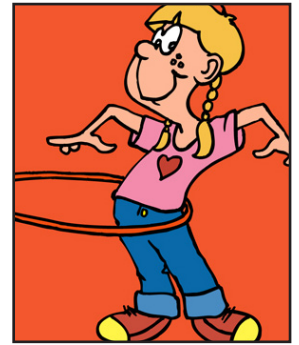


KIDS HEALTH NEWS

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/feedback are welcome as well as your topics of interest and concern for future issues.

Comments, contributions, ideas welcome. Contact – E-mail: cpt@midcentraldhb.govt.nz; Ph: 350 9164; Fax: 350 9181.



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Editorial by Stacey Hoggart, CNS-Lead

CLINICAL NURSE SPECIALISTS-LEAD COMMUNITY CHILD HEALTH



Stacey Hoggart (left) and Nicola Lean

Nicola Lean and Stacey Hoggart recently commenced as Clinical Nurse Specialists – Lead in Community Child Health at MidCentral Health. These newly established roles within the Community Paediatric Team promote child health issues in primary and secondary areas. Both Nicola and Stacey have experience working in child health in both the community and hospital settings. The aim is to develop and promote shared practice models of care for child health across the paediatric continuum and provide child health nursing leadership to improve health outcomes for the children of our region. Involvement with the Health Care Development Team (formerly known as Nursing Development Team), will see a professional development programme for primary health care nurses working in child health.

In May, Stacey attended the NZ Child & Youth Epidemiology Service workshop in Wellington. This workshop was attended by representatives of DHBs and the Ministry of Health. Immunisation was discussed and shown to be a high priority for all DHBs, needing a collaborative effort to increase local immunisation rates. It is vital that all health professionals working with children are aware of the importance of immunisations and are working from evidenced based practice. Parents and caregivers should be encouraged to make an informed choice. Opportunistic immunisations in primary and secondary care provide a key approach. The workshop identified that child health issues, including immunisations, should be initiated during pregnancy whilst building the relationship with the parents.

Nicola and Stacey, along with the Community Paediatric Team, have been involved in developing a MidCentral DHB Primary Nocturnal Enuresis alarm-based programme. The Community Paediatric Team have two registered nurses, Lynley Walker and Robbie Lane, who are currently working with children on the pilot programme. Night-time wetting is a common condition that causes significant distress in children, young people and their families. Children on the pilot programme are already enjoying success and we are now looking forward to providing this service throughout the region.

For any enquiries regarding the Primary Nocturnal Enuresis programme, please contact Lynley or Robbie by email: cpt@midcentraldhb.govt.nz or ph (06) 350 9164.

Stacey can be contacted by email stacey.hoggart@midcentraldhb.govt.nz or ph 027 3300 286. Nicola Lean is currently on maternity leave.

TE WAKAHUIA MANAWATU TRUST OUTREACH IMMUNISATION SERVICE

Te Wakahuia have implemented a successful Outreach Immunisation Service (OIS) that has effectively moved into isolated communities, amongst transient whanau, to improve childhood immunisation rates for Maori, Pacific and other priority groups with high rates of vaccine preventable disease, and low rates of immunisation. The service was launched in October 2003 as one of 16 pilots across designated DHBs throughout New Zealand.

This service was initially a joint venture between Te Wakahuia and Manawatu Independent Practice Association (MIPA) to develop and implement a complementary, collaborative Outreach Immunisation Service to clients and whanau across the MDHB district.

The OIS provides a unique component and proactively removes barriers by successfully **tracking and tracing** those whanau that are difficult to locate due to lack of relevant data, or transient whanau that are not currently accessing primary health care – vaccination services. This has significantly contributed to reducing the number of tamariki that have been 'missed' and/or not currently receiving community well child care within the MDHB region.

The service does not maintain a register of enrolled clients themselves, but is designed **specifically** to bring them up to date with immunisations. Children are then referred back to Primary Health Care General Practice or Well Child Provider for on going care.



OIS CONTACT DETAILS:

Hannabel Chase
(OIS Nurse Coordinator)
56 Pembroke Street
PO Box 4564
Palmerston North

Phone: (06) 357 3400
or 021 405 088

hannabel@tewakahuia.org

Pictured: Hannabel Chase
(left) and Kataraina Hapi,
OIS Support Person.



Starship Foundation and Paediatric Society of New Zealand website

Reliable information for NZ parents about kids' health – developed by NZ child health professionals. Reviewed and endorsed by the Paediatric Society NZ



What can you find on kidshealth?
Some sample fact sheets:

Conditions, treatments and tests, A-Z
• Bedwetting • Boils • Broken bones and plaster care • Constipation • Diabetes • Eczema • Febrile convulsions • Fever • Jaundice • Pneumonia • School sores (impetigo) • Soiling • Sore throat • Tonsils and adenoids • Urinary infections

Topics

• Computers, TV, mobile phones and text bullying
• Crying baby – what to do • Foreskin care
• How to take a temperature • Supporting your child through disability, grief, hospital visits, pain and treatment • Teeth care

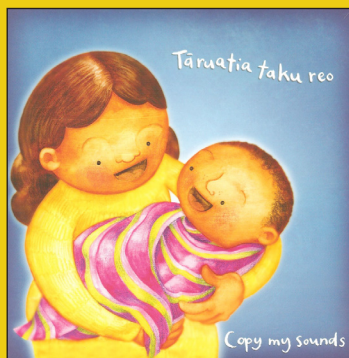
EARLY LEARNING – NURTURING YOUR CHILD'S DEVELOPMENT

Baby's learning is dependent upon their interactions with parents and the world around them.

Research shows that early language and literacy development begins in the first three years of life and is closely linked to a child's earliest experiences with books and stories. The interactions that young children have with these literacy materials and with the adults in their lives, are the building blocks for language, reading and writing development.

Adults can help develop language and communication by watching and listening to see how their baby communicates. Even from the earliest time, repeating the sounds and words the baby uses will establish a reciprocal conversation. Reading, singing and story telling are fun ways to be together helping the child understand the meaning of new words and ideas.

Thinking skills are developed by encouraging baby to explore toys by touching, banging, stacking and shaking. Through play, babies and toddlers learn about how things work and how to be good problem solvers. Follow the child's interests as they learn best through activities that excite them. Support the toddler to be successful without completely solving the problem. Praise allows the child to feel good about themselves and builds confidence.



Parents are advised to read to their children. This allows the natural unfolding of skills through the enjoyment of books, the positive interactions between children and adults and literacy rich experiences.

This article has been based on information sourced from an excellent website which has valuable parent handouts available on a huge variety of related topics www.zerotothree.org

Another recommended website is <http://raisingchildren.net.au>

Compiled by Gabrielle Scott, Co-ordinator, Child Development Unit, MidCentral Health

INJURY PREVENTION: BE BURN & FIRE WISE

Nearly 200 children are admitted to hospital every year with burns from fire, hot liquids, ie drinks or food, tap water, hot appliances like stoves, irons, and other hot objects. Most children injured are under five.



On average, nine children every year die in house or car fires and many more children go to hospital with burns. Most house fires are caused by someone playing with matches, lighters, candles or heaters.



Advice for parents/caregivers:

- Do not drink hot drinks while holding a baby. Babies burn quicker, deeper and at lower temperatures than adults; and spilt hot-drinks are the most dangerous source of burns for babies.
- To avoid burns from bath water, turn the thermostat down to 55 degrees. Always test the water with your elbow before bathing baby to ensure water is not too hot.
- Place hot items (or their handles) where toddlers cannot reach them.
- Finally, burns from house fires are the biggest killers, so investing in a smoke alarm makes sense.

Regular contact with a WellChild/Tamariki Ora nurse helps the family prepare safely for the next developmental stage.

First aid can prevent long-term scarring and dramatically reduce the severity of a burn injury.

- 1) Cool the area immediately under gently running cold water for 20 minutes. DO NOT use ice.
- 2) Remove clothing from the affected area. If clothing sticks to the skin, don't pull it away – cut around the fabric carefully with a pair of scissors.
- 3) Don't touch the burns or burst blisters – it can cause infection.
- 4) Cover the burn area with a clean, non-fluffy material to protect it. Plastic wrap or cling film can be used.
- 5) Get advice immediately from your doctor, Emergency Department or call 111.

For more details see: www.safekids.org.nz keyword childhood burn, www.fire.org.nz or www.homesafety.co.nz see Resources "Hot Water Safety"; or www.otago.ac.nz/ipru/Statistics/Statistics.html

KEY DATES

29 – July	NZCCS Appeal Week	www.ccs.org.nz
1–6 Aug	World Breastfeeding Week	www.plunket.org.nz
3–9 Aug	Cystic Fibrosis Week	www.cfnz.org.nz
7 Aug	World Dental Day	www.dentalhealth.org.nz
12 Aug	World Youth Day	www.youthaffairs.govt.nz
7–12 Sept	Continence Awareness Week	www.continence.org.nz
28–4 Oct	Save the Children Fund Appeal Week	www.savethechildren.org.nz

THE WATCH, WAIT, AND WONDER™ INTERVENTION

Following last newsletter's article, here are some clarifications:

- The training is in the evaluated and manualised intervention [Muir E., Lojkasek M. and Cohen N. 1999] and not unevaluated approaches following a child's initiative
- Training and supervision is required before independent practice
- It can be used with at-risk dyads from primary to tertiary settings
- Dyads do not have an assessment of infant led play at every session
- This intervention is specifically more effective for those who had a disorganised – insecure pattern; a pattern linked with long term developmental and psychopathological problems.

Dr Denise Guy and Ms Seonaigh Stevens, Facilitators of Training in Watch, Wait, and Wonder™ Intervention

For more information about training in the Watch, Wait, and Wonder™ Intervention, please contact Dr Denise Guy, Incredible Families Charitable Trust, PO Box 33322, Petone, Lower Hutt; or email: duncanguyfamily@xtra.co.nz