



GUIDELINE	
Universal contact 4 months	
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 4 months* 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 4 months* is offered to clients as a centre contact. In situations where an alternative venue is required, nurses will be aware of undertaking assessments accurately and safely.

- A comprehensive physical and developmental assessment of the infant will be conducted.
- 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 client’s electronic health records, noting any previously identified concerns and follow up required.</p> <p>At the start of the contact ensure clients are correctly identified.</p> <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>	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Client identification</i> procedure <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><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>Child health and wellbeing</p> <ul style="list-style-type: none"> • Elicit and respond to parental concerns about their child’s health and development. <p><u>Feeding efficiency and nutrition</u></p> <ul style="list-style-type: none"> • Enquire about breastfeeding efficiency and feeding patterns. • If required, complete the Breastfeeding Assessment Guide form (CHS012), to assist with care planning. • Discuss the introduction of solid foods at around 6 months, when infants are physiologically and developmentally ready for new textures and modes of feeding. • If infant formula is used ensure 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • <i>Ages and Stages Questionnaires</i>® guideline • <i>A Solid Start: Facilitator Guide</i> • <i>Breastfeeding Assessment Guide</i> form (CHS012) • <i>Breastfeeding and lactation concerns – assessment</i> procedure • Corneal light reflex test procedure • <i>Growth birth – 18 years</i> guideline • <i>Head circumference assessment</i> procedure • <i>Hearing and Ear Health</i> guideline • <i>Hip assessment</i> procedure • <i>How children develop</i> resource • <i>Length assessment</i> procedure • <i>Nutrition for children – birth to 12 months</i> guideline

Steps	Additional information
<p>appropriate formula, volume and frequency and safe preparation.</p> <ul style="list-style-type: none"> Document infant feeding status. <p><u>Physical assessment</u></p> <ul style="list-style-type: none"> Conduct a physical assessment. Conduct a testes assessment. Conduct otoscopy and tympanometry assessments for all Aboriginal* children at Universal and Universal Plus contacts. <p><u>Growth assessment</u></p> <ul style="list-style-type: none"> Conduct a growth assessment including weight, length and head circumference. Document growth measurements and interpret growth trajectories using: <ul style="list-style-type: none"> Electronic records World Health Organization (WHO) 0-2 years growth charts Discuss growth patterns and findings with parents. <p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> Conduct an observational assessment and complete the following: <ul style="list-style-type: none"> ASQ-3™ Hip assessments Corneal light reflex test Red reflex test <p><u>Social and emotional assessment</u></p> <ul style="list-style-type: none"> Conduct the following: <ul style="list-style-type: none"> ASQ:SE-2™ <p><u>Sleep</u></p> <ul style="list-style-type: none"> Enquire about awake and sleeping patterns, providing information and support as required. <p><u>Sudden Unexpected Death in Infancy (SUDI) prevention</u></p> <ul style="list-style-type: none"> Promote key messages about safe sleeping during the first year of life. Document outcomes of safe sleeping 	<ul style="list-style-type: none"> Otoscopy procedure Physical Assessment 0-4 years guideline Red reflex test procedure Sleep guideline Testes examination procedure Tympanometry procedure Vision guideline Weight assessment 0-2 years procedure <p><u>Feeding efficiency and nutrition</u></p> <p>The <i>Universal contact 4 months</i> can be a time where clients consider prematurely introducing complementary feeds and/or solids. It is important to conduct holistic assessments and provide clients with evidenced based information.</p> <p><u>Physical assessment</u></p> <p>When undertaking a physical assessment, focus on general appearance, skin integrity, signs of plagiocephaly and testicular descent.</p> <p><u>Growth 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>Developmental assessment</u></p> <p>Discuss how the early identification and intervention of ear infections can have a positive impact on children achieving appropriate hearing and speech milestones, and future learning outcomes.</p> <p>Developmental assessments include:</p> <ul style="list-style-type: none"> Fine motor Hearing behaviours

Steps	Additional information
<p>discussions.</p> <p><u>Immunisation</u></p> <ul style="list-style-type: none"> • Enquire about immunisation status. <p><u>Newborn Bloodspot Screening</u></p> <ul style="list-style-type: none"> • <u>Review information through consultation with clients and from infant's <i>Personal Health Record (PHR)</i></u> 	<ul style="list-style-type: none"> • Posture and large movements • Social behaviour and play • Speech, language and communication • Vision behaviours <p><u>SUDI</u></p> <p>Ensure clients are aware of SUDI prevention using the <i>Red Nose how to sleep baby safely messages</i> (in the PHR).</p> <p><u>Immunisation</u></p> <p>Promote immunisation uptake if not fully vaccinated for age by reinforcing the WA Vaccination Schedule in the PHR and promoting local options to access immunisation.</p> <p><u>Newborn Bloodspot Screening</u></p> <p>If not previously completed <u>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.</p> <ul style="list-style-type: none"> • Refer family to <i>Healthy WA- Your baby's newborn bloodspot screening test</i> for more information
<p>Maternal health and wellbeing</p> <ul style="list-style-type: none"> • Enquire about physical health. • Protect, promote and support breastfeeding and lactation. • Enquire about lactation and provide information and care planning as required. 	<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 assessment – concerns procedure</i> • <i>Early Parenting Groups: Facilitator Guide</i> for more information relevant to the <i>Universal contact 4 months</i> • <i>Nutrition for children – birth to 12 months</i> guideline
<p>Family health and wellbeing</p> <ul style="list-style-type: none"> • Elicit and respond to parental concerns and provide interventions as required. • Observe for parent-child attachment including mutual gaze, sensitive and responsive communication and stimulation, warmth and affection. • Update family history related to health, 	<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 4 months</i> • <i>Genogram</i> resource • <i>Family and domestic violence</i> protocol • <i>Indicators of Need</i> resource • <i>Perinatal and infant mental health</i>

