



Newsletter 9: December 2023

Welcome to this Christmas newsletter! I am delighted to update you on some of the fantastic work that has been undertaken, and is ongoing, as part of the National Healthy Childhood Programme.



Christmas is a time predominantly for families and children. For all of us across the services delivering the clinical programme and striving to improve supports and health for children and families, it is a year-round passion and labour. So thank you all for your support and hard work.

I'd like to wish you all a Happy Christmas and I look forward to continuing our work together in 2024.

Dr Abigail Collins

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

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Winter respiratory viruses — tips to protect you and family members

With RSV and flu infections are circulating at very high levels, we need to continue our efforts to limit the spread by:

- protecting very young babies
- practising respiratory etiquette (covering coughs and sneezes), and
- making sure all vaccines are up to date, including flu and COVID-19



With families getting together over the Christmas holidays, anyone coming into contact with a newborn or younger baby needs to take precautions as they are at a particular risk from RSV. They need to be extra careful to wash their hands before holding them. People shouldn't kiss and cuddle babies if they have a cold or a cough.

If a parent of a young baby is visiting someone or expecting a short visit, they shouldn't feel bad about asking ahead if anyone is unwell with cold/flu symptoms and to reschedule if they are. Family and friends will understand that protecting young babies who might get significantly unwell is the priority.

We advise people with babies, particularly very young babies, to try to maximally protect them and avoid having them in large crowds, or near people with cold and respiratory symptoms. If a child is sick, keep them away from other children and vulnerable adults where possible.

No one wants to miss out on the fun of Christmas because they picked up a virus. The best advice comes back to respiratory etiquette, covering coughs and sneezes, alongside regular hand washing to limit the spread of respiratory illness.

As a frontline healthcare worker, please share these messages with parents and help empower them to protect their baby. Plan your healthcare activity to consider how you can best protect babies and young families in your own working environment.

You'll find advice on **mychild.ie** for parents about [coughs, colds and viral infections in children](#).



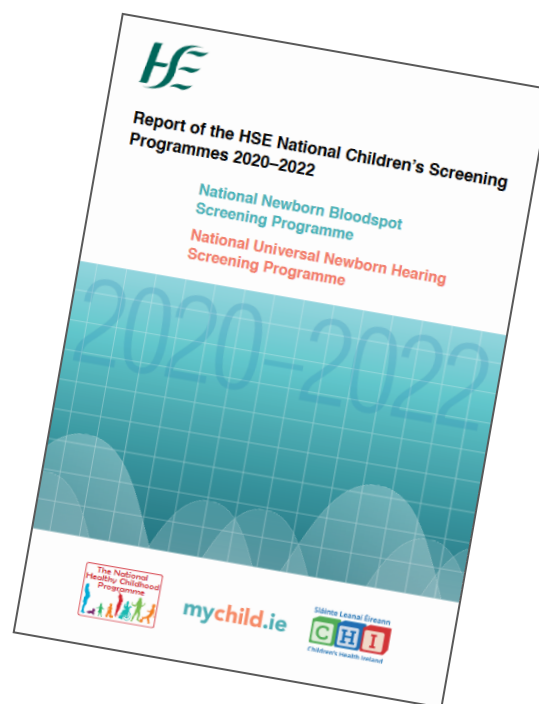
National Children Screening Programmes 2020-2022 report published

The National Healthy Childhood Programme delivers the two population level screening programmes for newborn babies – the National Newborn Bloodspot Screening Programme and the National Universal Newborn Hearing Screening Programme. The key focus of both screening programmes is early identification of serious medical conditions and appropriate interventions to reduce mortality and/or morbidity in our population.

Each year approximately 120 babies are diagnosed with a rare condition through the National Newborn Bloodspot Screening Programme. Approximately 80 to 90 babies are diagnosed with a permanent childhood hearing loss through the Universal Neonatal Hearing Screening Programme.

These babies then enter directly into appropriate clinical care to reduce mortality and/or morbidity and to best enable their health and wellbeing. Many staff and service providers across the health services are vital to the delivery these critical screening programmes, particularly across primary care, maternity and paediatric settings, and we want to highlight their commitment and dedication to this work, which is life-changing for so many families.

We recently published a three-year report summarising the activity across these two programmes from 2020 to 2022. The report is also available electronically from the National Newborn Screening Programme website (<https://www.hse.ie/eng/health/child/newbornscreening/>) or upon request from the project manager (child.screening@hse.ie).



