Aim

To promote client engagement with community child health services by providing information related to the role of the community health nurse and services offered.

Risk

When there are delays in identifying health and developmental concerns, this negatively impacts on children developing to the best of their ability.\(^1\) 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.\(^2\)\(^,\)\(^3\) 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 risks and protective factors, and complete age appropriate observations and assessments.\(^1\) 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.\(^1\) 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 initial interaction is usually the first contact a family has with community child health services following the birth of their infant. A positive interaction can be beneficial in establishing rapport with the family including fathers (significant caregivers). The first contact is initiated by the community health nurse upon receiving notification of the infant’s birth. In most circumstances the contact is made via telephone, however, initial interaction may also take place as a face to face meeting in the community or in the hospital. The initial interaction provides an opportunity to discuss the benefits of engaging with community health services, gathering family information and arranging a suitable time for the community health nurse to home visit the family.

Key Points

The purpose of the universal contact initial interaction is to:

- Inform clients about child health services including the benefits of engagement
- Discuss the role of the community health nurse
- Enquire about the health and wellbeing of the infant including how the infant is feeding
- Enquire about the health and wellbeing of the mother including lactation and breast and nipple comfort
- Respond to client concerns
- Identify clients who may require additional services
- Offer the Universal contact 0-14 days

### Process

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<tr>
<th>Steps</th>
<th>Additional Information</th>
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<tr>
<td><strong>Preparing for the initial interaction</strong>&lt;br&gt;Prior to contacting the client review:</td>
<td>Review information completed by Maternity services including Discharge Summaries and Special Referrals to Child Health, if available. Review information from other sources including child health records of any previous children and/or services that the client may have received, if available.</td>
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<tr>
<td>- Client identification and contact details&lt;br&gt;- Birth notification details&lt;br&gt;- Additional client information if available</td>
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<td><strong>Undertaking the initial interaction</strong>&lt;br&gt;In most cases staff will telephone the client’s preferred contact number.</td>
<td>In instances where a client cannot be spoken to via the telephone or when a client does not respond to an answering machine message left by staff, a text message requesting that the client contact the child health centre may be acceptable. When staff experience difficulties making contact with clients, it may be necessary to consider liaising with Maternity services to check if the client contact details are correct. Other options may include posting or delivering a CHS Calling Card to the client’s address. Refer to the Client identification Procedure for more information.</td>
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<tr>
<td>- Introduce yourself by name, designation and where you are calling from and then correctly identify the client by asking them to confirm their name, date of birth and address.&lt;br&gt;- Discuss the purpose for your contact including a brief description about community health services and the role of the community health nurse.&lt;br&gt;- In most instances where clients agree to engage with child health services, this will be regarded as implied consent and no signed consent form is required.</td>
<td>The All about child health nurses resource provides information about child health nurses and services. Implying Consent is when a client indicates through their actions that they are willing to proceed with an aspect of their care. Special considerations may include clients with low literacy levels, vision or hearing impairment, individual language requirements, Family and Children’s court orders and children in the care Department for Child Protection and Family Support. In these instances staff will review additional information if available and act on</td>
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### Steps

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<tr>
<td>comfortable for you?</td>
<td>professional judgement.</td>
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<tr>
<td>• Is breastfeeding comfortable for your baby?</td>
<td>Refer to the Consent for services Policy for more information.</td>
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<tr>
<td>• Record infant feeding status according to local processes.</td>
<td>Staff are required to obtain signed consent for the release of client information, preferably at the Universal contact 0-14 days. Refer to Consent for services Policy and Consent for release of client information Procedure for more information.</td>
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<td>• Ensure clients are aware of emergency services and community support contacts as required.</td>
<td>Encourage breastfeeding practice and use the Breastfeeding Assessment Guide form (CHS012) as a checklist for identifying and assessing feeding deviations.</td>
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<tr>
<td>• Discuss the purpose of home visit and expected duration. Offer a time to visit the family to complete the Universal contact 0-14 days.</td>
<td>If the mother’s intention is to exclusively breastfeed, explore circumstances and discuss any management plans developed by Maternity services. If required, staff will implement brief interventions. Refer to the Breastfeeding deviations from normal Protocol for more information.</td>
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<tr>
<td>• Complete and/or update client details in records according to local processes.</td>
<td>For infants who are receiving infant formula ensure appropriate formula, volume, frequency and safe preparation.</td>
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<td></td>
<td>Refer clients to the Personal Health Record (PHR) for where to get help, as required.</td>
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<td>If a home visit is not possible offer an alternative venue.</td>
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### Preparing for the home visit

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<tr>
<th>Preparing for the home visit</th>
<th>Refer to the Home visiting Procedure for more information on the risk factors, risk levels, the assessment process and management guidelines for home visiting. Risk levels are described as:</th>
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<tr>
<td>• Confirm the client’s address and telephone number is correct.</td>
<td>• <strong>Low</strong> - no history of aggression or social stressors, stable condition and history</td>
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<td>• Obtain specific information needed to access buildings such as security codes.</td>
<td>• <strong>Medium</strong> – history of aggression but effective management plans in situ</td>
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<td>• Enquire about the presence of dogs, parking accessibility or other potential hazards at the site.</td>
<td>• <strong>High</strong> – history of aggression, condition unstable, threats of harm to self or others, no known management plan</td>
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<td>• Undertake a risk assessment to determine the appropriateness of home visiting the client.</td>
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<td>• Complete home visiting schedule and send to site/base or manager, according to local processes.</td>
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Steps | Additional information
---|---
**Special circumstances**
In situations where there has been a stillbirth or a neonatal death it may be appropriate to offer a support visit from community health services to the bereaved family.
Prior to the initial interaction it may be useful to obtain background information from:
- Maternity service staff including social workers, psychological services and pastoral services
In areas where Maternity services have existing perinatal loss services, community health services may not be required or desired by the family.
In other areas, the community health nurse may be an important support for the grieving family.

Every family experiences the loss of a baby differently, and not all families will accept the offer of support from community health services. However, some families will accept support and find it helpful, especially for those parents who already have an established relationship with the community health service.

**Red Nose Grief and Loss Bereavement Support Services** provide the following services:
- Bereavement Support Line (1300 308 307) – 24 hour helpline for parents, including free interpreter through Translating and Interpreter Services (131 450)
- Monthly support groups
- Health professional online referrals for families who have consented to be contacted by a member of the intake team, who would like ongoing support and counselling. This can be done face to face, by phone or by Skype

**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 the [Internet](#) link

- Acuity tool Guideline
- Breastfeeding deviations from normal Protocol
- Client identification Procedure
- Consent for services Policy
- Consent for release of client information Procedure
- Home visiting Procedure

### 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 Health Services Policy Rationale
- Child and Antenatal Nutrition Manual
- Parent Resources for Universal Contacts
- Practice guide for Community Health Nurses 2017

### External resources

- [Australian Breastfeeding Association](#)
- Breastfeeding Centre of WA (parent information only)
- Breastfeeding Centre of WA Breastfeeding and breast care (parent booklet)
- [Raising Children Network breastfeeding](#)
- [Raising Children Network baby-led attachment video](#)
This document can be made available in alternative formats on request for a person with a disability.