

ATTACHMENT [BH 1]

This is the attachment marked “[**BH 1**]” referred to in the witness statement of Bernadette Anne Harrison dated 12 August 2015.



Department of Education and
Early Childhood Development

Maternal and Child Health Service: Practice Guidelines 2009



Every
child,
every
opportunity



Maternal and Child Health Service



In 2007/08 the Office for Children within the Department of Education and Early Childhood Development piloted a new Key Ages and Stages (KAS) framework with four local government authorities with a view for a later statewide roll out.

The revised KAS framework introduces a new approach to the ten KAS visits provided to parents and children by the universal Maternal and Child Health Service. The new framework set out new evidence based activities for each of the ten age and stage visits with additional emphasis on health promotion across a range of domains that address both maternal and child health and wellbeing. The framework also includes the:

- Parents' Evaluation of Developmental Status (PEDS) as a primary tool to engage parents in discussion about the development of their child
- Brigance screen as a secondary screen where concerns are identified through the PEDS
- relevant health information handouts at each key age and stage consultation
- interventions that include a SIDS risk assessment, Quit smoking intervention, and screening for maternal health and the presence of family violence.
- Anticipatory Guidance underpins this framework It is intended to be complemented by opportunistic activity by MCH nurses, on the basis of their clinical judgement, in response to other parental concerns and nurse observation.

Based on the evaluation findings Department of Education and Early Childhood Development is now rolling out the revised KAS framework across the remaining Victorian local government authorities in 2009/10.

Maternal and Child Health Service Guidelines Index

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Maternal and Child Health Service

Key Ages and Stages Framework

KAS visit	Health & Development Monitoring	Intervention*	Promotion of Health & Development
Home visit	Family Health & Wellbeing Pregnancy, birth, family history Smoking	QUIT intervention & referral Respond to assessments	Breastfeeding Immunisation SIDS: view infant sleep arrangements Safe Sleeping Checklist
2 weeks	Family Health & Wellbeing Full physical assessment - includes Developmental Review Hearing risk factors	Respond to assessments	Car restraints Communication, language and play Injury prevention - Kidsafe
4 weeks	Family Health & Wellbeing Maternal Health & Wellbeing check Hips Weight, length, head circumference	Family Violence- safety plan Respond to assessments Post Natal Depression	Breastfeeding Immunisation Women's Health
8 weeks	Family Health & Wellbeing Full physical assessment - includes Developmental Review	Respond to assessments	Immunisation SIDS risk factors
4 months	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Hips Weight	Respond to assessments	Communication, language and play Food in first year of life Playgroup Young Readers
8 months	Family Health & Wellbeing Full physical assessment Oral health Developmental Assessment (PEDS/Brigance) Hearing risk factors Infant sleeping	Sleep Intervention Respond to assessments	Communication, language and play Injury prevention - Kidsafe Poison information Sunsmart Tooth Tips
12 months	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Hips Weight & length	Respond to assessments	Communication, language and play Healthy eating for young toddlers Immunisation
18 months	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Oral health Weight, height, gait	Teeth cleaning Respond to assessments	Communication, language and play Injury prevention - Kidsafe Tooth tips
2 years	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Weight & height, gait	Promote a Healthy Weight Respond to assessments	Communication, language and play Kindergarten enrolment Young Readers
3.5 years	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Vision (MIST) Oral health Weight & height, gait	Promote a Healthy BMI Respond to assessments	Communication, language and play Healthy eating and play for kindergarten Immunisation Injury prevention - Kidsafe

* At all visits nurses will respond to parental concerns (e.g. parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Child, Youth and Families Act 2005)

Maternal and Child Health Service

Child Outcomes

The Office for Children and Early Childhood Development has reviewed the evidence about the factors that make a real difference to children and young people and has identified 35 aspects of child health and wellbeing, learning and development and safety that are essential to our children's future. These aspects are known as the Outcomes for Children¹. The following table identifies the outcomes, and the measurable indicators associated with each of the topics covered by the revised Maternal and Child Health Key Ages and Stages activity framework. It is important to note that the Maternal and Child Health service may play a key role, or a supportive role, in improving the identified outcomes for children and their families

Topic	Outcome	Indicator
SIDS	Optimal antenatal and infant development	Sudden Infant Death Syndrome (SIDS) rate for infants
Safe sleeping	Parent promotion of child health and development	Proportion of infants put on their back to sleep from birth
Smoking	Optimal antenatal and infant development	Proportion of children exposed to tobacco while in utero
	Healthy adult lifestyle	Proportion of women who used illicit drugs during pregnancy
		Proportion of children and young people exposed to tobacco smoke in the home
Immunisation	Free from preventable disease	Proportion of children who are fully vaccinated
Breastfeeding/Solids	Adequate nutrition	Proportion of infants breastfed
		Proportion of children and young people who eat the minimum recommended serves of fruit and vegetable every day
Post Natal Depression/ Sleep Intervention	Good parental mental health	Proportion of mothers with post-natal depression
		The proportion of children and young people who have parents with mental health difficulties
Injury prevention	Safe from injury and harm	Age specific death rates from injuries and poisoning
		Age specific hospitalisation rates from injuries and poisoning
Family violence	Free from child exposure to conflict or family violence	Proportion of mothers exposed to partner violence
		Proportion of family violence incidents witnessed by children and young people
Growth	Healthy weight	Proportion of children and young people who are overweight and obese
Oral Health	Healthy teeth and gums	Proportion of children and young people who brush their teeth twice a day
Literacy	Parent promotion of child health and development	Proportion of children who are read to by a family member every day
Vision	Early identification of and attention to child health needs	Proportion of parents concerned about their child's vision
Physical Assessment	Early identification of and attention to child health needs	Proportion of infants receiving a Maternal and Child Health Services home consultation
		Proportion of infants aged 0-1 month enrolled at Maternal and Child Health Services from birth notifications
		Hospital admissions for gastroenteritis in children under one year of age

March 2009

¹ Department of Human Services, The State of Victoria's Children Report 2006 (October 2006)

Maternal and Child Health Service: Promotion of Health and Development

Evidence based written health information, listed in the following table, will be distributed at each key age and stage consultation. This information is designed to support a facilitated discussion with parents about key health promotion messages. It will also ensure that consistent quality written information is provided to parents across the state.

Key Ages & Stages Visit	Health Promotion	Pamphlets	
Home visit	SIDS safe sleeping: view infant sleep arrangements, checklist	Sids and kids safe sleeping Safe Sleeping Checklist	
	Safety	Its not OK to shake babies	
	Learning	Making the most of childhood: the importance of the early years Kids talk 75 ways to talk to children	
	Breastfeeding	Go for your life: Successfully starting and maintaining breastfeeding	
2 weeks	Communication, language and play	Communication, language and play bookmark	
	Road safety	Choosing and using restraints. A guide for parents with children from birth to 16 years	
	Injury prevention	Safe kids now - Babies from birth to crawling. Birth – 9months	
4 weeks	Education for parents	Raising Children Network the Australian Parenting Website	
	Women's Health	One in three women who ever had a baby wet themselves	
	Post Natal Depression	Emotional health during pregnancy and early parenthood	
8 weeks	Immunisation	No pamphlets for this visit	
	SIDS risk factors		
4 months	Food in first year of life	Food in the first year of life Why no sweet drinks for children	
	Communication, language and play	Communication, language & play bookmark and information sheet Young Readers - Rhyme time: book & DVD	
	Playgroup	Baby Play and Baby Playgroups	
	8 months	Poison information	Is your home poison proof?
8 months	Communication, language and play	Communication, language and play bookmark and information sheet	
	Sunsmart	Sunsmart The outside 5	
	Tooth Tips	Tooth tips 0 – 12months	
	Injury prevention	Safe kids now - Toddlers on the move 9 – 18 months	
	12 months	Healthy eating for young toddlers	Healthy eating and play for toddlers (1 - 2 years)
12 months	Communication, language and play	Communication, language and play bookmark and information sheet	
	Dental	Tooth tips thumb and finger sucking 1 - 2 years	
	18 months	Communication, language and play	Communication, language and play bookmark and information sheet
18 months	Injury prevention	Safe kids now - Inquisitive and invincible 1.5 - 3.5 years	
	Dental	Tooth tips dental visits 18 months - 6 years	
	Playgroup	You can start a playgroup!	
	2 years	Kindergarten enrolment	Why should my child go to a kindergarten program? Enrol in a kindergarten program.
2 years	Communication, language and play	Communication, language and play bookmark and information sheet Young Readers - book	
	3.5 years	Healthy eating and play for kindergarten	Healthy eating and play for kindergarten children (3 - 5 years)
	Injury prevention	Try it - you'll like it, vegetable and fruit for children Safe kids now - Pre-schoolers: independent adventures 3.5 - 5 years	
3.5 years	Starting kindergarten	Is your child 3 - 4 years?	
	Communication, language and play	Communication, language and play bookmark and information sheet	
	Immunisation	Starting primary school - your child must have a school entry	

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Maternal and Child Health Service: Promotion of Health and Development

Pamphlet	Health information: source
It's not OK to shake babies	NAPCAN
SIDS and kids safe sleeping Safe sleeping checklist	SIDS and Kids
Making the most of childhood: the importance of the early years	Department of Education and Early Childhood Development
Is your home poison proof?	Victorian Government
National Immunisation Program Schedule	Australian Government Department of Health and Ageing
Starting primary school - Your child must have a school entry immunisation certificate	Department of Human Services
Kids talk 75 ways to encourage children Growth chart	Parent Kit from Department of Education and Early Childhood Development
Communication, language and play bookmarks and information sheets	Department of Education and Early Childhood Development
Choosing and using restraints: A guide for parents with children from birth to 16 years	Vic Roads
Safe kids now - From birth to crawling: Birth – 9 months Safe kids now - Toddlers on the Move 9 - 18 months Safe kids now - Inquisitive and Invincible 1.5 - 3.5 years Safe kids now - Preschoolers: Independent adventures 3.5 to 5 years	Kidsafe
Raising Children Network the Australian Parenting Website	Smart Population Foundation, Centre for Community Child Health and the Victorian Parenting Centre
One in three women who ever had a baby wet themselves	Victorian Continence Resource Centre
Emotional health during pregnancy and early parenthood	Beyond Blue
Successfully starting and maintaining breastfeeding Food in the first year of life Why no sweet drinks for children Healthy eating and play for toddlers 1 - 2 years Healthy eating and play for kindergarten children 3 - 5 years Try it - you'll like it, vegetables and fruit for children	Go for your life
Baby Play and Baby Playgroups Discover playgroup	Victorian Playgrouping Association
Sunsmart The Outside Five	Cancer Council Victoria
Tooth tips 0-12 months Tooth tips dental visits 18 months to 6 years Tooth tips thumb and finger sucking 1 - 2 years	Dental Health Services Victoria
Starting Kindergarten - Why should my child go to a kindergarten program? Enrol in a kindergarten program	Department of Education and Early Childhood Development
Is your child 3 - 4 years?	Department of Education and Early Childhood

Maternal and Child Health Service Guidelines Context



Evidence base

Assessment of the physical health of infants and toddlers is an important component of the Maternal and Child Health nurses' role. The universal Key Ages and Stages (KAS) consultations provide opportunities for assessment, reassurance to parents or early intervention if findings indicate this course. Such opportunities for sequential health monitoring and surveillance outside the Maternal and Child Health (MCH) Service have been reduced in the past decade for many families by factors such as early discharge from maternity hospitals, non-universal take-up of the medical postnatal check at six weeks, and children born overseas without access to primary care services.

Guidance for revising the timing and content of physical health assessments within the universal MCH Service's Key Ages and Stages schedule, was provided by the National Health and Medical Research Council (NHMRC) publication, *Child Health Screening and Surveillance: A Critical Review of the Evidence (2002)*. This publication presents a detailed review of the evidence relating to screening a wide range of childhood diseases or conditions including physiological, biochemical or metabolic birth anomalies to language, height and weight.

For many conditions in childhood that can benefit from early detection and intervention, the age at which they appear can vary depending on children's individual rates of maturation. Some conditions, themselves, may fluctuate according to biological or environmental factors. For this reason there is a move away from the pass/fail concept of tests at single time-points towards a more flexible, longitudinal process of periodic assessment or "surveillance". Surveillance activities are broad in scope and, besides physical examination and growth measurement, include eliciting parent concerns, informal observations and the administration of tests and procedures. The NHMRC document confirms that such periodic assessment has value in identifying not only children with a condition requiring intervention, but also children at biological or environmental risk of acquiring the condition who could benefit from secondary prevention activities.

The document cautions that surveillance activities, although more flexible and longitudinal than one-off screening tests, should be conducted within an evidence-based framework and should adhere to the evidence-based principle that each such activity should lead to more benefit than harm. Furthermore, surveillance activities must be directly appropriate for the early detection of clearly-defined and specific problems which would not be expected to be reliably detected at a single point because they may develop or fluctuate over time. (Ref. NHMRC (2002), pp 221-224).

Maternal and Child Health Service Guidelines Context



Early detection program

NHMRC recommends that tests or procedures used for early detection of specific conditions should occur in the context of an adequate program or system that includes:

- clear written examination protocols
- appropriate training of examining staff
- clear pathways and/or guidelines for referral
- standardised follow-up procedures for children with abnormal findings on clinical examination
- clear pathways for communication between health professionals
- clear documentation that examination has occurred, its findings, and course of action taken in health centre and parent-held records.

Physical Health Assessment

Physical assessment activities for specific KAS consultations are organised in this schedule by body systems. This is the approach used in the recommended standard text, Engel J (2006) Pocket Guide to Pediatric Assessment, 5th Ed. Mosby, USA.

Nurses are advised to refer to this text for additional detail, the “what to” and “how to” assess each body system according to each child’s age. The highlighted clinical alerts in the text call attention to potentially serious findings and can guide the MCH nurses’ professional decision about subsequent action/s, for example, further monitoring, secondary prevention activities, referral for further or specialist assessment and/or intervention.

Use professional judgement to decide if additional activities are warranted.

This professional judgement will guide the MCH Nurse to determine whether there is need for-

- Additional consultations
- further assessment/ activities
- more flexible approach to service delivery
- follow-up – this may be by phone or appointment,
- referral to secondary services

Maternal and Child Health Service Guidelines Definitions



• HEALTH

(World Health Organisation (WHO))

Health is state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

• BREASTFEEDING WHO

Exclusively breastfeeding

- Requires that the infant receive breast milk (including milk expressed or from wet nurse)
- Allows the infant to receive drops, syrups (vitamins, minerals, medicines)
- Does not allow the infant to receive anything else

Predominately breastfeeding

- Requires that the infant receive breast milk (including milk expressed or from wet nurse) as the predominant source of nourishment.
- Allows the infant to receive liquids (water, and water-based drinks, fruit, juice, oral rehydration solution), ritual fluids and drops or syrups (vitamins, minerals, medicines)
- Does not allow the infant to receive anything else (in particular non-human milk, food-based fluids)

Partially breastfeeding

- Requires that the infant receive breast milk and solid or semi-solid foods
- Allows the infant to receive any food or liquid including non-human milk

Note: Exclusive and predominant breastfeeding categories together constitute “full breastfeeding.”

