GUIDELINE

EACHS 8 month contact

| Scope (Staff): | Community Child Health Nurses, Aboriginal Health Workers, Generalists, Remote Area Nurses, and Enrolled Nurses. |
| Scope (Area):  | CACH, WACHS |

This document should be read in conjunction with this DISCLAIMER

Aim
This document is a guide for staff undertaking EACHS eight month contacts, and assists them in meeting the service requirements of the contact.

Background
The 8 month contact can be undertaken by the Aboriginal Health Worker. However, if the Aboriginal Health Worker is unavailable, it can be offered by child health nurse, community nurse generalist, enrolled nurse and remote area nurse. The contact involves an assessment of the infant’s physical, emotional and social development, risk factors for hearing loss and vision problems, parental mental health as well as ongoing assessment of risk and protective factors of the family.

General Principles
Accessing parents and caregivers at this key developmental stage enables the health staff to:

- Continue the helping relationship with the family
- Promote positive carer-child interaction
- Perform a physical and developmental assessment
- Deliver key messages about parenting and health promotion
- Identify mental health needs
- Identify those families at increased risk and who may require extra services or support
- Check the list of risk factors for hearing loss and vision problems
- Discuss responses to the parents/carers questions related to the infant’s developmental status
- Check risk factors associated with Sudden Unexpected Death in Infancy (SUDI).

This assessment should be delivered as an individual face to face contact, and can either be conducted as a home visit, in the child health centre or at another community location.
Role of the Community Health Staff

Health and lifestyle education:

The following provides cues for providing health information which could be addressed as appropriate (via verbal, audio-visual, electronic or written material):

**Nutrition**

Progression to family diet:
- Texture, variety and amount of food
- Feeding problems and solutions
- Appropriate fluids – give only breast milk, infant formula and water
- Avoid tea, soft drink, flavoured milk and water, cordial and fruit juice
- Cup use
- Establishing a healthy, nutritious and varied diet

**Breastfeeding**
- Breastfeeding to 12 months and beyond

**Infant formula**
- Cessation of formula at 12 months for healthy children. Toddler milk is not necessary for healthy children

**Prevention:**

Parents/Carers support and child development:
- Sensitive parenting
- Parent/Carer-child relationship – social emotional needs
- Sleeping patterns and safety strategies
- Development strategies – language, motor skill development and sensory movement play
- Expected behaviour and needs – anticipation of new development and play

**Safety and Injury Prevention**
- Safety/Injury prevention, specifically strategies for safety in the home, and around water and fires and near roads
- Safe sleeping strategies
- Increasing mobility demands close supervision and a safe environment
- Knowledge and use of vehicle child restraints

**Infection and other**
- Immunisation schedule
- Dental health – ‘Lift the Lip’

**Parental Health**
- Social support
- Social and emotional wellbeing (EPDS if necessary)

**Family Health**
- Parents/carers – emotional and behavioural wellbeing
- Family functioning and wellbeing
- Family health and wellbeing including a varied and nutritious diet
- Smoking, drugs, alcohol and family domestic violence.

**Parenting**
Accessing parents and caregivers at this key developmental stage enables health staff to deliver key messages about parenting and health promotion, assess risk for postnatal depression, anxiety or other mental health needs, and conduct a physical examination. Increasing mobility of the baby changes the focus of parenting concern to safety issues, because of the exploration of their immediate environment. The challenge many carers face is finding the balance between allowing their child to explore the environment and maintaining close contact with them. It may be necessary to provide guidance regarding these concerns.

**Family History**
Continue the collection of demographic data, including a Genogram and Indicators of Need assessment if not already completed. Ask if there have been any changes in the family since the last contact.

Assessment of protective and risk factors: Using the indicators of need or an approved client need classification tool.

**Child Assessment**
Physical Assessment (see Physical Assessment 0-4 years in resource section).

The 8 month contact includes a physical assessment of the baby, and will include:

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| Vision          | • Observation of eyes  
                 | • Vision behaviours  
                 | • Review vision risk factors |
| Hearing         | • Ear examination and observation of hearing behaviours  
                 | • Tympanometry  
                 | • Review hearing risk factors |
| Growth          | • Measure and chart weight |
Developmental Assessment

The Ages and Stages (ASQ3) and Ages and Stages Social Emotional (ASQSE2) questionnaires can be used if indicated.

Documentation

Community health staff will document relevant findings according to local processes.

Follow up and Service Planning

Once an assessment is made, the health staff, together with the parents/carers, will continue to develop a plan outlining frequency of visits, venue, and referral needs. Include other family members in developing the plan where necessary.

For those families currently considered at higher risk, either additional contacts or a more intensive home visiting program should be offered as appropriate and where resources are available.

Useful resources

- Child and Antenatal Nutrition Manual
- Child health universal services policy
- Child health universal services policy rationale
- Physical Assessment 0-4 years
- Community Health Services: Health Information and Handouts and Community Health Service Universal Child and School Health Schedule
- Guidelines for Responding to Family and Domestic Violence (2014)
## Immunisation Schedule

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