

The National Healthy Childhood Programme



Newsletter 2: Summer 2017

Welcome to the second newsletter of the National Healthy Childhood Programme!

It has been a very productive six months, with progress made in a number of areas. In the interests of brevity, we cannot include all aspects of the work, but we hope this newsletter will offer a flavour of the breadth and diversity of same. Along with updates from the National Healthy Childhood and Nurture Programmes we also have special features on the National Newborn Bloodspot Screening Programme and the Breastfeeding Action Plan.

Should you wish to contact us at any stage, our contact details are included on page 4.

Wishing you and your families a healthy and happy summer.

Dr Phil Jennings,

HSE Lead National Healthy Childhood Programme / Director of Public Health



Contents

Page 1

- ◆ Welcome
- ◆ Special Feature - The National Newborn Bloodspot Screening Programme

Page 2

- ◆ Updates from the National Healthy Childhood Programme and The Nurture Programme - Infant Health and Wellbeing

Page 3

- ◆ Special Feature - Breastfeeding Action Plan
- ◆ Healthy Weight for Children

Page 4

- ◆ A little advice for the parents/carers you meet
- ◆ Our contact details

Special Feature - The National Newborn Bloodspot Screening Programme

The National Newborn Bloodspot Screening Programme (NNBSP) is an integral part of the child health service. It is one of a suite of screening services offered free of charge to children in Ireland.

The NNBSP in Ireland started in the late 1960s and now screens for six conditions – Phenylketonuria, Homocystinuria, Classical Galactosaemia, Maple Syrup Urine Disease, Congenital Hypothyroidism and Cystic Fibrosis. For all these conditions, early diagnosis and treatment significantly improves clinical outcomes by preventing profound disability and premature death.

Every baby born in hospital or the community is offered newborn bloodspot screening. The screening test is carried out by the Public Health Nurse or Midwife who takes a small blood sample from the baby's heel between three and five days after birth. This sample is then sent to the National Newborn Bloodspot Screening Laboratory in Children's University Hospital Temple Street for analysis. In 2016, the Laboratory analysed 72,715 samples (including repeats) and there were 114 babies referred for further consultation and follow-up.

Recent Developments

In 2016, the HSE funded the purchase of new equipment for the national laboratory that will allow for more rapid analysis of samples and availability of results.

The NNBSP National Governance Group was reconstituted in November 2016. A programme of work has been agreed.

The training module on the NNBSP on HSE LAND is currently being updated and it is hoped that this will be ready for roll out during Quarter 3 2017. This update has been funded by the Nurture Programme as part of its suite of training and education modules and is aimed at all PHNs and Midwives who carry out the newborn bloodspot screening.

Paul Marsden, Project Manager for Child Health Screening Programmes, has taken up post and can be contacted at paul.marsden@hse.ie.





Brief update from The National Healthy Childhood Programme

The National Steering Group for the Revised Child Health Programme presented the framework for the National Healthy Childhood Programme to Dr. Stephanie O’Keeffe, National Lead for Health & Wellbeing Division and John Hennessy, National Lead for Primary Care Division. This will now be considered by the HSE Senior Leadership Team.

The document itself sets out the framework for the delivery of the revised child health programme within HSE settings and where relevant it references key contact points in other settings. The key principles underpinning the National Healthy Childhood Programme are outlined along with the actions to support the delivery of the revised programme.

The Framework:

- ~ synthesises data from the Evidence Review for the Child Health Model, prepared by the Child Public Health Group.
- ~ sets out the background to the National Healthy Childhood Programme in terms of relevant legislation, policy and strategy.
- ~ brings together the outputs from the subgroups of the National Child Health Steering Group, the work strands of The Nurture Programme-Infant Health & Wellbeing and the relevant actions from the HSE Healthy Ireland Implementation Framework.
- ~ in providing the demographic and health & wellbeing context for the delivery of child health services, sets out critical areas for consideration to address health inequality and its long term impact on chronic disease.

The next step is to develop an implementation plan for the Framework. This will include a consultation process.

In the past 6 months The National Healthy Childhood Programme team has made presentations to:

- ~ The HSE Representatives on Local Community Development Committees (LCDCs)
- ~ CHO Heads of Service for Health & Wellbeing
- ~ Healthy Ireland Policy Priority Programme Leads
- ~ The Working Group for the integrated Care Programme for Children
- ~ The 17th International Conference on Integrated Care in Dublin (poster presentations)

Brief update from The Nurture Programme - Infant Health and Wellbeing

The work of The Nurture Programme is continuing to progress with all six of the implementation teams now established. Membership of the implementation teams comprises HSE staff and representatives from voluntary organisations and academia.

Activities which have been completed throughout the last six months include:

- ~ The commencement of the e-learning modules of the training programme and scoping for the blended learning component.
- ~ Drafting of antenatal booklet for parents .
- ~ Development of content for the new child health website.
- ~ Consultation and surveys with the Community Medical Doctors and Public Health Nurses in relation to training requirements/ resources and perspective on blended learning, content requirements for a child health website and perspectives/knowledge of infant mental health.
- ~ Reviewing content of Caring For Your Baby books in advance of overall review later this year
- ~ The first stage of a staff awareness campaign saw the [publication of an article](#) on the importance of Infant Mental Health.

The initial work of the teams included identifying outputs, stakeholders, target audience for the different elements of work. The following planned outputs are being developed by the teams:

Knowledge & Communications	<ul style="list-style-type: none"> ~ Design and develop Child Health website ~ Develop editorial governance guidelines structures
Antenatal to Postnatal	<ul style="list-style-type: none"> ~ Antenatal booklet ~ Develop standardised antenatal education at a national level ~ Antenatal education and website content
Training & Resources	<ul style="list-style-type: none"> ~ Develop a framework for a blended learning training programme and the delivery of training ~ Develop a training support infrastructure
Infant Mental Health & Supporting Parents	<ul style="list-style-type: none"> ~ Staff & public awareness campaign on Infant Mental Health ~ Embed Infant Mental Health concepts and understanding into service delivery through training, tools & resources
Health & Wellbeing Promotion & Improvement	<ul style="list-style-type: none"> ~ Standardised key messages for parents and health professionals ~ Support implementation of revised Action Plan for Breastfeeding ~ Alignment and collaboration with programmes incl, HEAL, QUIT, MECC
Standardised Records for Parents & Professionals	<ul style="list-style-type: none"> ~ Development & national roll out of standardised child health record. ~ Support standardisation of routine developmental assessment tools and resources



Special Feature - Breastfeeding in a Healthy Ireland - Health Service Breastfeeding Action Plan 2016 – 2021

Ireland continues to have the lowest rate of breastfeeding initiation in international comparisons. In Ireland 58% of infants were breastfed on discharge from maternity hospital in 2015, compared to initiation rates of 90% in Australia, 81% in the UK and 81% in the USA .



We know that children who are not breastfed have a higher incidence and severity of many illnesses including respiratory tract and urinary tract infections, gastroenteritis, otitis media, diabetes and SIDS. The protective effects of breastfeeding may extend into later life, with reduced risks of obesity and chronic disease. Breastfeeding also reduces a mother's risk of ovarian and breast cancer and diabetes. Breast milk significantly decreases a premature infant's risk of necrotizing enterocolitis, associated with increased morbidity and mortality.

Human breast milk is not only a perfectly adapted nutritional supply for the infant, but probably the most specific personalised medicine that he or she is likely to receive

The Action Plan was developed in consultation with range of stakeholders. It sets out the priority areas to be addressed between 2016-2021 to enhance breastfeeding supports, to enable more mothers to breastfeed and to improve health outcomes for mothers and children.

The Breastfeeding Action Plan can now be accessed via the Health Care Professional section of the HSE website www.breastfeeding.ie at the following links:

- ~ <https://www.breastfeeding.ie/Resources/Health-professional/Policy.html>
- ~ <https://www.breastfeeding.ie/Uploads/breastfeeding-in-a-healthy-ireland.pdf>

A HSE National Breastfeeding Implementation Group has been set up, chaired by Dr Melissa Canny, and an implementation plan agreed. It includes representatives from the Health & Wellbeing, Acute Hospitals and Primary Care Divisions.

The priority areas include:

- ~ Breastfeeding Training for healthcare professionals
- ~ Staffing and resources for breastfeeding support within maternity services and primary care
- ~ Timely skilled assistance for mothers
- ~ Implementation of Breastfeeding Policies
- ~ Governance and structures to support breastfeeding
- ~ Implementation of the WHO Code of Marketing of Breast milk Substitutes
- ~ Antenatal education
- ~ Audit & collation of breastfeeding KPIs

Siobhan Hourigan is the HSE National Breastfeeding Co-Coordinator and can be contacted by emailing siobhan.hourigan@hse.ie.

Healthy Weight for Children

The Healthy Weight for Children working group was set up in October 2016. It is a subgroup of the Healthy Childhood Programme Steering Group – co-sponsored by Healthy Eating and Active Living Policy Programme. The Group is chaired by Dr Phil Jennings and the Department of Public Health in the Midlands also provides research support.



The purpose of the working group is to develop a framework for the prevention of childhood obesity, with an initial focus on preconception up to and including 6 years of age. The group membership includes HSE, TUSLA, academic partners and safefood - with whom a key partnership has been established.

