



The National Healthy Childhood Programme



Newsletter 5: Christmas 2018

Welcome! This has been a really productive year for *The National Healthy Childhood Programme* and *The Nurture Programme: Infant Health and Wellbeing* and this newsletter gives just a flavour of some of our work.



Thanks to combined enthusiasm and effort of all and your passion for improving the outcomes for children in Ireland, a number of very useful resources for parents and professionals have been launched. These resources have been enhanced by our engagement with parents and health professionals across the HSE and with our external partners. As parents specifically requested a “one stop shop” for evidence-based pregnancy and child health information, please promote our new website mychild.ie in the course of your work with them. I'd like to wish you all a happy Christmas and I look forward to working with you in 2019.

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

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Launch of mychild.ie and new books for parents

Minister for Health Simon Harris TD launched new HSE resources for parents earlier this month:

- mychild.ie website (now live)
- **My Pregnancy** book
- **My Child: 0 to 2 years** book
- **My Child: 2 to 5 years** book

The resources are part of the public information component of *The National Healthy Childhood Programme*. They were created following research with healthcare professionals, parents and parents-to-be across Ireland and are designed to:

- meet the needs of our users – parents and parents-to-be
- provide evidence-based information from experts
- make it easy for users to find relevant information

They were developed through the implementation teams of *The Nurture Programme: Infant Health and Wellbeing*. We are very grateful for the input of healthcare professionals from around Ireland - across divisions, programmes, CHO areas and hospital groups.

These developments were made possible by grant funding from the Atlantic Philanthropies, through *The Nurture Programme*. This programme of work aims to improve information and professional supports for parents during pregnancy and the first 3 years of their child's life. It is a partnership between the HSE, the Atlantic Philanthropies, the Katharine Howard Foundation (KHF) and the Centre for Effective Services (CES).

Event highlights

The event at the Department of Health in Dublin on the 6th of December was attended by child health professionals from across divisions, programmes, CHO areas and hospital groups.

Minister Harris spoke of the importance of evidence-based information for parents, referencing the misinformation spread by those opposed to the HPV vaccine in recent years. He said: “*Supporting parents helps to give children the best start in life, and investment in early years pays a lifetime's dividend, in health and in all areas of their development.*”

The morning was chaired by Dr Phil Jennings, Director of Public Health and HSE Lead for *The National Healthy Childhood Programme*. The keynote speaker was Professor Kevin Nugent, an expert in infant mental health and director of the Brazelton





Institute, the Division of Developmental Medicine, Boston Children's Hospital and Professor Emeritus, University of Massachusetts and Lecturer, Harvard Medical School. He spoke in his presentation about the evolution of the discipline and praised the integration of infant mental health in our work. A video for staff will be available to staff in due course.

Other speakers included Dr Colm Henry, HSE Chief Clinical Officer; Jane Forman from the Atlantic Philanthropies and Dr Stephanie O'Keeffe, HSE National Director for Strategic Planning and Transformation. Presentations were given by Dr Phil Jennings in her capacity as Lead of *The National Healthy Childhood Programme*, Anne Parady, HSE Programme Lead for *The Nurture Programme* and Sorcha NicMhathuna, Communications Manager (Child Health).



Thank you

The launch was a great success and we would like to thank Brenda McCormack for co-ordinating the logistics. Her tireless work in the lead up to the launch and on the day ensured the event went without a hitch. Thank you too to the small, but enthusiastic, team of helpers from the Nurture/Child Health office in Tullamore, HSE Communications and our colleagues in KHF.

Visit us!

The website had over 14,700 visits in its first week. We invite you to visit mychild.ie and to tell your patients and clients about it. If you have a suggestion or feedback, you can click the button at the bottom of each page or email digital@hse.ie. The books will be available early in the new year.



L-R: Anne Parady, Jacinta Egan, Brenda McCormack, Conor Owens, Dr Fiona McGuire, Sorcha NicMhathuna, Dr Phil Jennings, Sarah Hensey, Laura Smith, Carmel Lavin, Paul Marsden, Dr Carly Cheevers, Carmel Brennan



L-R: Professor Kevin Nugent, Dr Noelle Spring (KHF), Jane Forman (Atlantic Philanthropies), Anne Parady (HSE), Dr Phil Jennings (HSE), Minister Simon Harris, Dr Stephanie O'Keeffe (HSE), Carmel Brennan (HSE), Dr Colm Henry (HSE), Francis Chance (KHF)

Listening to parents and parents-to-be

According to research by *The Nurture Programme*, parents-to-be and parents want what's best for their child but don't know who they can trust online.

