



GUIDELINE

Universal contact 0 - 14 days

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

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

- This document should be read in conjunction with the [Child Health Services](#) policy
- 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.
- Inspect visually, and further examination where indicated.
- Standard precautions are to be applied by all staff, for all clients and at all times when conducting assessment and/or in contact (or likely to be in contact) with blood or body fluids, non-intact skin and mucous membranes.

Process

Steps	Additional information
<p>1. Client information</p> <ul style="list-style-type: none"> • Prior to the contact review the following client information to assist with care planning: <ul style="list-style-type: none"> ○ Client identification and contact details ○ Birth notification form ○ Maternity services completed documents including <i>Discharge Summaries</i> and <i>Neonatal Special</i> 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Patient / Client Identification (CACH) or Patient Identification (WACHS) ○ Client Information – Requests and Sharing (CACH) or Consent for Sharing of Information: Child 0-17 years (WACHS) ○ Home and community visits

Steps	Additional information
<p><i>Referrals to Child Health</i></p> <ul style="list-style-type: none"> ○ For infants who have received care from KEMH home visiting (HV) program, CACH nurse to schedule 'first visit' for this group of infants once infant is discharged from HV service. See Handover KEMH HV Nurse flowchart ● At the contact collect relevant information through consultation with clients and from the infant's <i>Personal Health Record</i> (PHR) including: <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>Newborn Hearing Screen</i> results ○ <i>My going home check</i> – newborn examination ● For clients new to Child Health Services, enquire if the parents and/or caregivers will identify the infant as of Aboriginal¹ descent, updating child health records if required. ● In CACH see the Aboriginal Children Birth Notification Flowchart regarding offering services to Aboriginal children ● Obtain signed consent for release of client information as appropriate, by completing the <i>Consent for release of information</i> (CHS725 02/16) (CACH) or <i>Consent for Sharing of Information Child 0-17 years</i> (WACHS) form. 	<p>(CACH) or Working in Isolation – Minimum Safety and Security Standards for All Staff (WACHS)</p> <ul style="list-style-type: none"> ○ Universal contact initial interaction ● Key client information that may impact on care planning includes: <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 another provider. ○ Refer family to Healthy WA - Your baby's newborn bloodspot screening test for more information ○ Postnatal – evidence of secretory activation (onset of copious breastmilk production), breast and nipple health ○ Parental expectations associated with pregnancy, birth and after birth experiences

¹ 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

Steps	Additional information
	<ul style="list-style-type: none"> • Services that clients may have involvement with, including the Department for Child Protection and Family Support • The Welcome to the Aboriginal Team resource can be offered to clients in CACH. • In WACHS check for Child at Risk Alert. • In WACHS, when a child has been identified as being at risk of poor health, development or wellbeing, the Enhanced Child Health Schedule will be activated.
<p>2. 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>Refer to the following for more information:</p> <ul style="list-style-type: none"> • Breastfeeding protection, promotion and support • Breastfeeding Assessment Guide (CHS012) • Early Parenting Groups: Facilitator Guide for more information relevant to the Universal contact 0-14 days • Growth – birth to 18 years • How children develop • Nutrition for children – birth to 18 years • Physical Assessment 0-4 years • Weight assessment 0-2 years • Documenting infant feeding status - CAHS: See CDIS tip sheet: Clinical contact screen for child health
<p><u>Feeding efficiency and nutrition</u></p> <ul style="list-style-type: none"> • Enquire about lactation and breastfeeding, and observe a breastfeed (if possible) to determine feeding efficiency. • When deviations have been identified, use the Breastfeeding Assessment 	<p><u>Feeding efficiency and nutrition</u></p> <ul style="list-style-type: none"> • 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

Steps	Additional information
<p>Guide (CHS012) as part of a comprehensive systematic enquiry.</p> <ul style="list-style-type: none"> • If infant formula is used, ensure appropriate formula, volume, frequency and safe preparation. • Document infant feeding status in CDIS/CHIS. 	<p>outcomes.</p>
<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Conduct a physical assessment as per Physical Assessment 0-4 years 	<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Physical assessment to be performed on a firm stable surface • When conducting a physical assessment focus on general appearance, birth injuries, oral anatomy, head preferences, eye discharge, and the umbilical cord separation and healing process.
<p><u>Recognise indicators for physical abuse and neglect</u></p> <ul style="list-style-type: none"> • Consider the child’s age, level of mobility and development. If there are observations or concern relating to bruising without reasonable explanation (i.e. bruising in a non-mobile baby including facial, torso, ears and neck bruising) or patterned bruising (i.e. slap, grab or loop marks) nurses must take the following action: <ul style="list-style-type: none"> ○ Identify any immediate safety concerns ○ Discuss concerns with parent/caregiver if safe to do so ○ If a belief is formed that the child has been harmed or is likely to be harmed a formal report to the Department of Communities is required as soon as possible • Document discussion, actions, referrals and plans in CDIS/CHIS, including discussions with relevant CNM/CNS and document further action and plan 	<ul style="list-style-type: none"> • Staff can use the TEN-4-FACESp tool to improve recognition of potentially abused children with bruising who require further evaluation. • See Guidelines for Protecting Children 2020, Child Safeguarding and Protection (CAHS) and Child Safety and Wellbeing (WACHS)

Steps	Additional information
<p>of follow up</p>	
<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • Perform hand hygiene and don PPE as required • Conduct a weight assessment to determine current status and compare with birth weight and discharge weight. • Document weight measurement and interpret growth trajectories using: <ul style="list-style-type: none"> ○ Electronic records ○ World Health Organization (WHO) 0-2 year growth charts • Discuss findings and growth patterns with parents. 	<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • 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. • Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal. • 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><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>Safe Infant Sleeping promotion</u></p> <ul style="list-style-type: none"> • Promote safe sleeping through: <ul style="list-style-type: none"> ○ Identification of key infant, parent/caregiver and environmental risk factors and how to mitigate those (Refer to the WA Health Safe Infant Sleeping Guideline for a comprehensive list) ○ enquiring about the infant’s sleeping arrangements and discussing the risks of sharing sleep surfaces including fatal sleep accidents, entrapment and falls related injuries. • If no risks identified record in CHIS/CDIS as “discussed with no concerns”. 	<p><u>Safe Infant Sleeping</u></p> <ul style="list-style-type: none"> • Promote the Six Key Messages for Safe Infant Sleeping (as per the WA Health Safe Infant Sleeping Guideline): <ul style="list-style-type: none"> ○ Sleep baby on its back ○ Keep baby’s head and face uncovered. ○ Keep baby smoke free before and after birth. ○ Safe sleeping environment night and day ○ Sleep baby in a safe cot in parents’ room ○ Breastfeed baby.

Steps	Additional information
<ul style="list-style-type: none"> • If risks identified, (including the risk of sharing sleep surfaces), use CHIS/CDIS notes to clearly and contemporaneously document all education/advice and discussions. • Encourage parent/caregiver to return the infant/child to the cot after feeding and before the parent/caregiver falls asleep with the infant in the bed or chair. • Safe infant sleeping information must be provided and where available provided to families in their first language. 	
<p>3. 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 six (6) months of age, when complementary foods are introduced, with continued breastfeeding to 12 months of age and beyond, for as long as the mother and infant (or child) desire.⁵ • Enquire about lactation and when deviations have been identified, use the Breastfeeding Assessment Guide (CHS012) to assist with care planning. • 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. • Discuss rest, gentle activity, pelvic floor exercises and healthy nutrition. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Breastfeeding protection, promotion and support ○ Breastfeeding Assessment Guide (CHS012) ○ Early Parenting Groups: Facilitator Guide for more information relevant to the <i>Universal contact 0-14 days</i> ○ Nutrition for children – birth to 18 years • Provide clients with details of the following services and resources that protect, promote and support breastfeeding and lactation: <ul style="list-style-type: none"> ○ Australian Breastfeeding Association ○ Breastfeeding Centre of WA ○ Ngala ○ Raising Children Network ○ Nurses will be aware of breastfeeding services offered by maternity hospitals and, in metropolitan regions, the CACH

Steps	Additional information
	Breastfeeding Support Service.
<p>4. 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 Genogram ○ Complete an Indicators of Need ○ In WACHS complete the WA Community Health Acuity Tool to classify the complexity of client needs. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Early Parenting Groups: Facilitator Guide for more information relevant to the Universal contact 0-14 days ○ Genogram ○ Indicators of Need • It is recognised there are diverse family structures and relevant caregivers are invited to engage with child health services.
<p>5. 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 ○ Safe infant sleeping • Play and the importance of prone position. • Siblings' adjustment to new baby 	<ul style="list-style-type: none"> • The list of anticipatory topics is of relevance for the 0–14-day contact. However, nurses will prioritise discussions according to client need. • Refer to the following for more information: <ul style="list-style-type: none"> ○ Early Parenting Groups: Facilitator Guide for more information relevant to the <i>Universal contact 0-14 days</i> ○ How children develop ○ Physical Assessment 0-4 years ○ Sleep – 0-5 years • Discuss parenting from a child development narrative, rather than a parenting effectiveness narrative.⁶ That is, start with supporting child