The framework will emphasise prevention of overweight and/or promoting healthy lifestyles, draw on best available evidence nationally and internationally and its implementation will contribute to achieving the aims of [A Healthy Weight for Ireland Obesity Policy and Action plan \(2016\)](#).

Image: [Healthy Lifestyle Sign](#) ID 67961829 © Arrow | Dreamstime.com



A little advice for the parents and carers you meet

Pertussis (whooping cough) - encourage vaccination during pregnancy

The levels of pertussis in Ireland are increasing and 23% of cases in 2016 occurred in infants under the age of 6 months. Sadly deaths from pertussis have occurred in Ireland over the past few years in babies too young to have been vaccinated. The good news is that vaccinating expectant mothers from 16-36 weeks' gestation is safe, and reduces baby's chance of contracting pertussis by over 90%. If a woman has not been able to get the vaccine before baby is delivered advise her to ensure her other children are vaccinated and to tell relatives and friends not to visit if they have a cough. If the baby is premature, make sure all adults in the house get the whooping cough vaccine. Did you know that all healthcare workers in contact with pregnant women, infants & immunocompromised patients are advised get vaccinated against pertussis?

Not vaccinated?
No kisses!



"Buying a fidget-spinner? Make sure it is safe first"

The [Competition and Consumer Protection Commission \(CCPC\)](#) advises:

~ Look for a **CE mark** but don't rely on it solely, as the mark may be a fake; if details such as name of manufacturer/importer are missing, do not buy the fidget spinner; check if the fidget spinner has any detachable small parts that could lodge in the ears, nose or throat, and cause an injury to a child



Fidget spinner by Shalu Sharma - Flickr

Remember, before giving any toy or device to your child, make sure that it is appropriate for your child's age and developmental stage, is in good condition and complies with relevant safety standards. For more information see our [Child Safety and Toys](#) page.

Sudden Infant Death Syndrome (SIDS)

Cot death / Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of a seemingly healthy baby during sleep. Research has shown that you can **take simple steps to reduce the risk of cot death**:



- **Back to sleep** - always place your baby on their back to sleep. This **does not** increase the risk of choking or vomiting.
- **Face up - face free**: keep your baby's face and head uncovered while asleep.
- **Shared room - separate bed** - the safest place for your baby to sleep at night is in a cot in your room for the first 6 months. Bed-sharing can be dangerous, especially if parents are smokers or if baby is premature or less than 3mths old.
- **Feet to foot** - place your baby with their feet to the foot of the cot.
- **Clear cot** - keep the cot free of soft objects and anything loose or fluffy (pillows, positioners, duvets, bumpers, toys) that could suffocate or smother your child.
- **Good condition** - make sure the cot is in good condition, properly assembled and the mattress is clean, firm, flat and fits correctly.
- **Temperature** - make sure baby does not get too hot when asleep - the room should be between 16-20° C and don't use too many covers or clothes. Remember it is usual for baby's hands and feet to feel cool.
- **Sootheser/dummy** - giving your baby a soother when they are being put down to sleep **may** reduce the risk of cot death. However, wait until breastfeeding is well-established before introducing a

soother. Never force a soother if your baby does not like it. Offer the baby their soother every time they are going to sleep. Don't use clips or chains to attach to clothing.

- **Breastfeed** your baby, if possible. If feeding in bed, always return your baby to their own cot for sleep.
- **Smoke free** - create a smoke-free zone for your baby - do not smoke during pregnancy and don't let anyone smoke in your home, car or around your baby.
- **Sitting devices** - car seats, swings, infant seats and similar devices are not recommended for routine sleep in the home:
 - ~ Sleeping in a sitting position can cause your baby's head to fall forward and make it difficult to breathe.
 - ~ If your baby falls asleep in a sitting device they should be placed on their back to sleep as soon as is possible.
 - ~ Never leave babies unsupervised while in a sitting device.
- **Tummy time** - let your baby have some time on their tummy, when they are awake and while you supervise. Start tummy time from birth.
- **Get medical advice** early and quickly if your baby seems unwell. Remember - if it's an emergency, dial 999 or 112.
- **Share** these key points with everyone who looks after your baby.
- **Cot death is still quite rare so while it is important to take all the necessary precautions, do not let fear spoil precious times with your baby.** For more information visit www.hse.ie/childsafety.

Hospital admissions due to scald injuries

In issue 1 we alluded to work carried out by the Department of Public Health - Midlands which found that 132 children under the age of 3 were admitted to hospital for burn injuries in 2014. Scalds caused most of these burns, with the majority attributed to hot beverages or 'other hot liquids'. A paper based on that work, [Fancy a cup of scald? The role of hot beverage burns in paediatric burns admissions](#), has since been published in the Irish Medical Journal.



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