GUIDELINE

Universal contact 0-14 days

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>Community health staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope (Area):</td>
<td>CACH, WACHS</td>
</tr>
</tbody>
</table>

This document should be read in conjunction with this DISCLAIMER

Aim
To promote the health and development of children by engaging with families and focusing on protective factors, promoting health and development, and through establishing individual pathways of care according to client need.

To identify children who may be at risk of health and developmental concerns.

Risk
When there are delays in identifying health and developmental concerns, this negatively impacts on children developing to the best of their ability. In addition, there is considerable cost to the health system, governments and the community when timely interventions are not implemented.

Background
The early identification of developmental concerns is acknowledged as a primary health care opportunity for timely intervention, enabling children to achieve positive developmental and functional health outcomes. It is most meaningful when community health staff undertake a systematic enquiry of parental concerns, gather information about the child’s current abilities and functions, identify risk and protective factors, and complete age appropriate observations and assessments. A holistic view of the child and family requires an understanding of what influences development. This includes genetics, the environment (parents, family, community and society), cultural variations, risk and protective factors. In addition, staff will review previous health professional assessments if available, use appropriate tools for health and wellbeing surveillance and act on professional judgement.

The universal contact zero to fourteen (0-14) days will be offered to clients as a home visit and will enable community health staff to observe the family in the home environment. In situations where there is an identified safety concern staff will offer an alternative venue.

Key Points
The purpose of the universal contact zero to fourteen (0-14) days is to:

- Promote the benefits of engaging with child health services
- Establish rapport and develop a trusting relationship based on a family partnership approach
- Promote sensitive parenting and secure attachment
- Promote father inclusiveness
- Gather information on the health and wellbeing of the child, mother, father and family
- Undertake a feeding, weight and physical assessment of the child
- Promote health and development emphasising Sudden Unexpected Death in Infancy (SUDI) risk reduction and breastfeeding
- Identify clients who may require additional support

**Process**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review of information</strong>&lt;br&gt;In preparation for the home visit it is important to review client information, if available. This will facilitate continuity of care for the child and mother and will identify clients requiring additional support.&lt;br&gt;Review information from the:&lt;br&gt;- Birth notification form&lt;br&gt;- Maternity services completed documents including Discharge Summaries and Special Referrals to Child Health&lt;br&gt;At the home visit obtain signed consent for release of client information, by completing the Consent for release of information form.&lt;br&gt;At the home visit collect additional information from the Personal Health Record (PHR) completed by Maternity services and through consultation with the clients, paying particular attention to the:&lt;br&gt;- Newborn Hearing Screen results. If not attended or a repeat hearing screening is required, remind and/or assist clients to follow up, if required.&lt;br&gt;- My going home check results, if available&lt;br&gt;Key information may include:&lt;br&gt;- Pregnancy – previous pregnancies, living children, infertility, multiple births, gestational diabetes, emotional health, exposure to infections such as Toxoplasmosis, Cytomegalovirus, Rubella, Herpes or Syphilis&lt;br&gt;- Birth – labour, presentation, analgesia, birth type, postpartum haemorrhage&lt;br&gt;- Newborn period - Apgar scores, infant health and/or variations in anatomy and functioning, antibiotics, phototherapy, oxygen therapy, feeding difficulties&lt;br&gt;- Postnatal period – lactation, evidence of lactogenesis at around 4 days postpartum, breast and nipple health&lt;br&gt;- Services that the client may have involvement with including the Department for Child Protection and Family Support or mental health services&lt;br&gt;Refer to Consent for release of client information Procedure and Home visiting Procedure for more information.</td>
<td></td>
</tr>
<tr>
<td><strong>Family health and wellbeing</strong>&lt;br&gt;- Respond to early parenting concerns and provide brief interventions as required.&lt;br&gt;- Engage with fathers (significant caregivers) and promote the valuable role of fathers with parenting and attending child health services.&lt;br&gt;- Undertake a family assessment to ascertain family history related to health, family members and relationships, family&lt;br&gt;The home visit is an opportunity for staff to establish rapport and develop a trusting relationship based on a family partnership approach. Visiting in the home allows staff to assess the home environment and understand the specific needs of clients. Although it may take time to build a trusting relationship with clients, some may feel comfortable to discuss their concerns at the home visit. The home visit is an opportunity to include fathers and invite them to community health service appointments</td>
<td></td>
</tr>
<tr>
<td>Steps</td>
<td>Additional information</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| • Support, protective factors and risk factors.  
  o Complete a Genogram  
  o Complete an Indicators of Need  
• Observe for signs of family and domestic violence, as having a new baby is a key risk indicator.  
• Complete the WA Community Health Acuity Tool according to local protocols, to classify the complexity of client needs. | and parent groups. It is recognised there are diverse family structures and relevant caregivers should be invited to participate in community health assessments.  
A family assessment will allow staff to recognise and build on family strengths and explore strategies to mitigate the effect of risks. Refer to the Genogram and Indicators of Need resources for more information.  
Refer to the Family and domestic violence Protocol for more information.  
Refer to the Acuity tool Guideline for more information. |

