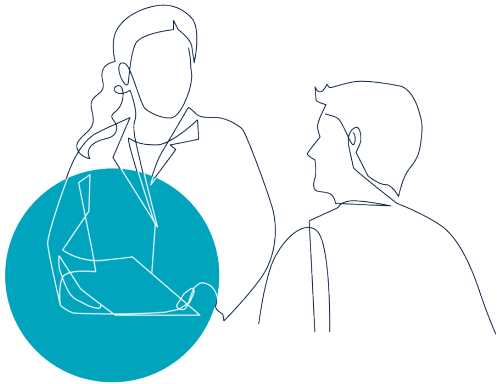
Beyond Birth: Supporting Families from Preconception to Early Childhood

October 8, 2025 | 1830–2000 PT



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LAND ACKNOWLEDGMENT

We acknowledge that UBC CPD work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Sə́l̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

What is your relationship to the territory or the land that you're on?

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FUNDING ACKNOWLEDGEMENT

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SharedCare
Partners for Patients

JCC
Joint Collaborative Committees

LEARNING OBJECTIVES

1. Identify key components of preconception counselling, including the management of BMI, pre-existing conditions such as diabetes and hypertension, and the role of folic acid.

2. Describe the treatment options for tongue-tie and identify clinical indications for surgical intervention.

3. Recognize early signs of developmental delay and autism, and utilize appropriate screening tools to support timely diagnosis and referral.

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DISCLOSURES

Speakers

- **Dr. Matt Dickson, Dr. Erik Swartz, Dr. Brenda Wagner:** Nothing to disclose.
- **Dr. Shelley Ross (moderator):** Has received funding from the Federation of Medical Women of Canada, Pfizer related to RSV advocacy. There is **no potential conflict of interest** between this funding and this webinar.

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DISCLOSURES

Planning Team

- **Dr. Bruce Hobson:** Has received funding from UBC CPD, Doctors of BC, PHSA, PainBC, Cowichan Valley Division of FP, Qathet Division of FP as a Medical Lead, Director, and Committee Member. There is **no potential conflict of interest** between this funding and this webinar.
- **Dr. Julie Wood:** Nothing to disclose.
- **Stephanie Din, Caldon Saunders:** Are employees of UBC CPD.

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DR. BRENDA WAGNER

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Preconceptual Counselling

Dr. Brenda Wagner

October 8th, 2025 |

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PRECONCEPTUAL COUNSELLING

1

Ask all reproductive aged women “Are you considering becoming pregnant in the next year?”

2

Consider a poster in the waiting room “Are you considering pregnancy in the next year?”

3

Use a preconceptual counselling tool with prompts of what to discuss

- https://obgyn.onlinelibrary.wiley.com/action/downloadSupplement?doi=10.1002%2Fijgo.15446&file=ijgo15446-sup-0001-Supinfo.pdf

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FIGO
International Federation of Gynecology and Obstetrics
the Global Voice for Women's Health

FIGO Preconception Checklist for women desiring pregnancy

This checklist is designed for girls/women* to complete together with their healthcare professional to assess their health status before getting pregnant and provide a basis for their healthcare professional to give advice on the best possible way to prepare for conception.

Date of birth: ☐ Blood type: ☐

Has your mother/father/siblings had health problems such as hypertension, diabetes, thrombosis, genetic diseases or others? Yes ☐ No ☐ Don't know ☐

Nutrition

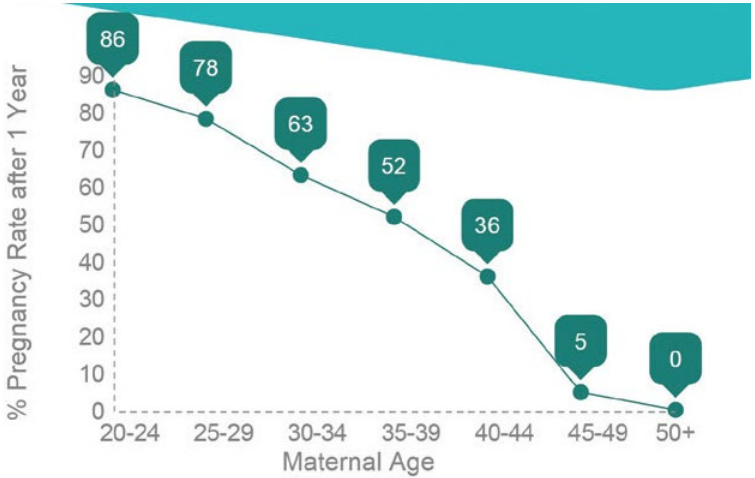
For assessment, use the FIGO Nutrition Checklist for pre-pregnancy/early pregnant women (https://survey.figo.org/c/kuxayx3e)

Weight: ☐ kg, Height: ☐ m^2, BMI: ☐ kg/m^2

If your BMI is higher than 30kg/m^2 or lower than18.5 kg/m^2, refer to a dietician.

PRECONCEPTUAL COUNSELLING

- Discuss natural fertility rates with aging



- Discuss lower success rates with ART
- Discuss oocyte freezing (partially covered by new BC plan)

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PRECONCEPTUAL COUNSELLING - HISTORY

Previous Pregnancies and Outcomes

- Review any needed testing, referrals

Sexual Health – partners, STI protection

- testing needed, counselling on risk reduction strategies

Medical history and current medications

- Refer as appropriate if medication change needed e.g.ACE inhibitor, warfarin, diabetes management

Travel Plans

- Avoid travel to countries with risk of Zika

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PRECONCEPTUAL COUNSELLING - HISTORY

Mental health

- Review past and present medications
- Discuss PND and warning signs

Substance Use

- Tobacco, Vaping
- Alcohol
- Other substances

Vaccinations, Immunity, Infectious Diseases

Ethnicity, Work, Social Determinants of Health

- Exposures, Food Security, Housing, Gender Based Violence

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PRECONCEPTUAL COUNSELLING - EXAM

Height

Weight

Blood Pressure

Cervical Screening (HPV Swab)

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PRECONCEPTUAL COUNSELLING - TESTING

CBC, Ferritin, Hemoglobin Electrophoresis

Rubella, Varicella (if no clinical history), Hep B immunity

HIV, Hepatitis B, Hepatits C, Syphilis

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PRECONCEPTUAL COUNSELLING- ADVICE

Nutrition and supplements	•Folic Acid – low dose and high dose •Adequate Calcium, Vitamin D, Vitamin B12, Iron, PNV, micronutrient supp •Healthy Plate and food safe – fish, listeriosis
Healthy Weight, Moderate Exercise	•150 mins moderate exercise a week (greater than 10 min intervals)
Appropriate Referrals	•Medical Genetics •Internal Medicine, Endocrinology, Hematology •Mental Health
Prevention	•ASA 81-162 mg Ideally at 12 weeks but definitely before 16 weeks

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PRECONCEPTUAL COUNSELLING ADVICE

