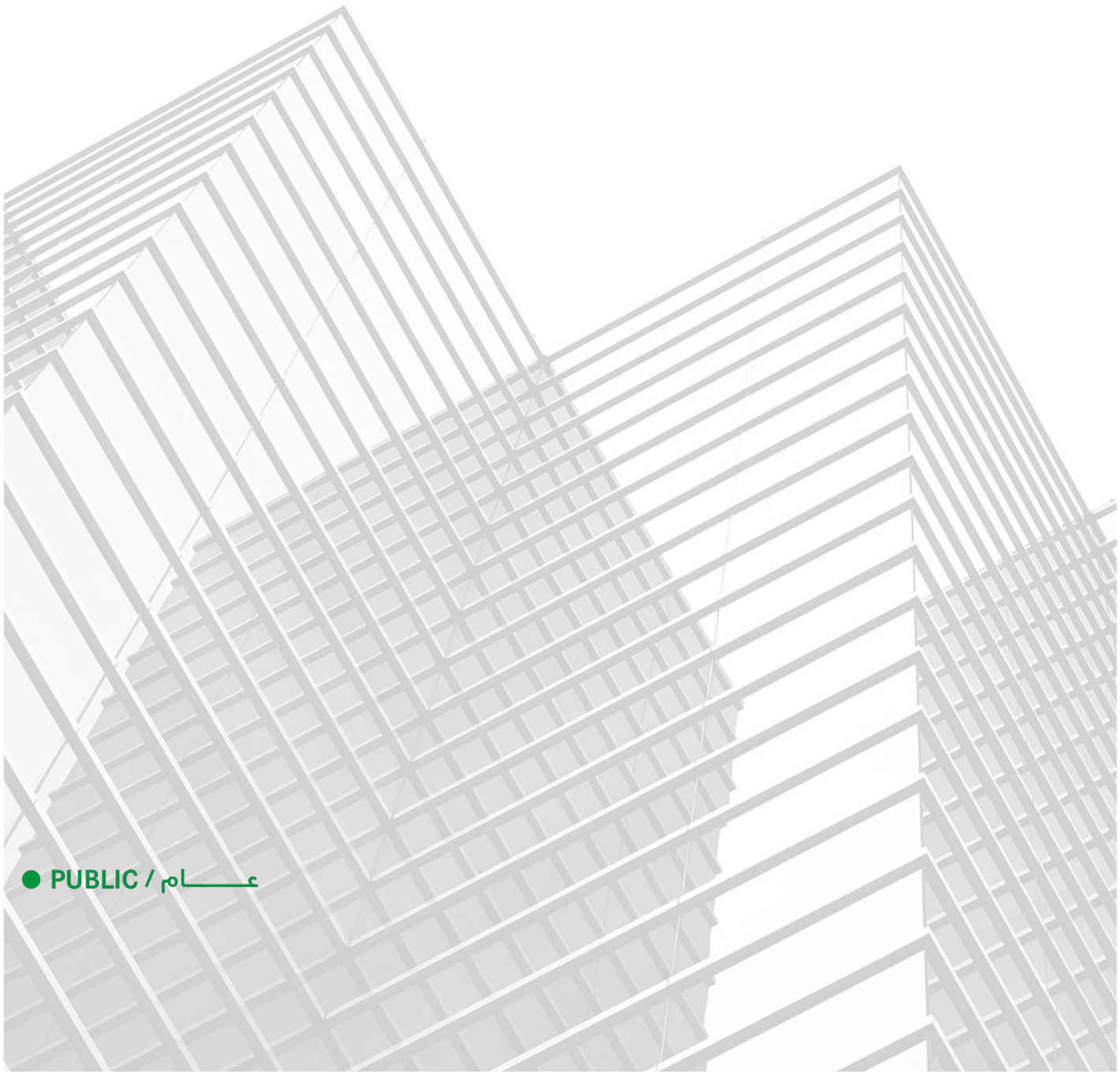
دائـــــرة الـصـحـــة
DEPARTMENT OF HEALTH

Standard for Well-Child Visits



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1 Standard Scope

1.1 This Standard sets the requirements for the provision of Well-Child visits screening for children aged 1 month to 6 years, applying continuous quality improvement principles. It enables healthcare professionals to monitor growth, identify potential health concerns early, provide essential medical care, and administer vaccinations according to recommended schedules, allows caregivers to discuss concerns about the child's health, development, and safety. This document outlines the responsibilities of all stakeholders and emphasizes the importance of health education and counselling for parents and caregivers.

1.2 This standard applies to all licensed Healthcare facilities providing Well-Child visit screening services, in the Emirate of Abu Dhabi.

2 Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	ABPM	Ambulatory Blood Pressure Monitoring
2.2	ADPHC	Abu Dhabi Public Health Center
2.3	Anemia	Is a condition where the number of red blood cells or the hemoglobin concentration is below the age-specific normal range, leading to reduced oxygen delivery
2.4	Autism Spectrum Disorders (ASD)	A complex neurodevelopmental disorder associated with spectrum of symptoms that include but not restricted to "persistent deficits in social communication and social interaction across multiple contexts" and "restricted, repetitive patterns of behavior, interests, or activities".
2.5	CBC	Complete blood count
2.6	Complementary Feeding	The process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk
2.7	Developmental Dysplasia of the hips (DDH)	a condition in infants and children where the hip joint does not form properly, leading to instability, subluxation, or dislocation of the femoral head from the hip socket.
2.8	Developmental Milestone	The stages in the neuromuscular, mental, or social maturation of an infant or young child
2.9	DMFT	Decayed, missing and filled teeth
2.10	DoH	Department of Health
2.11	Electronic Medical Record (EMR)	Digital version of a patient medical chart maintained within a single health care facility
2.12	ENT	Ear, Nose and Throat

2.13	Exclusive Breastfeeding	No other food or drink given, not even water, except breast milk (including expressed milk) for 6 months of life, but allows the infant to receive oral rehydration fluid (ORS), drops and syrups (vitamins, minerals and medicines)
2.14	Interim Development Assessment Questionnaire (IDAQ)	A set of questions chosen by experts for the first phase to start the practice of early developmental delay assessment
2.15	KPI	Key Performance Indicator
2.16	Legal Guardian	A person appointed by court to consent in place of an incompetent patient based on UAE federal Law/or local regulations, when the patient is unable to provide consent due to illness or incompatibility
2.17	MCV	Mean Corpuscular Volume
2.18	RDW	Red Blood Cell Distribution Width
2.19	Shafafiya	An initiative by the DoH aimed at enhancing transparency and efficiency in the healthcare system of Abu Dhabi and automating claims and billing information.
2.20	WCV	Well-Child visits
2.21	Well-Child Clinic	A clinic at primary health centers, offering health service for children up to 6 years of age

3 Standard Requirements and Specifications

3.1 History Components of Well-Child Visits Assessment

3.1.1 Detailed history should be obtained from the parents as per the screening table (refer to appendix 1 and 2)
3.1.2 Further questions can be asked depending on the individual cases (refer to appendix 2)
3.1.3 Pharmacists should review medication records to identify duplication, potential interactions, and contraindications, ensure medication safety during Well-Child visits and counsel caregivers regarding food drug interactions

3.2 Comprehensive Physical Examination

3.2.1 A thorough physical examination should be conducted at each visit from one month to six years of age including vital signs recording
3.2.2 Healthcare providers must gather a detailed medical history from the parent, mother, or legal guardian.
3.2.3 Healthcare should perform age-specific physical exams, to assess developmental milestones through inquiry and observation, conduct relevant screening tests, and discuss vaccinations and the use of supplements based on the child's age 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 2.5 years, 3 years, 4 years, 5 years, and 6 years.
3.2.4 All findings should be documented in the child's electronic medical record (EMR).
3.2.5 Infancy visits are defined as those occurring between 1 and 11 months of age.
3.2.6 Early childhood visits as those between 1 and 4 years.
3.2.7 Middle childhood visits as those between 5 and 6 years. While any newborn age will follow newborn standard.