• COUNSELLING

The act of providing advice and guidance to a patient or the patients family (Mosby’s Medical, Nursing and Allied Dictionary)

• REFERRAL

A process whereby a patient or the patient’s family is introduced to additional health resources in the community. This may take the form of a written letter, a phone call, a fax, an email or use of the Child Health Record.

• RECOMMENDED CONTACT

When a family is encouraged to make contact with another agency, example G.P.
Not a referral.

Maternal and Child Health Service

Definitons

Parents' Evaluation of Developmental Status (PEDS)

PEDS is an evidence-based developmental screening tool, used as an initial screen to detect and address developmental and behavioural problems in children 0-8years.

PEDS consists of a ten item questionnaire that acknowledges parents as experts about their own child and begins a conversation that asks elicits parents, concerns.

Brigance

Brigance Screens are a series of age appropriate screening tests which can identify language, learning or global delays and intellectual giftedness.

Brigance screens are used as a secondary screen by the Maternal and Child Health Service. Secondary screening is completed when indicated by the Parents' Evaluation of Developmental Status (PEDS).



Maternal and Child Health Service

Correcting Age for Prematurity

Within the Maternal and Child Health Service correcting age for premature infants needs to be considered in the following context:

PEDS

Adjustment for prematurity-

- if child is born <37 weeks gestation
- all assessments under 2 years of age
- Thus in relation to Keys Age and Stage Visits – the adjustment will occur at the 2 weeks, 4 weeks, 8 weeks, 4 months, 8 months, 12 months, and 18 months.

Referring to the PEDS Score form, in the 18-23 months category ‘social emotional’ ceases to be a predictive (shaded) concern, while ‘receptive language’ becomes a predictive concern. Until that age group, the pattern of shaded (predictive) and unshaded (non-predictive) concerns remains the same (ie from birth to 17months) - so it’s only at the cross-over from the 15-17 months into the 18 - 23 month categories that adjustment for prematurity makes a difference to the scoring and interpretation and PEDS pathway.

(Reference- Dr. Estelle Irving, Centre for Community Child Health)

BRIGANCE

Adjustment for prematurity-

- If the child is born at 36 weeks gestation or less
- When using the Infant and Toddler Screen only (birth-23months)
- Therefore all assessments under 2 years of age.

(Reference- Technical Report for the Brigance Screens, republished in Australia by Hawker Brownlow, 2007)

HIPS

There is no age correction for prematurity when assessing hips at each Key Age and Stage consultation.

(Reference- Department of Orthopaedics and Physiotherapy, The Royal Children’s Hospital, DDH Education module DVD.)

GROWTH

It is recommended to correct age for prematurity for children born before 37 weeks and until the age of 2 years.

In practice, clinicians usually stop correcting for prematurity at 2 years of age. However, in research studies, this correction is often continued long term.

The Victorian Infant Collaborative Study explains the rationale for ongoing correction:

Rickards AL, Kitchen WH, Doyle LW, Kelly EA. Correction of developmental and intelligence test scores for premature birth. Aust Paediatr J. 1989;25(3):127-129.

When reviewing growth or development, the trajectory is more important than a one off measurement. Very premature Victorian babies have significant catch-up growth between 0 and 2 but their weight measurements do not reach the ‘normal’ range until 8.

Kan E, Roberts G, Anderson PJ, Doyle LW and the Victorian Infant Collaborative Study Group. The association of growth impairment with neurodevelopmental outcome at eight years of age in very preterm children. Early Human Development. June 2008, Vol. 84, Issue 6, p 409-16

So, to summarise, for most preterm children seen for clinical follow-up, correction can be stopped by 2 years of age. For severely growth restricted kids, it may be advisable to continue until school age or until they make it into the normal range

Key Ages and Stages Consultation: HOME VISIT

FAMILY HEALTH & WELLBEING	<p>HISTORY</p> <p>Note</p> <ul style="list-style-type: none"> - Pregnancy and birth history - Family history (genetic disorders including metabolic disorders) <p>CHECK</p> <ul style="list-style-type: none"> - Newborn Screening Test (NBST) done - Child Health Record (CHR) hospital discharge summary for Vitamin K, HepB status and all components of neonatal physical examination completed - Family have received Raising Children Network DVD <p>OBSERVE</p> <ul style="list-style-type: none"> - Home environment for hygiene factors and safety, including infant sleep position and environment.
SUDDEN UNEXPECTED DEATH IN INFANCY (SUDI)	<p>The causes of SUDI can include-</p> <ul style="list-style-type: none"> • Sudden Infant Death Syndrome • Other sudden death cause unknown (autopsy performed) • Other ill defined and unspecified causes of mortality (no autopsy performed) • Suffocation whilst sleeping (including asphyxiation by bedclothes and overlying) • Explained: Child abuse/homicide, infection, metabolic disorders, genetic disorder, etc)
SIDS	<p>The requirement for Maternal & Child Health (MCH) nurses to sight the infant sleeping arrangements during their home visit to families was recommended by the Child Safety Commissioner in the <i>Tackling SIDS – a community responsibility</i> report released in November 2005 and endorsed by the Department of Education and Early Childhood Development.</p> <p>For the majority of families this will mean one check at the initial home visit. For families that are seen at home for additional consultations the infant sleeping arrangements need to be sighted and another checklist completed for each of these visits, until the baby reaches one year of age.</p> <p>Babies and young children spend a lot of their time sleeping. Some sleeping arrangements are not safe. They can increase the risk of SIDS or cause serious sleeping accidents.</p> <p>At all home visits, educate families about the key messages to help any baby sleep safely during their first year to reduce the risk of Sudden Infant Death Syndrome (SIDS).</p> <p>These key messages are-</p> <ol style="list-style-type: none"> 1. Put baby on its back to sleep, from birth, never on its tummy or side. 2. Be careful that baby's head and face stay uncovered during sleep. 3. Keep baby smoke-free, before and after birth. 4. Provide a safe cot, safe mattress, safe bedding and safe sleeping place. It may also be opportunistic to include other family members or those involved in the care of the child in these discussions.
SAFE SLEEPING CHECKLIST	

Key Ages and Stages Consultation: HOME VISIT

SAFE SLEEPING CHECKLIST (CONT)	
SAFE SLEEPING CHECKLIST (CONT)	<p>TASKS</p> <p>Home visit/s: Safe Sleeping checklist</p> <p>MCH nurses will check the child’s sleep environment with the parent or guardian using the 10 point checklist provided. Discussion with the parent without sighting the sleep environment is not sufficient. A diagram showing the features of an approved Australian Standard cot has been provided on the checklist.</p> <p>Tick boxes R where there is a close match between the child’s sleeping environment and the corresponding statement. Cross boxes T to indicate the observed environment does not. Where the observed or reported environment does not match the corresponding statement (i.e. a cross has been placed in the box) the MCH nurse should discuss this with the family and encourage changes to the child’s sleeping environment. A short note detailing the discussion should be included in the space provided on the checklist. Write N/A if not applicable, e.g. don’t use or own a portacot.</p> <p>Return the checklist to the parent/guardian and advise them to keep it with their Child Health Record and leave a copy of the <i>SIDS AND KIDS SAFE SLEEPING</i> brochure with the parents.</p> <p>On the back of the checklist are a number of areas for discussion with parents. These points are also covered in the SIDS and Kids Safe Sleeping brochure. Particular focus is recommended on sleeping position, environment, cots, portacots, and co-sleeping.</p> <p>OBSERVE – Nurses will observe women, their children and the physical environment for signs of unsafe family life related to family violence. These signs include physical injury, emotional state, body language and developmental stages in babies.</p> <p>The ability of women to move freely around the home, to access all rooms and house contents will be noted. Whether mothers are free to meet with nurses on their own will be observed.</p> <p>Refer to the MCH 4 week Key Age and Stage MCH consultation for specific questions to ask mother in relation to family violence.</p> <p>These four key questions can be asked at any MCH visit, if professional judgement warrants this.</p> <p>Family Violence is a factor in more than half of the substantiated child protection cases and children are present at more than half of the police attendances for family violence.</p> <p>Family Violence is the leading contributor to preventable death, disability and illness in Victorian women aged 15 to 44.</p> <p>It is not uncommon for family violence to commence or intensify during pregnancy. Family violence is associated with increased rates of miscarriage, low birth rate, premature birth, foetal injury and foetal death. MCH nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p>
FAMILY VIOLENCE	

Key Ages and Stages Consultation: HOME VISIT

Key Ages and Stages Consultation: HOME VISIT	
SAFETY PLAN	To be completed if professional judgment warrants this
NUTRITION	<p>Infant feeding: Elicit type, frequency, responses to feeding, urinary output (number of wet nappies)</p> <ul style="list-style-type: none"> - Observe infant's: <ul style="list-style-type: none"> o appearance, colour, movements o state (deep or light sleep, drowsiness, active or quiet alertness, crying) o body tone, tissue turgor, respiratory effort. <p>These observations do not require the infant to be woken up from sleep.</p>
INTERVENTIONS	<ul style="list-style-type: none"> • Respond to concerns raised at this assessment • At all visits nurses will respond to parental concerns (e.g. Parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Children, Youth and Families Act 2005) <p>QUIT (Refer to QUIT Training)</p> <p>ASK</p> <p>Have you smoked within the past 12 months? Are you currently smoking? Does your partner/another member of your household smoke? QUIT Intervention offered</p> <p>OFFER</p> <p>QUIT intervention Referral</p>

Key Ages and Stages Consultation: HOME VISIT

Key Ages and Stages Consultation: HOME VISIT	
INTERVENTIONS	<p>SAFE SLEEPING CHECKLIST</p> <p>When the sleep environment is not safe: Discuss creating a safe environment with parents/guardians and the steps required. Your role is to provide support, information and advice to encourage families to adopt safe sleeping practices for their children. A consistent message from all health professionals and regular reminders of safe sleeping practices and the risks of SIDS is recommended.</p> <p>When you are concerned about the safety of the child: For some families, their difficulty in providing a safe sleeping environment for their child may result from a broader context that may place the child at risk. If you are concerned about the safety of a child, contact the local Child First, family service or Child Protection team. MCH nurses are mandated to report when they suspect the presence of physical or sexual abuse. Refer to the Maternal and Child Health Service Program Resource Guide details potential indicators of abuse and neglect. If you are unsure of which office to ring, or your call is after hours, telephone the Child Protection Crisis Line on 13 12 78.</p> <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p> <p>SIDS and Kids Victoria employ trained counsellors if parents have particular concerns. www.sidsandkids.org Tel 1300 308 307</p> <p>RAISING CHILDREN NETWORK DVD Ensure family have received this DVD If DVD not received – provide contact details for family to order this. rcdvd@raisingchildren.net.au or phone 02 90075848</p>
REFER	
HEALTH PROMOTION	<p>HANDOUTS</p> <ul style="list-style-type: none"> • Provide and discuss each handout listed on the MCH framework – Promotion of Health and Development for the home visit Key Ages and Stages visit. * Note each handout provides key messages that need to be discussed

Key Ages and Stages Consultation: HOME VISIT

DATA COLLECTION		
DATA COLLECTION	Family Health & Wellbeing reviewed	Yes/No
	PREGNANCY, BIRTH, FAMILY HISTORY	Yes/No
	includes AABR results	
	Child of Aboriginal or Torres Strait Islander origin	
	Not Aboriginal or Torres Strait Islander	
	Aboriginal	
	Torres Strait Islander	
	Aboriginal or Torres Strait Islander	
	MOTHER	
	Mother's date of birth	
	Mother's country of birth	
	If born elsewhere, when did you arrive in Australia?	
	Do you have a health care card?	
	FEEDING ON DISCHARGE	
	Breastfeeding Status:	
	<i>(Exclusively breastfeeding, Predominately breastfeeding Partially breastfeeding, Artificially feeding)</i>	
	IMMUNISATION	
	Discussed/ reviewed	Yes/No
	SIDS	
	Safe Sleeping Checklist completed	Yes/No
	QUIT	
	Have you smoked within the past 12 months?	Yes/No
	Are you currently smoking?	Yes/No
	Does your partner/another member of your household smoke?	Yes/No
	QUIT Intervention offered	Yes/No
	Referral	Yes/No
	FAMILY VIOLENCE ASSESSMENT	
	Family violence assessment completed	Yes/No
	Safety plan completed	Yes/No
	Referral	Yes/No
	RAISING CHILDREN NETWORK	
	Have parents received the DVD?	Yes/No
	Information given regarding ordering DVD	Yes/No

Key Ages and Stages Consultation: HOME VISIT

REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	
REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>Recommended contact given Yes/No When a family is encouraged to make contact with another agency (eg G.P.) Not a referral</p> <p>Recommended contact given Yes/No Recommended contact agency</p>
REFER TO	MCH GUIDELINES- References, Resources & Referral options

Use professional judgement to decide if additional activities are warranted

Key Ages and Stages Consultation: 2 WEEKS

<p>PEDS</p>	<ul style="list-style-type: none"> • Question 1- complete • Note – this can be a conversation • Rephrase - “do you have any concerns about your child’s learning, development and behaviour.”
<p>BRIGANCE</p>	<ul style="list-style-type: none"> • Not used as secondary screen until 4 months of age
<p>FAMILY HEALTH & WELLBEING</p> <p>FAMILY VIOLENCE</p> <p>SAFETY PLAN</p>	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing <p>Maternal and Child Health nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <p>OBSERVE</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the 4 week MCH Key Ages and Stages consultation for specific questions to ask the mother in relation to family violence.</p> <p>These four key questions can be asked at any MCH visit if professional judgement warrants this.</p> <p>To be completed if professional judgement warrants this.</p>
<p>GROWTH</p>	<ul style="list-style-type: none"> • Weight, height and head circumference
<p>NUTRITION</p>	<ul style="list-style-type: none"> • Review feeding- type, frequency, responses to feedings, urine output