Risk	Risk Factors	Recommendation
High	•History of preeclampsia; •Multifetal gestation; •Chronic hypertension; •Type 1 or 2 diabetes; •Kidney (renal) disease; •Autoimmune disease (systemic lupus erythematous, antiphospholipid syndrome)	Recommend low-dose aspirin if the patient has one or more of these high-risk factors
Moderate	•Nulliparity (never having given birth); •Obesity (body mass index >30 kg/m2); •Family history of preeclampsia (mother or sister); •Black or African American (due to social, rather than biological factors); •Age ≥35 years or less than 18; •Personal history factors (e.g., low birthweight or small for gestational age, previous adverse pregnancy outcome, >10-year pregnancy interval) •In vitro fertilization	Recommend low-dose aspirin if the patient has two or more of these moderate risk factors; consider low-dose aspirin if the patient has at least one of these moderate risk factors
Low	Previous uncomplicated full-term delivery	Do not recommend low-dose aspirin

DR. MATT DICKSON

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Ankyloglossia/Tongue Tie

UBC CPD/Perinatal CoP Webinar

J. Matthew Dickson

Oct 8/2025

Definition

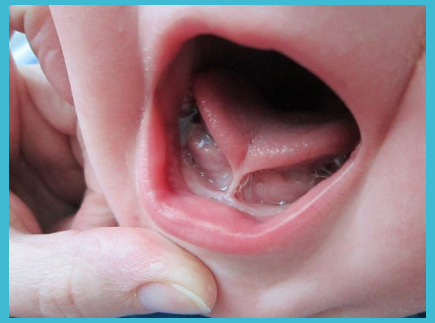
A condition that impairs tongue movement due to a restrictive lingual frenulum.

The International Affiliation of Tongue-Tie Professionals defines the lingual frenulum as a tissue remnant located in the midline between the tongue's ventral surface and the floor of mouth.

Anterior Ankyloglossia

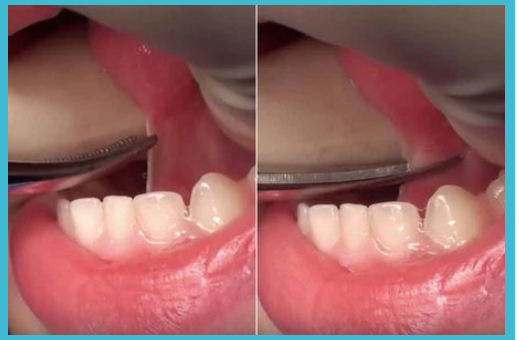
Posterior Ankyloglossia remains a subject of controversy

Indications



- Breastfeeding Complications
  - Poor latching, constant loss of latch
  - Pain with breastfeeding
  - Irritability while breastfeeding
  - Poor weight gain
- Speech
  - Pronunciation of Consonants and the sounds "s,z,t,d,l,ch,zh,th,dg,r"
  - Tongue tie does not delay speech
- Oral Hygiene
- Mechanical complications
- Malocclusion

Surgical Procedures



- Observation
- Lactation or Speech Pathology Consultation
- Frenotomy
  - In newborn period (first 3-4 months of life)
  - Age of developing Speech (2 years old)
    - Typically done under anesthetic
- Frenectomy
- Frenuloplasty

Complications

- Bleeding
- Infection
- Scarring
- Salivary Duct Stenosis

References

Messner AH, Walsh J, Rosenfeld RM, Schwartz SR, Ishman SL, Baldassari C, Brietzke SE, Darrow DH, Goldstein N, Levi J, Meyer AK, Parikh S, Simons JP, Wohl DL, Lambie E, Satterfield L. Clinical Consensus Statement: Ankyloglossia in Children. Otolaryngol Head Neck Surg. 2020 May;162(5):597-611.

Junqueira MA, Cunha NN, Costa e Silva LL, Araújo LB, Moretti AB, Couto Filho CE, Sakai VT. Surgical techniques for the treatment of ankyloglossia in children: a case series. J Appl Oral Sci. 2014 Jun;22(3):241-8.

Walsh J, Tunkel D. Diagnosis and Treatment of Ankyloglossia in Newborns and Infants: A Review. JAMA Otolaryngol Head Neck Surg. 2017 Oct 01;143(10):1032-1039

DR. ERIK SWARTZ

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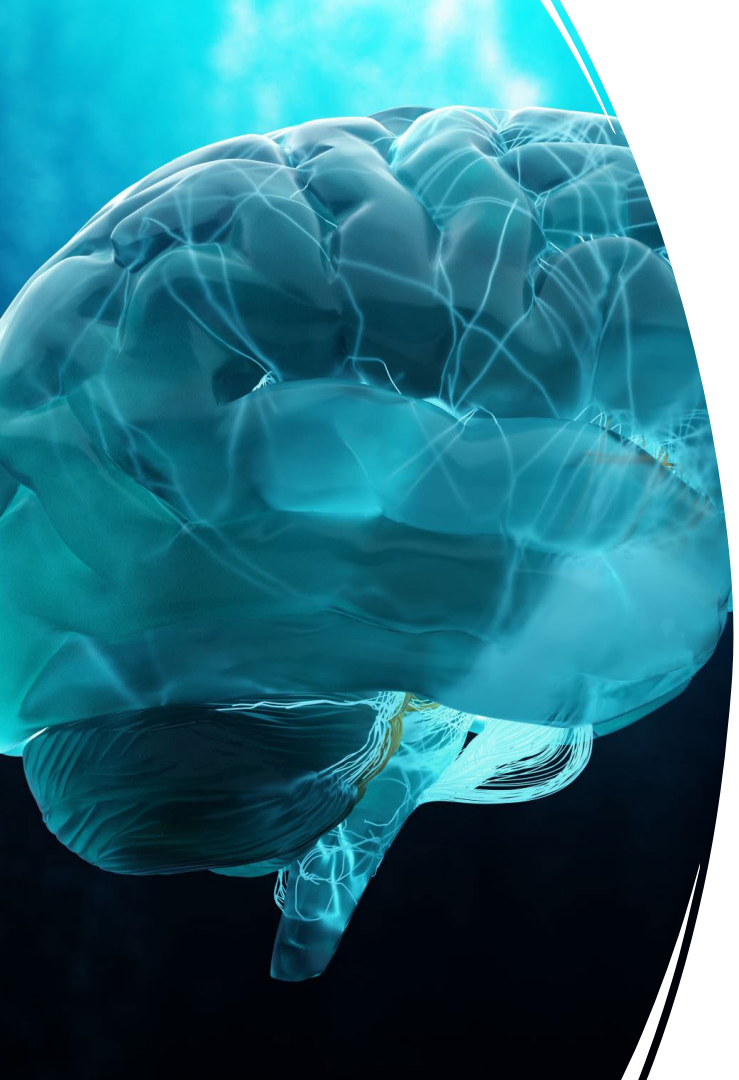
Recognizing Early Signs of Developmental Delay and Autism

