



GUIDELINE	
Universal contact 8 weeks	
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 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

- The *Universal contact 8 weeks* 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>Review information through consultation with clients and from the infant's <i>Personal Health Record (PHR)</i> documents including:</p> <ul style="list-style-type: none"> • <i>Newborn Bloodspot Screening</i> • <i>Doctor check 6-8 weeks examination</i> • <i>WA Childhood Vaccination Record Card immunisation status</i> <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>Encourage completion of the:</p> <ul style="list-style-type: none"> • <i>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 appropriate medical service for referral to PathWest or other provider.</i> <p>Refer family to <i>Healthy WA- Your baby's newborn bloodspot screening test</i> for more information</p> <ul style="list-style-type: none"> • <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 • <i>6-8 week immunisation</i> if not yet attended <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>

Steps	Additional information
<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 and observe a breastfeed if required, 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 and frequency and safe preparation. 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 Aboriginal* children at Universal and Universal Plus contacts (commencing at 8 weeks of age). <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"> 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"> Hip assessments 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> <i>Breastfeeding Assessment Guide</i> form (CHS012) <i>Breastfeeding and lactation concerns – assessment procedure</i> Corneal light reflex test procedure <i>Early Parenting Groups: Facilitator Guide</i> for more information relevant to the <i>Universal contact 8 weeks</i> <i>Growth birth – 18 years</i> guideline <i>Head circumference assessment procedure</i> <i>Hearing and Ear Health</i> guideline <i>Hip assessment procedure</i> <i>How children develop</i> resource <i>Length assessment 0-2 years</i> procedure <i>Nutrition for children – birth to 12 months</i> guideline <i>Otoscopy procedure</i> <i>Physical Assessment 0-4 years</i> guideline <i>Practice guide for Community Health Nurses</i> Red reflex test procedure <i>Sleep</i> guideline <i>Testes examination procedure</i> <i>Tympanometry procedure</i> <i>Vision</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 assessment</u></p> <p>When undertaking a physical assessment, focus on general appearance, oral anatomy, fontanelles, head preferences and head shape, skin integrity, genitalia and indicators of child abuse.</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</p>

Steps	Additional information
<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>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 discussions. <p><u>Immunisation</u></p> <ul style="list-style-type: none"> ● Enquire about immunisation status. 	<p>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><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 <i>WA Vaccination Schedule</i> in the PHR and promoting local options to access immunisation.</p>
<p>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. ● Protect, promote and support breastfeeding and lactation. ● Enquire about lactation and when deviations have been identified, use the <i>Breastfeeding Assessment Guide</i> form (CHS012) to assist with care planning. ● Enquire about physical health including 	<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 information relevant to the <i>Universal contact 8 weeks</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"> ● <i>Australian Breastfeeding Association</i> ● <i>Breastfeeding Centre of WA</i> ● <i>Ngala</i>

Steps	Additional information
<p>breast and nipple comfort, lochia, wound healing, continence and sleeping patterns.</p> <ul style="list-style-type: none"> • Promote rest, gentle activity, pelvic floor exercises and healthy nutrition. • Enquire about family planning and contraception and refer to GP if required. 	<ul style="list-style-type: none"> • <i>Raising Children Network</i> <p>Nurses will be aware of breastfeeding services offered by maternity hospitals and the CAHS-CH Breastfeeding Support Service, for clients experiencing breastfeeding deviations that have not responded to brief interventions.</p>
<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, 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 950) • Promote healthy nutrition and physical activity • In WACHS, complete the WA Community Health Acuity Tool 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 8 weeks</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> guideline <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 child 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 	<p>The list of anticipatory topics is of relevance for the 8 week 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

Steps	Additional information
<ul style="list-style-type: none"> • Crying • Early literacy • Injury prevention <ul style="list-style-type: none"> ○ Shaking and hitting children ○ Emerging skill development • 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 	<p>the <i>Universal contact 8 week</i></p> <ul style="list-style-type: none"> • <i>How children develop</i> resource • <i>Physical Assessment 0-4 years</i> guideline • <i>Sleep</i> guideline <p>Discuss parenting using a child development narrative, rather than a parenting effectiveness narrative.⁵</p> <p>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>
<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"> • 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	
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	
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
Otoscopy
Perinatal and infant mental health
Physical assessment 0-4 years
Red reflex test
Sleep
Testes examination
Tympanometry
Vision
Factors impacting child health and development
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
Special Referrals to Child Health Services
WebPAS Child at Risk Alert
Working in isolation – Minimum safety and security standards for all staff
The following document can be accessed in CAHS Policy

Child Safety and Protection Policy
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
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 resources 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
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 including Breastfeeding and breast care and 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, Breastfeeding and baby-led attachment (video), Baby cues and baby body language: a guide (video)
Rednose Australia

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), 27 May 2022 (amendment), 10 August 2022 (Amendment)		
Approved by:	Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director Nursing	Date:	9 September 2020
Standards Applicable:	NSQHS Standards:  1.7, 1.27 Child Safe Standards: 1,3, 4, 7, 10		

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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