

# KIDS HEALTH NEWS

Kids Health News now available on MidCentral Website. Here are two links for finding the Kids Health News newsletters:

[www.midcentraldhb.govt.nz/Publications/Newsletters/KidsHealth/](http://www.midcentraldhb.govt.nz/Publications/Newsletters/KidsHealth/)  
[www.midcentraldhb.govt.nz/HealthDisability/HospitalAndAssoc/ChildHealth/](http://www.midcentraldhb.govt.nz/HealthDisability/HospitalAndAssoc/ChildHealth/)

*Guest Editorial by Giles Bates,  
Community Paediatrician, MCH*

## WORKING TOGETHER FOR CHILD HEALTH



At a recent National DHB Child and Youth Health Workshop, there was much discussion about how to improve Child Health in NZ over the next few years. This annual workshop, led by Dr Liz Craig and the NZ Child and Youth Epidemiology Service, is a forum for DHBs to showcase successful projects, discuss important health topics and identify structural impediments which collectively prevent DHBs achieving health gains. Topics discussed included: models for planning and service delivery across regions; approaches to managing skin care infections in the community; using health information systems to shape child and youth services; an early view of Whanau Ora; and an update on the Secondary Care/PHO Expression of Interest (EOI) process.

Common themes emerged as we move into a time of change. The MoH indicated a wish for increased interaction between primary and secondary care, as indicated by the EOI and Whanau Ora models. Who knows what health provision will look like in five to ten years time? Already, hospital based nurses are providing more care in the home while the General Practices manage increasingly complex chronic health care issues.

One model of skin infection prevention targeted children at school, providing both direct medical care through the Public Health Nurse but also in improving school compliance with adequate hand washing and drying facilities.

Clearly for the merger of health professionals to progress there needs to be improved information systems to allow primary practices, Well Child providers, the hospital and others to communicate and share information. In many DHBs, all too many babies leave the care of the LMC without a designated Well Child Provider or GP, with resultant delayed immunisations and lack of Well Child surveillance. The Midlands EOI are trialling an information system that allows the child's LMC, Well Child Providers and GP to enter data on the one system, with improved uptake of Well Child visits.

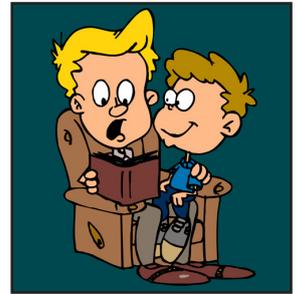
With changes to the delivery of Child Health in the future, it is vital that adequate data on meaningful child health outcomes are measured, to ensure that we are all going in the right direction.

## PREVENTION OF SERIOUS SKIN INFECTIONS

Skin infections are an increasing problem in our community. The rate of hospital admissions for serious skin infections has more than doubled since the early 1990s. Impetigo or School Sores are rife in a number of schools, exacerbated as many children with underlying eczema or insect bites are vulnerable to secondary bacterial infection. A number of families do not know how to recognise or manage the infections early, or cannot afford the creams and antibiotics. Dr Alison Leversha, the Community Paediatrician at Auckland DHB, has been looking at ways to prevent children needing hospital admission. She found that infected insect bites are the commonest way for children to develop cellulitis requiring hospital admission. Children who needed intravenous antibiotics tended to present to the GP when the infection was too severe for oral antibiotics to work. Infections tended to run in families, although a child was less likely to be admitted to hospital with cellulitis if a sibling had previously needed intravenous antibiotics for a skin infection. Families recognise skin infections earlier in children having learnt from previous experience with other children.

The Promoting Healthy Skin Programme has been running in Wellington and Hutt Valley DHBs, led by the Regional Public Health Service, with the aim of reducing the number of children admitted to hospital with skin infections. Public Health Nurses (PHNs) work in Decile 1-3 schools, targeting those children most at risk, as also happens in the MidCentral DHB region. As well as responding to potential skin infections of individual children and providing 'Skin Packs' as needed, the PHNs provide consistent messages to the children and staff about preventing skin infections – hand hygiene, basic first aid (including covering cuts/abrasions), preventing injury and insect bites – and work with the schools to improve hand washing facilities. Information and educational material is available on the combined Wellington and Auckland website [www.skininfections.co.nz](http://www.skininfections.co.nz)

*Dr Giles Bates, Community Paediatrician, MCH*



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## Itchy?