Supporting Timely Diagnosis and Referral in Patients Up to Age 2

Erik Swartz, MD, FRCPC

Clinical Associate Professor, Dept. of Pediatrics, UBC



Why Early Detection Matters

- 90% of brain development occurs by age 5
- First 2 years: peak neural plasticity
- Early intervention improves communication, behavior, social outcomes
- Late diagnosis often delays therapy during the most sensitive window

Developmental Surveillance vs Screening

Surveillance: Continuous, informal observation (Rourke) at well-child visits

Screening: Structured tools (e.g. M-CHAT-R/F, ASQ) at specific intervals (9,18,24 mos)

Together, they create a layered approach to early detection

Both require strong communication with parents

Rourke Baby Record: 2024
Evidence-Based Infant/Child Health Maintenance
www.rourkebabyrecord.ca ©2024 Drs. L Rourke, D Ledue and J Rourke. Revised May 18, 2024

NATIONAL GUIDE IIC: 6 MONTHS
ONE VISIT PER PAGE FORMAT

NAME: _____ Birth Day (d/m/yy): _____/_____/20____ M ☐ F ☐

Gestational Age: _____ Birth Length: _____cm Birth Weight: _____g Birth HC: _____cm

Past problems/Risk factors: | Family history:

GROWTH[1] use WHO growth charts. Correct age until 24–36 months if < 37 weeks gestation.

Length	Weight (x2 BW)	Head Circ.

PARENT / CAREGIVER CONCERNS For each ❍ item discussed below, indicate "✓" for no concerns, or "X" if concerns.

NUTRITION[1]

- ❍ **Breastfeeding – introduction of solids**[1]
  - ❍ **Vitamin D 400 IU/day**[1]
- ❍ *Formula feeding/preparation*[1] [750–1080 mL (25–36 oz)/day]
- ❍ **Iron containing foods (meat, wild game, fish, legumes, tofu, whole eggs, iron-fortified infant cereal)**[1]
- ❍ **Allergenic foods (especially eggs and peanut products)**[1]
- ❍ Fruits, vegetables, and milk products (yogurt, cheese)
- ❍ **Avoid juice and food/beverages high in sugar or salt**[1]
- ❍ Choking/Safe food[1] ❍ No honey[1]
- ❍ No bottles in bed
- ❍ Inquire about vegetarian, vegan and other diets[1]

COMMENTS

EDUCATION AND ADVICE Repeat discussion of items is based on perceived need. Practice inclusive, anti-racist, culturally safe care. Observe, discuss, model, and praise specific parenting behaviours and routines that promote early relational health (ERH).

Injury Prevention[1]
- ❍ **Motorized vehicle safety/Car seat**[1]
- ❍ **Safe sleep (position, room sharing, avoid bed sharing, crib safety)**[1]
- ❍ **Poisons/Ingestions**[1]**; PCC**[1]
- ❍ **Firearm safety**[1]
- ❍ *Pacifier use*[1]
- ❍ *Hot water <49°C/Bath safety*[1]
- ❍ *Electric plugs/Cords*
- ❍ *Falls (stairs, change table, unstable furniture/TV, no walkers)*[1]
- ❍ Carbon monoxide/*Smoke detectors*[1]
- ❍ Choking/Safe toys[1]

Family functioning & Behaviour issues[2]
- ❍ **Healthy sleep habits**[2]/Night waking[2]
- ❍ Crying/Soothability/Colic[2]
- ❍ Parental fatigue/Depression[2]
- ❍ **Family Stress/Inquire re: difficulty making ends meet or food insecurity**[2]
- ❍ **Parent-infant interaction/ Parenting skills programs**[2]
- ❍ **Encourage reading, telling stories, singing to/with infant**[2]
- ❍ **Family healthy active living/ Sedentary behaviour/Screen time**[2]
- ❍ *Child care*[2] *options*
- ❍ **Assess home visit need**[2]

Environmental Health[1]
- ❍ **2nd hand smoke**/E-cigs/Cannabis exposure[1]
- ❍ **Pesticide exposure**[1]
- ❍ Sun exposure/Sunscreens/Insect repellent[1]

Other Issues[1]
- ❍ **Supervised tummy time while awake**[1]
- ❍ Teething[1]/**Dental cleaning/Fluoride**[1]
- ❍ **No OTC cough/cold medicine**[1]
- ❍ *Complementary/alternative medicine*[1]
- ❍ Fever advice/Thermometers[1]

COMMENTS

DEVELOPMENT[2] Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional Tasks are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.[4] Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent. NB–Correct for age until 2 yrs if < 37 weeks gestation.

- ❍ *Rolls from back to side*
- ❍ *Sits with support with head and neck control*
- ❍ *Reaches/grasps objects with both hands/ no hand preference*
- ❍ *No persistent closed/fisted hands*
- ❍ *Hears sounds & laughs when spoken to*
- ❍ *Vocalizes pleasure and displeasure with good eye contact*
- ❍ *No parent/caregiver concerns*[2]

COMMENTS

PHYSICAL EXAMINATION[2] An appropriate age-specific physical examination is recommended at each visit. Evidence-based screening for specific conditions is highlighted.

- ❍ *Sentinel injuries* (bruising, subconjunctival hemorrhages, intra-oral)[2]
- ❍ Anterior fontanelle[2]
- ❍ Eyes/**Red reflex**[2]
- ❍ *Hearing inquiry/screening*[2]
- ❍ **Corneal light reflex/Cover-uncover test & inquiry**[2]
- ❍ *Teeth/Caries risk assessment*[2]
- ❍ Heart/Lungs/Abdomen
- ❍ Hips (limited hip abd'n)[2]
- ❍ Muscle tone[2] /No head lag/Developmental reflexes gone[2]

COMMENTS

ASSESSMENT AND PLANS / CURRENT AND NEW REFERRALS[4] E.g. medical specialist, breastfeeding supports and services, dietitian, speech, audiology, PT, OT, eyes, dental, social determinants resources

INVESTIGATIONS / SCREENING[2] **AND IMMUNIZATION**[3] **Record vaccines administered, address hesitancy and missing vaccines.**[3]

- ❍ *Anemia/iron deficiency screening (if at risk)*[2]
- ❍ Inquire about risk factors for TB[2]
- ❍ **Follow-up Hep B vaccine status as indicated**[3]

COMMENTS

SIGNATURE DATE OF VISIT ____/____/20____

Strength of recommendation is based on literature review using the classification: **Good (bold type)**; *Fair* (italic type); Inconclusive evidence/Consensus (plain type). See literature review table at www.rourkebabyrecord.ca
[1]NOTES 1: Growth, Nutrition, Injury Prevention, Environment, Other [2]NOTES 2: Family, Behaviour, Development, PYE, Investigations [3]NOTES 3: Immunization [4]NOTES 4: ECD Resources System and Table

