

KIDS HEALTH NEWS

Welcome to the inaugural newsletter from the Community Paediatric Team at MidCentral Health



ISSUE 1
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This is a publication for frontline health professionals, where specific child/tamariki health information is brought together from a variety of sources. Our goal is to encourage consistent messaging, communication and collaboration across the range of child/tamariki healthcare services. Your comments and feedback are welcome, as well as your topics of interest and concern for future Issues.



Guest Editorial by Giles Bates

HOW DO WE IMPROVE THINGS FOR THE CHILDREN IN OUR REGION?



How do we improve things for the children in our region? And how do we know if we are making a difference? These questions are asked every day within the Community Paediatrics team.

The MidCentral District Health Board (DHB) has led the way in New Zealand with the establishment of the Community Paediatrics Team (CPT), comprising nursing, social work, health promotion and medical staff. The DHB needs to be congratulated in taking the long term view and recognising the vital importance of those early years on long term health and mental health issues, led by the MidCentral DHB Child Health Strategy.

When a nurse or doctor sees a child in front of them with asthma they assess the child, taking a history of night coughing and symptoms with exercise, smoking at home and in the car, and treat accordingly. They may complete an Action Plan and give out advice. However, would they provide Evidence Based interventions and give out the same advice as another health professional? How much of a problem is asthma in our community, and for what population groups?

To start to answer this question one first needs access to reliable information. Over the last three years the MidCentral DHB has contracted the NZ Paediatric Society Epidemiology Service to provide health information based on hospital discharge data both nationally and locally. *The Health Status of Children and Young People in MidCentral 2008*, has just been released. There is also information available from national asthma surveys and the Primary Health Organisations (PHO). The CPT and Public Health undertook a study of new entrant school children in Foxton and Shannon last year and found that almost 1:3 children have asthma symptoms, yet few were adequately treated or had an Action Plan,

and 20% did not have a GP. There are good Evidence Based Guidelines available for how best to prevent and treat asthma. The two Clinical Nurse Specialists will next year be working with doctors, nurses, educators, Public Health Nurses, schools, Housing NZ and other community groups and agencies to help develop a community guideline for asthma. The Community Child Health Newsletter will be one of the ways of helping to get the consistent message out there. We will then have to measure our progress by asking the right questions and thereby measuring meaningful outcomes.

There are a number of other health problems, including the coordination of postnatal care, mothercraft support, maternal and infant mental health services, skin and respiratory infections, oral health, behavioural and learning problems, child protection, the health of children in care, sexual abuse services and enuresis. The last three issues have been addressed over the last two years. Children entering care are assessed at a monthly one-stop-shop held at Palmerston North Hospital. The MidCentral DHB now fund a clinic at Southern Cross Hospital, to assess children who may have been sexually abused. And from February next year, a nurse led community enuresis service will be run by the CPT. We look forward to bringing updates of child health service initiatives to you through this quarterly newsletter and welcome your ideas on future topics of interest.

USE OF BOOSTER SEATS



Dr Elizabeth Segedin, Intensive Care Specialist in PICU at Starship Hospital spoke to the Paediatric Society of New Zealand conference

in October on the use of booster seats for school-aged children to reduce the injuries suffered in car accidents.

NZ law requires that all children use an age appropriate restraint until five years of age and then progress to use the adult seat belt provided in the car. Dr Segedin outlined research showing a height of 148 cm was necessary for the child to fit safety into the adult restraint and this was often not achieved in school-aged children. The child should be able to sit upright with the knees bent comfortably over the seat edge, not slouching which exposes the abdomen and neck to injury from the lap belt. Dr Segedin cited an Auckland study that found that all 4 and 5 year olds, 90 percent of 6, 7 and 8 year olds and 50% of 9 and 10 year olds still required booster seats, but many were not using them.

Dr Segedin noted NZ law needs updating to come into line with international guidelines regarding the use of booster seats.

KEY DATES

FREE EDUCATION SESSION IMMUNISATION SUPPORT WORKERS

Do you work alongside vaccinators?

Are you passionate about improving awareness and children's health?

30 January 2009 at the Horowhenua Health Centre from 9.00am – 1.00pm (lunch provided).

Please contact Deb Winiata on (06) 354 9107.

CHILDREN'S DAY

1 March 2009

PLAGIOCEPHALY EDUCATION

WHAT IS IT AND HOW IS IT CAUSED?

Flattening of a baby's head shape. It is caused by placing the baby to sleep or play in the same position. Predominately this is on the baby's back, in line with the 'Back to Sleep' Programme. Problems occur when the baby is placed on this flat spot for other activities, eg car seat, on the floor playing, in bouncinette or rocker chair, or in mother's arms.



