



GUIDELINE

Universal contact 8 weeks

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 8 weeks* 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 8 weeks* is offered as 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.
- 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 electronic health records, noting any previously identified concerns and follow up required. • At the start of the contact ensure clients are correctly identified. • Review information through consultation with clients and from the infant's Personal Health Record (PHR) 	<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) • Encourage completion of the: <ul style="list-style-type: none"> ○ Newborn Bloodspot Screening- If not previously completed <u>screening can be offered up to 12 months of age</u>. Refer family to GP or other

Steps	Additional information
<p>documents including:</p> <ul style="list-style-type: none"> ○ Newborn Bloodspot Screening ○ Newborn Hearing Screen ○ Doctor check 6-8 weeks examination ○ WA Childhood Vaccination Record Card immunisation status <ul style="list-style-type: none"> ● 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>appropriate medical service for referral to PathWest or other provider.</p> <ul style="list-style-type: none"> ○ Refer family to Healthy WA - Your baby's newborn bloodspot screening test for more information ○ <i>Doctor check 6-8 weeks</i> if not yet attended ○ <i>Newborn Hearing Screen</i>, if a hearing screen was not attended after birth or a repeat hearing screening was required ○ 6-8 week immunisation if not yet attended <ul style="list-style-type: none"> ● 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. 	<ul style="list-style-type: none"> ● Refer to the following for more information: <ul style="list-style-type: none"> ○ Breastfeeding Assessment Guide (CHS012) ○ Corneal light reflex test ○ Early Parenting Groups: Facilitator Guide for more information relevant to the Universal contact 8 weeks ○ Growth – birth to 18 years ○ Head circumference assessment ○ Hearing and Ear Health ○ Hip assessment ○ How children develop

* 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"> ○ Length assessment 0-2 years ○ Nutrition for children – birth to 18 years ○ Otoscopy ○ Physical Assessment 0-4 years ○ Practice guide for Community Health Nurses ○ Red reflex ○ Sleep - 0-5 years ○ Tympanometry ○ Vision and eye health ○ 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 Guide (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 in CDIS/CHIS. 	<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 outcomes.
<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> ● Conduct a physical assessment as per Physical Assessment 0-4 years Hip assessments 	<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> ● Physical assessment to be performed on a firm stable surface ● When undertaking a physical assessment, focus on general appearance, oral anatomy, fontanelles, head preferences and head shape,

Steps	Additional information
	<p>skin integrity, genitalia and indicators of child abuse.</p>
<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 of follow up 	<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).
<p><u>Hearing screening</u></p> <ul style="list-style-type: none"> • Offer for all Aboriginal children and others at increased risk <ul style="list-style-type: none"> ○ Screening questions and observations ○ Otoscopy ○ Tympanometry 	<p><u>See:</u></p> <ul style="list-style-type: none"> • Hearing and ear health • Otoscopy • Tympanometry
<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • Conduct a growth assessment including weight, length and head circumference. 	<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

Steps	Additional information
<ul style="list-style-type: none"> • 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>serial weight, length and head circumference measurements.</p> <ul style="list-style-type: none"> • 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 assessment</u></p> <ul style="list-style-type: none"> • Discuss any concerns or follow up required from the <i>Doctor check 6-8 weeks examination</i> in the PHR. • Conduct the following: <ul style="list-style-type: none"> ○ Corneal light reflex test ○ Red reflex test • Conduct an observational assessment of the following: <ul style="list-style-type: none"> ○ Fine motor ○ Hearing behaviours ○ Posture and large movements ○ Social behaviour and play ○ Speech, language and communication ○ Vision behaviours 	<p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> • 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><u>Sleep</u></p> <ul style="list-style-type: none"> • Enquire about awake and sleeping patterns, providing information and support as required. <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 	<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

Steps	Additional information
<p>those (Refer to the WA Health Safe Infant Sleeping Guideline for a comprehensive list)</p> <ul style="list-style-type: none"> ○ 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”. ● 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>and day</p> <ul style="list-style-type: none"> ○ Sleep baby in a safe cot in parents’ room ○ Breastfeed baby.
<p><u>Immunisation</u></p> <ul style="list-style-type: none"> ● Enquire about immunisation status. 	<p><u>Immunisation</u></p> <ul style="list-style-type: none"> ● Promote immunisation uptake if not fully vaccinated for age by reinforcing the <i>WA Vaccination Schedule</i> in the PHR and promoting local options to access immunisation.
<p>3. Maternal health and wellbeing</p> <ul style="list-style-type: none"> ● Elicit and respond to maternal concerns and provide brief interventions as required. ● Enquire about the maternal 6 week postnatal assessment by the General Practitioner (GP) or Obstetrician and discuss any concerns or follow up required. 	<ul style="list-style-type: none"> ● Refer to the following for more information: <ul style="list-style-type: none"> ○ Breastfeeding Assessment Guide (CHS012) ○ Early Parenting Groups: Facilitator Guide for information relevant to the <i>Universal contact 8 weeks</i> ○ Nutrition for children – birth to 18