DEVELOPMENT[2] Inquiry and observation of milestones, listed below in the following order: gross motor, fine motor, communication, cognitive, social-emotional
Tasks are set after the time of typical milestone acquisition. Further assessment of development is merited by the absence of any milestone, loss of attained milestones or parental concern.[4] Ensure milestones have been achieved for any missed visits. Parental familiarity with particular milestones may be culturally dependent.
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- ❍ *Hears sounds & laughs when spoken to*
- ❍ *Vocalizes pleasure and displeasure with good eye contact*
- ❍ *No parent/caregiver concerns*[2]

Typical Developmental Milestones (0–24 Months)

By 6 months: Smiles, coos, turns to voices

By 12 months: Babbles, gestures, responds to name

By 18–24 months: Several words, walks, follows simple commands

Variability exists—but missing multiple milestones is a red flag

Red Flags Before Age 2

Poor eye contact or social smile

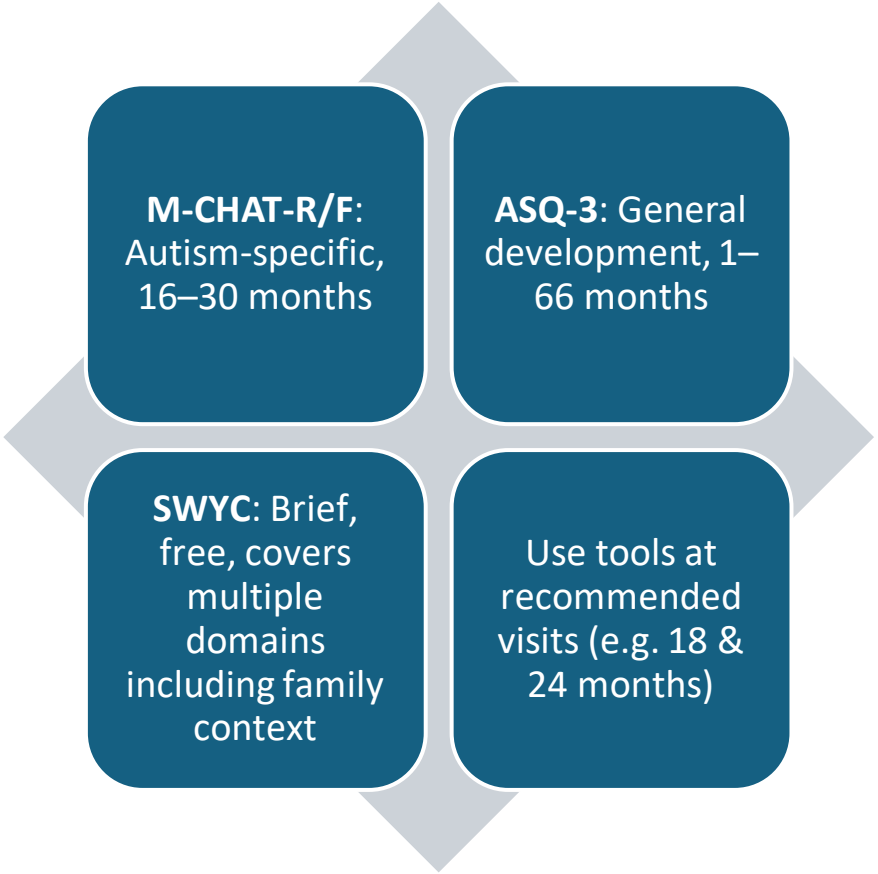
No babbling by 12 months

No single words by 16 months

No pointing or showing by 18 months

Regression in speech or social skills

Autism & Developmental Screening Tools



ASQ-3 Ages & Stages Questionnaires®

5 months 0 days through 6 months 30 days

6 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Baby's information

Baby's first name: _____ Middle initial: _____ Baby's last name: _____

Baby's date of birth: _____

If baby was born 3 or more weeks prematurely, # of weeks premature: _____

Baby's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to baby: ◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider ◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

Street address: _____

City: _____ State/ Province: _____ ZIP/ Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Baby ID #: _____ Age at administration in months and days: _____

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____

P101060100

ASQ-3

6 Month Questionnaire

5 months 0 days through 6 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby make high-pitched squeals?	○	○	○	___
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?	○	○	○	___
3. If you call your baby when you are out of sight, does she look in the direction of your voice?	○	○	○	___
4. When a loud noise occurs, does your baby turn to see where the sound came from?	○	○	○	___
5. Does your baby make sounds like "da," "ga," "ka," and "ba"?	○	○	○	___
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	○	○	○	___

COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does your baby lift his legs high enough to see his feet?	○	○	○	___
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?	○	○	○	___
3. Does your baby roll from his back to his tummy, getting both arms out from under him?	○	○	○	___
4. When you put your baby on the floor, does she lean on her hands while sitting? *(If she already sits up straight without leaning on her hands, mark "yes" for this item.)* 	○	○	○	___

E101060200

GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
5. If you hold both hands just to balance your baby, does he support his own weight while standing? 	○	○	○	___
6. Does your baby get into a crawling position by getting up on her hands and knees? 	○	○	○	___
GROSS MOTOR TOTAL				___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?	○	○	○	___
2. Does your baby reach for or grasp a toy using both hands at once?	○	○	○	___
3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? *(If he already picks up a small object the size of a pea, mark "yes" for this item.)* 	○	○	○	___
4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it? 	○	○	○	___
5. Does your baby *try* to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? *(If he already picks up the crumb or Cheerio, mark "yes" for this item.)* 	○	○	○	___
6. Does your baby pick up a small toy with only one hand? 	○	○	○	___
FINE MOTOR TOTAL				___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When a toy is in front of your baby, does she reach for it with both hands?	○	○	○	___
2. When your baby is on his back, does he turn his head to look for a toy when he drops it? *(If he already picks it up, mark "yes" for this item.)*	○	○	○	___
3. When your baby is on her back, does she try to get a toy she has dropped if she can see it?	○	○	○	___
				___

PROBLEM SOLVING (continued)

	YES	SOMETIMES	NOT YET	
4. Does your baby pick up a toy and put it in his mouth? 	○	○	○	___
5. Does your baby pass a toy back and forth from one hand to the other? 	○	○	○	___
6. Does your baby play by banging a toy up and down on the floor or table? 	○	○	○	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. When in front of a large mirror, does your baby smile or coo at herself? 	○	○	○	___
2. Does your baby act differently toward strangers than he does with you and other familiar people? *(Reactions to strangers may include staring, frowning, withdrawing, or crying.)*	○	○	○	___
3. While lying on her back, does your baby play by grabbing her foot? 	○	○	○	___
4. When in front of a large mirror, does your baby reach out to pat the mirror? 	○	○	○	___
5. While your baby is on his back, does he put his foot in his mouth? 	○	○	○	___
6. Does your baby try to get a toy that is out of reach? *(She may roll, pivot on her tummy, or crawl to get it.)*	○	○	○	___

