



Kids Health Matters Transcript

Episode 8: Milestones matter - why child health nurses can be a 'godsend' for parents

The Child and Adolescent Health Services respects and acknowledges the Whadjuk People as the traditional custodians of the land on which we work and of Elders past and present.

Hi and welcome to Kids Health Matters - a podcast where we meet experts from the Western Australian Child and Adolescent Health Service, which includes Perth Children's Hospital.

Each episode will dive into a range of topics and issues affecting kids' health and wellbeing and provide you with information on how you can best support them through their journey of childhood and adolescence.

Host Dani Shuey (DS)

Parenting a baby or toddler can make life full of joy, but it can also be overwhelming at times. Child health nurses have a wealth of information during these years and provide fantastic support and guidance. Today's guests will give us some insights into how and why child health checks with your child health nurse should be an essential part of your parenting journey.

Welcome to Brooke Cini, who works with Child and Adolescent Community Health as a child health nurse, and my co-host in the studio, Danielle Engelbrecht, who's also a nurse here at Perth Children's Hospital.

How are you ladies?

Guest Brooke Cini (BC)

Yeah, good thank you.

Co-host Danielle Engelbrecht (DE)

Hi Dani.



DS

I'm really excited about today's episode because it wasn't too long ago that I was taking my children to their child health nurse appointments and I learned so much in that first few years of parenting. They were my saviours in a way because you go to them as your first port of call for a lot of things that you're unsure about.

So I'm really excited to have you here today Brooke.

DE

Brooke, I've noticed you here at PCH on Ward 2B and I found that is quite interesting and unique to have a dual role here at PCH and as a child health nurse and I was wondering if you could tell me a little bit about that?

BC

Yes, there's not many of us who work across the two areas but I absolutely love it. It gives me a really good insight into our paediatric patient's journey. I see them in this acute setting and I see them in their safe place at home. I can see the challenges families face when they have unwell children, and I really empathise, I see it acutely.

And I see them when they're well and healthy and it gives me amazing job satisfaction helping families get back to their homes, and then when they're in the community, understanding how tricky it can be with all the bugs that float around and the challenges that families face.

DS

Brooke what exactly is your role and who are you mostly seeing?

BC

In my child health role I see families with newborn babies, so we would generally see them in their first 14 days from when they get home, right up until the child starts kindy or school. And we see all family members; we see grandparents, mums, dads and often we'll see the older siblings running around the house as well, very excited with their new baby; the more the merrier really because we understand that families are a unit, and for a child to be healthy, we need the family to be healthy.

So when we see these families and children we're there to do health and developmental checks. That's our area of knowledge. To make sure children are developing and growing to their full potential and to make sure parents are travelling okay, so they can support their children.



What we do is reassurance, support, guidance and link them up with services.

DS

Danielle, having child health nurse appointments with your children was a little longer ago, and for me it was in the last few years, but as I mentioned earlier, I really took a lot out of them because there's lots of questions; you're just scratching your head when you've got young children, and your childhood nurses is your safe zone. You can ask them anything and know that you're getting the right information - and not even right information - but that real support when it comes to parenting.

So for those who haven't been to their first child health nurse appointment or are unsure about what to expect, how exactly are you helping parents who visit your clinics with their babies and toddlers?

BC

Our role is to be a non-judgmental, supportive person who you can come to when things are overwhelming, when you're unsure. There's no such thing as a silly question for us; we've heard it all and we want to make sure that you have correct evidence-based knowledge because we can appreciate that with technology, you can now research everything and sometimes that can be really hard as a parent because you get overwhelmed with all the information. Sometimes you need someone to navigate that and decipher what that means in real life and how you can make the best of your parenting journey; and sometimes you need someone to say you're doing well, what you're doing is right and you're a good enough parent for your child.

So we will be navigating through all those big those feelings and supporting families to do their best.

DS

If someone listening wants to get in touch with their local child health nurse what's the easiest way to do that?

BC

The easiest way is to call our 1300 number. For those of you who have purple books, the number will be in there, or call 1300 749 869 and you will be able to get a booking.



DS

We will get to the purple book shortly and a little bit more about what that entails and how that helps out.

DE

Brooke, when I was a new parent although I had a background of nursing and midwifery, I found my child health nurse was my godsend in those first few years, just to refer to and bounce questions off.

I was just wondering what happens on that very first visit.

BC

You'll get a phone call we'll congratulate you on your new baby and then we'll arrange a time to come and see you and the family. That first visit is normally in the first 14 days and we come and introduce ourselves; we touch base with how everything's going; we explain our service, give you lots of information and we leave it with you. We leave you pamphlets and booklets for everything that you need to know because we want to make sure you're travelling okay, baby's travelling okay, and let you know that we're here.

I really love that visit because it's a privilege going into someone's home; it's their safe place and as nurses, we often don't get that privilege. So I love that part of it and being the first person to be the face I guess, and to show them that there are people out there who can really help you and want to help you and want to listen. So I love that role.

We want to help parents navigate parenthood. There's no textbook so we try our very best to help them to navigate that.

DS

It's pretty incredible isn't it because there's so many different family structures when you have a baby. There could be parents on their own, there could be the traditional setup or people whose partners have gone straight back to work. You really don't know much so to have the child health nurses be that "other person" in their life to call on and have for reassurance is a really incredible service.

But let's talk about the purple book Brooke.



I remember getting my purple book, and I'll be honest, I had no idea what the purple book was when I gave birth to my children. But then I was given my little book and it had lots of details and other things filled in and I kept looking through it for information for years. I took it to every doctor's appointment – the purple book is pretty amazing.

Can you tell us exactly what it is and how that helps new parents?

BC

The purple book is a one-stop-shop for parents where they can record everything in it to do with their child. It has helpful information in it, all your emergency numbers and developmental milestones, which can be really helpful because sometimes things can get overwhelming; you're not sure because your friend's kids doing things and every child develops differently, so it gives you a few tips and pointers. It tells you when they're due to see our child health nurses, when they're due for their vaccines, it's a really great record. It has all their growth and it gives you places to write down concerns so when you come and see us, you can chat them through.

DE

Brooke, what about those families who haven't had their babies born here in WA? Are they able to still reach out to the child health nurse after they move here?

BC

Absolutely and the easiest way to come and see us is by calling the 1300 number and making an appointment. Purple book or not, we can absolutely see you, and want to.

DE

So the purple book can show us a lot about our developmental milestones for our children. What are some of the main issues or concerns that you see in our children?

BC

Big question. Parents come to us with a range of concerns and things that they may not be sure about whether their child is on track but one of the things that crops up for our toddler age group is speech.

Speech is something that we get asked about – is our child on track, are they saying what you would expect them to say, and they ask about their fine motor skills, like that little pincer grip – things like that come up.



And one- and two-year-olds start to get “big feelings” so is that emotional regulation normal? Is my child more upset than they're meant to be or are they more shy or scared than they're meant to be? They are really common issues for that older group. We do also get sleep and breastfeeding queries in the early days, and we have lots of services that we can link them in to for that.

Sometimes for those toddler age groups, fussy eating or picky eating, when they start to get a little more choice, are the issues that come up.

DS

I'm still not getting any sleep Brooke so I might need to hit you up for some of your resources, and some help. I might get you to come to a home visit even though my kids are five and three.

But let's talk more about those speech concerns though. I think that's quite a tricky one because you're not quite sure what to compare your child to and whether their speech could be better at whatever age they are.

BC

Yes, speech is really tricky. I think as parents we tune into our children, we can decipher what they're saying, how they're saying it and we almost know what they need before they need to say anything. And life's busy so often we don't wait, because were like yep, we know you want your water bottle, so we pass them the water bottle.

Often, it's not until parents come and see us for that two-year-old check where we'll have a chat about speech and see parents who are really tuned in. They know what their child needs and wants and often the extended family will be too. But someone who doesn't know your child, which will be us, can see maybe there's a need for some help here, or maybe we can give you some additional tools or skills or link you in with allied health professionals.

So speech is often something that we would pick up around two but it can be tricky; they often go to day care and start getting lots of colds that can impact hearing which can impact speech so it is a really tricky thing to be picked up by parents. That's why it's great to have that second set of eyes and ears.

DS

It's actually really interesting that you mention that because recently I had been noticing my son saying “what” to me a lot, and I was wondering what was going on. It came off the back of having those colds and viruses and he actually had a middle ear infection that we picked up on. But it's



interesting; sometimes you don't know whether they're just not listening, or there is actually a problem.

DE

So Brooke, if you feel that the parents are coming to you with concerns, or if you've picked up on some issues – because as a parent, especially with your first child, you actually don't know what you don't know, and what's normal because you feel that your child is normal and it's really hard to compare or understand what is actually on the normal trajectory – what would you do to help parents?

BC

That's our whole role. We want to be there to help navigate and detect the concerns or the issues; things you might need some help with and link you in with services. So often we play with the two-year-old who may be a bit shy and we try to hear some of their speech. We go a lot off parents' information because you are the expert with your child, and then we would refer.

