



Newsletter 3: Winter 2017

Welcome to the third newsletter of the National Healthy Childhood Programme.

As Christmas approaches this issue contains timely advice in relation to screen time and toys for children. A summary of some of the work being progressed is also outlined.

I would like to acknowledge all of the input provided by so many people during 2017 which has helped to progress the child health work.

Wishing you and your families a very happy Christmas and all the best for 2018.

*Dr Phil Jennings,
HSE Lead National Healthy Childhood Programme /
Director of Public Health (Laois/Offaly/Longford/Westmeath)*



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How to manage children's screen time

From iPads to 'skip ad' and HD to RTÉ Player, one of the major changes in Irish homes over recent years has been the increased use of screens and devices both big and small.

As Christmas approaches and Santa delivers his presents, the amount of time children spend in front of screens (including watching programmes and videos and interacting with apps on TVs, tablets or phones) is likely to be a topic of discussion among parents and carers.



Problems associated with screen time:

There is evidence to suggest that if a child spends a lot of time in front of a screen in early childhood, they could be more likely to:

- Sleep less and have sleep issues
- Have poorer language skills
- Be overweight or obese
- Have poorer cognitive skills, e.g. issues with their attention

A child might experience these issues because the more time they are spending in front of a screen, the less time they are spending in activities which are key to their development, such as playing, moving, sleeping and watching and interacting with those around them. Evidence also suggests that having a TV on in the background can have negative impacts on a child's development.

How much screen time is okay for young children?

Be mindful of your child's exposure to screen time. Parents of children under 18 months should avoid allowing their child to spend time in front of a screen other than for video calls like Skype and FaceTime. This is because there is not enough evidence to suggest that screen time can be good for their development.

Children aged 18 to 24 months should spend as little time as possible in front of a screen and those aged between two and five should spend no more than one hour a day. Parents of children aged six and older should place consistent limits on the time spent on screens and on these types of devices to ensure this time doesn't interfere with sleep and physical activities.

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Advice for parents/carers on how to avoid problems associated with screen time:

1. Use of screens:

- Set limits on your child's screen time. Try to choose apps that involve you and have automatic stops or pauses – this will make it easier to set time limits.
- Screen time can be tempting when you are busy. Instead of giving them a screen, give your child an appropriate toy, activity or food to occupy them in the same room you are in or involve them in what you are doing, e.g. when you are cooking a meal.
- Avoid relying on using a screen to calm your child down – learning to calm themselves is an important part of their development.

2. What they watch:

- Choose high-quality programmes or apps appropriate for their age. Visit the US website commonsensemedia.org which helps parents of children aged 2 years and over with reviews and tips.
- Avoid programmes or apps that are very noisy or fast-paced. They are not ideal for younger children and could be too distracting or stimulating.

3. Make the most of screen time:

- Sit with your child when they are playing a game or watching a programme – talk to them about what they are doing and what they see, and how it relates to the world around them.
- Make sure your child is in the same room as you when they are on a device so that you can monitor what they are watching or playing.



4. Screen-free zones:

- Make mealtimes screen-free zones.
- Keep the hour before bedtime screen-free.
- Avoid having screens, including TVs, in children's bedrooms.
- Turn off screens when they are not in use as they can distract children and get in the way of their playing and learning.

5. Lead by example:

- Be aware of how often you look at screens while you're with your child. Children like to copy what they see others do so if they see you spending a lot of time using a smartphone they will want to do it too.

6. A word on apps:

- Many apps are advertised as educational, but there is very little evidence to back up these claims - check www.commonsensemedia.org and do your own research. Test apps before your child uses them so you know what they involve.

7. Netiquette

- As your child gets older and you guide them in how they treat other children, build in the importance of respecting others online.

8. For more advice:

www.safefood.eu/Start/6-Healthy-Habits/Screen-Time.aspx www.webwise.ie www.commonsensemedia.org

Thank you to Dr Carly Cheevers, CES, for her contribution to this article

Are too many toys bad for children?