3.3 Hearing Screening

3.3.1 Newborns should receive a hearing screening 12 hours or more after birth

3.3.2 Hearing screening must be conducted prior discharge

3.3.3 for more details, refer to the latest DoH Newborn Screening Standard

3.3.4 If a hearing screening was not performed at birth, it should be completed when the infant is 1 or 2 months old. Additionally, schedule hearing screenings at ages 4, 5, and 6 years. (refer to appendix 1)

3.4 Vision and Eye Screening

3.4.1 Conduct vision screening in accordance with the recommended age-specific guidelines outlined in appendix 1- Child Screening Requirements

3.4.2 Newborns typically exhibit a visual acuity of approximately 20/400. A dysconjugate gaze is considered physiologically normal during the first two to three months of life

3.4.3 Sub-conjunctival hemorrhages from blood vessel rupture are also a common benign finding that may take weeks to resolve

3.4.4 In the presence of any of the following abnormalities, an immediate referral to the ophthalmology clinic is required for further evaluation:

- 3.4.4.1 Structural anomaly (ex; ptosis, eyelid abnormalities, fixed squint, hemangioma
- 3.4.4.2 Absent, white, dull or asymmetric red reflex
- 3.4.4.3 Infant risk factors: including premature birth, Down syndrome, and cerebral palsy[1]
- 3.4.4.4 Family history of retinoblastoma, cataracts, glaucoma, or retinal abnormalities

3.5 Screening for Developmental Dysplasia of the Hips (DDH)

3.5.1 Developmental dysplasia of the hip refers to a continuum of abnormalities in the immature hip that can range from subtle dysplasia to dislocation

3.5.2 The identification of risk factors, including breech presentation and family history, should heighten a physician's suspicion of developmental dysplasia of the hip

3.5.3 Palpable hip instability, unequal leg lengths, and asymmetric thigh skinfolds may be present in newborns with hip dislocation, whereas gait abnormalities and limited hip abduction are more common in older children

3.5.4 For 1 month, 2 months and 4 months of age, screen for DDH by using Ortolani and Barlow maneuvers (refer to appendix 3)

3.5.5 For 6 ,9 and 12 months of age until walking, screen for DDH by using limited hip(s) abduction, shortening of limb(s) or asymmetrical skin folds on thighs

3.5.6 If any abnormality is detected, refer the child to Pediatric/Ortho clinic for further evaluation

3.6 Anemia Screening

3.6.1 Children at the age of 12 months (15 or 18 months, if not done at 12 months, or if the child has certain risk factors, triggering the need for testing) should be screened for iron deficiency anemia by performing CBC (refer to appendix 1)

- 3.6.1.1 Rapid growth periods
- 3.6.1.2 Chronic illnesses or infections
- 3.6.1.3 Inherited blood disorders
- 3.6.1.4 Drink formula that isn't fortified with iron

3.6.2 Complete blood count (CBC) –which will include measurements of hemoglobin, mean corpuscular volume (MCV), and red blood cell distribution width (RDW; a measure of variability in red cell size). Iron-deficiency anemia usually presents with high RDW and low MCV

3.6.3 Children with a laboratory finding anemia (hemoglobin <11 g/dL for <6 years of age) should be further evaluated to determine the underlying etiology, whether iron deficiency or other cause

3.6.4 If the diagnosis is iron deficiency anemia, initiate 3-6 mg/kg of elemental iron, once daily in the morning or between meals (one hour before or two hours after food)

3.7 Dental Screening and Oral Health Promotion

3.7.1 The general aim of screening is to reduce the oral disease burden and decay, missing teeth due to caries, and filled teeth (DMFT) in primary teeth, and accustom the children and parents to a lifetime of good oral hygiene habits, and adherence to a minimum of an annual dental visit throughout life

3.7.2 Dentists are required to conduct comprehensive intraoral screenings for children, focusing on the following components to ensure optimal oral health and dental development

3.7.3 Tooth Decay Screening: Dentists assess the risk of caries and provide necessary referrals for preventive interventions as outlined in (Appendix 1). In addition, to educate on proper toothpaste using and examining the oral structures for abnormalities as described in (Appendices 4.1 and 4.2)

3.7.4 Parental Guidance:

3.7.4.1 Oral Hygiene Education: Parents receive education on maintaining proper oral hygiene practices (refer to appendix 4.2)

3.7.4.2 Dental Development: Insights are provided into prominent stages of dental development and how to support healthy growth (refer to appendix 4.2)

3.7.4.3 Dietary Recommendations: Guidance on feeding practices that promote oral health is offered (refer to appendix 4.2)

3.7.4.4 Pacifier Use: Advice on the use of pacifiers to prevent dental issues is included (refer to appendix 4.2)

3.7.5 Frequency: as part of parent counseling, oral hygiene starts from one month and onwards throughout the well child visits till age of 6 years old , oral screening is done for every child by a dentist or a hygienist in a dental clinic setting at 12months, 18 months, 24 months, 2.5 years, 3 years, 4 years, 5 years and 6 years old (refer to appendix 1)

3.8 Immunization

For up-to-date information regarding the immunization program, refer to the latest regulations issued by DoH /ADPHC (standards and circulars), the latest update of the expanded program on immunization (EPI) – Childhood and School vaccination are provided in the circular No.(39/ 2024)which remains subject to updates until the next issuance of the next revision.

3.8.1 Head Circumference

3.8.1.1 The average head circumference at birth is 35 cm

3.8.1.2 Head circumference increases approximately 1cm per month during the first year of life

3.8.1.3 Brain weight doubles by four to six months of age and triples by one year of age

3.8.1.4 Most head growth is complete by four years of age

3.8.1.5 Head circumference should be measured routinely for up to 2 years

3.8.2 Vitamin D

Recommended daily vitamin D intakes sufficient to maintain bone health and normal calcium metabolism in healthy children:

3.8.2.1 1 month -12 months 10 mcg (400IU)

3.8.2.2 12 months - 6years 15 mcg (600IU)

3.8.2.3 Children who are exclusively breastfed or consume less than 1 liter (32 oz) of vitamin D–fortified formula daily should receive 400 IU of vitamin D per day until 12 months of age, in accordance with AAP recommendations and national guidelines

3.8.3 Blood Pressure

3.8.3.1 Screen all children at the age of 3 years, 4years, 5years and 6 years

3.8.3.2 As guided by American academy of pediatrics studies emphasize on screening children under 3 years with specific risk conditions for blood pressure, as high-risk conditions for which ABPM (Ambulatory Blood Pressure Monitoring) may be useful, please refer to the following table:

No	Condition	Rationale
1	Secondary Hypertension	• Severe ambulatory hypertension or nocturnal hypertension indicates higher likelihood of secondary hypertension
2	Chronic Kidney Disease or structural renal abnormalities	• Evaluate for malignant hyperthermia or nocturnal hypertension, better control delays progression of renal disease.
3	Type 1 Diabetes Mellitus and Type 2 Diabetes Mellitus	• Evaluate for abnormal Ambulatory Blood Pressure Monitoring patterns, better Blood Pressure control delays the development of MA
4	Solid-organ transplant	• Evaluate for malignant hyperthermia or nocturnal HTN, better control blood pressure
5	Obesity	• Evaluate for white coat hypertension and malignant hyperthermia subtype 23 (MH23)
6	Obstructive Sleep Apnea Syndrome	• Evaluate for non-dipping and accentuated morning blood pressure surge
7	Aortic coarctation (repaired)	• Evaluate for sustained hypertension and malignant hyperthermia
8	Genetic syndromes associated with HTN (neurofibromatosis, Turner syndrome, Williams syndrome, coarctation of the aorta)	• Hypertension associated with increased arterial stiffness may only be manifest with activity during ABPM
9	Treated hypertensive patients	• Confirm (24-h) blood pressure control
10	Patient born prematurely	• Evaluate for non-dipping
11	Research, clinical trials	• To reduce sample size