PREDISPOSITIONS, ARE THERE ANY?

10–15% of babies that back sleep develop plagiocephaly (*Habal et al '04*).

An Auckland study revealed:

- More likely in first born
- Male
- Premature
- R > L flatness
- Did not have head position varied when sleeping in first six weeks
- Torticollis present in most cases
- Sleep exclusively supine
- Had less than five minutes daily tummy time (*Hutchinson et al 2003*).

ASSOCIATED EFFECTS?

Developmental delay: research shows an increase in developmental delay referrals primarily as babies are not put onto their tummy's for any length of time to play.

Locally, last year 2007/08 the numbers of referrals for developmental delay, plagiocephaly and torticollis were 119.

HOW TO EFFECT CHANGE

- Know the risk factors.
- Avoid the same supine positioning.
- Cuddle baby upright.
- Use positioning suggestions (MoH have good brochures).
- Vary head position when putting baby to sleep – especially in first few weeks before postural preference is set.
- Make these changes as soon as possible as limited benefit after four months.
- Support parents to offer supervised tummy time to spend time off the flat spots and allow normal motor development. A bare minimum of five mins per day is shown to have positive effects but more the better!
- These concepts need to occur from day one.
- Refer babies who are not making progress to the Child Development Service or Well Child Providers.

FINAL MESSAGE:

BACK TO SLEEP, TUMMY TO PLAY, AND SIT TO SPEAK.

MELANOMA UPDATE



The new consumer booklet on melanoma developed by the New Zealand Guidelines Group can be found at:

http://www.nzgg.org.nz/guidelines/0141/Melanoma_CR.pdf

Copies are available free of charge from Wickliffe – see final panel of booklet for contact details.

NZGG also produced a GP resource (aid to diagnosis) based on the guidelines. It can be found, with the guidelines at:

http://www.nzgg.org.nz/guidelines/0141/Melanoma_Full_GL.pdf

50,000 REASONS TO BE SUNSMART THIS SUMMER

Most New Zealanders have heard of the Slip, Slop, Slap and Wrap campaign promoted during the summer months, yet this country still has among the highest skin cancer rates in the world. Each year, over 300 people die from skin cancer and 50,000 new skin cancer cases are diagnosed. Children are particularly at risk with severe sunburn doubling a child's risk of melanoma later in life.

Let's have a great summer – the challenge being that no-one gets sunburnt!

For more information, contact Kerry Hocquard, Cancer Society ph 356 5355.



THE COMMUNITY PAEDIATRIC TEAM

Front: David Smith, Stacey Hoggart, Robbie Lane, Nicola Lean.
Back: Fay Selby-Law, Lynley Walker, Fiona Dollery, Giles Bates.

HEALTHY EATING, HEALTHY ACTION

One of your best strategies this summer will be water. In the hot summer months, and through times of celebration and family get togethers, alcohol and fizzy drinks are on offer and often excessively consumed. Not only do these drinks contain excess sugar, but they are extra energy you just don't need, especially if celebratory food is in excess. Any extra energy consumed this summer will just be stored as fat. This applies to both adults and children.

Drinking plenty of water will:

- Keep you feeling fuller for longer
- Keep you hydrated, especially in the heat, and when consuming alcohol
- Help your body metabolise food and fat stores
- Stop you from drinking other beverages high in sugar.



KEEPING YOUR CHILD SAFE FROM DROWNING

It only takes four centimetres of water and less than two minutes for your child to drown. Pools, rivers and beaches are fun, but can be very dangerous. Your child does not understand the dangers of water and regardless of their swimming ability, no parent should leave them unsupervised.

Children love to play with water, but as they reach over baths, buckets or containers, they can lose their balance and topple in. Your child needs your constant supervision – never turn away or leave them unattended in water.

Always stay within arm's reach of your child in or near water, whether in the bath, paddling pool, swimming pool, spa, sea or river. If you have a swimming or spa pool, check it is securely fenced to comply with the Fencing of Swimming Pools Act 1987. Your local council can give you information about this. When swimming with your child in rivers or seawater, swim away from strong currents and rips

If your phone rings, and you choose to answer it, take your child with you if they are in or around the water. Teach older children some water basic safety rules, such as waiting for an adult before getting in and walking not running around the pool. Do not rely on flotation aids such as air rings or arm bands to keep your child safe. Your child requires your constant attention.

Empty the paddling pool once they have finished playing in it. Turn anything that could collect rainwater upside down to prevent water collecting. Keep the nappy bucket off the floor so your child can't get to it. Have a firm-fitting lid and keep laundry, bathroom and toilet doors shut.

<http://www.plunket.org.nz/your-child/safety>