

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 the MDHB website:

www.midcentralthb.govt.nz/Publications/AllPublications/pages/default.aspx?query=Kids#



ISSUE 20
SEPTEMBER 2014

Guest editorial by Jeff Brown, Paediatrician,
Clinical Director Child Health, MidCentral Health

PRIORITY FOR CHILDREN TO IMPROVE THEIR HEALTH AND WELLBEING



A panel comprising Barb Bradnock (Portfolio Manager Child and Youth MidCentral DHB), Detective Inspector Chris Bensemann (Crime Services Manager, NZ Police), Garth Bennie (District Manager, Ministry of Education) and Hon Jono Naylor (Mayor, Palmerston North) were asked to address their number one priority or initiative for children in the MidCentral DHB district at the Child Health Forum in March.

The success of coordinated newborn enrolment in the five programmes all new citizens are entitled to was celebrated. Almost all babies are now enrolled with a general practice, with the oral health team, with newborn hearing screening, with the national immunisation register, and with a well child provider. This five-fold enrolment lays the foundation for these programmes to deliver the best start to a new life.

Child abuse and family violence are the reality of growing up for far too many children. Often their parents are struggling, and do not know where to turn for help. Centralisation of inter-agency plans, partnering with high-risk parents, and focusing on behaviour were seen as necessary to break generational cycles of abuse.

Early childhood education is central to giving the best chances for young minds and bodies to reach their potential. We need comprehensive community-wide consistent approaches to raise attendance, especially for the most vulnerable children. It is not good enough to just raise enrolment, it is participation that matters.

Councils can provide swimming pools, parks, reserves, playgrounds and libraries. These can assist communities to promote happy engaged families who feel safe, want to live where they do, find employment where they want, and achieve better mental health and wellness. Connections with each other and with their community are essential.

All agreed that children must grow up feeling valued by adults, and truly believing they are a valued part of something bigger than themselves.



BUTTON BATTERIES – A NEED FOR AWARENESS

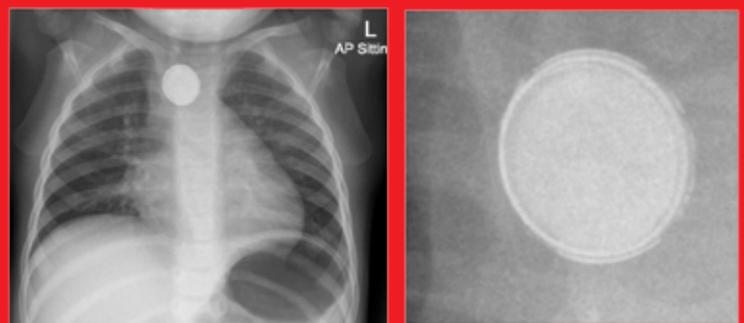
Dr Keryn McLeay, Mr Paul Joice, Department of Otorhinolaryngology,
MidCentral Health

The frequency of serious button battery related injuries has been well documented. While the overall incidence of swallowed foreign bodies has remained steady, the frequency of patients ingesting 20mm lithium batteries has increased significantly reflecting their wider use in toys, remote controls and watches. 12.6% of children who ingest a 20mm button battery will incur serious or fatal injuries and batteries with a diameter greater than 12mm pose a higher risk of oesophageal lodgement within infants.¹ A recent Starship Hospital audit examined button battery exposure over a four year period (2009–2012) reported a frequency of 1.3 button battery related exposure per month with a mean patient age of three years. Surgical intervention was required for 28% of hospital presentations.²

Batteries inflict local tissue damage by three possible mechanisms which include electrical discharge, battery content leakage and pressure necrosis. Due to the close proximity of the positive and negative terminals in button battery, electrical discharge is considered the most significant effect and it should be noted that even “dead” batteries pose a significant risk for complications.^{1,3} Oesophageal damage has been reported within two hours following ingestion highlighting the need for a prompt response.¹

Many cases of battery ingestions are witnessed or self-reported but symptoms can be vague in infants and can include: chest pain, nausea, vomiting, cough and hematemesis, but the diagnosis is easily made by a CXR. A double rimmed radiolucent object on CXR is pathognomonic. Sequelae of ingestion can include oesophageal perforation, fistulisation into major blood vessels and trachea and long term oesophageal strictures.¹ In conclusion, paediatric presentation of patients with suspicion of button battery ingestion requires an initial CXR and expedient secondary/tertiary referral.

For more information see www.TheBatteryControlled.co.nz, a safe kids Aotearoa campaign to raise awareness. Resources are available for public displays.



22-month presented to Palmerston North Hospital with a three day history of cough and dyspnoea. CXR demonstrated a double rimmed radiolucent object consistent with a button battery. Rigid oesophagoscopy demonstrated marked mid-oesophageal stricturing.⁴

- 1 Litovitz, T., Whitaker, N. & Clark, L. 2010. Preventing battery ingestions: an analysis of 8648 cases. *Pediatrics*. 125; 1178-1183.
- 2 Shepherd, M., Hamill, J. & Barker, R. 2014. Button battery injury in children – a primary care issue? *Journal of Primary Health Care*. 6; 69-72.
- 3 Thompson, N., Lowe-Ponsford, F., Mant, T. & Volans, G. 1990. Button battery ingestion: a review. *Adverse Drug Reaction Acute Poisoning Review*. 9; 157.
- 4 Little, T., Care, R. & Cabraal, D. 2014. Medical image. Time; not money. *New Zealand Medical Journal*. 127; 123-125

BREASTFEEDING

MidCentral Health promotes and protects breastfeeding and acknowledges breastfeeding provides for optimal health. MCH provides a specialist lactation clinic as part of its commitment to breastfeeding for antenatal and postnatal women incorporating the Baby Friendly Hospital initiative within its maternity facilities.

