

Health Handbook



Child's name

Date of birth

- The Handbook is a very important record of Health check-ups and preventive vaccination, Please make sure to preserve it permanently.
- Be sure to bring the Health Handbook and the insurance card during Health check-ups and preventive vaccination.



Compiled and printed by Health Promotion Administration, Ministry of Health and Welfare





Children's preventive healthcare service (includes health education) medical certificate

Subsidy sc	hedule	The recommended age	Check up date	Hospital Stamp
Within 2 months after birth	1st	One month	The first children preventive healthcare	The first children preventive healthcare
2 to 4 months	2nd	2 to 3 months	The 2nd children preventive healthcare	The 2nd children preventive healthcare
4 to 10 months	3rd	4 to 9 months	The 3rd children preventive healthcare	The 3rd children preventive healthcare
10 to 18 months	4th	10 to 18 months	The 4th children preventive healthcare	The 4th children preventive healthcare
18 months to 2 years	5th	18 months to 2 years	The 5th children preventive healthcare	The 5th children preventive healthcare
2 to 3 years	6th	2 to 3 years	The 6th children preventive healthcare	The 6th children preventive healthcare
3 to under 7 years	7th	3 to under 7 years	The 7th children preventive healthcare	The 7th children preventive healthcare

XInstructions:

- 1.Children Health Handbook must be brought when visiting a doctor, after a service the healthcare institution will stamp in this handbook and apply for fee payment to HPA.
- 2. The institution will not be able to provide children's preventive healthcare (including health education guidance) services without bringing this medical certificate.
- 3.After receiving a scheduled service and stamp from a hospital on this certificate, the same scheduled service cannot be used again.
- 4.Children over the applicable age for a schedule cannot use the schedule anymore.

Pediatric development screening services medical certificate

Subsidy sche	dule	Hospital Stamp and Checkup date	Pediatric developmental screening scale	Result	
6 to 10	1st	1st	☐ Scale for 6 to 9 months	☐ Pass ☐ Keep tracking and	
months			☐ Scale for 9 to 12 months	education Need referral	
		2nd	☐ Scale for 9 to 12 months (If you have previously used this scale, please continue to use the following scale below)	. □ Pass	
10 to 18 months	2nd		☐ Scale for 12 to 15 months	☐ Keep tracking and education	
			☐ Scale for 15 to 18 months	□ Need referral	
18 months to	3rd	3rd	Scale for 18 months to 2 years	☐ Pass☐ Keep tracking and	
2 years	Sid		Scale for 10 monuts to 2 years	education ☐ Need referral	
		4th		☐ Pass ☐ Keep tracking and	
2 to 3 years	4th		Scale for 2 to 3 years	education Need referral	
2 to 5 years	5th	5th	☐ Scale for 3 to 4 years	☐ Pass ☐ Keep tracking and	
3 to 5 years	Jul		☐ Scale for 4 to 5 years	education Need referral	
5 to under	/al-	6th	Carla fau E Aa	☐ Pass ☐ Keep tracking and	
7 years	6th		Scale for 5 to under 7 years	education Need referral	

XInstructions:

- 1. Children Health Handbook must be brought when visiting a doctor, after a service the healthcare institution will stamp in this handbook and apply for fee payment to HPA.
- 2. The institution will not be able to provide pediatric development screening services without bringing this medical certificate.
- 3. After receiving a scheduled service and stamp from a hospital on this certificate, the same scheduled service cannot be used again.
- 4. Children over the applicable age for a schedule cannot use the schedule anymore.

Neo-natal screening records

Subsidy item		Subsidy schedule/ Suggested schedule	Checkup date	Collect/ checkup hospital	Result
	General case	Within 1 month after birth /48 hours after birth			
Screening of Neo- natal congenital metabolic disorders	Special case	☐ Before meal (re-exam after 24 hours of breastfeeding			☐ no abnormality
		☐ Premature baby (re- exam when 37 weeks term birth has body weight of 2200g)			☐ abnormality ☐ reject screening/not screened
		☐ Blood transfusion (re-exam after 7 days of stopping blood transfusion)			

Subsidy item	Subsidy schedule/ Suggested schedule	Checkup date	Collect/ checkup hospital	Result
Newborn	Within 3 months after birth			Left Ear: ☐ pass ☐ fail ☐ reject screening/ not screened
hearing screening	/72 hours after birth			Right ear: □ pass □ fail □ reject screening/ not screened
Hip screening	Not subsidized /Within six months after birth			□ normal □ abnormal □ did not confirm
Stool card Screening 1st time	Not subsidized/Within one week after birth			□ pass □ fail □ reject screening/ not screened
Stool card Screening 2nd time	Not subsidized/Within one week after birth			□ pass □ fail □ reject screening/ not screened

^{*} For important instructions on stool card, refer to page 20. Healthcare institutions should upload the checkup results to "NIIS" system (Note: For further information please contact the district health bureau).

^{*} For instructions on hip checkup, refer to page 59.

Child's teeth fluoridation subsidy schedule and record

Subsidy schedule				Service iter	n	
		Date	Fluoride	Teeth cleaning Health Education	Oral check-up	Hospital name Doctor's signature
from 6 months to 1 year	1st		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
1 to 1.5 years	2nd		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
1.5 to 2 years	3th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
2 to 2.5 years	4th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
2.5 to 3 years	5th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
3 to 3.5 years	6th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
3.5 to 4 years	7th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
4 to 4.5 years	8th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
4.5 to 5 years	9th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
5 to 5.5 years	10th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	
5.5 to 6 years	11th		Yes □ No □	Yes □ No □	dental cavities Yes □ No □	

^{*} Ministry of Health and Welfare, Department of Mental and Oral Health subsidizes teeth fluoridation, oral checkup and health education by dentist once every half a year for children below 6 years of age. We urge parents to utilize their right to health service.

^{*} After the eruption of the first permanent molar at 6 years of age, you should take your baby to a dentist to receive a dental sealant

Time schedule and records of vaccinations

Support tobacco health benefits donation Baby's vaccine protection may have resources

Name:	ID No:
Date of birth:	Year month Date Gender:
Address:	Phone:
Mother's name:	🗆 Low birth weight baby,
☐ The Date of Reissu	le: (year) (month) (day)
適合接種年龄 Applicable vaccination age	疫苗種類 Types of vaccine
出生 24 小時內儘速接種 receive the inoculation as soon	B 型肝炎免疫球蛋白 — 劇 Hepatitis B immunoglobulin one dose
as possible within 24 hours after	B型肝炎疫苗 Hepatitis B vaccine 第一劑

Applicable vaccination age	Types of vaccine	Dosage
出生 24 小時內儘速接種 receive the inoculation as soon	B 型肝炎免疫球蛋白 Hepatitis B immunoglobulin	一劑 one dose
as possible within 24 hours after birth	B 型肝炎疫苗 Hepatitis B vaccine	第一劑 1 st dose
出生満1個月 1 month after birth	B 型肝炎疫苗 Hepatitis B vaccine	第二劑 2 nd dose
出生滿 2 個月	13 價結合型肺炎鏈球菌疫苗 Pneumococcal conjugate vaccine (13-valent)	第一劑 1 st dose
2 months after birth	白喉破傷風非細胞性百日咳、b 型嗜血桿菌及不活化小兒麻痺五合一疫苗 Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b conjugate vaccine	第一劑 1 st dose
出生滿 4 個月	13 價結合型肺炎鏈球菌疫苗 Pneumococcal conjugate vaccine (13-valent)	第二劑 2 nd dose
4 months after birth	白喉破傷風非細胞性百日咳、b 型嗜血桿菌及不活化小兒麻痺五合一疫苗 Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b conjugate vaccine	第二劑 2 nd dose
出生満 5 個月 5 months after birth	卡介苗 BCG*	一劑 One dose
Lat We (In It	B 型肝炎疫苗 Hepatitis B vaccine	第三劑 3 rd dose
出生滿 6 個月 6 months after birth	白喉破傷風非細胞性百日咳、b 型嗜血桿菌及不活化小兒麻痺五合一疫苗 Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b conjugate vaccine	第三劑 3 rd dose
出生滿 6 個月至 12 個月	流感疫苗 (每年 10 月起接種) Influenza vaccine (influenza vaccinations every October)	第一劑 1 st dose
西至海 6 個月至 12 個月 6 months to 12 months after birth	流感疫苗(初次接種需接種第二劑) Influenza vaccine (2nd dose is needed after receiving primary vaccination)**	隔四週第二劑 4 weeks interval between 1 st and 2 nd dose
出生滿 12 個月	出生滿 12 個月,若母親為B肝S抗原陽性者,應檢測B型肝炎表面抗體 (anti-HBs)	t原 (HBsAg) 及表面抗

^{*}The recommended time for BCG vaccine is 5-8 months after birth.

12 months baby whose mother is HBsAg positive should undergo HBsAg and anti-HBs tests.

Time schedule and records of vaccinations (continue 1)

適合接種年齡 Applicable vaccination age	疫苗種類 Types of vaccine	劑次 Dosage
出生滿 12 個月	麻疹腮腺炎德國麻疹混合疫苗 Measles, mumps and rubella vaccine (MMR)	第一劑 1 st dose
12 months after birth	水痘疫苗 Varicella vaccination	一劑 one dose
出生滿 12 至 15 個月	13 價結合型肺炎鏈球菌疫苗 Pneumococcal conjugate vaccine (13-valent)	第三劑 3 rd dose
12 to 15 months after birth	A 型肝炎疫苗 Hepatitis A Vaccine*	第一劑 1 st dose
出生滿 15 個月 15 months after birth	日本腦炎疫苗(活性减毒) Japanese encephalitis vaccine (Live attenuated)**	第一劑 1 st dose
出生満 18 個月 18 months after birth	白喉破傷風非細胞性百日咳、b 型嗜血桿菌及不活化小兒麻痺五合一疫苗 Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b conjugate vaccine	第四劑 4 th dose
出生滿 18 至 21 個月 18 months to 21 months after birth	A 型肝炎疫苗 Hepatitis A Vaccine <mark>*</mark>	至少隔6個月 第二劑 6 months interval between 1 st and 2 nd dose
	流感疫苗 (毎年 10 月起接種) Influenza vaccine (influenza vaccinations every October)	第一劑 1 st dose
出生滿1歲至2歲 1 to 2 years after birth	流感疫苗 (初次接種需接種第二劑) Influenza vaccine (2nd dose is needed after receiving primary vaccination)	隔四週 第二劑 4 weeks interval between 1 st and 2 nd dose
出生滿 2 歲 3 個月 27 months after birth	日本腦炎疫苗(活性減毒) Japanese encephalitis vaccine (Live attenuated)**	至少隔 12 個月 第二劑 12 months interval between 1 st and 2 nd dose
	流感疫苗(每年 10 月起接種) Influenza vaccine (influenza vaccinations every October)	第一劑 1 st dose
出生滿2歲至3歲 2to3years after birth	流感疫苗(初次接種需接種第二劑) Influenza vaccine (2nd dose is needed after receiving primary vaccination)	隔四週 第二劑 4 weeks interval between 1 st and 2 nd dose
	流感疫苗 (每年 10 月起接種) Influenza vaccine (influenza vaccinations every October)	第一劑 1 st dose
出生滿 3 歲至 4 歲 3 to 4 years after birth	流感疫苗(初次接種需接種第二劑) Influenza vaccine (2nd dose is needed after receiving primary vaccination)	隔四週 第二劑 4 weeks interval between 1 st and 2 nd dose
	流感疫苗 (毎年 10 月起接種) Influenza vaccine (influenza vaccinations every October)	第一劑 1 st dose
出生滿 4 歲至 5 歲 4 to 5 years after birth	流感疫苗(初次接種需接種第二劍) Influenza vaccine (2nd dose is needed after receiving primary vaccination)	隔四週 第二劑 4 weeks interval between 1 st and 2 nd dose

^{*}The Hepatitis A Vaccine is donated by Bao jia charity foundation for children over 12 months of age and born in 2017 or later.

^{**}Children under 9 years old who received the flu vaccine for the 1st time should be injected 2 doses. There should be at least 4 weeks interval between 1st and 2nd dose, followed by one dose per year. Others with a vaccination history can be vaccinated one dose every year at school.

^{**}After the doctors evaluation, if the child is to receive the inactivated Japanese encephalitis vaccine, Please note "next page" in the Japanese encephalitis record column on this page and fill in the vaccination record as scheduled in the following page (continued 2).

Time schedule and records of vaccinations (continue 2)

適合接種年齡	疫苗種類	劑次
Applicable vaccination age	Types of vaccine	Dosage
	流感疫苗 (毎年 10 月起接種) Influenza vaccine (influenza vaccinations every October)	第一劑 1 st dose
出生滿 5 歲至 6 歲 5 to 6 years after birth	流感疫苗 (初次接種需接種第二劑) Influenza vaccine (2nd dose is needed after receiving primary vaccination)	隔四週第二劑 4 weeks interval between 1 st and 2 nd dose
出生滿 5 歲至入國小前 5 years to before going to a	白喉破傷風非細胞性百日咳及不活化小兒麻痺混合疫苗 Diphtheria and tetanus toxoids with acellular pertussis and inactivated polio vaccine	一劑 One dose
primary school	麻疹腮腺炎德國麻疹混合疫苗 Measles, mumps and rubella vaccine	第二劑 2 nd dose
出生滿 6 歲前	流感疫苗 (毎年 10 月起接種) Influenza vaccine (influenza vaccinations every October)	第一劑 1 st dose
至入國小前 6 years to before going to a primary school	流感疫苗 (初次接種需接種第二劑) Influenza vaccine (2nd dose is needed after receiving primary vaccination)	隔四週 第二劑 4 weeks interval between 1 st and 2 nd dose
國小一年級 First grade of primary school	卡介苗(無接種紀錄者) BCG (with no Vaccination record)	一劑 One dose
國中二年級 Second grade of junior high	人類乳突病毒疫苗(第一劑 1 st dose
school	人類乳突病毒疫苗(價) HPV {human papillomavirus} vaccine (price)	第二劑 2 nd dose

Note

- 1. The list is the vaccination programs provided by the government. If there are issues related to vaccinations, please call the vaccination hotline of local health bureau or 1922
- 2. Vaccination records should be permanently stored to prepare for inspections before entering a primary school, studying or working abroad and other health check-ups.

Non-National Immunization Program funded vaccines

(Need medical consultation before vaccination)

適合接種年龄 Applicable vaccination age	疫苗種類 Types of vaccine	劑次 Dosage
出生滿2個月 2 months after birth	輸狀病毒疫苗 Rotavirus Vaccine	第一劑 1 st dose
出生滿 4 個月 4 months after birth	輸狀病毒疫苗 Rotavirus Vaccine	第二劑 2 nd dose
出生滿 6 個月 6 months after birth	輪狀病毒疫苗 Rotavirus Vaccine	第三劑 3 rd dose
出生滿 4 歲至 6 歲 4 to 6 years	水痘疫苗 Varicella Vaccine	第二劑 2 nd dose
出生滿 11 歲以上 11 years and above	減量白喉破傷風非細胞性百日咳混合疫苗 Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap)	一劑 One dose

Note:

- 1. The blank column on this page is provided for new or self-funded vaccination for infants and toddlers.
- 2. Please indicate the name of the vaccine for each self-funded vaccination, for registration of a complete vaccination data and evaluation of subsequent vaccinations.

For Parents...

Children Health Handbook is dedicated for use by parents at the time of the joyful birth of their child. It provides important information on childcare and related benefits.

At present, Health Promotion Administration subsidizes preventive health care for children under 7 years of age. We remind you that you should go to the Household Registration Office as soon as possible to register the birth of your baby, indicate that your child is currently insured under whose insurance and provide mailing address for the applied insurance card (with or without a photo) for your baby. The health insurance department will send your baby's insurance card after they receive your baby's notification information (if applied for with photo insurance card, indicate on the application form and upload photo on website). Thus, safeguarding your child's right to healthcare. Those children who have not received health insurance card within 60 days of birth can enjoy children's preventive health care services under their parents' insurance. (For further information please contact your nearest health insurance department)

We also recommend you to scan the QR code on the first page for digitalized Children health education handbook and browse for the health education information as per your need. We wish you a safe and healthy family.

If your baby's insurance card cannot be used, please use the health care consultation service line: For landline dial 0800- 030598 or 4128-678 (without the area code), for mobile phone dial 02-4128-678 or apply to the regional branch of national health insurance administration to change card.

Useful Warm tips

Breastmilk is the best food for babies: Please breastfeed your baby (refer to pages 53-55) and provide a healthy, safe and smoke-free environment for the growth of your baby

When the newborn baby comes home: Please make sure that your baby has been screened for Neo-natal congenital metabolic disorders (refer to pages 56-58) and refer to the stool identification card (refer to page 20), and observe your baby's stool color every day. In addition, children under 1 year of age should not be fed honey to avoid botulism

Your baby also needs a health checkup: Your baby's growth and development is a continuous process. According to your child's actual age (use adjusted age for premature babies), please check the developmental milestones of all age groups in this handbook. It is recommended that you make good use of child preventive healthcare services, and choose a pediatric or family doctor for regular health assessment and development examination of your child to protect your child's health. The health checkup represents the screening results for some health problems. If you need a definitive diagnosis, please consult a physician

Please make good use of child preventive care services: When your baby turns one month old, you should go to a medical institution with child preventive health care services for health checkups. At present, Health Promotion Administration provides 7 times preventive health care services for children under 7 years of age. Please refer to page 6-7 for the schedule and inspection items. You can observe your baby's growth status or parenting-related problems at home, and before visiting your doctor you can record it in this handbook (pages 22-45) for the medical staff's reference.