Our research

Focus groups of first-time mothers and fathers from different socio-economic backgrounds took place in Dublin, Mullingar and Mitchelstown in April 2016, followed by further face-to-face research in December 2017. The 2017 focus groups included first-time pregnant women, new mothers, second-time mothers and fathers with babies under 12 months. The locations were Dublin and Cork.

Working with the CES, similar research was carried out in January and February 2018 with parents whose voices are seldom heard and who may not participate in traditional focus groups. These included parents: transitioning from homelessness; seeking asylum in Ireland; who are teenagers or young; from the Traveller community; and linked to an ABC programme serving parents in an area of disadvantage. Over 4,000 parents took part in an online public survey by CES in December and January 2018, 20% of whom were expecting a baby.

Usability testing was conducted in September 2018 to assess the information architecture of the site. Parents were asked to find specific pieces of information and if they felt the topics were grouped correctly. Other research with parents included analysis of breastfeeding.ie and a survey of its users and data from existing HSE child health online content.

Need for a reliable website

The need for a reliable, evidence-based resource is borne out by our research. Parents-to-be and parents with a specific concern or query often sift through large amounts of information online, sometimes misleading and contradictory. They usually have little time to do this research.

Parents want the HSE to provide the solution. In 2016 focus groups, the HSE was the most spontaneously cited source when asked who should provide health information and is highly trusted. But the existing child health and development content on HSE.ie had poor online visibility. "*It never comes up in searches*" said a parent.

User needs

Most parents accessing mychild.ie have a specific task they



want to complete online. For example, to check if their child's symptoms could mean meningitis. They will arrive to the website by a Google search rather than typing mychild.ie into their internet browser. They will scan down the page to see if they're in the right place and will try to read and understand the information. They will establish whether or not they can trust what they read. Their need is met: they know what they need to do next.

mychild.ie aims to help people through the above process. Some ways this is being done include:

- putting the most important information at the top of a page
- using the words and terms that people use when searching on Google so that mychild.ie will come up on a search
- writing in Plain English according to the [HSE content guide](#), including short sentences, lots of headings to break up text and short bulleted lists
- being easy to use on mobile phones

Website imagery

There was a preference for visuals to be included to illustrate potential conditions or how-to steps, for example breastfeeding positions. The mychild.ie site doesn't include any unnecessary images like stock pictures of parents and babies, as these do not add anything to the user experience and instead are things they have to scroll past to find the information they're looking for.

Language (across website and books)

There was a preference for 'mother' to be used where required, instead of terms like 'mum', 'mam' or 'mom'. The resources address the users directly – for example, 'you', 'your baby' and so on. Parents said they found that information which referred to a child as 'he' or 'she' could be distracting, particularly if their own child was a different gender. The majority preferred for 'your baby' or 'your child' to be used throughout. This was more universal.

mychild.ie content

Our new website for parents contains information and advice on pregnancy and the first three years of their child's life. Along with parental input, subject areas are based on suggestions from healthcare professionals in a 2016 survey. This included common questions parents ask you, their health professional.

Healthcare professionals including midwives, doctors, nurses, psychologists, parenting experts, dietitians and many more wrote the content and have been fact-checking edited articles. The content was edited by communications staff using the [HSE content guide](#). More content will be added to mychild.ie

over the coming months. Each article will be reviewed at least once every two years. This website is one of the first projects to be delivered under the HSE's [digital roadmap](#).

The books are still needed

Parents said they wanted to have a book alongside a website. They reviewed a draft version of the *My Pregnancy* book and the existing *Caring for your Baby/Child* series.

There was a universally positive reaction to the pregnancy book and the level of detail it contained, with participants wanting to keep a copy after the research was finished. They liked the use of boxes and tables to highlight important information and to break up text, and suggested this layout be used in the new *My Child* books.

The *Caring for your Baby/Child* series was praised for being easy to read and to navigate. There were requests to deepen the content in some areas such as weaning, sleep and parental mental health, and to add new topics such as screen time and breastfeeding challenges. "More 'explained' information rather than websites," is what was required, according to one parent. They wanted more of 'why' behind advice given - "give more reasons why you should do things." Another said, "It touches on everything but there is not enough information in each section."

