

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.

Kids Health News is now available on MDHB website: www.midcentraldhb.govt.nz/Publications/Newsletters/KidsHealth/



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Guest Editorial by Dr Giles Bates,
Consultant Paediatrician, MCH

FETAL ALCOHOL SYNDROME



Many children in New Zealand carry the lifelong effects of their mother's drinking alcohol when pregnant. Professor Albert Chudley presented at the New Zealand Paediatric Scientific meeting in New Plymouth last year, on this serious hidden problem affecting our children. Prof Chudley is the Medical Director of Genetics and Metabolism Programme in Winnipeg, Canada. He led the publication of the Canadian Guidelines for the diagnosis of FAS in 2005, used by many paediatricians within NZ. Prof Chudley provided compelling evidence that NZ has a big problem.

Fetal Alcohol Syndrome (FAS) is the name given to those children, whose mothers drank alcohol during the pregnancy, who have the combination of growth retardation, classic facial features with learning and behavioural problems. However, there are many more children that are affected without having the full syndrome. The terms Partial FAS and Alcohol-Related Neurodevelopmental Disorder (ARND) are used to describe children affected by alcohol, without all the features of FAS. In the USA, community studies indicate rates of at least 2% of children with FAS or ARND. Although the exact rate in our community is not known, a recent survey in a rural NZ town found rates of drinking in pregnant women twice that found in US studies, making it likely that rates in NZ are even higher. Different studies show a dose response affect. The communities with greater rates of drinking had greater rates of FAS and ARND. FAS is more likely to occur with excessive alcohol consumption, but there is evidence that the baby's brain can be affected by relatively small amounts of alcohol.

The diagnosis of FAS in the MidCentral DHB region is usually made by a paediatrician, with supporting information from teachers, Special Education, caregivers and health professionals. Ideally, all of these children should have a detailed neuropsychological assessment by a clinical psychologist but this is often not available. The diagnosis of FAS can be confusing as many of these children have been exposed to other negative life events, such as violence within the family and child abuse. However, it is important to identify FAS, as early intervention helps reduce the severity of long term disabilities. It may also be possible to help mothers reduce their alcohol consumption for future pregnancies.

So what can we do about it? First, it is everyone's responsibility to support mothers to not drink alcohol during pregnancy. Health professionals can educate their community on the harms of alcohol, including the effects on infants. Pressure needs to be kept on our politicians to bring in meaningful legislative changes. For those cases where there are concerns about FAS refer through to Child Health at the hospital. Further information is available from Alcohol Healthwatch, www.ahw.org.nz and Fetal Alcohol Network NZ www.fan.org.nz

IMMUNISATION UPDATE

Immunisations rates continue to increase for children at two years. We need to encourage four year olds to be immunised at four years to prevent these children commencing school unimmunised.

Influenza vaccine this year is free for pregnant women because they have increased risk of complications from influenza, and also because some immunity passes to their babies. Influenza vaccine is available for children this year but not funded for healthy children.

Please continue to advise parents about the:

**0800 JABS 4 U
(0800 522 748)**

This line is available to check on a child's current status, refer to the outreach service or to seek advice on immunisation queries.

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Pictured: Ranea and her dad supporting the Crusaders.

Our best wishes go to our Canterbury health colleagues who continue to work hard providing frontline services at this extraordinary time.

USEFUL LINKS

CHILDREN COPING WITH A NATURAL DISASTER

Jo McClintock (Senior Clinical Psychologist, Health Waikato), has written this fact sheet on coping with a natural disaster for Kidshealth.

www.kidshealth.org.nz/index.php



PREPARING YOUR CHILD FOR HOSPITAL

Having to go to hospital can be a major stress for both parent and child. The Kidshealth website has useful information on *Preparing for hospital (information for children)* and *Helping your child manage their health care treatment/procedure*. A few moments spent talking it through prior to a procedure, can put the child's mind at rest. If the child is still concerned prior to day surgery, then the Day of Surgery Admissions reception can be contacted for further help.

www.kidshealth.org.nz

INJURY PREVENTION

The *Injury Prevention* journal has just published an instructive supplement with a series of articles on the use and applications of child death reviews for injury prevention. Check out the table of contents for the full listing of articles.

www.injuryprevention.bmj.com

KEY DATES

27 Apr-3 May	Asthma Awareness Week
29 April	Asthma Balloon Day
12 May	International Nurses Day
31 May	World Smoke Free Day
23 June	SafeKids Workshop at Caccia Birch, Palmerston North

TODDLER EATING...

A FEW KEY POINTS

Toddlers are notoriously picky eaters with small appetites, short attention spans, and ever-changing moods. It can seem as if they



are not eating enough, but as long as your toddler is gaining weight appropriately, rest assured they are fine.

- Eating **solid food** is still a new experience for your toddler. They may need time to get used to the various textures, colours, and tastes of new food. Because young children crave consistency and familiarity, most won't try new foods until you've served them numerous times. Teach your child to try new things, before they get too set in their ways and before they begin to reject new foods as a way of asserting their independence (a distinct possibility as they near their second birthday). Offer a variety of healthy foods often so they have the opportunity to dig in when they are ready.