Referrals to the clinic could be by: LMC; Well Child – Tamariki Ora Health Service; General Practitioner; Breastfeeding Support Groups and women themselves. The clinic covers the entire DHB area such as Otaki to Dannevirke.

Women are welcome to bring a family/support person when they come to see the lactation consultant. Appointment times occur Mon to Fri at a time when baby is likely to breastfeed. The clinic is held at Palmerston North Hospital Women's Health Unit, Level 2, Postnatal Floor.

Phone (06) 356 9169, pager 321.



IMMUNISATION UPDATE

It is the flu season again – the Ministry of Health have extended the influenza programme until 31 August 2014.

The eligibility criteria for free influenza vaccine includes pregnant women, and children under five years who have been hospitalised for a respiratory illness, or have a history of significant respiratory illness. An eligible child who has not previously been vaccinated against influenza is recommended to have two doses of the vaccine. If the first dose is given in August, the second dose due in September will be funded (but this claim must be submitted manually). For further information regarding the influenza programme, please phone 0800 IMMUNE (466 863).



Vicki Rowden, Immunisation Coordinator
(Project Focus), Central PHO. Cellphone 027 555 8977
or Email victoria.rowden@compasshealth.org.nz
Manawatu Office: Ph (06) 354 9107 or Fax (06) 354 6107

Be Wise Immunise "Up to Date Before It's Late"

PEPI HAUMARU/ KEEPING BABIES SAFE COORDINATOR



Introducing, Jessica Sandbrook, RN in a new role for MDHB. This new role will assist both hospital and community health workers within MDHB to promote safe baby practices with education, clinical support and practical resources to "Keep Babies Safe".

Health workers assisted will include but not be limited to those who interact with infants under six months of age and their caregivers, eg LMCs, Well Child Nurses, nurses in maternity, neonates and childrens ward, and practice nurses.

The intent is to enable our whole community to participate in protecting our Pepi and reduce the Sudden Unexpected Death in Infants (SUDI) rate in this DHB. There are three key modules in this work:

- **Safe Sleeping Principles and Environments**
- **Shaken Baby Prevention**
- **Smoke Exposure Prevention.**

- SUDI death is preventable. We are able to protect our Pepi. With appropriate knowledge and motivated action.
- Babies are vulnerable – in the first six months of life, babies are most at risk of SUDI and Shaken Baby Syndrome.
- Smoking is harmful to babies during pregnancy and during infancy. There are strategies to prevent this.
- Help protect our babies by spreading awareness of the principles of protection:

Safe sleep = on the back, face clear, own space, carer near.
Strong baby = breastfed, smoke free, immunised, handled gently.

Jessica Sandbrook, Ph (06) 350 4547 Email jessica.sandbrook@midcentralhealth.govt.nz, Address: Health Care Development, Health on Main, 575 Main Street, Palmerston North.

PASIFIKA OUTREACH CLINICS OPENED IN PALMERSTON NORTH & LEVIN

The Pasifika Health Service based at CentralPHO on Health on Main, took another step forward by launching its Health Outreach clinics in Palmerston North and Levin. The Palmerston North clinic is based in Highbury at the Bill Brown Hall every Tues from 10am–4pm, while the Levin and Otaki clinic is based at the Horowhenua Community Practice in Levin and runs from 10am–4pm on Fridays. The Maternal Child Health clinic runs alongside the Long Term Conditions clinic where parents and grandparents could be seen and assessed for their health and wellbeing. The Maternal Child Health clinic is open to children of all ages, and parents can drop in or call to make appointments. Other child health service providers are encouraged to utilise the facility to see clients and families living within the vicinity of Highbury instead of seeing them at practices. The outreach clinic provides a complete health and wellness assessment for mothers and children and make referrals to relevant providers for expert management. The clinic also provides general and children's health and wellness information, general wellbeing and children's health counselling and advocacy and support for Pasifika families with health and wellness issues.

Service contact is: alisi.vudiniabola@centralpho.org.nz
Cellphone 027 274 8209 or (06) 354 9107.

INVITATION

to the free **CHILD HEALTH FORUM 2014**
presented by MDHB facilitated by Child Health Service – Community

Wednesday, 10 September 2014 @ 5.00pm
Convention Centre, Palmerston North

Continuing Professional Development – Programme Overview for 2014

Child Health Education Programme

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	Paediatric Assessment – The Well Child	Child Health Forum		Paediatric Assessment – Recognising the Unwell Child		Paediatric Pain Assessment and Procedure Management		Child Health Forum		Paediatric Conditions – What you need to know	
	3 hr workshop, (9–12pm) Palmerston North, Horowhenua and Tararua	2 hr evening forum, (5.00–7.30pm) Palmerston North		3 hr workshop, (9–12pm) Palmerston North, Horowhenua and Tararua		3 hr workshop, (9–12pm) Palmerston North, Horowhenua and Tararua		2 hr evening forum, (5.00–7.30pm) Palmerston North		3 hr workshop, (9–12pm) Palmerston North, Horowhenua and Tararua	
	PN – Mon 3rd	PN – Wed 5th		PN – Wed 7th		PN – Mon 7th		PN – Wed 10th		PN – Mon 3rd	
	Levin – Wed 12th			Levin – Wed 28th (5.30–7.30pm)		Levin – Wed 9th				Levin – Wed 12th	
	DNV – Wed 19th			DNV – Wed 21st		DNV – Wed 16th				DNV – Wed 19th	

- This is an overview of the child health sessions being offered by Health Care Development for 2014 for nurses working in Primary Health Care.
- The above sessions align to the Child Health Knowledge and Skills programme.
- For information and to register, please access the online Continuing Professional Development (CPD) Calendar via the Central PHO website: elearningmidcentral.wordpress.com