Key Ages and Stages Consultation: 2 WEEKS

PHYSICAL ASSESSMENT Includes 2 week developmental assessment	<p>Skin</p> <p>Assess:</p> <ul style="list-style-type: none"> - Odour, texture, turgor, colour, marks, rashes, lesions, pigmentation, temperature, oedema - Symmetry of creases - Nails: colour, shape, condition - Hair (head and body): distribution, colour, texture, amount, quality, tufts <p>Head and Neck</p> <ul style="list-style-type: none"> o Head:, swellings, hair texture, - Observe head shape, symmetry - Palpate suture lines, fontanelles - Note degree of head lag when pulled to sit, head control in ventral suspension; position of head in prone position; move head and neck through full range of motion, - Inspect neck for swelling, webbing, skin folds, vein distension <p>Ears</p> <ul style="list-style-type: none"> - Check momentary response or startle reflex to voice, bell - External ear: inspect structure, markings, protrusion, - External ear canal: inspect hygiene, discharge, excoriation - Pull gently on auricle for tenderness - Palpate mastoid for tenderness <p>Hearing</p> <p>Complete “At risk” hearing screen</p> <p>Eyes</p> <p>Observe:</p> <ul style="list-style-type: none"> - External eyes: position and placement - Eyelids: slant, placement, colour, swelling, discharge, lesions - Eyelashes: distribution, condition - Eyebrows: symmetry, pattern of hair growth - Conjunctivae and sclerae: colour, appearance - Pupils and Irises: colour, shape, inflammation, pupil size, equality, response to light - Visual behaviour: Eyes briefly fixate and follow at 20cm <p>Eyes: clarity, brightness, membrane colour</p> <p>Face, nose, mouth</p> <p>Observe:</p> <ul style="list-style-type: none"> - Facial features, expression around eyes and mouth, symmetry of nasolabial folds - Nose: size, shape, symmetry, - Nares: flaring, discharge, excoriation, odour - Nasal cavity: Inspect <ul style="list-style-type: none"> o mucosa - integrity, colour, consistency; o septum – position
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Key Ages and Stages Consultation: 2 WEEKS

PHYSICAL ASSESSMENT (continued) Includes 2 week developmental assessment	<ul style="list-style-type: none"> - Mouth: Inspect o Lips: colour, symmetry, moisture, swelling, sores, fissures o Gums and palate: moisture, colour, intactness, bleeding o Tongue: movement, moisture, colour, intactness, bleeding <p>Thorax and Lungs</p> <p>Assess:</p> <ul style="list-style-type: none"> - Stridor, grunting, hoarseness, snoring, wheezing, cough <p>Observe:</p> <ul style="list-style-type: none"> - Flaring of external nares - Nail beds: colour, clubbing - Trunk: colour - Thorax: configuration, symmetry, abnormalities - Breast enlargement - Respiratory regulatory, abdominal breathing; costal retraction. <p>Cardiovascular System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Body posture - Cyanosis, mottling, oedema <p>Respiratory difficulty, nail bed anomalies, asymmetrical or abnormal chest movements</p> <p>Abdomen</p> <p>Inspect:</p> <ul style="list-style-type: none"> - Abdomen: contour, skin colour & condition, movement, - Umbilicus: colour, discharge, odour, inflammation, herniation <p>Palpate:</p> <ul style="list-style-type: none"> - Muscle tone, turgor - For inguinal/femoral hernia <p>Inspect:</p> <ul style="list-style-type: none"> - Anal area: marks, fissures, haemorrhoids, rectal prolapse, polyps, skin tags - Buttocks and thighs: skin colour, marks, rashes, symmetry of skin folds. <p>Reproductive System</p> <p>Inspect (female):</p> <ul style="list-style-type: none"> - Labia: size, colour, skin integrity, adhesions, fusion, abnormalities - Clitoral size - Urethral and vaginal openings: oedema, redness, discharge. <p>Inspect (male):</p> <ul style="list-style-type: none"> - Penis: size, colour, integrity, urinary meatus: shape, placement - Scrotum: colour, size, symmetry, oedema. - Palpate testes
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Key Ages and Stages Consultation: 2 WEEKS

PHYSICAL ASSESSMENT (continued) Includes 2 week developmental assessment	<p>Musculo-skeletal System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Head control: in ventral suspension, when pulled to sit - (Cross reference with Head and Neck above) - Spine: curve, mobility, dimpling, hair tufts, symmetry of shoulders and hips - Thigh fold symmetry in prone position - Upper extremities: mobility, shape, palmer creases - Lower extremities: mobility, length, shape <p>Hips</p> <ul style="list-style-type: none"> - Assess for hip stability Ortolani/Barlow tests - Test for asymmetry: skin creases, shortening of limb, limitation of abduction - Perform general examination: look for packaging disorders such as plagiocephaly, torticollis and foot deformities. <p>Nervous System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Neurologic system: alertness, responsiveness - Infant's response to mother and the examination: hyper- or hypo activity, irritability, restlessness, withdrawal <p>Assess motor function:</p> <ul style="list-style-type: none"> - Observe for abnormalities that may influence motor functioning, specifically, size and shape of head, inspect spine for sacs and tufts of hair. - Muscle strength (push hands against soles of feet) - Flaccidity or spasticity of joints when put through a range of motion. <p>Assess strength/weakness/presence/absence of primitive reflexes:</p> <ul style="list-style-type: none"> - Symmetrical crawling movements with arms and legs in prone position, hips high - Placing, stepping, Babinsky's sign - Tonic neck - Moro/startle - Palmer grasp - Rooting/sucking, tongue extrusion - Asymmetrical tonic neck - Eyes blink, pupils react to light
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Key Ages and Stages Consultation: 2 WEEKS

DATA COLLECTION	
	<p>BREASTFEEDING STATUS Feeding at 2 weeks <i>(Exclusively breastfeeding, Predominantly breastfeeding Partially breastfeeding, Artificially feeding)</i></p>
	<p>SUDI/ Safe Sleeping Checklist Safe Sleeping Checklist completed/followup Yes/No</p>
	<p>QUIT Intervention offered Yes/No Referral yes/no</p>
	<p>FAMILY VIOLENCE ASSESSMENT Family violence assessment completed Yes/No Safety plan completed Yes/No Referral yes/no</p>
	<p>FULL PHYSICAL ASSESSMENT Full physical assessment completed Yes/No (includes developmental assessment)</p>
	<p><i>HIPS</i> <i>Hips assessed</i> Yes/No <i>Referral</i> Yes/No</p>
	<p>GROWTH Weight Length Head circumference</p>
	<p>HEARING RISK ASSESSMENT Hearing risk Assessment completed Yes/No No risk factor identified Yes/No Referral Yes/No</p>
	<p>(Refer VIHSP Hearing Loss Risk Factor Screening Assessment (2weeks) in Child Health Record book.)</p>

Key Ages and Stages Consultation: 2 WEEKS

REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	
REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>Recommended contact given Yes/No Recommended contact agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged o make contact with another agency. (eg. G.P.) Not a referral</p>
REFER TO	MCH GUIDELINES- References, Resources & Referral options

Use professional judgement to decide if additional activities are warranted

Key Ages and Stages Consultation: 4 WEEKS

Key Ages and Stages Consultation: 4 WEEKS	
PEDS	<ul style="list-style-type: none"> • Question 1- complete • Note – this can be a conversation • Rephrase - “do you have any concerns about your child’s learning, development and behaviour.”
BRIGANCE	<ul style="list-style-type: none"> • Not used as secondary screen until 4 months of age
FAMILY HEALTH & WELLBEING	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing
FAMILY VIOLENCE	<p>Recent studies of maternal morbidity have consistently found that women will give information about their health and wellbeing problems if they are asked, but they often do not voluntarily report these to relevant health professional (<i>Bick & MacArthur 1995, Brown & Lumley 1998, Glazener et al 1995, MacArthur et al 1991</i>)</p> <p>At this 4 week MCH Key Age and Stage Consultation The Maternal and Child Health nurse should ask mothers if they have experienced any of the following health problems which many women experience after childbirth</p>

Key Ages and Stages Consultation: 4 WEEKS

MATERNAL HEALTH AND WELLBEING CHECK	Health problem		Reference/Referral	
		Headache		Refer
	Backache		Refer	
	Breast/Nipple problems		Food for Health, Dietary Guidelines for Children and Adolescents in Australia, Breastfeeding in Australia(NHMRC, 2003)	
	Bowel problems / constipation, haemorrhoids, loss of control		One in Three brochure and refer as necessary	
	Urinary problems / stress incontinence, UTI, voiding problems		One in Three brochure and refer as necessary	
	<i>If a urinary problem has been identified Contenance Victoria recommends the following secondary screen questions are asked.</i>			
	Do you have to rush to get to the toilet?		Yes response to any of these questions- requires referral to other agencies. i.e GP, obstetrician, physiotherapist	
	Do you leak before you get to the toilet?			
	Do you leak urine with coughing, laughing or sneezing?			
	Do you pass urine more than six times per day?			
	Do you get up more than once overnight to pass urine?			
	Bowel accidents causing you to leak before getting to the toilet?		One in Three brochure and refer as necessary	
	Abnormal Bleeding		refer	
	Abdominal wound problems		refer	
	Perineal discomfort/ pain,		refer	

Key Ages and Stages Consultation: 4 WEEKS

GROWTH	<ul style="list-style-type: none"> Weight, height and head circumference
NUTRITION	<ul style="list-style-type: none"> Review feeding- type, frequency, responses to feedings, urine output
HIPS	<ul style="list-style-type: none"> Assess for hip stability Ortolani/Barlow tests Test for asymmetry: skin creases, shortening of limb Perform general examination: look for packaging disorders such as plagiocephaly, torticollis and foot deformities
INTERVENTIONS	<ul style="list-style-type: none"> Respond to concerns raised at this and previous assessments At all visits nurses will respond to parental concerns (e.g. Parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Children, Youth and Families Act 2005) Family Violence- Safety Plan
SUDI & SAFE SLEEPING CHECKLIST	<ul style="list-style-type: none"> Follow up on any issues raised from the Safe Sleeping Checklist completed previously. For families that are seen at home for additional consultations the infant sleeping arrangements need to be sighted and checklist completed for each of these visits, until the baby reaches one year of age. <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p>
HEALTH PROMOTION	<p>HANDOUTS</p> <ul style="list-style-type: none"> Provide and discuss each handout listed on the MCH service framework – Promotion of Health and Development for the 4 week Key Ages and Stages visit. * Note each handout provides key messages that need to be discussed <p>IMMUNISATION</p> <ul style="list-style-type: none"> Introduce immunisation and national schedule Discuss 2 month immunisations. Refer to booklet ‘Understanding Childhood immunisation’ <i>‘Australian Government Department of Health and Aging’ Located in front of Child Health Record.</i> Refer to local agencies that provide immunisations

Key Ages and Stages Consultation: 4 WEEKS

Key Ages and Stages Consultation: 4 WEEKS		
DATA COLLECTION	Family Health & Wellbeing reviewed	Yes/No
	BREASTFEEDING STATUS Feeding at 4 weeks <i>(Exclusively breastfeeding, Predominantly breastfeeding Partially breastfeeding, Artificially feeding)</i>	
	MATERNAL HEALTH & WELLBEING ASSESSMENT Completed	Yes/No
	referral	Yes/No
	Edinburgh Postnatal Depression Scale completed	Yes/No
	EPDS score	(Score = 0-30)
	Referral	Yes/No
	IMMUNISATION Discussed /reviewed	Yes/No
	SUDI/ SAFE SLEEPING CHECKLIST Completed/followup	Yes/No
	QUIT QUIT Intervention offered	Yes/No
	Referral	Yes/No
	FAMILY VIOLENCE ASSESSMENT Family violence assessment completed	Yes/No
	Safety plan completed	Yes/No
	Referral	Yes/No
	GROWTH Weight Length Head circumference	
	HIPS Hips assessed	Yes/No
	Referral	Yes/No

Key Ages and Stages Consultation: 4 WEEKS

Key Ages and Stages Consultation: 4 WEEKS	
REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>Recommended contact given Yes/No Recommended contact agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged to make contact with another agency. (eg. G.P.) Not a referral</p>
REFER TO	MCH GUIDELINES- References, Resources & Referral options

Use professional judgement to decide if additional activities are warranted

Key Ages and Stages Consultation: 8 WEEKS

PEDS	<p>Question 1- Please list any concerns about your child’s learning, development and behaviour. Note this can be re-phrased to “do you have any concern about your child’s learning, development and behaviour.”</p>
BRIGANCE	<ul style="list-style-type: none"> • Not used as secondary screen until 4 months of age
<p>FAMILY HEALTH & WELLBEING</p> <p>FAMILY VIOLENCE</p> <p>SAFETY PLAN</p>	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing <p>Maternal and Child Health nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <p>OBSERVE</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the MCH 4 week Key Ages and Stages consultation for specific questions to ask the mother in relation to family violence. These four key questions can be asked at any MCH consultation if professional judgement warrants this.</p> <p>To be completed if professional judgement warrants this.</p>
GROWTH	Weight, height and head circumference
NUTRITION	Feeding: Elicit type, frequency, responses to feeding, output

Key Ages and Stages Consultation: 8 WEEKS

PHYSICAL ASSESSMENT	
INCLUDES DEVELOPMENTAL ASSESSMENT	
	Skin Assess: <ul style="list-style-type: none">- Odour, texture, turgor, colour, marks, rashes, lesions, pigmentation, temperature, oedema- Symmetry of creases- Nails: colour, shape, condition- Hair (head and body): distribution, colour, texture, amount, quality, tufts Head and Neck <ul style="list-style-type: none">- Observe head shape, symmetry- Palpate suture lines, fontanelles- Note degree of head lag when pulled to sit, head control in ventral suspension; position of head in prone position; move head and neck through full range of motion,- Inspect neck for swelling, webbing, skin folds, vein distension Ears <ul style="list-style-type: none">- Hearing: check vocalisations, response to rattle, mother’s voice- External ear: inspect structure, markings, protrusion,- External ear canal: inspect hygiene, discharge, excoriation- Pull gently on auricle for tenderness- Palpate mastoid for tenderness Eyes Observe: <ul style="list-style-type: none">- Eyes: clarity, brightness, membrane colour- External eyes: position and placement- Eyelids: slant, placement, colour, swelling, discharge, lesions- Eyelashes: distribution, condition- Eyebrows: symmetry, pattern of hair growth- Conjunctivae and sclera: colour, appearance- Pupils and Irises: colour, shape, inflammation, pupil size, equality, response to light Visual behaviour: Observe eyes follow mother’s face, may follow object from side to side, may turn to light
	Face, nose, mouth Observe: <ul style="list-style-type: none">- Facial features, expression around eyes and mouth, symmetry of nasolabial folds- Nose: size, shape, symmetry,- Nares: flaring, discharge, excoriation, odour- Nasal cavity: Inspect<ul style="list-style-type: none">o mucosa - integrity, colour, consistency;o septum – position

