

# KIDS HEALTH NEWS

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



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## TWO CHILD HEALTH INTERVENTIONS

This newsletter provides an overview of two exciting initiatives being run within the MDHB region, promoting the well health of our tamariki. The B4 School Check (B4SC) is a nation-wide programme that has received much media attention of late due to government concerns about the poor return for money, with so few children being seen nationally. However, Jackie Pawson and her team have been one of the shining lights across the DHBs, with relatively high rates of health assessments provided for children prior to starting school. The aim is to identify health issues that could hinder a child's learning, prior to the child starting school. There are always difficulties with accessing children most in need, but the team of B4SC nurses are doing a great job in this regard.

The second intervention helping children and young people across MDHB, is the Nurse Led Primary Nocturnal Enuresis Programme. The nurses have got the service up and running in a short time and the feedback from consumers has been very positive. Whilst some may think that bedwetting does not justify a service, it is a common problem that causes significant grief to many children, young people and their families. It affects the whole family emotionally and financially and many studies have shown major negative affects on lowered self esteem, embarrassment, and bullying. This nurse-led Nocturnal Enuresis programme is going to help many children across our region become 'Dry Bed Super Stars' with long term benefits on self-esteem and family harmony!

*Dr Giles Bates, Community Paediatrician, MCH*

## NURSE-LED NOCTURNAL ENURESIS SERVICE

Primary Nocturnal Enuresis (PNE) is a common and distressing condition. The MDHB region now has an innovative service, led by nurses, and available free to children 8 years and over living in the MDHB area. The alarm based programme has been developed in line with the Paediatric Society of NZ guidelines. Registered Nurses Robbie Lane and Lynley Walker are based at the Community Paediatrics Service and are regularly on the road searching for 'Dry Bed Super Stars'! They have a passion for working with kids and their families, and helping wet beds become a thing of the past.

Night time wetting is common, with around 5% of 10 years olds still regularly wetting. It does affect the emotional wellbeing of children and young people. A number of studies have shown that it is a significant factor in reducing self-esteem and increasing stress, there are also financial costs for the families. Parents can become frustrated, confused, and angry. It is most common if there is a family history of bedwetting. A child has a 40% chance of bedwetting if one of their parents had the problem and nearly an 80% chance if both parents wet. If there are no daytime wetting or soiling problems, and no history of urine infections there is usually no underlying medical problem. For some reason some people do not wake up at night to a full bladder. PNE is not caused by laziness, rebelliousness, or sleeping deeply. It is important not to punish the child for something they cannot control.



### **Alarms are shown to be the best evidence based treatment for PNE.**

The alarm wakes the child as soon as they begin to wet, strengthening the bladder/brain connection. Alarms have a 70% success rate when used with support from appropriately qualified health professionals, and if the child is highly motivated to become dry. Lynley and Robbie complete an initial assessment with the child and family to establish the appropriateness of the 12 week programme. The aim is to increase the child's independence and responsibility for their wetting. The RN's provide regular follow-up support by telephone/e-mail/TXT/home visits. Clinical review is performed with both nursing and medical staff.

### **Criteria for referral to the service**

The programme welcomes referrals from healthcare professionals. The criteria are:

- Eight years of age and over
- No daytime wetting
- No constipation or soiling
- No underlying organic cause.

### **Some simple advice to give parents:**

- Ensure the child has an adequate daily oral fluid intake, 50ml/kg/day
- Do not limit fluids
- Avoid caffeinated drinks and alcohol
- Lifting (taking child to the toilet while asleep) is not recommended. This may train the child to wet while asleep.
- Praise and encourage the child for good toileting behaviour, eg I really like the way you go to the toilet before you go to bed
- Constipation and daytime toileting issues should be actively managed through the GP
- Healthy diet with plenty of fibre
- Refer to the PNE Programme, if meets criteria as outlined.