New vision paper for the health and wellbeing of children and young people

A new vision paper for the health and wellbeing of children and young people in Ireland is being developed.

This vision takes a population health approach, which aims to maintain and improve the health and wellbeing needs of the entire population and to reduce health inequities among population groups.

In the document we outline a simple aim, '*All Children and Young People in Ireland will be enabled to live their best, healthiest life*'.

In the document we highlight that this aim can only be achieved when:

1. the environment and services are configured around the distinct needs of children and young people
2. that responsibility and accountability for children and young people's population health and health care is clear
3. the social, commercial and environmental determinants impacting the health of the population are considered and acted on
4. their needs are the basis for service configuration, integration, governance, outcomes and resource allocation for the population

To undertake this, the voices of children and young people need to be meaningfully part of this. We look forward to progressing this vision within the HSE in 2024.

The document is being developed by:

- **Dr Ciara Martin**, National Clinical Advisor and Group Lead, Children and Young People
- **Dervela Gray**, Lead Programme Manager, National Clinical Programmes, RCPI
- **Dr Ellen Crushell**, Clinical Lead (Paeds), National Clinical Programme for Paediatrics and Neonatology
- **Dr Abigail Collins**, National Clinical Lead, Child Health Public Health Programme
- **Anne Pardy**, Child Health Public Health Programme Manager





Updated safety advice for supporting parents using baby carriers and slings

Earlier this year we expanded our [safety advice on mychild.ie about using baby carriers and slings](https://mychild.ie/safety-advice-on-mychild.ie/about-using-baby-carriers-and-slings) following a review. Key points to share with parents include:

- Baby carriers and slings are useful for carrying your baby and freeing up your hands. But they can be a suffocation risk. Always follow safety advice if you choose to use one.
- Make sure the sling is safe for your baby's age and developmental stage. For example, they may not be suitable for babies who are newborn, premature or have poor head control.
- Always read the manufacturer's safety information. Practice putting baby carriers and slings on and taking them off before using them with your baby.

How to position your baby - follow TICKS advice:

T - Tight enough to hug your baby close to you. Your baby should be positioned high and upright with head support.

I - In view at all times, with their face not covered with material or clothing. You should always be able to see your baby's face by simply glancing down.

C - Close enough to kiss - your baby's head should be as close to your chin as is comfortable. 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 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.

If they fall asleep

If your baby falls asleep, remove them from the sling or baby carrier as soon as possible. Sleeping in a baby carrier or sling could block your child's nose and mouth. This can make it harder for them to breathe.

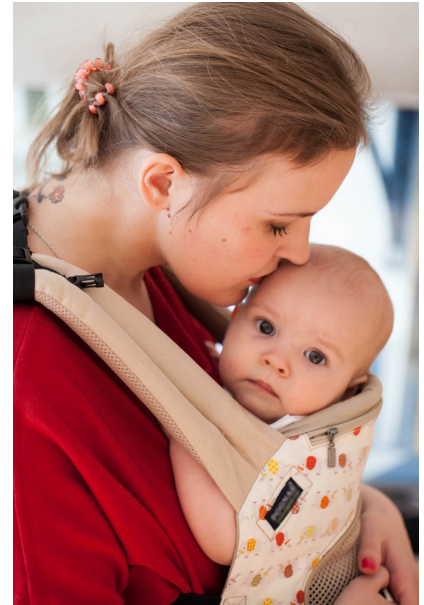
Feeding in a baby carrier or sling

The upright position is the safest position for a baby in a sling or baby carrier. Breastfeeding or bottle feeding may mean changing from an upright to a sideways or cradle position. Always place your child in an upright position immediately after a feed.

As with any feed, watch your baby throughout. Make sure you can see your baby's face and that they can breathe easily.

Be aware of body heat

Make sure your baby does not get too hot. It is easy to overheat because of the body heat shared between you and your baby. Adjust your baby's clothing if you think your baby is becoming too warm.



This position shows a baby in a carrier 'close enough to kiss' with their head supported

First World Breastfeeding Trends Initiative report for Ireland

The World Breastfeeding Trends Initiative (WBTi) is a standardised assessment that evaluates a country's implementation of the World Health Organization's Global Strategy for Infant and Young Child Feeding, benchmarking progress against other countries.

The first WBTi report for Ireland was launched in November 2023. Ireland ranks 57th out of 99 participating countries, and 10th out of 19 European countries that have participated.

The report recognises the HSE's ongoing strong support for breastfeeding and pinpoints key areas for improvement to increase Ireland's breastfeeding rates.