- Dry, red itchy skin
- Persistent scratching
- Sleepless nights
- Allergies
- Newly diagnosed or been around the block

**Sound familiar? Perhaps we can help!**

Itchy Kids is a support group run by parents for parents and whanau of kids with eczema



### Contact Itchy Kids

Co-ordinator: Sarah Hartley  
Phone: 027 333 7385  
Email: [hartleyfamilynz@gmail.com](mailto:hartleyfamilynz@gmail.com)  
Website: [www.itchykids.org.nz](http://www.itchykids.org.nz)

## AUTISM SPECTRUM DISORDER

A gym class is being trialled next term for primary age children (5-12 yrs) with Autism Spectrum Disorder. It will be Monday 3.30-4.30pm and will cost approx \$5 a session. Each child needs to be accompanied by a caregiver.

**If you are interested please email:**  
[Julieellis@inspire.net.nz](mailto:Julieellis@inspire.net.nz)

## NEW WEBSITES

[www.taha.org.nz](http://www.taha.org.nz): Established to support professionals who work with Pacific mothers, babies and their families during pregnancy and the 1st year of life, and the latest information and research in Pacific maternal and infant health.



[www.nzgg.org.nz/asd](http://www.nzgg.org.nz/asd): Autism spectrum disorder (ASD) information and education resources to help people recognise the basic signs and symptoms of possible ASD, and decide what actions they can take, including how to refer someone for formal diagnosis, if required.

## KEY DATES

28 June-2 July  
16-22 August  
30-5 September  
22 September

Continenence Awareness Week  
Kidsline Week  
ADD/ADHD Awareness Week  
Child Health Forum

[www.continenence.org.nz](http://www.continenence.org.nz)  
[www.kidsline.org.nz](http://www.kidsline.org.nz)  
[www.adhd.org.nz](http://www.adhd.org.nz)  
[cpt@midcentraldhb.govt.nz](mailto:cpt@midcentraldhb.govt.nz)

# GOOD SLEEP HABITS

Staff are often asked for ideas with sleep issues parents face. Healthy sleep habits set the future pattern to healthy growth and development, as well as happy parents!

Habits and routines that promote sleep help all children feel sleepy and ready for bed at the right time. This time may differ depending on the age and sleep needs of each child.

Some key features:

- Regular sleep cycles
- Appropriate bed times
- Positive bedtime routines.



Toddlers need 10–12 hours sleep a night and may also have 1–2 hours during the day. Preschoolers aged between 3–5 years need around 11–13 hours sleep each night and may also catch an hour in the day. School aged children 6–9 years can do with 10–11 hours sleep each night and might look forward to going to bed at 7.30pm.

Children sleep most soundly between going to bed and midnight. Watch for the signs of sleepiness usually yawning, crying, rubbing their eyes are some of many signs indicating tiredness. When you recognise your child's signs, start their bedtime routine.

Establishing a good bedtime routine is important at any age. This helps your baby or child wind down from the day's activities. Avoid excessive rough and tumble play at night and noisy, busy or scary TV programmes, rather settle your child with a book or a quiet talk about the day. Have a special bedtime toy or cuddly that is available only at sleep times.

For babies, emphasising the difference between day and night is important to stretch out those night time sleeps. This could be done by closing the curtains only at night, minimising the activities and the use of dimmed lights at night. Help your baby learn how to go to sleep independently by putting baby to bed sleepy but still awake. If baby can fall asleep without you, they are more likely to drop off again after waking during the night.

Toddlers will always test the boundaries, but a firm consistent approach usually wins in the end. After they have settled for the night, avoid responding to their calls after you have left the room for the night. If you have to check nappies or for safety, make the interaction as quiet as possible, no talking and no lights retains the night time atmosphere. If you repeatedly go into the room, the toddler will try the same method of calling out to get you back in their room the next and following nights! If your toddler does get out of bed, return them to their bed and if needed close the door. If they share a room, you may need to stagger bed times of children sharing.

Whatever strategy is finally used the most important thing is that it is consistent with parents sticking to it.

Very useful websites – key word sleep are:

[raisingchildren.net.au](http://raisingchildren.net.au)  
[www.zerotothree.org](http://www.zerotothree.org)

*Gabrielle Scott, Co-ordinator, Child Development Service, MidCentral Health*

# CREATING SAFER ENVIRONMENTS FOR CHILDREN



Safekids New Zealand, a national organisation that campaigns to promote and support child safety, met local health and community groups this month in Palmerston North. This year they are focussing on **Child Car Occupant Injury** and **Prevention of Burns**.

## CHILD CAR OCCUPANT INJURY

NZ has one of the highest child road fatality rates in the OECD, due partly to lack or incorrect use of restraints and limitations on the mandatory use of restraints for over five years olds. When correctly installed and used, child safety seats can reduce the risk of death by 70% for infants and 47–54% for toddlers. From 2000–2004, on average 16 children died each year from being passengers in cars involved in car accidents. Preschoolers accounted for 38% of fatalities. In addition many children were hospitalised with injuries sustained while they were passengers in a motor vehicle.

### Important safety tips:

- Car restraints may show NZ ("S" mark), European ("E" mark) and Australian (a tick) standards. Each standard has different requirements. Parents should follow manufacturers instructions.
- Rear-facing restraints should never be placed in the front passenger seat of a car with an airbag
- Side airbags do not put children at risk of injury provided they stay within the confines of their child seat
- If the child restraint requires a tether strap to secure it to the car, then this strap must be used.

## BOOSTER SEATS

Booster seats have been shown as effective in reducing the risk of hospitalisation and death for primary school children by up to 59%. Because of their height and physical proportions, they will not receive full protection from an adult seat belt. Safekids is lobbying the Government to make booster seats compulsory for children under 148 cm in height.

- It is recommended that children under 148 cm in height use a booster seat.

For more information contact [www.safekids.org.nz](http://www.safekids.org.nz) or your local Royal New Zealand Plunket Society car seat scheme.

## CHILDHOOD BURNS

Burn related injuries killed an average of five children each year from 2002–2006. The main cause was exposure to fire and flames commonly caused by unattended heaters or someone playing with matches, lighters or candles.

On average five children are burned severely enough to be admitted to hospital each week. Children under the age of five are at greatest risk. The main cause is contact with heat and hot substances. Young skin burns more quickly and deeper than adult's skin. Hot drinks and noodles account for half of severely scalded toddlers. Forty percent of NZ homes have tap water dangerously hot.

### Advice for caregivers includes:

- Install child safety gates to keep children out of the kitchen and away from stairs
- Place guards or barriers around fires and heaters
- Take care with microwaved food or fluid. Test the temperature before serving.
- Keep hot drinks, kettle cords and pots out of children's reach
- Don't drink hot drinks while holding or feeding infants
- Put cold water into the bath first, then add hot water. Check bath water temperature before putting children in.
- Reduce the hot water temperature to less than 50 degrees Celsius by using a tempering valve or reducing the preset temperature at the hot water heater.
- Keep lighters, candles and matches out of the reach of children.

## FIRST AID ADVICE FOR CAREGIVERS

The severity of a burn injury can be dramatically reduced with immediate first aid.

- Cool the burn under cold running water for at least 20 minutes as soon as possible. Never use ice or iced water.
- Keep the non-burned area dry and warm. Stop cooling if the core body temperature is under 35 degrees Celsius.
- Clothing is removed from the burn unless it is stuck to the wound
- It is important not to touch the burn or burst any blisters.
- Medical advice should be sought.

For more information contact [www.safekids.org.nz](http://www.safekids.org.nz) or [www.fire.org.nz](http://www.fire.org.nz)

*Robbie Lane, RN, Community Paediatric Team, MidCentral Health*

# WOOLLENS FOR NEWBORNS

In this cold weather and with houses that are not necessarily well insulated, it is vital that babies are dressed in woollen rather than synthetic garments. The synthetics are cheaper so more accessible for many, but please remind mothers that the cost to the baby's health is greater if they become cold and start losing weight. Even one woollen singlet would help. Woollens can be obtained from the Palmerston North and Fielding Maternity Resource Centres. Donations of woollen 'hand-me-downs' for midwives to pass on to women who need them are also welcome and can be dropped at the resource centres.

*Cheryl Benn, Midwifery Advisor, Funding Division, MidCentral DHB*