3.8.4 **Growth Parameters:**

Follow the international practice as guided by WHO child growth standards

Developmental Delays:

3.8.4.1 Screen all children at the age of 18 months and 24 months using the modified checklist for autism in toddlers, revised (M-CHAT-R) screening tool, ensure upon scoring results to refer cases to pediatric neurologist or neurodevelopmental clinic (refer to appendix 5.1)

3.8.4.2 Screen all children at the age of 18 months Interim Development Assessment Questionnaire (IDAQ), (refer to appendix 5.2), as the screening will be conducted by parents and reviewed during the Well-Child Visits (WCV) by:

3.8.4.2.1 Family physicians

3.8.4.2.2 Pediatricians

3.8.4.2.3 General Practitioners

If the first question receives a positive response (answering "YES") or any of the rest 5 questions receive a positive response (answering "NO"), the child should be directed to a pediatric neurologist or to neurodevelopment clinic for a through developmental assessment

*ASQ3 or ASQ4 will follow IDAQ to be implemented upon DoH-ADPHC new updates and circular will be issued for date of implementation.

3.8.5 **Surveillance of Development:**

The process through which children who have developmental delays or are at risk for developmental delays are identified by inquiry and observation of normal developmental milestones, the 4 main domains are, as outlined in (Appendix 6) and to be applied per age category

3.8.5.1 Social Language and Self-help
3.8.5.2 Verbal Language (expressive and receptive)
3.8.5.3 Gross Motor
3.8.5.4 Fine Motor

3.8.6 **Critical Congenital Heart Disease Screening:**

3.8.6.1 The main aim of this screening is to detect critical congenital heart disease (CCHD) in newborns before discharge from the hospital

3.8.6.2 In the visit, the physician should check the result of the critical congenital heart disease screening in the patient medical record

3.9 Service Specifications

3.9.1 Well-Child Visits Screening Service:

3.9.1.1 Provide Screening services at flexible hours, including evenings and weekends

3.9.1.2 Infants and children with positive screening results should receive appropriate follow-up or referrals for further investigations using internationally accepted best practices

3.9.1.3 Initial follow-up referral must be initiated within 7 days of the screening results

3.9.1.4 Specialist evaluation or diagnostic testing should be scheduled within 2-4 weeks depending on the severity and urgency of the findings

3.10 Payment for Well-Child Visits

3.10.1 Eligibility for reimbursement under the Health Insurance scheme is as follows:

3.10.1.1 For UAE Nationals shall be covered under Thiqa scheme Preventative Care

3.10.1.2 For Non-Nationals (Basic and Enhanced products holders), coverage shall be consistent with their insurance policy and policy Schedule of Benefits approved by DoH. Coverage under Government Mandated Funds will be limited to screening and does not cover intervention and supplements.

3.10.1.3 If the child is attending as a defaulter (catch up vaccine visit) within the Well-child visits schedule, then the child is eligible to the screening and testing under that specific age group.

3.10.1.4 Any subsequent encounters because of the infant and/or childhood screening, and where abnormal findings were detected (including where repeat testing is required to validate results), such encounters should be billed and reimbursed under the insurance plan, but as a medical condition and not a preventive service.

3.10.1.5 Reimbursement for Infancy and childhood well visits shall be in accordance with Standard Provider Contract, DoH Mandatory Tariff and associated Claims and Adjudication Rules: all documents are available at the DoH website in the Shafafiya Section.

3.10.1.6 Parental counselling is considered part of well child examination consultation (not separately reimbursable)

3.11 Health Education:

3.11.1 **Breast Feeding:** Indicate clearly the history of breast feeding on every visit till 2 years of age (exclusive breast feeding, exclusive bottle fed or combination) Recommendations include the following:

3.11.1.1 From birth to 6 months of age, exclusively breastfeed the infant. This means providing no other foods or liquids, including water

3.11.1.2 Around 6 Months: start introducing appropriate complementary foods while continuing to breastfeed

3.11.1.3 From 6 months to 2 years: Continuing breastfeeding along with complementary foods

3.11.1.4 **Nutrition:** Good nutrition is the foundation of child survival, health and development. Breastfeeding and appropriate introduction of complete food are important sources of nutrition for infants and young children.

3.11.1.5 Parents and mothers should be supported and educated by the nursing staff about the following:

3.11.1.5.1 Assess and observe breastfeeding specially during first week visit or as needed, Refer to “Breastfeeding program”: https://www.adphc.gov.ae/Public-Health-Programs/Breastfeeding

3.11.1.5.2 Support formulas feeding mothers by encouraging and helping them to re-act, if possible, if not then safe preparation of formula should be discussed

3.11.1.5.3 Discuss and inform the mother about the appropriate introduction of complementary food at 6 months’ visit, with preparatory education beginning at 4 months’ visit”

3.11.1.5.4 Support working mother by discussion on “Breastfeeding and going back to work” session

3.11.1.5.5 Observation of parent-child interaction (bonding, attachment and responsive feeding) while mother is breastfeeding

3.11.1.5.6 Responsive feeding is defined as responding to an infant/child feeding cues (both of hunger and satiation), during breastfeeding, bottle feeding and on introduction of solid foods is an important step to help the infant/child develop secure attachment relationship and establish long term positive eating behaviors.

3.11.1.6 **Educate the mothers about growth spurts for breastfeed infants as follows:**

3.11.1.6.1 During a growth spurt, breastfed infants nurse more often than usual (sometimes as often as every hour) and often act fussier than usual

3.11.1.6.2 Common times for growth spurts are during the first few days at home and around 7-10 days, 2-3 weeks, 4-6 weeks, 3 months, 4 months, 6 months and 9 months

3.11.1.6.3 Growth spurts usually last 2-3 days, but sometimes last a week or so

3.11.1.7 **Infants (less than 1 year) should:**

3.11.1.7.1 Be physically active several times a day in a variety of ways, particularly through interactive floor-based play; more is better. For those who are not yet mobile, this includes at least 30 minutes in prone position (tummy time) spread throughout the day while awake and under observation

3.11.1.7.2 Not be restrained for more than 1 hour at a time (e.g., prams/strollers, highchairs, or strapped on a caregiver's back). Screen time is not recommended. When sedentary, engaging in reading and storytelling with a caregiver is encouraged

3.11.1.7.3 Have 14–17hr (0–3 months of age) or 12–16hr (4–11 months of age) of good quality sleep, including naps

3.11.1.8 **Children 1–2 years of age should:**

3.11.1.8.1 Spend at least 180 minutes in a variety of types of physical activities at any intensity, including moderate to vigorous-intensity physical activity, spread throughout the day; more is better

3.11.1.8.2 Not be restrained for more than 1 hour at a time (e.g., prams/ strollers, highchairs, or strapped on a caregiver's back) or sit for extended periods of time. For 1-year-olds, sedentary screen time (such as watching TV or videos, playing computer games) is not recommended. For those aged 2 years, sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged

3.11.1.8.3 Have 11–14hr of good quality sleep, including naps, with regular sleep and wake-up times

3.11.1.9 **Children 3–4 years of age should:**

3.11.1.9.1 Spend at least 180 minutes in a variety of types of physical activities at any intensity, of which at least 60 minutes is moderate- to vigorous physical activity, spread throughout the day; more is better.

