Helping Parents Promote Babies’ Development During Well-Baby Visits

Agendas/Checklists ONLY

Carolyn Webster-Stratton, Ph.D.
Video-based instruction for child and family guidance

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Incredible Babies
Health Care Provider Visit Checklist
Helping Parents to Promote their Baby’s Development

Parent Name(s): _______________________________

Baby’s Name: _________________________________

Newborn Visit: Becoming a Parent and Gaining Support

Date: _____________________ Health Care Provider: ________________________________

VIGNETTES COVERED: Intro 1 2 3
(Circle vignettes shown.)

DISCUSS

1. Experiences with new baby  _________  _________
2. Parent sleep, level of fatigue  _________  _________
3. Parent feelings (depression, family stress)  _________  _________
4. Parent support network/changes in family (use handouts)  _________  _________
5. Baby feeding frequency, success/difficulties  _________  _________
6. Safety Proofing Tips  _________  _________
   (car seat, crib safety, baby on back)
7. When to call doctor/health care provider  _________  _________
8. Give out IY baby book  _________  _________
9. Review handoutus  _________  _________

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:
**Incredible Babies**

**Health Care Provider Visit Checklist**

**Helping Parents to Promote their Baby’s Development**

Parent Name(s): _______________________________

Baby’s Name: ________________________________

**One Month Visit: Getting to Know Your Baby & Responding to Crying**

Date: _____________________ Health Care Provider: ________________________________

**VIGNETTES COVERED: 4 5 6 7**

(Circle vignettes shown.)

**DISCUSS**

<table>
<thead>
<tr>
<th>DISCUSS</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Experiences since last visit (questions, goals for visit)</td>
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<tr>
<td>2. Parent sleep and level of fatigue</td>
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<td>3. Baby sleep times, location</td>
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<td>4. Parent feelings (depression, family stress)</td>
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<td>5. Parent support network/Taking care of self</td>
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<td>(see handouts newborn section)</td>
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<tr>
<td>6. Baby feeding frequency, success/difficulties</td>
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<td>7. Approach to baby crying, calming strategies</td>
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<td>8. Baby developmental progress</td>
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<td>(likes, dislikes, tummy time)</td>
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<td>9. Importance of talking to babies, playing and cuddling</td>
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<tr>
<td>10. Safety Proofing Tips (car seat, crib safety, baby sleeps on back, bath safety)</td>
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<tr>
<td>11. Practice &amp; Modeling with baby (responding to rattle/toy)</td>
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<td>12. Review handouts and home activity</td>
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**OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:**
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Health Care Provider Checklist
Helping Parents to Promote their Baby’s Development

Parent Name(s): _______________________________

Baby’s Name: _________________________________

Two Month Visit: Babies as Intelligent Learners & Parents as Responsive Communicators—Speaking Parent-ese

Date: _____________________ Health Care Provider: ________________________________

VIGNETTES COVERED: 8 9 10
(Circle vignettes shown.)

DISCUSS
1. Experiences since last visit (questions, goals for visit) __________ __________
2. Parent sleep/self–care efforts/partner time __________ __________
3. Baby sleep times/position in bed __________ __________
4. Parent feelings (depression, stress, partner support) __________ __________
5. Parent support network/finding child care
   (see handouts newborn section) __________ __________
6. Baby feeding frequency, success/difficulties __________ __________
7. Approach to baby crying (ability to calm baby) __________ __________
8. Baby developmental progress
   ("Thing I Can Do" Handout 0-3 months) __________ __________
9. Benefits of talking to babies (speaking “parentese”) __________ __________
10. Practice & Modeling with baby (speaking “parentese”) __________ __________
11. Safety Proofing Tips (water temp. safety, baby sleeps on back) __________ __________
12. Review handouts and home activity __________ __________

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:
Incredible Babies
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Helping Parents to Promote their Baby’s Development

Parent Name(s): _______________________________

Baby’s Name: __________________________________

Four Month Visit: Providing Physical, Tactile, & Visual Stimulation for Your Baby

Date: _____________________ Health Care Provider: ________________________________

VIGNETTES COVERED: 11 12 13 14 15
(Circle vignettes shown.)