PERSONAL-SOCIAL TOTAL ___

ASQ-3 — 6 Month ASQ-3 Information Summary

5 months 0 days through 6 months 30 days

Baby's name: _____ Date ASQ completed: _____

Baby's ID #: _____ Date of birth: _____

Administering program/provider: _____ Was age adjusted for prematurity when selecting questionnaire? ◯ Yes ◯ No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	29.65		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯
Gross Motor	22.25		●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯	◯
Fine Motor	25.14		●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯	◯
Problem Solving	27.72		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯
Personal-Social	25.34		●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯	◯

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Uses both hands and both legs equally well? Yes **NO**
   Comments:
2. Feet are flat on the surface most of the time? Yes **NO**
   Comments:
3. Concerns about not making sounds? **YES** No
   Comments:
4. Family history of hearing impairment? **YES** No
   Comments:
5. Concerns about vision? **YES** No
   Comments:
6. Any medical problems? **YES** No
   Comments:
7. Concerns about behavior? **YES** No
   Comments:
8. Other concerns? **YES** No
   Comments:

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the ▭ area, it is above the cutoff, and the baby's development appears to be on schedule.
If the baby's total score is in the ▒ area, it is close to the cutoff. Provide learning activities and monitor.
If the baby's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

_____ Provide activities and rescreen in _____ months.
_____ Share results with primary health care provider.
_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
_____ Refer to primary health care provider or other community agency (specify reason): _____.
_____ Refer to early intervention/early childhood special education.
_____ No further action taken at this time
_____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

P101060700

ASQ-3

6个月问卷

5个月0天至
6个月30天

以下题目描述了宝宝平时可能从事的活动。其中有些题目描述的活动，您的宝宝也许曾经完成过，有的则可能从未从事过。对每一条题目，请回答您的宝宝是否经常、偶尔或从未从事这样的活动。

重要的事项提醒：

- ☑ 在回答每道题目之前，请先让宝宝试一试题目中描述的活动 。
- ☑ 把完成问卷的过程安排得像一个游戏，让您和宝宝愉快玩耍 。
- ☑ 请确保宝宝处于休息充分、吃饱的状态。
- ☑ 请在此日期前交还问卷：_____。

备注：

_____

_____

_____

_____

沟通

	是	有时	还没	
1. 您的宝宝会发出尖细的叫声吗？	◯	◯	◯	____
2. 当宝宝试着发出声音时，宝宝会发出咕哝声、低吼声或其它低调的声音吗？	◯	◯	◯	____
3. 如果您在宝宝的视线之外叫他/她，他/她能朝您的方向看吗？	◯	◯	◯	____
4. 当出现响亮的声音时，您的宝宝会转头看声响的来源吗？	◯	◯	◯	____
5. 您的宝宝会发类似“大”、“嘎”、“咔”和“爸”的声音吗？	◯	◯	◯	____
6. 如果您模仿宝宝发的声音，他/她能对您重复这些声音吗？	◯	◯	◯	____

沟通能区总分 ____

粗大动作

	是	有时	还没	
1. 当您的宝宝脸朝上躺着时，他/她能抬起腿、看到自己的脚吗？	◯	◯	◯	____
2. 宝宝趴着时，他/她能伸直双臂支撑使整个胸部离开床或地面吗？	◯	◯	◯	____
3. 宝宝脸朝上躺着时，能自己翻身至脸朝下趴着的姿势，并将压在身下的双臂抽出来吗？	◯	◯	◯	____
4. 把您的宝宝放在地板上坐着时，他/她能用手撑着地面坐吗？（如果不用手支撑就已经能坐直，也请勾选“是”。）	◯	◯	◯	____

6 Month Questionnaire

3 months 0 days through 8 months 30 days

ASQ:SE-2 Ages & Stages Questionnaires® Social-Emotional SECOND EDITION

Date ASQ:SE-2 completed: _____

Baby's information

Baby's first name: | Baby's middle initial: | Baby's last name:

Baby's date of birth: | If baby was born 3 or more weeks premature, please enter the number of weeks:

Baby's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: | Middle initial: | Last name:

Street address:

City: | State/province: | ZIP/postal code:

Country: | Home telephone number: | Other telephone number:

E-mail address:

Relationship to baby: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____ ◯ Grandparent/other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Baby's ID #: | Age at administration in months and days:

Program ID #: | If premature, adjusted age in months and days:

Program name:

6 Month Questionnaire *3 months 0 days through 8 months 30 days*

ASQ:SE-2

Questions about behaviors babies may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your baby's behavior. Also, check the circle ◯ if the behavior is a concern.

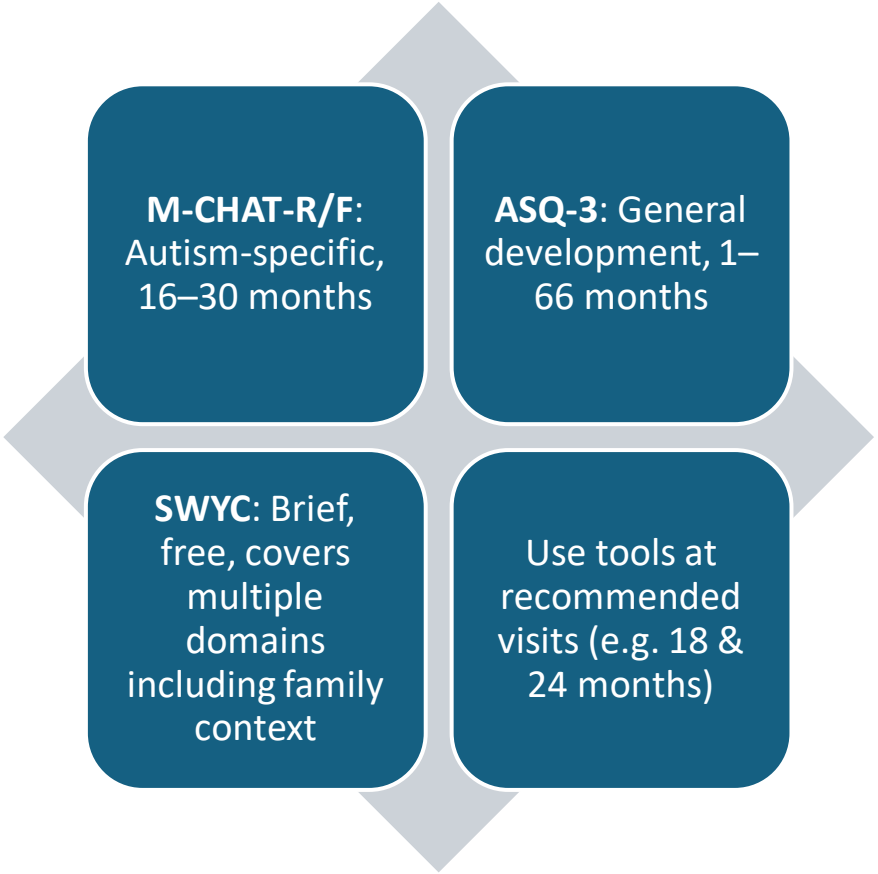
Important Points to Remember:

- ❑ Answer questions based on what you know about your baby's behavior.
- ❑ Answer questions based on your baby's *usual* behavior, not behavior when your baby is sick, very tired, or hungry.
- ❑ Caregivers who know the baby well and spend more than 15–20 hours per week with the baby should complete ASQ:SE-2.
- ❑ Please return this questionnaire by: _____
- ❑ If you have any questions or concerns about your baby or about this questionnaire, contact: _____
- ❑ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. When upset, can your baby calm down within a half hour?	☐ z	☐ v	☐ x	◯ v	_____
2. Does your baby smile at you and other family members? 	☐ z	☐ v	☐ x	◯ v	_____
3. Does your baby like to be picked up and held?	☐ z	☐ v	☐ x	◯ v	_____
4. Does your baby stiffen and arch her back when picked up?	☐ x	☐ v	☐ z	◯ v	_____
5. When you talk to your baby, does he look at you and seem to listen?	☐ z	☐ v	☐ x	◯ v	_____
6. Does your baby let you know when she is hungry or sick?	☐ z	☐ v	☐ x	◯ v	_____
7. Does your baby seem to enjoy watching or listening to people? For example, does he turn his head to look at someone talking?	☐ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

Autism & Developmental Screening Tools



Child's Name: _____ Child's Date of Birth: _____ MRN: _____

Name of Person Completing Form: _____ Relationship to Child: _____

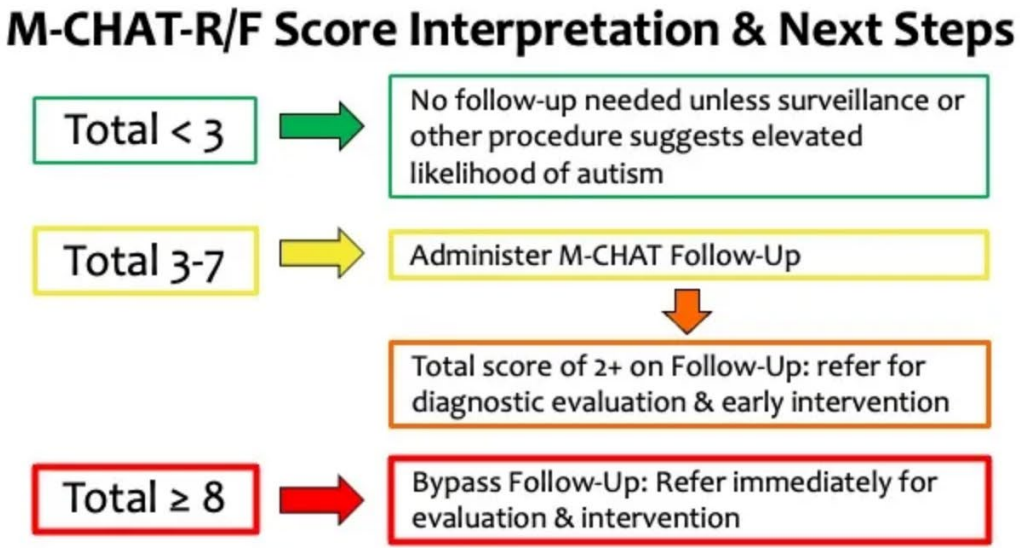
Today's Date: _____

M-CHAT

Please fill out the following about your child's usual behavior, and try to answer every question. If the behavior is rare (you've only seen it once or twice), please answer as if your child does *not* do it.

1.	Does your child enjoy being swung, bounced on your knee, etc.?	Yes No
2.	Does your child take an interest in other children?	Yes No
3.	Does your child like climbing on things, such as up stairs?	Yes No
4.	Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes No
5.	Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	Yes No
6.	Does your child ever use his/her index finger to point, to ask for something?	Yes No
7.	Does your child ever use his/her index finger to point, to indicate interest in something?	Yes No
8.	Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?	Yes No
9.	Does your child ever bring objects over to you (parent) to show you something?	Yes No
10.	Does your child look you in the eye for more than a second or two?	Yes No
11.	Does your child ever seem oversensitive to noise? (e.g., plugging ears)	Yes No
12.	Does your child smile in response to your face or your smile?	Yes No
13.	Does your child imitate you? (e.g., you make a face-will your child imitate it?)	Yes No
14.	Does your child respond to his/her name when you call?	Yes No
15.	If you point at a toy across the room, does your child look at it?	Yes No
16.	Does your child walk?	Yes No
17.	Does your child look at things you are looking at?	Yes No
18.	Does your child make unusual finger movements near his/her face?	Yes No
19.	Does your child try to attract your attention to his/her own activity?	Yes No
20.	Have you ever wondered if your child is deaf?	Yes No
21.	Does your child understand what people say?	Yes No
22.	Does your child sometimes stare at nothing or wander with no purpose?	Yes No
23.	Does your child look at your face to check your reaction when faced with something unfamiliar?	Yes No

For most items, YES is a low likelihood response (0 points), and NO indicates an elevated likelihood response (1 point). HOWEVER, items 2, 5, and 12 are reverse scored, meaning that NO is a low likelihood response (0 points) and YES indicates an elevated likelihood (1 point). To score the M-CHAT-R, add up the number of elevated likelihood responses, and follow the algorithm below:



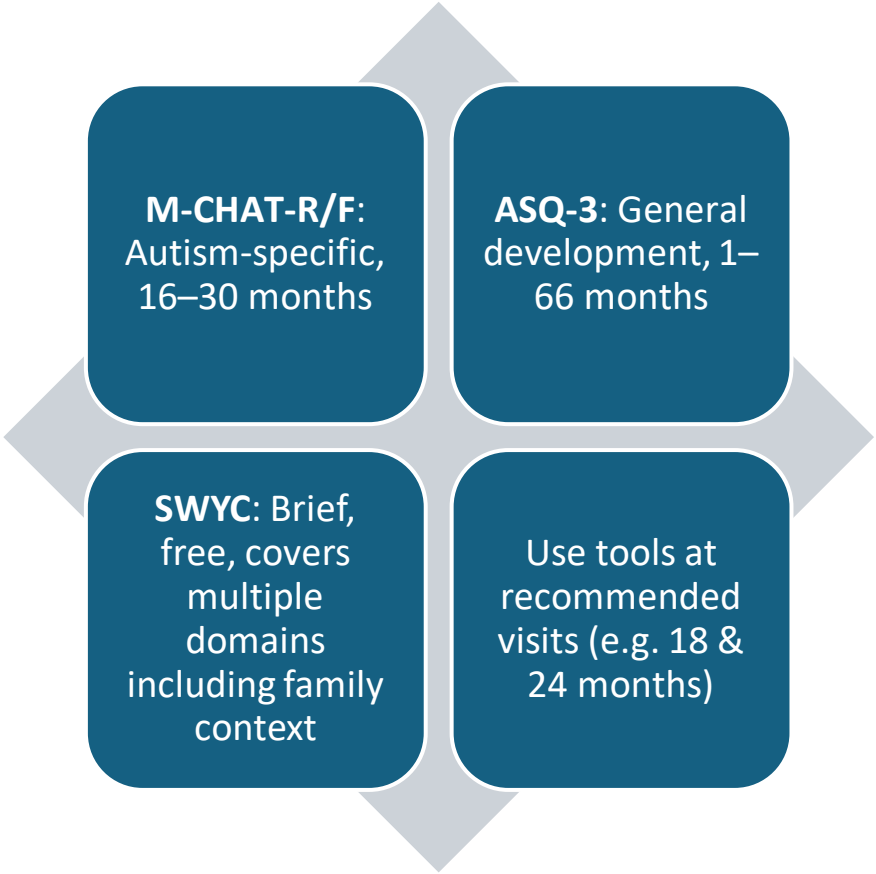
MCHAT-R

שם הילד: _____
תאריך לידה: _____
תאריך המילוי: _____
ממלא השאלון הוא: _____
הקשר של הממלא לילד: _____

בבקשה ענה על שאלות אלו לגבי ילדך. שימי דגש על האופן בו ילדך מתנהג בדרך כלל. אם ראית את ילדך מבצע התנהגות מסוימת כמה פעמים, אך לרוב אינו עושה זאת, בבקשה ענה **לא**. אנא הקיפי את התשובה 'כן' או 'לא' בכל שאלה. לצורך בהירות השאלון מנוסח בלשון זכר לילד ונקבה להורה אך הוא מיועד לבנים ובנות, אמהות ואבות כאחד.
תודה רבה!

.1	אם את מצביעה על משהו בקצה השני של החדר, האם ילדך מביט עליו? (**לדוגמא**, אם את מצביעה על צעצוע מסוים, או חיה, האם הילד מסתכל על אותו צעצוע או חיה?)	כן	לא
.2	האם אי פעם תהית האם ילדך חרש?	כן	לא
.3	האם ילדך משחק ב"כאילו" או בפנטומימה? (לדוגמא, עושה כאילו הוא שותה מכוס ריקה, עושה כאילו הוא מדבר בטלפון או עושה כאילו הוא מאכיל בובה או דוביו?)	כן	לא
.4	האם ילדך אוהב לטפס על דברים? (כגון רהיטים, מתקני חצר, או מדרגות)	כן	לא
.5	האם ילדך עושה תנועות בלתי רגילות עם אצבעותיו בקרבת עיניו? (לדוגמא, האם ילדך מניע את אצבעותיו קרוב לעיניו?)	כן	לא
.6	האם אי פעם קורה שילדך משתמש באצבע אחת להצביע בכדי לבקש משהו או לקבל עזרה? (לדוגמא, הצבעה על חטיף או צעצוע שאינו יכול להגיע אליו)	כן	לא
.7	האם אי פעם קורה שילדך משתמש באצבע אחת להצביע בכדי להראות לך משהו מעניין? (לדוגמא, הצבעה על אווירון בשמיים או משאית גדולה על הכביש)	כן	לא
.8	האם ילדך מגלה עניין בילדים אחרים? (לדוגמא, האם ילדך מסתכל על ילדים אחרים, מחייך אליהם, או ניגש אליהם?)	כן	לא
.9	האם ילדך מראה לך דברים ע"י הבאתם אלייך או הרמתם בכדי שתראי – לא בכדי לקבל עזרה אלא רק בכדי לשתף? (לדוגמא, מראה לך פרח, בובת דובי, או משאית משחק)	כן	לא
.10	האם ילדך מגיב כשאת קוראת לו בשמו? (לדוגמא, האם ילדך מרים את מבטו, מדבר או ממלמל, מפסיק לעשות את מה שעושה כשאת קוראת בשמו?)	כן	לא
.11	כשאת מחייכת אליו האם הוא מחייך חזרה?	כן	לא
.12	האם ילדך מתרגז מרעשים יומיומיים? (לדוגמא, שואב אבק או מוסיקה קולנית)	כן	לא

Autism & Developmental Screening Tools



SWYC:™ 18 months

18 months, 0 days to 22 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Runs	0	1	2
Walks up stairs with help	0	1	2
Kicks a ball	0	1	2
Names at least 5 familiar objects - like ball or milk	0	1	2
Names at least 5 body parts - like nose, hand, or tummy	0	1	2
Climbs up a ladder at a playground	0	1	2
Uses words like "me" or "mine"	0	1	2
Jumps off the ground with two feet	0	1	2
Puts 2 or more words together - like "more water" or "go outside"	0	1	2
Uses words to ask for help	0	1	2

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
Does your child...	Seem nervous or afraid?	0	1	2
	Seem sad or unhappy?	0	1	2
	Get upset if things are not done in a certain way?	0	1	2
	Have a hard time with change?	0	1	2
	Have trouble playing with other children?	0	1	2
	Break things on purpose?	0	1	2
	Fight with other children?	0	1	2
	Have trouble paying attention?	0	1	2
	Have a hard time calming down?	0	1	2
	Have trouble staying with one activity?	0	1	2
Is your child...	Aggressive?	0	1	2
	Fidgety or unable to sit still?	0	1	2
	Angry?	0	1	2
Is it hard to...	Take your child out in public?	0	1	2
	Comfort your child?	0	1	2
	Know what your child needs?	0	1	2
	Keep your child on a schedule or routine?	0	1	2
	Get your child to obey you?	0	1	2

Tufts Children's Hospital

********** Please continue on the back **********

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child bring things to you to show them to you?	○	○	○	○	○

	Always	Usually	Sometimes	Rarely	Never
Is your child interested in playing with other children?	○	○	○	○	○
When you say a word or wave your hand, will your child try to copy you?	○	○	○	○	○
Does your child look at you when you call his or her name?	○	○	○	○	○
Does your child look if you point to something across the room?	○	○	○	○	○

	Says a word for what he or she wants	Points to it with one finger	Reaches for it	Pulls me over or puts my hand on it	Grunts, cries or screams
How does your child usually show you something he or she wants?					
(please check all that apply)	☐	☐	☐	☐	☐

	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
What are your child's favorite play activities?					
(please check all that apply)	☐	☐	☐	☐	☐

For acknowledgments, validation, and other information concerning the POSI, please see www.theswyc.org/posi

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	Ⓨ	Ⓝ
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Ⓨ	Ⓝ
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Ⓨ	Ⓝ
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Ⓨ	Ⓝ

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	⓪	①	②	③
7 Feeling down, depressed, or hopeless?	⓪	①	②	③

	No tension	Some tension	A lot of tension	Not applicable
8 In general, how would you describe your relationship with your spouse/partner?	○	○	○	○

	No difficulty	Some difficulty	Great difficulty	Not applicable
9 Do you and your partner work out arguments with:	○	○	○	○