This can be accessed here: <https://www.worldbreastfeedingtrends.org/uploads/country-data/country-report/WBTi-Ireland-2023.pdf>





Breastfeeding celebrated at Áras an Uachtaráin 'Latch On' event



Sabina Higgins hosted the annual 'Latch On' event at Áras an Uachtaráin on September 27th ahead of National Breastfeeding Week. *Pictured from left to right:* **Vivienne O'Reilly** (PHN, Balally Primary Care Centre), **Lynda Moore** (Midwife at CUMH and Irish Nurses and Midwives Organisation), **Dr Abigail Collins** (Clinical Lead, Child Health Public Health Programme, HSE), **Geraldine Gannon** (Assistant Director of Midwifery, the Rotunda Hospital), **Fiona Hanrahan** (Director of Midwifery, the Rotunda Hospital), **Sabina Higgins**, **Petrina Donnelly** (Chief Director of Nursing and Midwifery, RCSI Hospital Group), **Clare Kennedy** (Assistant Director of Midwifery, National Women and Infants Health Programme, HSE), **Kate Casey** (Midwife, National Maternity Hospital), **Laura McHugh** (HSE National Breastfeeding Coordinator), **Aine McGahon** (Infant Feeding Midwife, Midland Regional Hospital Mullingar), **Meena Purushothaman** (HSE Assistant National Breastfeeding Coordinator), **Kathy Cleere** (Coombe Women and Infants University Hospital) and **Andrea Phelan** (PHN, Leopardstown Primary Care Centre). Photo: Maxwell Photography

The number of breastfeeding groups and type of services available is growing in every county. There are over 208 services, with in-person and online options available, all listed on mychild.ie/breastfeeding. Additional supports for parents are available on the website, including:

'Ask our breastfeeding expert' service

The [ask our breastfeeding expert](https://mychild.ie/breastfeeding) live chat is Monday to Friday (10am-3pm) and the email service is available 7

days. Staff can also ask a question for general advice.

Advice guides

Practical advice across a range of [breastfeeding topics](https://mychild.ie/breastfeeding).

Support group contact details

Contact details for [local breastfeeding support groups](https://mychild.ie/breastfeeding).

New groups or amendments to groups listed on mychild.ie can be made by contacting healthy.childhood@hse.ie



Lynne Cunningham is one of the new HSE lactation consultants recruited. Lynne is based in **Sligo University Hospital** since last year. She is pictured during National Breastfeeding Week 2023 in October with mother Laura Tighe and her twins Neasa and Cullan whom she supported to breastfeed

Doubling of infant feeding and lactation posts

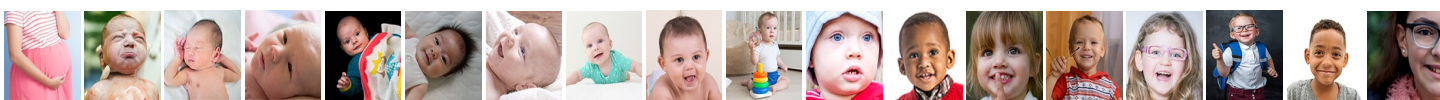
Midwives and public health nurses primarily help mothers and babies get breastfeeding off to a good start.

Lactation midwives and nurses provide specialised support where needed and since 2021, the HSE has doubled the number of infant feeding/lactation posts.

There are now **59 infant feeding/lactation staff members** in all maternity and public health nursing services. One post is in recruitment. The posts are based as follows:

- 34.5 in maternity services
- 23.6 in primary care
- 1 in CHI

There are also 200+ staff working in primary care and maternity services with an IBCLC qualification. The infant feeding/lactation post holders complement existing supports, providing 1:1 services, establishing breastfeeding support groups and supporting the skills development of colleagues in primary care and maternity services.



Supporting parents with practical strategies in 19 Sláintecare areas

The National Healthy Childhood Programme leads the parenting component of the Sláintecare Healthy Communities in partnership with Health and Wellbeing. We know that evidence-based parenting programmes support the mental health of parents and healthy child development. These universal parenting programmes offer simple, practical strategies to help people deal with the normal ups and downs of family life.

Parenting programmes are being delivered in each of the 19 Sláintecare Healthy Community (SHC) Areas. These parenting programmes (Triple P or Parents Plus) are available universally to families with children aged 0 to 12 years. They seek to engage families and children with greater needs in particular.

Our community partners have been delivering SHC parenting programmes to families across the 19 areas since 2022 with over 2,000 parents engaging in workshops and group programmes. [More information on accessing SHC](#)

Child safety alert: unsafe products

Parents are targeted by a huge range of advertisers, some of whom are promoting products which are dangerous for babies and young children.

The National Healthy Childhood Programme has published advice about unsafe products over the past year.

Self-feeding pillows

A self-feeding pillow is designed to hold a bottle and keep it in the baby's mouth. The pillow is placed around the baby's neck, the bottle is held in position by a piece of elastic or a pouch and the baby is positioned on its back to feed itself without the assistance of a caregiver holding the bottle and controlling the feed.



In this situation, the baby will not be able to control the flow of milk and the milk will continue to flow even if the baby is not swallowing. This can lead to choking.

We collaborated with colleagues in the Competition and Consumer Protection Commission (CCPC) in issuing a ban on their sale and added advice not to use self-feeding pillows to our [mychild.ie bottle-feeding page](#).

Amber teething jewellery

We have warned parents against the use of [amber teething jewellery](#) for a number of years, primarily because it is a choking risk. A review of scientific literature took place recently to allow us to expand our advice further.

Preparing infant formula safely

Powdered infant formula is not sterile. This means that there may be bacteria in the infant formula powder and advice on preparing bottles safely can be accessed [here](#).

When preparing a bottle feed, it is important that the water is boiled and left to cool for 30 minutes. By allowing it to cool for 30 minutes, the water reaches a temperature of 70°C.

Whilst popular with some parents, the HSE do not recommend the use of :

- **formula preparation machines**
- **automatic machines**
- **UV sterilisers**

There is not enough research to show that these machines are safe and effective, particularly in Ireland where a proportion of homes obtain their water from a private well.

The HSE also do not recommend the use of **bottle warmer machines** to heat water to prepare bottles, where the water does not boil the water and allow it to cool to 70°C.

Key additional points added include:

- There are reports of fatalities and serious injuries from strangulation and aspiration.
- Other notable risks include swallowing of the stone beads, bacterial skin and oral cavity infections, a tourniquet effect due to constriction of blood flow of the limbs on which they are worn, and allergic reactions.
- We also considered the claims made about the effectiveness of amber jewellery as a pain relief. There is no scientific evidence to support such claims.

Head support straps

Head strap products claim to prevent your child's head falling forwards or sideways if they fall asleep in a sitting device, such as a car seat. There is no evidence that these products are safe to use.

There have been reported concerns over the safety of these products in other jurisdictions, including potential damage to anatomical structures in the neck and spine, airway injuries, strangulation risks, and risks of smothering.



We have advised parents against their use in our [mychild.ie advice on car seat safety](#).

If you come across products you feel that are unsafe, please contact healthy.childhood@hse.ie



Once is enough: quality improvement in Newborn Bloodspot Screening

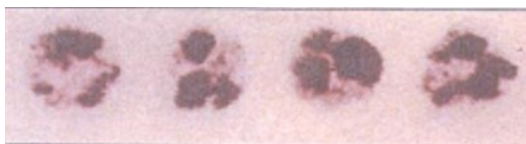
Having a heel prick taken can be upsetting for newborn babies and their parents. Taking a good quality sample reduces the need to take repeat samples.

From 2020 to 2022, the NNBSP avoidable repeat rate was 4.2%. Approximately 70% of these repeat samples were related to problems with sample taking, while 4% of repeat samples were due to inaccurate identification or insufficient details.

Taking repeat samples can cause further anxiety for parents, distress to babies and delays in getting important screening results. The avoidable repeat rate of 4.2% is greater than what we have seen in similar countries, and above what we would like it to be for babies and their families. With the tips below, let's make 2024 the year where 'once is enough'.

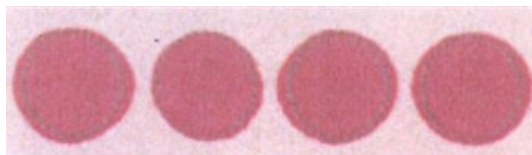
Examples of insufficient samples requiring repeat sampling:

Insufficient blood collected



Blood should be soaked through from back to front to provide sufficient sample for analysis.

Sample received wet



This is when a sample is sent to laboratory before it is completely dry. Wet samples can give a false result and pose a health and safety risk to staff.

Sample over saturated/layered



Do not apply blood to both sides of the card.