Key Ages and Stages Consultation: 8 WEEKS

PHYSICAL ASSESSMENT (continued)	<ul style="list-style-type: none"> - Mouth: Inspect <ul style="list-style-type: none"> o Lips: colour, symmetry, moisture, swelling, sores, fissures o Gums and palate: moisture, colour, intactness, bleeding, swellings, nodules o Tongue: movement, moisture, colour, intactness, bleeding - Smiling <p>Thorax and Lungs</p> <p>Assess:</p> <ul style="list-style-type: none"> - Stridor, grunting, hoarseness, snoring, wheezing, cough <p>Observe:</p> <ul style="list-style-type: none"> - Flaring of external nares - Nail beds: colour, clubbing - Trunk: colour - Thorax: configuration, symmetry, abnormalities - Breast enlargement - Respiratory regulatory, abdominal breathing; costal retraction. <p>Cardiovascular System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Body posture - Cyanosis, mottling, oedema <p style="padding-left: 40px;">Respiratory difficulty, nail bed anomalies, asymmetrical or abnormal chest movements</p> <p>Abdomen</p> <p>Inspect:</p> <ul style="list-style-type: none"> - Abdomen: contour, skin colour & condition, movement, - Umbilicus: colour, discharge, odour, inflammation, herniation <p>Palpate:</p> <ul style="list-style-type: none"> - Muscle tone, turgor - For inguinal/femoral hernia <p>Inspect:</p> <ul style="list-style-type: none"> - Anal area: marks, fissures, haemorrhoids, rectal prolapse, polyps, skin tags - Buttocks and thighs: skin colour, marks, rashes, symmetry of skin folds. <p>Reproductive System</p> <p>Inspect (female):</p> <ul style="list-style-type: none"> - Labia: size, colour, skin integrity, adhesions, fusion, abnormalities - Clitoral size - Urethral and vaginal openings: oedema, redness, discharge. <p>Inspect (male):</p> <ul style="list-style-type: none"> - Penis: size, colour, integrity, urinary meatus: shape, placement - Scrotum: colour, size, symmetry, oedema. - Palpate testes
INCLUDES DEVELOPMENTAL ASSESSMENT	

Key Ages and Stages Consultation: 8 WEEKS

<p>PHYSICAL ASSESSMENT (continued)</p> <p>Includes 2 week developmental assessment</p>	<p>Musculo-skeletal System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Head control: in ventral suspension, when pulled to sit - Head control: in ventral suspension, prone position, and when pulled to sit - Supine position: head turns to side, limbs move actively and equally - Muscle strength: when hands pushed against soles of feet, - hands together at times <p>Hips</p> <ul style="list-style-type: none"> - Assess for hip stability Ortolani/Barlow tests - Test for asymmetry: skin creases, shortening of limb, limitation of abduction - Perform general examination: look for packaging disorders such as plagiocephaly, torticollis and foot deformities. <p>Nervous System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Infant's response to mother and the examination: hyper- or hypo-activity, irritability, restlessness, withdrawal, smiling responsively, spontaneously <p>Assess:</p> <ul style="list-style-type: none"> - Motor function - Reflexes, Assess strength/weakness/presence/absence of: <ul style="list-style-type: none"> o Symmetrical crawling movements with arms and legs in prone position o Tonic neck o Moro/startle o Eyes blink (dazzle) in response to light o Rooting/sucking, tongue extrusion o Palmar grasp <p>Placing, stepping, Babinsky's sign</p>
	<p>IMMUNISATION</p> <ul style="list-style-type: none"> • Discuss 2 month immunisations • Refer to booklet 'Understanding Childhood immunisation' <i>'Australian Government Department of Health and Aging'</i> Located in front of Child Health Record. • Refer to local agencies that provide immunisations

Key Ages and Stages Consultation: 8 WEEKS

<p>INTERVENTIONS</p> <p>SUDI & SAFE SLEEPING CHECKLIST</p>	<ul style="list-style-type: none"> Respond to concerns raised at this and previous consultations This 8 week Key Ages and Stages consultation provides another opportunity to continue SIDS prevention education. Particular focus is recommended on what happens when baby starts rolling, importance of not having bumpers, toys, doonas, pillows in the cot, what to do when travelling or baby is staying elsewhere, importance of grandparents and any other carers being aware of SIDS risk factors and general safe sleeping practices. Refer to back of checklist and SIDS and Kids Safe Sleeping brochure for more information. If the consultation occurs in the home, then a further check of the child's sleeping arrangements should be undertaken. <p>When you are concerned about the safety of the child:</p> <p>If you are concerned about the safety of a child, contact the local Child First, family service or Child Protection team. MCH nurses are mandated to report when they suspect the presence of physical or sexual abuse. The Maternal and Child Health Program Resource Guide details potential indicators of abuse and neglect. If you are unsure of which office to ring, or your call is after hours, telephone the Child Protection Crisis Line on 13 12 78.</p> <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p>
<p>DATA COLLECTION</p>	<p>Family Health & Wellbeing reviewed Yes/No</p> <p>IMMUNISATION Discussed /reviewed Yes/No</p> <p>SUDI/ SAFE SLEEPING CHECKLIST Safe Sleeping checklist completed/followup Yes/No</p> <p>QUIT QUIT Intervention offered Yes/No Referral</p> <p>FAMILY VIOLENCE ASSESSMENT Family violence assessment completed Yes/No Safety plan completed Yes/No Referral Yes/No</p>

Key Ages and Stages Consultation: 4 MONTHS

<p>PEDS</p>	<ul style="list-style-type: none"> • Complete PEDS Response • Complete PEDS Score & Interpretation forms • Refer to MCH PEDS tip sheet for guidance • Refer to PEDS administration and scoring guides <p>PATH A This is a referral pathway. It may be useful to do a secondary screen and use the results to support the referral. Use professional judgement to decide this.</p> <p>PATH B Needs secondary screen This secondary screen will sort out which children need a referral and which are developing normally. It offers parents counselling in the areas of their concern</p> <p>PATH C Counselling and monitor progress Counselling means talking with parent about their concerns, offering advice or strategies for addressing these concerns, Note- if the counselling is unsuccessful and concerns remain, and then the next step of the pathway is to do a secondary screen.</p> <p>PATH D parental difficulties communication, will require secondary screen</p> <p>PATH E reassurance and routine monitoring</p>
<p>BRIGANCE</p>	<ul style="list-style-type: none"> • Used as secondary screen when indicated by PEDS • Refer to Brigance Technical Report and Screens • Refer to MCH Brigance Training Handbook

Key Ages and Stages Consultation: 4 MONTHS

FAMILY HEALTH & WELLBEING	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing
FAMILY VIOLENCE	<p>MCH nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <p>OBSERVE</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the MCH 4 week Key Ages and Stages consultation for specific questions to ask the mother in relation to family violence.</p> <p>These four key questions can be asked at any MCH consultation if professional judgement warrants this.</p>
SAFETY PLAN	To be completed if professional judgement warrants this.
GROWTH	Weight
NUTRITION	Review feeding - type, frequency, responses to feedings
HIPS	<ul style="list-style-type: none"> • Assess for hip stability Ortolani/Barlow tests <p><i>Note- after 3 months of age the Ortolani and the Barlow tests may be unreliable, hence assessment at 4 months must include-</i></p> <ul style="list-style-type: none"> • Test for asymmetry: skin creases, shortening of limb, limitation of abduction • Perform general examination: look for packaging disorders such as plagiocephaly, torticollis and foot deformities.

Key Ages and Stages Consultation: 4 MONTHS

<p>INTERVENTIONS</p> <p>SUDI & SAFE SLEEPING CHECKLIST</p>	<ul style="list-style-type: none"> • Respond to concerns raised at this and previous assessments • At all visits nurses will respond to parental concerns (e.g. parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Children, Youth and Families Act 2005) • Follow up on any issues raised from the Safe Sleeping Checklist completed previously. • For families that are seen at home for additional consultations the infant sleeping arrangements need to be sighted and another checklist completed for each of these visits, until the baby reaches one year of age. <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p>
<p>HEALTH PROMOTION</p>	<p>HANDOUTS</p> <ul style="list-style-type: none"> • Provide and discuss each handout listed on the MCH service framework – Promotion of Health and Development for the 4 month Key Ages and Stages consultation. * Note each handout provides key messages that need to be discussed <p>YOUNG READERS</p> <ul style="list-style-type: none"> • Young Readers Program- Rhyme Time booklet and DVD <p>IMMUNISATIONS</p> <ul style="list-style-type: none"> • Discuss progress of immunisations. • Refer to booklet ‘Understanding Childhood immunisation’ <i>‘Australian Government Department of Health and Aging’</i> <i>Located in the front of Child Health Record</i> • Refer to local agencies that provide immunisations if needed.

Key Ages and Stages Consultation: 4 MONTHS

Key Ages and Stages Consultation: 4 MONTHS		
DATA COLLECTION	Family Health & Wellbeing reviewed	Yes/No
	FEEDING	
	Feeding at 3 months	
	Feeding at 4 months	
	<i>(Exclusively breastfeeding, Predominantly breastfeeding, Partially breastfeeding Artificially feeding)</i>	
	QUIT	
	QUIT Intervention offered	Yes/No
	Referral	
	FAMILY VIOLENCE ASSESSMENT	
	Family violence assessment completed	Yes/No
	Safety plan completed	Yes/No
	Referral	Yes/No
	DEVELOPMENTAL ASSESSMENT	
	PEDS	
	PEDS assessment completed	Yes/No
	Path:	A B C D E
	Please indicate any concerns identified (Global/Cognitive, Expressive Language and Articulation, Receptive Language, Fine Motor, Gross Motor, Behaviour, Social-emotional, Self-help, School, Other)	
BRIGANCE		
Brigance assessment completed	Yes/No	
Referral	Yes/No	
GROWTH		
Weight		
HIPS		
assessed	Yes/No	
Referral	Yes/No	
YOUNG READERS PROGRAM		
Gift voucher or book bag given	Yes/No	

Key Ages and Stages Consultation: 4 MONTHS

Key Ages and Stages Consultation: 4 MONTHS	
REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged o make contact with another agency. (eg. G.P.) Not a referral</p> <p>Recommended contact given Yes/No Recommended contact agency</p>
REFER TO	Refer to MCH GUIDELINES- References, Resources & Referral options

Use professional judgement to decide if additional activities are warranted

MCH PEDS TIPSHEET:

Key Ages and Stages 4 MONTHS

KEY AGE & STAGE 4 MONTHS	
<p>QUESTION 1 Please list any concerns about your child's learning, development and behaviour.</p> <ul style="list-style-type: none"> • Opens discussion in all areas 	<p>QUESTION 6 Do you have any concerns about how your child behaves?</p> <ul style="list-style-type: none"> • follows adults movement with visual field • following and converging defensive blink
<p>QUESTION 2 Do you have any concerns about how your child talks and makes speech sounds?</p> <ul style="list-style-type: none"> • responds to sounds • turns eyes and head toward sound • eye contact turn talking with carer • vocalises using single vowel sounds two or more different sounds 	<p>QUESTION 7 Do you have any concerns about how your child gets along with others?</p> <ul style="list-style-type: none"> • Reacts to familiar situations – coos, smiles, excited movements
<p>QUESTION 3 Do you have any concerns about how your child understands what you say?</p> <ul style="list-style-type: none"> • Reacts to familiar situations, voices 	<p>QUESTION 8 Do you have any concerns about how your child is learning to do things for himself/herself?</p> <ul style="list-style-type: none"> • Pulled to sit, no head lag • Head held erect and steady for a few seconds • Lifting head and chest well up
<p>QUESTION 4 Do you have any concerns about how your child uses his or her hands and fingers to do things?</p> <ul style="list-style-type: none"> • holds a rattle for a few moments with meaningful grasp • watches own hand movements in midline • hands open loosely 	<p>QUESTION 9 Do you have any concerns about how your child is learning preschool or school skills?</p> <ul style="list-style-type: none"> • opportunity to discuss- reading, talking, interacting and play
<p>QUESTION 5 Do you have any concerns about how your child uses his or her arms and legs?</p> <ul style="list-style-type: none"> • waves arms and legs symmetrically • holds head midline 	<p>QUESTION 10 Please list any other concerns</p>

THIS TIPSHEET- has been compiled to offer the MCH nurse some prompts, if necessary, for further discussion with parents, when completing the PEDS screen.

This has been written in context to the developmental age on the tip sheet, and is To be used as a guide only, not exclusive.

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Glascoe F.P (2005) Technical Report for the Brigance Screens Hawker Brownlow Education.

Mary D. Sheridan. From Birth to Five Years, Children's Developmental Progress

Key Ages and Stages Consultation: 8 MONTHS

PEDS	<ul style="list-style-type: none"> • Complete PEDS Response • Complete PEDS Score & Interpretation forms • Refer to MCH PEDS tip sheet for guidance • Refer to PEDS administration and scoring guides <p>PATH A This is a referral pathway. It may be useful to do a secondary screen and use the results to support the referral. Use professional judgement to decide this.</p> <p>PATH B Needs secondary screen This secondary screen will sort out which children need a referral and which are developing normally. It offers parents counselling in the areas of their concern</p> <p>PATH C Counselling and monitor progress Counselling means talking with parent about their concerns, offering advice or strategies for addressing these concerns, Note- if the counselling is unsuccessful and concerns remain, and then the next step of the pathway is to do a secondary screen.</p> <p>PATH D parental difficulties communication, will require secondary screen</p> <p>PATH E reassurance and routine monitoring</p>
BRIGANCE	<ul style="list-style-type: none"> • Used as secondary screen when indicated by PEDS • Refer to Brigance Technical Report and Screens • Refer to MCH Brigance Training Handbook

Key Ages and Stages Consultation: 8 MONTHS

FAMILY HEALTH & WELLBEING	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing
FAMILY VIOLENCE	<p>MCH nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <p>OBSERVE</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the MCH 4 week Key Ages and Stages consultation for specific questions to ask the mother in relation to family violence.</p> <p>These four key questions can be asked at any MCH consultation if professional judgement warrants this.</p>
SAFETY PLAN	To be completed if professional judgement warrants this.
GROWTH	<ul style="list-style-type: none"> • Weight, length & head circumference
NUTRITION	<ul style="list-style-type: none"> • Feeding: Elicit type, frequency • Solids introduction- progress

Key Ages and Stages Consultation: 8 MONTHS

PHYSICAL ASSESSMENT	<p>Skin</p> <p>Assess:</p> <ul style="list-style-type: none"> - Odour, texture, turgor, colour, marks, rashes, lesions, pigmentation, temperature, oedema - Symmetry of creases - Nails: colour, shape, condition - Hair (head and body): distribution, colour, texture, amount, quality, tufts <p>Head and Neck</p> <ul style="list-style-type: none"> - Observe head shape, symmetry - Palpate suture lines, fontanelles - Note degree of head lag when pulled to sit, head control in ventral suspension; position of head in prone position; move head and neck through full range of motion, - Inspect neck for swelling, webbing, skin folds, vein distension <p>Ears</p> <p>Examine:</p> <ul style="list-style-type: none"> - External ear canal: presence/absence of wax, discharge, excoriation - Pull gently on auricle for tenderness - Palpate mastoid for tenderness <p>Complete:</p> <ul style="list-style-type: none"> - Hearing Loss Risk Factor Screen (hearing risk factors) <p>Eyes</p> <p>Observe:</p> <ul style="list-style-type: none"> - clarity, brightness, membrane colour - Eyelids: colour, swelling, discharge, lesions - Eyelashes: distribution, condition - Eyebrows: symmetry, pattern of hair growth - Conjunctivae: colour, appearance - Pupils and Irises: colour, shape, inflammation, pupil size, equality, response to light <p>Visual behaviour: fixation, following, nystagmus</p> <p>Face, nose, mouth</p> <p>Observe:</p> <ul style="list-style-type: none"> - Facial features, expression around eyes and mouth, symmetry of nasolabial folds - Nose: size, shape, symmetry, - Nares: flaring, discharge, excoriation, odour <ul style="list-style-type: none"> o Nasal cavity: Inspect mucosa - integrity, colour, consistency; o septum – position

Key Ages and Stages Consultation: 8 MONTHS

<p>PHYSICAL ASSESSMENT (continued)</p>	<p>Mouth – Inspect</p> <ul style="list-style-type: none"> o Lips: colour, symmetry, moisture, swelling, sores, fissures o Gums and palate: moisture, colour, intactness, bleeding, swellings, nodules o Tongue: movement, moisture, colour, intactness, bleeding <p>Thorax and Lungs</p> <p>Assess:</p> <ul style="list-style-type: none"> - Stridor, grunting, hoarseness, snoring, wheezing, cough <p>Observe:</p> <ul style="list-style-type: none"> - Flaring of external nares - Nail beds: colour, clubbing - Trunk: colour - Thorax: configuration, symmetry, abnormalities - Breast enlargement - Respiratory regulatory, abdominal breathing; costal retraction. <p>Cardiovascular System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Body posture - Cyanosis, mottling, oedema - Respiratory difficulty, nail bed anomalies, asymmetrical or abnormal chest movements <p>Abdomen</p> <p>Inspect:</p> <ul style="list-style-type: none"> - Abdomen: contour, skin colour & condition, movement, - Umbilicus: colour, discharge, odour, inflammation, herniation <p>Palpate:</p> <ul style="list-style-type: none"> - Muscle tone, turgor - For inguinal/femoral hernia <p>Inspect:</p> <ul style="list-style-type: none"> - Anal area: marks, fissures, haemorrhoids, rectal prolapse, polyps, skin tags - Buttocks and thighs: skin colour, marks, rashes, symmetry of skin folds. <p>Reproductive System</p> <p>Inspect (female):</p> <ul style="list-style-type: none"> - Labia: size, colour, skin integrity, adhesions, fusion, abnormalities - Clitoral size - Urethral and vaginal openings: oedema, redness, discharge. <p>Inspect (male):</p> <ul style="list-style-type: none"> - Penis: size, colour, integrity, urinary meatus: shape, placement - Scrotum: colour, size, symmetry, oedema. - Palpate testes

Key Ages and Stages Consultation: 8 MONTHS

<p>PHYSICAL ASSESSMENT (continued)</p>	<p>Musculo-skeletal System</p> <p>Observe:</p> <ul style="list-style-type: none"> - Head control - Symmetry and movement of limbs when in prone, supine and sitting. - Muscle strength: degree of push-away pressure against surface when held to stand, hand grasp when holding objects or hands <p>Hips</p> <ul style="list-style-type: none"> - Test for asymmetry- <ul style="list-style-type: none"> Asymmetry of skin creases Galeazzi test Limitation of abduction of the hip - General examination <p>Nervous System</p> <p>Observe:</p> <ul style="list-style-type: none"> • Infant's response to mother and the examination: hyper- or hypo-activity, irritability, restlessness, withdrawal, smiling/vocalising responsively, spontaneously <p>Assess:</p> <ul style="list-style-type: none"> • Motor function, flaccidity, spasticity • Residual reflexes: • Eye blink (dazzle) in response to light • Babinsky's sign
<p>ORAL HEALTH</p>	<ul style="list-style-type: none"> • Dentition: presence/absence, colour, shape, marks if present • Check- Lift the lip, Look, Locate • Refer to DHSV handout Tooth Tips 0-12months
<p>INTERVENTIONS</p>	<ul style="list-style-type: none"> • Respond to concerns raised at this and previous assessments • At all visits nurses will respond to parental concerns (e.g. Parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Children, Youth and Families Act 2005) <p>SUDI & SAFE SLEEPING CHECKLIST</p> <ul style="list-style-type: none"> • Follow up on any concerns raised from the Safe Sleeping Checklist completed previously. • For families that are seen at home for additional consultations the infant sleeping arrangements need to be sighted and checklist completed for each of these visits, until the baby reaches one year of age. • Dentition: presence/absence, colour, shape, marks if present • Check- Lift the lip, Look, Locate • Refer to DHSV handout Tooth Tips 0-12months <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p>

Key Ages and Stages Consultation: 8 MONTHS

SLEEP INTERVENTION	<p>Obtain a detailed history</p> <p>Ask a range of open-ended questions to elicit further detail. Questions could include, but are not limited to:</p> <p>How often does your child wake? How well does your child sleep?</p> <p>What is the child's bedtime routine?</p> <p>Number and duration of daytime naps?</p> <p>Sleeping arrangements?</p> <p>What do you/others do when your child wakes?</p> <p>Which strategies have you tried?</p> <p>How long did you try these strategies?</p> <p>How do family members feel about the waking/settling (include extended family).</p> <p>Any recent changes to routine?</p> <p>Sibling waking/settling?</p> <p>What other advice have you been given and/or tried?</p> <p>Determine parent goals for the waking/settling difficulty</p> <p>Provide information/handouts on the following:</p> <ul style="list-style-type: none"> • normal sleep cycles • habits that reinforce waking/settling • need for a regular daytime nap • good bedtime routine • put the child to bed awake. <p>Discuss the range of evidence based sleep interventions</p> <p>Behavioural interventions are clearly the most effective evidence based strategies to reduce sleep difficulties. Moreover, there is no evidence to suggest that behavioural interventions cause psychological or physical harm to the child. Behavioural interventions include:</p> <ul style="list-style-type: none"> • Positive bedtime routine • Controlled comforting (or controlled crying) • Systematic ignoring • Scheduled waking • Camping out <p>Further information www.rch.org.au/ccch search 'publications/ practice resources/ Settling & Sleep problems</p> <p>In these instances, MCH nurses should encourage the parent to explore alternative strategies, provide reassurance and respect for the strategy decided upon.</p> <p>Follow up appointment or telephone call</p> <p>This should be arranged to provide support and evaluate the effectiveness of the planned intervention</p>

Key Ages and Stages Consultation: 8 MONTHS

HEALTH PROMOTION	<ul style="list-style-type: none"> Provide and discuss each handout listed on the MCH service framework – Promotion of Health and Development for the 8 month Key Ages and Stages consultation. * Note each handout provides key messages that need to be discussed <p>SUNSMART</p> <ul style="list-style-type: none"> “Sunsmart. The outside 5” brochure includes information about: Using the SunSmart UV Alert to determine when sun protection is needed Using a combination of sun protection measures to achieve best possible sun protection The special sun protection needs of infants Achieving a healthy balance of UV exposure for vitamin D <p>IMMUNISATIONS</p> <ul style="list-style-type: none"> Discuss 12 month immunisations. Refer to booklet ‘Understanding Childhood immunisation’ <i>‘Australian Government Department of Health and Aging’</i> Located in front of Child Health Record. Refer to local agencies that provide immunisations
DATA COLLECTION	<p>Family Health & Wellbeing discussed Yes/No</p> <p>BREASTFEEDING FEEDING STATUS</p> <p>Feeding at 6 months</p> <p>Feeding at 8 months (<i>Exclusively breastfeeding, Predominantly breastfeeding, Partially breastfeeding Artificially feeding</i>)</p> <p>QUIT</p> <p>Intervention offered Yes/No</p> <p>Referral Yes/No</p> <p>FAMILY VIOLENCE</p> <p>Family violence assessment completed Yes/No</p> <p>Safety plan completed Yes/No</p> <p>CHILD PHYSICAL ASSESSMENT</p> <p>Completed Yes/No</p>

Key Ages and Stages Consultation: 8 MONTHS

DATA COLLECTION (continued)	<p>GROWTH weight Height Head circumference</p> <p>ORAL HEALTH Assessment completed Yes/No</p> <p>DEVELOPMENTAL ASSESSMENT</p> <p>PEDS PEDS assessment completed Yes/No Path: A B C D E</p> <p>Please indicate any concerns identified (Global/Cognitive, Expressive Language and Articulation, Receptive Language, Fine Motor, Gross Motor, Behaviour, Social-emotional, Self-help, School, Other)</p> <p>BRIGANCE Brigance assessment completed Yes/No</p> <p>Hearing risk Assessment completed Yes/No No risk factor identified Yes/No Referral Yes/No (refer VIHSP Hearing Loss Risk Factor Screening Assessment (8 months) in Child Health Record book.)</p> <p>INFANT SLEEP Is your baby's sleeping a concern for the parent? Yes/No If yes, does the parent want help? Yes/No Intervention offered (BOX= controlled comforting, camping out, other) Referral Yes/No Referral agency (BOX= day stay program, residential program, GP, psychologist, paediatrician, other)</p>

Key Ages and Stages Consultation: 8 MONTHS

REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged o make contact with another agency. (eg. G.P.) Not a referral</p> <p>Recommended contact given Yes/No Recommended contact agency</p>
REFER TO	MCH GUIDELINES- References, Resources & Referral options

Use professional judgement to decide if additional activities are warranted

MCH PEDS TIPSHEET:

Key Ages and Stages 8 MONTHS

<p>QUESTION 1 Please list any concerns about your child's learning, development and behaviour. Opens a discussion in all areas</p>	<p>QUESTION 6 Do you have any concerns about how your child gets along with others?</p> <ul style="list-style-type: none"> • Increased stranger awareness and fear of separation
<p>QUESTION 2 Do you have any concerns about how your child talks and makes speech sounds?</p> <ul style="list-style-type: none"> • Turns head to sound above ear in midline • Expectation in response to repetition of stimulus • Responds to name • Single syllables e.g. ba, da,ra • Four or more different sounds 	<p>QUESTION 7 Do you have any concerns about how your child behaves?</p> <ul style="list-style-type: none"> • Enjoys cuddles • Eye contact with parent • Plays peek-a-boo • Keeps lips closed when offered food which is not wanted • Increased stranger awareness and fear of separation
<p>QUESTION 3 Do you have any concerns about how your child understands what you say?</p> <ul style="list-style-type: none"> • Responds to name 	<p>QUESTION 8 Do you have any concerns about how your child is learning to do things for himself/herself?</p> <ul style="list-style-type: none"> • Attempts to self feed • Retains one block when second offered • Attempts to chew lumpy food
<p>QUESTION 4 Do you have any concerns about how your child uses his or her hands and fingers to do things?</p> <ul style="list-style-type: none"> • Transfers object from one hand to another • Attempts to self feed • Bangs object on table • Cast object, does not release 	<p>QUESTION 9 Do you have any concerns about how your child is learning preschool or school skills?</p> <ul style="list-style-type: none"> • opportunity to discuss- reading, talking, interacting and play
<p>QUESTION 5 Do you have any concerns about how your child uses his or her arms and legs?</p> <ul style="list-style-type: none"> • Held standing, bounces with pleasure • Sitting without support • May commando crawl 	<p>QUESTION 10 Please list any other concerns</p> <ul style="list-style-type: none"> • Possible categories of concern- global, behavioural and language

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Mary D. Sheridan. From Birth to Five Years, Children's Developmental Progress

Key Ages and Stages Consultation: 12 MONTHS

<p>PEDS</p>	<ul style="list-style-type: none"> • Complete PEDS Response • Complete PEDS Score & Interpretation forms • Refer to MCH PEDS tip sheet for guidance • Refer to PEDS administration and scoring guides <p>PATH A This is a referral pathway. It may be useful to do a secondary screen and use the results to support the referral. Use professional judgement to decide this.</p> <p>PATH B Needs secondary screen This secondary screen will sort out which children need a referral and which are developing normally. It offers parents counselling in the areas of their concern</p> <p>PATH C Counselling and monitor progress Counselling means talking with parent about their concerns, offering advice or strategies for addressing these concerns, Note- if the counselling is unsuccessful and concerns remain, and then the next step of the pathway is to do a secondary screen.</p> <p>PATH D parental difficulties communication, will require secondary screen</p> <p>PATH E reassurance and routine monitoring</p>
<p>BRIGANCE</p>	<ul style="list-style-type: none"> • Used as secondary screen when indicated by PEDS • Refer to Brigance Technical Report and Screens • Refer to MCH Brigance Training Handbook

Key Ages and Stages Consultation: 12 MONTHS

<p>FAMILY HEALTH & WELLBEING</p>	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing
<p>FAMILY VIOLENCE</p>	<p>MCH nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <p>OBSERVE</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the MCH 4 week Key Ages and Stages consultations for specific questions to ask the mother in relation to family violence.</p> <p>These four key questions can be asked at any MCH consultation if professional judgement warrants this.</p>
<p>SAFETY PLAN</p>	<p>To be completed if professional judgement warrants this.</p>
<p>GROWTH</p>	<ul style="list-style-type: none"> • Weight and length
<p>NUTRITION</p>	<ul style="list-style-type: none"> • Breastfeeding , bottle to cup • Solids – progress to family foods
<p>HIPS</p>	<ul style="list-style-type: none"> • Asymmetry • Galeazzi test • Limitation of abduction of the hip • General examination

Key Ages and Stages Consultation: 12 MONTHS

DATA COLLECTION		
DATA COLLECTION	Family Health & Wellbeing reviewed	Yes/No
	FEEDING Feeding at 12 months <i>(Exclusively breastfeeding, Partially breastfeeding, artificially feeding)</i>	
	IMMUNISATION Discussed /reviewed	Yes/No
	QUIT Intervention offered Referral	Yes/No
	FAMILY VIOLENCE ASSESSMENT Family violence assessment completed Safety plan completed Referral	Yes/No Yes/No Yes/No
	DEVELOPMENTAL ASSESSMENT	
	PEDS PEDS assessment completed Path:	Yes/No A B C D E
	Please indicate any concerns identified (Global/Cognitive, Expressive Language and Articulation, Receptive Language, Fine Motor, Gross Motor, Behaviour, Social-emotional, Self-help, School, Other)	
	BRIGANCE Brigance assessment completed Referral	Yes/No Yes/No
	HIPS assessed Referral	Yes/No Yes/No
	GROWTH weight height	
	INFANT SLEEPING Assessment/review Referral	Yes/No Yes/No

Key Ages and Stages Consultation: 12 MONTHS

REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	
REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged o make contact with another agency. (eg. G.P.) Not a referral</p> <p>Recommended contact given Yes/No Recommended contact agency</p>
REFER TO	Refer to MCH GUIDELINES- References, Resources & Referral options

Use professional judgement to decide if additional activities are warranted

MCH PEDS TIPSHEET:

Key Ages and Stages 12 MONTHS

<p>QUESTION 1 Please list any concerns about your child's learning, development and behaviour.</p> <ul style="list-style-type: none"> • Opens a discussion in all areas 	<p>QUESTION 6 Do you have any concerns about how your child behaves?</p> <ul style="list-style-type: none"> • Sensitive to approval/ disapproval • Reacts to music and moves
<p>QUESTION 2 Do you have any concerns about how your child talks and makes speech sounds?</p> <ul style="list-style-type: none"> • May say 1-3 clear words • Multiple syllables and word babble e.g. dada, mimi 	<p>QUESTION 7 Do you have any concerns about how your child gets along with others?</p> <ul style="list-style-type: none"> • enjoys cuddle • eye contact with carer • sensitive to approval or disapproval
<p>QUESTION 3 Do you have any concerns about how your child understands what you say?</p> <ul style="list-style-type: none"> • Understands simple instructions i.e 'give me' • Sensitive to approval or disapproval • Knows and turns to own name 	<p>QUESTION 8 Do you have any concerns about how your child is learning to do things for himself/herself?</p> <ul style="list-style-type: none"> • helps with dressing- holds foot or arm out • holding spoon, but cannot use it yet
<p>QUESTION 4 Do you have any concerns about how your child uses his or her hands and fingers to do things?</p> <ul style="list-style-type: none"> • Bangs blocks together • Precise finger grasp- small objects- pincer • Points purposely with index finger • Uses both hands freely 	<p>QUESTION 9 Do you have any concerns about how your child is learning preschool or school skills?</p> <ul style="list-style-type: none"> • opportunity to discuss- reading, talking, interacting and play
<p>QUESTION 5 Do you have any concerns about how your child uses his or her arms and legs?</p> <ul style="list-style-type: none"> • Crawls • May stand alone • May walk alone • Can rise to sitting from lying down • Pulls to stand holding furniture 	<p>QUESTION 10 Please list any other concerns</p> <ul style="list-style-type: none"> • Possible categories of concern- global, behavioural and language

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Mary D. Sheridan. From Birth to Five Years, Children's Developmental Progress

Key Ages and Stages Consultation: 18 MONTHS

PEDS	<ul style="list-style-type: none"> • Complete PEDS Response • Complete PEDS Score & Interpretation forms • Refer to MCH PEDS tip sheet for guidance • Refer to PEDS administration and scoring guides <p>PATH A This is a referral pathway. It may be useful to do a secondary screen and use the results to support the referral. Use professional judgement to decide this.</p> <p>PATH B Needs secondary screen This secondary screen will sort out which children need a referral and which are developing normally. It offers parents counselling in the areas of their concern</p> <p>PATH C Counselling and monitor progress Counselling means talking with parent about their concerns, offering advice or strategies for addressing these concerns, Note- if the counselling is unsuccessful and concerns remain, and then the next step of the pathway is to do a secondary screen.</p> <p>PATH D parental difficulties communication, will require secondary screen</p> <p>PATH E reassurance and routine monitoring</p>
BRIGANCE	<ul style="list-style-type: none"> • Used as secondary screen when indicated by PEDS • PEDS Pathways B & D and possibly A • Refer to Brigance Technical Report and Screens • Refer to MCH Brigance Training Handbook

Key Ages and Stages Consultation: 18 MONTHS

FAMILY HEALTH & WELLBEING	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing
FAMILY VIOLENCE	<p>MCH nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the MCH 4 week Key Ages and Stages consultation for specific questions to ask the mother in relation to family violence. These four key questions can be asked at any MCH consultation if professional judgement warrants this.</p>
SAFETY PLAN	To be completed if professional judgement warrants this.
GROWTH	<ul style="list-style-type: none"> • Weight and length
NUTRITION	<ul style="list-style-type: none"> • Discuss – child and family • Refer to- Go for Your Life handout- ‘Healthy eating and play for toddlers
HIPS/GAIT	<p>Observe</p> <ul style="list-style-type: none"> • Gait: symmetry,(Trendelenberg Gait)

Key Ages and Stages Consultation: 18 MONTHS

<p>ORAL HEALTH</p>	<p>Lift the lip, Look and Locate</p> <p>Discuss and Inspect:</p> <ul style="list-style-type: none"> • Gums: moisture, colour • Tongue: movement, moisture, colour • Teeth: number, type, marks, oral hygiene <p>Teeth Cleaning demonstration</p> <p>Reference: Teeth: Oral Health Information for MCH Nurses, July 2004, DHSV</p> <ul style="list-style-type: none"> • How to perform an oral health check, refer to pages 23-28 • How to demonstrate teeth cleaning, refer to pages 29 –31
<p>INTERVENTIONS</p>	<ul style="list-style-type: none"> • Respond to concerns raised at this and previous assessments • At all visits nurses will respond to parental concerns (e.g. parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Children, Youth and Families Act 2005) <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p>
<p>HEALTH PROMOTION</p>	<ul style="list-style-type: none"> • Provide and discuss each handout listed on the MCH service framework – Promotion of Health and Development for the 18 month Key Ages and Stages consultation. • Note each handout provides key messages that need to be discussed <p>IMMUNISATIONS</p> <ul style="list-style-type: none"> • Discuss 18 month immunisations. • Refer to booklet ‘Understanding Childhood immunisation’ <i>‘Australian Government Department of Health and Aging’</i> <i>Located in the front of Child Health Record</i> • Refer to local agencies that provide immunisations.

Key Ages and Stages Consultation: 18 MONTHS

Key Ages and Stages Consultation: 18 MONTHS		
DATA COLLECTION	Family Health & Wellbeing reviewed	Yes/No
	QUIT	
	Intervention offered	Yes/No
	Referral	
	FAMILY VIOLENCE ASSESSMENT	
	Family violence assessment completed	Yes/No
	Safety plan completed	Yes/No
	Referral	yes/no
	DEVELOPMENTAL ASSESSMENT	
	PEDS	
	PEDS assessment completed	Yes/No
	Path:	A B C D E
	Please indicate any concerns identified (Global/Cognitive, Expressive Language and Articulation, Receptive Language, Fine Motor, Gross Motor, Behaviour, Social-emotional, Self-help, School, Other)	
	BRIGANCE	
	Brigance assessment completed	Yes/No
	Referral	yes/no
	GROWTH	
weight		
height		
GAIT/HIPS		
assessed	Yes/No	
Referral	yes/no	
ORAL HEALTH		
Assessment/review	Yes/No	
Referral	yes/no	

Key Ages and Stages Consultation: 18 MONTHS

REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	
REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged to make contact with another agency. (eg. G.P.) Not a referral</p> <p>Recommended contact given Yes/No Recommended contact agency</p>
REFER TO	<p>MCH GUIDELINES- References, Resources & Referral options</p>

Use professional judgement to decide if additional activities are warranted

MCH PEDS TIPSHEET:

Key Ages and Stages 18 MONTHS

<p>QUESTION 1 Please list any concerns about your child's learning, development and behaviour. Opens a discussion in all areas</p>	<p>QUESTION 6 Do you have any concerns about how your child gets along with others?</p> <ul style="list-style-type: none"> • Points to indicate interest • Early pretend play • Explores the environment
<p>QUESTION 2 Do you have any concerns about how your child talks and makes speech sounds?</p> <ul style="list-style-type: none"> • Uses 5-10 words • Understands many more words • jabbers 	<p>QUESTION 7 Do you have any concerns about how your child behaves?</p> <ul style="list-style-type: none"> • enjoys cuddles • gives eye contact with parent
<p>QUESTION 3 Do you have any concerns about how your child understands what you say?</p> <ul style="list-style-type: none"> • Understands many words • Points to eyes, nose and mouth • Obey simple instructions • Waves bye 	<p>QUESTION 8 Do you have any concerns about how your child is learning to do things for himself/herself?</p> <ul style="list-style-type: none"> • uses spoon and cup • takes off shoes and socks
<p>QUESTION 4 Do you have any concerns about how your child uses his or her hands and fingers to do things?</p> <ul style="list-style-type: none"> • Builds a tower of 3-4 blocks • Scribbles with palmer grasp • Fine pincer grasp • Turns pages • Points to objects • Points to eyes, nose and mouth • Points to indicate interest 	<p>QUESTION 9 Do you have any concerns about how your child is learning preschool or school skills?</p> <ul style="list-style-type: none"> • opportunity to discuss- reading, talking, interacting and play
<p>QUESTION 5 Do you have any concerns about how your child uses his or her arms and legs?</p> <ul style="list-style-type: none"> • Walks well • Climbs onto a chair • Walks upstairs with help • Run stiffly watching the ground • Carries toy while walking • Gestures • Waves bye 	<p>QUESTION 10 Please list any other concerns</p> <ul style="list-style-type: none"> • Possible categories of concern- global, behavioural and language

THIS TIPSHEET- has been compiled to offer the MCH nurse some prompts, if necessary, for further discussion with parents, when completing the PEDS screen.

This has been written in context to the developmental age on the tip sheet, and is To be used as a guide only, not exclusive.

Pocket Guide to Pediatric Assessment, 5th Ed. Engel J (2006) Mosby, USA.

Glascoc F.P (2005) Technical Report for the Brigance Screens Hawker Brownlow Education.

Mary D. Sheridan. From Birth to Five Years, Children's Developmental Progress

Key Ages and Stages Consultation: 2 YEARS

Key Ages and Stages Consultation: 2 YEARS	
PEDS	<ul style="list-style-type: none"> • Complete PEDS Response • Complete PEDS Score & Interpretation forms • Refer to MCH PEDS tip sheet for guidance • Refer to PEDS administration and scoring guides <p>PATH A This is a referral pathway. It may be useful to do a secondary screen and use the results to support the referral. Use professional judgement to decide this.</p> <p>PATH B Needs secondary screen This secondary screen will sort out which children need a referral and which are developing normally. It offers parents counselling in the areas of their concern</p> <p>PATH C Counselling and monitor progress Counselling means talking with parent about their concerns, offering advice or strategies for addressing these concerns, Note- if the counselling is unsuccessful and concerns remain, and then the next step of the pathway is to do a secondary screen.</p> <p>PATH D parental difficulties communication, will require secondary screen</p> <p>PATH E reassurance and routine monitoring</p>
BRIGANCE	<ul style="list-style-type: none"> • Used as secondary screen when indicated by PEDS • PEDS Pathways B & D and possibly A • Refer to Brigance Technical Report and Screens • Refer to MCH Brigance Training Handbook

Key Ages and Stages Consultation: 2 YEARS

FAMILY HEALTH & WELLBEING	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing
FAMILY VIOLENCE	<p>MCH nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <p>OBSERVE</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the MCH₄ week Key Ages and Stages consultation for specific questions to ask the mother in relation to family violence.</p> <p>These four key questions can be asked at any MCH consultation if professional judgement warrants this.</p>
SAFETY PLAN	To be completed if professional judgement warrants this.
GROWTH	<ul style="list-style-type: none"> • Weight, height
NUTRITION	<ul style="list-style-type: none"> • Discuss child and family nutrition
ORAL HYGIENE	<ul style="list-style-type: none"> • Inspect and discuss • Gums: moisture, colour • Tongue: movement, moisture, colour • Teeth: number, type, marks, oral hygiene
HIPS/GAIT	<ul style="list-style-type: none"> • Observe • Gait: symmetry,(Trendelenberg Gait)

Key Ages and Stages Consultation: 2 YEARS

INTERVENTIONS	<ul style="list-style-type: none"> • Respond to concerns raised at this and previous assessments • At all visits nurses will respond to parental concerns (e.g. parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Children, Youth and Families Act 2005) <p>KINDERGARTEN</p> <ul style="list-style-type: none"> • Discuss and provide information regarding kindergarten enrolment <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p>
HEALTH PROMOTION	<p>HANDOUTS</p> <ul style="list-style-type: none"> • Provide and discuss each handout listed on the MCH framework – Promotion of Health and Development for the 2 year Key Ages and Stages visit. • Note each handout provides key messages that need to be discussed <p>YOUNG READERS</p> <ul style="list-style-type: none"> • Young Readers Program - book <p>IMMUNISATIONS</p> <ul style="list-style-type: none"> • Discuss progress of immunisations. • Refer to booklet ‘Understanding Childhood immunisation’ <i>‘Australian Government Department of Health and Aging’</i> • Refer to local agencies that provide immunisations if needed.