Watch out for our posters and referral forms which will be arriving in your practice in September. If you would like the Enuresis Nurses to provide an education session/presentation to your practice, or would like further information, contact [cpt@midcentraldhb.govt.nz](mailto:cpt@midcentraldhb.govt.nz) or phone (06) 350 8429. Other websites of interest include: [www.continence.org.nz](http://www.continence.org.nz) [www.keea.org.nz](http://www.keea.org.nz) [www.kidshealth.org.nz](http://www.kidshealth.org.nz)

*Lynley Walker BN,  
Community Paediatric Team,  
PNE Programme, MCH*

Pictured: Lynley Walker (left) & Robbie Lane.

## B4SC

The Before School Check (B4SC) is now into its second year of delivery of checks to 4 year olds within MDHB. The check provides an extensive one-stop shop with scheduled appointment times offered.

The B4SC team consists of five Registered Nurses (RN) with Specialty Child Health qualifications, and six Vision Hearing Technicians (VHT). Working together, the team provide a service that is accessible to families.

Within MDHB, the B4SC team has exceeded the target number of four year olds seen. Feedback from parents in a recent client satisfaction survey reflected that the majority of parents found the check beneficial and would like to see the checks continue.

The success of the programme continues to be dependent on the B4SC team working with colleagues to identify children requiring the check. The support of colleagues provides valued professional development and allows processing of referrals in a timely manner.

If you are aware of a four year old who has not as yet received the free four year assessment, please contact Barbara or Jackie (06) 357 4844.

*Jackie Pawson RN, B4  
School Co-ordinator*

## SIGNS THAT CHILDREN ARE READY FOR POTTY TRAINING

Between 20 and 30 months, most children show signs that they are ready for training.

- Stays dry for two hours or more at a time during the day.
- Wakes up dry from nap time.
- Complains when wet or dry.
- Tells you when they need to go.
- Passes good amount of urine not dribbles or spots and does soft formed poos.
- Wants to act like and please adults. Wants to use the potty/toilet like a big boy/girl.
- Can follow one step instruction and can use toileting language.
- Is physically able to get to the toilet, pull pants down and get on and off the toilet/potty.

### SIGNS THAT PARENTS ARE READY FOR POTTY TRAINING

- Realistic expectations and wanting to start potty training because their child is ready and not to meet others expectations.
- No major life or stress events pending.



### WHEN NOT TO START POTTY TRAINING

Common situations that can cause stress are generally not good times to start potty training. These include:

- An upcoming or recent family move
- Beginning new or changing existing child care arrangements
- Switching from cot to bed
- When you are expecting or have recently had a new baby
- A major illness, a recent death, or some other family crisis
- If as an adult you are not prepared to commit to the programme.

Learning this new skill can take between three months and six months, so a clear commitment from all involved with the child is key to the success. Don't make the child sit on the toilet against their will and preferably just for a few minutes at a time otherwise it seems like a punishment. Take note of the times of regular bladder and bowel habits and plan visits on the potty or toilet to coincide. Praise little successes, however small, and don't punish mistakes.

If your child has special needs toilet training may be more difficult. Specialist advice from a child development or early intervention team may be needed. Often the child is older than a typically developing child and allowances will need to be made when there are challenging physical and intellectual needs.

There are many good websites to assist parents in this process:

[www.parentlink.act.au](http://www.parentlink.act.au)   [www.bbbautism.com](http://www.bbbautism.com)  
[www.familydoctor.org](http://www.familydoctor.org)   [www.healthlink.co.nz](http://www.healthlink.co.nz)  
[www.continence.org.nz](http://www.continence.org.nz)   [www.zerotothree.org](http://www.zerotothree.org)  
[www.raisingchildren.net.au](http://www.raisingchildren.net.au)

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

## PREVENT A MEASLES OUTBREAK IN OUR REGION

The Ministry of Health is advising doctors and practice nurses to contact families of children aged between 12 months and 12 years who have not yet received their first dose of MMR Vaccine. In addition, opportunistic vaccination to ensure children are up-to-date with MMR vaccination is encouraged. Assessing the vaccination status of close contacts of suspected measles cases and offering MMR to those who are unlikely to be immune, is also encouraged. Measles usually causes a high fever, runny nose, cough and sore watery eyes, followed by a rash. See [www.moh.govt.nz](http://www.moh.govt.nz)

Stacey Hoggart, CNS – Lead Child Health, MidCentral Health

## PERTUSSIS INFECTION & TIMELY IMMUNISATIONS OF INFANTS

A trend to delay immunisations is leaving infants at a higher risk of contracting pertussis. On-time vaccinations ensure the strongest immune response possible at the time when infants are most likely to be in contact with disease, ie on-time vaccinations provide the best protection possible. Children under the age of one year are particularly prone to the complications of whooping cough such as apnoea, pneumonia, seizures and encephalopathy. Mortality rates are higher in the first year of life. It is currently recommended that adults working with young children have a booster of pertussis vaccine (Boosterix), as immunity from vaccination wanes over time and adults are usually the source of pertussis in children. Work is currently being done around further recommendations for adult vaccination. Increased immunity to pertussis in the community will reduce transmission of the bacteria, protecting those at more risk. (IMAC)

Stacey Hoggart, CNS – Lead Child Health, MCH

The next **VACCINATOR TRAINING** course will be held in Wanganui and the dates are 21–22 October, from 8.30am to 4.30pm.

The **UPDATE FOR VACCINATORS** in our area will be in Feilding at the Rangiteiki Club. It will run from 8.30am to 12.30pm on 10 November.

Registration forms are available from: Deb Winiata, Clinical Practice Facilitator-Immunisation, Compass Health, Palmerston North, phone (06) 354 9107, cellphone 021 662 118 or email: [deborah.winiata@compasshealth.org.nz](mailto:deborah.winiata@compasshealth.org.nz)

## KEY DATES

1–30 Sep	Cervical Screening Awareness Month <a href="http://www.healthywomen.org.nz">www.healthywomen.org.nz</a>	<a href="http://www.moh.govt.nz">www.moh.govt.nz</a>
7–12 Sep	Continence Awareness Week	<a href="http://www.continence.org.nz">www.continence.org.nz</a>
28 Sep–4 Oct	Save the Children Fund Appeal Week	<a href="http://www.savethechildren.org.nz">www.savethechildren.org.nz</a>
12–18 Oct	Plunket Society Fundraising Week	<a href="http://www.plunket.org.nz">www.plunket.org.nz</a>
16–31 Oct	Bandanna Appeal “Canteen”	<a href="http://www.canteen.org.nz">www.canteen.org.nz</a>
25 Nov	White Ribbon Day – Violence Against Women <a href="http://www.whiteribbon@clear.net.org.nz">www.whiteribbon@clear.net.org.nz</a>	

## SAFE KIDS NEW ZEALAND

On 11 June, Safe Kids New Zealand came to Palmerston North. Safe Kids New Zealand is the injury prevention service of Starship Children's Health. They strive to reduce the incidence and severity of unintentional injuries to NZ children aged 0–14 years by collecting statistical data and fostering community and national partnerships to support injury prevention. For 2009/10, the focus is on child passenger safety and the prevention of cutting and piercing injuries.

Sixteen children die (on average) each year while riding in vehicles in NZ. Non-compliance and incorrectly fitted child car restraints remain a major issue. **“The higher you sit, the safer the fit”** campaign stresses the correct installation of child restraints and the continued use of booster seats by preschool and school age children. Booster seats reduce the risk of injuries by up to 50% for children aged 4–7 years. Children are safer in booster seats until they are 148 cm tall. A free resource is available from [http://www.safekids.org.nz/index.php/page/Child\\_Passenger](http://www.safekids.org.nz/index.php/page/Child_Passenger)



Cutting and piercing injuries requiring hospitalisation account for approximately 556 children per year. ACC payments to families are estimated to cost over \$11.7 million dollars a year. These include injuries from glass, lawnmowers and knives. Children aged 10–14 years have the highest risk and most injuries happen at home. The campaign stresses the importance of removing broken glass from public spaces; encouraging children to wear footwear; use of safety glass in windows and doors; increasing awareness of equipment such as lawnmowers and kitchen equipment and keeping fences and playgrounds in good repair. More information can be obtained from [www.safekids.org.nz](http://www.safekids.org.nz)

Robbie Lane RN, Community Paediatric Team, MidCentral Health