Region of Peel
Working for you
Public Health

Healthy Babies Healthy Children Screening Tool

Tel: 905-799-7700, Fax: 905-670-4773

Is this a multiple birth? Yes ☐ No ☐ If Yes, how many? Baby _____ of _____

Baby/Child D.O.B. *(Y/M/D)* _____ M ☐ F ☐ Birth Weight _____ gm

Gest _____ *(weeks)* Vaginal ☐ C/S ☐ Gravida _____ Para _____

Mother's D.O.B. *(Y/M/D)* _____ Mother's D/C date *(Y/M/D)* _____

Does mother speak English? Yes ☐ No ☐ If No, Mother's language: _____

Baby's D/C with mother? Yes ☐ No ☐ If No, reason: _____

Breast milk ☐ Mixed feeds ☐ ➡ Breastfeeding (BF) F/U: BF Clinic ☐ BF Home Visit ☐ Walk-in Clinic ☐

Declined BF F/U ☐ Formula only ☐

HBHC Home Visit Date: _____

Partner's Name: _____ Date of Birth *(Y/M/D)* _____

Alternate Phone: _____ - _____ - _____

Other agencies family has been referred to: CAS ☐ CCAC ☐ Other ☐ _____

PRENATAL: EDC (Y/M/D): _____ **STILLBIRTH** ☐

Name, Address, Telephone Number and Postal Code

Mother's Email Address: _____

Doctor's Name: _____

Doctor's Phone No. _____ - _____ - _____

HBHC Screening Stage: ☐ **Prenatal** ☐ **Postnatal** ☐ **Early Childhood *(greater than 6 weeks of age)***

Source of Referral: ☐ **Self** ☐ **Hospital** ☐ **Physician** ☐ **Community Agency** ☐ **Other:** _____ **Name & Title:** _____

Referring Hospital: ☐ **CVH** ☐ **MH** ☐ **BCH** ☐ **Other:** _____ **Phone Number:** _____

Reason for left blank: **A** - Requires further assessment, **B** - Client declined to answer, **C** - Unable to assess

Section A: *Pregnancy & Birth*

	Yes/No	Reason for left blank
1) Multiple birth?	☐ ☐	A☐ B☐ C☐
*2) Premature *(born at less than 37 weeks gestation)*	☐ ☐	A☐ B☐ C☐
*3) Was the birth weight ***less*** than 1500g?	☐ ☐	A☐ B☐ C☐
*4) Was the birth weight ***more*** than 4000g?	☐ ☐	A☐ B☐ C☐
*5) Apgar score of less than 5 at five minutes?	☐ ☐	A☐ B☐ C☐
6) Health conditions/medical complications during pregnancy that impact infant? *e.g., diabetes*	☐ ☐	A☐ B☐ C☐ *Please List:*
*7) Complications during labour and delivery? *e.g., emergency caesarean, infant trauma or illness such as respiratory distress syndrome, difficult vaginal birth including forceps or vacuum, scheduled caesarean due to complications*	☐ ☐	A☐ B☐ C☐ *Please List:*
8) Maternal smoking of cigarettes during pregnancy?	☐ ☐	A☐ B☐ C☐
9) Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy?	☐ ☐	A☐ B☐ C☐
10) Maternal alcohol use during pregnancy?	☐ ☐	A☐ B☐ C☐
11) Maternal drug use during pregnancy? *Include information on illegal drug use and prescription drugs that impact on activities of daily living or are teratogenic*	☐ ☐	A☐ B☐ C☐ *Please List:*
12) No prenatal care before sixth month?	☐ ☐	A☐ B☐C☐

Section B: *Family*

Mother

13) Is less than 18 years old?	☐ ☐	A☐ B☐ C☐
14) Was less than 18 years old when first child was born?	☐ ☐	A☐ B☐ C☐
15) Experienced a previous loss? *(pregnancy or baby)*	☐ ☐	A☐ B☐ C☐
16) Is a single parent?	☐ ☐	A☐ B☐ C☐
17) Mother and/or child do **NOT** have a designated primary care provider?	☐ ☐	A☐ B☐ C☐
18) Does **NOT** have an OHIP number?	☐ ☐	A☐ B☐ C☐
19) Did **NOT** complete high school?	☐ ☐	A☐ B☐ C☐

Infant/Child

20) Congenital or acquired health challenge? *Please List:*	☐ ☐	A☐ B☐ C☐
*21) Maternal separation from infant greater than 5 days? *Please specify reason:*	☐ ☐	A☐ B☐ C☐

Partner/Father/Support Person

22) Father/partner/support person is NOT involved with care of baby/child?	☐ ☐	A☐ B☐ C☐

Section C: *Parenting*

	Yes/No	Reason for left blank
23) Client cannot identify support person to assist with **parenting** of the baby/child?	☐ ☐	A☐ B☐ C☐
24) Client cannot identify support person to assist with **care** of the baby/child?	☐ ☐	A☐ B☐ C☐
25) Client or family in need of newcomer support?	☐ ☐	A☐ B☐ C☐
26) Client has concerns about money to pay for housing/rent and family's food, clothing, utilities and other basic necessities?	☐ ☐	A☐ B☐ C☐
27) Client or parenting partner has a history of depression, anxiety, or other mental illness?	☐ ☐	A☐ B☐ C☐
28) Client or parenting partner has a disability that may impact parenting?	☐ ☐	A☐ B☐ C☐
29) Client expresses concern about their ability to **parent** baby/child?	☐ ☐	A☐ B☐ C☐
30) Client expresses concern about their ability to **care** for baby/child?	☐ ☐	A☐ B☐ C☐
31) Client's relationship with parenting partner is strained? *(evidence of relationship stress observed)*	☐ ☐	A☐ B☐ C☐
32) Client or parenting partner has been involved with Child Protection Services as a parent?	☐ ☐	A☐ B☐ C☐
*33) Client expresses that baby/child is difficult to manage?	☐ ☐	A☐ B☐ C☐
*34) Client's response patterns are inconsistent or inappropriate to the baby's/child's cues? *(evidence of inappropriate responses observed)*	☐ ☐	A☐ B☐ C☐

Section D: *Infant/Child Development*

*35) Parent(s) identified a risk factor? *e.g., hearing, speech and language, communication skills, social development, emotional development behaviour, motor skills, vision, cognitive development, self help skills*	☐ ☐	A☐ B☐ C☐ *Please List:*

Section E: *Health Care Professional Observations*

36) Health care professional has concerns about the wellbeing of client and/or baby/child?	☐ ☐	A☐B☐ C☐

Additional Comments:

I consent to the release of the above information and Referral to Public Health. **Yes** ☐ **No** ☐

_____
Client Signature

Name of person completing this form *(please print)* | Title | Signature | Date *(Y/M/D)*

Please see back of page regarding the collection of your personal health information

Healthy Babies Healthy Children Screening Tool

Instructions, Definitions, Additional Information for Care Providers

Regular Screening for Families

Health care providers are in a unique position to have an impact on positive childhood development outcomes by virtue of their ongoing contact with patients and families over time. Completed screens need to be sent to your local public health department's Healthy Babies Healthy Children Program so that families can receive the supports and services needed. This screen is intended to identify with-risk families who may benefit from Healthy Babies Healthy Children home-visiting program during the prenatal, postnatal and early childhood periods.

Instructions for Completion

Please provide ONE response for each question: If a yes/no response ***cannot*** be provided, please indicate the reason for blank response in the right-hand column.

Reason for left blank: *A* individual completing the screen may have concerns or suspect a risk but needs more information in order to confidently identify this item as a risk. ***B*** indicates that the client declined to answer the question. ***C*** unable to assess or unable to ask the client (for example, client was in distress, there was no opportunity for a private discussion about the risk, etc.).

For all questions, a "Yes" indicates a risk. Some items have been reversed, questions 17, 18, 19 and 22, so that a "yes" indicates a risk. For example, "Mother does NOT have an OHIP number". The more "yes" responses, the more likely a family is at risk.

This HBHC Screen should be used for prenatal, postnatal and early childhood clients:

Screening of prenatal clients:

- Conception to birth of infant.
- *Answers all questions except for questions 2, 3, 4, 5, 7, 21, 33, 34, 35. These questions ***DO NOT*** apply when screening prenatal clients and should be left ***BLANK***.

Screening of postnatal clients:

- Birth up to 6 weeks of age. In the case of multiple births, one screen is completed for each infant.
- Answer all questions.

Screening of early childhood clients:

- From 6 weeks of age. One screen is completed for each infant/child.
- Answer all questions.

Suggested Introduction to Screening for Health Care Professionals

"As part of the Healthy Babies Healthy Children program, all families in Ontario are offered the chance to speak to someone about how they are doing [insert: during their pregnancy, after the birth of a baby, or when their children are in early childhood].

I would like to spend some time talking to you about your family, the supports you have, any challenges that you may face. We gather the same kind of information from all families at this stage (pregnancy, after birth, early childhood of children) and use the information to support families in getting services that they may find helpful.

If you find there are some things you don't feel comfortable talking to me about, just let me know and we will move to another topic. If you have any questions or concerns throughout our discussion today, please let me know. If you and your family might need some extra support, a Public Health Nurse will contact you to talk about services that may be available to you."

Additional Information for Selected Questions

All questions are grounded in evidence and are reflective of the identification of potential risk. References are available upon request.

The following provides additional tips for completing specific questions.

Section A: *Pregnancy and Birth (Questions 1-12)*

5) Please complete even if scores are provided.

6) Health conditions/medical complications during pregnancy that impacts infant.
Include: diabetes, eclampsia, congenital herpes, rubella, HIV, Hepatitis B, abruption placenta.

7) Complications during labour and delivery
Include: labour that required mid forceps, including breech delivery or emergency caesarean and any scheduled caesarean due to complications. Infant trauma or distress including respiratory distress syndrome and convulsions.

9) Evidence demonstrates that 100 cigarettes is the threshold for establishing Nicotine addiction.

10) Ask every mother about her alcohol use throughout her pregnancy. Discussing alcohol use and fetal development with all women normalizes discussion of this issue and introduces a harm reduction approach to prevention.

11) Maternal drug use during pregnancy
Include: illegal drugs use during pregnancy and prescription drugs that impact on activities of daily living or are teratogenic.
Exclude: non-teratogentic prescription drugs and small amounts of over-the-counter drugs.

Section B: *Family (Questions 13-22)*

15) Include previous loss at any stage of pregnancy and at any age, include loss of a twin, stillbirth, miscarriage, and abortion due to complications.

16) Include if mother identifies herself as sole primary caregiver for baby/child *(include unmarried, separated, widowed, divorced and common-law relationship less than one year).*

20) Include confirmed congenital or acquired health challenge with probability of permanent disability *(e.g., vision or hearing impairment, Down's Syndrome, birth asphyxia)*. If a suspected health challenge exists then "A" should be checked off.

21) Include mothers sent home from hospital while baby is still hospitalized (applies to postnatal period).

22) Questions refers to the person that the mother identifies as the secondary caregiver to her current baby/child and can include biological father, boyfriend, her mother, friend.

Section C: *Parenting (Questions 23-34)*

23 & 24) Parenting refers to meeting the baby/child's emotional and social needs *(e.g., providing comfort, responding to needs with warmth and sensitivity, being emotionally and physically available, and appropriate communication).* Care refers to meeting the baby/child's basic physical needs *(e.g., feeding, diapering, and washing).*

25) A mother who is new to Canada, less than 5 years living in Canada, who lacks Social supports, or is experiencing social isolation (newcomers is defined as someone new to Canada).

27) Include present or past depression, anxiety or emotional problems. Include if either mother ***OR*** father/parenting partner indicates a history of mental illness.

28) Include mental or physical challenge for mother ***OR*** father/parenting partner.

29 & 30) Parenting refers to meeting the baby/child's emotional and social needs *(e.g., providing comfort, responding to needs with warmth and sensitivity, being emotionally and physically available and appropriate communication).* Care refers to meeting the baby/child's basic physical needs *(e.g., feeding, diapering, and washing).*

31) Include distress or conflict between parenting partners (e.g., separation, frequent Arguments, presence of physical, verbal, emotional or sexual abuse in the home). This could be broadly defined as either by direct observation or expressed by the client.
Note screening questions related to partner violence should not be asked with partner present with client.

32) Include family's past or present involvement with Child Protection Services. Exclude involvement of client or parenting partner with Child Protection Services when they were a child.

33) Consider client's perception of difficulty managing the baby/child's behaviour *(e.g., temper tantrums, excessive crying, biting, etc.)*

34) Include inappropriate or lack of response when baby/child is in need of comfort, Lack of eye contact or physical contact. This could be broadly defined as either by direct observation or expressed by the client.

Section D: *Infant/Child Development (Question 35)*

35) This question should be answered in direct response to a developmental concern specifically raised by the parent and should not include parent concerns or questions about the normal care of a newborn or child. Areas of development include vision, hearing, and communication, gross and fine motor, cognitive, social/emotional, and self-help. Parental concerns may be identified through the Nipissing District Developmental Screening (NDDS) tool that assists parents and caregivers to monitor child development. More information on the NDDS can be found at www.ndds.ca.

Section E: *Health Care Professional Observations (Question 36)*

36) Health care professional's concern(s) includes professional observations of the client and family.

Consent:

This signature refers to verification by the health care provider that the necessary consent has been obtained (as described in PHIPA). Client consent refers to both consent to disclose personal information and personal health information, and consent to participate in the HBHC Program. If client declines further participation in the HBHC Program, cross out participation only.

Signature:

The Screen should be signed by the individual who obtains consent from the mother and completes the Screen. If additional Information is completed by another practitioner, this individual should provide their initial and signature with designation on the Screen, and initial the responses collected.

Notice With Respect To the Collection of Personal Information

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the *Municipal Freedom of Information and Privacy Act*, R.S.O. 1990, c. M.56, and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3. This information will only be used for the provision or assisting in The provision of health care including health promotion, planning and delivery of health programs/services, teaching, providing supportive counselling, establishing interventions and service coordination. Any questions regarding this collection may be directed to The Medical Officer of Health, Peel Health, 7120 Hurontario Street PO Box 667 RPO Streetsville Mississauga ON L5M 2C2, Telephone: 905-799-7700, Fax 905-564-2683; www.peelregion.ca; PeelHealth@peelregion.ca