Key Ages and Stages Consultation: 2 YEARS

DATA COLLECTION		
DATA COLLECTION	Family Health & Wellbeing reviewed	Yes/No
	QUIT	
	Intervention offered	Yes/No
	Referral	Yes/No
	FAMILY VIOLENCE ASSESSMENT	
	Family violence assessment completed	Yes/No
	Safety plan completed	Yes/No
	Referral	Yes/No
	DEVELOPMENTAL ASSESSMENT	
	PEDS	
	PEDS assessment completed	Yes/No
	Path:	A B C D E
	Please indicate any concerns identified (Global/Cognitive, Expressive Language and Articulation, Receptive Language, Fine Motor, Gross Motor, Behaviour, Social-emotional, Self-help, School, Other)	
	BRIGANCE	
	Brigance assessment completed	Yes/No
	Referral	Yes/No
	GROWTH	
	weight	
	height	
	HIPS/GAIT	
	assessed	Yes/No
	Referral	Yes/No
	BMI	
	BMI assessment completed	Yes/No
	BMI Referral	Yes/No
	YOUNG READERS	
	Young Readers book given	Yes/No
	KINDERGARTEN	
	Enrolment discussed	Yes/No

Key Ages and Stages Consultation: 2 YEARS

REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	
	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged o make contact with another agency. (eg. G.P.) Not a referral</p> <p>Recommended contact given Yes/No Recommended contact agency</p>
	<p>REFER TO</p> <p>MCH GUIDELINES- References, Resources & Referral options</p>

Use professional judgement to decide if additional activities are warranted

MCH PEDS TIPSHEET:

Key Ages and Stages 2 YEARS

<p>QUESTION 1 Please list any concerns about your child's learning, development and behaviour.</p> <ul style="list-style-type: none"> • Opens a discussion in all areas 	<p>QUESTION 6 Do you have any concerns about how your child behaves?</p> <ul style="list-style-type: none"> • Follows simple commands • Imitates adults in domestic activities • Pretend play • Parallel play • No concept of sharing • Tantrums when frustrated • Recognises fine detail in pictures
<p>QUESTION 2 Do you have any concerns about how your child talks and makes speech sounds?</p> <ul style="list-style-type: none"> • Understands many words • Uses at least 20 (usually 50+) words • Some 2 words utterances • Uses many gestures e.g. pointing, rocking 'baby' 	<p>QUESTION 7 Do you have any concerns about how your child gets along with others?</p> <ul style="list-style-type: none"> • No concept of sharing • Comes to parent for affection/comfort • Parallel play • Tantrums when frustrated
<p>QUESTION 3 Do you have any concerns about how your child understands what you say?</p> <ul style="list-style-type: none"> • Understands many words • Follows simple instructions 	<p>QUESTION 8 Do you have any concerns about how your child is learning to do things for himself/herself?</p> <ul style="list-style-type: none"> • Spoon feeds well • May verbalise toilet needs • Recognises fine detail in pictures
<p>QUESTION 4 Do you have any concerns about how your child uses his or her hands and fingers to do things?</p> <ul style="list-style-type: none"> • Build tower of 4-6 blocks • Able to pick up '100' & '1000's • Spontaneous circular scribble • May imitate vertical lines • Turns pages singly 	<p>QUESTION 9 Do you have any concerns about how your child is learning preschool or school skills?</p> <ul style="list-style-type: none"> • opportunity to discuss - reading, talking, interacting and play
<p>QUESTION 5 Do you have any concerns about how your child uses his or her arms and legs?</p> <ul style="list-style-type: none"> • Runs well- around obstacles • Upstairs 2 feet at a time • Climbs well • Stoops at play- good balance • Kicks ball • Throws small ball 	<p>QUESTION 10 Please list any other concerns</p> <ul style="list-style-type: none"> • Possible categories of concern- global, behavioural and language

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Glascoe F.P (2005) Technical Report for the Brigance Screens Hawker Brownlow Education.

Mary D. Sheridan. From Birth to Five Years, Children's Developmental Progress To be used as a guide only

Key Ages and Stages Consultation: 3.5 YEARS

<p>PEDS</p>	<ul style="list-style-type: none"> • Complete PEDS Response • Complete PEDS Score & Interpretation forms • Refer to MCH PEDS tip sheet for guidance • Refer to PEDS administration and scoring guides <p>PATH A This is a referral pathway. It may be useful to do a secondary screen and use the results to support the referral. Use professional judgement to decide this.</p> <p>PATH B Needs secondary screen This secondary screen will sort out which children need a referral and which are developing normally. It offers parents counselling in the areas of their concern</p> <p>PATH C Counselling and monitor progress Counselling means talking with parent about their concerns, offering advice or strategies for addressing these concerns, Note- if the counselling is unsuccessful and concerns remain, and then the next step of the pathway is to do a secondary screen.</p> <p>PATH D parental difficulties communication, will require secondary screen</p> <p>PATH E reassurance and routine monitoring</p>
<p>BRIGANCE</p>	<ul style="list-style-type: none"> • Used as secondary screen when indicated by PEDS • PEDS Pathways B & D and possibly A • Refer to Brigance Technical Report and Screens • Refer to MCH Brigance Training Handbook

Key Ages and Stages Consultation: 3.5 YEARS

FAMILY HEALTH & WELLBEING	<p>Family Health and Wellbeing can be reviewed under the following -</p> <ul style="list-style-type: none"> • Physical Health • Emotional Health • Social Wellbeing
FAMILY VIOLENCE	<p>MCH nurses can play an important role in identifying family violence and providing information and support to mothers and their children.</p> <p>OBSERVE</p> <ul style="list-style-type: none"> • Women, their children, their interaction and the physical environment for signs of unsafe family life related to family violence. • These signs include physical injury, emotional state, body language and developmental stages in babies. • The ability of the mother to move freely around the home, to access all rooms and house contents. • Whether the mother is free to meet with nurses on their own. <p>Refer to the MCH 4 week Key Ages and Stages MCH consultation for specific questions to ask the mother in relation to family violence.</p> <p>These four key questions can be asked at any MCH consultation if professional judgement warrants this.</p>
SAFETY PLAN	To be completed if professional judgement warrants this.
GROWTH	<ul style="list-style-type: none"> • Weight, height • Promote a healthy BMI
NUTRITION	<ul style="list-style-type: none"> • Discuss child and family nutrition
EYES	<ul style="list-style-type: none"> • Visual acuity: MIST screen
HIPS/GAIT	<ul style="list-style-type: none"> • Observe • Gait: symmetry,(Trendelenberg Gait)

Key Ages and Stages Consultation: 3.5 YEARS

<p>ORAL HEALTH</p>	<p>Lift the lip, Look and Locate</p> <ul style="list-style-type: none"> • Inspect and discuss: • Gums: moisture, colour • Tongue: movement, moisture, colour • Teeth: number, type, marks, oral hygiene <p>Reference: Teeth: Oral Health Information for MCH Nurses, July 2004, DHSV How to perform an oral health check, refer to pages 23-28 How to demonstrate teeth cleaning, refer to pages 29-31</p>
<p>INTERVENTIONS</p>	<p>Respond to concerns raised at this and previous assessments</p> <ul style="list-style-type: none"> • At all visits nurses will respond to parental concerns (e.g. parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Children, Youth and Families Act 2005) <p>KINDERGARTEN</p> <ul style="list-style-type: none"> • Discuss and provide information regarding kindergarten enrolment <p>Refer to MCH GUIDELINES – References, Resources & Referral options for details of all regional Child Protection Services and other referral/contact options</p>
<p>HEALTH PROMOTION</p>	<p>HANDOUTS</p> <ul style="list-style-type: none"> • Provide and discuss each handout listed on the MCH service framework – Promotion of Health and Development for the 3.5 year Key Ages and Stages consultation. • Note each handout provides key messages that need to be discussed
	<p>IMMUNISATIONS</p> <ul style="list-style-type: none"> • Discuss 4 year immunisations. • Refer to booklet ‘Understanding Childhood immunisation’ ‘Australian Government Department of Health and Aging’ • Refer to local agencies that provide immunisations

Key Ages and Stages Consultation: 3.5 YEARS

Key Ages and Stages Consultation: 3.5 YEARS		
DATA COLLECTION	Family Health & Wellbeing reviewed	Yes/No
	IMMUNISATION	
	Discussed and reviewed	Yes/No
	QUIT	
	Intervention offered	Yes/No
	Referral	
	FAMILY VIOLENCE ASSESSMENT	
	Family violence assessment completed	Yes/No
	Safety plan completed	Yes/No
	Referral	yes/no
	ORAL HEALTH	
	Assessment completed	Yes/No
	Referral	yes/no
	MIST VISION SCREENING	
	MIST completed	Yes/No
	Referral	Yes/No
	Referral agency	
	<i>(BOX= optometrist, ophthalmologist, GP)</i>	
	DEVELOPMENTAL ASSESSMENT	
	PEDS	
	PEDS assessment completed	Yes/No
	Path:	A B C D E
	Please indicate any concerns identified	
(Global/Cognitive, Expressive Language and Articulation, Receptive Language, Fine Motor, Gross Motor, Behaviour, Social-emotional, Self-help, School, Other)		
BRIGANCE		
Brigance assessment completed	Yes/No	
Referral	yes/no	
GROWTH		
weight		
height		
HIPS/GAIT		
assessed	Yes/No	
Referral	yes/no	
BODY MASS INDEX		
BMI assessment completed	Yes/No	
BMI Referral	Yes/No	

Key Ages and Stages Consultation: 3.5 YEARS

REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	
REFERRALS, COUNSELLING, & RECOMMENDED CONTACTS	<p>COUNSELLING, REFERRAL & RECOMMENDED CONTACT DETAILS FOR ALL ACTIVITIES</p> <p>COUNSELLING- Mother or Family Yes/No Counselling reason</p> <p>COUNSELLING- Child Health & Wellbeing counselling reason</p> <p>REFERRAL- Mother or Family Yes/No Referral reason Referral agency</p> <p>REFERRAL- Child Health & Wellbeing Yes/No Referral reason Referral agency</p> <p>RECOMMENDED CONTACT- When a family is encouraged o make contact with another agency. (eg. G.P.) Not a referral</p> <p>Recommended contact given Yes/No Recommended contact agency</p>
	<p>REFER TO</p> <p>Refer to MCH GUIDELINES- References, Resources & Referral options</p>

Use professional judgement to decide if additional activities are warranted

MCH PEDS TIPSHEET:

Key Ages and Stages 3.5 YEARS

<p>QUESTION 1 Please list any concerns about your child's learning, development and behaviour.</p> <ul style="list-style-type: none"> • Opens a discussion in all areas 	<p>QUESTION 6 Do you have any concerns about how your child behaves?</p> <ul style="list-style-type: none"> • Loves stories and demands favourites • Likes to help adults • Imaginative play • Loves stories & demands favourites
<p>QUESTION 2 Do you have any concerns about how your child talks and makes speech sounds?</p> <ul style="list-style-type: none"> • Large vocabulary • 3-4 word sentences • Speech generally understandable • Asks many questions- what, where, who • Uses many verbs • Uses tense • Uses personal pronouns 	<p>QUESTION 7 Do you have any concerns about how your child gets along with others?</p> <ul style="list-style-type: none"> • Beginning to share • Likes to help adults • Joins in play with other children
<p>QUESTION 3 Do you have any concerns about how your child understands what you say?</p> <ul style="list-style-type: none"> • copies a circle • matches 2 or more primary colours • counts to ten by rote 	<p>QUESTION 8 Do you have any concerns about how your child is learning to do things for himself/herself?</p> <ul style="list-style-type: none"> • Can feed without spilling • Washes hands, needs help with drying • Daytime toilet training often attained • Can dress but needs help with buttons
<p>QUESTION 4 Do you have any concerns about how your child uses his or her hands and fingers to do things?</p> <ul style="list-style-type: none"> • Build tower of 9 blocks • Builds a bridge of 3 from model • Copies a circle • Cuts with scissors • Can paint with a brush 	<p>QUESTION 9 Do you have any concerns about how your child is learning preschool or school skills?</p> <ul style="list-style-type: none"> • Opportunity to discuss- reading, talking, interacting and play, pencil grasp, toilet training and preschool enrolment procedures
<p>QUESTION 5 Do you have any concerns about how your child uses his or her arms and legs?</p> <ul style="list-style-type: none"> • Walks upstairs 1 foot per step • Comes downstairs, 2 feet per step • Can walk on tiptoe • Competent at running • Turns tricycle pedals 	<p>QUESTION 10 Please list any other concerns</p> <ul style="list-style-type: none"> • Possible categories of concern- global, behavioural and language

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Mary D. Sheridan. From Birth to Five Years, Children's Developmental Progress

Guidelines for Recording Referrals

REFERRALS

A referral is only recorded when communication is made to the referral agency with the consent of the parent. This may take the form of a written letter, a phone call to the referral agency or a recording made in the parent-held *Child health* record by the maternal and child health nurse. The exception is in the case of mandatory reporting when parental consent is not required (Program Resource Guide)

A referral implies that counselling has also occurred at the time of consultation- thus document as referral and counselling.

RECOMMENDED CONTACTS

It is important not to confuse this with linkage to a community agency where a person may be given the option of contacting the agency, but the formal referral procedure is not used; for example, it may be suggested that a breastfeeding mother contacts the Australian Breastfeeding Association for extra support or information for a breastfeeding issue.

In acknowledging the importance however of this process the MCH Practice Guidelines have added the option to record such activity. This is referred to as 'Recommended Contacts'.

Note when recording Recommended Contacts- also record counselling

REASON FOR REFERRAL

Referrals fall under the following criteria for data collection. These are the only criteria noted by DEECD and use of others will alter data analysis.

CHILD HEALTH & WELLBEING

- Visual
- Auditory
- Communication
- DDH
- Congenital anomaly
- Growth
- Development
- Potentially disabling condition
- Accident
- Illness
- Nutrition
- Dental and oral conditions
- Protective Notification

MOTHER OR FAMILY

- Domestic violence
- Emotional
- Family planning
- Physical
- Social interaction impaired

Guidelines for Recording Referrals

REFERRAL OPTIONS- FOR DATA COLLECTION

Aboriginal Services	Kindergarten
Audiology	Lactation services
Child Care	Legal Services
Child Protection	Mental Health Services
Community Health Centre	Mother Baby Unit
Counselling services	Obstetrician
Dental Services	Occupational Therapist
Dietician	Other
Domestic Violence services	Paediatrician
Drug and alcohol services	Physiotherapist
Early Parenting Centres	Playgroup
ECIS Early Childhood Intervention Services	Police
Emergency housing	QUIT
Enhanced MCH Service	Self Help group
Family planning	SIDS
Family Support Services	Speech therapist
Financial assistance	Specialist Childrens Services
GP	Supported groups ie., CALD, father, PND, young parents
Hospital	Telephone services
Immunisation services	Websites

Developing Referral lists

- Using local resources and knowledge, develop a list of local relevant services
- Confirm opening hours
- Find out intake procedures
- Develop relationships with other professionals for feedback
- Research has shown that using a combination of verbal and written information is very powerful. This method also caters for the needs of different parents

References, Resources & Referral Options

<p>BIRTH DEFECTS REGISTER</p>	<p>The Victorian Birth Defects Register (VBDR) collects information on all birth defects for live births, stillbirths and terminations of pregnancy.</p> <p>A birth defect is an abnormality in body structure or chemistry which was present at birth, although it may not have been noticed at birth. Birth defects may be first recognised long after birth.</p> <p>Maternal and child health nurses and health care clinics are regularly sent booklets containing Birth Defects Notification Form</p> <p>MCH Nurses are to complete these forms for all children identified with a congenital anomaly</p> <p>Completed forms are to be forwarded to</p> <p>The Victorian Births Defects Register Perinatal Data Collection Unit GPO Box 4003 Melbourne 3001</p> <p>Enquiries Telephone: National (03) 9096 2695 or 1300 858 505 International (61 3) 9096 2695</p> <p>On line registration</p> <p>The VBDR now has an on-line mechanism for notification of birth defects to the Register, along with maintaining our notification booklets for those who prefer to use hardcopy.</p> <p>To access this electronic form, go to the Perinatal Home Page www.health.vic.gov.au/perinatal and follow these steps:</p> <ol style="list-style-type: none"> 1. Go to the box on the left-hand side titled "Perinatal Home". 2. Select "Forms". 3. Select "Complete VBDR notification on-line". 4. Complete the form. 5. Print off the form if you want to keep a copy. 6. Send. <p>The information will be encrypted and sent directly to a server at the Department of Human Services. Access to the data is restricted to only authorised staff at the Victorian Perinatal Data Collection Unit.</p>
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References, Resources & Referral Options