Be sure that your baby's vaccination record is permanently preserved: Your child's preventive health care and vaccination records (a yellow card, the pullout page in the front of the handbook) should be permanently preserved. It will be used in the future when your child enters a primary school or when he/she is going to study aboard. When the handbook is accidentally lost or damaged, you can apply for a replacement at the nearest health center.

Tips of protecting your child's health How to make good use of Children Health Handbook?

Every baby has a personalized Children Health Handbook when they are born. In order to assist you on the path of parenting and to know your baby's health status, Health Promotion Administration, Ministry of Health and Welfare has compiled this handbook with the help of pediatricians and experts. In addition to vaccinations and important health check-up records, this handbook also provides important healthcare information. It is your most convenient reference book. The following instructions will help you use this handbook and get the most out of it. It will also help you to make the most precious growth record of your baby.

Handbook Content

- 1. Baby's health record: includes newborn preventive healthcare information, nine gold colors card of baby's stool, children's growth curve, growth chart, seven preventive health care check-up records, etc.
- 2. Health education information: hearing screening and self assessment, hip screening, records of oral health and baby teeth care, vision care, etc.
- 3. Preventive vaccination information: precautions before vaccination and possible reactions after vaccinations and their treatment methods.
- 4. Important resources: contact information of child care related organization.

Handbook using tips

- 1. You can read the handbook first to find out which free health services are available for your child before entering primary school.
- 2. Parents can read beforehand the list of vaccines, their doses, age of inoculation, site of inoculation that your child must receive and other relevant information such as vaccination contraindications, precautions, possible reactions and care after vaccination in this handbook. Vaccine inoculation should follow the time schedule given in this handbook. Simultaneous children's preventive healthcare service can be provided only after the doctor evaluates the condition of your child.
- 3. Every time after baby's health check-up, please make sure hospitals record the date, the name of the medical institution, and the results of the check-ups in the handbook. Don't let your baby's health record go missing.

Tips of protecting your child's health How to make good use of Children Health Handbook?

- 4. According to the schedule you can fill in the "Parents Record Items" and "Health Education Records" in the handbook. These records will be an important reference to help doctors in evaluating your child's health status.
- 5. When the doctor completes your child's health check-ups, in addition to making the medical record, he/she will also fill in the check-up results and sign in the "Health Check-up Records" page of the handbook to add a health record for your child.
- 6. Please refer to the "Children Health Education Handbook" for health education information and other parenting related health problems.

The Children Health Handbook records the growth of your baby. It is a blessing for every child to have such an exclusive health handbook from birth to before elementary school! It records the care and observation from the doctors, nursers and most importantly from you for your baby. Please make good use of it and preserve it. This handbook will be the first present and blessing of health for your child after he/she grows up.





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Chronic	еотр	abv n	ealth

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Health Education Handbook Contents

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- Words for single parent
- Words for parents with more than one child
- Love boys and girls equally
- Home care knowhow for pre-matures
- Things to care about at different ages

Health common knowledge

- Health check-ups and preparations before going to a primary school
- Common diseases and treatment in children
- Colic
- Leave enterovirus alone
- Correct ways of dealing with fevers
- Early treatment is effective

Nutrtion common knowledge

- Principles of introducing solid food
- Daily dietary nutrients for infants and children
- Develop a positive eating habit
- Priniple of overweight and obesity prevention in children

Life common knowledge

- Develop a dynamic living habit
- Oral care know-how
- Parent-child shared reading
- Develop a positive sleeping habit
- Tips for preventing sudden infant death syndrome
- Accidents and injuries prevention
- Emergency treatment of injuries of scalding and gas accidents
- Protect your babies! 113 protection hotline
- Take care of your babies Assist in protecting children from domestic violence
- Say goodbye to diapers ~ toilet training
- Smoke-free families
- Facts about second-hand smoke and thirdhand smoke

Treasure case of resources

- Contact information of Local Health Bureau
- Consent form for follow up services for premature babies
- Contact information of Child development assessment centers
- Report and referral centers for developmental delayed children
- Related welfare information
- Website and contact information of Social Affairs Bureau
- Useful contact information and websites
- Overview of Central Government's parenting welfare measures



Scan the QR code with your smartphone and enter the "Electronic Children Health Education Handbook" to get information on "Key Guidance of Health Education " and " Important resources "

Schedule and service items for Children's preventive healthcare

Subsic	Subsidy schedule		ubsidy schedule Suggested age		Service item
Within 6 days of birth	Newborns	Within 6 days of birth	Physical examination: Height, weight, head circumference, nutritional status, general appearance, head, eyes, ears, nose, mouth, neck, heart, abdomen, externalia and anus, limbs (including hip screening), skin and neurological examination, etc. Screening service: Screening of neo-natal congenital metabolic disorder (48 hours after birth), newborn hearing screening.		
Within 2 months after birth	1st	1 month	Physical examination: Height, weight, head circumference, nutritional status, general examination, pupils, responses to sounds, cleft lip and palate, cardiac murmur, colic, cryptorchidism, externalia, hip screening. Feeding status: Feeding methods. Developmental diagnosis and observation: Startle reaction, object gazing.		
2 to 4 months	2nd	2 to 3 months	Physical examination: Height, weight, head circumference, nutritional status, general examination, pupils and fixation vision, hepatosplenomegaly, hip screening, cardiac murmur. Feeding status: Feeding methods. Developmental diagnosis and observation: Head raising, palms opening, smiling.		
4 to 10 months	3rd	4 to 9 months	Physical examination: Height, weight, head circumference, nutritional status, general examination, eye position, pupils and fixation vision, hip screening, colic, cryptorchidism, externalia, responses to sounds, cardiac murmur, oral examination. Feeding status: Feeding methods, introduction of supplementary food. Developmental diagnosis and observation: Turning over, grabbing things, alert to sounds, removing handkerchief on face with hands (4 to 8 months), crawling, standing with support, expressing "goodbye", pronouncing ⊃ Y (ba) and □ Y (ma) (8 to 9 months). *Teeth fluoridation: Once every six months.		

Schedule and service items for Children's preventive healthcare

Subsidy schedule		Suggested age	Service item
10 to 18 months	4th	10 to 18 months	Physical examination: Height, weight, head circumference, nutritional status, general examination, eye position, pupils, colic, cryptorchidism, externalia, responses to sounds, cardiac murmur, oral examination. Feeding status: Solid food. Developmental diagnosis and observation: Standing firmly, walking with support, holding things, understanding simple sentences. *Teeth fluoridation: Once every six months
18 to 24 months	5th	18 to 24 months	Physical examination: Height, weight, head circumference, nutritional status, general examination, eye position (cover test to exam strabismus and amblyopia), cornea, pupils, responses to sounds, oral examination. Feeding status: Solid food. Developmental diagnosis and observation: Walking, holding a glass, imitating, speaking single words, understanding oral instructions, body expression, sharing interesting things, substituting toys with objects. *Teeth fluoridation: Once every six months.
2 to 3 years	6th	2 to 3 years	Physical examination: Height, weight, nutritional status, general examination, eye examination, cardiac murmur, oral examination. Developmental diagnosis and observation: Running, taking off shoes, scribbling with pens, saying names of body parts. *Teeth fluoridation: Once every six months.
3 to under 7 years	7th	3 to under 7 years	Physical examination: Height, weight, nutritional status, general examination, eye examination (random dot stereogram test), cardiac murmur, externalia, oral examination. Developmental diagnosis and observation: Jumping, squatting, drawing circles, turning pages, telling their own names, understanding oral instructions, body expression, speaking clearly, identifying shapes and colors. *Teeth fluoridation: Once every six months. * Completion of preventive inoculation.

Baby's Birth Condition Records

Baby's Time of I	Birth:				
Hour	Minute _	I	Day	Month	Year
Pregnancy:	weeks				
Due Date:	_ Date	Month _	Year		
Delivery Method: □ Natural Birth □ Vacuum Extraction □ C-section					
Apgar score: 1 r	minute		5 min	utes	
Weight		_ Kg	Height		cm
Head Circumfer	ence		cm	1	
Chest circumfer	ence		cm	1	
□ Confirmed "Maternal beta streptococcus screening" results (please refer to Maternal Health Handbook)					

- * Screening results for specific diseases are recorded in the Neonatal screening records.
- Baby's birth photos/ footprints





1				1
1	100	0	200	
	-	_	/	

Birth Hospital:



Check-up date	Age	Height	Weight	Head Circumference
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
/ / date/ month/ year	/ years / months	cm	kg	cm
date/ month/ year	/ years / months	cm	kg	cm

Age of premature babies should be calculated from the due date before 3 years of age (that is the adjusted age)

Note: Please refer to Children Health Education Handbook.



Children's body mass index (BMI)

is different from adult.

Released: June 11th, 2013 BMI=Weight(kg)/Height2 (m2)

		male			fem	ale		
0.000	too light	normal range	too heavy	obese	too light	normal range	too heavy	obese
age	BMI <	BMI around	BMI≧	BMI≧	BMI <	BMI around	$BM I \ge$	BMI≧
0.0	11.5	11.5-14.8	14.8	15.8	11.5	11.5-14.7	14.7	15.5
0.5	15.2	15.2-18.9	18.9	19.9	14.6	14.6-18.6	18.6	19.6
1.0	14.8	14.8-18.3	18.3	19.2	14.2	14.2-17.9	17.9	19.0
1.5	14.2	14.2-17.5	17.5	18.5	13.7	13.7-17.2	17.2	18.2
2.0	14.2	14.2-17.4	17.4	18.3	13.7	13.7-17.2	17.2	18.1
2.5	13.9	13.9-17.2	17.2	18.0	13.6	13.6-17.0	17.0	17.9
3.0	13.7	13.7-17.0	17.0	17.8	13.5	13.5-16.9	16.9	17.8
3.5	13.6	13.6-16.8	16.8	17.7	13.3	13.3-16.8	16.8	17.8
4.0	13.4	13.4-16.7	16.7	17.6	13.2	13.2-16.8	16.8	17.9
4.5	13.3	13.3-16.7	16.7	17.6	13.1	13.1-16.9	16.9	18.0
5.0	13.3	13.3-16.7	16.7	17.7	13.1	13.1-17.0	17.0	18.1
5.5	13.4	13.4-16.7	16.7	18.0	13.1	13.1-17.0	17.0	18.3
6.0	13.5	13.5-16.9	16.9	18.5	13.1	13.1-17.2	17.2	18.8
6.5	13.6	13.6-17.3	17.3	19.2	13.2	13.2-17.5	17.5	19.2
7.0	13.8	13.8-17.9	17.9	20.3	13.4	13.4-17.7	17.7	19.6

Note:

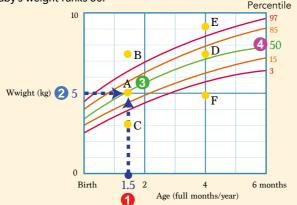
- 1. Recommendations are based on the research results of Dr. Chen Weide and Dr. Zhang Meihui in 2010.
- 2. Heights of children between 0 and 5 are measured according to the "International Growth Standards for Infants and Children" initiated by the World Health Organization (WHO).
- 3. Refer to WHO BMI rebound tendency for data on convergence points of children between 5 to 7 years of age.
- 4. Height standard curves of children between 7 and 18 are drawn according to data of primary and secondary school students fitness exams in Taiwan in 1997 (25th percentile of the 4 results of 800/1600 meters race, bent-knee sit-up, standing long jump and flexibility were recorded).



The percentile chart of children's growth curve includes 3 growth indicators, namely height, weight and head circumference. It has a boy version and a girl version. There are five percentile curves (97, 85, 50, 15, 3) drawn on the percentile chart of children's growth curve.

Take a 1.5 month old baby boy with 5 kg of weight as an example:

- 1 [Age] At 1.5 months moves upward along the vertical axis.
- [Weight] At 5 kg moves right along horizontal axis.
- 3 The intersection of [Age] and [Weight], is point A.
- 4 Referring to the values of percentile curve on the right side, it is shown that the weight is [50th percentile] meaning that among 100 male babies with the same age, the baby's weight ranks 50.



When a baby's growth indicators fall in the range from 3rd to 97th percentile, it is considered to be normal. When above 97th percentile (the point B in the picture above) or below 3rd percentile (the point C in the picture above), it is considered that the indicators are too high or too low! Moreover, children's growth is a continuous process. In addition to observing the baby's growth curve for a particular age, the trend of their growth pattern should also follow the growth curve (as shown above from point A to point D). When above or below the range between the two curves (as shown above from point A to point E or from point A to point F), approach a doctor for evaluation and checkup!

- The growth curve chart for children between 0-5 years of age is based on the WHO child growth standards for children between 0-5 years of age. Through multinational cooperation, the curve chart was formulated by investigating the growth states of babies fed with breast milk and growing in a healthy environment. Thus, situations where insufficient weights that are misjudged due to breastfeeding can be avoided.
- The growth curve chart for children between 5-7 years of age is based on results of Prof. Chen Weide's research which was conducted in 2010, which was in line with the WHO child growth standards for children between 0-5 years of age and Taiwan's growth standards set for children between 7-18 years of age. The tendency of WHO BMI rebound was also referred.
- In the growth curve chart, the height curve shows a drop around 2 years of age, which is mainly due to different methods in measuring heights. Before 2 years of age, heights are measured with babies lying down. After 2 years of age, heights are measured with children standing up.
- Test results are for reference only. If you have any questions towards growth and development, please consult a pediatrician or a general practitioner.

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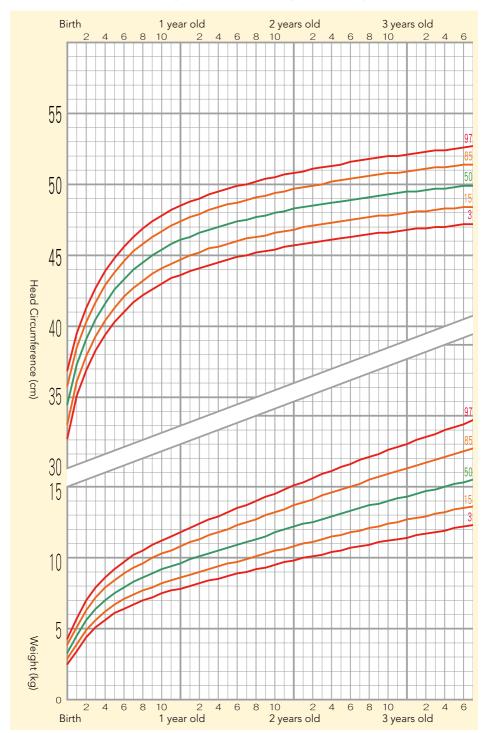
Percentile growth chart for boys from 0-7 years

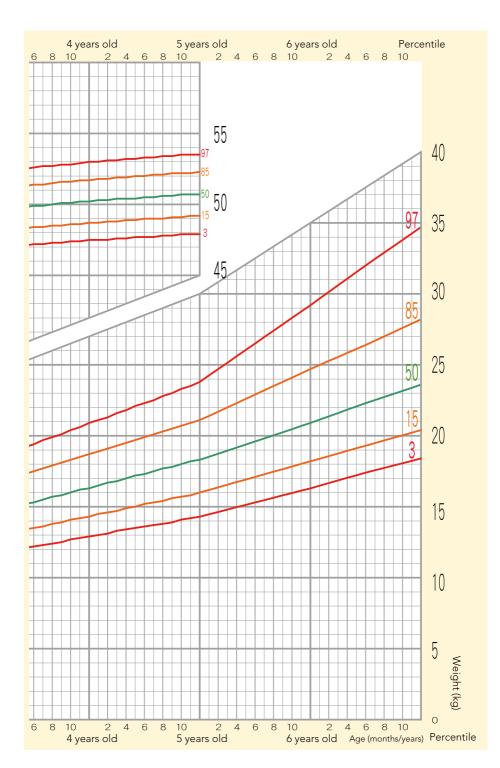




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Percentile growth chart for boys from 0-7 years





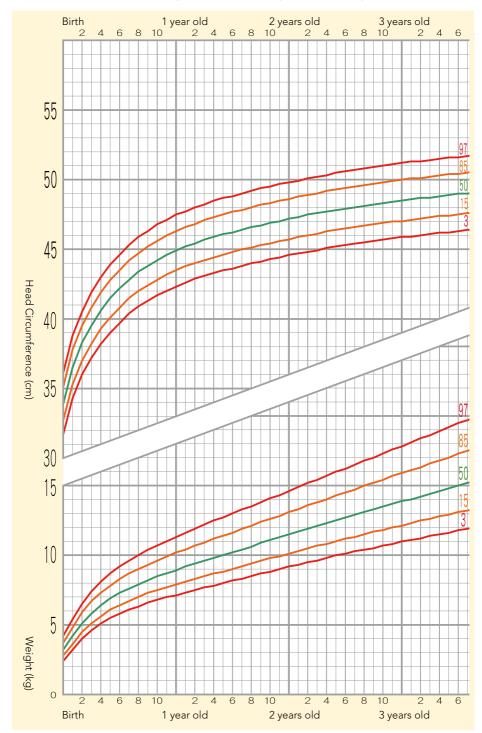
Percentile growth chart for girls from 0-7 years

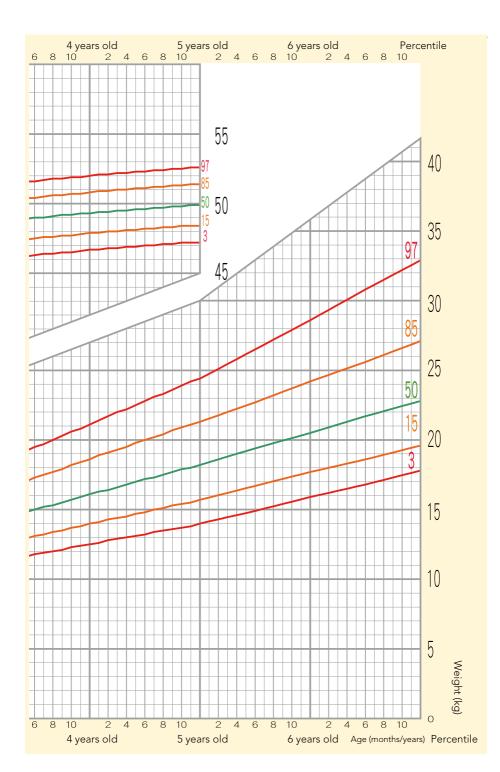




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Percentile growth chart for girls from 0-7 years







Start early to keep liver diseases away

Dear Parents:

Soon after birth, it is essential to compare the color of your baby's stool to the "Baby's stool card" and evaluate carefully for jaundice. If you find that the baby has the following situations:

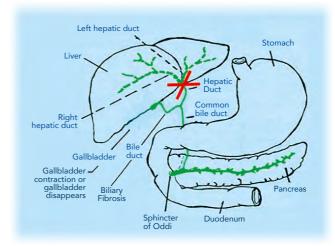
- 1. Jaundice has not been eliminated (the white of the eye looks yellow) 14 days after birth
- 2. When baby's stool color appears abnormal which is similar to those in pictures 1 to 6 (or somewhere between normal and abnormal), please go to a doctor and check direct and total bilirubin in the blood at the same time in order to diagnose whether the jaundice is caused by hepatobiliary disease.



If you have any questions, please feel free to contact us. Please call the national free maternal care hotline: 0800-870-870 We will assist you immediately.

P Get to know biliary atresia

Babies with biliary atresia are usually misdiagnosed as breast milk jaundice and the treatment is therefore delayed. The incidence of infant biliary atresia is higher in Taiwan than in western countries. Generally, neonatal physiological jaundice is very common, occurring



on the 2nd or 3rd day after delivery, progressing to the peak on the 4th or 5th day, gradually being eliminated by 7 to 10 days after birth and totally dissipates after 2 weeks. Jaundice in babies fed with breast milk usually lasts longer while the jaundice index does not rise. If the jaundice is still not eliminated after 3 to 4 weeks, it could be caused by biliary atresia, in such situation seek medical attention for proper diagnosis and treatment. Diagnosis of biliary atresia is best done within 45 days after birth. In principle, the Kasai operation should be performed within 60 days (the earlier the better). If treatment is delayed, the chances for a smooth bile secretion after surgery may decrease. When bile accumulates in the liver, it is easier to get cirrhosis or even a liver transplantation is needed at an early stage. Thus, parents should not delay the treatment time for Kasai operation in order to have better prognosis for their child.

Colors of skin and feces should be checked carefully for newborns (please observe under the sunlight or white lamplight), especially during the first 60 days. When the baby's skin appears 'jaundice-like' with yellow sclera, closer attention needs to be paid to the color of their feces (shown in the stool card). The color of bile is yellow or green, and if it is secreted smoothly, it is mixed with the stool and the stool will be yellow or green in color, as depicted in the picture 7-9, which are normal. When bile is hindered, the color of the stool will be light yellow or gray without being mixed with bile, as shown in pictures of number 1 to 6, which are abnormal. In such instances, biliary atresia or intrahepatic cholestasis should be the suspected cause. For the health of your child, you should go to a doctor and consult a professional pediatrician as soon as possible. When needed, your child need to be referred to a pediatric gastroenterology specialist to prevent delayed treatment.

Within 2 months after birth parents record items(1st)

lephParents shall fill in the following information before the baby's hea	lth check-up						
Record Date:Time:(AgeMonthsDays))						
1. The baby was discharged from the hospital days after birth	٦.						
2. Has your baby received the screening for neonatal congenital	□ Yes, □ No						
metabolic disorders?							
3. Has your baby received a newborn hearing screening?	□ Yes, □ No						
4. Feeding status: □breastfeeding, □infant formula / milk powder,							
□breastfeeding & infant formula / milk powder,							
times a day, c.c. every time or c.c. per day							
question:							
5. Feces status: Color □normal , □abnormal or uncertain							
[Abnormal or somewhere between normal and abnormal, pl	ease go to a						
doctor immediately (please refer to page 20: Baby's Stool Card in	formation)]						
Shape □ Pasty, □ Loose, □Strip,							
□Others							
question:							
6. Developmental status:							
(1) When baby is awake and lying on their stomach, can they	□ Yes, □ No						
raise their head above the bed?							
(2) When there is a loud sound, do they get scared and	□ Yes, □ No						
stretch out their limbs and cry?							
(3) When a torch is lit near your baby's eyes, do they blink?	□ Yes, □ No						
(4) When a torch is lit near your baby's eyes, is there corneal							
(black eye part) opacity or white pupil?	□ Yes, □ No						
(5) When you ring a bell or make a sound with objects around							
their ears, do they react (blinking, getting scared, being	□ Yes, □ No						
quiet all of a sudden, turning their heads slightly)?							
7. Please record your parenting worries and things you want to co	nsult with the						
doctor below:							

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Within 2 months after birth health check-up records(1st)

* Please use adjusted ages for premature babies

, , ,					
Checkup date:DayMonthYear					
Age:Days					
Height:cm(percentile) Weight:kg(percentile)					
Head Circumference:cm (percentile)					
Growth evaluation: \square normal, \square need follow up, \square need referral					
Physical exam:					
□ No special findings					
□ Areas of attention or abnormality					
1 □ need follow up, □ need referral					
2 need follow up, need referral					
3 □ need follow up, □ need referral					
4 □ need follow up, □ need referral					
$\ensuremath{\mathbb{X}}\xspace$ If there are unfamiliar scars or suspected domestic violence or child abuse,					
please report such incidence in accordance with the regulations (refer to					
Children Health Education Handbook page 45-46)					
Development evaluation:					
□ Pass, □ Need follow up, □ Need referral					
□ If jaundice persists after 30 days of birth, doctor will decide whether to test for					
total bilirubin and direct bilirubin ratio.					
(Please refer to page 20-21.) Children Health Education Handbook					
Parent: Doctor:					



hin 2 months after birth health education records(1st)

% Columns in the red box should be filled in by parents under the medical guidance of the medical staff and that could be used as reference for doctors. [The plan is sponsored by the Health and Welfare Surcharge of Tobacco Products]

Theme of health Key points		evaluation	Key points of doctors' guidance		
education	Key points	Not achieved	Achieved	Key points of doctors guidance	
				Observe your baby's diapers get wet 5 to 8 times a day, to make sure they are getting adequate food.	
Feeding the baby	Feeding status			Causes of and dealing with feeding problems, especially breastfeeding problems.	
				Within one hour of feeding, parents should pay attention to overflowing or spitting of milk.	
2.Oral hygiene	Oralhygiene			Use gauze to clean the mouth (including the tongue).	
3. Infant extended	Jaundice			Compare the color of your babys' stool to the "Baby's stool card".	
jaundice	status			If the jaundice persists after 30 days of birth, please go to see a doctor.	
	Baby's sleeping postures			Babies should sleep on their back every time they sleep. A pacifier may be considered during the sleep.	
				Places of sleep (beds) must have strong surfaces.	
				Stay in the same room but not the same bed (including sofa or cushion) with your baby.	
	Sleeping environment			Soft objects or anti-collision pad (bumper) should be avoided on baby's bed.	
				No pillows are required for children under one year of age.	
					If you use a pull-up-rail-typed baby cot, you should pay attention to the fall of the rails which may cause baby to get pinched or suffocated. Besides, the spacing of the bed rails should not exceed 6 cm.
4. Prevention of accidental	Family members'			Keep a smoke-free environment. Protect babies from harmful second-hand smoke and third-hand smoke.	
injuries and sudden infant	behavior			Avoid taking drugs and alcoholic beverages that would influence your consciousness when taking care of baby.	
death	Infant shaking syndrome			Babies cry to communicate with adults and they need to be comforted with patience. Do not shake your baby harshly or violently, rotate them or throw them on bed. If you cannot control your emotion, ask relatives and friends for help.	
				Do not put any suspended lines beside your baby such as hanging pacifiers, necklaces, accessories, curtain wires or toy ropes.	
	Safety care behavior			Do not prepare milk or hold hot beverages while holding your baby.	
				When preparing baby's bathing water, remember to turn on the cold water first before the hot one.	
	Outing with babies			Baby seat should be placed rear facing at the back seat of the car, when taking your baby outdoors. Avoid taking babies on motorcycles or bicycles.	
If you want to have further counseling, please call the maternal care hotline 0800-870870					
Name and code of hospital Relationship be and health educa			tionship be nealth educa	tween the baby Doctor:	
Guiding date MonthYea					

- 1.This health education material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare together with the Taiwan Academy of Pediatrics.
- 2. The recommended age for receiving this health education is 1 month, and it can be implemented along with the first children preventive healthcare (0 to 2 months). Please refer to contents in the Children Health Handbook.
- 3. The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.

2 to 4 months parents record items(2nd)

st Parents shall fill in the following information before the baby's h	ealth check-up
Record Date:Time: (AgeMonthsDay 1. Feed status:	s)
□breastfeeding, □infant formula / milk powder, □breastfeeding & / milk powder	k infant formula
times a day,c.c. every time orc.c. per day quesiton:	
2. Feces status:	
Color □normal, □abnormal	
(please refer to page 20: Baby Stool Card information)	
Shape □ Pasty, □Loose, □Strip, □Others	
question:	_
3. Does your baby has any sleeping problems such as difficulty in or wake up frequently? □No, □Yes4. Developmental status:	n falling asleep
(1) When lying on the stomach, can your baby raise his/her head to 45 degrees?	□ Yes, □ No
(2) When you talk to your baby or try to make them laugh, does he/she smile?	□ Yes, □ No
(3) Does your baby pay attention to moving objects?	□ Yes, □ No
(4) When you talk to your baby or try to make them laugh,	□ Yes, □ No
Does he/she make sounds like " Y (a)" or " $\langle \langle X \rangle$ (gu)" to respond?	
5. Please record your parenting worries and things you want to c	onsult with the
doctor below:	

2 to 4 months health check-up records(2nd)

* Please use adjusted ages for premature babies

The second secon						
Checkup date:DayMonthYear						
Age:MonthsDays						
Height:cm(percentile) Weight:kg(percent	ile)					
Head Circumference:cm (percentile)						
Growth evaluation: ${\scriptstyle\square}$ normal, ${\scriptstyle\square}$ need follow up, ${\scriptstyle\square}$ need referral						
Physical exam:						
□ No special findings						
□ Areas of attention or abnormality						
1need follow up, need referral						
2need follow up, need referral						
3need follow up,□ need referral						
4need follow up, need referral						
lephIf there are unfamiliar scars or suspected domestic violence of	or child abuse,					
please report such incidence in accordance with the regula	tions (refer to					
Children Health Education Handbook page 45-46)						
Development evaluation:						
□ Pass (include items failed in the last check-up)						
□ Need follow up						
$\hfill \square$ Need referral (please fill in the "referral chart of children	development					
evaluation", refer to page 82)						
Pay attention to: \square Movement, \square Language, \square Cognition,						
□ Social emotion, □ Others						
$\hfill \Box$ Parent-child shared reading is important, please start reading						
books and telling stories to your baby as soon as possible. Children Educ						
Parent: Doctor:	Handbook					

The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.



2 to 4 months health education records(2nd)

 \times Columns in the red box should be filled in by parents under the medical guidance of the medical staff and the results of last health education must be followed up which could be used as reference for doctors.

[The plan is sponsored by the Health and Welfare Surcharge of Tobacco Products]

Theme		Parents evaluation					
of health education	Key points	Not achieved	Achieved	Key points of doctors' guidance			
1. Feeding the baby	Feeding status			You can continue to breastfeed until the baby years old.			
				Amount of milk and frequency of feeding must be in line with the baby's demand.			
				Never let the baby sleep with a milk bottle in the mouth.			
2.Oral hygiene	Oral hygiene			Use gauze to clean the mouth (including the tongue).			
	Baby's sleeping postures			Babies should sleep on their backs every time they sleep. A pacifier may be considered during the sleep.			
				No pillows are required for children under one year of age.			
				Places of sleep (beds) must have strong surfaces.			
	Sleeping environment			Stay in the same room but not the same bed (including sofa or cushion) with your baby.			
				Soft objects or anti-collision pad (bumper) should be avoided on baby's bed.			
3. Prevention of accidental		•••••••		If you use a pull-up-rail-typed baby cot, you should			
injuries and sudden infant death				pay attention to the fall of the rails which may cause baby to be pinched or suffocated. Besides, the spacing of the bed rails should not exceed 6 cm.			
	Safety care behavior			Do not put any suspended lines beside your baby such as hanging pacifiers, necklaces, accessories, curtain wires or toy ropes.			
				Avoid harshly or violently shaking your baby's head and neck or play any games like that.			
	Outing with			Baby seat should be placed rear facing at the back seat of the car, when taking your baby outdoors.			
	babies			Avoid taking babies on motorcycles or bicycles.			
4. Parent- child shared reading	Parent-child shared reading			Parent-child shared reading is important, please start reading books and telling stories to your baby as soon as possible.			
				If the maternal care hotline 0800-870870			
Name and code of hospital Relationship between the Doctor: baby and health education recipient:							
				Guiding dateDayMonth Year			

Note:

^{1.}This health education material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare together with the Taiwan Academy of Pediatrics.

^{2.}The recommended age for receiving this health education is 2 to 3 months, and it can be implemented along with the second children preventive healthcare (2 to 4 months). Please refer to contents in the Children Health Handbook.

^{3.}The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.

4 to 10 months parents record items (3rd)

st Parents shall fill in the following information before the baby's health check-up

Reco	ord Date:	Time:	(Age	Months	Days)				
1. Fe	ed status								
□b	reastfeeding, □i	nfant formu	la / milk powde	er,					
□b	□breastfeeding & infant formula / milk powder, □Solid food								
	times per da	ay,c.c	c. every time o	rc.c. pe	er day				
qu	estion:								
2. Fe	eces status:								
Sh	nape 🏻 Pasty, 🗀	Loose, □Sti	rip, □Others _						
qu	estion:								
3. Do	oes your baby h	as any sleep	oing problems	such as diffic	ulty in fallir	ng asleep or			
Wa	ake up frequently	y? □No, □Ye	es						
4. De	evelopment state	us: (The age	e range consid	dered for the c	urrent hea	alth checkup			
is	relatively wide a	and hence y	our baby may	fail in some of	riteria. Ple	ase answer			
ac	cordingly and c	doctors will	evaluate their	r status. How	ever, for t	hose points			
m	arked with"※", if	your baby	cannot achieve	e it, that mean	s his/her d	levelopment			
sta	atus did not rea	ch the stand	dard. It is sug	gested to hav	e a referra	al for further			
ev	aluation.)								
4 to	5 months								
(1) When you hold	d your baby	straight, is th	eir neck straiç	ght and	□ Yes, □ No			
	can they turn t	heir head fle	exibly to the le	ft and right?					
 (2)	When your ba	by lies on t	heir stomach,	can they rais	se their	□ Yes, □ No			
	head to 90 deg	grees with s	upport of their	front arms?					
(3) Can your baby	stretch out	his/her hands	on their own?	,	□ Yes, □ No			
(4) Can your baby	giggle?				□ Yes, □ No			
(5) Will your baby	shout loudly	when he/she	is excited or	angry?	□ Yes, □ No			
(6) Will your bab	y's eyes n	nove above 9	90 degree to	follow	□ Yes, □ No			
	moving objects	s or people?							
%(7)	Will your baby	continue to	o gaze at peo	ple's face and	d show	□ Yes, □ No			
	interest toward	ls them whe	n face to face	?					

4 to 10 months parents record items (3rd)

6 to 8 months old	
(1) When you put your hands under your baby's armpits, will he/she be able to stand straight with some support?	□ Yes, □ No
*(2) Can your baby turn over?	□ Yes, □ No
%(3) Can your baby grab the toys beside them?	□ Yes, □ No
(4) When you ring a bell 20 cm behind their head, do they turn their head left or right to find the sound? (Must be able to turn both left and right)	□ Yes, □ No
(5) When you put a handkerchief over your baby's face, is he/she able to remove it?	□ Yes, □ No
(6) Can your baby make sounds which have no meaning like "口Y (ma)", "ケY (ba)" and "ケY (da)"?	□ Yes, □ No
9 to 10 months	
(1) Can your baby crawl on the floor?	□ Yes, □ No
※(2) Can your baby sit firmly for a few seconds without wobbling or falling? (fill "NO" if your baby still needs two hands support while sitting, or back is not straight/ is curved while sitting, or they easily fall over during sitting)	□ Yes, □ No
(3) When your baby is older than 10 months, can he/she stand independently while holding onto something?	□ Yes, □ No
%(4) Can your baby pass a toy from one hand to the other?	□ Yes, □ No
(5) Can your baby take one toy in each hand and try clapping with them?	□ Yes, □ No
(6) Does your baby make any movements when you say "clap your hands" or "bye" to them?	□ Yes, □ No
※(7) Can your baby make consecutive sounds such as " ロ Y ロ Y ロ Y (ma ma ma)", " カ Y カ Y カ Y (da da da)" or other meaningless sounds?	□ Yes, □ No
%(8) When you call their name or nickname, does your baby turn their head toward you?	□ Yes, □ No
5. Do you usually read books and tell stories with your children?	□ Yes, □ No
6. Please record your parenting worries and things you want to cons	ult with the

doctor below:

4 to 10 months health check-up records (3rd)

*	Please	use	adjusted	ages fo	r premature	babies

Checkup date:DayMonthYear	
Age:Days	
Height:cm(percentile) Weight:kg(percent	itile)
Head Circumference:cm (percentile)	
Growth evaluation: \square normal, \square need follow up, \square need referral	
Physical exam:	
□ No special findings	
□ Areas of attention or abnormality	
1need follow up,□ need referral	
2need follow up, need referral	
3need follow up,□ need referral	
4need follow up,□ need referral	
$\ensuremath{\mathbb{X}}\xspace$ If there are unfamiliar scars or suspected domestic violence	or child abuse,
please report such incidence in accordance with the regula	ations (refer to
Children Health Education Handbook page 45-46)	
Development evaluation:	
□ Pass (include items failed in the last check-up)	
□ Need follow up	
$\hfill\Box$ Need referral (please fill in the "referral chart of children	n development
evaluation", refer to page 82)	
Pay attention to: □ Movement, □ Language, □ Cognition,	回然第1回 96000048
□ Social emotion, □ Others	
	Children Health Education

Handbook Parent: Doctor:

The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.