Sample appears contaminated



Possible causes:

- Squeezing area surrounding the puncture site.
- Allowing the card to come in contact with gloved hands or substances such as milk, hand lotion, etc.

- Blood spot sample being compressed, causing cells to separate. This results in a diluted sample in the centre of the spot.

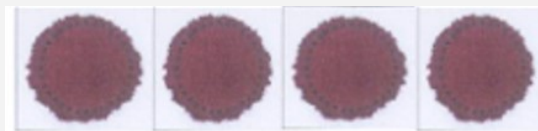
Best practice when taking samples:

1. Samples are air dried and dispatched without delay to laboratory.
2. The circles marked on the NBS card should be touched gently to the hanging drop of blood from the babies heel so that the blood soaks completely through from the back of the NBS card to the front, filling all circles completely.
3. The blood has soaked completely through the circle on the front as well as the rear of the card.
4. The bloodspot is not pressed/squeezed to 'force' it through the NBS card as this can compress the blood cells requiring repeat sampling.
5. The baby's unique perinatal identifier, local health office and address/Eircode are recorded.

Good quality (sufficient) sample

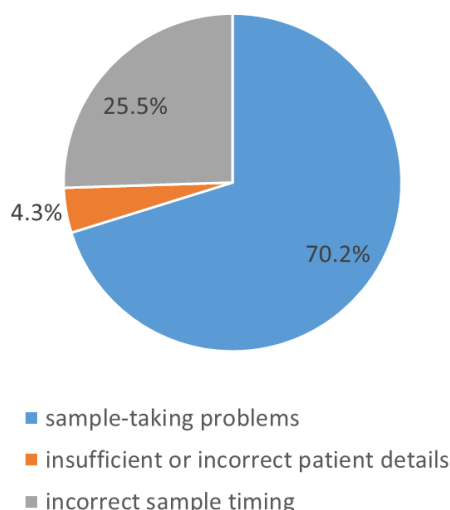
Sufficient amount of blood to soak through to completely fill all circles

N.B. 3.2 mm punches are taken from the card, all testing calculations are based on a completely filled punch, this is why a fully saturated spot is essential.



Photos are from [A Practical Guide to Newborn Bloodspot Screening In Ireland \(9th edition, May 2022\)](#)

Reason for sample repeat as a proportion of total repeat samples





Chuck Feeney's legacy lives on through key child health initiatives

Philanthropist Charles (Chuck) Feeney passed away on October 9th at the age of 92. Through his organisation The Atlantic Philanthropies (Atlantic), he left a lasting legacy in a wide range of significant developments in Ireland, including services for children and families experiencing disadvantage.

As the work of Atlantic was drawing to a close, the organisation decided to support a number of legacy programmes, including the Nurture Programme: Infant Health and Wellbeing, to mainstream the learning from the targeted programmes and improve the universal supports provided to all children and families in Ireland.

Pregnancy and early childhood have long been identified as key stages to provide supports to children and families, as these are the periods of most rapid development and lay the foundation for the rest of a child's life.

Through Nurture, Atlantic worked in partnership with the HSE, the Katherine Howard Foundation and the Centre for Effective Services to develop a *"universal integrated approach to evidence-based service planning and delivery, to improve health and wellbeing outcomes for infants and their families from pregnancy to the child's third birthday"*.

Nurture was a time-bound programme (2015 to 2021) and systematically reviewed the original child health programme 'Best Health for Children (2004)'. The result was a major quality improvement and change initiative, creating many tools and resources that have been successfully integrated into the National Healthy Childhood Programme (NHCP). The Nurture Programme is now embedded into the NHCP.

The key deliverables/resources that are now widely used as part of the NHCP are:

- The mychild.ie website
- The [My Pregnancy and My Child books](#) (0 to 2 years and 2 to 5 years)
- The training and professional development framework and programme
- The standardised child health record and *Child Health Assessment Manual* for PHNs and *Newborn Clinical Examination Handbook*
- The standardised developmental screening tool
- *National Standards for Antenatal Education in Ireland*

You can read the [evaluation of The Nurture Programme](#).

One of the goals within the Nurture Programme was to create staff and public awareness of **infant mental health (IMH)** and embed IMH concepts and understanding into service delivery through IMH training, tools and resources, including [website content](#).

Infant mental health (IMH) starts with the promotion and support of the responsive relationship between an infant and parent/primary care giver. This relationship is essential to create a secure attachment. The quality and nature of the interactions lay the foundation for the infants' social and emotional wellbeing across their life span. These interactions promote neural growth within the brain that lay the pathways for development and behaviour. Some examples of key messages are:

Parents need to know that they are the most important person in their infant's life, they need to hear this from the start and they need to hear it often.

Tuning into their infants' cues by responding

appropriately to their body language, cries, smiles, coos, sends the message to their infant that they are safe, loved and important.

Talking, singing and reading often at eye level to the baby helps them understand the world and helps them learn how to communicate. The more words they hear, the bigger their vocabulary will be, and the better able they will be able to describe their world and feelings.

There are three excellent **infant mental health modules** on [HSeLand](#) that outline these concepts and how to integrate them into your practice. Work is underway on a face-to-face module.

There are a number of **IMH networks** in each CHO. These networks provide a safe space for those working with young infants and families to discuss their practice and keep the principles of IMH at the core of their practice.



The late Charles (Chuck) Feeney.
Photo: The Atlantic Philanthropies



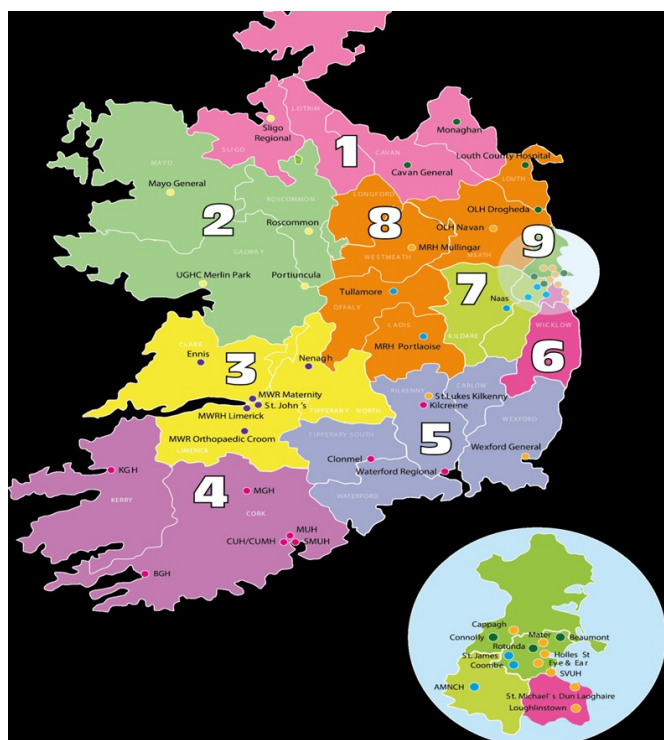
Role of child health programme development officers

The Child Health Programme Development Officers began to come into post in Q4 of 2018. Their role is to support implementation of the National Healthy Childhood Programme at Community Healthcare Organisation (CHO) level.

They also worked to establish Child Health Governance Structures in the CHOs, with key child health regional subgroups feeding into this structure, e.g. Breastfeeding, Immunisation, Healthy Weight for Children, and National Healthy Childhood Regional working groups. They are now active members of these subgroups, supporting many quality improvement initiatives at national and regional level.

They often work as a conduit between the National Healthy Childhood Programme and CHO managers, clinicians and community partners involved in the delivery of child and family services.

Please see below a map and contact email address of current Child Health Programme Development Officers, who are more than happy to link with you on any child health related work streams.



CHO1

Fiola.Murphy@hse.ie

CHO2

elizabeth.lambe@hse.ie

CHO3

Brenda.Mellett@hse.ie

CHO4

Rachel.Knox@hse.ie

CHO5

Siobhan.Sinnott@hse.ie

CHO6

Vacant at present

CHO7

Emma.Reilly1@hse.ie

CHO8

Vacant at present

CHO9

siobhan.nimhurchu1@hse.ie

Huge demand for mychild.ie continues

Latest figures show that there were **4,787,871** visits to mychild.ie between from January 1st to December 14th. Of the **2,863,846** users, almost half were new users. The 'Ask our breastfeeding expert' service saw **959 live chats** and **964 emails** from January to November.

The most visited pages are (1) the [due date calculator](#),

(2) [stomach pains and cramps in pregnancy](#), (3) [constipation in babies \(0 to 6 months\)](#), (4) [chickenpox](#) and (5) [hand, foot and mouth disease](#).

There are over **500 pages** on the website spanning pregnancy, babies and toddlers, many of which were updated in 2023 as part of an ongoing 3 year review process. Thank you to all who shared their expertise.

Editorial Team

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