A new study¹ suggests that toddlers play more creatively when they have fewer toys to play with at any one time - thinking up more uses for each toy and lengthening and expanding their games. Improving play may enhance opportunities to develop toddler creativity, imagination and skill. The authors suggest keeping the majority of toys stored away and rotate just a few into each play session. This provides novelty without creating the distraction posed by having too many toys available in one play session.



Remember that all toys should be suitable for each child's age and developmental stage, in good condition and carry the  mark - for more information visit www.hse.ie/childsafety.

1. Dauch C. Imwalle M. Ocasio B. Metz Alexia E. The influence of the number of toys in the environment on toddlers' play. *Infant Behavior and Development* 50 (2018) 78–87



Developmental Dysplasia of the Hips Screening

New Service Development

The Integrated Children's Programme and the Healthy Childhood Programme are implementing additional ultrasound capacity in all maternity hospitals in Ireland to ensure that all babies who need an ultrasound to screen for Developmental Dysplasia of the Hip (DDH) can get it and at the right time.

All babies will get a clinical examination at birth and at their six-week check with either their GP or paediatrician. In addition, some (about 20%) babies will get an ultrasound as part of the targeted ultrasound screening programme. The programme specifies that babies who have a positive clinical examination should have an ultrasound before they are put in a harness and it should be within two weeks of birth (ideally by 3 days).

Also, all babies with one or more of the two risk factors in the programme should have an ultrasound at six weeks. The risk factors are:

- A first degree family history of DDH
- A baby that has been breech at or after 36 weeks gestation, regardless of the presentation at birth or final mode of delivery (if any baby in a pregnancy with more than one baby is breech then all the babies will be screened)

Before the project started not all hospitals could provide ultrasounds and those that could did not always have the capacity to do them on all babies that needed them or at the right time.

Phase 1 of the implementation has been progressing this year. Helen McDonald, the project manager, has visited all of the hospitals and worked with each of the radiology units on their implementation plan. Funding has been allocated to each unit for the additional staff required for them to provide the service as well as for training and some small equipment items. Limerick has been deferred to Phase 2 for operational reasons.

The preliminary work on Phase 2 sites has begun, pending allocation of funding for 2018.

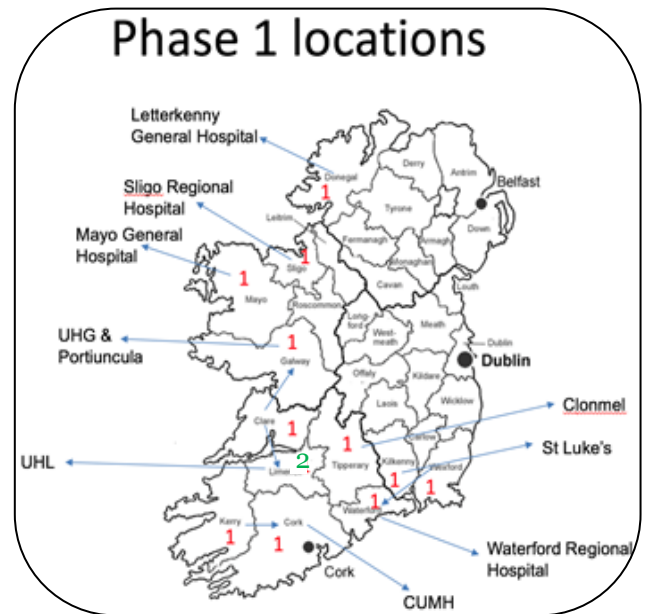
Training

The second DDH training programme ran in December 2017. This included a one-day refresher course for 15 participants and a three-day core training course which 39 people attended. This adds to the 32 people trained on the 2016 course.

All participants have trained in the Graf technique for taking and reading the ultrasounds, which is specified as the approach to use in the national DDH Screening programme. The participants include radiologists, radiographers, orthopaedic surgeons and paediatricians. It gives a great opportunity for the participants to learn alongside colleagues from other disciplines who are all interested in improving outcomes for children. The project is developing a Network for people who have done the Graf training, which will be a peer support in the future for these highly skilled professionals.

Both courses were delivered by Professor Graf, who developed the technique. He is an orthopaedic surgeon with a strong personal interest in improving outcomes for children. He brings over 30 years' clinical experience of using ultrasound to diagnose and guide treatment for DDH as well as an impressive publication record.

We were also very lucky to have Dr Sally Scott teaching on the course. Dr. Scott is a retired radiologist from England who was on the UK National Screening Committee subgroup on DDH and has been delivering training in the UK for many years. Both Dr Scott and Professor Graf have been very supportive of the work being done in Ireland to improve outcomes for children with DDH.



(LR) Professor Graf, Dr Sally Scott, Dr. Caroline Mason Mohan, Dr Ailbhe Tarrant (Consultant Radiologist), Ms Helen McDonald (Project Manager), Mr Joe O'Beirne (Consultant Orthopaedic Surgeon).

Thank you to Dr Caroline Mason-Mohan for contributing this article



Newborn Clinical Examination Handbook drafted

The Newborn Clinical Examination Subgroup has drafted the Newborn Clinical Examination Handbook. The purpose of this handbook is to assist clinicians to carry out the newborn clinical examination in a systematic and standardised way.

It is intended that the handbook will be used by the midwife or doctor who carries out the comprehensive examination of the infant before discharge from hospital, the public health nurses at the first PHN visit and the GP at the 6 week visit.



The subgroup is considering all the feedback received following an extensive consultation process. The handbook will be available in 2018.

Review of "Caring for your Baby" books

As part of the delivery of the National Healthy Childhood Programme, parents receive three Caring for Your Baby books when the baby is born, is 6 months old and 2 years old.



These books are provided to parents through the public health nursing service.

The National Healthy Childhood Programme has established a governance group to oversee a review of the content of the books, the layout and design. It is planned to consult with parents and practitioners. This work is being carried out in collaboration with a number of the Nurture Programme implementation teams in order to ensure consistency of information provided to parents.

The Nurture Programme: outputs coming your way in 2018

2018 will see the delivery of many elements of The Nurture Programme - Infant Health and Wellbeing. This is a quality improvement programme for services provided to the 0-2s within the National Healthy Childhood Programme (NHCP) and is being developed in collaboration with practitioners and service leads within the NHCP.

The aim of Nurture is to give every baby born in Ireland the best start in life by improving the information and professional supports provided to parents by the HSE during pregnancy and the first three years of their baby's life.

Over the past few months much progress has been made in developing the frameworks, tools and materials required to support parents and the healthcare professionals who care for them on this journey.

Highlights of what to expect in 2018 include a new child health website, a new healthy pregnancy book, standards for antenatal education, a comprehensive blended training programme for practitioners (including areas like development assessment, infant mental health, nutrition, growth monitoring and health promotion), the roll-out of a nationally standardised child health

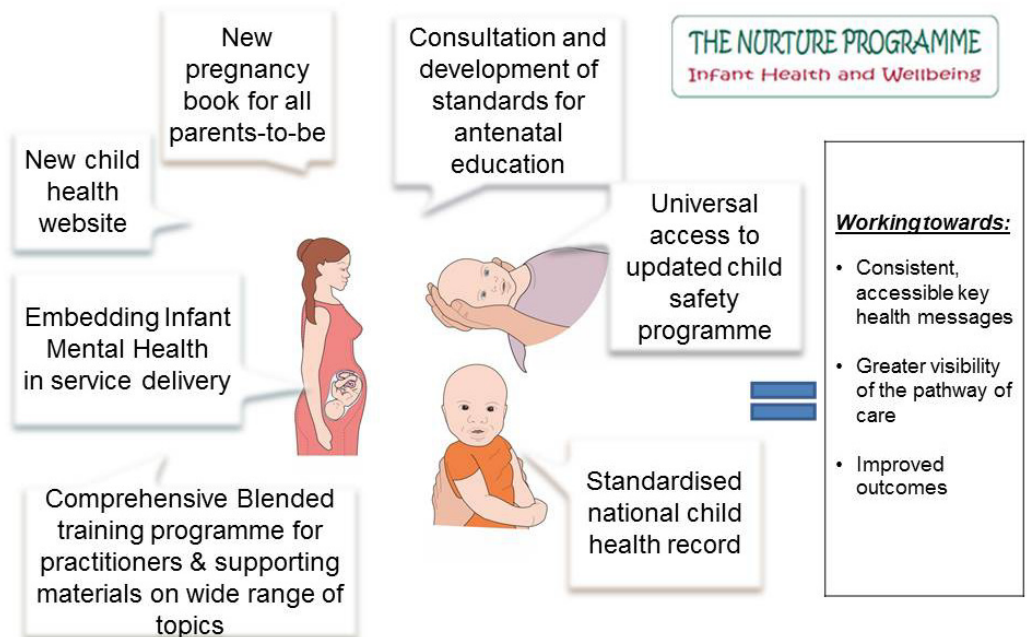
record and the universal delivery of an updated Child Safety Programme (including new training, PHN manual and materials for parents).

