



## Newsletter 11: July 2025

Welcome to the summer edition of our newsletter.

In this newsletter we take a look at our recent conference, which was a lovely opportunity to showcase some of the work being carried out across the system for the National Healthy Childhood Programme and connect with health service colleagues and other key stakeholders. It was also an event which highlighted the difference this collaboration can make in delivering clinical programmes and improving supports for children and parents.

Thank you for all you do to make this happen. As always we are delighted to have this opportunity to share news and updates on some of the areas of work being progressed as part of the National Healthy Childhood Programme.

I hope you get to take some well-earned holidays this summer.

**Dr Abigail Collins**

National Clinical Lead for the HSE's Child Health Public Health Programme



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## First National Healthy Childhood Programme conference takes place

The expansion of newborn bloodspot screening, the vital role played by public health nurses over a lifetime and measures to support those with adverse childhood experiences were among the key themes of the first National Healthy Childhood Programme (NHCP) conference, held in Dublin on Thursday March 27.

The critical importance of early childhood was highlighted by **Elizabeth Canavan**, Assistant Secretary General of the Social Policy and Public Service Reform Division in the Department of the Taoiseach, who opened the conference.

With 135 at the in-person event and 169 joining online, attendees included staff working in public health nursing, community medical doctors and other healthcare professionals including dentists, researchers, newborn hearing screeners, child health programme development officers, health promotion officers and practice development coordinators.



The conference was opened by Elizabeth Canavan, Assistant Sec. General of the Social Policy and Public Service Reform Division in the Dept. of an Taoiseach

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## Conference focuses on newborn bloodspot screening and how to harness the opportunity of the universal child health programme

Dr Heather Burns, Loretta O'Grady, Dr Abigail Collins, Anna O'Loughlin, Prof Ronan Leahy and Dr Jennifer Brady spoke during the morning session, which focused on insights and updates from the National Newborn Bloodspot Screening Programme



*Continued from page 1*

Others at the conference included representatives from Tusla and from Government departments including the Dept. of an Taoiseach, the Dept. of Children and the Dept. of Health.

The NHCP is Ireland's universal programme of clinical care for all children to support them and their parents from birth. It includes the National Newborn Bloodspot Screening Programme and the Universal Newborn Hearing Screening Programme. The morning session, chaired by **Dr Abigail Collins**, National Clinical Lead Child Health Public Health, focused on insights and updates from the National Newborn Bloodspot Screening Programme, which is expanding to add all-type Severe Combined Immunodeficiency (SCID) and Spinal Muscular Atrophy (SMA) to the nine other conditions already screened for after birth.

The morning session included a powerful presentation on the experience of babies who are born with SCID, delivered by **Prof Ronan Leahy**, Consultant in Paediatric Immunology and Infectious Diseases, CHI Crumlin, highlighting the importance of early detection of this life-threatening condition. The complexities of programme delivery and expansion from a laboratory perspective were explained by **Dr Jennifer Brady**, Consultant Clinical Biochemist, Associate Clinical Professor UCD School of Medicine, CHI at Temple Street. **Loretta O'Grady**, Chief

Medical Scientist, National Newborn Bloodspot Screening Laboratory, CHI at Temple Street, shared practical tips for public health nurses and midwives to collect high quality blood samples from babies.

The role of the clinical liaison nurses, who work in the National Newborn Bloodspot Screening laboratory (NNBSL), in supporting clinicians and parents was outlined by **Anna O'Loughlin**, Clinical Liaison Nurse, NNBSL, CHI at Temple Street. The session closed with a look at the future of the programme by **Dr Heather Burns**, Consultant in Public Health Medicine.

Introduced by **Dr John Cuddihy**, National Director of Public Health, the next session was a presentation by key note speaker **Professor Mark Bellis**, Director of Research and Innovation at Liverpool John Moores University, titled 'Adverse Childhood Experiences - Consequences, Costs & Creating Change'. He spoke movingly about the impact of adverse childhood experiences (ACEs) on the lives and health of children from birth and into adulthood.

Prof Bellis also spoke about how prevention, resilience and trauma-informed services can help improve outcomes for people experiencing ACEs, giving examples of programmes across the world and emphasising the need for a joint agenda across health, social, education, housing and crime sectors.





He took part in a panel discussion chaired by Dr Cuddihy with **Dr Ciara Martin**, National Clinical Advisor and Group Lead for Children and Young People, and **Dr Anne-Marie McGauran**, Assistant Principal, Dept. of an Taoiseach, Child Poverty and Wellbeing. The important contribution of public health nurses was highlighted in this discussion and the afternoon session also focused on those delivering this vital service.

The afternoon session, introduced by **Anne Pardy**, Programme Manager of the National Healthy Childhood Programme, was themed 'Foundations for life – advancing child health in Ireland' and focused on some of the core components of the NHCP, including the developmental and health assessments for children from birth to age 4, support for parenting programmes, infant and early childhood mental health and infant feeding/lactation support, among others.

Insights from the CORAL (Impact of Corona-Virus Pandemic on Allergic and Autoimmune Dysregulation in Infants Born During Lockdown) Study, which tracked babies born during the COVID-19 pandemic, and implications for services were presented by **Dr Susan Byrne**, Senior Lecturer and Paediatric Neurologist at the Royal College of Surgeons.

This was followed by a presentation by **Joanne McGarry**, Assistant Principal, Parenting Support Policy Unit at the Dept. of Children on the evidence underpinning the benefits of early childhood home visiting programmes in Ireland, which featured the words of parents who had benefitted.

Public health nurses usually visit parents at home in the days after birth and **Gráinne Ryan**, National Lead for Public Health Nursing, Office of the Nursing and Midwifery Services Director, highlighted how PHNs continue to deliver a caring, supportive and high quality service despite many challenges. These challenges include increased service demands, staffing shortages and complex case-loads, for example those delivering care to a high percentage of families experiencing homelessness. She also highlighted opportunities for PHN services, including a pilot project which saw a PHN based at a DEIS school, resulting in a 40% increase in uptake of vaccination in junior infants and the strong relationship with parents fostered by a PHN in an area of disadvantage in the west of Ireland, who had 100% attendance at core checks.