10 During the past week, how many days did you or other family members read to your child? ⓪ ① ② ③ ④ ⑤ ⑥ ⑦

SWYC™: 18 ਮਹੀਨੇ

18 ਮਹੀਨੇ, 0 ਦਿਨ ਤੋਂ 22 ਮਹੀਨੇ, 31 ਦਿਨ

V1.08, 9/1/19

SWYC:™
18 months, 0 days to 22 months, 31 days
V1.08, 9/1/19

ਬੱਚੇ ਦਾ ਨਾਮ:
Child's Name:

ਜਨਮ ਮਿਤੀ:
Birth Date:

ਅੱਜ ਦੀ ਮਿਤੀ:
Today's Date:

ਵਿਕਾਸ ਸਬੰਧੀ ਮੀਲ ਪੱਥਰ (Developmental Milestones)

ਇਸ ਉਮਰ ਵਿੱਚ ਜ਼ਿਆਦਾਤਰ ਬੱਚੇ ਹੇਠਾਂ ਸੂਚੀਬੱਧ ਵਿਕਾਸ ਕਾਰਜਾਂ ਵਿੱਚੋਂ ਕੁਝ (ਪਰ ਸਾਰੇ ਨਹੀਂ) ਕਰਨ ਦੇ ਯੋਗ ਹੋਣਗੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ ਕਿ ਤੁਹਾਡਾ ਬੱਚਾ ਇਨ੍ਹਾਂ ਵਿੱਚੋਂ ਹਰ ਇੱਕ ਕੰਮ ਕਿੰਨਾ ਕਰ ਰਿਹਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਰੇ ਸਵਾਲਾਂ ਦੇ ਜਵਾਬ ਯਕੀਨੀ ਬਣਾਓ।

	ਹਾਲੇ ਨਹੀਂ *Not Yet*	**ਕੁਝ ਹੱਦ ਤੱਕ** *Somewhat*	**ਬਹੁਤ ਜ਼ਿਆਦਾ** *Very Much*
ਦੌੜਦਾ ਹੈ। *Runs.*	0	1	2
ਮਦਦ ਨਾਲ ਪੌੜੀਆਂ ਚੜ੍ਹਦਾ ਹੈ *Walks up stairs with help*	0	1	2
ਗੇਂਦ ਨੂੰ ਕਿੱਕ ਮਾਰਦਾ ਹੈ *Kicks a ball*	0	1	2
ਘੱਟੋ-ਘੱਟ 5 ਜਾਣੀਆਂ-ਪਛਾਣੀਆਂ ਚੀਜ਼ਾਂ ਦੇ ਨਾਮ ਦੱਸਦਾ ਹੈ - ਜਿਵੇਂ ਗੇਂਦ ਜਾਂ ਦੁੱਧ *Names at least 5 familiar objects - like ball or milk*	0	1	2
ਸਰੀਰ ਦੇ ਘੱਟੋ-ਘੱਟ 5 ਅੰਗਾਂ ਦੇ ਨਾਮ ਦੱਸਦਾ ਹੈ - ਜਿਵੇਂ ਨੱਕ, ਹੱਥ, ਜਾਂ ਪੇਟ *Names at least 5 body parts - like nose, hand, or tummy*	0	1	2
ਖੇਡ ਦੇ ਮੈਦਾਨ ਵਿੱਚ ਪੌੜੀ ਚੜ੍ਹਦਾ ਹੈ *Climbs up a ladder at a playground*	0	1	2
"ਮੈਂ" ਜਾਂ "ਮੇਰਾ" ਵਰਗੇ ਸ਼ਬਦਾਂ ਦੀ ਵਰਤੋਂ ਕਰਦਾ ਹੈ *Uses words like "me" or "mine"*	0	1	2
ਦੋ ਪੈਰਾਂ ਨਾਲ ਜ਼ਮੀਨ ਤੋਂ ਛਾਲ ਮਾਰਦਾ ਹੈ *Jumps off the ground with two feet*	0	1	2
2 ਜਾਂ ਵਧੇਰੇ ਸ਼ਬਦਾਂ ਨੂੰ ਇਕੱਠੇ ਬੋਲਦਾ ਹੈ - ਜਿਵੇਂ "ਹੋਰ ਪਾਣੀ" ਜਾਂ "ਬਾਹਰ ਜਾਓ" *Puts 2 or more words together - like "more water" or "go outside"*	0	1	2
ਮਦਦ ਮੰਗਣ ਲਈ ਸ਼ਬਦਾਂ ਦੀ ਵਰਤੋਂ ਕਰਦਾ ਹੈ *Uses words to ask for help*	0	1	2

Positive Screen? What Next

Refer	Refer to Infant Development Program (IDP) and Pediatrician
Don’t delay	Don’t delay intervention while awaiting formal diagnosis
Repeat	Repeat screen or follow up when results are borderline
Document	Document clearly in EMR and engage family early

Organization	Communities served (examples)
Vancouver Infant Development Program (Developmental Disabilities Association)	City of Vancouver.
Aspire Richmond	Richmond.
REACH Child & Youth Development Society	Delta (Ladner, Tsawwassen, North Delta), Surrey, Langley, White Rock.
Sources Community Resources Society (IDP)	South Surrey/White Rock.
Fraser Valley Child Development Centre (FVCDC)	Abbotsford, Mission, Chilliwack, Hope, Boston Bar/Fraser Cascade.
Sea to Sky Community Services (IDP)	Squamish, Whistler, Pemberton & nearby Nations/communities.
Sunshine Coast Community Services Society (IDP)	Lower Sunshine Coast (e.g., Sechelt, Gibsons and area).
Comox Valley Child Development Association (CVCDA)	Comox Valley (Mud Bay to Oyster River: Courtenay, Comox, Cumberland and area).
NONA Child Development Centre (North Okanagan Neurological Assoc.)	Vernon, Armstrong, Lumby, Coldstream, Lavington, Falkland & area.
Kootenay Family Place (IDP)	Trail, Rossland, Fruitvale, Salmo, Castlegar, Slocan Valley, Nakusp, Kaslo, Nelson.
Yellowhead Community Services (IDP)	Clearwater & area (North Thompson).
Boundary (IDP)	Boundary region (e.g., Grand Forks & area).
North Shore Disability Resource Centre (IDP)	North Vancouver and West Vancouver.

Positive Screen? What Next

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Common Challenges

- Cultural differences in child development beliefs
- Access issues: Long wait times for diagnostics
- Family stigma or fear of labeling
- Clinical uncertainty around mild symptoms

Amal vs Juan: Why Timing Matters

- **Amal**: Missed signs until daycare → late referral → delayed language, peer issues
- **Juan**: Screened at 18 months → early therapy → preschool success
- **Lesson**: Screening = timely action

What To Remember

1

Use validated tools like M-CHAT-R/F, ASQ, SWYC

2

Screen at 18 and 24 months, earlier if concerns arise

3

Refer early—don’t wait for full diagnosis

4

Build a go-to list of local resources for referrals

THANK YOU!

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