<p>BODY MASS INDEX (BMI)</p>	<p>Introducing- Body Mass Index (BMI) in children Education CD ROM for the Maternal and Child Health Nurse</p> <p>Developed by Centre for Community Child Health, Murdoch Childrens Research Institute and Royal Children's Hospital</p> <p>Pocket Guide to Paediatric Assessment, 5th Ed. Engel J (2006) Mosby, USA.</p> <p>In 2003, the Australian National Health and Medical Research Council released guidelines on children's BMI. These make it possible to classify healthy weight and overweight in children from the age of 2 upwards.</p>
<p>BREASTFEEDING</p>	<p>Australian Breastfeeding Association 03 9885 0855 www.breastfeeding.asn.au</p> <p>Raising Children Network www.raisingchildren.net.au</p> <p>NHMRC Food for health Dietary guidelines for Children and Adolescents in Australia A guide to healthy eating NHMRC (2003) Dietary Guidelines for Children and Adolescents in Australia * <i>Chapter 3 Enjoy a Wide Variety of Nutritious Foods-</i> Dietary Guidelines for Children and Adolescents in Australia - Infant Feeding Guidelines for Health workers</p> <p>Go for your life www.goforyourlife.vic.gov.au</p>
<p>CHILD MENTAL HEALTH</p>	<p>RCH infant sleep clinic (03) 9345 5466 Infant Mental Health RCH (03) 9345 5511 Alfred Camhs Infant Program, Moorabbin (03) 8552 0515</p>

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<p>CHILD PROTECTION SERVICES</p>	<p>Potential indicators- abuse and neglect</p> <p>Appendix 5 of the 2006 Maternal and Child Health Program Resource Guide details potential indicators of abuse and neglect.</p> <p>If you are unsure of which office to ring, or your call is after hours, telephone the Child Protection Crisis line - Toll free for all Victoria (24 hrs, 7 days a week) - 13 1278 An outreach service is available to provide a crisis response.</p> <p>Metropolitan Regions</p> <p>Eastern 1300 360 391</p> <p>Southern 1300 655 795</p> <p>Northern & Western 1300 369 536</p> <p>Rural Regions</p> <p>Gippsland 1800 020 202</p> <p>Grampians 1800 000 551</p> <p>Hume 1800 650 227</p> <p>Loddon Mallee 1800 675 598</p> <p>Barwon South Western 1800 075 599</p>
<p>DEVELOPMENT (PEDS & BRIGANCE)</p>	<p>Maternal and Child Health Program Resource Guide, September 2006, Department of Human Services</p> <p>Glascoe F.P Collaborating with Parents – Using Parents Evaluations of Developmental Status to Detect and Address Developmental and Behavioural Problems.</p> <p>Glascoe F.P (2005) Technical Report for the Brigance Screens Hawker Brownlow Education.</p> <p>Mary D. Sheridan. From Birth to Five Years, Children’s Developmental Progress</p> <p>http://www.pedstest.com/content.php?content=faq.html www.hbe.com.au www.rch.org.au/ccch/peds</p>
<p>EARLY PARENTING CENTRES</p>	<p>O’Connell Family Centre (03) 8416 7600 Queen Elizabeth Centre (03) 9549 2777 Tweddle Child and Family Service (03) 9689 1577</p>

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<p>FAMILY HEALTH & WELLBEING</p>	<p>The Maternal and Child Health Service provides a comprehensive and focused approach to managing the physical, emotional and social factors affecting families in contemporary communities.</p> <p>Children are vulnerable to poor developmental outcomes when there is a discrepancy between the parenting they need and the parenting they receive. This discrepancy can arise from factors that can impair a parent's ability to adapt to their children's needs. These include- Personal factors (e.g. Stress, ill health, drug abuse, mental health problems) and Social factors (e.g. social isolation, poverty, poor housing) <i>(Reference: Government Department of Family and Community Services, Parenting Information Project Volume I: Main Report March 2007)</i></p> <p>Raising Children – DVD A guide to parenting from birth to 5 www.raisingchildren.net.au</p> <p>Live in Victoria- website with links to all services- GP, hospitals, nurse on call, specialists, mother and baby services, childrens services, and dental. www.liveinvictoria.vic.gov.au</p> <p>MCH Line 132229 Parentline 132289 Lifeline 131114 Mensline 1300 789 978 Suicide Help line 1300 651 251</p>
<p>PHYSICAL</p>	<p>One in Three Women Who have ever had a Baby Wet Themselves; Continnence Australia (booklet)</p> <p>National Continence Health Line www.continnence.org.au 1800 33 00 66</p> <p>Australian Physiotherapy Association (03) 9429 1799 http://physiotherapy.asn.au</p> <p>Bick,D., MacArthur,C., Winter,H.,(200) Postnatal Care Evidence and Guidelines for Management Churchill Livingstone. UK.</p>
<p>EMOTIONAL HEALTH</p>	<p>PANDA 1300 726 306 www.panda.org.au</p> <p>Beyond Blue 1300 224 636 www.beyondblue.org.au/postnataldepression</p> <ul style="list-style-type: none"> • Emotional health during pregnancy and early parenthood booklet- pink card at back- is different for each state and future reprints will have date added. Updated regularly. • Additional resources available for MCH to order directly from Beyond Blue as needed. • Orders via phone or email • Recommended - posters and Fact Sheet 22 • Fact Sheet 22 - contains information about PND, treatment and referral options. Also contains the EPDS- with explanation. • All orders are free

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<p>FAMILY VIOLENCE</p>	<p>Statewide service Police for urgent attendance ring 000 For non urgent police contact your Community Policing Squad.</p> <p>Women’s Domestic Violence Crisis Service. State-wide 24 hour crisis support and safe accommodation (refuges for women and their children. (03) 9373 0123 or 1800-015 –188</p> <p>Immigrant Women’s Domestic Violence Service Support to immigrant women in their primary language. (03) 8413 6800. www.iwdvs.org.au</p> <p>Domestic Violence Resource Centre Victoria (previously DVIRC) DVRCV (formerly DVIRC) is a statewide service in Victoria, Australia. DVRCV aims to reduce and prevent family violence by providing education to improve service and policy responses, and by assisting people who have experienced abuse. DVRCV provides information and referral to specialist support services; helpful pamphlets and websites; professional training courses; a comprehensive library; a quarterly newsletter; Discussion papers, books and other publications; and commentary on policy initiatives and law reform. www.dvrcv.org.au (03) 9486-9866, TTY :(03) 9417 1255</p> <p>Women’s Information & Referral Exchange 1300 134 130</p>
<p>GROWTH</p>	<p>National Health and Medical Research Council (NHMRC) publication, <i>Child Health Screening and Surveillance: A Critical Review of the Evidence (2002)</i>.</p> <p><i>Pocket Guide to Pediatric Assessment</i>, 5th Ed. Engel J (2006) Mosby, USA.</p>
<p>HEARING</p>	<p>Victorian Infant Hearing Screening Program vihs@rch.org.au 9345 5932</p>
<p>HIPS/GAIT</p>	<p>DDH- Department of Orthopaedics and Physiotherapy, The Royal Children’s Hospital, DDH Education module DVD. Pediatric Assessment (2006) fifth Edition Engel J. Mosby Elsevier</p>

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IMMUNISATION	<p>Immunisation Programme www.health.vic.gov.au/immunisation 1300 882 008</p>
MCH SERVICES	<p>MCH websites: www.education.vic.gov.au/Parents www.eduweb.vic.gov</p> <p>MCH telephone service 13 2229 MCH program resource guide</p>
MOTHER BABY UNITS	<p>Austin Hospital - Banksia House: www.austin.org.au search - Banksia House (03) 9496 5108</p> <p>Monash Medical Centre: www.southernhealth.org.au/motherbabyunit (03) 9594 1414</p> <p>Werribee Mercy Hospital – Mother Baby Unit: www.mercy.com.au/htmlso02article/articleview.asp?id=560&nav cat id=257&nav top id=84 (03) 9216 8465</p>
NUTRITION	<p>Australian Breastfeeding Association 03 9885 0855 www.breastfeeding.asn.au</p> <p>Raising Children Network www.raisingchildren.net.au</p> <p>NHMRC</p> <p>Food for health Dietary guidelines for Children and Adolescents in Australia A guide to healthy eating NHMRC (2003)</p> <p>Dietary Guidelines for Children and Adolescents in Australia <i>* Chapter 3 Enjoy a Wide Variety of Nutritious Foods-</i></p> <p>Dietary Guidelines for Children and Adolescents in Australia - Infant Feeding Guidelines for Health workers</p> <p>Go for your life www.goforyourlife.vic.gov.au</p> <p>Go for Your Life tip sheets</p> <ul style="list-style-type: none"> • Successfully starting and maintaining breastfeeding • Food in the first year of life • Why no sweet drinks for children • Healthy eating and play for toddlers 1-2years • Healthy eating and play for kindergarten children 3-5years • Try it- you'll like it, vegetables and fruit for children For further

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<p>ORAL HEALTH</p>	<p>detail:</p> <ul style="list-style-type: none"> • How to perform an oral health check, refer to pages 23-28 • How to demonstrate teeth cleaning, refer to pages 29 –31 <p>Reference: Teeth: Oral Health Information for MCH Nurses, July 2004, DHSV</p> <p>MCH nurses should refer an infant or child showing with any signs of early childhood caries. Signs and symptoms refer to pages 45-54 Teeth: Oral Health Information for MCH Nurses.</p> <p>Dental Health Services Victoria www.dhsv.org.au</p> <p>Oral Health Information for Maternal & Child Health Nurses</p> <p>Refer to DHSV handout Tooth Tips 18months- 6years Public Health Division, DHS Oral health promotion & publications www.dhs.vic.gov.au/phd/oral/index.htm</p> <ul style="list-style-type: none"> • Early Childhood Oral Health Program 1300 360 054 • Community Dental program (03) 9341 1200 • Private Dental Service Yellow pages ‘Dentists’ • Royal Dental Hospital of Melbourne emergency care for urgent or serious dental problems including management of accidents, swelling, bleeding and pain. (03) 9341 1000 • The Australian Dental Association (Vic Branch) (03) 9826 8318 • DHSV www.dhsv.org.au provides a listing of local dental services (03) 9341 1005 • School Dental Service 1300 360 954 www.raisingchildren.net.au
<p>PHYSICAL ASSESSMENT</p>	<p>Pediatric Assessment (2006) fifth Edition Engel .J. Mosby Elsevier</p> <p>Wong’s Nursing Care of Infants and Children 7th Edition Authors Hockenberry, Wilson, Winkelstein, Kline Mosby Publisher, St Louis Missouri 2003</p> <p>Paediatric Handbook 7th edition Royal Children’s Hospital, Melbourne Australia</p> <p><i>Refer to Physical Assessment preamble in these MCH guidelines</i></p>
<p>QUIT</p>	<p>www.quit.org.au Quit line, Ph 13 18 48</p>

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PROGRAM RESOURCE GUIDE	Office for Children (2006) Maternal and Child Health Program Resource Guide. Melbourne, Victoria: Office for Children, Victorian Government Department of Human Services www.education.vic.gov.au/earlychildhood/mch
RAISING CHILDREN	<p>From 5 November 2007, the Australian Government is giving the Raising Children DVD to new parents when they leave the hospital, free of charge, as part of the new Parent Pack (which also contains the Baby Bonus Application form). If you did not get your free copy, please contact us with the following information and we will send you one.</p> <p><i>The date of your child's birth</i> <i>The name of the hospital or birthing centre where he/she was born</i> <i>Your postal address (for delivery of the DVD)</i> Email: rcdvd@raisingchildren.net.au or Phone: 02 9007 5848</p>
ROAD SAFETY	<p>www.vicroads.vic.gov.au www.raisingchildren.net.au</p>
SAFE SLEEPING	<p>SUDI- definition The Consultative Council on obstetric and Paediatric mortality and morbidity incorporating the 44th Survey of Perinatal Deaths in Victoria, Annual Report for the year 2005</p> <p>www.sidsandkids.org Tel 1300 308 307</p>
SAFETY	<p>www.standards.com.au Australian Standards for cots (AS 2172) Australian Standards for portacots – voluntary (AS 2195)</p> <p>www.consumer.gov.au A full guide to safe nursery furniture, and the publication, “Keeping Baby Safe-a guide to Nursery Furniture”, Australian Competition and Consumer Commission. Toy & Nursery Safety Line 1300 364 894</p> <p>www.inpaa.asn.au/ iNPAA “Product safety” link</p> <p>ACCC Australian Competition & Consumer Commission www.accc.gov.au</p> <p>Kidsafe Victorian branch- 9251 7725 www.kidsafe.com.au</p>

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<p>SAFETY</p>	<p>The Safety Centre (Royal Children’s hospital) www.rch.org.au/safetycentre 9345 5085 www.rch.org.au/poisons www.kidsafe.com.au</p> <p>Consumer Affairs Victoria Booklet – Safe products for your baby www.consumer.vic.gov.au Consumer & Tenancy Helpline 1300 55 81 81 Toy & Nursery Safety Line 1300 36 48 94</p> <p>ACCC www.accc.gov.au</p> <p>National Association for Prevention of Child Abuse and Neglect Napcan - www.napcan.org.au</p>
<p>SLEEP</p>	<p>Bayer et al J, Hiscock H, Hampton A, Wake, M. Sleep problems in young infants and maternal mental and physical health, <i>Paediatrics & Child Health</i> 43, 2007 p66-73</p> <p>Raising children network www.raisingchildren.net.au Child youth health www.cyh.com BBC Parenting Sleep www.bbc.uk/parenting/yourkids/toddlerssleeping Sleeping like a baby: Avi Sadeh www.tau.ac.il/sadeh/infant/aboutsleep Centre for Community Child Health www.rch.org/ccch</p>
<p>SUNSMART</p>	<ul style="list-style-type: none"> • Sun protection for babies and toddlers (information sheet) • SunSmart UV Alert – your daily guide to sun protection (brochure) • How much sun is enough? Getting the right balance: vitamin D and sun protection (brochure) • UV radiation and vitamin D: A special note for people with very dark skin (information sheet) – also available in Amharic, Arabic, Dinka, Nuer, Somali, and Tigrigna • Shade (information sheet) • Sun protective clothing (information sheet) • Sun protective hats (information sheet) • Sunglasses (information sheet) • Sunscreen (information sheet) • Ultraviolet radiation (information sheet) <p>Visit www.sunsmart.com.au/resources.asp for a list of resources and further information or call 13 11 20.</p> <p>Cancer Council of Victoria www.sunsmart.com.au 9635 5000</p>