### Maternal health and wellbeing

- Encourage, support and promote exclusive breastfeeding to around six (6) months of age and explain that infants do not require fluids other than breastmilk for the first six (6) months.  
- For women who are breastfeeding, enquire about lactation using the Breastfeeding Assessment Guide form (CHS012) for identifying and assessing feeding deviations.  
- Where relevant discuss the:  
  o Significance of father (significant caregivers) and family support  
  o Health benefits of breastfeeding to the mother and child  
  o Concept of milk removal on milk production (demand and supply)  
  o Effects on lactation and breastfeeding duration when infant formula is used  
- Enquire about physical and emotional health including lochia, wound healing, urination, bowel actions, pain, sleeping, emotions and physical changes for lactating and non-lactating mothers.  
- Observe for maternal-child attachment including mutual gaze, sensitive and responsive communication and

Approximately one third of infants and mothers experience breastfeeding difficulties in the first months of life.  
Responding to maternal concerns and the early identification, assessment and management of lactation and breastfeeding deviations is important for achieving national and international recommendations of exclusive breastfeeding to six (6) months.  
Maternal deviations may include delayed lactogenesis II, breast or nipple pain and trauma, blocked ducts and mastitis.  
Refer to the Breastfeeding deviations from normal Protocol for brief intervention strategies and the clinical protocols for more complex deviations.  
Refer to the Infant Feeding Guidelines and the Child and Antenatal Nutrition Manual for more information about the impact of breastfeeding (breastmilk) on nutritional, physical and psychological wellbeing.  
Promote breastfeeding support services and resources.  
Up to the age of six (6) months neuro-developmental pathways that influence social and emotional development are being laid down, particularly in response to maternal-infant attachment.
### Steps

- **Child health and wellbeing**
  - **Feeding efficiency and nutrition**
    - Enquire about breastfeeding and observe a breastfeed (if possible) to determine feeding efficiency.
    - If infant formula is used ensure appropriate formula, volume, frequency and safe preparation.
    - Record infant feeding status according to local processes.
  - **Weight assessment**
    - Undertake a weight assessment to determine current status compared with birth weight and Maternity services discharge weight.
    - Record weight on World Health Organization (WHO) 0-2 year charts in the child health record and in the PHR.
  - **Physical assessment**
    - Undertake a physical assessment paying particular attention to the head, eyes, oral, umbilicus, general appearance, skin integrity and genitalia.
    - Undertake a testes examination.
  - **Developmental assessment**
    - Observe for alertness and responsiveness.
    - Enquire about hearing and vision risk factors to determine clients at risk of developmental concerns.
    - Review the outcome of the Newborn Hearing Screen. If not attended or a repeat hearing screening is required, remind parents to follow up.
    - Review the newborn examination results in the PHR *My going home check*, if available.
      - When there is no evidence of a