3.11.1.9.2 Not be restrained for more than 1 hour at a time (e.g., prams/ strollers) or sit for extended periods of time. Sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

3.11.1.9.3 Have 10–13hr of good quality sleep, which may include a nap, with regular sleep and wake-up times

3.11.1.9.4 Physical activity, sedentary behavior and sleep: for the greatest health benefits, infants, and young children should meet all the recommendations for physical activity, sedentary behavior and sleep in a 24-hour period. Replacing restrained or sedentary screen time with more moderate- to vigorous-intensity physical activity, while preserving sufficient sleep, can provide additional health benefits.

3.11.1.10 **Injury Prevention:** Health care providers should discuss and educate the parents about the following topics on each Well-Child visit taking into consideration the age of the child:

3.11.1.10.1 Car seat
3.11.1.10.2 Secondhand smoke (passive smoking)
3.11.1.10.3 Burn prevention
3.11.1.10.4 Poisoning prevention
3.11.1.10.5 Bath safety
3.11.1.10.6 Choking/Safe toys Falls (stairs, changing table) prevention
3.11.1.10.7 Drowning prevention

3.11.1.11 **Sudden Infant Death Syndrome prevention (SIDS):** Health care providers should educate the mother about SIDS prevention as follows:

3.11.1.11.1 Place the infant on his/her back to sleep, in a cot in the same room as you, for 3, 4, & 6 months
3.11.1.11.2 Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your infant / child
3.11.1.11.3 Don't share a bed with your infant / child if you have been drinking alcohol, if you take drugs, or you're a smoker
3.11.1.11.4 Never sleep with your infant / child on a sofa or armchair and avoid soft objects and bumper pads in the bed
3.11.1.11.5 Use firm sleep surface – Infants should always be placed to sleep in a crib or bassinet on a firm, flat, non-inclined surface that is certified for use as infant bedding
3.11.1.11.6 All infants should be placed to sleep on their backs (supine) for every sleep, Side sleeping is not recommended
3.11.1.11.7 Don't let your infant/child get too hot or cold
3.11.1.11.8 Keep your infant/child's head uncovered
3.11.1.11.9 Don't tuck the blanket higher than your-infant/child shoulder
3.11.1.11.10 Sitting devices, including car seats, infant carriers, strollers, and swings, should not be used for routine sleep

4 Key stakeholder Roles and Responsibilities

4.1 Healthcare Providers:

4.1.1 Comply with the latest issued DoH regulations for managing patient medical records
4.1.2 Establish effective record-keeping systems
4.1.3 Ensure confidentiality, privacy, and security of patient information
4.1.4 Educate patients about available services.
4.1.5 Meet the requirements outlined in the Patients' Rights and Responsibilities Charter[3]
4.1.6 Report and submit data in accordance with the DoH Data Standards and Protocols
4.1.7 Provide the mandated set of screening tests in accordance with DoH regulations
4.1.8 Adhere to all regulations relating to patient education and consent.

Patient medical records must ensure:

4.1.9 Compliance with DoH data standards and procedures
4.1.10 Compliance with DoH requests to inspect and audit records and cooperate
4.1.11 Compliance with DoH authorized auditors as required by DoH
4.1.12 Compliance with requirements for information technology (IT) and data management
4.1.13 Reporting and referral requirements
4.1.14 Healthcare facilities should nominate a group of employees on behalf of the facility to be responsible for reviewing the medical records relevant to the screening and submitting the screening results to: WCV.Support@adphc.gov.ae

4.2 Parents/Guardians:

4.2.1 If a parent or guardian refuses the recommended screening services, they shall be informed about the potential consequences of their decision. Their refusal shall be officially documented in the infant's or child's medical record, including their signature, as outlined in each facility refusal form

5 Monitoring and Evaluation

5.1 All Healthcare providers that are providing well child visit screening programs and services shall comply with all regulatory requirements including laws, policies, standards as well as accreditation bodies requirements that shall be monitored by scheduled and ad-hoc audits/inspections, data reporting including KPIs reporting and allow feedback through formal channels and proper documentation to ensure high quality of services provided

	KPI	Definition	Target %
1	The screening program uptake rate by age group should be uniformly applied across the following age categories: 1, 2, 4, 6, 9, 12, 15, 18 and 24 months, as well as 3, 4, 5, and 6 years	Number of children who attended the appropriate age - Well-Child visits across the following age categories separately: 1, 2, 4, 6, 9, 12, 15, 18 and 24 months, as well as 3, 4, 5, and 6 years	NA
2	CBC uptake rate at 12-, 15- and 18-months visit	Total number of children aged 12, 15, 18 months who had CBC done /Total number of children aged 12, 15, 18 months attending for Well-Child visits	NA
4	Abnormal CBC results in children at 12-, 15- and 18-months visit	Total number of children aged 12, 15, 18 months with abnormal CBC / Total number of children aged 12, 15, 18 months who had CBC done	NA
6	Number of infants 1, 2, 4 months on exclusive breastfeeding (1-5 months)	Total number of infants 1, 2, 4 months of age who are exclusively on breast exclusively breastfeeding/Total number of infants 1, 2, 4 months attended Well-Child visits	
7	Percentage of predominantly breastfed (0-5months)	Percentage of infants 1, 2, 4 months of age who are predominantly breastfed (definition 2.19)	
8	M-CHAT-R (Autism) screening uptake at 18 months	Total number of children at 18 months who underwent M-CHAT-R(Autism) screening at 18 months/ Total number of children at 18 months who attended Well-Child visits	100%
9	Abnormal M-CHAT-R (Autism) screening at 18 months with (3-7 score)	Total number of children at 18 months with abnormal M-CHAT-R (Autism) screening (3-7 score)/ Total number of children at 18 months who underwent M-CHAT-R(Autism) screening	NA
10	Abnormal M-CHAT-R (Autism) screening at 18 months with (8-20 score)	Total number of children at 18 months with abnormal M-CHAT-R (Autism) screening (8-20 score)/ Total number of children at 18 months who underwent M-CHAT-R (Autism) screening	NA
11	Abnormal M-CHAT-R (Autism) screening at 18 months referred	Total number of children at 18 months with abnormal M-CHAT-R (Autism) screening referred to pediatrician or pediatric neurologist or neurodevelopment clinic / Total number of children at 18 months with abnormal M-CHAT-R (Autism) screening	100%
12	M-CHAT-R (Autism) screening uptake at 24 months	Total number of children at 24 months who underwent M-CHAT-R (Autism) screening/ Total number of children at 24 months who attended Well-Child visits	100%
13	Abnormal M-CHAT-R (Autism) screening at 24 months with (3-7 score)	Total number of children at 24 months with abnormal M-CHAT-R (Autism) screening (3-7 score)/ Total number of children at 24 months who underwent M-CHAT-R (Autism) screening	NA
14	Abnormal M-CHAT-R (Autism) screening at 24 months with (8-20 score)	Total number of children at 24 months with abnormal M-CHAT-R (Autism) screening (8-20 score)/ Total number of children at 24 months who underwent M-CHAT-R (Autism) screening	NA
15	Abnormal M-CHAT-R (Autism) screening at	Total number of children at 24 months with abnormal M-CHAT-R (Autism) screening referred to	100%

	24 months referred	pediatrician or pediatric neurologist or neurodevelopment clinic / Total number of children at 24 months with abnormal M-CHAT-R (Autism) screening	
16	IDAQ(ASQ) screening uptake at 18 months	Total number of children at 18 months who underwent IDAQ(ASQ) screening/ Total number of children at 18 months who attended Well-Child visits	100%
17	Abnormal IDAQ(ASQ) screening result at 18 months	Total number of children at 18 months with abnormal IDAQ (ASQ) screening/ Total number of children at 18 months who underwent IDAQ (ASQ) screening	NA
18	IDAQ(ASQ) Abnormal cases referred	Total number of children at 18 months with abnormal IDAQ (ASQ) screening referred to pediatric neurologist or neurodevelopment clinic/ Total number of children at 18 months with abnormal IDAQ(ASQ) screening	100%

6 Enforcement and Sanctions

DoH may impose sanctions in relation to any breach of requirements under this standard in accordance with the disciplinary regulation of the healthcare sector.