Children develop at different rates and it is really hard, you don't know what you don't know, and it's difficult to know the vast range of “typical” so if we need to we would provide reassurance, give some strategies and make follow up appointments, and if we did feel there was a concern we would link in with allied health professionals because we know that early intervention for speech makes a huge difference when they start to go on to school, and further on in life.

DS

Brooke, I'll just jump in there, what is allied health?

BC

When I mention allied health I'm talking about our wonderful speech therapists, our occupational therapists who can help with regulation, fine motor and gross motor skills, physios, social workers – all of those additional professionals.

DS

As a child health nurse, what's the most common question you're asked and how do you respond?



BC

There isn't just one question that we get asked but sleep is common and sleep causes a lot of stress in families. It carries through from the newborn days to toddlers waking and it's a common issue that I think everyone can relate to.

My role is to listen, to offer reassurance, to give individualised advice or offer some strategies that may help and to link to people who are experts in sleep issues.

DS

I think sleep deserves its own episode because there's a lot to unpack and there's so much information about it so you'll have to keep your ears and eyes on the lookout for that one.

DE

Brooke, are there any growing issues or trends that you're seeing as a child health nurse that have become more common over the last few years?

BC

Yes, there's a couple that I have noticed.

For children, it is speech, which I think relates to our very busy lifestyles and the use of technology has really increased, particularly over the last 10 years. There's lots of research showing that screen time impacts speech and language development. But screen time can be a real necessity for parents to be able to get the washing done and cook dinner, so I'm very mindful of that. Speech would be a big one when we look at the last few years.

And if we look at families as a unit, it would be mental health issues. Things like maternal health, or paternal for the dads and I think COVID had a really big role in this. Families could be quite isolated at times. Lots of services became virtual which for some people possibly didn't help them make the connections that they needed in those early days.

DS

There was a lot of stress at that time.

BC

Yes, anxiety about the unknown; extended family members were often interstate or overseas and couldn't come and help. I think COVID did create some additional pressures for families, as well as



just the ongoing life pressures in general like the cost of living increasing. We're quite unique in WA with our FIFO workforce, and that can also bring lots of challenges for families.

They would be the things that we have noticed over the last few years.

DS

What about technology Brooke? I imagine with the increase in screen time, and parents going well I'll just whack the telly on for them or hand them a device because that'll bide us some time while we get stuff done, is on the increase too.

BC

Yes, it is. It's a tricky one, screen time, because families need to cook the dinner, or need to do the washing, and sometimes, you work full time, your partner works full time, extended family are busy and so it gives you that reprieve that you need to be able to carry on and do the jobs that you need to.

I think it has its place for a limited time. We don't advocate for children under two but I'm also realistic about the facts so I think some strategies could be setting really small brief screen time windows. If you can, talk it through. Talk about what you're watching and talk about the songs or the actions and integrate yourself into that screen time. That's something that can help, where it still has its role.

DS

Yes, absolutely, and I think we can't avoid the fact that screens exist, and they're on the rise, and even in schools at a young age, they are using iPads for some lessons so you understand that need for a balance.

DE

Brooke what are the most common sources or the causes for anxiety that you're seeing in your families at the moment?

BC

Is my child on track? That's a really big question and as parents we worry, and we want the best for our child. We want our child to grow and develop and reach all those milestones and have this fabulous life, and we worry as parents – are we doing the right thing? Are we noticing that? Is everything going okay?



So it's really hard and in a society where we can access lots of information sometimes we read so much that then we worry and it creates a lot of anxiety. It can be overwhelming for parents.

But that's what we're here to help with; we've got the evidence base, the research and the knowledge and we can partner with you to say, yes, your child is on track or look, there's a couple of things we can work on so let's work on them together and we try to help share that load of anxiety and uncertainty.

DS

Yes, stop taking your parenting advice from influencers on Instagram, who make it all look perfect; keep it real and speak to your child health nurse!

Brooke, can I talk about the role that a child health nurse plays with parenting groups?

BC

Our role is to facilitate, so we get a group of people going through the trenches together with children of similar ages and we help you build a network while also getting really great snippets of information. It is really great to have someone else going through what you're going through at the same time, and that's what parenting groups help with, and we encourage everyone to be involved, to come and create that network.

DE

I know that was definitely my saving grace when I had both my first and my second child and my group and I actually went through the second child together. Those moms were the best thing that ever happened to me at that time; they really did save my bacon quite a few times, especially when you are feeling so isolated.

When you're accomplished or you're an expert in your normal everyday life, when your children come along they definitely yank the rug out from under you don't they, and make you feel quite inadequate.

