



GUIDELINE	
Universal contact 0 - 14 days	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS
Child Safe Organisation Statement of Commitment	
The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.	

This document should be read in conjunction with this [DISCLAIMER](#) and with the Child health services policy

Aim

To conduct age appropriate activities that focus on identifying key risk and protective factors known to influence health and development, and implementing early interventions according to client need to maximise optimal health and developmental outcomes.

Risk

When there are delays in identifying health and developmental concerns, this negatively impacts on children developing to the best of their ability.¹

Background

There is compelling evidence that early childhood is a sensitive period for child development and functioning.² During this time the child’s environment and early experiences have the potential to influence their physical health and wellbeing, mental health, social functioning and cognitive development.^{2, 3} A holistic view of the child, parents 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, social determinants and social standing.^{1, 2, 4}

The *Universal contact 0-14 days* is an opportunity for the early identification of issues that may negatively impact health outcomes. This is most meaningful when nurses use evidence informed knowledge and skills, and clinical judgement to undertake a comprehensive and systematic enquiry through:

- Eliciting and responding to parental concerns
- Gathering information about the child’s current abilities and functions
- Identifying risk and protective factors
- Using evidence informed assessment methods and tools that are age appropriate.¹

Key Points

- The *Universal contact 0-14 days* is offered as a home visit which provides an opportunity for nurses to observe the family in the home environment. In situations where there is an identified safety concern, nurses will offer an alternative venue.

- The child is the focus of care and their best interests are the primary consideration in all decisions.
- Family-centred and strengths-based approaches are used, for a shared understanding of concerns and care planning that is proportionate to client needs.
- Nurses think critically and use the best available evidence in making decisions and providing care that is safe, appropriate and responsive.
- Establishes and sustains relationships by communicating effectively in the context of mutual trust and respect.

Process

Steps	Additional information
<p>Client information</p> <p>Prior to the contact review the following client information to assist with care planning:</p> <ul style="list-style-type: none"> • Client identification and contact details • <i>Birth notification</i> form • Maternity services completed documents including <i>Discharge Summaries</i> and <i>Special Referrals to Child Health</i> <p>At the contact collect relevant information through consultation with clients and from the infant's <i>Personal Health Record (PHR)</i> including:</p> <ul style="list-style-type: none"> • <i>My birth</i> – birth, maternal and neonatal information • <i>After my birth</i> – newborn period and discharge information <ul style="list-style-type: none"> ○ Newborn Bloodspot Screening. If not completed, family are to be offered screening • <i>My going home check</i> – newborn examination • Newborn Hearing Screen results <p>For clients new to Child Health Services, enquire if the parents and/or caregivers will identify the infant as of Aboriginal* descent, updating child health records if required.</p> <ul style="list-style-type: none"> • In CAHS-CH nurses will discuss the options for clients to receive services 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Client identification</i> procedure • <i>Consent for release of client information</i> procedure • <i>Home and community visits</i> procedure • <i>Universal contact initial interaction</i> guideline <p>Key client information that may impact on care planning includes:</p> <ul style="list-style-type: none"> • Pregnancy – previous pregnancies, pregnancy complications, living children, infertility, multiple births, gestational diabetes, emotional health, exposure to infections • Birth – labour, presentation, analgesia, birth type, perineal trauma, postpartum haemorrhage • Newborn - Apgar scores, infant health, variations in anatomy and functioning, antibiotics, phototherapy, oxygen therapy, feeding difficulties <ul style="list-style-type: none"> ○ <u>Newborn Bloodspot Screening: If not previously completed screening can be offered up to 12 months of age.</u> Refer family to GP or other appropriate medical service for referral to PathWest or other provider. ○ Refer family to Healthy WA- <i>Your baby's newborn bloodspot screening test</i> for more information <ul style="list-style-type: none"> • Postnatal – evidence of secretory

