

Growth Monitoring Manual Appendix

This document contains the appendices to the Training Programme for Public Health Nurses and Doctors Growth Monitoring Module in a print friendly format.

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Standard for Good Clinical Practice in Growth Monitoring (Mandatory growth assessments highlighted in bold)

Timing	History	Examination	Equipment	Health Education
Birth	Gestational age Low birth weight (LBW) Dysmorphic features Major medical problems Parental concerns Professional concerns	Weight (naked) in kg Length in cm <i>Head circumference in cm</i>	Electronic self- zeroing scales Supine length measure (infantometer or baby mat) Thin non stretchable measure tape UK-WHO Growth charts	Breastfeeding support* Nutritional advice Infant care
Postnatal visit within 48 hours of hospital discharge	Gestational age LBW Dysmorphic features Major medical problems Parental concerns Professional concerns	Weight (naked) in kg <i>Length in cm</i> Head circumference in cm	Electronic self- zeroing scales Supine length measure Thin non stretchable measure tape Age calculator to correct for prematurity (infants born before 36 weeks gestation) UK-WHO Growth charts	Breastfeeding support Nutritional advice Infant care Floor play
6 to 8 weeks	As for postnatal visit	Weight (naked) in kg <i>Length in cm</i> <i>Head circumference in cm</i>	As for postnatal visit	Breastfeeding support Nutritional advice Infant care Floor play
3 months	As for postnatal visit	<i>Weight (naked) in kg</i> <i>Head circumference in cm</i> <i>Length in cm</i>	As for postnatal visit	Breastfeeding support Nutritional advice Infant care Weaning Floor play
7 to 9 months	As for postnatal visit	<i>Weight (naked) in kg</i> <i>Head circumference in cm</i> <i>Length in cm</i>	As for postnatal visit	Breastfeeding support Nutritional advice Infant care Weaning Physical activity guidelines
18 to 24 months	As for postnatal visit	<i>Weight (no nappy) in kg</i> <i>Height in cm</i>	Leicester Height Measure (self calibrating) Electronic self- zeroing scales UK-WHO Growth charts	Breastfeeding support Nutritional advice Active play
3.25 to 3.5 years	Medical history Parental concern Professional concern	<i>Weight (light clothing) in kg</i> <i>Height in cm</i>	Leicester Height Measure (self calibrating) Electronic self- zeroing scales UK-WHO Growth charts	Nutritional advice Active play
School entry (Junior Infants)	Parental concern Professional concern Health questionnaire to elicit underlying chronic illness	Weight in kg (light clothing) Height in cm BMI for epidemiological purposes	Leicester Height Measure (self calibrating) Electronic self- zeroing scales Growth charts"	Nutritional advice Active play

Italics indicate non mandatory growth assessments for healthy infants and children, However it is accepted good clinical practice for **infants and children to be weighed and measured at these opportunistic times.**

Health Practitioners: Summary actions when working with Parents/Care-givers to support Optimal Growth