- When your child **suddenly refuses** his/her favourite food, don't make a big deal out of it. Perhaps your child has decided that she hates all vegetables? Don't get upset, just keep trying to reintroduce the vegetables. These are often called 'food jags'. Food jags are where children get used to having the food prepared in the same way at every meal. To prevent food jags, offer one particular food every other day. Change the shape, colour, taste and texture just a little so there is a small noticeable difference.

- Don't get hung up on the fact that your child has refused everything you put in front of them today. Consider their **food intake** over the course of one week. Parents are often surprised to find that their child's food intake balances out.

- Since food is both nourishment and a chance for toddlers to explore, make mealtime **fun** by: cutting foods into shapes; inviting your toddler to help you prepare meals; or letting him play with his food while eating. Older toddlers who help prepare a meal will be proud of their accomplishment, and are more likely to want to eat the finished product.

- Don't forget to consider **fluids** in the food equation. Milk can offer vital nutrients, but since too much fluid can also dampen an appetite, you may want to serve drinks after and between meals.

- If you're tempted to try to get your toddler to eat "**just a little more**," quell the urge. Forcing the issue may make them more resistant to eating since they are at the age where they want to express their independence. Or they may eat more than they need to, which some experts think sets the stage for unhealthy eating habits.

- Remember the **positioning** of your toddler when eating. A supported position when seated at the table with feet on the floor (old phone books or a plastic box can help feet meet a surface) can help stabilise the child so that they can use their hands more freely. This allows them to focus on eating.

- Social role modeling is key as children learn from **watching**. It is important to eat together as this allows the child to learn all the good eating habits from parents.

- And finally, remember children need to learn that food is **separate from packaging!**

Information taken from 'Picky Eaters vs Problem Feeders: The SOS Approach to Feeding' Course, Kay Toomey (2010).

See www.babycenter.com

Gabrielle Scott, Coordinator, and Jenna Ryan, Speech Language Therapist, Child Development Service, MCH

WHY IS IRON SO IMPORTANT FOR TODDLERS?

Iron needs are highest in early childhood and during adolescent growth spurts.

- Iron carries oxygen in the body and helps to create energy for growth.
- Iron is essential for normal brain development.
- Iron helps maintain a healthy immune system.

How can you increase the iron in your toddler's diet?

- Make it toddler friendly, eg small portions that can easily be picked up.
- Grate liver into mince dishes to increase iron content. Limit liver to three teaspoons (15 grams) per week. Liver is an excellent source of iron, however it is also rich in Vitamin A. Vitamin A is important for health but too much can be harmful.
- Offer fruit or vegetables with meals to increase iron absorption.
- Do not offer tea as a drink to infants or children as this can lead to iron deficiency.
- Limit milk consumption to around 500-600ml each day.

RDI's from: Nutrient Reference Values for Australia & New Zealand 2006. NHMRC & Ministry of Health New Zealand.

Lesley Pearce NZRD, Paediatric Dietitian, MCH

Recommended Intake	Non Vegetarian	Vegetarian/Vegan
Children 1-3 yrs	9 mg	16 mg
Children 4-8 yrs	10 mg	18 mg
Children 9-13 yrs	8 mg	14 mg
Boys 14-18 yrs	11 mg	19 mg
Girls 14-18 yrs	15 mg	27 mg
Men 19-70+	8 mg	14 mg
Women 19-50 yrs	18 mg	32 mg
Women 51-70+ yrs	8 mg	14 mg
Pregnancy	27 mg	49 mg
Lactation	10 mg	18 mg

RECIPE

MINI MEATBALLS

(from NZ Beef & Lamb website)

Preparation time: 10 minutes
Cooking time: 15 minutes

Ingredients:

- 500g Quality Mark beef or lamb mince.
- 1 small onion, finely chopped.
- 1 tsp mixed herbs.
- 1 egg.
- 1 cup wheatgerm or soft white breadcrumbs.
- Pepper to taste, green herbs can also be used to flavour the mince.

Method:

- Combine ingredients, mix well.
- Roll into approximately 20 balls and toss lightly in plain flour.
- Heat 2 tsp oil in a frying pan on medium heat. Cook meatballs for approximately 15 minutes or until no longer pink inside. Drain off excess liquid.
- Serve.

For more ideas of kid friendly mince recipes go to: www.recipes.co.nz/babies-toddlers or www.healthyfood.co.nz

INJURY PREVENTION

"Every two weeks a child is hospitalised with serious injuries resulting from a vehicle driving on a private driveway in NZ. A further five children are killed annually, on average, in the same way.

Most children injured in driveway incidents are toddlers, aged about two years old and when death does not occur, the injuries they receive are often severe. The driver is usually a close family member. The devastating impact of these events upon families cannot be overstated."

So says a SafeKids newsletter promoting nation-wide workshops to improve child injury prevention.



To learn more, come along to the SafeKids Workshop on Thursday 23 June at Caccia Birch in Palmerston North. To register contact Nigel Fitzpatrick at nigel.fitzpatrick@midcentraldhb.co.nz

or ring (06) 350 9110 (Public Health).

The workshop will also include a section on preventing injury in the home, including poisoning-prevention. Every year around 366 children are admitted to hospital due to poisoning with 67% of poisoning-admissions due to drugs (both prescribed and illegal) according to SafeKids fact sheet (2006).

Nigel Fitzpatrick, Health Promotion Adviser, Public Health Service