Steps	Additional information
<p>relationships, family support, risk and protective factors as required.</p> <ul style="list-style-type: none"> • Conduct emotional and social wellbeing screening. <ul style="list-style-type: none"> ○ Complete the <i>Edinburgh Postnatal Depression Scale</i> (EPDS) • Conduct Family and domestic violence (FDV) screening. <ul style="list-style-type: none"> ○ Complete the <i>Screening For Family and Domestic Violence</i> form (FDV 950) • Promote healthy nutrition and physical activity. • In WACHS complete the WA Community Health Acuity Tool to classify the complexity of client needs. 	<p>guideline</p> <p>Nurses will reinforce client strengths and explore strategies to mitigate the effect of risks.</p> <p>It is recognised there are diverse family structures and relevant caregivers are invited to engage with community health services.</p>
<p>Anticipatory guidance</p> <ul style="list-style-type: none"> • Attachment <ul style="list-style-type: none"> ○ Sensitive parenting and Circle of Security principles • Child development • Communication • Early literacy • Injury prevention <ul style="list-style-type: none"> ○ Emerging skill development • Immunisation <ul style="list-style-type: none"> ○ Ensure client awareness of the <i>WA Vaccination Schedule</i> information in the PHR • Nutrition and anticipatory guidance for introducing solid food including <ul style="list-style-type: none"> ○ Signs of readiness ○ Ideas for iron rich first foods ○ Balancing milk feeds with solid foods ○ Minimising risk of food allergies ○ Transitioning through textures ○ Transitioning to a cup ○ Foods to avoid 	<p>The list of anticipatory topics is of relevance for the 4 month 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>A solid start: Facilitator Guide</i> • <i>Early Parenting Groups: Facilitator Guide</i> for information relevant to the <i>Universal contact 4 months</i> • <i>How children develop</i> resource • <i>Let's Sleep: Facilitator Guide</i> • <i>Physical Assessment 0-4 years</i> guideline • <i>Sleep</i> guideline <p>Discuss supporting child development and children's needs, whilst developing an understanding of the support parents need, to raise thriving children.⁵</p>

Steps	Additional information
<ul style="list-style-type: none"> • Oral health and teething • Play and movement • Screen time <ul style="list-style-type: none"> ○ Not recommended for children under 2 years, other than video-chatting • Sleep and settling • Sun protection 	
<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>.</p> <p>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"> • Promote <i>Universal contact 12 months</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>Groups for parents</i> guideline <p>Offer the following Community Health group programs as required:</p> <ul style="list-style-type: none"> • <i>A Solid Start</i>: a universal program for all clients providing information on introducing solids • <i>Let's sleep</i>: a targeted service for clients with 6 to 12 month olds experiencing sleep and settling difficulties • <i>Circle of Security – Parenting</i>: a targeted service to help parents understand their child's emotions (suitable from four months to six years).

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.	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 Guideline
Ages and Stages Questionnaires ®
Breastfeeding and lactation concerns - assessment
Breastfeeding protection, promotion and support
Breastfeeding support service
Child health services
Clients of concern management
Corneal light reflex test
Drop-in session
Family and domestic violence
Groups for parents
Growth birth – 18 years
Growth faltering
Head circumference
Hearing and Ear Health
Hip assessment
Length assessment 0-2 years
Nutrition for children – birth to 12 months
Oral health examination

Otoscopy
Perinatal and infant mental health
Physical assessment 0-4 years
Red reflex test
Sleep
Testes examination
Tympanometry
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
Ear Health Checks for Aboriginal Children
Identifying and Responding to Family and Domestic Violence
Patient identification
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
Genogram
How children develop
Indicators of Need
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses

Related external resources
Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide
Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide
Australian Breastfeeding Association 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.
Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years)
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>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>Playgroup WA</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>
<p>SunSmart Cancer Council of Western Australia</p>

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

Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	15 May 2017	Review Date:	9 September 2023
Last Reviewed	9 September 2020, 19 August 2021 (Amendment)		
Approved by:	Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director Nursing	Date:	9 September 2020
Standards:	NSQHS Standards:  1.7,1.27 Child Safe Standards: 1,3, 4, 7, 10		

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



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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