Steps	Additional information
<p>offered by the Aboriginal Health Team or from mainstream services.</p> <p>Obtain signed consent for release of client information, by completing the <i>Consent for release of information</i> form.</p> <p><small>*OD 0435/13 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.</small></p>	<p>activation (onset of copious breastmilk production), breast and nipple health</p> <ul style="list-style-type: none"> • Parental expectations associated with pregnancy, birth and after birth experiences • Services that clients may have involvement with, including the Department for Child Protection and Family Support <p>The <i>Welcome to the Aboriginal Team</i> resource can be offered to clients in CAHS-CH.</p> <p>In WACHS check for <i>Child at Risk Alert</i>.</p> <p>In WACHS, when a child has been identified as being at risk of poor health, development or wellbeing, the <i>Enhanced Child Health Schedule</i> will be activated.</p>
<p>Child health and wellbeing</p> <ul style="list-style-type: none"> • Enquire about the infant’s current health status, including any concerns identified at birth or in the neonatal period. <p><u>Feeding efficiency and nutrition</u></p> <ul style="list-style-type: none"> • Enquire about breastfeeding, and observe a breastfeed (if possible) to determine feeding efficiency. • When deviations have been identified, use the <i>Breastfeeding Assessment Guide</i> form (CHS012), as part of a comprehensive systematic enquiry. • If infant formula is used ensure appropriate formula, volume, frequency and safe preparation. • Document infant feeding status. <p><u>Physical observation</u></p> <ul style="list-style-type: none"> • Conduct a physical observation. <p><u>Weight assessment</u></p> <ul style="list-style-type: none"> • Conduct a weight assessment to determine current status, and compare with birth weight and discharge weight. • Document weight measurement and 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Breastfeeding Assessment Guide form (CHS012)</i> • <i>Breastfeeding and lactation concerns – assessment</i> procedure • <i>Early Parenting Groups: Facilitator Guide</i> for more information relevant to the <i>Universal contact 0-14 days</i> • <i>Growth birth – 18 years</i> guideline • <i>How children develop</i> resource • <i>Nutrition for children – birth to 12 months</i> guideline • <i>Physical Assessment 0-4 years</i> guideline • <i>Weight assessment 0-2 years</i> procedure <p><u>Feeding efficiency and nutrition</u></p> <p>Discuss an infant’s capacity to breastfeed as an essential developmental milestone, reinforcing maternal and infant deviations require early intervention, to maximise breastfeeding duration and healthy outcomes.</p> <p><u>Physical observation</u></p> <p>When conducting a physical observation focus on general appearance, birth injuries, oral anatomy, head preferences, eye</p>

Steps	Additional information
<p>interpret growth trajectories using:</p> <ul style="list-style-type: none"> ○ Electronic records ○ World Health Organization (WHO) 0-2 year growth charts <ul style="list-style-type: none"> ● Discuss findings and growth patterns with parents. <p><u>Developmental observation</u></p> <ul style="list-style-type: none"> ● Observe for alertness and responsiveness. ● Enquire about hearing and vision risk factors, including the outcome of the <i>Newborn Hearing Screen</i>. <p><u>Sudden Unexpected Death in Infancy (SUDI)</u></p> <ul style="list-style-type: none"> ● Discuss SUDI prevention through: <ul style="list-style-type: none"> ○ Identifying any risk factors and how to mitigate these ○ Enquiring about the infant's sleeping arrangements ● Document outcomes of the safe sleeping discussions. 	<p>discharge, and the umbilical cord separation and healing process.</p> <p><u>Weight assessment</u></p> <p>If concerns with growth status are identified, use the WHO 0-6 month growth charts to monitor and document serial weight, length and head circumference measurements.</p> <p>Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal.</p> <p>Discuss with parents expected growth patterns, trajectories and percentiles, reinforcing that growth charts are used as part of a holistic assessment for infant health and wellbeing.</p> <p><u>SUDI</u></p> <p>Discuss SUDI prevention using the following <i>Red Nose how to sleep baby safely messages</i> (located in the PHR):</p> <ul style="list-style-type: none"> ● 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
<p>Maternal health and wellbeing</p> <ul style="list-style-type: none"> ● Elicit and respond to postnatal concerns and provide brief interventions as required. ● Protect, promote and support exclusive breastfeeding from birth to around six (6) months of age, when complementary foods are introduced, with continued breastfeeding to 12 months to 2 years and beyond.⁵ ● Enquire about lactation and when deviations have been identified, use the <i>Breastfeeding Assessment Guide</i> form (CHS012) to assist with the care planning. ● Enquire about physical and emotional health including lochia, wound healing, 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> ● <i>Breastfeeding Assessment Guide</i> form ● <i>Breastfeeding and lactation concerns – assessment procedure</i> ● <i>Early Parenting Groups: Facilitator Guide</i> for more information relevant to the <i>Universal contact 0-14 days</i> ● <i>Nutrition for children – birth to 12 months</i> guideline <p>Provide clients with details of the following services and resources that protect, promote and support breastfeeding and lactation:</p> <ul style="list-style-type: none"> ● Australian Breastfeeding Association ● Breastfeeding Centre of WA ● Ngala ● Raising Children Network