The result will be greater access for parents and healthcare professionals to evidence-based information and resources, enhancing the services provided and contributing to improved outcomes for children.

This will help to bring greater visibility to the universal child health service provided to parents and their children.

The Nurture Programme is being delivered by six implementation teams with the support of project staff. Members of these teams include representatives of the many areas and disciplines relating to antenatal and child health including HSE staff and representatives from voluntary organisations and academia.

For more information, please contact nurture.programme@hse.ie





Name chosen for the new child health website

The new child health and development website being developed by The Nurture Programme - Infant Health and Wellbeing will be called MyChild.ie.



A total of 174 suggestions for the name were submitted by staff and our working partners. From this a long list of 79 names was identified using a criteria that included being easy to say and easy to remember, not too specific to a particular age or stage, accessible to parents who did not grow up in Ireland, etc. Many excellent suggestions had to be omitted because the .ie domain was already in use or unavailable.

A committee drawn from Nurture's Knowledge and Communications Group and the HSE Communications Division then shortlisted the names to six options and feedback was sought from focus groups of parents in Cork and Dublin.

The 'MyChild.ie' name was selected from this shortlist for its potential to encompass a range of ages and topics and its fit with the future direction of the wider HSE digital roadmap.

Thank you to everyone who provided suggestions.

MyChild.ie is scheduled to go live in 2018.

A survey of healthcare professionals by the Nurture Programme earlier this year has found that breastfeeding, nutrition and behaviour tips are the top three topics they are asked about by parents and parents-to-be.



Other frequently asked topics include (in order) developmental milestones, sleep, parenting supports like parenting classes, growth, tips on how to play with your child, attachment and bonding, healthy weight management and screen time.



Dozens of other topics were highlighted from the use of soothers to reflux and from home births to weaning. 283 people took part in the survey and the findings have influenced the content being developed for the new child health website.

Thank you to everyone who took part in the survey. We are seeking suggestions for video and photography content that you think would be very useful for parents.

Please email sorcha.nicmhathuna@hse.ie with your ideas.

National Breastfeeding Week 2017 highlights

National Breastfeeding Week 2017 took place from the 1st to 7th of October 2017. Many events took place around the country to spread the message that *Every Breastfeed Makes a Difference* and to provide families with information on supports available from HSE health care professionals, voluntary breastfeeding organisations, and from online Lactation Consultants (IBCLCs) at www.breastfeeding.ie.

Mrs Sabina Higgins hosted a reception in Aras an Uachtairin for mothers and babies and those who support mothers in maternity hospitals and in the community (<http://www.president.ie/en/diary/details/president-and-sabina-host-a-latching-on-morning-as-part-of-national-breastf>)



Coffee mornings for parents and expectant parents took place from Bundoran to Killarney, and Sligo to Dunboyne at HSE and voluntary breastfeeding support groups.

