

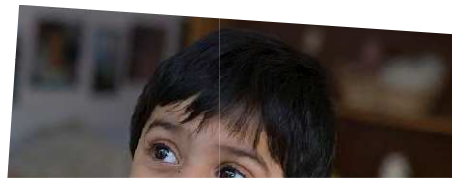
# The Maternal & Child Health Key Ages and Stages Framework

Helen Cunningham

Implementation Manager, Key Ages & Stages Project

Maternal and Child Health Service

Department of Education and Early Childhood Development



# Maternal and Child Health

- a universal primary health care service for Victorian families with children aged birth to school age
- funded by state and local government, and is free for all families
- the program is underpinned by the Child Wellbeing and Safety Act 2005

# Maternal and Child Health

- There are 709 centres state-wide
- Staffed by registered nurses with additional qualifications in midwifery and child and family health
- There are currently 894 MCH nurses employed by local government



# MCH Service Components

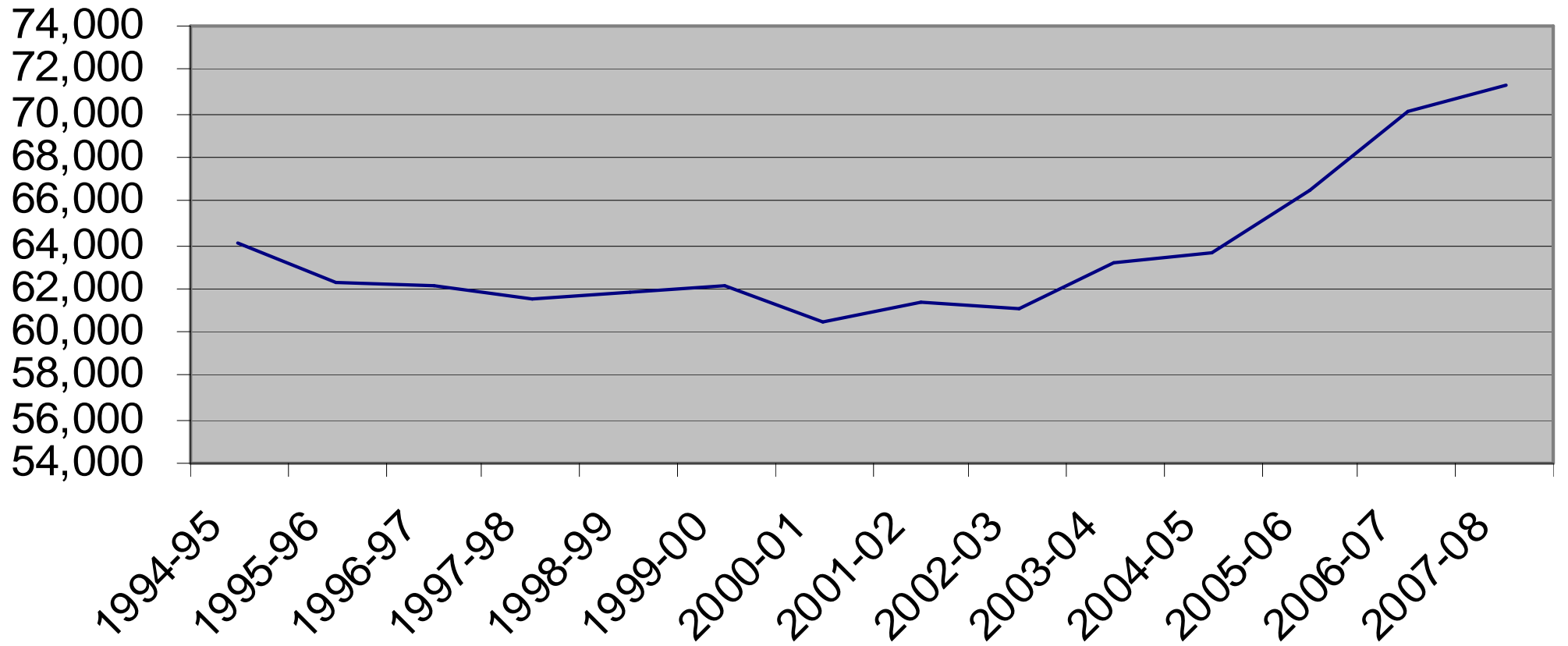
The Service currently comprises:

- **Universal Service** (Key Ages & Stages, additional visits, Phone consultations, Parent Groups)
- **Enhanced Service**
- **MCH Line (24 hours)**



# Number of Births

## Birth Notices



MCH consultation	Total 2009-2010
Home visit	71,500
2 weeks	69,206
4 weeks	68,385
8 weeks	67,894
4 months	65,566
8 months	59,699
12 months	57,970
18 months	51,972
2 years	50,013
3.5 years	44,619
	606,824

The Service currently comprises:

- Universal Service
- Enhanced Service
- MCH Line (24 hours)



Ten Key Ages and Stages consultations with an emphasis on prevention, promotion, early detection and intervention for health and wellbeing

a flexible component which includes additional consultations, new parent groups, community strengthening activities

- activities aim to improve outcomes for children and families in relation to child health, development, learning and wellbeing

- grounded in evidence-based practice and takes into account emerging early years policy and research

- The 10 Key Ages and Stages Consultations

● Home Visit

● 2 weeks

● 4 weeks

● 8 weeks

● 4 months

● 8 months

● 12 months

● 18 months

● 2 years

● 3.5years

# Health and Development Monitoring

- physical assessment
- Growth
- oral health
- vision screening
- developmental assessment
- family health and wellbeing



# Activities and/or tasks

Interventions includes:

responding to assessments

QUIT

family violence,

teeth cleaning,

promoting a healthy BMI



# Promotion of health and wellbeing includes:

breastfeeding,

immunisation,

safe sleeping checklist,

post-natal depression,

safety,

nutrition,

literacy (young readers program)



Realign the universal MCH service activities framework in accordance with current evidence.

Strengthen the clinical role of the MCH nurse



2006 The Evaluation of the Victorian  
Maternal and Child Health Service.

2006 The establishment of the Key Ages and  
Stages Project

2007-08 The Pilot

2008 The Evaluation of this pilot

2009 Statewide rollout

2010 & 2011 Implementation



Every  
child,  
every  
chunit

# The Revised Key Ages and Stages Framework

- Comprises three key components; Health & Development Monitoring, Interventions, and Promotion of Health & Development.
- It identifies the core activities for the ten universal consultations that the MCH service should offer to all Victorian children and their families.
- This framework is intended to be complemented by opportunistic activity by MCH nurses, on the basis of their clinical judgement, in response to other parental concerns and nurse observation.
- Evidence based written health information; consistent with the health promotion activities listed in the framework and distributed at each key age and stage consultation.

# Key Ages and Stages Framework

KAS visit	Health & Development Monitoring	Intervention*	Promotion of Health & Development
Home visit	Family Health & Wellbeing Pregnancy, birth, family history Smoking	QUIT intervention & referral Respond to assessments	Breastfeeding Immunisation SIDS: view infant sleep arrangements Safe Sleeping Checklist
2 weeks	Family Health & Wellbeing Full physical assessment - includes Developmental Review Hearing risk factors	Respond to assessments	Car restraints Communication, language and play Injury prevention - Kidsafe
4 weeks	Family Health & Wellbeing Maternal Health & Wellbeing check Hips Weight, length, head circumference	Family Violence - safety plan Respond to assessments Post Natal Depression	Breastfeeding Immunisation Women's Health
8 weeks	Family Health & Wellbeing Full physical assessment - includes Developmental Review	Respond to assessments	Immunisation SIDS risk factors
4 months	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Hips Weight	Respond to assessments	Communication, language and play Food in first year of life Playgroup Young Readers
8 months	Family Health & Wellbeing Full physical assessment Oral health Developmental Assessment (PEDS/Brigance) Hearing risk factors Infant sleeping	Sleep intervention Respond to assessments	Communication, language and play Injury prevention - Kidsafe Poison information Sunsmart Tooth Tips
12 months	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Hips Weight & length	Respond to assessments	Communication, language and play Healthy eating for young toddlers Immunisation
18 months	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Oral health Weight, height, gait	Teeth cleaning Respond to assessments	Communication, language and play Injury prevention - Kidsafe Tooth tips
2 years	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Weight & height, gait	Promote a Healthy Weight Respond to assessments	Communication, language and play Kindergarten enrolment Young Readers
3.5 years	Family Health & Wellbeing Developmental Assessment (PEDS/Brigance) Vision (MIST) Oral health Weight & height, gait	Promote a Healthy BMI Respond to assessments	Communication, language and play Healthy eating and play for kindergarten Immunisation Injury prevention - Kidsafe

\* At all visits nurses will respond to parental concerns (e.g. parenting, safety or health issues) and act on professional observation and judgement (including notifications under the Child, Youth and Families Act 2005)

Every child, every opportunity



## Child Outcomes

The Office for Children and Early Childhood Development has reviewed the evidence about the factors that make a real difference to children and young people and has identified 35 aspects of child health and wellbeing, learning and development and safety that are essential to our children's future. These aspects are known as the Outcomes for Children<sup>1</sup>. The following table identifies the outcomes, and the measurable indicators associated with each of the topics covered by the revised Maternal and Child Health Key Ages and Stages activity framework. It is important to note that the Maternal and Child Health service may play a key role, or a supportive role, in improving the identified outcomes for children and their families

Topic	Outcome	Indicator
SIDS	Optimal antenatal and infant development	Sudden Infant Death Syndrome (SIDS) rate for infants
Safe sleeping	Parent promotion of child health and development	Proportion of infants put on their back to sleep from birth
Smoking	Optimal antenatal and infant development	Proportion of children exposed to tobacco while in utero
	Healthy adult lifestyle	Proportion of women who used illicit drugs during pregnancy Proportion of children and young people exposed to tobacco smoke in the home
Immunisation	Free from preventable disease	Proportion of children who are fully vaccinated
Breastfeeding/Solids	Adequate nutrition	Proportion of infants breastfed Proportion of children and young people who eat the minimum recommended serves of fruit and vegetable every day
Post Natal Depression/ Sleep Intervention	Good parental mental health	Proportion of mothers with post-natal depression The proportion of children and young people who have parents with mental health difficulties
Injury prevention	Safe from injury and harm	Age specific death rates from injuries and poisoning Age specific hospitalisation rates from injuries and poisoning
Family violence	Free from child exposure to conflict or family violence	Proportion of mothers exposed to partner violence Proportion of family violence incidents witnessed by children and young people
Growth	Healthy weight	Proportion of children and young people who are overweight and obese
Oral Health	Healthy teeth and gums	Proportion of children and young people who brush their teeth twice a day
Literacy	Parent promotion of child health and development	Proportion of children who are read to by a family member every day
Vision	Early identification of and attention to child health needs	Proportion of parents concerned about their child's vision
Physical Assessment	Early identification of and attention to child health needs	Proportion of infants receiving a Maternal and Child Health Services home consultation Proportion of infants aged 0-1 month enrolled at Maternal and Child Health Services from birth notifications Hospital admissions for gastroenteritis in children under one year of age

March 2009

<sup>1</sup> Department of Human Services, The State of Victoria's Children Report 2006 (October 2006)



## Children and young people

- optimal antenatal/infant development
- optimal physical health
  - adequate nutrition
  - free from preventable disease
  - healthy teeth and gums
  - healthy weight
  - adequate exercise and physical activity
  - healthy teenage lifestyle
  - safe from injury and harm
- optimal social and emotional development
  - positive child behaviour and mental health
  - pro-social teenage lifestyle and law abiding behaviour
  - teenagers able to rely on supportive adults
- optimal language and cognitive development
  - successful in literacy and numeracy
  - young people complete secondary education

## Families

- healthy adult lifestyle
- parent promotion of child health and development
- good parental mental health
- free from abuse and neglect
- free from child exposure to conflict or family violence
- ability to pay for essentials
  - adequate family housing
  - positive family functioning

enabling society  
strong and supportive communities  
confident and capable families

safe,  
healthy  
child,  
learning  
developing  
achieving  
wellbeing

## Society

- quality antenatal care
- early identification of child health needs
- high quality early education and care experiences available
- adequate supports to meet needs of families with children with a disability
- children attend and enjoy school

## Community

- safe from environmental toxins
- communities that enable parents, children and young people to build connections
- draw on informal assistance

<b>FRAMEWORK</b> Context, Guidelines, Resources, Data Collection, Documentation, Maternal Health & Wellbeing, DDH, Reflective practice, BMI	DEECD	1.5hours
<b>DEVELOPMENTAL ASSESSMENT</b> PEDS, Brigance	CCCH/DEECD	6 hours
<b>FAMILY VIOLENCE</b>	Swinbourne University of Technology, DVRCV & NTV	3 hours
<b>QUIT</b>	The Cancer Council Victoria	3 hours
<b>SUDI</b>	Sids & Kids	3hours
<b>SLEEP</b>	Dr Harriet Hiscock CCCH/RCH	3 hours

# Developmental Status (PEDS)?

Ten questions elicit parents' concerns

Acknowledges parents as experts about their own child, and begins a conversation

Initial screen used to detect and address developmental and behavioural problems in children 0 – 8 years

n.b.: PEDS is *not* diagnostic



PEDS- scored in the presence of parent/guardian  
The score= Pathway

Around 30% of all PEDS completed will score a pathway that recommends to complete a secondary screen

Therefore not all children require a Brigance



Used as a secondary screen (20-30% of all children)

To identify children who may have language, learning or global delays.

To identify children who may have academic talent or intellectual giftedness



## Set of questions asked at the MCH Home visit

### ASK

- Have you smoked within the past 12 months?
- Are you currently smoking?
- Does your partner/another member of your household smoke?

### OFFER

- QUIT intervention, referral
- Follows on well from Safe Sleeping discussions and checklist
- These questions can be asked at any MCH consultation.**
- Quit information pack – from training

## Common Risk Assessment Framework (CRAF)

At the 4 week Key Ages and Stages Consultation the MCH nurses asks trigger questions (can be asked at any consultation)

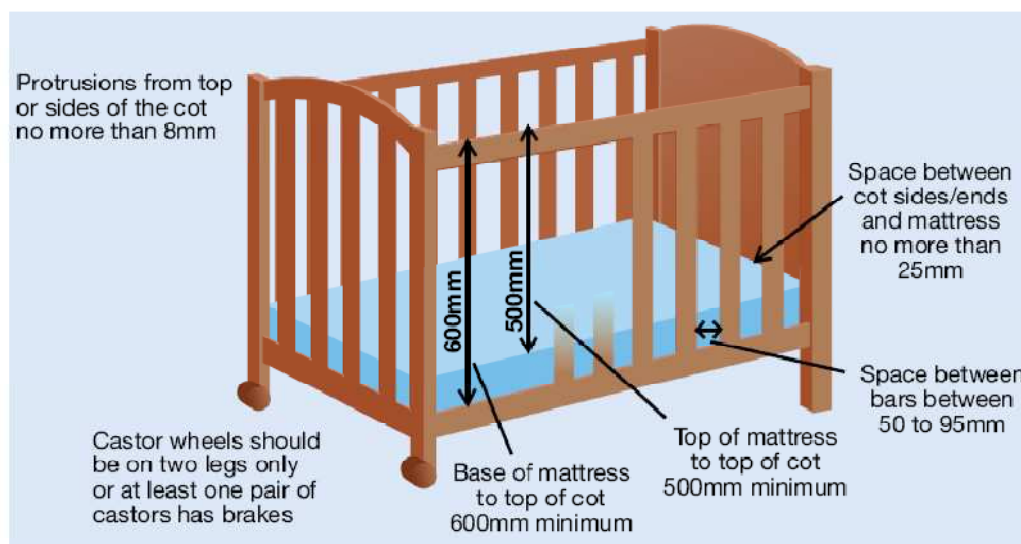
**At all home visits, educate families about the key messages to help any baby sleep safely during their first year to reduce the risk of Sudden Infant Death Syndrome (SIDS).**

## **SUDI (Sudden Unexpected Death in Infancy)**

- The causes of SUDI can include-
  - Sudden Infant Death Syndrome (SIDS)
  - Other sudden death cause unknown (autopsy performed)
  - Other ill defined and unspecified causes of mortality (no autopsy performed)
  - Suffocation whilst sleeping (including asphyxiation by bedclothes and overlaying)
  - Explained: Child abuse/homicide, infection, metabolic disorder, genetic disorder, etc)

CHILD'S NAME: .....

DATE: .....



Source: *Keeping baby safe*. Australian Competition and Consumer Commission, Dickson ACT, 2006

**PLEASE CHECK:** ✓ close match to statement ✗ does not match N/A not applicable

- Baby is placed on his/her back to sleep with head and face uncovered (observed/reported).
- Cords hanging from blinds, curtains, electrical appliances and mobiles are out of reach of a child inside the cot.
- Heaters or electrical appliances are well away from the cot to avoid the risk of overheating. No electric blankets.
- Cot (new or second hand) meets the Australian Safety Standards (AS 2172) above.
- Portable cot complies with the voluntary Australian Safety Standard (AS 2195).
- Locking pin is firmly in place in bassinets/cots that rock whenever baby is unsupervised.
- Mattress is firm, clean, with less than 25mm gap between mattress and cot.
- Plastic packaging is removed from the mattress before use.
- Cot is made up with baby's feet positioned at the bottom of the cot.
- No quilts, doonas, pillows, cot bumpers, sheepskins or soft toys in the cot.