7 Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
7.1	2024	Newborn Screening Standard	https://www.doh.gov.ae/en/resources/standards
7.2	2023	Standard for Cerebral Palsy Rehabilitation in Children in the Emirate of Abu Dhabi	https://www.doh.gov.ae/en/resources/standards
7.3	2008	Policy on Patient Rights and Responsibilities	https://www.doh.gov.ae/en/resources/standards
7.4	2019	Expanded program on immunization – EPI childhood and schools' vaccine	https://www.doh.gov.ae/-/media/2EE93DA9EAB84FA696BC3D131AA4F59B.ashx
7.5	NA	ADPHC Breastfeeding program	https://www.adphc.gov.ae/Public-Health-Programs/Breastfeeding
7.6	NA	DoH Data Standards and Protocols	https://www.doh.gov.ae/en/resources/standards
7.7	2024	Recommended dietary allowance (RADs) for (vitamin D) daily intakes	https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/ https://www.aap.org/en/search/?k=vitamin%20d
7.8	2023	Infant and young child feeding	https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding
7.9	2017	Conditions Under Which Children Younger Than 3 Years Should Have BP Measured	https://publications.aap.org/pediatrics/article/140/3/e20171904/38358/Clinical-Practice-Guideline-for-Screening-and?autologincheck=redirected
7.10	2021	Dental Screening and Oral Health Promotion	https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-2-summary-guidance-tables-for-dental-teams
7.11	2019	Oral Health Policy for the Emirate of Abu Dhabi	https://www.doh.gov.ae/en/resources/policies
7.12	2022	Dental Screening and Oral Health Promotion	https://www.bsperio.org.uk/assets/downloads/Delivering_better_oral_health.pdf

7.13	2022	Dental Screening and Oral Health Promotion	https://www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf
7.14	2025	Head circumference	https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
7.15	2022	American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed, (DSM-5-TR). Washington, DC: American Psychiatric Publishing; 2022.	https://www.psychiatry.org/News-room/News-Releases/APA-Releases-Diagnostic-and-Statistical-Manual-of
7.16	2024	Attention deficit Hyperactivity Disorder (ADHD)	https://www.cdc.gov/adhd/treatment/index.html#:~:text=Treatment%20recommendations%20for%20ADHD%20vary%20by%20age,therapy%20*%20Medications%20*%20Stimulants%20*%20Non%2Dstimulants
7.17	2023	School Screening Standard	https://www.doh.gov.ae/en/resources/standards
7.18	2024	Applied Behavioral Analysis for Autism Spectrum Disorder Guidelines	https://www.doh.gov.ae/en/resources/guidelines
7.19	2023	Guideline for Genetic Investigation	https://www.doh.gov.ae/en/resources/guidelines
7.20	2020	National Child Health Care Maternal Guideline	https://www.bing.com/ck/a?!&&p=dfa670c0f7b3b111075e1bfb0fc97eba38acc8b521

8. Appendices

Appendix 1	Child Screening Requirements
Appendix 2	History Components of Well-Child Visits Assessment
Appendix 3	Developmental Dysplasia of the Hips (DDH)
Appendix 4	4.1 Oral Hygiene Education to Parents 4.2 Detailed Dental Awareness for Parents
Appendix 5	5.1 Developmental Delays Screening: McHAT-R 5.2 Developmental Delays Screening: IDAQ
Appendix 6	Norma Developmental Milestones

Appendix 1 - Child Screening Requirements

Age	General Measurement	History Taking [Appendix 2]	Physical examination, Developmental Milestones, Specific Screening Tool, and Mandated Lab investigation	Parental Counseling*
1 Month	**-Measure** Weight & head circumference. **-Plot** (Z-scores) 1. Length for age 2. Weight for age 3. Weight for length **-WHO child growth standards**	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	**-General observation of parent -child Interaction** **-Developmental Milestones [Appendix 6]** **-Visual Screening** 1. External eye exam 2. Red Reflex ➢ **Inquire further history:** history of (Premature, NICU graduates, Family history of strabismus /amblyopia, syndromic children, retinoblastoma, congenital cataract or congenital glaucoma. Refer to ophthalmologists for comprehensive screening. **-Hip Examination [Appendix 3]** The Ortolani and Barlow tests for Developmental Dysplasia of the Hips (DDH) **-Hearing Test** (if not done earlier / failed in newborn hearing screening)	**Counseling Elements** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention 10.Sudden infant death syndrome prevention (SIDS)
2 Months	**-Measure** Weight & head circumference. **-Plot** (Z-scores) 1. Length for age 2. Weight for age 3. Weight for length **-WHO child growth standards**	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	**-General observation of parent -child Interaction** **-Developmental Milestones [Appendix 6]** **-Visual Screening** 1.External eye exam 2.Red Reflex 3. Visual Acuity (Fix and Follow) **-Hip Examination [Appendix 3]** The Ortolani and Barlow tests for Developmental Dysplasia of the Hips (DDH) **-Hearing Test** (if not done earlier / failed in newborn hearing screening)	**Counseling Elements** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention 10.Sudden infant death syndrome prevention (SIDS)

4 Months	**-Measure** Weight & head circumference. **-Plot** (Z-scores) 1. Length for age 2. Weight for age 3. Weight for length **-WHO child growth standards**	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	**-General observation of parent -child Interaction** **-Developmental Milestones [Appendix 6]** **-Visual Screening** 1.External eye exam 2.Red Reflex 3.Visual Acuity (Fix and Follow) **-Hip Examination [Appendix 3]** The Ortolani and Barlow tests for Developmental Dysplasia of the Hips (DDH)	**Counseling Elements** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention 10.Sudden infant death syndrome prevention (SIDS)
6 Months	**-Measure** Weight & head circumference. **-Plot** (Z-scores) 1. Length for age 2. Weight for age 3. Weight for length **-WHO child growth standards**	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	**-General observation of parent -child Interaction** **-Developmental Milestones [Appendix 6]** **-Visual Screening** 1.External eye exam 2.Red Reflex 3.Visual Acuity (Fix and Follow) 4. Corneal light reflex test **-Hip Examination** Check for limited hip(s) abduction, shortening of limb(s) or asymmetrical skin folds on thighs for Developmental Dysplasia of the Hips (DDH)	**Counseling Elements** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention 10.Sudden infant death syndrome prevention (SIDS)

9 Months	**-Measure** Weight & head circumference. **-Plot** (Z-scores) 1. Length for age 2. Weight for age 3. Weight for length **-WHO child growth standards**	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	**-General observation of parent -child Interaction** -Developmental Milestones [Appendix 6] -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Fix and Follow) 4. Corneal light reflex test **-Hip Examination** Check for limited hip(s) abduction, shortening of limb(s) or asymmetrical skin folds on thighs for Developmental Dysplasia of the Hips (DDH)	**Counseling Elements** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention
12 Months	**-Measure** Weight & head circumference. **-Plot** (Z-scores) 1. Length for age 2. Weight for age 3. Weight for length **-WHO child growth standards**	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Developmental Milestones [Appendix 6] -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Fix and Follow) 4. Corneal light reflex test 5.Cardiff Acuity Test -Hip Examination Check for limited hip(s) abduction, shortening of limb(s) or asymmetrical skin folds on thighs for Developmental Dysplasia of the Hips (DDH) -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Oral health guidance to parents [Appendix 4] -CBC Test	**Counseling Elements** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention

15 Months	-Measure Weight & head circumference. -Plot (Z-scores) 1. Length for age 2. Weight for age 3. Weight for length -WHO child growth standards	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Developmental Milestones [Appendix 6] -Visual Screening 1.External eye exam 2.Light Reflex 3.Visual Acuity (Fix and Follow) 4.Corneal light reflex test 5.Cardiff Acuity Test 6.Cover/uncover Test -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Oral health guidance to parents [Appendix 4] -CBC Test if not done at 12 months	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention
18 Months	-Measure -Weight & head circumference. -Plot (Zscores) 1. Length for age 2. Weight for age 3. Weight for length **-WHO child growth standards:**	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Developmental Milestones [Appendix 6] -Visual Screening 1.External eye exam 2.Light Reflex 3.Visual Acuity (Fix and Follow) 4.Corneal light reflex test 5.Cardiff Acuity Test 6.Cover/uncover Test -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Oral health guidance to parents [Appendix 4] Developmental Delay Test 1. Autism screening (M-CHAT-R) 2. Early developmental delay detection (Interim IDAQ - 6 questions (ASQ-4 once recommended via circular) -CBC Test if not done at 12 months	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention

2 Years	-Measure 1.Weight & head circumference. 2.Standing height (preferred) or recumbent length -Plot (Z-scores) 1. Height for age 2. Weight for age 3. BMI-for age WHO child growth standards	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Developmental Milestones [Appendix 6] -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Fix and Follow) 4.Corneal light reflex test 5.Cardiff Acuity Test 6.Cover/uncover Test -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Oral health guidance to parents [Appendix 4] Developmental Delay Test 1. Autism screening (M-CHAT-R)	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention
2.5 years	-Measure 1.Weight & head circumference. 2.Standing height (preferred) or recumbent length -Plot (Z-scores) 1. Height for age 2. Weight for age 3. BMI-for age WHO child growth standards	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Developmental Milestones [Appendix 6] -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Fix and Follow) 4.Corneal light reflex test 5.Cardiff Acuity Test 6.Cover/uncover Test -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Oral health guidance to parents [Appendix 4]	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention

3 years	-Measure 1.Weight & head circumference. 2.Standing height (preferred) or recumbent length -Plot (Z-scores) 1. BMI-for age WHO child growth standards	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Developmental Milestones [Appendix 6] -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Snellen Chart & Auto-refractometer) 4.Corneal light reflex test 5.Perform Fundus examination by Ophthalmologists -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Examine the mouth for parafunctional habits including thumb and pacifier sucking and mouth breathing. Oral health guidance to parents [Appendix 4]	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention
4 years	-Measure 1.Weight & head circumference. 2.Standing height (preferred) or recumbent length -Plot (Z-scores) 1. BMI-for age WHO child growth standards	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Hearing Test (Pure Tone Audiometry Test) -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Snellen Chart & Auto-refractometer) 4.Corneal light reflex test 5.Perform Fundus examination by Ophthalmologists -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Examine the mouth for parafunctional habits including thumb and pacifier sucking and mouth breathing. Oral health guidance to parents [Appendix 4]	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention

5 Years	-Measure 1.Weight & head circumference. 2.Standing height (preferred) or recumbent length -Plot (Z-scores) 1. BMI-for age WHO child growth standards	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Hearing Test (Pure Tone Audiometry Test) -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Snellen Chart & Auto-refractometer) 4.Corneal light reflex test 5.Perform Fundus examination by Ophthalmologists -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Examine the mouth for parafunctional habits including thumb and pacifier sucking and mouth breathing. Oral health guidance to parents [Appendix 4]	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention
6 Years	-Measure 1.Weight & head circumference. 2.Standing height (preferred) or recumbent length -Plot (Z-scores) 1. BMI-for age WHO child growth standards	1. Maternal history 2. Birth history 3. Feeding /nutritional history 4. Immunization 5. Past medical history 6. Allergy 8. Drug history 9. Family history 10. Socio-economic history	-General observation of parent -child Interaction -Hearing Test (Pure Tone Audiometry Test) -Visual Screening 1.External eye exam 2.Red Reflex 3.Visual Acuity (Snellen Chart & Auto-refractometer) 4.Corneal light reflex test 5.Perform Fundus examination by Ophthalmologists -Oral Examination Intraoral examination; hard tissue (number of teeth present, sequence of eruption, accretions, discoloration or trauma), soft tissue (tongue, gum, palate, labial & buccal mucosa), caries risk assessment. Examine the mouth for parafunctional habits including thumb and pacifier sucking and mouth breathing. Oral health guidance to parents [Appendix 4]	**<u>Counseling Elements</u>** 1.Breastfeeding 2.Sleeping pattern 3.Oral hygiene 4.General safety 5.Nutrition 6.Supplement (Vitamin D) 7. Secondhand smoking prevention 8.Physical activity 9.Injury prevention

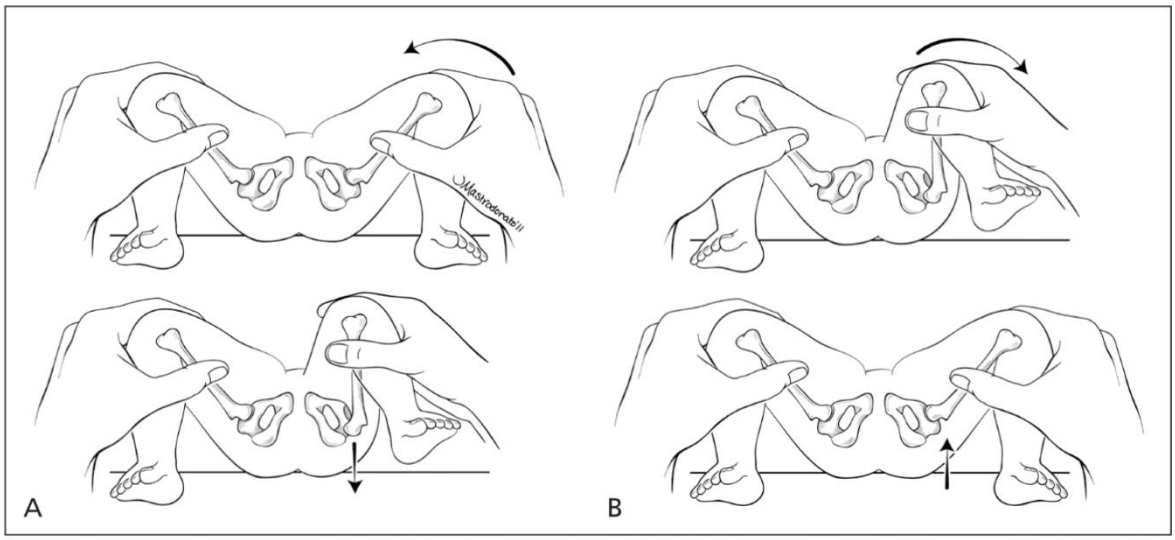
Appendix 2:

History Components of Well-Child Visits Assessment

Detailed history should be obtained from the parents as per the following table, further questions can be asked depending on the individual cases:

<table>
<tr><th colspan="2">Maternal history</th></tr>
<tr><td colspan="2">Maternal information:
• Chronic maternal disease
• Mental health history
Current medication</td></tr>
<tr><td colspan="2">Past obstetric history:
• Gravida ……. Para……
• No. of miscarriage
• No. still birth
No. of neonatal death</td></tr>
<tr><td colspan="2">Antenatal history:
• Antenatal history of gestational diabetes, hypertension, anemia, infection, or other conditions
• Antenatal investigation
• Drugs received during pregnancy
Recreational drugs, alcohol or tobacco use</td></tr>
<tr><th colspan="2">Birth History</th></tr>
<tr><td colspan="2">• Gestational age
• Presentation and type of delivery
• Analgesia/ sedation during delivery
• Complications (abnormal bleeding)
• 1st cry (immediately, cyanosed, apneic)
• Resuscitation at birth
• Admission to NICU
• Birth injury
• Medication since birth
• Birth Weight</td></tr>
<tr><th colspan="2">Feeding /Nutritional History</th></tr>
<tr><td colspan="2">• Type of current feeding
• Age of introduction of complementary food
• Weaning
• Supplement</td></tr>
<tr><th colspan="2">Immunization</th></tr>
<tr><td colspan="2">• Last vaccine taken
• Any missed vaccine
• Any previous reactions
• Any contraindication</td></tr>
<tr><th colspan="2">Past Medical History for the Infant/Child</th></tr>
<tr><td colspan="2">• History of chronic medical condition
• History of previous intensive care admission
• History of previous surgeries</td></tr>
<tr><th colspan="2">Allergy or the Infant/Child</th></tr>
<tr><td colspan="2">• Medication allergy (specify the medications and type of reaction)
• Food allergy (specify the food and type of reaction)</td></tr>
<tr><th colspan="2">Drug History or the Infant/Child</th></tr>
<tr><td colspan="2">• Any current medications including over the counter and herbals</td></tr>
<tr><th>Family History</th><th>Socio-economic History</th></tr>
<tr><td>• Consanguinity
• Chronic medical conditions in the family
• Congenital and hereditary diseases in the family
• Siblings (numbers, age, illness, deaths)</td><td>• Family income
• Parental age, social background (marriage status, educational level)</td></tr>
</table>

Appendix 3: Developmental Dysplasia of the hips (DDH)



Techniques to evaluate for hip dysplasia in newborns. (A) The Barlow maneuver involves adducting the hip while pushing the thigh posteriorly to see if can be dislocated. (B) The Ortolani maneuver involves abducting the hips while pushing the thigh anteriorly and relocates reducible hips dislocated by the Barlow maneuver creating a clunk.

Reference: *https://www.aafp.org/pubs/afp/issues/2014/0901/p297/jcr%3Acontent/root/aafp-article-primary-content-container/aafp_article_main_par/aafp_figure1.print.html?utm_source=chatgpt.com*

Appendix 4.1: Oral Hygiene Education to Parents

Age Group	Educational Guide	
12-24 months old	Start brushing the teeth of your infant/ child with a toddler toothbrush and smear layer of toothpaste that contains 1000 ppm fluoride, twice a day at least. Do not wash the infant/child mouth with water.	
3-6 years old	Brush the teeth of your child with a toddler or a child toothbrush and pea size amount of toothpaste that contains at least 1000 ppm fluoride (up to 1450 ppm fluoride), twice a day at least. Ask the child to spit and not rinse. If they cannot spit well then stick to a smear layer amount only.	

Ref: https://www.bsperio.org.uk/assets/downloads/Delivering_better_oral_health.pdf

Appendix 4.2: Detailed Dental Awareness for Parents

Dental Development:

The first teeth (infant teeth) to appear are usually the bottom front teeth (incisors) at around 5 to 7 months of age, followed by the top front teeth.

- Signs of teething may include Sore and red gums, red cheeks, they may rub their ear, dribbling, children may may chew on things a lot and they may be more unsettled than usual.
- Inform parents that teething does not cause symptoms such as diarrhea and a high fever.
- By the age of 2.5 a child will have 20 teeth.

By the age of 5.5 a child will have his first permanent tooth (1st permanent molars) and care should be given to diligently clean the last tooth at the back.

Dietary Guidance for Parents:

- After every feed, initiate cleaning the gums of the infant using plain/non-perfumed gauze.
- Introduce the infant drinking from infant's cups and free flowing cups from the age of 6 months.
- Avoid sugar-sweetened drinks – the best drinks for young children are plain milk and water.
- It's OK to use bottles for expressed breast milk, formula milk, or cooled boiled water only. Do not add any juice.
- At bedtime or during the night, only give your infant/child breast milk, formula or cooled boiled water.
- When infant/child starts eating solid foods, encourage them to eat savory food and drinks with no sugar. Check if there's sugar in pre-prepared infant/child foods (including the savory ones) and rusks.
- Examples for healthy snacks include banana, cucumber sticks, bread sticks, cheese, toast with butter, milk, vegetables, plain yoghurt, rice cakes

Educate Parents regards pacifier use:

- Avoid using pacifiers after 12 months of age.
- Don't dip pacifiers in anything sweet like sugar or jam.
- Inform that the child's speech can be affected by pacifiers and thumb sucking.
- Pacifiers and thumb sucking can cause a gap between the top and bottom teeth.
- Inform parents not to let their child run around or talk with a pacifier or thumb in their mouth.
- Inform parents to never suck the infant/child pacifier to clean it.

Appendix 5: Developmental Delays Screening

Appendix 5.1: M-CHAT-R scoring system and referral system

Score	Interpretation
0-2 **(low risk)**	• If the initial screening is done at 18 months on Well-Child visits, re-screen at 24 months of age • If done at 24 months Well-Child visits, no need for further screening unless indicated
3-7 **(moderate risk)**	• Refer Immediately to the child neurodevelopment clinic (within 4 weeks) • Refer to speech therapy clinic (within 4 weeks) • Follow up appointment after 1 month at Primary Health Care (PHC) to assure successful referral
8 or above **(high risk)**	• Refer Immediately to the child neurodevelopment clinic (within 2 weeks) • Refer to speech therapy clinic (within 2 weeks) Follow up appointment after 1 month at Primary Health Care (PHC) to assure successful referral

Appendix 5.2: Interim Development Assessment Questionnaire- IDAQ

No	Question	Yes	No		الرقم
1	Do you have any concerns regarding the development of your child?	☐	☐	هل لديك أي مخاوف بشأن نمو طفلك؟	1
2	Does your child walk alone without holding onto anything?	☐	☐	هل يمشي طفلك بمفرده دون أن يمسك بأي شيء؟	2
3	Does your child pick up small objects (like a piece of cereal) using their thumb and index finger?	☐	☐	هل يلتقط طفلك الأشياء الصغيرة (مثل قطعة من الحبوب) باستخدام الإبهام والسبابة؟	3
4	Does your child say at least 6 different words, other than names?	☐	☐	هل يقول طفلك ما لا يقل عن 6 كلمات مختلفة غير الأسماء؟	4
5	Does your child copy you if you do something simple, like pretending to brush hair or using a spoon?	☐	☐	هل يقلدك طفلك إذا قمت بعمل بسيط، مثل التظاهر بتمشيط الشعر أو استخدام الملعقة؟	5
6	Does your child look at you when you call their name?	☐	☐	هل يستجيب الطفل عند مناداته باسمه؟	6

Appendix 6: Normal Developmental Milestones (National Child Health Care Guideline 2020)

Age	Social language and self-help	Verbal Language (Expressive and Receptive)	Gross Motor	Fine Motor	Warning Signs
1 Month	-Look at parent; follows parent with eyes -Has self-comforting behaviors, such as bringing hands to mouth -Starts to become fussy when bored, calm when picked up or spoken to -Look briefly at objects	-Makes brief short vowel sounds -Alerts to unexpected sound; quiets or turns to parent's voice -Shows signs of sensitivity to environment (Excessive crying, tremors, excessive startles) or need extra support to handle activities of daily living -Has different types of cries for hunger, tiredness	-Moves both arms and both legs together -Holds chin up when on stomach	-Holds fingers more open at rest	-Persistent feeding difficulties particularly in suckling or swallowing -Persistent crying and hyper-excitability -Asymmetry of movements
2 Months	-Smiles responsively; makes sounds that show happiness/upset	Makes short cooing sounds	-Lifts head and chest when on stomach -Keeps head steady when held in a sitting position	-Opens and shuts hands; briefly brings hands together	-Doesn't respond to loud sounds -Doesn't watch things as they move -Doesn't smile at people -Doesn't bring hands to mouth -Can't hold head up when pushing up when on tummy
4 Months	-Laughs aloud -Looks for parent or another caregiver when upset	-Turns to voices -Makes extended cooing sounds	-Supports self on elbows and wrists when on stomach -Rolls over from stomach to back	-Keeps hands unfisted -Plays with fingers in midline grasps object	-Doesn't watch things as they move -Doesn't smile at people -Can't hold head steady -Doesn't coo or make sounds -Doesn't bring things to mouth -Doesn't push down with legs when feet are placed on a hard surface
6 Months	-Pats or smiles at own reflection -Looks where name is called	-Babbles; makes sounds like "ga," "ma," or "ba"	-Rolls over from back to stomach - Sits briefly without support	-Passes a toy from one hand to another -Rakes small objects with 4 fingers	-Doesn't try to get things that are in reach -Shows no affection for caregivers -Doesn't respond to sounds around him -Has difficulty getting things to mouth -Seems very floppy, like a rag doll