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>development and children’s needs, whilst developing an understanding of the support parents need, to raise thriving children.⁶</p>
<p>6. Parent education and resources</p> <ul style="list-style-type: none"> • Offer information about relevant community services, resources and where to get help. • Red Nose Safe sleeping poster must be displayed in community health settings where infants are provided with care 	<ul style="list-style-type: none"> • Offer clients resources listed in the Practice guide for Community Health Nurses. • Nurses are encouraged to be aware of the availability of local resources, including those listed in the PHR.
<p>7. 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 Universal contact 8 weeks appointment. • Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Drop-in session ○ Groups for parents

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

<p>Young People 2020-2030. Department of Health. Australia. 2019.</p> <p>3. Western Australian Government. Our Priorities Sharing Prosperity. Department of the Premier and Cabinet. Western Australia. 2019.</p> <p>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.</p> <p>5. Council of Australian Governments. Australian National Breastfeeding Strategy 2019 and beyond. Canberra. 2019.</p> <p>6. McCormack D, Taylor L. Putting children first: Changing how we communicate with parents to improve children's outcomes. Child Family Community Australia. 2019. Putting children first: Changing how we communicate with parents to improve children's outcomes Australian Institute of Family Studies (aifs.gov.au).</p>
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Related policies, procedures and guidelines
The following documents can be accessed in the Clinical Nursing Manual via the HealthPoint link or Internet link
Breastfeeding protection, promotion and support
Breastfeeding support service
Clients of concern management
Drop-in session
Factors impacting child health and development
Groups for parents
Growth – birth to 18 years
Growth – downward trajectory
Hearing and Ear Health
Nutrition for children – birth to 18 years
Physical assessment 0-4 years
Universal contact initial interaction
Vision and eye health

Weight assessment 0-2 years
The following documents can be accessed in the CACH Operational Manual
Client Information – Requests and Sharing
Consent for services
Home and community visits
Working alone
The following documents can be accessed in CAHS Policy
Child Safeguarding and Protection
Language Services
Patient / Client Identification
Safe infant Sleeping
The following documents can be accessed in WACHS Policy
Child Safety and Wellbeing
Consent for Sharing of Information: Child 0-17
Enhanced Child Health Schedule
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)
Information Security Policy (MP 0067/17)
Safe Infant Sleeping Policy (MP0106/19)
WA Health Consent to Treatment Policy (MP 0175/22)
WA Health Consent to Treatment Procedure (MP 0175/22)
WA Health Language Services Policy (MP0051/17)

Related CACH forms
The following forms can be accessed from the CACH Forms page on HealthPoint
Breastfeeding Assessment Guide (CHS012)
Neonatal Special Referral to Child Health Services (OD 0617/15)
WHO 0-6 months growth charts
Related CACH resources
The following resources can be accessed from the CACH Resources page on HealthPoint
Aboriginal Children Birth Notification Flowchart
Early Parenting Groups: Facilitator Guide
Genogram
Guidelines for Protecting Children 2020
Handover KEMH HV Nurse (Service Integration Flowchart)
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
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.
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 includes Pregnancy, Birth and your Baby (contains useful information regarding after the birth of a baby)
Book: Mary Sheridan's From Birth To Five Years Children's Developmental Progress.

2014. Ajay Sharma and Helen Cockerill.
Book: From Birth To Five Years Practical Developmental Examination. 2014. Ajay Sharma and Helen Cockerill.
Healthy WA
Healthy WA: Your baby's newborn bloodspot screening test
Infant Feeding Guidelines – Information for health workers (National Health and Medical Research Council)
Kidsafe WA
Ngala
Nursing and Midwifery Board of Australia. Code of conduct for nurses and Code of conduct for midwives . 2018
Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice . 2016.
Raising Children Network – Breastfeeding information and support resources
Red Nose Australia
TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age (**for staff use only- not for use in client facing areas)
West Australian Newborn Hearing Screening Program
WA Health Safe infant Sleeping Guideline

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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