# Topics for discussion with parents

## Put baby on the back to sleep, from birth

- Healthy babies placed on the back to sleep are less likely to choke on vomit than tummy sleeping infants.
- Side sleeping is unsafe because baby may roll into the high risk tummy position.
- Tummy play is safe and good for babies when they are awake and an adult is present.
- Older babies can turn over and move around the cot. Put them on their back but let them find their own sleeping position and make sure that the sleeping environment is safe for baby for when they can roll on their tummy. The risk of SIDS in babies over six months is extremely low.
- Hammocks can be dangerous for young babies if they are unsupervised and not positioned on their backs.

## Safe Sleeping

- Over heating is a risk factor for SIDS.
- Soft bedding, such as soft mattresses, or folded doonas, pillows and cushions and should not be used as substitutes for mattresses.
- Do not sleep baby or sleep with baby on a sofa or couch. There is a very high risk of a sleeping accident occurring.
- Portacots: Use the mattress that is supplied with the cot (AS2195).
  - Do not use additional padding under or on top of the mattress, even if it was purchased at the store with the porta cot.
  - Portable cots are only intended for temporary use and convenience when travelling and should not be used on a long-term or permanent basis.
- Bouncers/rockers should not be used as a sleeping environment unsupervised and restraints should be done up properly.

## Carers and Baby sitters

- Make sure that baby sitters and carers know the SIDS and Kids recommendations to reduce the risk of SIDS and how to create a safe sleeping environment for babies and infants. This includes babysitters, grandparents, day care, child care centres and the homes of family and friends.

## Bed Sharing

- Bed sharing may be unsafe if baby:
  - is less than 4 months of age
  - gets caught under adult bedding or pillows
  - is trapped between the wall and the bed
  - falls out of bed
  - is rolled on by someone who sleeps very deeply, is very tired or is affected by drugs or alcohol.
- The risk of an accident is increased if baby or toddler is left unsupervised and alone on an adult bed or a bunk bed.
- The risk of SIDS is increased if parents are smokers and share the bed with a baby.

## Smoking

- The risk of SIDS is increased if parents are smokers, both during the pregnancy and after the baby is born.
- If the mother smokes the risk of SIDS doubles and if the father smokes too the risk doubles again.

## Pram Safety (Voluntary Standard AS 2088)

- Always do up the restraints when baby is in the pram, stroller, bouncer or any other baby/toddler equipment. Loose restraints are a strangulation hazard.
- Make sure the footrest on the stroller is strong and secure. A weak footrest may give way and cause baby to become trapped.
- Always engage the brakes when the pram is stationary.

Authorised by:  
Department of Education and Early Childhood  
Development

© State of Victoria 2009  
Published March 2009

## Useful Contacts

Toy & Nursery Safety Line 1300 364 894  
[www.consumer.vic.gov.au](http://www.consumer.vic.gov.au)

Maternal and Child Health Line 132229  
[www.education.vic.gov.au/earlychildhood/mch/default.htm](http://www.education.vic.gov.au/earlychildhood/mch/default.htm)

Evidence based written health information, listed in the following table, will be distributed at each key age and stage consultation. This information is designed to support a facilitated discussion with parents about key health promotion messages. It will also ensure that consistent quality written information is provided to parents across the state.