4 to 10 months health education records

* Columns in the red box should be filled in by parents under the medical guidance of the medical staff and the results of last health education must be followed up which could be used as reference for doctors.

[The plan is sponsored by the Health and Welfare Surcharge of Tobacco Products]

Theme		Parents evaluation		Variation of dectars' middle and	
of health education	Key points	Not achieved	Achieved	Key points of doctors' guidance	
	Solid food			Breastfeeding can be continued till your baby is 2 years old. When the baby is 4 to 6 months, you can add solid food depending on the baby's condition.	
1. Feeding the				Choose fresh and natural food. Avoid sugared beverages.	
baby	Eating Habits			Do not feed babies with food that has been chewed by adults.	
				Never let the baby sleep with a milk bottle in the mouth.	
2. Oral hygiene case	Oral hygiene			When baby teeth begins to erupt, use gauze with fluoride toothpaste (about the size of a rice grain) to help your baby brush their teeth after meals and before bedtime.	
				After eruption of baby teeth, go to a dentist routinely once every half a year and get teeth fluoridation.	
	Safety care behavior			You need to fully understand the dangers of a baby walker. Prevent and avoid these dangers from happening.	
				Sharp angles of furniture and table corners should be protected with protective jackets.	
		0.4.4			Do not cover the dining-table and the tea table at home with tablecloths.
3. Prevention of accidental				Do not prepare milk or hold hot beverages while holding your baby.	
injuries and sudden infant				Put tiny stuff, drugs and other dangerous goods in places where your baby cannot reach them.	
death				Avoid giving hard solid food to your baby to prevent choking.	
				Avoid harshly or violently shaking your baby's head and neck or play any games like that.	
Outing with babies				Baby seat should be placed rear facing at the back seat of the car, when taking your baby outdoors.	
				Avoid taking babies on motorcycles or bicycles.	
Name and code of hospital			nd health e	reen the Doctor:	
				Guiding dateDayMonth Year	

Note:

- 1.This health education material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare together with the Taiwan Academy of Pediatrics.
- 2. The recommended age for receiving this health education is 4 to 6 months, and it can be implemented along with the third children preventive healthcare (4 to 10 months). Please refer to contents in the Children Health Handbook.
- 3.The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.

10 to 18 months parents record items (4th)

Pa	rents shall fill in	the following	information	before the b	aby's heal	lth check-ups
1. F	ord Date: eeding status: breastfeeding breastfeeding 8	, □infant forr	nula / milk	powder, □O		y products,
2. F S	uestion: eces status: hape □ Pasty, □ uestion:	ı Loose, □Strip	o, □Hard stoc	ol		
	oes your baby r wake up frequ	•		s such as diff	iculty in fa	alling asleep
4. [cl P th	Development sheckup is relatilease answer anose points marer development	tatus: (The a ively wide an ccordingly and ked with "※", status did no	nge range condition of the design of the des	ur baby may evaluate the cannot achie	fail in so ir status. I eve it, tha	ome criteria. However, for t means his/
※(1) Can your bal		standing po	sition while h	olding	□ Yes, □ No
	2) After 12 mor	nths of age, one or supine)?	an your bat	y sit up fron	n lying	□ Yes, □ No
(3	3) After 15 mon			walk indeper	ndently	□ Yes, □ No
(4	l) Can your bab	•	ings betwee	n his/her thur	nb and	□ Yes, □ No
(5	5) Can your bab For example,	•	the meaning "where is th	ne puppy" or '	'where	□ Yes, □ No
(6	6) Can your ba example, "Hu	aby say one o				□ Yes, □ No
(7	7) Can your ba	~				□ Yes, □ No
3)	B) When you hid	-	a handkerchi	ef or a sheet i		□ Yes, □ No
5. D	o you usually re	ad books and	tell stories v	vith your child	ren?	$\hfill\Box$ Yes, $\hfill\Box$ No
	Please record you	our parenting v	worries and	things you wa	ant to con	sult with the

2 10 to 18 months health check-up records (4th)

Please use adjusted ages for premature babies	
Checkup date:DayMonthYear	
Age:Days	
Height:cm (percentile) Weight:kg(percent	ile)
Head Circumference:cm (percentile)	
Growth evaluation: \square normal, \square need follow up, \square need referral	
Physical exam:	
□ No special findings	
□ Areas of attention or abnormality	
1need follow up,□ need referral	
2need follow up, need referral	
3need follow up,□ need referral	
4need follow up,□ need referral	
%If there are unfamiliar scars or suspected domestic violence of	or child abuse,
please report such incidence in accordance with the regula	itions (refer to
Children Health Education Handbook page 45-46)	
Development evaluation:	
□ Pass (include items failed in the last check-up)	
□ Need follow up	
□ Need referral (please fill in the "referral chart of children developm refer to page 82)	ent evaluation",
Pay attention to: □ Movements, □ Languages,	
□ Cognition, □ Social emotions,	
□ Others	
□ Should go to a dentist for oral checkup and teeth fluoridation	Children Health Education Handbook

The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.

Doctor:_

Parent: _

10 to 18 months health education records (4th

* Columns in the red box should be filled in by parents under the medical guidance of the medical staff and the results of last health education must be followed up which could be used as reference for doctors.

[The plan is sponsored by the Health and Welfare Surcharge of Tobacco Products]

		(ine pi	an is sponso	red by the Health and Welfare Surcharge of Tobacco Products 】		
Theme		Parents 6	evaluation			
of health education	Key points	Not achieved	Achieved	Key points of doctors' guidance		
	Solid food			Breastfeeding can be continued till your baby is 2 years old. After 6 months of age, other types of food should be added.		
				Balanced diet should include 6 major types of food, such as: red meat, egg yolk and dark colored vegetables for iron supplement, and kelp, sea weed and other iodine rich food for iodine supplement.		
1.Children's feeding				Let your baby try different kinds of food in small amounts and try different cooking methods.		
	Eating Habits			When your child is 1 year old, let him/her learn to use cups and spoons and gradually decrease the frequency of feeding with milk bottles. Be prepared to stop the use of milk bottles.		
				Make your child sit still while taking meals. Avoid feeding while chasing your baby.		
Oral	Oral hygiene			Use dental floss(stick) and fluoride toothpaste to help your child brush his/her teeth after meals and before bedtime.		
2.Oral and visual care				Go to a dentist routinely once every half a year and get teeth fluoridation.		
	Visual care			It is suggested that babies under 2 years old should not watch screens.If any visual abnormality is detected, please go to see an ophthalmologist.		
	Safety care behavior			Stay in the same room but not in the same bed (including sofa or cushion) with your baby. Soft objects should be avoided on the baby's bed.		
				Avoid ingestion of attachments from toys. Do not let your baby run or play with food in his/her mouth.		
3.Prevention				Do not let your baby play with plastic bags or climb into closed boxes or cabinets, these can easily cause suffocation.		
of accidental injuries				To avoid children fall off accidents, it is r recommended to place furniture or flower pots balcony or besides window for children to climb.		
				Do not leave your child alone or let minors take care of them.		
				Keep your children away from traffic.		
	Outing with babies			Baby seat should be placed rear facing at the back seat of the car, when taking your baby outdoors. Avoid taking babies on motorcycles or bicycles.		
				the maternal care hotline 0800-870870		
Name and c	ode of hospital		nd health e	ducation Doctor:		
				Guiding dateDayMonthYear		

^{1.}This health education material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare together with the Taiwan Academy of Pediatrics.

^{2.} The recommended age for receiving this health education is 10 to 18 months, and it can be implemented along with the fourth children preventive healthcare. Please refer to contents in the Children Health Handbook.

^{3.}The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.

2 18 to 24 months parents record items (5th)

* Parents shall fill in the following information before the baby's health check-ups

Reco	rd Date:	Time:	(Age	Months	Days)	
	eding status:					
□b	reastfeeding, \Box	infant formula	a / milk powo	ler, □Other da	airy produc	cts
□N	leal (rice or no	odles), freque	encym	eals a day		
•	estion:					
	ces status: Sha estion:	ipe □ Pasty, □	□ Loose, □St	rip, □Hard sto	ool	
3. Do	es your baby h	nas any sleep	oing problem	is such as dif	fficulty in f	alling asleep
or	wake up freque	ently? □No, □	Yes			
4. De	evelopment st	atus: (The a	age range o	considered f	or the cu	rrent health
	eckup is relati	•	•			
	ease answer ac					
	se points mark					
	development		t reach the	standard. It is	s suggest	ed to have a
refe	erral for further	evaluation.)				
(1)	Can your baby	y go upstairs	while holding	ng a rail or a	n adult's	□ Yes, □ No
	hand?					
(2)	Can your baby	climb into a	chair and sit	tight on their	own?	□ Yes, □ No
%(3)	Can your baby	speak 5 or n	nore meanin	gful words?		□ Yes, □ No
(4)	Can your baby	tell at least	3 body parts	? For examp	le, eyes,	□ Yes, □ No
	mouth and har	nds.				
% (5)	Can your baby	obey simple	verbal instru	ictions? For e	example,	□ Yes, □ No
	"Give it to your					
% (6)	Does your ba				xample,	□ Yes, □ No
` '	listening to pl	none calls, c	omb hair or	clean a tabl	e with a	
	cloth.	•				
% (7)	Can your baby	express ther	mself by thei	r body langua	age? For	□ Yes, □ No
()	example, nod	•	-		-	·
% (8)	Can your bab	•				□ Yes, □ No
/(o)	others?	, po a		go aa o		
 %(9)	Can your baby	v replace the	right tov wi	th similar one	es when	□ Yes, □ No
/(o)	playing game	•	-			,
	blocks.	o. I oi oxaii	ipio, ropiao	a car with	ballaling	
 %(10)) Can your b	ahv kneel c	lown or hei	nd down to	nick un	□ Yes, □ No
(1C	-			support, and	-	= 100, = 110
		standing post		oupport, and	a rotuiri	
5 Do	you usually re			with your child	dran?	□ Yes, □ No
J. DU	you usually le	au books alle	, reli 2101162 /	with your cilli	ai c ii:	□ 1C3, □ INO

6. Please record your parenting worries and things you want to consult with the

doctor's below:

18 to 24 months health check-up records (5th)

* Please use adjusted ages for premature babies

Checkup date:DayMonthYear
Age:Days
Height:cm(percentile) Weight:kg(percentile)
Head Circumference:cm (percentile)
Growth evaluation: □ normal, □ need follow up, □ need referral
Physical exam:
□ No special findings
□ Areas of attention or abnormality
1need follow up,□ need referral
2need follow up, need referral
3need follow up,□ need referral
4need follow up,□ need referral
%If there are unfamiliar scars or suspected domestic violence or child abuse,
please report such incidence in accordance with the regulations (refer to Children
Health Education Handbook page 45-46)
Development evaluation:
□ Pass (include items failed in the last check-up)
□ Need follow up
$\hfill \square$ Need referral (please fill in the "referral chart of children development
evaluation", refer to page 82)
Pay attention to: □ Movements, □ Languages,
□ Cognition, □ Social emotions,
□Others
Cover test to examine strabismus and amblyopia, preliminary
screening:
□ no abnormality detected □ abnormalities are detected Children Health
□ children cannot cooperate during the exams Education Handbook
Parent: Doctor:

The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.



18 to 24 months health education records (5th)

Columns in the red box should be filled in by parents under the medical guidance of the medical staff
 and the results of last health education must be followed up which could be used as reference for doctors.

[The plan is sponsored by the Health and Welfare Surcharge of Tobacco Products]

Theme	Theme Parents evaluation		evaluation	-
of health education	Key points	Not achieved	Achieved	Key points of doctors' guidance
				Drink less sugared beverages. Do not drink caffeinated beverages (such as black tea) and drink more water.
				Choose seasonal food that is fresh and natural. Replace fried food with steamed, stewed or boiled food.
1. Children's diet	Eating Habits			Let your child learn to use cups and spoons. Stop feeding your kid with milk bottles but intake of dairy products should be continued.
				Dine in a fixed place. Let your child sit on a high chair and share dinners with the entire family.
	Oral hygiene			Use dental floss (stick) and toothbrush with a little fluoride toothpaste to brush teeth after meals and bedtime.
2.Oral and	Oral Hygierie			Go to a dentist routinely once every half a year and get teeth fluoridation.
visual care	Visual care			It is suggested that babies under 2 years should not watch screens. For babies older than 2 years, the time spent watching screens should be no more than 1 hour a day. If any visual abnormality is detected, please go to see an ophthalmologist.
	Safety care behavior			There should be anti-skid measures in the bathroom and the tub.
				Install the gas water heater outside the house with good ventilation. Maintain air circulation inside all the time.
				Keep water tanks empty to avoid your child from accidentally falling into them.
				Avoid children entering the bathroom and kitchen alone.
				Hazardous objects such as drugs, detergents, pesticides, knives and scissors should be placed high or be locked in cabinets and drawers.
3.Prevention				To avoid children fall off accidents, it is not recommended to place furniture or flower pots in balcony or besides window for children to climb.
of accidental injuries				Avoid harshly or violently shaking your baby's head and neck or play any games like that.
				Let your child get into the car first before driving. Press on the safety lock for your child when driving. Let your child get off the car last after parking.
				Baby seat should be placed rear facing at the back seat of the car.
	Outing with			Avoid taking babies on motorcycles or bicycles.
	babies			Pay attention to your child when backing your car.
				Do not leave your child alone in a car.
		П	П	Do not let your child go out of your sight. Do not leave your child alone beside a tank, a pond, a river, a swimming pool,
in the swimming pool or along the sea.				
				he maternal care hotline 0800-870870
Name and	code of hospital		ship betwe	en the baby and Doctor:
		Ticalii eu	aaaaan redp	Guiding date Day Month Year

Note:

^{1.}This health education material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare together with the Taiwan Academy of Pediatrics.

^{2.}The recommended age for receiving this health education is 18 to 24 months, and it can be implemented along with the fifth children preventive healthcare. Please refer to contents in the Children Health Handbook.

2 to 3 years old parents record items (6th)

st Parents shall fill in the following information before the baby's health check-ups

Record Date:Time:(AgeMonthsDays)
1. Is there any feeding problem? □No, □Yes	
2. Is there any problem with defecation? □No, □Yes	
3. Is there any problem with sleeping? □No, □Yes	
4. Development status: (The age range considered for the cu	rrent health
checkup is relatively wide and hence your baby may fail in so	ome criteria.
Please answer accordingly and doctors will evaluate their statu	ıs. However,
for those points marked with "X", if your baby cannot achieve it	, that means
his/her development status did not reach the standard. It is sugge	sted to have
a referral for further evaluation.)	
lepha(1) Can your baby go downstairs while holding a rail or an	□ Yes, □ No
adult's hand?	
(2) Can your baby jump with both feet off the ground?	□ Yes, □ No
(3) Can your baby use at least 4 building blocks or similar stuff	□ Yes, □ No
to build something tall?	
(4) Can your baby put two words together and form a short	□ Yes, □ No
sentence? For example, "Hug, Mom", "Look dog".	
%(5) Can your baby correctly tell 1 or 2 objects or animals in a	□ Yes, □ No
picture? Such as ball or dog.	
(6) Can your baby take off his/her own shoes and socks?	□ Yes, □ No
※(7) Can your baby use at least 10 common words?	□ Yes, □ No
%(8) Can your baby correctly point out at least 6 body parts?	□ Yes, □ No
(For example: head, hands, feet, eyes, ears, nose, mouth)	
5. Do you usually read books and tell stories with your children?	□ Yes, □ No
6. Please record your parenting worries and things you want to con	nsult with the
doctor's below:	

2 to 3 years old health check-up records (6th)

Please use adjusted ages for premature babies
Checkup date:DayMonthYear
Age:MonthsDays
Height:cm(percentile) Weight:kg(percentile)
Head Circumference:cm (percentile)
Growth evaluation: □ normal,□ need follow up,□ need referral
Physical exam:
□ No special findings
□ Areas of attention or abnormality
1need follow up, need referral
2need follow up, need referral
3need follow up, need referral
4need follow up, need referral
*If there are unfamiliar scars or suspected domestic violence or child abuse
please report such incidence in accordance with the regulations (refer to
Children Health Education Handbook page 45-46)
Development evaluation:
□ Pass (include items failed in the last check-up)
□ Need follow up
$_{\square}$ Need referral (please fill in the "referral chart of children developmen
evaluation", refer to page 82)
Pay attention to: □ Movement, □ Language, □ Cognition,
□ Social emotion, □ Others

Children Health Education Handbook

Parent: ______ Doctor:_____

The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.



2 to 3 years old health education records (6th)

* Columns in the red box should be filled in by parents under the medical guidance of the medical staff and the results of last health education must be followed up which could be used as reference for doctors.

[The plan is sponsored by the Health and Welfare Surcharge of Tobacco Products]

	_							
		Parents evaluation		Key points of doctors' guidance				
of health education	Key points	Not achieved	Achieved		Key points	of doctors	guidance	
	Eating Habits			when h Do not Set a i	encourage or e/she perform provide desse proper time	s well. erts 2 hours b	efore dinner	
1. Children's diet					s). a fixed place are meals with	•		gh chair
	Eating			Do not	watch TV whi	le eating. Eat	at a dinner t	able.
	environment				in a pleasan ild participate	•		ing. Let
	Oral hygiene			Use flu her tee	oride toothpa th after meals clean surface	ste to help y and before	our child br	e dental
					dentist routi h fluoridation.	•	ery half a y	ear and
2.Oral and visual care	Visual care			minutes time. (watch s visual a	10-minute r s. Avoid look Children of 2 screen for m abnormality is mologist.	ing at near o 2 years and ore than 1 h	listances for above sho our per day	r a long uld not v. If any
				Hazaro pesticio	dous objects les, knives an cked in cabin	d scissors sh	ould be place	
	Safety care behavior			Electri places	cal appliance difficult to fall where childre	es should b , and the wire	e placed st	
3.Prevention of accidental				To prevent your children from injury, folding tables should be placed in places that they cannot reach.				
injuries	Children's outings			Hear" c	children to cro orrect traffic bund when cros	ehavior. Bes	ide, you sho	
				Avoid taking babies on motorcycles or bicycles. A safety seat must be used, which should be installed at the back seat of the car.				
	o have further co	unselina.	please cal				0870	
Name and co	Relation	ship betwo	een the			3670		
					Guiding date_	Day	Month	Year

- 1.This health education material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare together with the Taiwan Academy of Pediatrics.
- 2. The recommended age for receiving this health education is 2 to 3 years, and it can be implemented along with the sixth children preventive healthcare. Please refer to contents in the Children Health Handbook.
- 3.The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.

3 to 7 years old health education records (7th)

st Parents shall fill in the following information before the baby's health check-ups

Record Date:Time:(AgeMonthsDays)	
1. Is there any feeding problem? □No, □Yes	
2. Is there any problem with defecation? □No, □Yes	
3. Is there any problem with sleeping? □No, □Yes	
4. Development status: (The age range considered for the cu	rrent health
checkup is relatively wide and hence your baby may fail in so	ome criteria.
Please answer accordingly and doctors will evaluate their status.	However, for
those points marked with "%", if your baby cannot achieve it, tha	t means his/
her development status did not reach the standard. It is suggeste	ed to have a
referral for further evaluation.)	
Ota Assaura ald	
3 to 4 years old	- Voc - No
*(1) Can your baby jump down from the last step of the stairs?	□ Yes, □ No
*(2) Can your baby pedal on the tricycle?	
*(3) Can your baby feed themselves with a spoon while rarely	□ Yes, □ No
spilling?	- Vos No
(4) Can your baby draw a circle?	□ Yes, □ No
(5) Can your baby go to the washroom to pee by themselves?	□ Yes, □ No
**(6) Can your baby unbutton and take off their clothes by	□ Yes, □ No
themselves?	
(7) Can your baby properly use the pronoun "you", "me", "he"?	□ Yes, □ No
(8) Can your baby tell the function of two common items correctly?	□ Yes, □ No
%(9) Can your baby say 1 color and 3 graphic names?	□ Yes, □ No
(such as shoes, airplanes, fish)?	
(Refer to figure 1 and 2 on page 43)	
%(10) Can your baby usually talk to people in a continuous	□ Yes, □ No
dialogue, using short sentences of 2 to 3 words to answer	
the questions?	

3 to 7 years old health education records (7th)

□ Yes, □ No
t □ Yes, □ No
□ Yes, □ No
r □ Yes, □ No
□ Yes, □ No
r □ Yes, □ No
g Yes, □ No
□ Yes, □ No
g □ Yes, □ No
□ Yes, □ No
consult with the

3 to 7 years old health check-up records (7th)

* Please use adjusted ages for premature babies
Checkup date:DayMonthYear
Age:MonthsDays
Height:cm(percentile) Weight:kg(percentile)
Head Circumference:cm (percentile)
Growth evaluation: □ normal,□ need follow up,□ need referral
Physical exam:
□ No special findings
□ Areas of attention or abnormality
1need follow up, need referral
2need follow up, need referral
3need follow up,□ need referral
4need follow up, need referral
%If there are unfamiliar scars or suspected domestic violence or child abuse
please report such incidence in accordance with the regulations (refer to
Children Health Education Handbook page 45-46)
Development evaluation:
□ Pass (include items failed in the last check-up)
□ Need follow up
□ Need referral (please fill in the "referral chart of children
development evaluation", refer to page 82)
Pay attention to: □ Movements, □ Languages,
□ Cognition, □ Social emotions,
Others Children Health
□ From 3.5 to 4 years of age, visit an ophthalmologist for eye
checkup. (Refer to page 65)
Parent: Doctor:

The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.

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3 to 7 years old health education records (7th)

* Columns in the red box should be filled in by parents under the medical guidance of the medical staff and the results of last health education must be followed up which could be used as reference for doctors.

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		1 p							
Theme		Parents evaluation							
of health education	Key points	Not achieved	Achieved	Key points of doctors' guidance					
	Eating Habits			nutritio sugar a	ess sugared bevolt. Avoid taking found salt or heavily	ood or snac flavored fo	cks abundant in ood.	n oil,	
1.How do	Latting Habits			vegeta snacks	balanced diet ables and fruits. Do not store too	Do not let many snac	your children cks at home.	eat	
children form habits				while p	• • • • • • • • • • • • • • • • • • • •				
	Eating environment			Dine in a fixed place. Let your child sit on a high chair and share meals with the entire family.					
	CHVIIOIIIICII			Do not set a TV in your children's room. In addition to being influenced by food commercials, they are also at risk of being obese if they sit for too long.					
	Oral hygiene			Use flu	oride toothpaste th after meals ar clean surfaces b	to help you	our child brush edtime. Use de	ental	
2.Oral and					a dentist routinel th fluoridation.	y once eve	ery half a year	and	
visual care	Visual care				en of 2 years a for more than 1 h			atch	
					a 10-minute rest s. Avoid looking		• .		
				Do not by mine	allow children to	be alone o	or entrusted to	care	
	Safety care behavior			Avoid of home.	children to touch	lighters or	any fire sourc	ce at	
				Dangerous items such as scissors, should be placed in a high place or locked in cabinets and drawers.					
3.Prevention of accidental injuries	Children's outings			furnitur	children to fall off lee, flower pots, et is and balconies.	•			
				Install a child safety seat at the back seat of the car that meets the height and weight requirement of your child.					
					leave your child a swimming pool,		-		
	o have further co				ternal care hotlin	e 0800-870)870		
Name and co	ode of hospital		ship betwe d health ec :						
					Guiding date	Day	Month	_Year	

- 1.This health education material is co-researched by the Health Promotion Administration, Ministry of Health and Welfare together with the Taiwan Academy of Pediatrics.
- 2. The recommended age for receiving this health education is 3 to 7 years, and it can be implemented along with the seventh children preventive healthcare. Please refer to contents in the Children Health Handbook.
- 3.The information in this form will be used as a policy assessment for health unit or individual case tracking in health management.





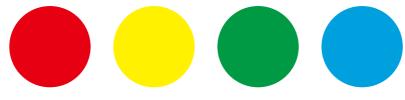


Figure 2

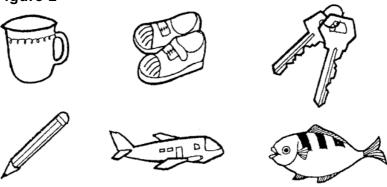
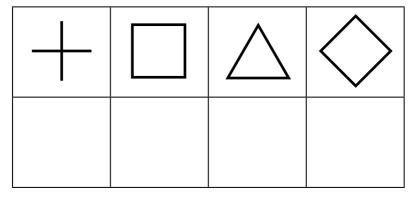


Figure 3



(Note: used in conjunction with P.41 and P.42)



Make good use of "My health bank"

"Health management" for your child

- This system is a portable personal health information application. After identification you can obtain your personal health information anytime and anywhere.
- The health data of this system includes outpatient (western, chinese and dental), hospitalization, allergic drugs, preventive vaccination, organ donation or medical consent, test (checkup) results, adult preventive healthcare results, four cancer screening results, imaging or pathological examination (inspection) report, discharge medical record. You can access your medical



My health bank

information under "My Health Bank" of "NHI Mobile App". Starting from May 2019, a new family dependent management function has been added to this app. As long as your child or authorized elders are dependent on your National Health Insurance, you can use this function to access their information, and as such ensuring the health of your whole family.

Administration, Ministry of Health and Welfare https://www.hpa.gov.tw

Taiwan Centers for Disease Control https://www.cdc.gov.tw/



0800-870870(0800- We will hug you tight)



孕產婦關懷網站

Maternal care website https://mammy.hpa.gov.tw/

Pre-mature Baby Foundation

https://www.pbf.org.tw/html/home.asp

i-baby information service webiste

https://ibaby.mohw.gov.tw/

Child Abuse and Negligence - Medical Staff handbook https://dep.mohw.gov.tw/DOMHAOH/cp-4265-45674-107.html



Taiwan society of neonatology-health education area http://www.tsn-neonatology.com/health/



早產兒基金會



見少虐待 及疏忽

P Neo-natal care knowhow

The birth of a child makes a difference to their parent's lives. Holding your baby in your arms will make you feel responsible, it's like a sweet burden. Following are some tips of taking care of your child.





Step 1

Put your hand under your baby's head

Newborns tend to have bigger heads and smaller bodies, and due to the underdeveloped neck muscles, they do not have enough strength to hold the weight of their head. Thus, parents should put one hand under the baby's head, with the palm holding the entire head and neck for support.



Step 2

Hold the baby's hip with the other hand

When you have stabilized the head, put the other hand under your baby's hip, with the palm holding the whole bottom. Your strength should be focused on your wrists.



Step 3

Slowly raise your baby's head

Slowly raise your baby's head and take care of their neck, otherwise they will feel uncomfortable with their head leaning backward. Parents should use strength from their waist and hands, making them lie in your arms and close to your chest, like this you and your child will be at ease.

- Generally, 1 to 2 months old baby should be held in a lying position in your arms. After they are 3 months old, they can be held straight up. Every move should be tender and soft. Always remember to protect your baby's neck and let your baby feel comfortable.
- Baby is used to their mother's cardiac rhythm when in the womb, so when holding your baby, keep them close to your left chest, giving them a familiar sensation of your heartbeat. This will give them a feeling of safety and calmness, making it easier for them to adapt to the new environment.
- Talk to your baby and make eye contact when you are holding them. This
 emotional contact is very beneficial for your baby's brain, physical and
 mental development.

P Neo-natal care knowhow

How to bathe your baby?

Before the bath, add cold water before hot water. Make sure that there is proper ventilation from doors and windows. Keep the water temperature in between 37-38°C. Prepare all necessary things before the bath, such as: baby-specific body wash, towels, and gauze towels. Clothes and diapers should be placed within reach. Then you may bathe your baby according to the following procedures:

- 1. Take off your baby's clothes and cover your baby with a cloth or bathing towel.
- 2. Clean your baby's eyes from inside to outside, then clean nostrils, ears and the face with wet towels or gauze towels.
- 3. Gently wash their hair with a small amount of body wash. Cover your baby's ears with your fingers before showering with water. Prevent water from getting into their ears (See figure 1).
- 4. After drying their hair, pat some water on their body to let them get adjusted to the water temperature. (See figure 2).
- 5. Hold your baby's armpits and arm while making them rest on your forearm, then gently lower their bottom into the bathtub. (See figure 3).
- 6. Apply a small amount of baby-specific body wash to your baby's body. Make sure to wash the folds around the neck, armpits, thighs and groins with water.
- 7. Dry their body with a bathing towel and quickly put a new diaper on and dress them with clean clothes.
- 8. When cleaning their bottom, for baby girl gently wash from the front urethral opening to the anus ,for baby boy gently wash the wrinkled parts of their foreskin and scrotum.
- Remember that even though water is shallow, do not leave your baby in the bathtub alone.





What to do when your baby is crying?

- Babies cry in order to express their needs to you.
- When babies are not in a good mood, they are able to calm themselves down and adjust their feelings through sucking their own fingers, touching or fondling their hands and feet, keeping eye contacts with you or touching you.
- If babies cry the whole night, It is possible that they feel uncomfortable or it is because they want your company.

Below are some tips of comforting your baby:

- When babies are crying, pay attention to their possible problems and needs, and comfort them accordingly.
- Do not shake your baby harshly or violently.
- Speak tenderly with your babies and touch their back to ease their tension.
- If you can't understand why your baby is crying, don't feel frustrated. Many parents can't tell why their baby is crying. This is not your fault. Ask more experienced friends and family, or seek professional help.

Do not shake your baby harshly or violently.

 Babies cry to communicate with adults and they need to be comforted with patience. Do not shake your babies harshly or violently, rotate them or throw them on the bed. If you cannot control your emotion, ask relatives and friends for help.



- Shaken baby syndromes occur mostly in children under 2 years of age, especially in those younger than 6 months. Symptoms that may occur include lethargy, anxiety, convulsion, loss of consciousness, vomiting, loss of appetite, abnormal breathing, etc.
- Please go to a doctor as soon as possible once the symptoms are seen.
 Medical staff will provide proper treatment to your child. Do not hide any facts from the doctors because of embarrassment or sense of guilt. Early diagnosis and treatment are helpful to prevent irreversible results and will lower the chances of complications.

P Neo-natal care knowhow

Preventive measures for sudden infant death

Parents should check the following indicators. All possible precautions should be taken to minimize the risk of sudden infant death.

- \square Babies under 1 year should sleep on their backs every time they sleep.
- □ Breastfeeding
- ☐ Do not let your babies sleep with others. It is recommended that parents stay in the same room but not on the same bed with their babies.
- ☐ After the baby is 1 month old, a pacifier may be considered for use during sleep. Pacifiers should not be hanged around the baby's neck or be attached
- ☐ Don't let your baby sleep on his/ her stomach on their parents or caregiver's body.
- Quilts should not cover baby's mouth and nose

to the baby's clothes.

☐ No need to use pillows for under one year old babies.





P Neo-natal care knowhow

A safe sleeping environment

- ☐ Baby's crib should have a firm mattress and covered with a well fitted bed sheet.
- ☐ Before 1 year of age, babies should always sleep on their back.

☐ Do not let your baby sleep on a sofa, chair, mattress, or an adults bed.

☐ No soft object should be put in the sleeping zone, including pillows, toys, beddings, quilts, wool products, carpets, sheets, stuffed toys, etc.

Make sure that there is nothing covering your baby's head.

☐ Do not let your babies sleep with others. It is recommended that parents stay in the same room but not on the same bed with their babies. Maintain a smoke-free environment.
 Do not let anyone smoke near your baby.

- ☐ If extra measures are required to keep your baby warm, a sleeping-bag type infant pajamas can be worn. You can also wrap your baby with towels instead of blankets while keeping their arms outside.
- ☐ High temperature is not recommended, including wearing too many clothes or wrapping the baby excessively. When there is no air conditioning equipment, pay attention to ventilation

Safe sleeping environment for your child





Health Promotion Administration, Ministry of Health and Welfare reminds you

"Public Breastfeeding Act" stipulates that if anyone forbids, expels, or interferes women from breastfeeding their children in public places, they shall be punished with a fine of no less than NT\$ 6,000 and no more than NT\$ 30,000.

For breastfeeding, please refer to pages 53-55



Maternal care hotline 0800-870870



Breastfeeding makes mothers beautiful and babies healthy

Breast milk is the best source of nutrition for infants. To maintain the health of both mother and child, mothers should eat a balanced diet during breastfeeding period. Breastfeeding can not only decrease the infection rates of diseases such as diarrhea and pneumonia but also decrease the incidence of allergic diseases and adult cardiovascular diseases. Breastfeeding helps mothers get into shape faster and also reduces the chances of breast and ovarian cancer. HPA recommends that mothers should exclusively breastfeed their baby for the first 6 months. After 6 months, other types of food should be added while breastfeeding your baby till they are 2 years or above.

Breast milk and nutrition

- During the first few months after birth, it is best for the mother and child to perform exclusive breastfeeding (breast milk only, without formula milk powder, water or pacifiers).
- Proteins, fats and sugars contained in breast milk are easy to be absorbed and digested. In addition, immunoglobulins, lysozymes and different growth factors present in breast milk are all irreplaceable by infant formula milk. At around 6 months of age, other types of food containing iron can be added, while breast milk still being the important source of nutrition.

The stomach capacity of newborns

- The stomach capacity of a one day old baby is only 5-7ml (the size of a small marble). At 3 days old, the size is about 22-27 ml (the size of an elastic ball), when the baby is 11 days old, the size is only about 60-81 ml (the size of a table tennis ball)
- At 1 month old, the baby's stomach is still small, the period of less food and more meals. The newborn if correctly breastfed, foremilk will be sufficient to meet their needs.

How to breastfeed

- Breastfeeding should be conducted by the mother, especially during the first 2 months
- Most mothers have enough breast milk to feed their baby day and night according to the baby's needs.
- When your baby shows apparent signs of looking for the breast (turns head around, opening their mouth, sticking their tongue downward and forward toward the breast), or sucking their own fingers, it is time to feed your baby. Do not wait till your baby cries.
- Take a comfortable and relaxing position when you feed your baby. Let your baby face their mother with their face, chest and abdomen press closely against their mothers.

Breastfeeding makes mothers beautiful and babies healthy

- Baby's mouth should be opened wide enough to engulf the nipple with their chin pressed close against the breast. At first, baby's sucking may be very fast (2 to 3 times a second). However, when breast milk flows out and they have managed to drink it, their sucking would slow down (approximately once every second) with apparent swallowing movement. When babies are full, they will become relaxed and let go of the breast. The mother's breasts will also become soft and there will be no pain in the nipple or breasts.
- Under special circumstances, when the mother is temporarily not able to breastfeed, they should squeeze out milk in accordance to the baby's breastfeeding frequency to maintain continuous milk secretion.
- If due to medical or any other reason, the mother is unable to breastfeed, and there is need to use infant formula milk to feed infants below 1 year of age, please consult a pediatrician and pay attention to safe and proper brewing of formula milk.

Common physiological phenomena of babies fed with breast milk

- Jaundice in breast fed infants lasts for 2 to 3 months before completely dissipating. If the color of your baby's stool falls in between 1 to 6 abnormal colors in the stool card (refer to page 20) or jaundice persists even after 1 month of age, consult a pediatrician or general practitioner to determine the cause of jaundice and they will also perform blood test for direct bilirubin value. Meanwhile, you can continue to breastfeed your baby.
- During the first few months, feces of breastfed babies are usually loose with particles or has a sour smell and it is common for babies to excrete soon after meals.

Changes in infant's fecal characteristics

- From day 1 to 3: dark green, almost black sticky stool.
- From day 4 to 6: the color becomes lighter and yellower.
- After 6 days: at least 3 to 4 times of excretion per day (with an amount similar to the size of an NTD 10 coin).
- Some babies may excrete less after 3 weeks, that is to excrete once every 3 to 4 days or even once every 10 to 14 days. If the baby is healthy in other aspects (urine volume, weight gain, vitality), this is considered as a normal phenomenon.

Telling whether your babies are getting sufficient food by urination

- From day 1 to 3: a few times which will increase with each passing day.
- From day 4 to 6: wet diapers 4 to 5 times a day, each time with an amount equal to 2 dry diaper's weight.
- After 6 days: diapers are wet and heavy with 5 to 6 times of urination every day.



Breastfeeding makes mothers beautiful and babies healthy

When should a breastfeeding mother ask for help

Seek professional help when the following conditions occur, which can be due to insufficient feeding or an underlying disease.

- Infants fall asleep while sucking breasts and they burst into cries when they are put away.
- Excretions are not seen 24 to 48 hours after birth.
- Jaundice becomes more severe
- The weight does not go back to the birth level in 7 days. Or even though the weight does go back to the birth level, it decreases again.
- Mother has symptoms such as nipple pain, lump in the breast, soreness, fever.

When to see a doctor immediately

- Infant is sucking with fast shallow sucks.
- Infant falls asleep while breastfeeding without sucking and appears sleepy.
- 3 days after birth, the frequency of urination is still low or the color of urine turns into dark yellow to orange.
- No excretion is seen 48 hours after birth. Or, only a small amount of dark green or black meconium is excreted.



Information on Breastfeeding support system

Maternal care hotline 0800-870-870 (sounds like "we will hug you tight" in Chinese)

Maternal care website: http://mammy.hpa.gov.tw/

Community support groups (gathering schedule and hotline numbers are shown in the above website)

Screening of Neo-natal congenital metabolic disorder

Healthy babies are the source of happiness for families. It is very important for children to receive neo-natal screening and relevant health check-ups as early as possible. Early detection of congenital metabolic disorder with insignificant symptoms is possible through newborn screening. When the results of the screening is (suspected) positive, it does not mean that the baby is diagnosed with the disease. Further exams are required as soon as possible. Similarly, when the result is negative, it does not mean that the baby will not get the disease or will be perfectly healthy. When diagnosed with a disease, appropriate treatment during the golden treatment period can minimize the harmful effects of the disease to the physical and mental health of the baby.

How to receive the neo-natal congenital metabolic disorder

- Hospital will take a blood sample from your infant's heel within 48 hours of birth, and will send them to HPA authorized neonatal screening center for testing.
- 禁丸
- Before knowing the screening results, please do not expose your baby to naphthalene balls (moth balls) or give them any medications.
- If the screening result comes out to be positive (suspected positive), further test
 will be arranged by the hospital where the blood samples were taken or the
 hospital where the diagnosis was confirmed.
- The sensitivity of screening test is not 100%. False negative result can appear due to reasons pertaining to the type of disease (late onset or atypical type of disease) and method of feeding (insufficient protein intake or special diet).
- If your baby has any health problems, please consult your pediatrician or general practitioner.

In general, the screening result comes out approximately 2 weeks after taking
the blood sample. For further enquiry, ask the hospital where the blood sample
was taken or enquire
neo-natal screening center health counseling hotline:
Website:



Screening of Neo-natal congenital metabolic disorder

Neo-natal screening center phone and website

Neonatal Screening Center of the National Taiwan University Hospital

Website: https://www.ntuh.gov.tw/gene-lab-nbsc/Index.action

Telephone: 02-2312-3456 transfer to 71929 or 71930

Newborn Screening Room, Taipei Pathology Center

Website: https://www.tipn.org.tw/TIPNHome/NewbornScreening

Phone: 02-02 8596-2050 extension 401~403

Republic of China Health Care Foundation Newborn Screening Center

Website: http://www.cfoh.org.tw/

Phone: 02-8768-1020

Glucose-6-phosphate dehydrogenase deficiency (G-6-PD deficiency, or favism)

- About 3 cases occur in every 100 babies. It is a genetic disease commonly seen in Taiwan.
- The main cause is the glucose metabolic disorder in red blood cells.
- When babies with this disease are exposed to certain substances (oxidizing drugs, broad beans, naphthalene/camphor balls, gentian violet or sulfonamide drugs), acute hemolysis may occur leading to symptoms such as anemia, paleness, tired, loss of appetite, severe neo-natal jaundice (yellow sclera and skin) and tea colored urine. When your child has the above symptoms, seek immediate medical attention.
- If you are aware that your child has favism, remember to notify the medical staff about it. Carry the "G6PD deficiency instruction card" at all times. The earlier the health status of your baby is confirmed, the easier it is to reduce potential harm to your baby by avoiding exposure to the aforementioned pathogenic factors.

Congenital hypothyroidism

- 1 case appears in every 3,000 babies.
- The main cause is a thyroid hormone deficiency in babies which influences brain development and physical growth.
- Newborns usually show no abnormal symptoms, but they will gradually appear
 2 to 3 months after birth.
- When the disease is detected at an early stage, thyroxine treatment should be conducted within 1 to 2 months after birth, which will bring about the normal physical and intellectual development of babies. However, when treatment is delayed until the baby is 6 months old, most babies will have intellectual disability, growth retardation and will be short in stature.



Other screening items of neo-natal metabolic disorder

Neo-natal screening exams sponsored by the government include the following diseases. For more information, please go to the website of Health Promotion Administration (http://www.hpa. gov.tw/EngPages/Index.aspx) Application & Information >Maternal and Child Health> Newborn Screening Program detects

- Congenital Adrenal Hyperplasia (CAH)
- Medium-chain acyl-CoA dehydrogenase deficiency
- Glutaric acidemia type 1

congenital metabolic disorders

Phenylketonuria

- Isovaleric acidemia
- Methylmalonic acidemia
- Homocystinuria
- Maple syrup urine disease
- Galactosemia

Since October 1, 2019, following 10 diseases were added:

- Citrullinemia type I
- Citrullinemia type II
- 3-Hydroxy-3-Methylglutaric Aciduria (HMG CoA lyase deficiency)
- Holocarboxylase synthetase deficiency
- Propionic Acidemia
- Primary carnitine deficiency

- Carnitine Palmitoyltransferase I deficiency
- Carnitine Palmitoyltransferase II deficiency
- Very Long Chain Acyl CoA
 Dehydrogenase Deficiency (LCAD)
- Early onset Glutaric Acidemia type II

Detection of Rubella IgM antibodies in blood samples from neonates

- During pregnancy, if the mother gets infected with rubella, the virus can be transmitted to the fetus through the placenta, causing congenital defects such as congenital deafness, glaucoma, cataract, microcephaly, lack of intelligence and congenital heart disease, this condition is known as congenital rubella syndrome, CRS.
- In order to truly grasp the occurrence of CRS and prevent their transmission leading to subsequent infections, the center of disease control (CDC) regulates the detection of Rubella IgM antibodies through the unused blood sample of congenital metabolic disorder screening. If tested positive, CDC will carry out preventive measures such as epidemic and health surveillance.

Receive routine health check-ups for early detection and early treatment.



Hip dysplasia has no obvious symptoms in the early stages and causes no pain. Therefore, it is easily ignored by parents. Even professional doctors cannot ensure the detection of all cases. In the future, it may cause pain and other complications due to its bad prognosis. The earlier it is detected the easier it is to treat. Thus, both parents and doctors should be vigilant.

What is developmental hip dysplasia

- Hip joint is the joint that connects the pelvis to the thigh. Approximately 1-2 in 1000 newborns are affected with hip dysplasia in Taiwan.
- Infants and children with this disease will have joint laxity and when they grow up they will have long-term disease manifestations such as hip dislocation, leg length discrepancy, lifelong claudication and osteoarthritis.
- The earlier hip dysplasia is detected, the easier it is to treat. For example, when detected in babies before 6 months of age, it can be treated with hip abduction braces; when detected after 6 months of age, it is usually treated with manual re-set and plaster immobilization; when detection is further delayed that is after the baby starts to walk, surgery is required for hip relocation. (treatments mentioned above vary from person to person).
- Hip dysplasia at an early stage can be recovered naturally. Binding babies too tightly with towels and keeping thighs straight and close to each other will impede the natural recovery or worsen it to a dislocation. Bending thighs naturally toward the outside is, on the other hand, helpful to hip development.

Important clues for early detection

- Risk factors: Hip dysplasia occurs more often in girls than in boys and is more commonly seen in infants with breech delivery (especially those breech deliveries with two straight knees). Other risk factors include family history, first child with oligohydramnios, born with torticollis, asymmetrical leg posture, knock knee and forefoot varus. Babies with risk factors mentioned above should be taken extra care of.
- Signs: If your baby has any sign of limited outward flexure of thigh (figure 1), leg length discrepancy (figure 2) or sounds during hip movement, please inform your pediatrician or general practitioner and pay special attention to hip problems.

Abnormal left foot



Figure 1: An evident decrease in the outward flexure angle on the left thigh which is probably due to hip dysplasia.

Abnormal left foot



Figure 2: Lying on the back with both feet leaving the bed and hips making a 90 degree angle, the baby is observed to have a lower left knee, which is probably due to hip dysplasia.

The incidence of neo-natal congenital hearing loss is 10 to 100 times higher than that of other congenital metabolic diseases screened after birth. Observing infants' behavioral responses to sounds with the naked eyes cannot correctly diagnose hearing loss. It can only be diagnosed by hearing test equipment.

The importance of detecting hearing loss at an early stage

- The incidence of severe newborn hearing loss of both ears is about 1 per thousand. If mild, moderate and unilateral hearing loss are also included then the incidence rate increases to 3 per thousand.
- Congenital hearing loss should be diagnosed within 3 months after birth. Babies with hearing loss should wear a hearing aid and receive hearing rehabilitation within 6 months after birth. These will make sure that the infant will have a normal language development.

Correct diagnosis must rely on hearing test equipment

- Only moderate bilateral hearing loss of above 60 dB can be diagnosed by observing babies' responses to sounds without using hearing test equipment.
- For babies between 6 to 7 months, observing babies' behavioral responses to sounds alone cannot correctly diagnose hearing loss. Thus, hearing test equipment must be used to confirm diagnosis.

Since March 15, 2012, the government has comprehensively sponsored newborn hearing screening. Please take your babies (newborns with Taiwan nationality younger than 3 months old can receive 1 screening sponsorship) to a hospital (the notice can be seen at the website of Health Promotion Administration http://www.hpa.gov.tw) and receive the screening.





Simple home-based hearing behavioral checklist for infants

Indicators in this scale are for parents' reference and they cannot substitute a professional hearing test. Beside newborn hearing screening, we also encourage children to receive a pre-school hearing test in a related institution before going to a kindergarten. If any hearing problems are detected, timely treatment should be carried out to avoid problems caused by hearing loss in children.

0 to 2 months old						
\square Yes, \square No	1. Has your child received newborn hearing screening?					
\square Yes, \square No	2. Loud sounds will startle your child.					
	(For example: closing the door hard, clapping hands)					
☐ Yes, ☐ No	3. Loud noise will disturb your child during light sleeps.					
3 to 6 mont	hs old					
☐ Yes, ☐ No	4. When you talk to your child, they will make meaningless sounds or make eye contact with you.					
\square Yes, \square No	5. During feeding, he/she will stop due to a sudden sound.					
☐ Yes, ☐ No	6. When crying, will quiet down when they hear their mother's voice.					
☐ Yes, ☐ No	7. He/she will show interest to some sounds. (For example: ring tone, dog bark, sounds of TV etc.)					
7 to 12 mon	ths old					
	ths old 8. They enjoy it when they begin to learn how to talk such as ロY (ma), ケソ (ba), カソ (da) etc.					
☐ Yes, ☐ No☐ Yes, ☐ No	8. They enjoy it when they begin to learn how to talk such as ロY (ma), ㄅY (ba), ㄅY (da) etc. 9. He/she likes to play with toys that can make sounds.					
☐ Yes, ☐ No☐ Yes, ☐ No	8. They enjoy it when they begin to learn how to talk such as ロY (ma), 5Y (ba), ㄉY (da) etc.					
☐ Yes, ☐ No ☐ Yes, ☐ No ☐ Yes, ☐ No	8. They enjoy it when they begin to learn how to talk such as ロY (ma), ㄅY (ba), ㄅY (da) etc. 9. He/she likes to play with toys that can make sounds. 10. He/she starts to respond to his/her name and understand what					
☐ Yes, ☐ No ☐ Yes, ☐ No ☐ Yes, ☐ No	 8. They enjoy it when they begin to learn how to talk such as ロ Y (ma), つ Y (ba), カ Y (da) etc. 9. He/she likes to play with toys that can make sounds. 10. He/she starts to respond to his/her name and understand what "cannot" and "bye" mean. 11. When you call from his/her back, he/she will turn to you or make meaningless sounds. 					
☐ Yes, ☐ No ☐ 1 to 2 years	 8. They enjoy it when they begin to learn how to talk such as ロ Y (ma), つ Y (ba), カ Y (da) etc. 9. He/she likes to play with toys that can make sounds. 10. He/she starts to respond to his/her name and understand what "cannot" and "bye" mean. 11. When you call from his/her back, he/she will turn to you or make meaningless sounds. 					
 Yes, □ No □ Yes, □ No □ Yes, □ No □ 1 to 2 years □ Yes, □ No □ Yes, □ No □ Yes, □ No 	8. They enjoy it when they begin to learn how to talk such as ロY (ma), ´¬ Y (ba), ´¬ Y (da) etc. 9. He/she likes to play with toys that can make sounds. 10. He/she starts to respond to his/her name and understand what "cannot" and "bye" mean. 11. When you call from his/her back, he/she will turn to you or make meaningless sounds.					

For items mentioned above, after continued observation of your child, if the answer "no" in each section appears more than three times, it is recommended to take your child for a hearing test immediately.

Common vision problems in children include amblyopia, strabismus and refractive errors (namely, myopia, hyperopia, astigmatism), etc. Before the age of 6 years is the critical period for treating strabismus and amblyopia. Missing it means a decrease in the effect of treatment. Myopia is regarded as an irreversible disease, it is also the main cause of blindness in Taiwan. The earlier your child suffers from myopia, the faster the degree will increase, the higher the chance of leading to a high myopia (greater than 500 degrees). Besides, a high myopia is prone to cause glaucoma, peripheral retinal degeneration, retinal detachment, macular hemorrhage and macular degeneration, posterior pole degeneration, early cataracts and can also lead to blindness. Studies have shown that outdoor activities are protective factors against onset of myopia and its deterioration. Looking at things closely for a long time is a risk factor of myopia. The golden period of myopia treatment is before adulthood. To prevent high myopia occurrence, once your child has myopia take them to a doctor for proper management. Myopia usually becomes stable after puberty.

Start eye protection activities at an early age					
Always observe your child. When the following visual symptoms occur, please go to an eye doctor as soon as possible. $ \\$					
\square Yes, \square No	1. Squints to see things.				
\square Yes, \square No	2. Often rubs his/her eyes.				
\square Yes, \square No	3. Habit of tilting, raising or bowing his/her head to see things.				
☐ Yes, ☐ No	4. Looks at things sideways repeatedly, showing that he/she wants to see them more clearly.				
☐ Yes, ☐ No	5. When participating in games, his/her actions are not flexible or agile.				
\square Yes, \square No	6. When reading or writing, his/her eyes are too close to the paper.				
\square Yes, \square No	7. Slow or regress in learning.				
☐ Yes, ☐ No	8. Often complains that he/she cannot see words on the blackboard clearly. Complains about eye fatigue, eye pain or headaches.				
\square Yes, \square No	9. Abnormal eye appearance (for example: cross-eyed).				
☐ Yes, ☐ No	10. Nystagmus (involuntary and repetitive eye movement) or other phenomena including reflection in the pupil of eye.				

Preparations before taking your children to a visual check-up

3 to 4 years: Some visual problems (such as amblyopia of one eye) show no obvious symptoms. Generally, 3 and a half to 4 years old is best for visual check-ups. Parents should first teach their children to recognize the letters at home and tell them how to use gestures to show or express the direction of the letter "E" or "C" before taking them to receive visual check-ups. (Refer to Page 65)



3 to 6 years: "Random dot stereogram" will effectively determine children with a poor three-dimensional sense. It will also avoid the disadvantage of possible peeping during one-eye visual exams. Besides teaching your child how to use gestures to show or express the direction of the letters of the visual acuity chart, parents should also teach their children about the four shapes ● , ■ , ◆ in a random dot stereogram.

The whole family should participate in the prevention of myopia

What is a high myopia

- Most definitions of high myopia are defined as myopia of above 500 degrees. It
 usually starts before the school age, elementary or middle school and will keep
 deteriorating until graduating from high school. A lack of outdoor activities and
 prolonged near distance eye usage will cause myopia and its worsening.
- Once myopia is diagnosed, it will gradually worsen, later it has a high chance to progress into high myopia, and further chances of complications will also increase.

Complications of myopia

Myopia is a disease and its complications are cataract, glaucoma, retinal periphery degeneration, retinal detachment, macular hemorrhage and macular degeneration and posterior pole degradation. These conditions are difficult to treat and may lead to blindness.

Basic visual care in children

Children under 2 years old should not watch screens. Children older than 2 years should not watch screens for more than 1 hour a day. Do not let your child indulge in prolonged near distance eye usage that can damage their vision. Recent empirical research has found that outdoor activities are protective factors against onset of myopia and its deterioration. More than 2-3 hours of outdoor activities per day may slow down the onset of myopia and its worsening in children. World Health Organization (WHO) also recommends that 3 - 4 years old children should participate in various levels of physical activities for at least 2 hours a day, including at least 1 hour of moderate to strenuous physical activity.



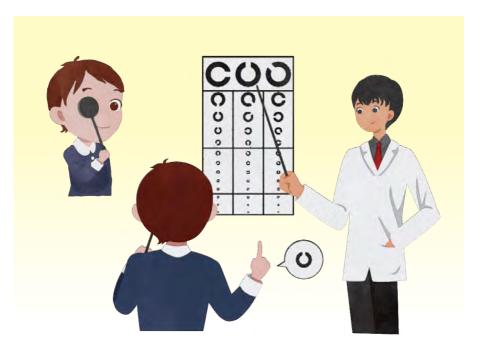
Reminders for eye protection

Tip No. 1:Practice outdoor activities	Done	Need improvement
1. Participate in outdoor activities for more than 2 to 3 hours a day.		improvement
During breaks, your child should go outside of the classroom and participate in activities or let their eyes have a rest for at least 10 minutes.		
3. Under strong sunlight, wear a cap or sunglasses for protection.		
4. The 3010 principle should be followed when watching TV or screens, which is to watch TV for 30 minutes and have a 10-minute break. Time spent watching TV or screens should be no more than 1 hour a day.		
5. Go to bed early and get up early, have a good rest.		
Tip No. 2: Eye habits to cultivate	Done	Need improvement
When reading, writing or looking at close objects for 30 minutes, you should take a 10-minute break.		
7. Babies under 2 years old should not watch screens.		
For babies older than 2 years, the time spent watching screens should be no more than 1 hour a day.		
When reading or writing with a pen, please keep a 35 to 40 cm distance between your eyes and the paper.		
10. Do not read in a bumpy car or while lying down.		
Tip No. 3: Have a balanced diet	Done	Need improvement
11. Eat dark colored vegetables and fruits rich in vitamin A, B and C.		
12. Take different types food everyday and do not develop dietary bias.		
Tip No. 4:Pay attention to the reading environment	Done	Need improvement
 Make sure there is adequate light. Illumination of the desk should be above 350 lux. 		
14. For the height of the desk, it is best when elbows can rest on the desk comfortably. The chair should be wide enough to contain your buttocks and both your feet should be flat on the floor.		
15. The light should not directly illuminate into your eyes. For those who are used to write with their right hand, the lamp should be placed on the front-left and for those who are used to write with their left hand, the lamp should be placed on the front-right.		
Tip No. 5: Correct pen grasp and sitting posture	Done	Need improvement
 Sit up straight with shoulders relaxed and the waist straight up. Do not tilt your head or lie on the desk. 		·
17. When writing, use the thumb, index finger and middle finger to hold the pen while keeping the ring finger and little finger stable.		
Tip No. 6: Receive routine check-ups	Done	Need improvement
18. Routine 1-2 eye exam every year.		
 If you are notified that your child did not pass the eye exam standard at school, visit an ophthalmologist for re-examination as soon as possible. 		
20. Follow your doctor's instructions and cooperate with the treatment. Take routine follow up check-ups.		



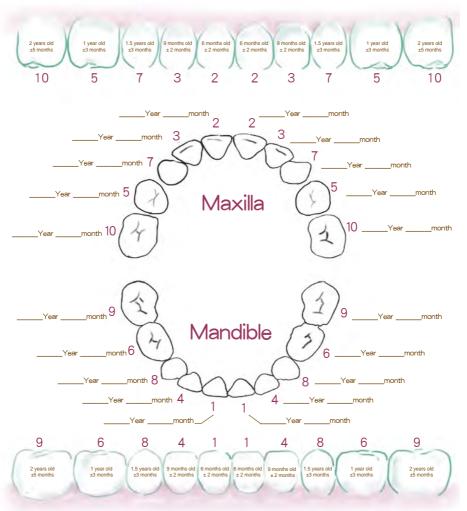
At 3-5 years of age, teach your child how to point out the direction of the letters (E and C) on this page, by turning the page up, down, left and right before visiting the doctor. If your child cannot understand, don't force it. It is normal not to understand before 5 years of age.





Records of oral health and baby teeth care

Note: checked and recorded by dentists



Number indicates the order of eruption





"2 dos and 2 don'ts make teeth healthy and sound"

1st do: Brush your teeth before bedtime and brush them at least twice a day.

2nd do: Include "fluoride" in the oral care, such as using fluoride toothpaste, going to a dentist every 6 months for fluoridization and oral check-ups.

1st don't: Don't hurt teeth. Eat less desserts and gargle more often. Never sleep with a milk bottle in the mouth or during breastfeeding..

2nd don't: Don't feed your baby with your mouth. Parents should not feed babies with food which has been chewed by them.

with food which has been chewed by them.				
Age	Reminders of oral health for children			
from 6 months to 1 year old	 After breastfeeding, cotton swab or gauze can be used to clean teeth, gums, oral cavity and tongue of your baby (your baby has sucking reaction and will not resist a cotton swab or gauze). Do not let your baby sleep with a milk bottle (during breastfeeding). Sugared beverages, additives and juice should be kept away from your baby. Do not blow hot food to cool it down or chew food beforehand. Do not use the same tableware. After the eruption of the first tooth, the feeding frequency at night should be decreased. After feeding you should also clean the teeth of your baby with a thin layer of fluoride toothpaste on a gauze to lower the incidence of dental cavities. From the eruption of the first tooth to 1 year old, your baby can go to a dentist and receive oral check-ups, health education and teeth fluoridation once every half a year. 			
1 year to 3 years old	 When children are about 12 months old, a habit of using glasses to drink water and juice can be formed. Feeding with milk bottles should be stopped to avoid dental cavities. Limit the intake of food with a high sugar content. Avoid giving carbonated drinks and sugary drinks When two adjacent baby teeth are discovered, you can start to use dental floss (toothpick) to clean your child's teeth, and toothbrush should be used for cleaning after posterior teeth erupts. Use toothpaste with fluoride in concentration of 1,000 ppm or more to reduce the risk of tooth decay. Use a thin layer of toothpaste about the size of a rice grain. Carers should use a small toothbrush to clean the baby's teeth after eating and brush with fluoride toothpaste. Be sure to clean the inner, outer and occlusal surfaces. Quit bad habits like sucking pacifiers and fingers Remember to receive teeth fluoridation, health education and oral checkups at the dentist once every half a year, If the baby have tooth decay, you need to consult a dentist to discuss the treatment plan. 			
3 years to 6 years old	 Carers should guide and watch children when they brush their teeth. Before bedtime, help your baby to clean their teeth. Use toothpaste with 1,000 ppm of fluoride. Squeeze out toothpaste the size similar to a pea and help your 3 to 6 years old child in brushing their teeth. Remember to receive teeth fluoridation, health education and oral checkups at the dentist once every half a year. If your baby have tooth decay, 			

ups at the dentist once every half a year. If your baby have tooth decay, it must be treated. Other examination items include: arrangement and occlusion of teeth, gingivitis, development of upper and lower jaws, etc 4. After the eruption of the first permanent molar, you should take your

baby to the dentist to receive a dental sealant.

Reminders to parents about preventive vaccination

- 1. Please follow the listed types of vaccine, and vaccination time schedules to receive inoculation in time to assure vaccination effectiveness.
 - Be sure to bring the Children Health Handbook and the insurance card at the time of inoculation for checking and registering. Vaccination records should be stored permanently for inspection before entering a primary school, studying or working abroad, immigration and other health check-ups.
- 2. Babies whose mother is HBsAg (S antigen) positive
 - Should receive 1 dose of hepatitis B Immunoglobulin (HBIG) and hepatitis B vaccine no later than 24 hours after birth. The sooner the better.
 - Hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) should be tested at the age of 12 months after completing the third dose of hepatitis B vaccine. For recommendations after testing, please refer to page 80 (Childhood Hepatitis B Follow-up Items and Record Form).
- 3. Influenza vaccinations are for children aged 6 months and above. Children of 8 years and below who receive vaccination for the 1st time should receive 2 doses of the vaccination. Others with a vaccination history or children above 9 years can be vaccinated once annually. Primary school children are vaccinated on school campus with 1 comprehensive influenza vaccination for free; 1st or 2nd year primary school children who are vaccinated for the first time after birth, if parents require, they can approach a medical institution for a 2nd dose at their own expense which should be at least 4 weeks after the 1st dose.
- 4. Hepatitis A public fee vaccination was implemented for children aged 12 months and above, who were born after January 2017. In April 2019 this program was expanded to below 13 years old children from low and lower-middle income households. Children of other age groups who are not vaccinated, have to receive inoculation at their own expense.
- 5. In order to prevent possible infection risks, infants above 6 months and below 1 year travelling to measles and rubella endemic areas, can receive 1 dose of measles, mumps and rubella combined vaccine (MMR) at their own expense, but after the child turns 1 year they still need to receive 2 doses of public expense MMR vaccination on time which should be at least 4 weeks apart from the previous dose.
- 6. The following children who are not suitable for active attenuated Japanese encephalitis vaccine, may be assisted by the medical hospital to apply for the inactivated vaccine at the district health center:
 - (1) Anyone who has had a severe allergy to any of the components of the vaccine
 - (2) Patients with congenital or acquired immune deficiency including chemotherapy, (Use of high dose of systemic corticosteroids for ≥ 14-days.)
 - (3) Patients infected with human immunodeficiency virus, whether there are any symptoms or not, have defective immune function.



7. BCG vaccination can prevent serious tuberculosis in young children. The incidence of tuberculous meningitis in young children who are not vaccinated with BCG is about 47 times higher than those who are vaccinated. If such diseases are not diagnosed and treated quickly, it will cause irreversible brain damage, and accompanied by fatality rate ranged from about 20% to 40%. Infants and young children with no contraindications are recommend to receive vaccine by the age of 5 months to 1 year (recommended vaccination age is 5-8 months old). Infants who live in high-risk areas or are about to travel to countries with high prevalence of tuberculosis are advised to consider early administration of BCG vaccination.

BCG vaccination has the following contraindications:

- (1) Serious adverse reactions such as severe allergies to any ingredient of the vaccine.
- (2) severe eczema and other skin diseases with significant skin disorders.
- (3) immune function insufficiency.
- (4) People living with HIV, with or without symptoms.

Reminders about vaccination

- Vaccination should be deferred for individuals with a moderate or severe acute illness until the illness has improved.
- Tuberculosis suspect or those who are suspected of being infected with tuberculosis, should not receive vaccination.
- Individuals infected with measles and chickenpox should postpone the BCG vaccination until recovery from the infection (6 weeks).
- Please confirm that of both parents' families do not have a suspicions family history of congenital immunodeficiency, such as childhood deaths due to infections for unknown reasons.
- Children of HIV-infected mothers should be followed for at least 4 months.
 They should be vaccinated only when tested HIV negative.
- Infants vaccinated early should weigh more than 2,500 grams.
- Possible adverse reactions after vaccination are posted as follows:
 - (1) Typical but not serious adverse reaction such as localized abscess, lymphadenitis, etc.
 - (2) Uncommon but serious adverse reactions such as osteitis / osteomyelitis or disseminated BCG infection (usually happens to infants with severe congenital immunodeficiency). Taiwan has been actively monitoring BCG vaccine adverse reactions since 2007. The data shows that the incidence of osteitis /osteomyelitis is about 47.8 parts per million, which is still within the estimated range of the World Health Organization.
- If infants and young children have a history of tuberculosis exposure, please access the local health authority or pediatricians to evaluate and treat latent tuberculosis infection.
- Try not to let your baby get in contact with possible tuberculosis patients such as avoiding symptomatic relatives and friends to visit or take care of your baby, etc.



Reminders to parents about preventive vaccination

Incidence of BCG vaccination adverse reactions

side effects Sources of materials	osteitis / osteomyelitis	Disseminated BCG infection
Monitoring data in Taiwan (the generation born in 2007-2015)	47.8 cases / 1 million population	0.5 case / 1 million population
World Health Organization Report of 2018	0.01-700 cases / 1 million population	2-34 case / 1 million population

- 8. Circumstances where vaccinations cannot be conducted
 - It is common that parents repeatedly delay vaccinations due to ailments in children. In fact, except for high fever and acute diseases whose conditions may be influenced after vaccination, such as cold which has entered the recovery phase merely with a runny nose, the child can be vaccinated. Children with a history of adverse reaction to a vaccine or untreated tuberculosis are contraindicated for vaccination. Parents can provide their child's health, treatment or medication status to the doctor for pre-vaccination evaluation.
- 9. The active attenuated vaccines (including measles, mumps, rubella combined vaccine, varicella vaccine and Live attenuated Japanese encephalitis vaccine) have the following contraindications:
 - (1) Patients with congenital or acquired immune deficiency or are undergoing an immuno- suppressive therapy, Use of high dose of systemic corticosteroids for ≥ 14-day.(those who are taking steroids, please discuss with physician whether it is appropriate to be vaccinated).
 - (2) Infected with a serious disease, Infected with human immunodeficiency virus, receiving chemotherapy or low immunity caused by malnutrition.
 - (3) After receiving a blood product, be aware of the following inoculation interval when you are going to receive the live attenuated vaccine:
 - The interval for those who have received general intramuscular immunoglobulin or hepatitis B immunoglobulin should be 3 months.
 - The interval for those who have received blood transfusion or intravenous blood products should be 6 months (receiving Washed RBC does not need an interval). Measles contacted cases, such as who received a preventive intramuscular immunoglobulin, should wait for more than 6 months for another vaccination.
 - The interval for those who have received intravenous injection of high doses ($\geq 1g / kg$) of immunoglobulin should be 11 months.
 - If children have received the respiratory syncytial virus (RSV) monoclonal prophylactic antibody (Palivizumab), be no intervals is needed.



Reminders to parents about preventive vaccination

10. Intervals of vaccination

- Live attenuated vaccines can be inoculated simultaneously (separately at different injection sites), or with an interval of at least 28 days. Inoculation of BCG or oral live attenuated vaccine can be taken along with other injectable live attenuated vaccine, simultaneously or after any time interval. An interval of at least 2 weeks for oral polio vaccine or rotavirus vaccine.
- Inactivated vaccines can be inoculated at the same time (separately at different injection sites) or at any time interval.
- Live attenuated and inactivated vaccines can be inoculated simultaneously (separately in different injection sites) or at any time interval. Yellow fever and cholera vaccines, however, should be separately inoculated with an interval of more than three weeks.

11. Vaccination sites and methods

When conducting children vaccinations, we should try to avoid the areas of nerves and blood vessels. We will usually select in the antero-lateral thigh or upper arm deltoid for vaccination. For infants under 2 years of age, we recommend that the vaccination area should be the antero-lateral thigh.

The active attenuated varicella, Japanese encephalitis and measles, mumps and rubella combined vaccinations are inoculated subcutaneously. Other inactivated vaccines are inoculated intramuscularly Besides, we choose the midpoint of the left upper arm deltoid to inject BCG intradermally.

12. Possible reactions after vaccinations and their treatment

After vaccination, there may occur local redness, swelling and pain. They usually will disappear within 2 to 3 days. As in the case of fever, ask your doctor for antipyretics. When a high fever lasts or other specific symptoms occur, such us infection with other diseases. Please go to see a doctor immediately to find out the real cause. For babies who have a history of thermal convulsion, it may increase the chance of heat cramps after vaccination. In addition to paying attention to changes in body temperature, please also tell your doctor before vaccination to help him evaluate the timing of taking antipyretics.