Friends of Breastfeeding held the Breastfeeding Challenge at venues around the country to bring as many breastfeeding mothers and babies as possible together. The Association of Lactation Consultants held their Annual Conference at the start of the week.

Media coverage included an item for the RTE Today Show at Inchicore Primary Care Centre, Dublin. Brenda Donohue met with mothers and babies, the public health nurses who provide the Inchicore breastfeeding support group and Lactation Consultants from the *Ask our Expert* service on www.breastfeeding.ie. This event was also featured on the RTE Nine O'Clock News.

Thank you to Siobhan Hourigan for contributing this article.



Child health news round-up

Do not use sleep positioners and similar products

The HSE Child Safety Programme and the National Paediatric Mortality Register remind parents that products such as sleep positioners (and similar products), pillows or cushions should not be used as they do not prevent cot death or plagiocephaly (flat head) and they are a suffocation risk. Retailers in the US and UK have **withdrawn baby sleep positioners from sale** as they were **linked to infant deaths** in the US.



For safe sleep, place your baby on their back with their feet to the foot of a clear cot, and keep their head and face uncovered (as pictured). Remember, elevating baby's sleep surface does not reduce reflux and is not recommended.

There is lots more advice at www.hse.ie/childsafety and in the reprinted, Safe Sleep for your Baby - Reduce the risk of Cot Death booklet, which will be available in January from www.healthpromotion.ie.

Vaccination recommendations as whooping cough (pertussis) levels continue to rise

Since January this year, 62 cases of whooping cough in infants (under 1 year old) have been notified nationally. Most of these children (53) were too young to have been vaccinated completely.



Young babies who catch whooping cough can develop pneumonia and episodes where they stop breathing. Sadly since 2012 in Ireland five babies have died from whooping cough.

In order to protect babies, the National Immunisation Advisory Committee advises that pertussis vaccine should be recommended to ALL pregnant women in every pregnancy.

To be most effective at protecting each baby, the vaccine should be given between 16 and 36 weeks of each pregnancy.

One daily win can start your kids on the way to a healthier life

On November 1st, the HSE, safefood and Healthy Ireland launched START - a public information campaign for parents and guardians of children aged from 6 months to 12 years to encourage healthy lifestyle choices.

We know that parents want to make healthy choices but our environment makes parenting and managing food choices a daily difficulty for most. We know too that at least 1 in 4 of our children is overweight and that this will continue into adulthood if we don't take action now. So we are being asked to take on one daily win at a time - for instance, change from a sugary breakfast cereal to wholemeal breakfast cereal on weekdays. Each win could help transform the whole family's health.

The campaign will run for five years and over time will promote all six important lifestyle behaviours including:

- increasing our children's fruit and vegetable intake
- decreasing the amount of foods they eat that are high in fat, salt and sugar
- eating appropriate child portion sizes
- increasing their physical activity levels
- getting enough sleep
- limiting screen time

For lots of advice, support and practical tips, visit www.hse.ie/makeastart.

The impact of sleep position during pregnancy on the risk of stillbirth

Research published in November in the British Journal of Obstetrics and Gynaecology indicates that the risk of stillbirth is doubled if pregnant women sleep on their backs in the third trimester¹.



Many pregnant women find that sleeping on their sides is more comfortable and this study suggests that if all pregnant women slept on their sides in the third trimester, there would be a 3.7% decrease in stillbirth. However, pregnant women are advised not to be concerned if they wake up on their backs, as the "going-to-sleep" position is the one held longest during the night. They should simply roll back onto their sides.

Stillbirth represents a devastating bereavement for parents, with pregnant women often having to face the induction and delivery of a baby they will never take home. In 2014, 164 babies were stillborn in Ireland². The identification of any avoidable risk factor that could reduce the occurrence of stillbirth is extremely welcome.

1. <https://www.rcog.org.uk/en/news/stillbirth-risk-is-doubled-if-pregnant-women-sleep-on-their-backs-in-third-trimester/>
2. <http://www.cso.ie/en/releasesandpublications/ep/p-vsar/vsar2014/imsm/>

Happy Christmas from the Editorial Team

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