Steps	Additional information
<ul style="list-style-type: none"> • Protect, promote and support breastfeeding and lactation. • Enquire about lactation and when deviations have been identified, use the Breastfeeding Assessment Guide (CHS012) to assist with care planning. • Enquire about physical health including breast and nipple comfort, lochia, wound healing, continence and sleeping patterns. • Promote rest, gentle activity, pelvic floor exercises and healthy nutrition. • Enquire about family planning and contraception and refer to GP if required. 	<p>years</p> <ul style="list-style-type: none"> • 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 the CACH Breastfeeding Support Service, for clients experiencing breastfeeding deviations that have not responded to brief interventions.
<p>4. 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, relationships, family support, risk and protective factors as required. • Enquire about adjustment to parenting (including the mother, father and significant caregivers as appropriate) and conduct emotional and social wellbeing screening. <ul style="list-style-type: none"> ○ Complete the <i>Edinburgh Postnatal Depression Scale (EPDS)</i> • 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 	<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 <i>Universal contact 8 weeks</i> ○ Genogram ○ Family and domestic violence ○ Indicators of Need ○ Perinatal and infant mental health • Nurses will reinforce client strengths and explore strategies to mitigate the effect of risks. • It is recognised there are diverse family structures and relevant caregivers are invited to engage with child health services

Steps	Additional information
<p>950)</p> <ul style="list-style-type: none"> Promote healthy nutrition and physical activity 	
<p>5. 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 Crying Early literacy Injury prevention <ul style="list-style-type: none"> Shaking and hitting children Emerging skill development Safe infant sleeping Immunisation <ul style="list-style-type: none"> Ensure client awareness of the <i>WA Vaccination Schedule</i> information in the PHR Plagiocephaly prevention Play and the importance of prone position Screen time <ul style="list-style-type: none"> Not recommended for children under 2 years, other than video-chatting Sleep and settling 	<ul style="list-style-type: none"> The list of anticipatory topics is of relevance for the 8 week 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 8 weeks</i> How children develop Physical Assessment 0-4 years Sleep Discuss parenting using a child development narrative, rather than a parenting effectiveness narrative.⁵ Discuss how children learn from their parents' responses to their cues and cries and the importance of parental interaction and communication with their child, including sensitive parenting.
<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.

Steps	Additional information
<p>7. Care planning</p> <ul style="list-style-type: none"> • Discuss how to make and change child health appointments. • Arrange a <i>Universal contact 4 months</i> appointment. • Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	

Documentation

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

References
<ol style="list-style-type: none"> 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. In: Department of Health, editor. Australia 2019. 3. Western Australian Government. Our Priorities Sharing Prosperity. In: Department of the Premier and Cabinet, editor. Western Australia 2019. 4. Moore TG, 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. p. https://aifs.gov.au/cfca/events/putting-children-first-changing-how-we-communicate-parents-improve-childrens-outcomes.

Related policies, procedures and guidelines
<p>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</p>
<p>Breastfeeding protection, promotion and support</p>
<p>Breastfeeding support service</p>
<p>Clients of concern management</p>


Corneal light reflex test
Drop-in session
Factors impacting child health and development
Family and domestic violence
Groups for parents
Growth – birth to 18 years
Growth – downward trajectory
Head circumference assessment
Hearing and Ear Health
Hip assessment
Length assessment 0-2 years
Nutrition for children – birth to 18 years
Otoscopy
Perinatal and infant mental health
Physical assessment 0-4 years
Red reflex test
Sleep – 0-5 years
Tympanometry
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 access, use and disclosure (MP0015/21)
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 Referrals to Child Health Services
WHO 0-6 months growth charts
Related CACH resources

The following resources can be accessed from the CACH Resources page on HealthPoint
Early Parenting Groups: Facilitator Guide
Genogram
How children develop
Indicators of Need
Parent Resources for Universal Contacts
Practice guide for Community Health Nurses
Related internal resources
Guidelines for Protecting Children 2020
Related external resources
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 includes Pregnancy, Birth and your 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
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 Grief and Loss Support Services
TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age (**for staff use only- not for use in client facing areas)
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