## Key Ages & Stages Visit

### Health Promotion

### Pamphlets

Key Ages & Stages Visit	Health Promotion	Pamphlets
Home visit	SIDS safe sleeping: view infant sleep arrangements, checklist	Sids and kids safe sleeping Safe Sleeping Checklist
	Safety	Its not OK to shake babies
	Learning	Making the most of childhood: the importance of the early years Kids talk 75 ways to talk to children
	Breastfeeding	Go for your life: Successfully starting and maintaining breastfeeding
2 weeks	Communication, language and play	Communication, language and play bookmark
	Road safety	Choosing and using restraints. A guide for parents with children from birth to 16 years
	Injury prevention	Safe kids now - Babies from birth to crawling. Birth - 9months
4 weeks	Education for parents	Raising Children Network the Australian Parenting Website
	Women's Health	One in three women who ever had a baby wet themselves
	Post Natal Depression	Emotional health during pregnancy and early parenthood
8 weeks	Immunisation SIDS risk factors	No pamphlets for this visit
4 months	Food in first year of life	Food in the first year of life Why no sweet drinks for children
	Communication, language and play	Communication, language & play bookmark and information sheet Young Readers - Rhyme time: book & DVD
	Playgroup	Baby Play and Baby Playgroups
8 months	Poison information	Is your home poison proof?
	Communication, language and play	Communication, language and play bookmark and information sheet
	Sunsmart	Sunsmart The outside 5
	Tooth Tips	Tooth tips 0 - 12months
	Injury prevention	Safe kids now - Toddlers on the move 9 - 18 months
12 months	Healthy eating for young toddlers	Healthy eating and play for toddlers (1 - 2 years)
	Communication, language and play	Communication, language and play bookmark and information sheet
	Dental	Tooth tips thumb and finger sucking 1 - 2 years
18 months	Communication, language and play	Communication, language and play bookmark and information sheet
	Injury prevention	Safe kids now - Inquisitive and invincible 1.5 - 3.5 years
	Dental	Tooth tips dental visits 18 months - 6 years
	Playgroup	You can start a playgroup!
2 years	Kindergarten enrolment	Why should my child go to a kindergarten program? Enrol in a kindergarten program.
	Communication, language and play	Communication, language and play bookmark and information sheet Young Readers - book
	Healthy eating and play for kindergarten	Healthy eating and play for kindergarten children (3 - 5 years)
3-5 years	Injury prevention	Try it - you'll like it, vegetable and fruit for children Safe kids now - Pre-schoolers: independent adventures 3.5 - 5 years
	Starting kindergarten	Is your child 3 - 4 years?
	Communication, language and play	Communication, language and play bookmark and information sheet
	Immunisation	Starting primary school - your child must have a school entry immunisation

March 2009



## Maternal and Child Health Service

### 10 KEY VISITS

**1**  
home visit  
Home visit, introducing and linking to local services, Safe Sleeping Checklist, Breastfeeding support, parenting support

**2**  
2 weeks  
Growth, development, safety, nutrition and feeding, hearing review, parenting support

**3**  
4 weeks  
Growth, Maternal Health Review, nutrition and feeding, parenting support, safety

**4**  
8 weeks  
Growth, development, nutrition and feeding, parenting support, link to parent groups, immunisations, safety

**5**  
4 months  
Growth, development, nutrition and feeding, parenting support, safety, Young Readers Program – Rhyme Time booklet and DVD

**6**  
8 months  
Growth, development, nutrition and feeding, parenting support, hearing review, safety, oral health

**7**  
12 months  
Growth, development, nutrition and feeding, parenting support, safety, immunisations

**8**  
18 months  
Growth, development, nutrition and feeding, parenting support, safety, oral health, playgroups

**9**  
2 years  
Growth, development, nutrition and feeding, parenting support, safety, kindergarten enrolment, Young Readers Program – book

**10**  
Growth, development, nutrition and feeding, parenting support, safety, oral

State Government  
**Victoria** Department of Education and  
Early Childhood Development

**M A V**  
MUNICIPAL ASSOCIATION OF VICTORIA

## Maternal and Child Health Service



Every  
child.  
every  
opportunity

Dear Parents

You may notice some changes to the consultations undertaken by your Maternal and Child Health nurse, and the recording of this information in the Child Health Record.

Please note that these changes are evidence based on the latest national and international research.

Your nurse will continue to review your child's health, development and learning, and offer support, information and opportunities to discuss your concerns.

### Our Vision:

All Victorian children and their families will have the opportunity to optimise their health, development and well being during the period of a child's life from birth to school age.



# Raising Children Network

- DVD
- Website: [raisingchildren.net.au](http://raisingchildren.net.au)



## Maternal and Child Health Website

- [www.education.vic.gov.au](http://www.education.vic.gov.au)



## Maternal and Child Health Service

Thankyou

[mch@edumail.vic.gov.au](mailto:mch@edumail.vic.gov.au)

[www.education.vic.gov.au/ecsmanagement/mch](http://www.education.vic.gov.au/ecsmanagement/mch)