Other suggestions for content included content specifically for fathers and partners, such as how to support your partner during pregnancy; signs of postnatal depression and how to help if your baby is being breastfed.

Following this process with parents and consultation with healthcare professionals, the content and design of the *Caring for your Baby/Child* books was updated. The series has been relaunched as *My Child: 0-2 years* and *My Child: 2-5 years* and these books have been joined by the brand new addition - *My Pregnancy*.

Thank you to all who contributed to these resources - your input has been invaluable.





All babies to be protected from whooping cough

For most of us, whooping cough (pertussis) is an annoying illness sometimes known as the “100 day cough”. But for babies whooping cough is a much more severe and potentially devastating illness. Babies who get whooping cough usually need to be admitted to hospital. They can get serious complications like pneumonia and brain damage, and some babies with whooping cough will sadly die. In fact, almost all deaths in Ireland from whooping cough are seen in babies under the age of 3 months. These babies are too young to be fully vaccinated against whooping cough.



We know that vaccinating pregnant women against whooping cough provides babies with vital antibodies to help protect them in the first few months of life, until they start receiving their own immunisations. This gives pregnant women a safe and effective way to protect their babies from this serious disease. However, while the vaccine for whooping cough was made available to pregnant women, until now the GP was not reimbursed for the administration. This meant that pregnant women had to pay to receive the vaccine.

In 2018 it was noted that there was an ongoing incidence of whooping cough infections in small babies nationally. A national outbreak was declared to protect these babies. Since November 2018 GPs nationwide have been paid to administer the vaccine against whooping cough to pregnant women, ideally between 16-36 weeks gestation in every pregnancy. This is a very positive development that will help pregnant women to protect their babies from birth. For more information about pertussis vaccine in pregnancy, please visit www.immunisation.ie

Giving allergenic foods to babies- are we totally nuts?!

Food allergy is very common in Irish children, and seems to be becoming more common. In fact, the Irish Food Allergy Network (IFAN) estimates that the more severe “IgE-mediated” food allergy occurs in 5-6% of young children in Ireland.

Weaning babies onto solid foods can be an exciting but nerve-racking time for new parents. In the past parents often avoided or delayed introducing foods that commonly cause food allergies, like egg and peanut, to their children. But now research shows that avoiding or delaying introducing foods known to cause allergies to children could actually increase their risk of food allergy.



We now advise that, when a baby is ready to be weaned, usually at around 6 months of age (but not before 17 weeks), they can be fed small amounts of vegetables, fruit, starchy foods, protein and dairy. These are usually given as pureed foods. In addition to fruits and vegetables, parents can also include the foods that can trigger allergic reactions, like milk, eggs and peanut. Foods like milk, eggs and peanuts should be introduced one at a time, so that if they are not tolerated, parents will know which food caused the problem. If they are tolerated, they should make up part of the child’s normal diet, to reduce the risk of food allergy.

Parents whose babies already have a food allergy, or who have other conditions like severe asthma, eczema or hay fever, should talk to their public health nurse or GP first about when to start feeding allergenic foods like egg or peanut to their babies.

Remember: Whole nuts should never be given to children who are under the age of 5 years, because of the risk of choking. Nuts and seeds should be crushed or ground until then.

Expansion of the National Newborn Bloodspot Screening Programme (NNBSP)

On the 3rd of December 2018, the NNBSP commenced the screening of all newborns for two additional inherited conditions – medium chain acyl-CoA dehydrogenase deficiency (MCADD) and glutaric aciduria type 1 (GA1). This brings the number of conditions screened for up to eight and is the first expansion to the NNBSP since cystic fibrosis was added in 2011.

MCADD is a rare but treatable inherited condition. The baby is unable to break down fats from their food quickly enough to produce energy in times of illness such as vomiting. The treatment involves regular feeding and avoiding long periods of time without food. Medication may also be required.

GA1 is also a rare but treatable disorder. Babies with GA1 are missing an essential enzyme needed to break down protein properly. This causes harmful substances to build up in the urine and can make the baby seriously ill. The treatment for GA1 is a special diet low in protein and medication which is taken daily. For both these conditions, babies benefit significantly from early diagnosis and treatment and can go on to live healthy and active lives.