### Additional information

- Breastfeeding is the biological norm and determining an infant’s capacity to breastfeed is an essential developmental milestone.
- When an infant is unable to breastfeed and is teat/bottle feeding, it is still important to determine feeding efficiency. The Breastfeeding Assessment Guide form (CHS012) can be used for breastfeeding and teat/bottle feeding infants.
- Refer to the *Infant Feeding Guidelines* and the Child and Antenatal Nutrition Manual for more information about infant feeding.
- The majority of infants return to their birth weight by around 2-3 weeks of age. Discuss with parents expected growth patterns and interpretation of growth charts. If concerns with growth have been identified use the WHO 0-6 month growth chart to record serial measurements.
- When undertaking a physical assessment observe for head preference, head and facial birth injuries; eye discharge; oral anatomy (lingual and maxillary labial frenulum), Candida; umbilical cord separation and healing process; and testicular descent. Refer to the Physical Assessment 0-4 years Guideline and Testes examination Procedure for more information.
- Refer to Hearing Surveillance and Screening for Universal Contacts and Vision Surveillance and Screening for Universal Contacts resources for more information.
- Refer to the *West Australian Newborn Hearing Screening Program* for more information about newborn hearing screening.
- Refer to the How children develop resource and Hip examination Procedure for more information on development.
Steps

completed newborn examination, refer to a General Practitioner (GP) for completion if possible

- Where GP newborn examinations are not possible, staff will complete a hip examination

Additional information

With regards to growth and development, it is generally recommended to correct for prematurity for children born before 37 weeks and until the age of 2 years. However, for very premature or severely growth restricted infants, clinical follow up may continue for longer.

Illness and injury prevention

- Undertake a Sudden Unexpected Death in Infancy (SUDI) prevention assessment including:
  - Identifying any risk factors
  - Where possible, observe the infant’s sleeping arrangements
  - Ensuring clients are aware of the Red Nose how to sleep baby safety messages:
    - Sleep baby on back
    - Keep head and face uncovered
    - Keep baby smoke free before birth and after
    - Safe sleeping environment night and day
    - Sleep baby in safe cot in parents’ room
    - Breastfeed baby
  - Document outcomes of the safe sleeping assessment according to local processes

SUDI risk factors relate to three key areas:

- Children - <4 months age, low birth weight, prematurity, health problems, tobacco smoke exposure, cough/cold medicines, decreased tone/reflexes and lethargy
- Parental/Carer - either parent/carer smoking, extreme tiredness, obesity, medications (alter consciousness), conditions affecting mobility and sensory awareness, conditions causing temporary loss of consciousness, and drug and alcohol misuse
- Environmental - prone/side sleep position, unsafe sleep environment including multiple bed sharers, co-sleeping and soft or sagging sleep surface; environmental tobacco smoke and other children or pets

Ensure clients are aware of the safe sleeping messages in the PHR and provide recommended resources.

Anticipatory guidance

- Adjustment to parenting
- Child development, reflexes, cues, and arousal states
- Immunisation
- Safety and injury prevention – prevention of shaking or hitting children
- Secure attachment
- Siblings’ adjustment to new baby
- Sleep, settling and crying

Discuss expected physical, social and emotional development and sensitive responses to their child’s cues. Refer to Physical Assessment 0-4 years Guideline and How children develop resource.

Provide anticipatory guidance for safety and injury prevention especially related to the prevention of shaking or hitting children.

Provide parents with Welcome to your new baby magazine and recommended resources.

Encourage immunisation at six (6) to eight (8) weeks, reinforce immunisation
<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent education and resources</td>
<td>Provide clients with resources recommended by the Parent Resources for Universal Contacts.</td>
</tr>
<tr>
<td></td>
<td>Ensure clients are aware of relevant information and where to get help, outlined in the PHR and Welcome to your new baby magazine.</td>
</tr>
<tr>
<td></td>
<td>Community health staff are encouraged to be aware of the availability of local resources.</td>
</tr>
</tbody>
</table>

**Care planning**

- Invite parents to the Early Parenting Group for adjustment to parenting information and for the opportunity to meet other parents and share experiences.
- Encourage GP and/or Obstetrician maternal postnatal assessment at six (6) weeks.
- Encourage GP and/or Paediatrician infant assessment at six to eight (6-8) weeks.
- Encourage immunisation at six (6) to eight (8) weeks.
- Discuss how to make and change child health appointments.
- Discuss Drop-in session availability.
- Promote Universal contact schedule 8 weeks.