				-Bangs small objects on surface	-Doesn't make vowel sounds ("ah", "eh", "oh") -Doesn't roll over in either direction -Doesn't laugh or make squealing sounds -Seems very stiff, with tight muscles
9 Months	-Uses basic gestures (holding arms out to be picked up, waving bye-bye) -Looks for dropped objects; plays game like peekaboo and pat-a-cake -Turns consistently when name called	-Says "Dada" or "Mama" nonspecifically -Looks around when hearing things like "Where's your bottle?" or "Where's your blanket?" - Copies sounds that parent makes	-Sits well without support -Pulls to stand, transitions well between sittings and lying -Crawls on hands and knees	-Picks up food to eat; picks up small objects with 3 fingers and thumb - Let's go of objects intentionally; bangs objects together	-Doesn't bear weight on legs with support -Doesn't sit with help -Doesn't babble ("mama", "baba", "dada") -Doesn't play any games involving back-and-forth play -Doesn't respond to own name -Doesn't seem to recognize familiar people -Doesn't look where you point -Doesn't transfer toys from one hand to the other
12 Months	-Looks for hidden objects -Imitates new gestures	-Uses Dada or Mama specifically -Uses 1 word other than Mama, Dada, or personal names -Follows directions with gestures, such as motioning and saying, "Give me (object)."	-Takes first independent steps -Stand without support	-Drops an object in a cup -Picks up small object with 2-finger pincer grasp - Picks up food to eat	-Doesn't crawl -Can't stand when supported -Doesn't search for things that she sees you hide -Doesn't point to things -Doesn't learn gestures like waving or shaking head -Doesn't say single words like "mama" or "dada" -Loses skills he once had
15 Months	- Copies of other children while playing, like taking toys out of a container when another child does	-Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog -Look at a familiar object when you name it	-Try to use things the right way, like a phone, cup, or book	-Takes a few steps on his own	Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns,

	-Shows you an object she likes -Claps when excited -Hugs stuffed doll or another toy -Shows you affections (hugs, cuddles, or kisses you)	-Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy." -Points to ask for something or to get help	-Stacks at least two small objects, like blocks	-Uses fingers to feed herself some food	and ask about developmental screening
18 Months	-Engage with others for play -Helps dress and undress self -Points to pictures in book, to object of interest to draw parent's attention to it -Turns, looks at adult if something new happens -Begins to scoop with spoon -Uses words to ask for help	-Identifies at least 2 body parts -Names at least 5 familiar objects	-Walk up steps with 2 feet per step with handheld -Sits in small chair -Carries toy while walking	-Scribbles spontaneously -Throws small ball a few feet while standing	-Doesn't point to show things to others -Can't walk -Doesn't know what familiar things are for -Doesn't copy others -Doesn't gain new words -Doesn't have at least 6 words -Doesn't notice or mind when a caregiver leaves or returns -Loses skills he once had
2 Years	-Plays alongside other children (parallel) -Take off some clothing -Scoop well with spoon	-Uses 50 words; combines 2 words into short phrase or sentence -Follows 2-step command -Names at least 5 body parts -Speaks in words that are 50% understandable to strangers	-Kicks a ball -Jumps off the ground with 2 feet -Runs with coordination -Climbs up a ladder at a playground	-Stacks objects; turns book pages -Uses hands to turn objects like knobs, toys, lids -Draws lines	-Doesn't know what to do with common things, like a brush, phone, fork, spoon -Doesn't copy actions and words -Doesn't follow simple instructions -Doesn't use 2-word phrases (for example, "drink milk") -Doesn't walk steadily -Loses skills she once had
3 Years	-Enters bathroom and urinates by herself -Put on coat, jacket, or shirt by herself	-Uses 3-word sentences -Speaks in words that are 75% understandable to strangers	-Pedals tricycle - Climbs on an off couch or chair -Jumps forward	-Draws a single circle -Draws a person with head and 1 other body part	-Falls down a lot or has trouble with stairs -Drools or have very unclear speech -Can't work simple toys (such as peg boards, simple puzzles,

	-Eat independently -Engages in imaginative play -Plays in cooperation and shares	-Tells you a story from a book or TV -Compares things using words like bigger or shorter		-Cuts with child scissors	turning a handle) -Doesn't understand simple instructions -Doesn't speak in sentences -Doesn't make eye contact -Doesn't pretend or make-believe -Doesn't want to play with others children or with toys -Loses skills he once had
4 Years	-Enters bathroom and has bowel movement by himself -Brushes teeth -Dresses and undresses without much help -Engages in well-developed imaginative play	-Answers questions like "What do you do when you are cold?" or "…when you are sleepy?" -Uses 4-word sentences -Speaks in words that are 100% understandable to strangers -Draws recognizable pictures -Follows simple rules when playing board/ card games -Tell parent a story from book	-Skips on 1 foot -Climb stairs, alternating feet without support	-Draws a person with at least 3 body parts -Draws simple cross -Unbuttons and buttons medium-sized buttons -Grasps pencil with thumb and fingers instead of fist	-Can't jump in place -Has trouble scribbling -Shows no interest in interactive games or make-believe -Ignore other children or don't respond to people outside the family -Resists dressing, sleeping, and using the toilet -Can't retell a favorite story -Doesn't follow 3-part commands -Doesn't understand "same" and "different" -Doesn't use "me" and "you" correctly -Speaks unclearly -Loses skills he once had
5 Years	-Follow simple directions; dresses with minimal assistance	-Has good articulation/language skills; can count to 10; names 4 or more colors	-Balances on one foot; hops; skips	-Can tie a knot; can draw person with at least 6 body parts; print some letters/numbers; is able to copy squares and triangles	-Doesn't show a wide range of emotions -Shows extreme behavior (unusually fearful, aggressive, shy or sad) -Unusually withdrawn and not active -Easily distracted, has trouble focusing on one activity for more than 5 minutes -Doesn't respond to people, or responds only superficially -Can't tell what's real and what's make-believe -Doesn't play a variety of games and activities -Can't give first and last name

					-Doesn't use plurals or past tense properly -Doesn't talk about daily activities or experiences -Doesn't draw pictures -Can't brush teeth, wash and dry hands, or get undressed without help -Loses skills he once had
6 Years	-Follow simple directions; dresses with minimal assistance	-Has good articulation/language skills; can count to 10; names 4 or more colors	-Balances on one foot; hops; skips	-Can tie a knot; can draw a person with at least 6 body parts; prints some letters/numbers; is able to copy squares and triangles	-Doesn't show a wide range of emotions -Shows extreme behavior (unusually fearful, aggressive, shy or sad) -Unusually withdrawn and not active -Easily distracted, has trouble focusing on one activity for more than 5 minutes -Doesn't respond to people, or responds only superficially -Can't tell what's real and what's make-believe -Doesn't play a variety of games and activities -Can't give first and last name -Doesn't use plurals or past tense properly -Doesn't talk about daily activities or experiences -Doesn't draw pictures -Can't brush teeth, wash and dry hands, or get undressed without help -Loses skills he once had