**Dr Eithne Ní Longphuirt**, Infant Mental Health Specialist and Senior Clinical Psychologist, spoke about ways to harness the potential of infant mental health in service delivery. Highlighting the importance of this area, she played a video illustrating Edward Tronick's 'still face' experiment, showing fathers interacting and playing with

their babies before switching to maintain a blank facial expression and ceasing to interact with the babies. The confusion and upset evident on the faces of the babies made for difficult viewing, and was a stark reminder of how important the 'serve and return' of interaction is for the developing brain and the relationship between baby and parent. When the fathers resumed their former animated facial expressions and started playing with the babies again, they rapidly responded and returned to their previous happy interaction.

Key findings from the Breastfeeding Action Plan Progress Report for 2016 to 2023 were highlighted by **Laura McHugh**, National Breastfeeding Coordinator, who explained the context behind increases in breastfeeding rates and the challenges facing new parents, including from the formula industry.

The final presentation of the day was by **Dr Chantal Migone**, Consultant in Public Health Medicine, National Immunisation Office, who gave advice on techniques that can help healthcare professionals when preparing for conversations with parents who are hesitant or have concerns about vaccinating their child.

**Prof Mark Bellis** (Director of Research and Innovation at Liverpool John Moores University) spoke about the impact of adverse childhood experiences (ACEs) on the lives and health of children from birth and into adulthood



Throughout the day, there was an opportunity to view 37 posters on display on a range of topics including inclusion health, breastfeeding, infant mental health, education and training, community health services, oral health, school health, newborn screening, immunisations and healthy eating active living. We received a large volume of abstract submissions and could not accommodate them all, so posters for display were ultimately selected using a rigorous scoring system that considered quality,

innovation and subject matter, with the aim of reflecting the breadth of work delivered under the NHCP.

The conference concluded with a prize and congratulations extended to the authors of the winning poster, 'Pilot Project to Improve Child Health and Maternal Health Outcomes for Pregnant Traveller Women in the Coolock Community Healthcare Network' by **Eimear Close, Lisa Kelly** and **Siobhán Ní Mhurchú**.

Congratulations were also extended to those in second and third place, 'The Smoke Free Homes Challenge: A Community-Based Initiative to Promote Smoke-Free Environments' by **Sonia McDermott, Ultan Devery** and **Miriam Hudson**, and 'Managing Big Feelings' in preschools in Dublin North East Inner City (Beag)' by **Marian O'Flynn**, on behalf of the **BEAG** team.

Presentations are available by emailing [healthy.childhood@hse.ie](mailto:healthy.childhood@hse.ie).

See more photos from the event on pages 12 to 17.



## Workshop held for infant feeding/lactation staff across maternity and PHN services

From left to right:

**Angela Dunne**  
(National Lead  
Midwife for NWIHP),  
**Gráinne Ryan**  
(National Lead for  
Public Health  
Nursing, ONMSD),  
**Clare Kennedy**  
(Assist. Director of  
Midwifery, NWIHP)  
and the NHCP's  
**Laura McHugh**  
(National  
Breastfeeding  
Coordinator) and  
**Meena  
Purushothaman**  
(Assistant National  
Breastfeeding  
Coordinator)



61 infant feeding/lactation staff from maternity and PHN services came together for a second annual meeting on June 10th in TUS Athlone.

They received updates in relation to the Baby Friendly Initiative, assessment and management of ankyloglossia, supplementation, using virtual technologies and UNICEF.

Break-out discussion sessions considered service evaluation priorities, criteria for breast pump provision and how infant feeding/lactation post-holders can work more constructively together.

This event was jointly hosted by the National Women and Infants Health Programme (NWIHP) and the National Healthy Childhood Programme (NHCP).



## Child Health Public Health publishes annual report

Together with colleagues across the health service, Child Health Public Health (CHPH) plays a key role in supporting children and their parents and in ensuring the voice of children is heard. This is done by providing strong support and input into Government strategy development, implementation and evaluation and through focusing on HSE actions and advocacy that can lead to improvements in the overall health of children and young people, particularly aimed at reducing inequities.

The National Healthy Childhood Programme is one of the core CHPH work streams, alongside integrated health, Government and stakeholder engagement and children's health and wellbeing programmes. The annual report for 2024 has been published and highlights key areas of work, including newborn screening programmes, resources for parents including [mychild.ie](https://mychild.ie), school health programme, inclusion health and infant feeding/lactation support. The report is available [here](#).



### Theme of National Breastfeeding Week 2025 will focus on the power of skin-to-skin contact

Preparations are underway for this year's National Breastfeeding Week, which will take place from October 1st to 7th. This year's theme is '*Hold me close: The power of skin-to-skin contact*'.

The practice of placing a baby directly on a mother's chest immediately after birth helps the baby to adjust to the outside world and stimulates their brain. As well as supporting bonding between parents and babies, it helps to pass on good bacteria (microbiome) from mother to baby, supporting the development of a healthy gut among many other benefits. Skin-to-skin contact is encouraged as much as possible as a baby grows. It is important for all babies, both breastfed and bottle-fed.

Research shows that the more skin-to-skin contact experienced during the first year of life, the better the physical and mental health outcomes of the child into adulthood.

Resources are being prepared for colleagues organising activities and events to make National Breastfeeding Week across the country. For more information, contact [healthy.childhood@hse.ie](mailto:healthy.childhood@hse.ie)







## New legislation to support work of School Health Programme

In December, the then Minister of Health Stephen Donnelly signed two new statutory instruments using his powers under the Health Acts which support the data-sharing between schools and the HSE for the purposes of the School Health Programme.

They are:

- [Infectious Diseases \(Amendment\) \(No. 3\) Regulations 2024](#)
- [Health \(Provision of Information for Health Examination and Treatment Service\) Regulations 2024](#)

This followed successful engagement and collaboration between HSE Child Health Public Health and the National Immunisation Office, the Department of Health and the Department of Education.

These regulations detail the information to be provided to the HSE for the purpose of the School Health Programme including vision, hearing, dental examinations and immunisation. Schools are legally obliged to ensure secure transfer of personal data to HSE teams within 10 days of a request.

The School Health Programme takes place in primary and post-primary schools and is a core component of the National Healthy Childhood Programme.

It includes:

- vision and hearing screening
- vaccines
- school dental programme.

A guide for parents about the programme has also been published on [mychild.ie](https://mychild.ie).



### Record number of visits to mychild.ie in 2024

There were 5.9 million recorded sessions on [mychild.ie](https://mychild.ie) in 2024, an increase of 18.8% on the previous year, with a total of 7.4 million page views. This data represents users who have accepted analytics cookies only and is likely to be an under representation of the total number of visitors.

With over 500 guides spanning pregnancy, babies and toddlers, the website is aimed at parents and parents-to-be. Developed following research with parents and healthcare professionals, it is a 'one stop shop' online resource of trusted, evidence-based and useful information

that is easy to find and easy to understand.

Topic areas include pregnancy health and wellbeing, common conditions, infant mental health, breastfeeding, child safety, play, vaccination, health and development checks and milestones. Features include the 'Ask our breastfeeding expert' live chat and email service, breastfeeding support group finder and a due date calculator.

The most viewed pages in 2024 included 'stomach pains in pregnancy', the due date calculator, 'constipation in babies aged 0 to 6 months' and 'hand, foot and mouth disease'.

The website is a key part of the mychild.ie information suite which includes the My Child books, social media and advertising campaign. This work is made possible through close collaboration with colleagues in the Campaigns team and the Digital team within the Communications and Public Affairs Division. A very special thank you to colleagues across the health service who help to develop and fact-check content.

The clinical governance for mychild.ie is shared by the National Women and Infants Health Programme and the National Healthy Childhood Programme.

**mychild.ie**



## In focus

# National Paediatric Mortality Register report

January 2025 saw the publication of the **second report** from the National Paediatric Mortality Register (NPMR) since it came under the governance of National Office of Clinical Audit (NOCA) in 2020. The NPMR aims to collect, analyse and report on data relating to all deaths in children aged under 19 years in the Republic of Ireland.

The purpose of this report is to provide an overview of child mortality and to demonstrate the need for a universal, centralised system for the notification of deaths that will permit analysis and timely reporting of data on child mortality.

This report provides a detailed analysis of data on mortality in children and young people in Ireland from 2019 to 2023, with a focus on 2022 and 2023 data. It highlights the need for timely and reliable data that will inform policy aimed at addressing the number of deaths, a large proportion of which are preventable.



**Prof Philip Dodd** (Deputy Chief Medical Officer, Department of Health), **Dr Abigail Collins** (HSE National Clinical Lead, Child Health Public Health) and **Mandy Daly** (Founder of the Irish Neonatal Health Alliance) during the panel discussion at launch of the National Paediatric Mortality Register Annual Report 2025 at the NOCA Annual Conference 2025: Data-Driven Healthcare: Planning, Delivering, Improving which was held in February

## NATIONAL PAEDIATRIC MORTALITY REGISTER

# KEY FINDINGS

This report provides estimates of CYP mortality in Ireland for the period 2022 and 2023 and compares with average figures for the previous three years (2019-2021). Where reporting on subcategories such as age, sex and cause of death, five year aggregate data for the period 2019-2023 is used and compared with historical data from 2007-2018.

Between 2022 and 2023, there were **363** deaths among infants aged under 1 year, **145** deaths in children aged 1-14 years and **104** deaths in young people aged 15-18 years registered in Ireland.

363	145	104
<1 Year	1-14 Years	15-18 Years

### CHILD MORTALITY RATES

Mortality in children aged 1-4 years and 5-9 years continued to decrease gradually over time, however, there has been no further decrease in the mortality rate of older children aged 10-14 years and 15-18 years since 2013. Many potentially avoidable deaths continue to occur across all ages.



### SIDS

The number and rate of registered deaths that were certified as sudden infant death syndrome (SIDS) was higher in 2022-2023 (**0.35 per 1,000 livebirths**) than it was in 2019-2021 (0.24 per 1,000 livebirths).

*There was an increase in deaths from sudden infant death syndrome (SIDS)*



### CANCER

Cancer accounted for one in four deaths in children aged 1-14 years and has increased from 12% in 2007-2018 to **16% of deaths in young people aged 15-18 years** registered during the period 2019-2023.

*Cancer accounted for one in four deaths in children aged 1-14 years*



### INFANT MORTALITY

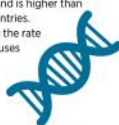
The provisional infant mortality rate in Ireland for 2022-2023 was **3.2 per 1,000 livebirths**, which is slightly higher than in 2019-2021 (3.1 per 1,000) and is no longer below the EU average.

**3.2 Infant deaths per 1000 live births**



The overall infant mortality rate in Ireland has **not declined since 2019** and is higher than many other European countries. This is despite a decline in the rate of deaths from leading causes of infant death such as genetic disorders and diseases of the nervous system.

*The overall infant mortality rate in Ireland has not declined since 2019*



### SEX

*More boys than girls dies across all age groups (2019-2023)*

54% (less than 29 days)
51% (29 days to 1 year)
60% (1-14 years)
68% (15-18 years)



### TRAUMA

Trauma accounted for one in five deaths in children aged 1-14 years, and one in two of deaths in young people aged 15-18 years during 2019-2023.

*Trauma accounted for one in two of deaths in young people aged 15-18 years*



Over one quarter (27%) of all trauma deaths in children aged 1-14 years and **14% of trauma deaths in older children 15-18 years were due to road traffic collisions (RTCs)**. The proportion of RTC deaths registered has declined from 10 to 3.6 deaths per year among children aged 1-14 years and from 9.4 to 3.4 deaths per year of children aged 15-18 years.

**27% of all trauma deaths in children aged 1-14 years during 2019-2023 were due to road traffic collisions**



### SUSPECTED SELF-HARM

Among older children aged 15-18 years, suspected self-harm\* remains the leading cause of trauma deaths, making up over half of trauma deaths (**54%**) and **28% of all registered deaths** in this age group during the period 2019-2023.

**54% of trauma deaths among older children aged 15-18 years are categorised as suspected self-harm**

\* The figure for suspected self-harm relates to a subset of injury deaths that in the absence of better data are most likely to be self-harm and are an estimate of the true number of self-harm deaths. This figure may vary from Central Statistics Office (CSO) published data on suicide deaths.



### SEPSIS & INFECTION

NPMR data collected from one paediatric hospital showed an increase in the number of notifications relating to deaths due to sepsis and/or infection during the period from 1 January 2022 to 31 September 2024 when compared to the previous three years (2019-2020). Review of national data on incidence of childhood infections and crude mortality rates due to infectious diseases is required for accurate interpretation of this observation.





# Tips to share with parents



Weaning: adapting family meals for your baby

## New weaning videos for parents

A set of 11 videos for parents to support them in introducing solid foods (weaning) have been developed for social media and the [mychild.ie](https://mychild.ie) website.

The topics are based on knowledge gaps identified by parents and dietitians, and will support a new national weaning workshop programme.

These include the importance of introducing allergens as soon as your baby starts weaning, signs of readiness, how to get started, what to do if your baby rejects a new food, common myths, foods to avoid and embracing the mess.

The videos feature **Joanne Byrne**, HSE Senior Community Dietitian (pictured), and **Ruth Charles**, Registered Dietitian, Irish Food Allergy Network and UCD. The project is a collaboration between Health and Wellbeing, the National Healthy Childhood Programme and the Social Media team.

The YouTube playlist is available [here](#).



## Developing new videos for parents?

Video can be a great medium for helping people to understand information and is particularly important for social media. If you are considering developing a video for parents that could be used on [mychild.ie](https://mychild.ie), please get in touch with the National Healthy Childhood Programme at [healthy.childhood@hse.ie](mailto:healthy.childhood@hse.ie) at an early stage.

We can help you to identify user needs, discuss important considerations and signpost to resources relating to plain language, accessibility and consent.

## Infant crying survey request for parents

It can be hard to deal with a baby crying, especially in the first few months. Colleagues in CHI are interested in understanding the response of caregivers in Ireland to infants crying.

They have devised an anonymous survey which includes a parent information page and consent form. The questionnaire takes approximately 5 minutes to complete online, and can be done on a phone.

They are looking for parents of babies under 6 months to consider taking part. The survey is available [here](#).



## Planning recruitment of parents for research?

The [mychild.ie](https://mychild.ie) [Instagram](#) and [Facebook](#) offer a targeted channel to reach parents. A new process has been developed for researchers who wish to apply for a social media post to recruit parents for research projects. A request form is available by emailing [healthy.childhood@hse.ie](mailto:healthy.childhood@hse.ie). Not all requests can be facilitated but we will consider all completed forms.

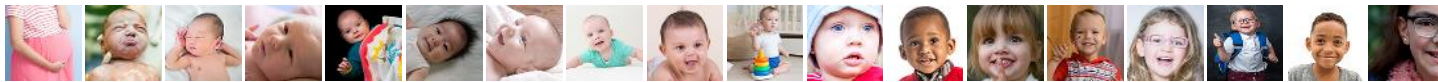


## Resources for starting pre-school and school

The Department of Children, Disability and Equality has brought together information and resources for parents of children who are starting pre-school and school. It also includes information for families of children with disabilities.

There are details on the My Little Library Book Bag which provides every child starting school with free books and invites them to join their local library.

Visit [gov.ie/letsgetready](https://gov.ie/letsgetready)



## Summer safety and health tips for parents



With the start of summer holidays, children might be out of their usual routine or visiting less familiar places.

There are some things parents can do to help make sure children have a fun, relaxing and exciting time over the summer months, but also stay safe. Some of the following tips have been highlighted in a [mychild.ie press release](#) which was covered by a number of media outlets.

Listen back to **Dr Abigail Collins**, National Clinical Lead, Child Health Public Health on RTÉ Radio 1's Drivetime (interview is at 1 hour and 16 minutes) [here](#)

### Supervision is the number 1 message

The most important thing is to always supervise your child at all times. If you're out and about with children and other adults, it can be easy to assume the other person is supervising them in busy places such as outdoor events or playgrounds. Always be clear on who is supervising the child and when.

### Think ahead when visiting new places

If you're going somewhere new, think ahead. For example, a relative's home might allow your child easy access onto a balcony or a busy road. The home might not be child-proofed, so may have dangerous items in reach, such as chemicals under the sink or medicine in a handbag.

If you're on holiday with a swimming pool nearby, be very vigilant. Make sure there is a locked gate or door between your child and the pool.

### Be aware of heat stroke and heat exhaustion

To help prevent heat exhaustion or heatstroke:

- drink plenty of cold drinks, especially when exercising
- take cool baths or showers
- wear light coloured, loose clothing
- sprinkle water over skin or clothes
- avoid the sun between 11am and 3pm
- avoid extreme exercise

### Be SunSmart

- Slip on clothing that covers your skin such as, long sleeves, collared t-shirts.
- Slop on sunscreen: Use sunscreen with SPF 30+ for adults and 50+ for children which provides high UVA

protection and is water-resistant. Reapply regularly.

- Slap on a wide brimmed hat.
- Seek shade: Sit in the cover of trees to avoid direct sunlight. Use a sunshade on your buggy or pram. Keep babies and children out of direct sunlight.
- Slide on wraparound sunglasses.

### Prepare for travel or motion sickness

Early morning starts or departing just after food can also make children feel worse travelling, so just remind yourself of when your child has felt unwell and try to organise the travel to make it a more comfortable experience for the whole family. During the journey, try to:

- reduce motion if possible – for example, sit them in the middle of a boat, and avoid placing them in the back row of seven-seater cars near the wheel
- distract them by talking, listening to music or singing songs – encourage them not to read, watch films or use screens
- ask them to look straight ahead at a fixed point, such as the horizon, instead of moving objects like passing cars or rolling waves
- breathe fresh air if possible – for example, by opening a car window
- encourage them to close their eyes and breathe slowly while focusing on their breathing
- break up long journeys to get some fresh air, drink water or take a walk

You can also talk to a pharmacist about remedies to help prevent or relieve the symptoms of [motion sickness](#).

### Water safety at home and away

To keep children [safe from water outdoors](#):

- Empty, store upside down, fence off or safely cover anything that can collect water. This includes ponds, barrels, water troughs, buckets and basins.
- Never leave a child alone in a paddling pool. Empty paddling pools after use and store them so that they cannot fill with rainwater.
- Be aware of puddles - remember children can drown in small amounts of water.
- Never leave children alone on a farm. Fence off exposed areas on farms, including slurry pits.

Always supervise a child in and near water. You should do this whether they can swim or not.

*Other tips included poison prevention and the MMR vaccine for babies travelling overseas — see the full press release [here](#). Parents can find advice on a wide range of topics on the [mychild.ie](#) website, to help keep children safe and healthy during the next few months.*





## 3 things to know: Baby carrier and sling safety

Baby carriers and slings can be useful for carrying a baby while freeing up a parent's hands.

Keeping babies close to mothers/parents can help with:

- **bonding**
- recognising cues for hunger and comfort
- stimulating hormones for **breastfeeding**

But baby carriers and slings may also be a risk to babies, especially younger babies. They may be linked to **suffocation** and **sudden infant death syndrome (SIDS)**.

Advice for parents on safe use of baby carriers and slings has recently been expanded and is available on the mychild.ie guide '**Baby carriers and sling safety**'.

### 1. Do not feed a baby in a carrier or sling

Babies should always be taken out of the carrier or sling for feeding. Breastfeeding or bottle feeding in a carrier or sling could increase a baby's risk of **sudden infant death syndrome (SIDS)** or **suffocation**.

### 2. Remove from carrier or sling for sleep

If a baby falls asleep, remove them from the sling or baby carrier as soon as possible.

Place them on their back to sleep. Sleeping in a baby carrier or sling could block a child's nose and mouth. This can make it harder for them to breathe.

### 3. Always follow the TICKS guidelines

To use a baby carrier or sling safely, follow the TICKS guidelines.

This is to prevent a baby from suffocating:

#### **T - Tight enough to hug your baby close to you**

Keep your baby high up and in an upright position with

their head supported. Loose fabric may cause your baby to slump down. This could restrict their breathing.

#### **I - In view at all times**

Make sure your baby's face is not covered with fabric or your body. You should always be able to see your baby's face by glancing down.

#### **C - Close enough to kiss**

Your baby's head should be close to your chin. By tipping your head forward, you should be able to kiss your baby on the head or forehead.

#### **K - Keep your baby's chin off their chest**

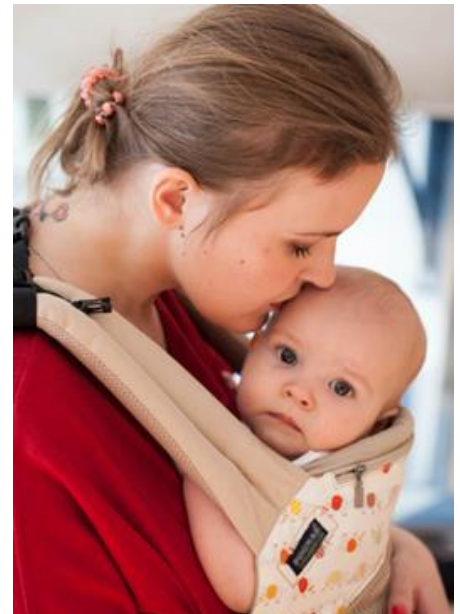
Do this so they can breathe normally.

Make sure there is always a space of at least a finger width under your baby's chin.

#### **S - Supported back**

In an upright carrier, your baby should be held comfortably close to you. This means their back is supported in its natural position and their tummy and chest are against you.

More detailed information on baby carrier and sling safety is available on the mychild.ie [webpage](#).



The baby should be close enough to kiss while in a carrier or sling



## Slushie drinks and children: Research raises health concerns

New research led by **Prof Ellen Crushell** (UCD) has raised important concerns about the safety of slush ice drinks (commonly known as slushies) for young children.

Many slushies contain a chemical called glycerol, which is added to keep the drink semi-frozen. In recent years, a number of children who drank slushies (that likely

contained glycerol) become severely unwell and required hospital care.

These children presented with decreased level of consciousness, and testing revealed low blood sugar, excess acid in the body and the presence of glycerol in their urine.

Based on these findings, we recommend the following:

- Children under age 8 should not drink slushies at all.
- Older children and adults should also limit their intake, as slushies offer no nutritional value and are not part of a healthy diet.
- Water or milk are safer and healthier cold drinks for people of all ages.

You can read the full research study here: '**Glycerol intoxication syndrome in young children, following the consumption of slush ice drinks**'.





# A day in the life

**Anna O'Loughlin**

Clinical Liaison Nurse

National Newborn Bloodspot Screening Laboratory

Children's Health Ireland at Temple Street

*Anna is one of two Clinical Liaison Nurses (CLNs) working in the National Newborn Bloodspot Screening Laboratory (NNBSL) based in CHI at Temple Street. The NNBSL provides laboratory services for the HSE National Newborn Bloodspot Screening Programme (NNBSP), including receiving, analysing, reporting and following up on all samples taken through the NNBSP. Anna is from Rathgar in Dublin and now lives in Sutton with her husband and their dog.*

*Anna has been in the role of CLN for 1 year. Before then, she worked as a Neonatal Clinical Nurse Specialist (CNS) in CHI at Temple Street. She worked as a staff nurse in the Neonatal Intensive Care Unit (NICU) for several years before that. She studied Children's and General Nursing in UCD and then went on to do a postgraduate diploma in Neonatal Intensive Care Nursing in RCSI.*

## Morning

### 6am

Alarm goes off. I get up with my husband and we bring our dog for a quick morning walk. He then drops me to the bus stop on his way to work and I get the bus into the city centre and walk up to Temple Street (grabbing a quick coffee along the way)!

### 7.30am to 9am

I arrive at Temple Street and say hello to my colleague, Avril Kearney, who is the other CLN working with me in the NNBSL, as we get ready for the day ahead. I catch up on emails before heading into the lab to see if there are any cases to follow up on that day.

### 9am to 11am

I follow up on any 'screen positive' cases in the lab. These refer to infants that are being followed up for a suspected condition that was picked up on their Newborn Bloodspot Card also known as the heel prick test. The Newborn Bloodspot Screening Programme (NNBSP) currently screens for 9 conditions. The aim of the programme is the early detection of these rare inherited conditions, before the onset of any clinical manifestations, enabling the early introduction of treatment. Early diagnosis and treatment significantly improves the clinical outcomes of all the conditions screened for.

Most babies will have a normal newborn bloodspot screening result and won't require any further screens or tests. However some babies will have borderline or abnormal results which require repeat screens and/or further tests/investigations which I manage and coordinate. This can involve phoning healthcare professionals and requesting they contact parents to



at-

tend hospital with their baby for tests; phoning public health nurses requesting repeat screens be performed; organising thyroid scans for babies; coordinating samples to be transported from various labs to the metabolic lab in Temple Street; referring infants to various medical teams and arranging the admission of infants to CHI at Temple Street.

### 11am to 2pm

I head to the canteen at 11am for a breakfast break and my second coffee of the day. Then it's back to work until lunchtime.

I will do any necessary referrals for the day such as referring babies with suspected cystic fibrosis (CF) to one of the six CF centres in the country or phoning the endocrinology team in Temple Street about babies with suspected congenital hypothyroidism (CHT). CF and CHT are the conditions that keep me busiest. These conditions occur much more frequently than metabolic conditions such as maple syrup urine disease (MSUD).

I often deliver education sessions for sample takers in the afternoons where I teach about the conditions screened for; timing of samples; sample collection technique; the importance of taking a good quality sample; and other factors that can affect screening such as blood transfusions and prematurity.





Most of our sample takers are public health nurses (PHNs) and midwives. Some samples are also taken by paediatric and neonatal nurses for those babies that are in hospital at the time of screening. Having worked in neonatal nursing for several years, I am very familiar with the process of sample taking and know what a challenge getting a good quality sample from a tiny baby can be so I am forever grateful to all the sample takers around the country!

### Lunchtime

#### 2pm

I always take lunch slightly later than most people as I worked long shifts on the wards for so many years and always ate lunch at 2/3pm to keep me going until 8pm! I am still adjusting to finishing work by 5pm. I usually bring a packed lunch with me of something my husband made. He is the cook in our house!

### Afternoon

#### 2pm to 5pm

After lunch it's back to the office where I will usually have at least one afternoon meeting.

The NNBSL is expanding to add screening for two new conditions – severe combined immunodeficiency (SCID) and spinal muscular atrophy (SMA) – so we may have a meeting to discuss the ongoing work in the NNBSL to prepare to screen for these conditions. There are several other projects and audits within the NNBSL that I am involved with so I will also catch up on tasks for them.

One of the projects I am currently working on is an evaluation of parent's experience of the NNBSL and their attitudes towards newborn screening. This involves phoning parents and carrying out a short questionnaire asking about their individual experience of the heel prick test on their baby, their attitudes regarding expansion of the NNBSL to screen for more conditions, and any suggested changes/improvements they would like to see made to the programme.

The feedback from this project to date has been really interesting and very positive overall! The information I have gathered so far shows that most parents are glad their baby underwent screening and are in favour of expansion of the NNBSL to include screening for more conditions. Most parents feel they were given enough information to understand why the heel prick test was important for their baby, and several parents commented that the sample takers were kind and gave good advice to facilitate sample-taking, such as advising parents of the need to keep the baby's feet warm before the sample is taken.

Negative experiences highlighted by parents include the need for repeat samples. This is why I and my other CLN colleague in the NNBSL focus on providing education for sample takers around the importance of good quality samples, so that we can work together to minimise avoidable repeats and improve the experience for babies, parents and sample takers. This is even more important as we prepare to add screening for SCID and SMA, as the lab will need to test for these two additional conditions from the same four bloodspots on the NBS card.

In the afternoons, I will also chase any results of tests that might be pending from that morning such as blood results of a baby with suspected CHT. It is always nice to phone parents with normal results and reassure them that their baby does not have the condition suspected and that it was a 'false positive' case.

### Evening

#### 5pm onwards

I walk to the bus or DART and make my way home. I live by the coast so it's always nice to get off the bus or the Dart and breathe in some fresh sea air after spending the day in the city centre! I usually do some form of movement in the evening whether it's a run with my dog or a pilates class. On summer evenings I will go sea swimming or paddleboarding with my husband.



## Events and meetings

*From left:* **Dr Anne-Marie McGauran** (Assistant Principal, Dept. of an Taoiseach, Child Poverty and Wellbeing), **Dr Ciara Martin** (National Clinical Advisor and Group Lead for Children and Young People), **Dr Abigail Collins** (National Clinical Lead Child Health Public Health), key note speaker **Prof Mark Bellis** (Director of Research and Innovation at Liverpool John Moores University) and **Dr John Cuddihy** (National Director of Public Health) took part in a panel discussion



*Above:* Speakers **Dr Eithne Ni Longphuirt** (Infant Mental Health Specialist and Senior Clinical Psychologist) and **Dr Susan Byrne** (Senior Lecturer and Paediatric Neurologist, Royal College of Surgeons in Ireland)

*Right:* **Loretta O'Grady**, Chief Medical Scientist, National Newborn Bloodspot Screening Laboratory, CHI at Temple Street







From left: **Brenda McCormack**, **Jacinta Egan** and **Sarah Hensey**, project support team of the National Healthy Childhood Programme/Child Health Public Health

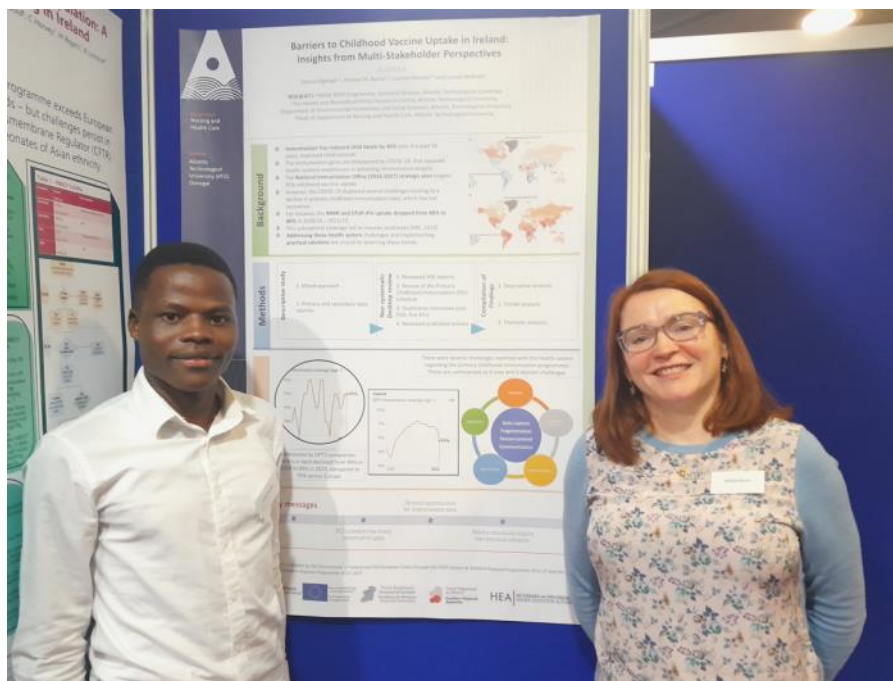
Below left: **Dr Abigail Collins** (National Clinical Lead Child Health Public Health) and **Dr Heather Burns** (Consultant in Public Health Medicine, Child Health Public Health)



Above right: **Dr John Cuddihy** (National Director of Public Health)



Left: **Tara Mulleary** (Nursing Project Officer, Nursing and Midwifery Policy Unit, Chief Nursing Office, Department of Health), **Sinéad Lawlor** (National Practice Development Co-Ordinator, Public Health Nursing Service) and **Pauline Keogh**, (Interim Director of Public Health Nursing, Kildare and West Wicklow Integrated Healthcare Areas, HSE Dublin and Midlands)



**Left: Eustes Kigongo and Dr Richéal M Burns** of Atlantic Technological University (ATU) with their poster 'Overcoming Barriers to Childhood Vaccine Uptake in Ireland: Insights from Multi-Stakeholder Perspectives'

**Below left: Child Health Programme Development Officers Fiola Murphy and Libby Lambe**, HSE West and North West

**Below right: Joanne McGarry** (Parenting Support Policy Unit, Dept of Children, Disability and Equality) and **Gráinne Ryan** (National Lead for Public Health Nursing, ONMSD) who both spoke at the conference



**Left: Kay Varden** (Public Health Nurse) with her poster 'Designated School Nurse: A Partnership Approach'

**Below: Annette O'Rourke and Charlene Hynes** of NEC Care which supports the provision of the National Universal Newborn Hearing Screening Programme







**Above: Dr Susan Byrne** (Senior Lecturer and Paediatric Neurologist, Royal College of Surgeons in Ireland) answering a question from the audience

**Left: Orlaith Potter** (Campaign Manager, Communications and Public Affairs Division) and **Sorcha Nic Mhathúna** (Communications Manager, Child Health Public Health/National Healthy Childhood Programme)



**Above: Dr Chantal Migone** (Consultant in Public Health Medicine, National Immunisation Office) speaking at the conference

**Right: Anna O'Loughlin** (Clinical Liaison Nurse, National Newborn Bloodspot Screening Laboratory, CHI at Temple Street), **Dr Heather Burns** (Consultant in Public Health Medicine, Child Health Public Health) and **Prof Ronan Leahy** (Consultant in Paediatric Immunology and Infectious Diseases, CHI Crumlin)







**Prof Ronan Leahy** (Consultant in Paediatric Immunology and Infectious Diseases, CHI Crumlin), **Paul Marsden** (Programme Manager, Child Health Screening Programmes, Child Health Public Health) and **Loretta O'Grady** (Chief Medical Scientist, National Newborn Bloodspot Screening Laboratory, CHI at Temple Street)



**Sonia McDermott** (Health Promotion and Improvement, Health and Wellbeing, Integrated Health Areas of Dublin North County and Dublin North City and West) with a poster by her, Ultan Devery and Miriam Hudson: 'The Smoke Free Homes Challenge: A Community-Based Initiative to Promote Smoke-Free Environments in the North Inner City Area and Blakestown Community Healthcare Networks'. It won second prize in the poster competition.



*Above left:* HSE National Clinical Lead, Child Health Public Health **Dr Abigail Collins** (centre) congratulates poster competition winners **Eiméar Close** (Public Health Nurse for Travelling Community and Social Inclusion, Coolock) and **Siobhán Ní Mhurchú** (Child Health Programme Development Officer, HSE Dublin and North East) for 'Pilot Project to Improve Child Health and Maternal Health Outcomes for Pregnant Traveller Women in the Coolock Community Healthcare Network'

*Above right:* **Meena Purushothaman**, Assistant National Breastfeeding Coordinator, with **Mary Bird**, La Leche League of Ireland



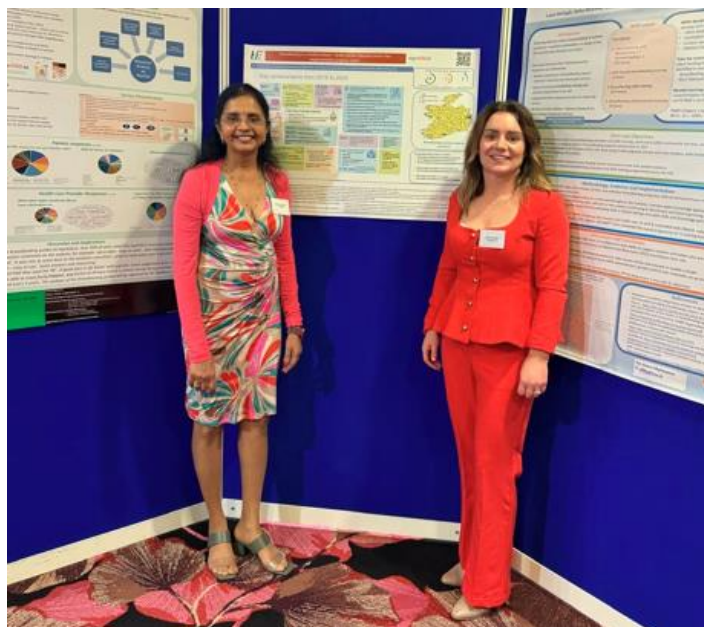
*Right:* **Niamh Kelly** (General Manager, Office of the National Director of Public Health), **Dr Fiona McGuire** (Specialist Registrar in Public Health Medicine) and **Dr Lucinda Ryan** (Specialist Registrar in Public Health Medicine)







**Anne Pardy** (Programme Manager, Child Health Public Health/National Healthy Childhood Programme), **Joanne McGarry** (Assistant Principal, Parenting Support Policy Unit, Department of Children, Disability and Equality), **Dr Ellen Crushell** (Consultant Paediatrician) and **Dr Abigail Collins** (National Clinical Lead, Child Health Public Health)



**Meena Purushothaman** (Assistant National Breastfeeding Coordinator) and **Laura McHugh** (National Breastfeeding Coordinator) from Child Health Public Health/National Healthy Childhood Programme



**Bróna Connolly** and **Dr Theresa O'Dowd** (Specialist Registrar, Public Health Medicine)



**Sorcha Nic Mhathúna** (Communications Manager, Child Health Public Health/National Healthy Childhood Programme), **Denise Gillespie** (Advanced Nurse Practitioner Child Health and Parenting, Donegal) and **Sinéad Lawlor** (National Practice Development Co-Ordinator, Public Health Nursing Service)



**Dr Evelyn Crowley** (Senior Administrative Dental Surgeon), **Dr Aoife O'Connell** (Specialist Registrar in Public Health Medicine), **Dr Mairéad Bracken Scally** (Senior Research Officer, Child Health Public Health) and **Dr Catherine Lambe** (Senior Administrative Dental Surgeon)



# First 5 Open Policy Debate, June 18

Blackhall Place, Dublin

**Fiona Ward** (National Policy Lead for Nutrition and Obesity, Dept. of Health), **Dr Abigail Collins** (National Clinical Lead, Child Health Public Health), **Tara Mulleary** (Nursing Project Officer, Nursing and Midwifery Policy Unit, Dept. of Health), **Grainne Sheeran** (Deputy Chief Nursing Officer, Dept. of Health) and **Anne Pardy** (Programme Manager, Child Health Public Health)



*Left:* **Prof Ellen Crushell** (Deputy Chief Medical Officer, Department of Health), **Gráinne Ryan** (National Lead for Public Health Nursing, ONMSD), **Anne Pardy**, **Dr Abigail Collins** and **Dr Fiona Cianci** (Consultant in Public Health Medicine, Child Health Public Health)

*Below:* **Grainne Sheeran**, **Fiona Ward**, **Anne-Marie Brooks**, Assistant Secretary, Early Learning and Care and School-Age Childcare Division, Dept. of Children, Disability and Equality, **Dr Abigail Collins**, **Dr Fiona Cianci** and **Anne Pardy**





**Launch of Longford/Westmeath  
Community Families, May 2**  
Edgeworthstown Library, Co Longford



**Olivia Cahill** (Public Health Nurse), **Collette Treacy** (Assistant Director of Public Health Nursing), **Nina Reilly** (Public Health Nurse), **Mary Mimmagh** (Assistant Director of Public Health Nursing), **Aine Kiernan** (Assistant Director of Public Health Nursing), **Peter Burke TD** (Minister for Enterprise, Tourism and Employment), **Michelle Walsh** (Parentcraft Coordinator), **Anne Pardy** (Programme Manager, Child Health Public Health), **Valerie Hynes** (Public Health Nurse) and **Caroline Morgan** (Public Health Nurse)



**Brid Walsh** (Home Visitor), **Claire Mullally** (Home Visitor), **Rebecca Wynne** (Home Visitor), **Catriona Corcoran** (Coordinator) and **Carol Liston** (Home Visitor)





## Launch of Kerry Community Families, December 5

Manor West  
Hotel, Tralee

Above: **Mary Collins** (Home Visitor), **Noreen Geaney** (Home Visitor), **Pauline Collins** (Assistant Director of Public Health Nursing), **Helen Sweeney** (Director of Public Health Nursing), **Alice Moore** (Coordinator Community Families and Public Health Nurse), **Mary Brosnan** (Home Visitor), **Patricia Guerin** (Home Visitor) and **Loretta Kenny** (Home Visitor)



Left: **Celine Everette** (Public Health Nurse) and **Mary Kelleher** (Clerical Officer, Community Families)

### The National Healthy Childhood Programme

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