- ☑ Share health promotion messages regarding growth of children at the earliest possible time and opportunistically at developmental assessments/ immunisation contacts.
- ☑ Interpret growth charts and growth patterns and explain the child's growth rates sensitively to parents.
- ☑ Commend parents when a child is growing well and reinforce the actions they are taking that are supporting this.
- ☑ Counsel parents about growth patterns that may indicate a risk and how to change behaviours that may lead to unhealthy growth patterns (see Appendix B Nutrition and Appendix C Activity Factsheets).
- ☑ Support exclusive breastfeeding of infants for the first 6 months, and continuation of breastfeeding, in combination with suitably nutritious and safe complementary foods – semi-solid and solid foods – until children are 2 years of age or beyond (Dept of Health and Children, 2005).
- ☑ All infants, regardless of how they are fed, should be weaned onto solids at about six months of age unless otherwise medically indicated. No infant should be introduced to solids before 4 months of age.(FSAI, 2011 ('Scientific Recommendations for a National Infant Feeding Policy, 2nd Edition')).
- ☑ Advise parents to remember that a child signals when they have had enough to eat. A child should not be bribed, coaxed or forced to 'clean their plate'.
- ☑ Advise parents that foods primarily based on added fat and sugar and/or contain added salt e.g. fried foods, crisps, confectionary, sauces/gravies and processed meats are unsuitable for infants and children. Additionally, a child's stomach has a small capacity for food and empty calorie snacks will displace nutritious savoury and plain foods in a child's diet.
- ☑ Highlight to parents that food should not be used as a reward. Offering a pudding or sweet course as a reward will make these foods more desirable.
- ☑ Discuss the child's feeding pattern and food behaviour, food and drink types, family meals and a typical day. (Refer to the HSE (2007) Unit 7 Nutrition Manual and resources section)
- ☑ Support eating together as a family. Parents can set a good example by eating with their child as often as possible and providing nutritious meals low in salt, fat and sugar. Advise parents that food labels can be helpful when choosing healthy options for family meals.
- ☑ Discuss floor play (babies), physical activity (toddlers and older children), sedentary behaviours (TV, computer games), family physical activities and a typical day (Appendix C)
- ☑ Communicate the physical activity guidelines for children: at least 60 minutes moderate activity daily (Appendix C).
- ☑ Encourage parents to be aware of the advertising messages relating to food and activity or sedentary behaviour that their child/ren may be exposed to. The media is powerful in influencing food selection and health behaviours.
- ☑ Support family being active together; getting out-and-about, having a 'turn-off-the-TV' day, taking a walk or cycle together.

- ☑ Encourage parents to seek information on the nutrition, and the opportunities to be physically active, provided for at their child's childcare, pre-school or school.

Also.....when a child has slow or faltering weight gain or growth

- ☑ Explain the child's growth rates sensitively to parents, and provide support around management of feeding. Children showing early slow weight gain in infancy usually catch up in weight by 2 years. Infants with late slow weight gains usually catch up slowly in weight through childhood but remain lighter and shorter than their peers at 13 years.
- ☑ Support an encouraging, positive, 'no-fuss' approach to child feeding by parent/care-giver
- ☑ Take a detailed infant feeding history
- ☑ Reiterate advice from child's doctor/ paediatrician. Note: weight faltering infants need their food intake to be balanced with their growth, stores, activity and metabolism. When weaned small regular 2 course meals and nutritious snacks are recommended.

Also.....when a child is overweight or obese

- ☑ Explain the child's growth rates sensitively to parents, and provide support around management of overweight or obesity.
- ☑ Be aware that parents may be surprised about a discussion on the child's weight and may not be aware of the potential growth issue.
- ☑ Be conscious that discussing a child's weight may, for all sorts of reasons, bring up a variety of feelings or be a sensitive issue for parents (e.g. experience of breastfeeding, family's ability to provide adequate food, reluctance to admit a weight problem, desensitization to excess weight or preference for plumper babies).
- ☑ Focus on the child's overall health when beginning conversations about a child's weight concern – parents may feel more comfortable talking about healthy eating and physical activity, rather than the weight itself.
- ☑ Try conversation starters – for example "growth pattern is changing...." or "let's look at the growth chart". For infants and younger children ask about breastfeeding and frequency, duration and amounts and discuss the evidence around breastfeeding etc.
- ☑ Remain non-judgemental and supportive in discussions about weight concerns.
- ☑ Focus on nutrient rich foods of moderate portion sizes as opposed to a prescriptive structured meal plan. (Please refer to HSE (2007) UNIT 7 Food and Nutrition, and FSAI forthcoming National Infant Feeding Policy).
- ☑ Support parents in helping their child to 'grow into their weight'
- ☑ Assess motivation and readiness to change and barriers to change and discuss small gradual changes to support management of the eating and physical activity behaviours and guidelines.
- ☑ Support the advice parents have received from the doctor /dietician /other specialist involved in the child's care.
- ☑ Encourage parents to be good role models for their child; making healthy eating and regular physical activity a family affair.

Guidelines for Physical Activity for Children

The early years 0-4yrs

Adapted from Canadian Physical Activity Guidelines

- ❖ **Infants** (aged less than 1 year) should be **physically active several times daily** – particularly through interactive floor-based play.
- ❖ **Toddlers** (aged 1–2 years) and **preschoolers** (aged 3–4 years) should accumulate at least **180 minutes of physical activity at any intensity** spread throughout the day, including:
 - A variety of activities in different environments;
 - Activities that develop movement skills;
 - Progression toward at least 60 minutes of energetic play by 5 years of age.
- ❖ More daily physical activity provides greater benefits.