Steps	Additional information
<p>urination, bowel actions, pain, sleeping, emotions and physical changes for lactating and non-lactating mothers.</p> <ul style="list-style-type: none"> • Discuss rest, gentle activity, pelvic floor exercises and healthy nutrition. 	<p>Nurses will be aware of breastfeeding services offered by maternity hospitals and, in metropolitan regions, the CAHS-CH Breastfeeding Support Service.</p>
<p>Family health and wellbeing</p> <ul style="list-style-type: none"> • Elicit and respond to parental concerns and provide brief interventions as required. • Observe for parent-child attachment including mutual gaze, sensitive and responsive communication and stimulation, warmth and affection. • Engage with fathers (significant caregivers) and promote their valuable role with parenting. • Conduct a family assessment to ascertain family history related to health, family members and relationships, family support, protective factors and risk factors. <ul style="list-style-type: none"> ○ Complete a <i>Genogram</i> ○ Complete an <i>Indicators of Need</i> • In WACHS complete the <i>WA Community Health Acuity Tool</i> to classify the complexity of client needs. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Acuity tool</i> guideline • <i>Early Parenting Groups: Facilitator Guide</i> for more information relevant to the <i>Universal contact 0-14 days</i> • <i>Genogram</i> resource • <i>Indicators of Need</i> resource <p>It is recognised there are diverse family structures and relevant caregivers are invited to engage with child health services.</p>
<p>Anticipatory guidance</p> <ul style="list-style-type: none"> • Adjustment to parenting • Attachment <ul style="list-style-type: none"> ○ Sensitive parenting and Circle of Security principles • Child development, reflexes, cues, and arousal state • Injury prevention <ul style="list-style-type: none"> ○ Shaking or hitting of children ○ Car safety • Play and the importance of prone position • Siblings' adjustment to new baby 	<p>The list of anticipatory topics is of relevance for the 0-14 day contact. However, nurses will prioritise discussions according to client need.</p> <p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Early Parenting Groups: Facilitator Guide</i> for more information relevant to the <i>Universal contact 0-14 days</i> • <i>How children develop</i> resource • <i>Physical Assessment 0-4 years</i> guideline • <i>Sleep</i> guideline <p>Discuss parenting from a child development narrative, rather than a parenting effectiveness narrative.⁶ That is, start with supporting child development and children's needs, whilst developing an understanding</p>

Steps	Additional information
<ul style="list-style-type: none"> • Sleep, settling and crying • Encourage the following appointments: <ul style="list-style-type: none"> ○ Immunisation at 6-8 weeks ○ General Practitioner and/or Obstetrician for a maternal postnatal assessment at 6 weeks ○ Encourage GP and/or Paediatrician infant assessment 6-8 weeks 	<p>of the support parents need, to raise thriving children.⁶</p>
<p>Parent education and resources</p> <ul style="list-style-type: none"> • Offer information about relevant community services, resources and where to get help. 	<p>Offer clients resources listed in the <i>Practice guide for Community Health Nurses</i>. Nurses are encouraged to be aware of the availability of local resources, including those listed in the PHR.</p>
<p>Care planning</p> <ul style="list-style-type: none"> • Invite clients to an <i>Early Parenting Group</i>. • Discuss how to make and change child health appointments. • Discuss Drop-in session availability. • Arrange a <i>Universal contact 8 weeks</i> appointment. • Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Drop-in session</i> protocol • <i>Groups for parents</i> guideline

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations; in electronic and/or MR600 child health records.