- Provide details of the next available Early Parenting Group and encourage attendance by fathers (and significant caregivers).
- Encourage parents to request that the GP and/or Paediatrician completes the Doctor check at 6-8 weeks in the PHR.
- Provide information on the differences between the GP and the Universal contact 8 weeks by community health nurses, and encourage attendance at both.
- Respond to identified needs by planning appropriate additional contacts and/or referral to relevant services and programs (where available).
- Child health group programs may be offered in alternative formats for rural and remote families.

**Documentation**

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

**References**


### Related internal policies, procedures and guidelines

The following policy documents can be accessed in the Community Health Manual via the HealthPoint link and Internet link

- Acuity tool Guideline
- Breastfeeding deviations from normal Protocol
- Child Health Universal Services Rationale
- Child Health Services Policy
- Consent for services Policy
- Consent for release of client information Procedure
- Family and domestic violence Protocol
- Groups for parents Guideline
- Growth faltering Guideline
- Hearing Guideline
<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip examination Procedure</td>
</tr>
<tr>
<td>Home visiting Procedure</td>
</tr>
<tr>
<td>Testes examination Procedure</td>
</tr>
<tr>
<td>Weight assessment 0-2 years</td>
</tr>
</tbody>
</table>

**Related internal resources and forms**

- The following resources and forms can be accessed from the [HealthPoint CACH Intranet](#) link.

- All about child health nurses
- Breastfeeding Assessment Guide form (CHS012)
- CACH approved external links and resources
- Child and Antenatal Nutrition Manual
- Early Parenting Group Facilitators Manual
- Genogram
- Hearing Surveillance and Screening for Universal Contacts
- How children develop
- Indicators of Need
- Parent Resources for Universal Contacts
- Practice guide for Community Health Nurses 2017
- Vision Surveillance and Screening for Universal Contacts
- WHO 0-6 months growth charts

**External resources**

- [Australian Breastfeeding Association](#)
  
  Australian Breastfeeding Association Helpline 1800 686 268. Available 24 hours a day and 7 days a week. For clients requiring an interpreter phone the Translating and Interpreting Service (TIS) 131 450 and ask TIS to call the Breastfeeding Helpline.

- [Breastfeeding Centre of WA](#) (parent information only)
- [Breastfeeding Centre of WA Breastfeeding and breast care](#) (parent booklet)
- Book: Mary Sheridan’s From Birth To Five Years Children’s Developmental Progress.
<table>
<thead>
<tr>
<th>Universal contact 0-14 days</th>
</tr>
</thead>
</table>

2014. Ajay Sharma and Helen Cockerill.

Book: From Birth To Five Years Practical Developmental Examination. 2014. Ajay Sharma and Helen Cockerill.

Healthy WA website

Infant Feeding Guidelines – Information for health workers

Kidsafe

Ngala

Raising Children Network

Raising Children Network breastfeeding

Raising Children Network baby-led attachment video

Raising Children Network baby cues

Rednose

Safe Infant Sleeping Policy and Framework 2013

West Australian Newborn Hearing Screening Program

---

This document can be made available in alternative formats on request for a person with a disability.

<table>
<thead>
<tr>
<th>Document Owner:</th>
<th>Senior Portfolio Policy Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewer / Team:</td>
<td>Statewide Policy</td>
</tr>
<tr>
<td>Date First Issued:</td>
<td>15 May 2017</td>
</tr>
<tr>
<td>Review Date:</td>
<td>15 May 2020</td>
</tr>
<tr>
<td>Last Reviewed</td>
<td>Amendment/s: 1 November 2017</td>
</tr>
<tr>
<td>Approved by:</td>
<td>CACH/WACHS Community Health Clinical Nursing Policy Governance Group</td>
</tr>
<tr>
<td>Endorsed by:</td>
<td>Executive Director CACH</td>
</tr>
<tr>
<td>Date:</td>
<td>15 May 2017</td>
</tr>
<tr>
<td>Standards Applicable:</td>
<td>NSQHS Standards: 1.7, 1.8</td>
</tr>
</tbody>
</table>

Printed or personally saved electronic copies of this document are considered uncontrolled.