So Brooke, I'm curious as to what your best advice would be for mums who can relate to those feelings of isolation and anxiety?

BC

I want to acknowledge that it's common; you're not walking it alone and generally if you're feeling like that, the mom sitting next to you with the four-month-old is also feeling like that.



It's a completely new role, as you said, you can come with all the wealth and knowledge, but this is a new relationship, you're learning to tune in with someone and get to know this new baby.

Come and see us. Chat. Find your safe people that you can talk to, engage in your community and join those early parenting groups to form that supporter network because you cannot have enough.

Our library groups and some of the councils do some really great activities as well but please remember, you don't need to walk it alone and we want you to come and see us and seek out support.

Other things that I think are really important for families and new parents would be to establish a good support base, having a good relationship with your GP and knowing that there are some really great mental health programs out there and counselling, and we can link you in with those.

DS

In your purple book there's the dot points to tell you at what age your check-ups need to happen for your children.

If you've missed that information – a lot of people might not know that they are meant to book in for the 12-month check and it's really beneficial, and so is the two-year-old check – but some people do miss it, that's the reality. Is there any idea why that's the case Brooke?

BC

I think life is really busy. As we've said before, you don't know what you don't know and for you, your child is travelling along. You might think everything is going great and so often if parents don't have concerns or they're not noticing something, they're busy. Life's is tricky. Often families have gone back to work, parents have gone back to work or they might be expecting their second baby at that point and so they might be feeling a bit more confident and experienced. I think that is probably why.

DE

Brooke, you were mentioning before that the research supports early diagnosis and intervention for kids who may not be travelling according to their milestones.

What could parents be missing out on if they do miss their two-year check?



BC

Well, you won't get to come and see us and often we've made really wonderful relationships with you, and we want to see this little four-month-old and 12-month-old now be a two-year-old.

A really beautiful part of my job is watching parents develop their parenting and thrive in this new role. These little two-year-olds just come in running and it's amazing for us to see.

If we don't see you at two there's the risk that things may get missed.

Life is busy; we tune into our kids and often those developmental milestones that may need some support then don't get picked up until they start school.

We see all children in their first year of school when we do a school entry health assessment. That is where a lot of kids we see, we detect the speech, hearing, fine motor, or big social and emotional concerns.

I think if we saw them at two, we could give strategies; we can tell parents where we would like them to be starting school and we can help link them with services before it starts impacting learning and become a real challenge for these children.

DS

Can I just say Brooke, my son had the child health nurse come to kindergarten and he'd had recurrent ear infections as a toddler. They picked up that he did have glue ear and even though we were already onto it because we'd been to our GP, I was amazed at how this nurse continually followed up with me to ensure that Oliver was getting the right help.

She called me twice over the course of three or four weeks to make sure that I had appointments booked in place and asked me to forward on the results from the appointments. I think that's just unbelievable support for parents; to have that other person checking in on your children and making sure that developmentally everything's going okay. It was really good to see.

BC

Yes and we know that hearing loss occurs when these kids get these colds and bugs and it impacts speech so they miss those crucial sounds which goes on to communicating with their friends, spelling, writing - it can really impact all these things.

And by seeing us, we can give you the knowledge of what to look out for or pick up the concerns and issues.



I think it's great that we want kids to start school ready and excited and you feel to feel confident that you've got your child to school.

So come and see us.

DS

It can lead to so many other issues as well if, in those early days, the parent, or the child doesn't know that there's something else going on and that can lead to other issues like mental health and wondering why they're not able to concentrate or write or read or speak properly. It can have lots of side effects down the track.

BC

Yes absolutely, and it's a whole new ball of stress for parents so we want to try and avoid that. Let's get them in and get them seen and get you help.

DS

And Brooke, are there any final messages you wanted to finish on?

BC

We want to support parents to give their children the best possible start in life. We know that's what parents want, and we want that as well.

We know the two-year-old check can be crucial in picking up developmental milestones or concerns, getting the child school ready and helping to give them that best possible start. Early intervention is absolutely the key to this so by coming and seeing us, the earlier we can identify those issues and link you in to address them, the better the outcomes.

Plus we love seeing busy two-year-old toddlers.

DS

Thank you very much Brooke Cini who works with Child and Adolescent Community Health as a child health nurse, and to you, as always my co-host Daniel Englebrecht, who is a nurse here at Perth Children's Hospital.

Thanks for listening to Kids Health Matters - a podcast produced by the Child and Adolescent Health Service. You can find more information and links to useful resources in the show notes for each episode. You can also email us with any feedback at kidshealthmatters@health.wa.gov.au.