Being active as an infant means:	Being active as a toddler or pre-schooler means:
<ul style="list-style-type: none"> • Tummy time • Reaching for or grasping balls or other toys • Playing or rolling on the floor • Crawling around the home 	<ul style="list-style-type: none"> • Any activity that gets kids moving • Climbing stairs and moving around the home • Playing outside and exploring their environment • Crawling, brisk walking, running or dancing • As children get older they need more energetic play, such as hopping, jumping, skipping and cycling.
Being active can help young children:	All activity counts. Tips to get young children moving:
<ul style="list-style-type: none"> • Maintain a healthy body • Improve movement skills • Increase fitness • Build healthy hearts • Have fun and feel happy • Improve/ develop self-confidence • Learning and attention. 	<ul style="list-style-type: none"> • Create safe places to play • Play music and learn action songs together • Dress for the weather and explore the outdoors • Make time for play with other children • Get where you're going by walking or cycling

<http://files.participaction.com/physicalactivityguidelines/Early-Years-Guidelines/CSEP%20PAC%20Physical%20Activity%20Guidelines%200-4%20FINAL.pdf>

Children

From The Report of the National Taskforce on Obesity (2005)

- ❖ **Children** should be involved in **at least 60 minutes per day** of moderate physical activity.

Lifestyle activities – as often as possible:	Aerobic activities – every day:
<ul style="list-style-type: none"> • Playing outside • Taking the stairs instead of the lift • Helping around the house or yard • Walking the dog, washing the dog • Picking up toys • Walking to the shop 	<ul style="list-style-type: none"> • Cycling, roller blading, skateboarding • Swimming • Running • Skipping • Football/ other ball games • Basketball/ Volleyball
Muscle strengthening activities – 3 times per week	Inactivity – cut down
<ul style="list-style-type: none"> • Martial arts • Dancing • Climbing • Gymnastics • Push-ups and pull-ups 	<ul style="list-style-type: none"> • TV watching • Video and computer games • Sitting more than 30 minutes at a time

Table adapted from Children's Activity Pyramid 1993 to 2011 University of Missouri. Published by [MU Extension](http://extension.missouri.edu/publications/copy.aspx)-
<http://extension.missouri.edu/publications/copy.aspx>

Personal Health Record and UK-WHO Growth Charts



The Personal Health Record (PHR) is a record of child's health and development held by parents/carers. The UK version has been in use for approximately 30 years (Red book). In Ireland the PHR is an A5 orange book with a giraffe logo and was first piloted in the former Midwest area in 2000. An external evaluation of the pilot demonstrated an improvement in service quality – through provision of accurate, timely information. Parents felt empowered in the care of their child. It is currently in use in the former Midwest, North East and North West areas.

Resource and national policy constraints have impeded its rollout across all areas. The national implementation of a shared electronic child data collection tool is awaited and it has yet to be decided if this will be PHR or another system.

The new UK-WHO growth charts (PHR version) are being introduced into PHR from Sept 2012 onwards in time for their use with newborns from January 2013.

Philosophy of PHR

Parents are the main carers of their children's health, and as such should have access to as much knowledge as health professionals. Knowledge empowers and enables consumers to make better use of services.

PHR: Use of the record

The PHR is distributed at the primary visit to parents after the birth of their baby (postnatal visit). The Public Health Nursing service has responsibility to explain to parents the purpose, use and content of record. CHISP materials (Caring for your Baby/Child) are used to support and augment health promotion material in the PHR. Parents are encouraged to record information about their child's health and development and to take the PHR with them to every contact with health professionals

UK-WHO 0-4 years growth charts (PHR version)

- The Information section of the charts was written for, and tested with, parents.
- The measurement record folds out so it lies alongside the relevant chart
- There are 6 charts:
 - Birth weight and head circumference
 - Weight 0-1 year
 - Weight 1-4 years
 - Length 0-2 years
 - Height 2-4 years
 - Head circumference 0-2 years

Growth Chart Fact Sheet for Parents or Care-givers

The notes on this page give information about new growth charts, which are being used in Ireland from 01.01.2013.

The Department of Health decided in 2010 that we in Ireland should adopt the same growth charts that are being used in the UK.

The UK-WHO growth charts, launched in 2009, are based on measurements collected by the World Health Organization in six different countries. Healthy breastfed babies whose mothers did not smoke and were not deprived were measured over time. The centile curves drawn using these measurements show how all healthy children are expected to grow, wherever they come from and however they are fed.

What do regular measurements tell us? Weighing and measuring helps us to check that your child is growing and developing as expected. It also helps us to tell if your child may have a problem that is affecting their development.

Why do we use growth charts? By plotting a child's growth on the chart, we can see whether it is following the expected pattern. The lines on a growth chart are called centile lines, and are based on the measurements from many children. They show the range of normal weights and heights, and how one child compares with other children of the same age and sex. For example, if your child's height is on the 25th centile, it means that if you lined up 100 children of the same age and sex in order of height, your child would probably be number 25; 75 children would be taller than your child, and 24 would be shorter. Weights and heights that are anywhere within the centile lines on the chart are considered normal. Every child is different, so no two filled-in charts will look the same. Even twins may have different growth patterns. If a child's pattern looks unusual, your health visitor or doctor may want to have a closer look to see what may be going on. This may involve taking more measurements, looking closely at feeding, or investigating other things. Most children who have such investigations are found to be perfectly normal; however, it is important to check an unusual pattern on the chart to make sure of this.

Frequently asked questions:

I didn't breastfeed or I stopped early – are these charts still right for my baby? The charts show how breastfed babies grow if they are healthy and there are no problems. Babies grow most naturally when fed on breastmilk. If you use formula milk you want to know that your baby is still growing in the same healthy pattern that they would on breast milk. This chart helps you see if that is happening.

What are the preterm charts in my book? These charts show the weights of babies born more than 3 weeks early (before 37 weeks). If your baby was born early, weight and head circumference will be plotted on these charts until they are 2 weeks past your due date. This will help you and the health professionals tell how your baby is doing compared with other preterm babies. After this, weights and other measurements will be plotted on the main chart. On this chart they should be plotted at your child's actual age but with an arrow drawn back the number of weeks your baby was early.

Why are there no centile lines on the charts between birth and 2 weeks? Most babies lose some weight and then regain it during the 2 weeks after birth, and growth patterns vary widely during this time; the growth chart cannot show this. Your baby's weight at about 2 weeks of age should be compared with their birth weight.

How do I know my baby's weight is OK in the first 2 weeks? Weighing in the early days is important. Babies usually lose some weight to start with but then put it back on. This regain of weight helps to show that your baby is well and that feeding is going well. If your baby loses quite a lot of weight or is slow to get back to their birth weight, this is a sign to look a little closer. If the weight loss seems a lot, your midwife or public health nurse will calculate this as a percentage. If your baby has lost 10% or more of their birth weight, your midwife or public health nurse will probably check how your baby is feeding. If you are breastfeeding, your midwife or nurse will look at what you are doing to see that the baby is attaching to the breast properly. They may suggest some changes to the way you hold your baby, or that you feed more often. If you are giving formula milk, they may suggest that you hold your baby or the bottle differently, or that you feed more often. nurse may also suggest

that your baby has a medical examination. If you make a change to how you feed your baby, it may take a little time for their weight to improve. Your nurse may want to weigh them again to follow their progress.

How often should my baby be weighed? After the early days, your baby only needs to be weighed at the time of routine checks and injections, as long as all is well. Many mothers like to have their babies weighed more often than this. However, this is not always helpful, and can cause unnecessary worry. For example, if one week your baby was weighed just after a big feed but the next week they were weighed after a big nap and before a feed, this could make it look as if they had not gained weight. Weights measured over a longer time are more likely to show the true weight change. This is why it is recommended that babies should not be weighed frequently unless there are special reasons. The time between weighing is longer for older babies because they are growing less quickly. Your health visitor may suggest that your child is weighed more often than this if there are concerns about their health or growth.

My baby's weight was on one centile and now it is nearly down to the next line – is this normal? It is normal for the dots of your child's weight to 'wiggle' up and down a bit, or to move gradually from being near one centile to the next one (up or down). It is less common for a child's weight to cross two lines; if this happens your nurse may want to keep a closer eye on your child for a while.

My child was ill and lost some weight, what should I do? Children often lose some weight when they are not well. Once your child recovers from the illness, their weight should go back to the centile it was on before the illness within 2–3 weeks. If this does not happen, speak to your nurse or doctor. S/he may measure your child's length or height or investigate other issues.

When should length or height be measured? For babies and children under 2 years, length rather than height is measured. This can be helpful if there is any concern about weight gain. However, it is quite difficult to measure length accurately, so this will not be done every time your child is seen. It is not usually necessary to measure length or height if your child is growing as expected.

Can I tell how tall my child will be as an adult? Once your child is between 2 and 4 years old, you can use a height measurement to find their height centile. You can then put this on the 'Adult Height Predictor' on the height chart page in your Personal Health Record to get an idea of how tall your child will be. This reading is only accurate to within 6cm (2½"). So if, for example, the predicted height is 160cm (5'3"), that means as an adult your child's height is likely to be between 154 and 166cm (5'½" and 5'5½").

Why is it recommended that only a trained health professional plots on the chart? It takes some practice to plot accurately on a centile chart. Any mistake can make your child's growth pattern look as if they have a problem when they don't. Or it can look as if they don't have a problem when they do. All health professionals using the chart have had training so that they plot on the chart and read it accurately. If you want to weigh your baby for other reasons – to get an idea of the nappy size, for example -- you can do this, but should remember that this may not be a medically accurate weight. If you do weigh your baby and are concerned about their weight, speak to your nurse before making a change to how you feed or care for your baby.

How do I make sure my child is not overweight? Your nurse can discuss any concerns you have about this with you. After the age of 2 years, your child's weight and height can be used to calculate your child's centile for body mass index (BMI). If the BMI shows that your child is overweight or obese, you will be able to discuss diet and physical activity so that your child loses some weight in a healthy way.

1. New UK-WHO growth charts are being introduced using the WHO standard for children from birth to four years.

- They should be used for all babies born in Ireland after January 1st 2013
- The existing growth charts (Child Growth Foundation/Other) will continue to be used for children born before January 1st 2013. New charts for children 4 years and older will be introduced at a later date.
- The new charts, adopted by the Department of Health and originally developed by the WHO and RCPCH for the Department of Health in the UK, are available in both A5 (personal health record) and A4 format and can currently be downloaded free of charge from www.growthcharts.rcpch.ac.uk.
- Once a procurement contract has been agreed you will be notified of the supplier's contact details.

2. The WHO charts for the first time describe optimal rather than average growth and set breastfeeding as the norm.

- The new charts were constructed using data on healthy breastfed children from around the world who had no known health or environmental constraints to growth.
- They should be used for all infants however they are fed.

3. The charts can be used for all ethnic groups.

- The WHO has shown that infants worldwide show very similar patterns of linear growth.

4. The new charts will make weight patterns look different from age 6 months.

- On the new charts only 1/200 children will be below 2nd centile for weight after the age of 6 months and there will be twice as many children above the 98th centile.
- Length and height show a very good fit to UK children.

5. All health professionals who use charts should receive some training.

- The National Growth Chart Implementation Group recommends 2 hours training for users.
- Materials suitable for both experienced staff and students are downloadable for free from www.growthcharts.rcpch.ac.uk and adapted materials will soon be available on the HSE website.

6. The new charts are going to look different and chart users need to familiarise themselves with the changes.

- The new charts and chart instructions were developed using focus groups of parents and professionals.
- Though unfamiliar at first they should be clearer and easier to use in the long term.

7. The charts have no lines between 0 and 2 weeks.

- Children show highly variable weight loss and gain in the early days after birth, so users are encouraged to assess percentage weight loss rather than plot before 2 weeks.
- At the age of two weeks, for the first time, the charts allow for slower neonatal weight gain so a drop sustained to 2 weeks will no longer be normal.

8. The 50th percentile is no longer emphasised.

- Parents tend to expect all healthy children to be on the 50th centile.
- To help plotting there are centile labels at both ends of each curve and more subtle indicators of the 50th percentile.

9. Preterm infants

- The new 0-4 years charts have a preterm section for babies born from 32 weeks to term, and clear instructions on gestational correction.
- A new separate Neonatal Infant Close Monitoring low birth weight chart will also be available for use for any preterm infant below 32 weeks.

10. The instructions draw on research evidence and policy on screening and referral and should be relevant to the majority of users.

- They define when a measurement or growth pattern is outside range of normality and advise when further assessment is advisable.
- The information on growth charts in the personal health record (PHR) is now aimed at parents.

Resources for parents and professionals

Food and Nutrition

1. **“Feeding your Baby” and “Breastfeeding your Baby” HSE**
 - a. Information on Infant Feeding and Breastfeeding
 - b. Includes information on attachment and positioning
 - c. Information on Support options included
 - d. Further Information & support available on www.breastfeeding.ie
 - e. Further copies can be ordered at www.healthpromotion.ie

2. **“Starting to Spoonfeeding your Baby” HSE**
 - a. Information on when to start spoonfeeds and suitable foods at different stages
 - b. Includes information on iron, caring for babies teeth & frequently asked questions
 - c. Recipe section
 - d. Further copies can be ordered at www.healthpromotion.ie

3. **“Best Practice for infant feeding in Ireland – From pre-conception to the first year of an infant’s life. A guide for healthcare professionals based on the Scientific Recommendations for a National Infant Feeding Policy 2011” (2012)**
 - a. This document provides practical guidance on best practice infant feeding for healthcare professionals. The topics covered in this document include nutrition for per-conception and pregnancy, the milk feeding phase and the weaning phase
 - b. 120 pages
 - c. The FSAI practical guidance document and full report “Scientific Recommendations for a National Infant Feeding Policy, 2nd Edition” are available from www.fsai.ie

4. **“Food for the growing years-advice for feeding 1-5 years”**
 - a. This is a sample resource on information on all the food levels e.g. dairy, fruit and vegetable, meat. It includes tips on how to include all the food groups in a child’s diet and ideas for healthy eating.
 - b. 2 pages
 - c. Pdf sample foldable leaflet available from NDR-UK <http://www.ndr-uk.org/Child/View-all-products/Page-2-20.html>

5. **“Little steps for healthy eating booklet”**
 - a. Resource provides information on healthy eating, physical activity, buying food, snacks and treats, TV and sample meals.
 - b. 24 pages
 - c. HSE publication available from www.littlestep.eu

6. **“Food and nutrition guidelines for pre school services (2004)”**
 - a. Publication on guidelines that are relevant to pre-school children aged 0-5 years and a resource and guide for all relevant stakeholders; carers, parents and pre-school inspectors.
 - b. 27 pages
 - c. Health promotion publication available from www.dohc.ie/publications/preschool_guidelines.html

7. **“3 week menu planner-a resource for pre-schools”**
 - a. This resource was developed for pre-school providers to assist them in implementing the food and nutrition guidelines for pre-school services published in April 2004. It aims to provide a practical guide for you to implement the guidelines to provide balanced, nutritious meal ideas to help grow children. Recipes for children are from 1 year onwards. Portion sizes are based for children aged one and half to three years.
 - b. 61 pages
 - c. pdf available from Health Promotion.ie.

8. **“Food for young children (2006)” HSE**
 - a. Practical tips and suggestions about food for your child aged 1-5 years. If you are wondering what foods your child should be eating, how to cope with a fussy eater or looking for meal and snack ideas for your child, you will find this information useful.
 - b. 24 pages
 - c. Pdf Available from www.healthpromotion.ie
9. **“Portion sizes for toddlers 1-3 years”**
 - a. Resource to learn all the required portion sizes essential with the food groups.
 - b. 10 pages
 - c. Pdf available from <https://www.infantandtoddlerforum.org/toddler-portion-sizes>
10. **“Help my child won’t eat-a guide for families”**
 - a. This is also a sample guide on how to get your child to eat food provided to him/her. It included tips on how to help and suggested meals.
 - b. 8 pages
 - c. Pdf sample available from NDR-UK <http://www.ndr-uk.org/Child/View-all-products/Page-2-20.html>
11. **“Healthy Eating”**
 - a. Tips to keep healthy and active, snacks example, constipation, additives, food refusal, iron,
 - b. 8 pages (colour)
 - c. Available on Irish Nutrition and Dietetic Institute:
http://www.indi.ie/docs/242_INDI_healthy_eating_children_leaflet.pdf

Physical activity

12. **“Canadian 0-4 year old physical activity recommendations”**
 - a. Canadian Physical activity guidelines for the early years (0-4 years). Guidelines for healthy growth and development. Benefits of activity. Types of activity.
 - i. 1 page
 - b. Pdf available from <http://www.csep.ca/CMFiles/Guidelines/CSEP-InfoSheets-early-years-ENG.pdf>
13. **“A guide for you and your child on increasing physical activity”**
 - a. Resource on tips to increase physical activity for your child
 - b. 4 pages
 - c. NDR-UK available from <http://www.ndr-uk.org/Child/View-all-products/Page-2-20.html>
14. **Physical Activity guidelines for early years (under five’s)-for infants who are not walking yet**
 - a. Includes examples of physical activity activities, benefits of movement and how to reduce sedentary behaviours.
 - b. 1 page (factsheet)
 - c. Pdf available from British Heart Foundation:
<http://www.bhfactive.org.uk/userfiles/Documents/factsheetearlyyearsnotwalking.pdf>
15. **Good for kids-The Physical Activity Handbook (2009)”**
 - a. Handbook on how to get infants active. Includes physical activity methods-opportunistic times e.g. changing nappy time and planned development physical activity e.g. stability and locomotors skills, rhymes/songs for under 3s,
 - b. 14 pages (colour)
 - c. Pdf available from Good for Kids:
<http://www.goodforkids.nsw.gov.au/sitefiles/GoodForKids/documents/Children's%20Services/Final%20Version%20Move%20We%20Move%20PA%20Handbook%20Babies.pdf>
16. **“Get Ireland Active-Fact sheet for parents and guardians”**
 - a. How much activity should children get?
 - b. 1 page factsheet
 - c. Pdf available from Get Ireland Active: <http://www.getirelandactive.ie/content/wp-content/uploads/2011/08/Childrens-Factsheet-GIA.pdf>

General

17. "How to build a healthy preschooler"

- a. A to Z tips on how to build a healthy preschooler. How much of the food groups should my child eat, smart snacks examples.
- b. 4 pages (colour)
- c. Pdf available on Eat Right Ontario:
http://www.eatrightontario.ca/CentralAttachments/nutristep_build-healthy-preschooler-eng-4pg.pdf

18. ? Information sheet for parents on diet and physical activity for children outside parameters for healthy growth (Maybe info resources)

19. "Step by step-your guide to a healthy and active family"

- a. Child friendly resource
- b. Resource on portion control, what happens to your body when eat too much, tips to make food fun, storage tips, problem page.
- c. 16 pages
- d. Pdf available from www.nhs.uk/change4life

Problem growth

20. "Advice for parents-how to help your overweight child"

- a. Includes information on:
 1. How can I tell if my child is overweight?
 - ii. Why is my child overweight?
 - iii. What can I do to help?
 - iv. Active and healthy eating advice
- b. Compiled by the Community Nutrition and Dietetic Service, HSE Southern Area
- c. 4 pages

21. "Nutrition & Dietetics Tallaght info"

- a. High protein high calorie advice for slow weight gain (4 pages)
- b. Healthy eating making better choices- information on the food groups, portion control, physical activity, sample menu for healthy eating, (11 pages)
- c. Healthy eating-making the better choice – getting started, less fat/sugar, more fruit and vegetables, low fat dairy products, exercise (2 pages)
- d. These are examples of dietetic support resources and not generally available. [Contact your local community dietician or dietetic service]

22. "Eat smart move more-could my child be overweight?"

- a. Contains information on the food pyramid, food groups, question and answers, meal planner, exercise pyramid and guidelines.
- b. 17 pages
- c. Pdf available from Irish Nutrition & Dietetic Institute www.eatsmartmovemore.ie

23. National Guidelines for Community Based Practitioners on Prevention and Management of Childhood Overweight and Obesity (HSE 2006)

http://www.hse.ie/eng/services/Publications/services/Children/National_Guidelines_for_Community_Based_Practitioners_on_Prevention_and_Management_of_Childhood_Overweight_and_Obesity.pdf