The newborn bloodspot screening website and parent information leaflets have been updated to coincide with the expansion of the programme and more details can be found on <https://www2.hse.ie/heel-prick-screening/>. A new online training module for health professionals is also available on HSEland.





Breastfeeding eLearning module available on HSELand

As part of a range of initiatives (*HSE Breastfeeding Action Plan - 2016-2021*) to improve Ireland's breastfeeding rates, and to support mothers through their breastfeeding journey, a new eLearning training module has been developed and is now available on HSELand:



Unit 1 *Supporting Breastfeeding* builds your knowledge about the importance of breastfeeding and includes guidance on using the *Breastfeeding Observation Assessment Tool*.

Unit 2 *Breastfeeding Challenges* will help you to recognise and manage the common breastfeeding challenges.

These units are part of an overall blended learning training programme that has been developed with the support of *The Nurture Programme - Infant Health and Wellbeing*.

The breastfeeding eLearning module is designed to be used by health care professionals including GPs, community medical doctors, public health nurses, practice nurses, midwives and any frontline staff who support infant feeding.

Each unit takes about one hour to complete and this includes time for completion of the assessment.

Each unit is accredited with the Nursing & Midwifery Board of Ireland (NMBI) and certificates can be submitted to the RCPI for allocation of CPD points. Continuing Education Recognition Points (CERPS) have also been secured for each unit.

To access all child health eLearning modules, please go to www.hseland.ie, click on 'Course Catalogues' and select the 'National Healthy Childhood Programme' icon, and then click on the relevant title.

Evaluation of the online Ask our Expert breastfeeding support service

The *Ask our Expert* (AOE) service on breastfeeding.ie allows parents to access online support and personal advice from lactation consultants from the HSE and has been in place since 2015. In October 2016 it was extended to include live chat and Facebook support. The service saw over 3,000 direct parent contacts in 2017. Answers to parents' questions were viewed on the website over 70,000 in 2017 and over 90,000 in 2018 (as of November).

Between July and September in 2018 an evaluation was conducted to explore the experience and satisfaction of service users (from the previous 12 months) and to examine the impact of the service on their breastfeeding journey.

The results showed that AOE is providing a valued and effective support to parents, it demonstrably assists parents to breastfeed, and breastfeed for longer, and is valued above or in addition to any breastfeeding supports that the health service can currently offer in a hospital or community setting. The evaluation found that the service for mothers should be continued and supported by the HSE on an ongoing basis.

Satisfaction levels with the service were very high with 85% of respondents expressing satisfaction with the live chat function and 82% with the email function. Respondents were

particularly satisfied with the service's ease of access/speed of responses, the clarity of information and advice, and the empathy and understanding of the lactation consultant. Almost all users stated they used or actioned the advice given to them (85%). The majority (68%) stated the advice they received helped them to resolve their breastfeeding issue. Over 3 out of 5 users felt more positive about breastfeeding due to the advice offered, felt that the service had improved their breastfeeding journey and that the support encouraged them to keep breastfeeding for longer.



Testimonials received included:

"The service basically saved my breastfeeding experience. I would have stopped only for them."

"From the second I read her words of encouragement, I was hooked. I felt so alone and unsupported, it was exactly what I needed to hear to keep going."

"People are really hard on themselves about this, you need that live chat for somebody to tell you to breathe, that it is going to be fine."



Child's play

You are your child's favourite toy - they love to spend time with you. From the second they are born, your child is ready to form a relationship with you. Babies love looking at your face and getting to know you. Your child loves to play and have fun with you. This early relationship is very important for your child's development. Through you, they are learning about the world. Give yourself time to build and nurture that positive relationship with your child.

Pre-school children in Roscommon were asked what they need to be healthy and happy. Simple activities such as having fun,

laughing, tickles, blowing bubbles, spending time with parents, hugs, every day story time were among the activities that they said they needed 'always' to be happy! However, they said they needed treats, screen time or sweets only sometimes. Find out more at www.cypsc.ie.



Your time over Christmas is the most important thing you can give to your child - every moment matters. So have fun, play games, be silly - your child will love it!





Toy safety

The Competition and Consumer Protection Commission has given the following toy safety tips to keep in mind.

Before you buy:

- **Always buy toys from trustworthy retailers** because they keep the toys in good condition and they will usually accept returns. Rogue traders may ignore health and safety standards and sell fake toys. Carefully check toys purchased online, from street traders, and toys bought second-hand
- **Check for the CE mark.** If the toy does not have the official CE mark, or does not have the CE mark at all, don't buy it!
- **Check the age range.** Choose toys suited to your child's age, skill level and interest. Check if there is a warning about an appropriate age group for the toy, particularly the 0 to 3 symbol, as this will indicate if it is suitable for your child. Think about any younger children in your household who might be in danger if they play with the toy also
- **Give recommendations** for appropriate toys to family and friends who wish to buy for your child
- **Check for detachable small parts** that could lodge in the ears, nose or throat, and cause an injury or a choke hazard to your child
- **Check that the toy has no sharp edges, long cords or cables.** Avoid dangerous or foldaway parts or small holes that could trap little fingers
- **Watch out for toys containing magnets** because toys made of multiple magnetic parts could be harmful if swallowed as they can get stuck together and cause greater issues. If you think your child has swallowed a small part of a toy or a magnet bring them to your nearest emergency department straight away. Toys with magnets

should have a warning displayed at the point of sale, on the packaging or attached to the toy

- **Get a good quality charger** for electronic equipment. Always buy chargers from a reputable retailer and check that they have the CE mark. With poor quality chargers there is a greater risk of electrocution, fire, or damage to the electronic equipment. When buying a charger, if it feels very light, or if the USB port is up-side-down or if there is misspelling of words on the charger, don't buy it



Checks to make after you buy a toy:

- **Remove all packaging and keep out of reach of children.** Plastic packaging can cause suffocation
- **Read all safety instructions** that come with the toy for proper toy assembly and use. They should be written clearly and in English. Keep the instructions and information that are packaged with the toy in a safe place
- **Check for batteries**– If the toy uses batteries, make sure your child cannot open the part of the toy where the batteries are stored. Avoid mixing old and new batteries or different strength batteries in the toy as this can make the old or weaker batteries very hot. Also, keep watch or 'button' batteries away from small children as these can be dangerous if swallowed (see below). Store spare or wasted batteries, including button batteries, out of sight and reach of children
- **Don't forget the helmet.** If you are getting your child a bike, scooter, skateboard or skates, don't forget a helmet and protective wrist, elbow and knee pads. You will know that your child is safe when they are using it and they understand that the equipment goes with using the toy

Thank you to www.ccpc.ie

Remember to watch your child at all times, as children do not understand danger

Button battery warning

Button batteries are small, round batteries that come in many different sizes and types. All types pose a risk, but lithium button batteries are the most dangerous as they are quite powerful.

Button batteries are very common. They are used in a wide range of toys, gadgets and household items. Such items include fidget spinners with lights; slim line remote controls; calculators; thermometers; weighing scales; musical cards; novelty decorations like singing Santas or Christmas ornaments that light up; hearing aids; car key fobs; flameless candles, nightlights or tea lights.

To help prevent injury:

- Keep all spare and used batteries out of children's sight and reach - safely recycle used batteries
- Keep products with batteries well out of reach if the battery compartment isn't secured with a screw
- Always buy from trustworthy retailers (see the advice from the CCPC above)



Remember, it's not just fully charged button batteries that pose a risk. Even a battery you think is flat or wasted can still have enough electrical charge left to badly injure a child. While a button battery may not cause choking, if it gets stuck in your child's throat it can cause serious internal bleeding.

If you think your child may have swallowed a button battery take them immediately to your nearest Emergency Department.



Happy Christmas from the Editorial Team

- Carmel Brennan** Programme Manager, The National Healthy Childhood Programme
Jacinta Egan Project Support, The National Healthy Childhood Programme
Brenda McCormack Project Support, The Nurture Programme - Infant Health & Wellbeing
Dr Fiona McGuire Senior Medical Officer, Public Health
Sorcha NicMhathuna Communications Manager, The Nurture Programme - Infant Health & Wellbeing
Laura Smith Information Officer - Public Health

The National Healthy Childhood Programme

☎ 057 93 59757 ✉ healthy.childhood@hse.ie

The Nurture Programme - Infant Health and Wellbeing

☎ 057 93 59909 ✉ nurture.programme@hse.ie

The National Healthy Childhood Office,
Department of Public Health, HSE - Area Office, Arden Road,
Tullamore, Co. Offaly, R35 TY28.