Type of vaccines	Reactions and treatment
BCG ⊙	 After inoculation, there is usually a small red nodule at the injection site which does not need any special treatment. Do not squeeze it or cover it up, when the nodule turns into a mild pustule or ulcer. The only thing you need to do is keep the area dry and clean, and it will heal by itself in 2 to 3 months. If the injection site shows the following situations, please go to a doctor for appropriate assessment and treatment.
Hepatitis B vaccine #	Generally, there are quite few special reactions.
Chickenpox vaccine \odot	Local swelling may appear 5 to 26 days after inoculation at the injection area. Or there are chickenpox-like blisters occurring on the body.
Hepatitis A vaccine #	Generally, there are quite few special reactions. Local redness, swelling and pain may occur in some people
Diphtheria, tetanus, acellular pertussis, B type Haemophilus and inactivated polio 5 in 1 vaccine #	 1 to 3 days after vaccination, redness and pain might appear at the injection site. Babies would occasionally cry. There may also be anxiety, fatigue, loss of appetite or vomiting and other symptoms. They usually will recover in 2 to 3 days Constant crying or fever with a high temperature are rare. Serious adverse reactions such as severe allergies, lethargy or seizures are extremely rare. When the swelling continues to expand in the vaccinationarea, a fever lasting over 48 hours after inoculation or suffering from severe allergic reactions and severe symptoms, please see a doctor as soon as possible for treatment.
Measles, mumps and rubella combined vaccine ⊙	Rash, coughing, rhinitis or fever and other symptoms occur occasionally 5 to 12 days after vaccination

Type of vaccines	Reactions and treatment
Japanese encephalitis vaccine ① #	 Live attenuated Japanese encephalitis vaccine : Generally, there may be pain, redness and swelling at the injection site. A few cases of mild or moderate general weakness, myalgia, irritability, loss of appetite, fever, headache and other symptoms might occur after 3-7 days of inoculation, will recover after a few days. It is extremely rare to have symptoms such as severe allergies, lethargy or convulsions. If the above symptoms does not improve, you should seek medical attention as soon as possible. Inactivated Japanese encephalitis vaccine # : Generally, there are very few special reactions. Occasionally, there will be pain at the injection site, mild fever, diarrhea, flulike symptoms, etc.
Reduction tetanus, diphtheria, acellular pertussis and inactivated polio mixed vaccine #	 There are usually redness, swelling and pain occurring in the vaccination area which are usually short-lived and will recover in a few days. Do not rub or grasp the injection area If the injection area swells, the lumps do not eliminate, abscess or a persistent fever occurs, please go to a doctor as soon as possible Symptoms such as loss of appetite, vomiting, mild diarrhea, stomach discomfort and others occur occasionally.
Influenza vaccine #	Local swelling and pain may occur. Sometimes fever, headache, muscle aches, nausea, pruritus, urticaria, rash and other minor systemic reactions may also occur which will usually naturally recover after 1 to 2 days.
13-valent conjugated pneumococcal vaccine #	 After inoculation, pain and swelling may occur at the injection area in a few people. Generally, they will recover within 2 days of vaccination. Serious side effects of fever, fatigue and others are rare. If a persistent fever or severe allergic reactions occur after vaccination such as dyspnea, shortness of breath, dizzy faint, rapid heartbeat and other symptoms, go to see a doctor as soon as possible. Your physician will make further judgment and treatment.
	⊙ Live attenuated vaccines # Inactivated vaccines

Receive preventive vaccinations routinely Free your baby from health problems

The baby is born! We remind parents that vaccination is the most direct and effective way to prevent infectious diseases. Let your baby win at the starting point. Take the initiative to prevent and receive vaccinations happily!

Routine vaccination programs

- Hepatitis B vaccine
- Diphtheria, tetanus, acellular pertussis, inactivated polio and Haemophilus influenzae type b conjugate vaccine
- Pneumococcal conjugate vaccine (13-valent)
- BCG
- Varicella vaccine
- Measles, mumps and rubella vaccine
- Hepatitis A vaccine
- Japanese encephalitis vaccine
- Diphtheria and tetanus toxoids with acellular pertussis and inactivated polio vaccine
- Influenza vaccine
- HPV (human papillomavirus) vaccine (two does during adolescents)

Vaccination institutions, materials to be prepared and relevant charges

- Institutions that provide preventive vaccination services for school children include Public health center and authorized hospital and clinics in each county and city. For more relevant information, please call the preventive vaccination hotline in each county and city.
- When conducting children's vaccination, you should bring the children's health insurance card and the Children Health Handbook. For those who receive vaccination for the first time, please also bring with you the household registration in order to facilitate the registration of the children's vaccination information. Streptococcus pneumoniae infection high risk group, please check the diagnosis certificate.
- When children are receiving routine vaccinations, the free vaccines are provided by the government. Authorized hospitals and clinics will charge for registration, examination and other expenses according to standards of each county and city.
- When more than 2 vaccine inoculations are needed, or those who have applied for paying through health insurance due to other diagnosis or preventive health check-ups, then registration fee will not be charged repeatedly.

When you missed or delayed a vaccination, how to make it up

The vaccine inoculation schedule is generally defined by the studies to achieve the best immune effect. Children should be vaccinated on time if not delayed due to vaccination contraindications or special circumstances. Missed vaccinations do not need to be started all over again. However, vaccinations should be made up or continued to completion as soon as possible in accordance to the regulations of the health institutions.

When babies are living in two places, how to guarantee preventive vaccinations

If your child resides or travels between Taiwan and another region, due to the differences of vaccination programs and time schedules owing to factors relevant to epidemic tends of diseases, you should understand the local prevention and vaccination programs first, and then complete vaccinations accordingly. When you come back to Taiwan to continue the vaccination, you can carry vaccination records and go to a health center and authorized hospitals and clinics to complete the inoculation.

Preservation and replacement of preventive vaccination records

After your child's birth, information including the dates when receiving inoculations and institutions of performing vaccinations should be recorded in the "time schedule and records of vaccinations" of this handbook and be permanently stored in order to provide a reference for health care workers in follow-up vaccinations. Young children and schoolchildren should hand in records for inspection by schools and medical institutions. If vaccines are not completed, arrangements will be made to complete them.

For those who are going to study or work abroad or who are willing to immigrate, you will also be asked to provide multiple vaccination proofs. When your child's vaccination record is lost, you can apply for a replacement in the original inoculation institution. If he/she received inoculations in different locations, you can contact the nearest health center first. If the vaccination information is uploaded into the national vaccination information system through the vaccination unit, it can be reissued by the health center.

Know about self-funded vaccines



Due to new or mixed vaccines that have been approved for marketing, the government has also carefully evaluated the feasibility and necessity of including these vaccines in routine vaccination in the future, and actively sought funding in accordance to the priorities. Before the full implementation by the government, parents can assess the needs of the baby and go to a hospital or a clinic for vaccination at their own expense. Also, detailed medical information relevant to vaccines shall be recorded on the preventive vaccination card by medical staffs and uploaded to NIIS.

Streptococcus pneumonia vaccine

Streptococcus pneumonia can often be found in respiratory tracts of healthy people. When the immune system is in a poor condition, it is easier to get infected, or even get severe invasive pneumococcal infections. There are two brands of pneumococcal vaccines currently available in Taiwan's market, namely pneumococcal conjugate vaccine (PCV), PCV and pneumococcal polysaccharide vaccine (PPV). PPV is not appropriate for use among children of 2 years and below. If the child is vaccinated for the first time, domestic experts recommend Pneumococcal conjugate vaccine.

Rotavirus vaccine

Rotavirus is one of the main reasons for children under 5 years of age to get gastroenteritis. It can cause vomiting, watery diarrhea, fever, abdominal pain, loss of appetite, or even dehydration. There are 2 brands of this vaccine currently available in Taiwan's market, both of which are oral vaccines. They are inoculated as 2 dose and 3 dose regimens. Please complete the inoculation according to the recommendations.

Hepatitis A Vaccine

An epidemic of hepatitis A is closely related to the environment, occurring in areas with poor sanitary conditions. The main route of infection is taking food or water contaminated by hepatitis A virus. Symptoms of infection include fatigue, anorexia, fever, jaundice, thickening of urine color, upper abdominal pain, etc. Most cases will naturally heal and antibodies will be produced. Fulminant hepatitis only occurs in a handful of cases. Severe cases may be fatal. Its fatality rate is about 3 in a thousand. Inoculating the vaccine of hepatitis A is an effective way to prevent the infection of hepatitis A virus. Currently, there are only inactivated hepatitis A vaccines available in Taiwan's market with an approved vaccination age of above 12 months. The vaccinations shall be conducted twice separately with an interval of at least six months. After inoculating with the first vaccine, more than 95% of the population can produce protective antibodies. With the inoculation of the second vaccine, the immunity can be maintained for 20 years.



Pertussis

Pertussis is an acute respiratory bacterial disease caused by Bordetella pertussis. The main route of infection is droplet infection. There is no epidemic season for pertussis, which can occur all year round. The infectivity of Pertussis is similar to measles and complications are most common with pneumonia. Infected children have a high probability of being hospitalized. The pertussis antibody in the 5-in-1 and 4-in-1 vaccines containing pertussis in young children can only be maintained for 5-10 years. It is recommended that adolescents inoculate a dose of Reduction tetanus, diphtheria, acellular pertussis and inactivated polio mixed vaccine at their own expense to reduce the risk of infection and dissemination.

Varicella vaccination

Varicella is a highly infectious disease caused by the varicella-zoster virus. It is mainly transmitted through direct skin contact, droplets or air. Varicella is 6 times more infectious than enterovirus. Complications include secondary bacterial infections, pneumonia, etc. If severe, it may cause septicemia. People who have been vaccinated may still get varicella second time, which is called as breakthrough infection. Its incidence rate will increase year by year. It is suggested that children from 4 years old to 6 years old before going to primary school should get a second dose of varicella vaccination using own expense. However, when there is cluster infection, it can be replenished three months after the first dose to help improve the protective effect.

Measles, mumps and rubella combined vaccine

Measles is an acute respiratory infection caused by a measles virus. The measles is highly contagious and can be infected by air, droplets or exposure to the patient's nasopharyngeal secretions. For infants who are between 6 months to 1 year old who are going to travel to measles or Rubella endemic areas, and the parents were born after 1981 (for vaccination generation, antibodies may decrease with age), it is recommended that you take 1 dose of measles, mumps and rubella combined vaccinations (MMR vaccine) at your own expense, but still need to complete 2 doses of public MMR vaccination after the baby is over 12 months old (at least 4 weeks apart from the previous dose)

HPV {human papillomavirus} vaccine

Human papillomavirus infection can easily lead to a variety of different diseases and cancers. Cervical cancer is an enemy that all women must guard against. Currently, it has the highest cancer incidence rate among women. Most cervical cancers are caused by HPV infection with human papillomavirus. Fortunately, there are already human papillomavirus vaccines that can prevent HPV infection and related malignant carcinogenesis. At present, the state also incorporates it into the timetable for publicly funded vaccines. It is recommended that all female students in the country should be vaccinated in order to have the best protection effect. Parents can also choose vaccinations from different brands to protect children.





Before vaccination

Please confirm that both parents' families do not have a history of congenital immunodeficiencies, such as deaths due to unknown reasons for childhood infections. For babies born to mothers affected with HIV, please consult a doctor in the infection department before vaccination.



During vaccination

The family members should cooperate with the professional staff guidance to hold infants securely to ensure the successful completion of the BCG intradermal injection process.



After vaccination

Please trim the nails of your baby regularly when your baby has abscess or ulceration. You can prevent the baby from scratching the vaccination site with dry, clean gauze and fix it with tape or wear sleeved clothes to avoid the unnecessary infection.



Normal situation after vaccination

1 to 2 weeks

A little red nodule is found at the injection site which would grow gradually. May feel mild pains and itchiness without a fever



4 to 6 weeks

The lesion progresses to abscess or ulceration. Do not apply medicine or cover it. It would be helpful if you keep it clean and dry. When there is pus producing from the wound, you can clean it with a sterile gauze or cotton. Squeezing should be avoided.



2 to 3 months

It will heal and form a scab, leaving a small light red scar. After a while, it will turn to normal skin color.



Reminders

The scar at the injection site of some infants does not heal even after 3 months of vaccination. In such a situation you can go to the hospital in advance or wait till the next vaccination appointment for appropriate assessment and treatment by doctors.

Reminders for children under 5 years old

When BCG adverse reactions such as local abscess / swelling take place in children, it is proper to inform your pediatric doctors to take BCG vaccination into account or go to the local health government to request for a pediatrician for consultation. Suspected/confirmed injury by BCG vaccination cases can apply for the vaccination injury compensation through the instruction and assistance of the local health government.

Other information

If you need any further BCG information. Please visit the Website of Taiwan Centers for Disease Control: https://www.cdc.gov.tw

Records of hepatitis B check-up

Children's hepatitis B follow up and check-up record (cut along the dotted line and save it)

Name: Date of birth:ID No						
Res _{Ults}	HBsAg (- Negative; + Positive)	anti-HBs (- Negative; + Positive)	★ AST	ction test ★ ALT (GPT)	Ultrasonic exam * Information including conditions such as cirrhosis is suggested to be filled in	Check-up institution

- of HBIG and hepatitis B vaccine as soon as possible after birth. The sooner the better, not later than 24 hours. The baby should be tested for HBsAg and anti-HBs at the age of 12 months after completing the third dose of hepatitis B vaccine and if the baby has antibodies, there is no need to vaccinate. If there and no HBsAg and anti-HBs antibodies, one dose of hepatitis B vaccine can be added free of charge. Blood test can be performed one month later, and, if the surface antibody is still negative, sec- ond and third doses can be provided by the public vaccine in the first and sixth months. If the antibody is still absent, there is no need to vaccinate; however, preven- tive measures against hepatitis B should be taken, and changes in HBsAg should be regularly followed.
- Mothers who are tested positive for HBeAg should bring relevant materials in the Maternal Health Handbook including "Maternal records and follow up charts of hepatitis B" to clinical doctors as references for the children's tests for HBsAg and anti-HBs.
- ※ Carriers of hepatitis B with normal liver function are suggested to receive followup checks every 6 months to 1 year. If the carriers have abnormal liver functions, doctors will decide the re-examination time for liver functions and ultrasonic examinations.
- ★ GOT (AST): Glutamine benzeneacetic acid transaminase; GPT (ALT): Glutamine pyruvic acid transaminase.



Referral chart of children's developmental evaluation

(Delivered for parent's use)

Dear parents			
On	Day	Month	Year
Your baby has \square	Received the	(1st - 7th)	children's preventive
health care service	ce		
\square During check-	up, through prelir	minary examination	s:
\square Movements, \square	🛘 Language, 🗆 C	ognition, \square Social	emotions
\square Others:	is su	spected to be deve	elopmentally delayed.
will refer/forwar and Youth Welfa centers (evaluation management. Pl joint evaluation of	rd your child's in the and Protection on hospitals) and ease take your be tenter authorized table for timely tro	nformation in acco on Act to the healt social welfare inst paby to the neares by the Health Pron	our hospital (clinic) ordance to the Child on the bureau, evaluation itutions for follow up to Child development notion Administration confirmation of your

Medical Institution:	
Referral Doctor:	

Phone number:_



How can we apply for an ARC for a newborn foreigner in Taiwan (including newborn of a foreign worker)?

- 1. With regards to a foreigner born in Taiwan whose father or mother has an ARC or an APRC at the time of birth, either parent can apply for an ARC for their newborn at the local NIA service center within 30 days of birth (days calculated from the next day of birth), and documents required are birth certificate and one 2"x2" photo of the newborn, ARC (APRC) of father or mother and application fee. Upon acquiring a passport, parents are required to register for passport information update.
- 2. Upon obtaining an ARC, the newborn can apply for the National Health Insurance, for further information contact National Health Insurance Administration, Ministry of Health and Welfare. Toll-Free Consultation Number: 0800-030-598.
- 3. According to the regulation of the "Nationality Act" amended on February 9, 2000, a newborn born after February 9, 2000 whose father or mother is, at the time of their birth, a national of Taiwan, are eligible to obtain Taiwan's nationality. Either parent shall apply for a birth registration at the local Household Registration Office, and thus, do not require the application for an ARC for the newborn.

Contact:

Tel: (02)23889393 #2050

Ministry of the Interior National Immigration Agency website:

https://www.immigration.gov.tw/5385/12162/12197//CP_QA

書名:兒童健康手冊

advertisement

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Handling emergencies

··Unconsciousness ···



No

Move them tenderly to lay them down on their side(shown in the picture below). Make sure that the tongue does not block breathing. Keep the respiratory tract unhindered. Observe their breaths and look out for blackening of their faces.

-

Cardiopulmonary resuscitation (CPR)



····· Poisoning ····

If your child ingests an unknown object or a medicine, stay calm and hold on to the container or package of the object or medicine.

- Ask for help. Call the National poison control center as soon as possible: 02-2871-7121.
- If the child has obvious symptoms of respiratory distress, lethargy or loss of consciousness, seek immediate assistance and call 119 for an ambulance to take your child to a hospital.
- Without the doctor's suggestion, please do not induce vomiting on your own to avoid aspiration pneumonia.
 - Some products (such as detergents) may burn the throat, esophagus or gastrointestinal tract. The burning may become more severe if you ask them to vomit and it will increase lung damage as well.
- Do not feed your children with milk or other liquids without the doctor's or National poison control center's suggestion.

	*		
	Important phone numbers		Please add by yourself
7	Police station	110	
	113 Hotline of women and children's care	113	
	Fire station	119	
0	National posion center	02-2871-7121	X
			N. E