References

1. Sharma A, Cockerill H. From birth to five years: Practical developmental examination. Routledge. 2014.
2. Department of Health. National Action Plan for the Health of Children and Young People 2020-2030. Department of Health. Australia. 2019.
3. Western Australian Government. Our Priorities Sharing Prosperity. Department of the Premier and Cabinet. Western Australia. 2019.
4. Moore T, Arefadib N, Deery A, West S. The First Thousand Days: An Evidence Paper. Victoria. Centre for Community Child Health, Murdoch Children's Research

Institute. 2017.

5. Council of Australian Governments. Australian National Breastfeeding Strategy 2019 and beyond. Canberra. 2019.
6. McCormack D, Taylor L. Putting children first: Changing how we communicate with parents to improve children's outcomes. Child Family Community Australia. 2019. <https://aifs.gov.au/cfca/events/putting-children-first-changing-how-we-communicate-parents-improve-childrens-outcomes>.

Related policies, procedures and guidelines
The following documents can be accessed in the Clinical Nursing Manual via the HealthPoint link, Internet link or for WACHS staff in the WACHS Policy link
Acuity tool
Breastfeeding and lactation concerns - assessment
Breastfeeding protection, promotion and support
Breastfeeding support service
Clients of concern management
Drop-in session
Groups for parents
Growth birth -18 years
Growth faltering
Hearing and Ear Health
Nutrition for children – birth to 12 months
Physical assessment 0-4 years
Universal contact initial interaction
Vision
Vulnerable populations
Weight assessment 0-2 years
The following documents can be accessed in the CAHS-CH Operational Manual
Client identification
Consent for services

Consent for release of client information
Home and community visits
Working alone
The following documents can be accessed in WACHS Policy
Consent for Sharing of Information: Child 0-17
Enhanced Child Health Schedule
Patient identification
Special Referrals to Child Health Services
WebPAS Child at Risk Alert
Working in isolation – Minimum safety and security standards for all staff
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
Guidelines for Protecting Children 2015 (OD 0606/15)
Patient Confidentiality Policy (MP0010/16)
Safe Infant Sleeping Policy (MP0106/19)
WA Health Consent to Treatment Policy (0657/16)
WA Health System Language Services Policy (MP0051/17)

Related CAHS-CH forms
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Breastfeeding Assessment Guide form (CHS012)
WHO 0-6 months growth charts

Related CAHS-CH resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Aboriginal Health Team Child Health Services Referral Flowchart
Early Parenting Groups: Facilitator Guide

Genogram
How children develop
Indicators of Need
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses
Welcome to the Aboriginal Health Team

Related external resources
<p>Australian Breastfeeding Association Email counselling, Local support groups, Resources and Information. In addition, the Helpline 1800 686 268 is 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.</p>
<p>Breastfeeding Centre of WA Statewide telephone counselling service for health professionals and women. Appointments are available for mothers and babies who have attended King Edward Memorial Hospital for their pregnancy or birth. Parent information including Breastfeeding and breast care and Pregnancy, Birth and your Baby (contains useful information regarding after the birth of a baby)</p>
<p>Book: Mary Sheridan's From Birth To Five Years Children's Developmental Progress. 2014. Ajay Sharma and Helen Cockerill.</p>
<p>Book: From Birth To Five Years Practical Developmental Examination. 2014. Ajay Sharma and Helen Cockerill.</p>
<p>Healthy WA</p>
<p>Healthy WA: Your baby's newborn bloodspot screening test</p>
<p>Infant Feeding Guidelines – Information for health workers (National Health and Medical Research Council)</p>
<p>Kidsafe</p>
<p>Ngala</p>
<p>Nursing and Midwifery Board of Australia. Code of conduct for nurses and Code of conduct for midwives. 2018</p>
<p>Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice. 2016.</p>
<p>Raising Children Network – Breastfeeding, Breastfeeding and baby-led attachment (video), Baby cues and baby body language: a guide (video)</p>
<p>Rednose</p>

[West Australian Newborn Hearing Screening Program](#)

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

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital