shade.



Find out more at: www.sundasolvanor.se

©2016 Regionalt cancercentrum väst

Checklist for a safer environment for children

Preventing accidents

Young children are particularly vulnerable to accidents due to their innate curiosity. Adults have a great responsibility to protect children from serious and life-threatening injuries. Most accidents occur in the child's immediate environment. These checklists should help you create a safe and secure environment in accordance with the child's level of development.

Newborns

- There is at least one approved smoke detector per floor in the home.
- The changing table is stable or has protection on three sides.
- The baby's cot is free from plastic and any mobiles are sufficiently high up that the child cannot reach them.
- The distance between the bars of the cot must be 4.5-6.5 cm and the cot must have cot bumpers.
- The pram must have brakes and reflectors.
- If the baby car seat is installed in the front passenger seat, the airbag must be deactivated
- The baby's bath water must be about 37°C.

Keep in mind

The safest way to feed babies is when you are holding them in your arms, even with a bottle.

Babies can burn themselves if they are in your arms when you are drinking hot drinks such as tea and coffee.

Babies can fall from a changing table even if they are only left alone for a very short time. Preferably, change the baby's nappy on the floor.

Tobacco smoke is very harmful to children.

A dummy should be intact and you should do a pull test on it before giving it to a baby.

When crossing a busy street, it is safer for the baby if you pull the pram behind you.

When travelling by car, children must be restrained in an approved car seat that is in a rear-facing position.

If a baby bouncer or baby car seat is put on a table with a baby in it, it can topple over.

Babies sleep more safely on their back.

From six months

(First review the checklist for “Newborns”)

- Make sure the high chair is stable and attached to the table.
- There should be safety gates at the top and bottom of the stairs.
- Toys must be CE marked and appropriate for the child’s age. They must be sufficiently large to prevent them from being swallowed (at least 4.5 cm in diameter).
- Venetian blind cords must be kept out of the reach of babies (risk of strangulation).
- All cables, lights and other electrical equipment should be in good working order and CE marked.
- All electrical outlets, contacts and extension cord sockets must be child proof.
- Do not place heavy objects on tablecloths, as they can be pulled down.
- Cupboards and shelves must be secured to the wall. TVs must be placed on a secure stand or mounted on the wall.
- Cookers must be secured to the wall (anti-tilt protection). Install a cooker guard in front of the hot plates on your cooker.
- Fit an oven door guard or buy an oven with a heat-insulating oven door.
- All knives and sharp implements should be kept out of the reach of children.
- Washing-up liquid, cleaning products and other chemicals must always be kept out of the reach of children.
- Kettles and coffee machines must be kept out of the reach of children.
- Radiators must have covers if they reach a temperature of 60°C or higher.
- Cables must be safely secured and not left lying on the floor or hanging where children can reach them.
- Medicines should be stored in a locked cabinet out of the reach of children.
- Cigarettes, snus and matches must not be left lying around.

Keep in mind

Children should not be left unattended when they are in their pram, high chair or walker.

The floor is a good place for children to play while you are supervising them.

Never leave children unattended in the bath.

From the age of one

(First review the checklist for “Newborns” and “From six months”)

- All windows and balcony doors must have safety fittings or locking devices.
- The balcony must have a child safety rail.
- The doors must have door guards.
- The bath tub must have a non-slip bath mat.
- Broken, dangerous toys and play equipment must be thrown out or repaired.
- Plastic bags must be kept out of the reach of children.
- Trampolines must have safety enclosure netting.

Keep in mind

Children must not be left unattended on balconies.

Children should never be left unattended when a fireplace or stove is in use.

A toddler helmet with a green buckle is suitable for children up to seven years of age for various outdoor activities such as cycling, skating and fun sledding.

When travelling by car, children must be restrained in a car seat that is correctly positioned.

Children up to at least 4 years of age are safest travelling by car when in a rear-facing position.

When out in traffic, children must be accompanied by an adult and they need to learn about road safety.

Children can be seen better in the dark with reflectors.

Children should wear ear protectors when at concerts or other similar activities.

Children need to wear a life jacket appropriate for their weight when playing near water and on boats trips.

Children need adult supervision when swimming at the beach or when on a jetty.

It is safer for children to play on a trampoline one at a time under the supervision of an adult.

(Checklist from Leva med barn 2014)

- In the event of injury – contact your health centre and in the event of an emergency, SOS Alarm 112.
- In the event of suspected poisoning, contact the Swedish Poisons Information Centre (Giftinformationscentralen) on 010-456 67 00 (in emergencies you can also reach it by dialling 112).
- The Swedish Poisons Information Centre also provides excellent general information about chemicals, poisonous plants, viper bites, etc. via its website: www.giftinformationscentralen.se.
- There are courses specialising in first aid for children. At the BVC, the Red Cross or the Swedish Life Saving Society, you will find information about the courses that are available near you.

Signs and symptoms that your child has swallowed a foreign object:

- Sudden coughing.
- Sudden difficulty breathing, such as wheezing.
- Hoarse voice or difficulty speaking.
- Grabbing the throat (older children).
- Gasping for air. In serious cases the lips become blue and the child may become unconscious.

(Leva med barn 2014)

Information about vaccinations

The child vaccination programme

To keep dangerous infectious diseases under control, it is important that as many children as possible are vaccinated. If vaccinations were stopped, these diseases would quickly become prevalent again.

It is important that set times for vaccinations are followed in order to ensure complete protection. Before each vaccination, the BVC nurse or doctor will assess if your child should be vaccinated. Talk to the nurse at the BVC if you would like to find out more about vaccinations. Contact the BVC if your child experiences any problems following a vaccination.

Diphtheria (diphtheritic croup) is caused by a bacteria that produces a toxin which damages a number of organs. The disease causes difficulty breathing and swallowing, often with fatal consequences.

Tetanus is caused by a bacteria that is found in soil and can infect sores. The disease causes serious spasms and respiratory paralysis.

Whooping cough is caused by a bacteria that gives rise to a prolonged respiratory infection. It causes severe coughing fits that give rise to a choking sensation that results in an inspiratory “whooping” sound. The disease can be fatal for infants.

Polio (infantile paralysis) is a dreaded viral disease that can lead to paralysis.

Haemophilus influenzae type b is a bacteria that can cause blood poisoning, epiglottitis and meningitis particularly in young children. The disease can be life-threatening.

Pneumococci are bacteria that can cause pneumonia, meningitis and blood poisoning with the risk of serious brain damage and death.

Measles is a highly infectious viral illness that causes a high fever, cough, rash and general ill-health. Complications include severe encephalitis and death.

Mumps is a viral disease affecting the salivary glands and can cause male infertility and severe encephalitis often resulting in deafness.

Rubella is a viral illness that during pregnancy can cause serious birth defects.

Tuberculosis is a common bacterial disease in some parts of the world, but rare in Sweden. The tuberculosis vaccine (BCG) is only recommended for people who belong to a risk group.

Hepatitis B (jaundice) is an inflammation of the liver caused by a virus. The disease is common in many parts of the world. In Sweden, people in certain risk groups are vaccinated, as well as all children in some counties.

Rotavirus is a very contagious virus that causes gastroenteritis. If they are not vaccinated, nearly all children get a severe infection at least once before the age of 5. Rotavirus causes vomiting and diarrhoea that can be serious in very small children.

Preparing for vaccinations at the BVC

There are several ways to reduce the pain and discomfort of a vaccination. The best way is to create a calm and safe atmosphere for the child. Letting the child sit upright in the parent’s arms and distracting the child during the vaccination with toys, pictures, massage, bubbles, etc., works well at all ages. Slightly older children can be involved in planning the diversion that works best. It is important to explain why we perform vaccinations, what happens and that it may hurt a little, but that the pain quickly disappears. The baby can be breastfed during or just before the vaccination. A little bit of glucose in the mouth also works well. If you feel uncertain about any of the vaccinations, please contact your BVC nurse for further advice.

Personal ID no (12 digits)	Surname	First name	Gender Girl ♀	0-2 yrs
----------------------------	---------	------------	-------------------------	---------

Mother

Weight kg	Length cm	Head circ cm
-----------	-----------	--------------

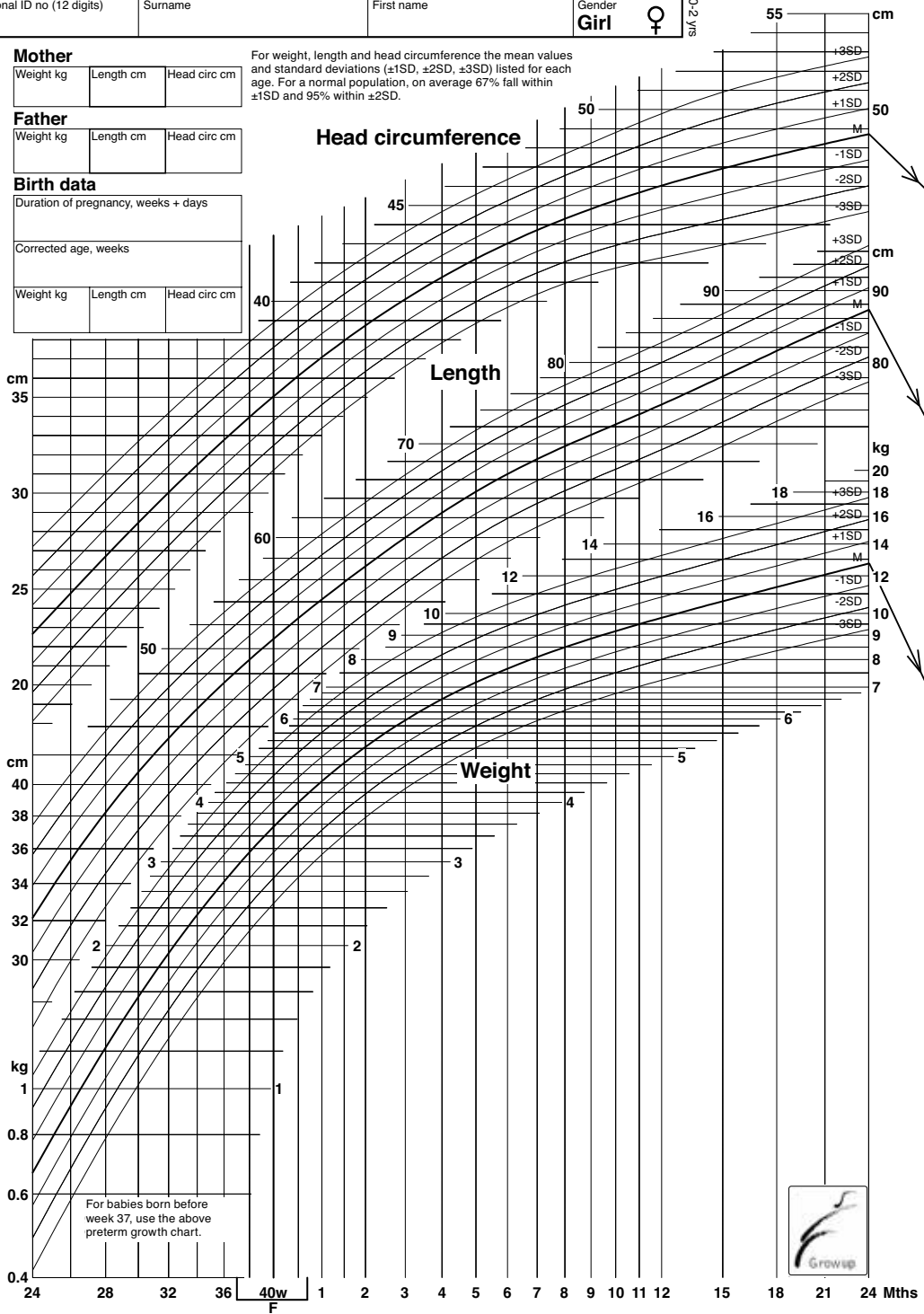
Father

Weight kg	Length cm	Head circ cm
-----------	-----------	--------------

Birth data

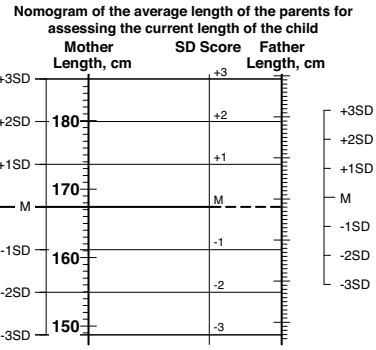
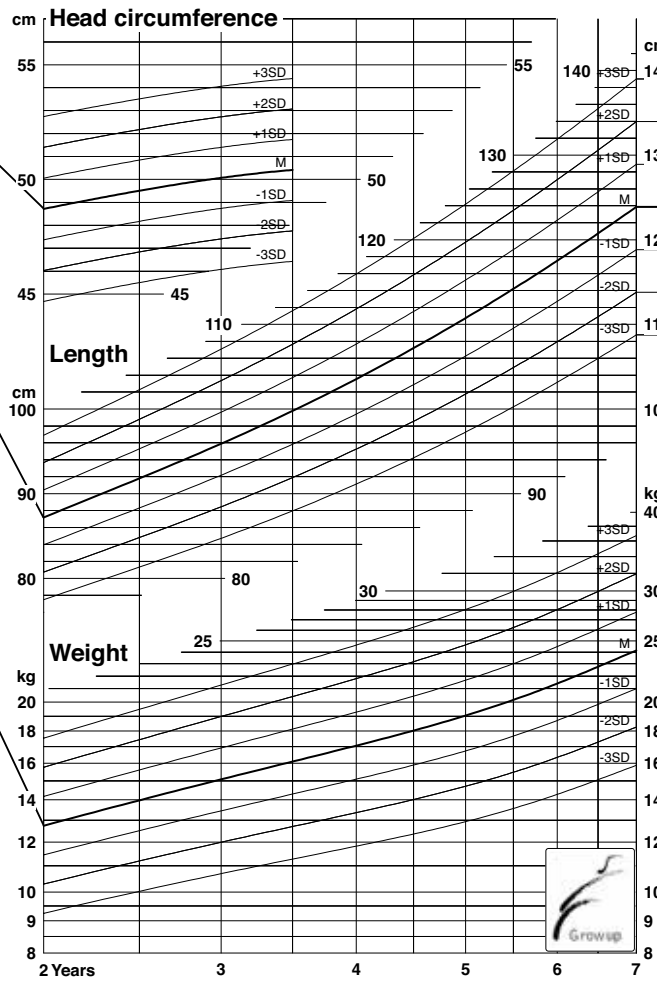
Duration of pregnancy, weeks + days		
Corrected age, weeks		
Weight kg	Length cm	Head circ cm

For weight, length and head circumference the mean values and standard deviations ($\pm 1SD$, $\pm 2SD$, $\pm 3SD$) listed for each age. For a normal population, on average 67% fall within $\pm 1SD$ and 95% within $\pm 2SD$.



Transfer right from Lorensbergs Communication AB (www.lorensborgs.com) to SKL Kommentus AB (www.sklkommentus.se)

Personal ID no (12 digits)	Surname	First name	Gender Girl ♀
----------------------------	---------	------------	-------------------------

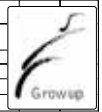



Enter the parents' lengths on each respective axis. Place a ruler between the length of the mother and the length of the father. The intersecting point on the centre line shows the parents' average length in SD score.

Rule of thumb for discrepancies in length and weight development!

Most children grow in accordance with the lines on the chart. But during the first year, there may be some shifting between the lines, upwards if the baby is shorter than average at birth and downwards if it is longer.

Length and weight does not normally change faster than what corresponds to one standard deviation (1SD) in 3 months, during the first year. After 2 years of age, the change should not exceed half a standard deviation per year. (See advice and instructions).



Personal ID no (12 digits)	Surname	First name	Gender Boy 	0-2 yrs
----------------------------	---------	------------	--	---------

Mother

Weight kg	Length cm	Head circ cm
-----------	-----------	--------------

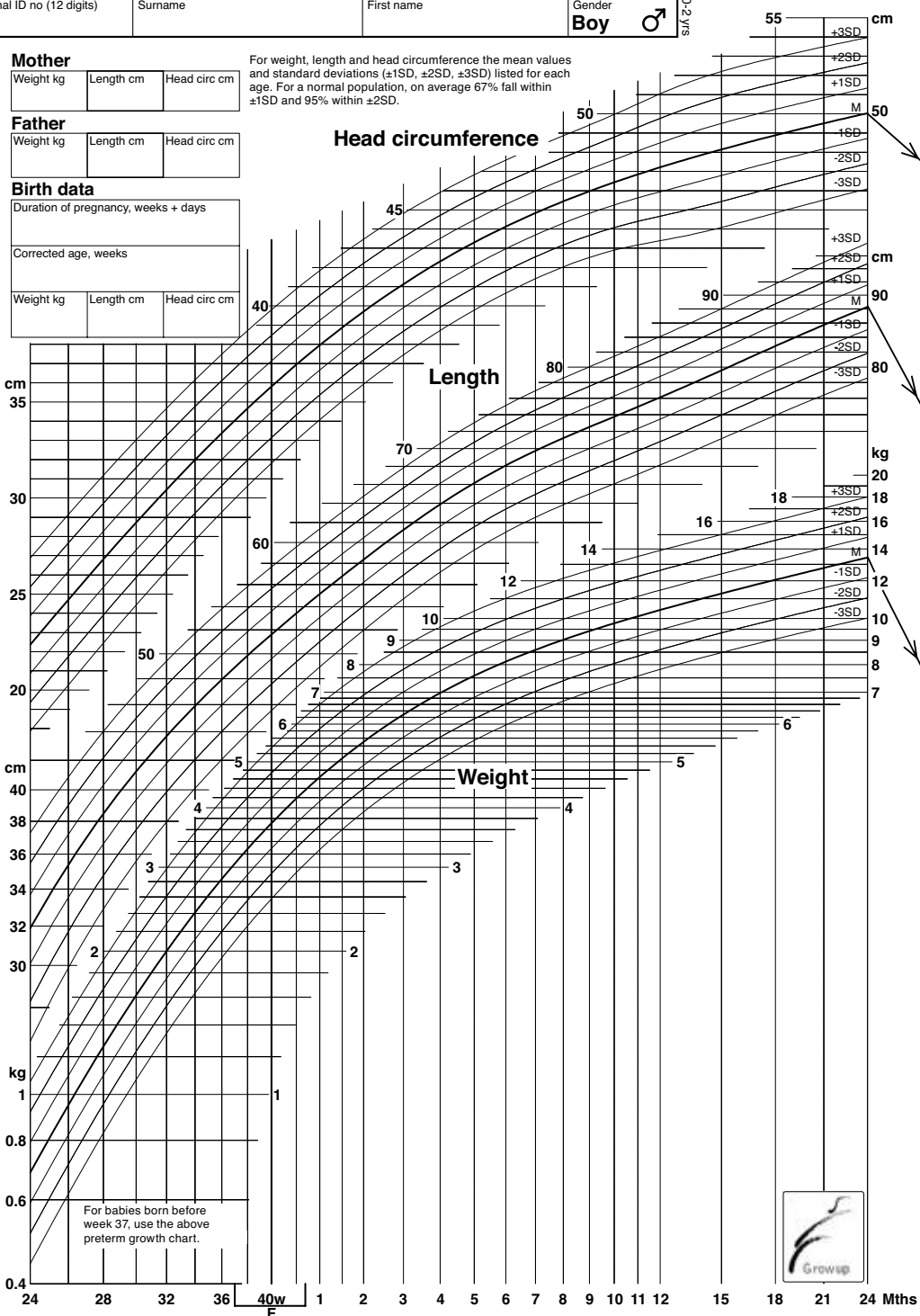
Father

Weight kg	Length cm	Head circ cm
-----------	-----------	--------------

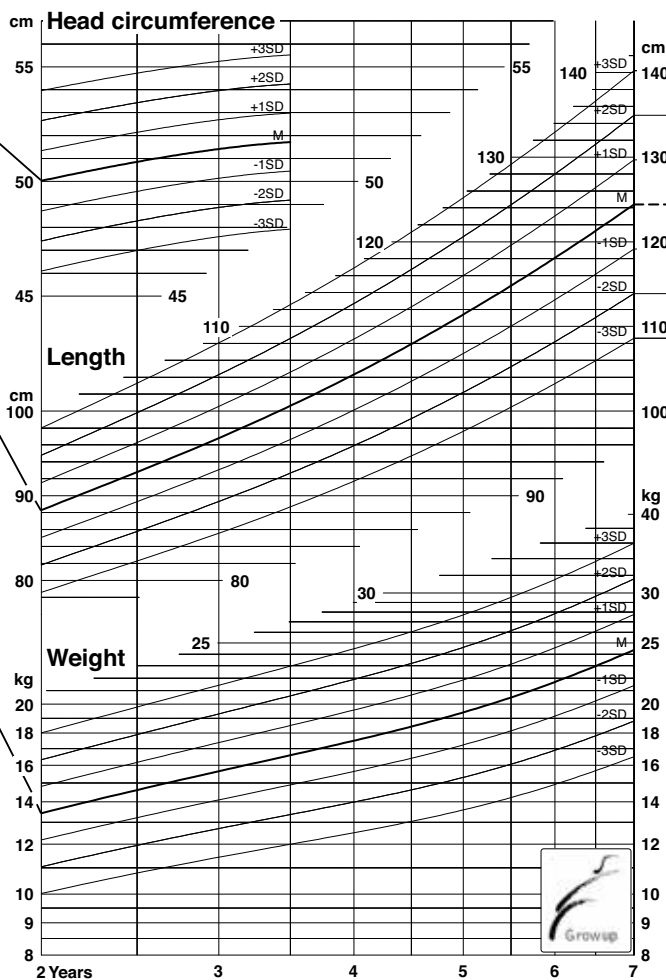
Birth data

Duration of pregnancy, weeks + days		
Corrected age, weeks		
Weight kg	Length cm	Head circ cm

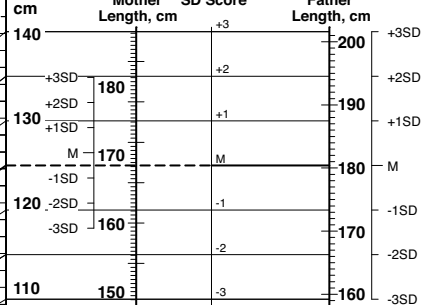
For weight, length and head circumference the mean values and standard deviations ($\pm 1SD$, $\pm 2SD$, $\pm 3SD$) listed for each age. For a normal population, on average 67% fall within $\pm 1SD$ and 95% within $\pm 2SD$.



Transfer right from Lorensbergs Communication AB (www.lorensborgs.com) to SKL Kommentus AB (www.sklikommentus.se)



Nomogram of the average length of the parents for assessing the current length of the child



Enter the parents' lengths on each respective axis. Place a ruler between the length of the mother and the length of the father. The intersecting point on the centre line shows the parents' average length in SD score.

Rule of thumb for discrepancies in length and weight development!

Most children grow in accordance with the lines on the chart. But during the first year, there may be some shifting between the lines, upwards if the baby is shorter than average at birth and downwards if it is longer.

Length and weight does not normally change faster than what corresponds to one standard deviation (1SD) in 3 months, during the first year. After 2 years of age, the change should not exceed half a standard deviation per year. (See advice and instructions).