DISCUSS

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<tr>
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<tbody>
<tr>
<td>1. Experiences since last visit (questions, goals for visit, family changes)</td>
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<tr>
<td>2. Parent sleep, time for self, partner/other children</td>
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<td>3. Baby sleep times and nap routines</td>
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<td>4. Parent mental health (depression)</td>
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<td>5. Parent support network/responsible babysitter (see handouts newborn section)</td>
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<td>6. Baby feeding frequency, success/difficulties (use of pacifiers, no bottle in bed)</td>
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<td>7. Signs baby is ready for solid foods</td>
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<td>8. Approach to baby crying (ability to calm baby)</td>
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<td>9. Baby developmental progress (“Thing I Can Do” Handout 3-6 months)</td>
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<td>10. Experiences speaking “parentese”</td>
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<tr>
<td>11. Benefits of baby massage, aerobics, visual stimulation, singing and reading to baby</td>
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<td>12. Practice &amp; Modeling with baby (exercises, reading, massage, singing, play times)</td>
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<td>13. Safety Proofing Tips (review baby proofing safety checklist and bath safety handout)</td>
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<tr>
<td>14. Review handouts and home activity</td>
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OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:
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Parent Name(s): _______________________________

Baby’s Name: ________________________________

Six Month Visit: Promoting Baby’s Security — Regular Routines

Date: _____________________ Health Care Provider: ________________________________

VIGNETTES COVERED: 16 17 18 19
(Circle vignettes shown.)

DISCUSS

1. Experiences since last visit (questions, goals for visit)  _________  _________
2. Baby developmental progress  _________  _________
   (““Thing I Can Do” Handout 6-9 months)
3. Experiences speaking “parentese”, singing,  _________  _________
   reading, playing and providing visual stimulation
4. Parent stress, self-care & support level  _________  _________
   (see handouts newborn section)
5. Involving partner, other family members, and/or friends  _________  _________
   in baby’s life
6. Finding good child care/joining play groups  _________  _________
7. Baby crying with new people  _________  _________
8. Calming baby, night time sleep routines, success/difficulties  _________  _________
   (review sleep habits handout)
9. Response to baby crying (helping baby calm)  _________  _________
10. Begin feeding solid foods as ready (how to add new  _________  _________
    foods, breast milk)
11. Baby feeding schedule (regular schedule)  _________  _________
12. Practice & Modeling with baby (baby-led feeding)  _________  _________
13. Start Toddler Safety Checklist  _________  _________
14. Review handouts and home activity  _________  _________

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS:
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Parent Name(s): _______________________________

Baby’s Name: ________________________________

Nine Month Visit: Baby’s Emerging Sense of Self

Date: ___________________ Health Care Provider: ________________________________

VIGNETTES COVERED:  20  21  22  23  24  25
(Circle vignettes shown.)

DISCUSS

YES NO

1. Experiences since last visit (questions, goals for visit) _________ _________

2. Baby developmental progress _________ _________
   (“Thing I Can Do” Handout 9-12 months)

3. Experiences speaking “parentese,” singing, reading, _________ _________
   and playing games

4. Parent self-care and support (see handouts newborn section) _________ _________

5. Involving partner, other family members, and/or _________ _________
   friends in baby’s life

6. Predictable baby naps and bedtime routines _________ _________

7. Feeding success/difficulties with first solids (safe foods, _________ _________
   baby-led approach, self-feeding)

8. Response to baby crying and separation anxiety _________ _________

9. Review baby temperament checklist (in 6 months section) _________ _________

10. Practice & Modeling with baby (baby led play times with _________ _________
    hand puppets)

11. Review Toddler Safety Checklist (see handouts section) _________ _________

12. Review handouts and home activity _________ _________

OTHER COMMENTS/DISCUSSION/RECOMMENDATIONS: