



GUIDELINE

Universal Contact 4 months

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To conduct age-appropriate activities that focus on identifying key risk and protective factors known to influence health and development and implementing early interventions according to client need to maximise optimal health and developmental outcomes.

Risk

When there are delays in identifying health and developmental concerns, this negatively impacts on children developing to the best of their ability.¹

Background

There is compelling evidence that early childhood is a sensitive period for child development and functioning.² During this time the child's environment and early experiences have the potential to influence their physical health and wellbeing, mental health, social functioning and cognitive development.^{2,3} A holistic view of the child, parents and family requires an understanding of what influences development. This includes genetics, the environment (parents, family, community and society), cultural variations, risk and protective factors, social determinants and social standing.^{1,2,4}

The *Universal contact 4 months* is an opportunity for the early identification of issues that may negatively impact health outcomes. This is most meaningful when nurses use evidence informed knowledge and skills, and clinical judgement to undertake a comprehensive and systematic enquiry through:

- Eliciting and responding to parental concerns
- Gathering information about the child's current abilities and functions
- Identifying risk and protective factors
- Using evidence informed assessment methods and tools that are age appropriate.¹

Key Points

- This document should be read in conjunction with the [Child Health Services](#) policy
- The *Universal contact 4 months* is offered to clients as a centre contact. In situations where an alternative venue is required, nurses will be aware of undertaking assessments accurately and safely.
- A comprehensive physical and developmental assessment of the infant will be conducted.
- The child is the focus of care, and their best interests are the primary consideration in all decisions.
- Family-centred and strengths-based approaches are used, for a shared understanding of concerns and care planning that is proportionate to client needs.
- Nurses think critically and use the best available evidence in making decisions and providing care that is safe, appropriate and responsive.
- Establishes and sustains relationships by communicating effectively in the context of mutual trust and respect.

Process

Steps	Additional information
<p>1. Client information</p> <ul style="list-style-type: none"> • Prior to the contact review the client's electronic health records, noting any previously identified concerns and follow up required. • At the start of the contact ensure clients are correctly identified. • For clients new to Child Health Services, enquire if the parents and/or caregivers will identify the infant as of Aboriginal* descent, updating child health records if required. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ Patient / Client Identification (CACH) or Patient Identification (WACHS) • In WACHS check for Child at Risk Alert. • In WACHS when a child has been identified as being at risk of poor health, development or wellbeing, the Enhanced Child Health Schedule will be activated.
<p>2. Child health and wellbeing</p> <ul style="list-style-type: none"> • Elicit and respond to parental concerns about their child's health and development. 	<p>Refer to the following for more information:</p> <ul style="list-style-type: none"> • Ages and Stages Questionnaires ® • A Solid Start: Facilitator Guide

* OD 0435/13 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Steps	Additional information
	<ul style="list-style-type: none"> • Breastfeeding Assessment Guide (CHS012) • Corneal light reflex test • Growth – birth to 18 years • Head circumference assessment • Hearing and Ear Health • Hip assessment • How children develop • Length assessment 0-2 years • Nutrition for children – birth to 18 years • Otoscopy • Physical Assessment 0-4 years • Red reflex test • Sleep 0-5 years • Tympanometry • Vision and eye health • Weight assessment 0-2 years • Documenting infant feeding status – CAHS: See CDIS tip sheet: Clinical contact screen for child health
<p><u>Feeding efficiency and nutrition</u></p> <ul style="list-style-type: none"> • Enquire about breastfeeding efficiency and feeding patterns. • If required, complete the Breastfeeding Assessment Guide (CHS012), to assist with care planning. • Discuss the introduction of solid foods at around 6 months, when infants are physiologically and developmentally ready for new textures and modes of feeding. • If infant formula is used ensure appropriate formula, volume and frequency and safe preparation. 	<p><u>Feeding efficiency and nutrition</u></p> <p>The <i>Universal contact 4 months</i> can be a time where clients consider prematurely introducing complementary feeds and/or solids. It is important to conduct holistic assessments and provide clients with evidenced based information.</p>

Steps	Additional information
<ul style="list-style-type: none"> • Document infant feeding status. 	
<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Conduct a physical assessment as per Physical Assessment 0-4 years • Hip assessments 	<p><u>Physical assessment</u></p> <ul style="list-style-type: none"> • Physical assessment to be performed on a firm stable surface • When undertaking a physical assessment, focus on general appearance, skin integrity, signs of plagiocephaly, and testicular descent
<p><u>Recognise indicators for physical abuse and neglect</u></p> <ul style="list-style-type: none"> • Consider the child’s age, level of mobility and development. If there are observations or concern relating to bruising without reasonable explanation (i.e. bruising in a non-mobile baby including facial, torso, ears and neck bruising) or patterned bruising (i.e. slap, grab or loop marks) nurses must take the following action: <ul style="list-style-type: none"> ○ Identify any immediate safety concerns ○ Discuss concerns with parent/caregiver if safe to do so ○ If a belief is formed that the child has been harmed or is likely to be harmed a formal report to the Department of Communities is required as soon as possible • Document discussion, actions, referrals and plans in CDIS/CHIS, including discussions with relevant CNM/CNS and document further action and plan of follow up 	<ul style="list-style-type: none"> • Staff can use the TEN-4-FACESp tool to improve recognition of potentially abused children with bruising who require further evaluation. • See Guidelines for Protecting Children 2020, Child Safeguarding and Protection (CAHS) and Child Safety and Wellbeing (WACHS).
<p><u>Hearing screening</u></p> <ul style="list-style-type: none"> • Offer for all Aboriginal children and others at increased risk <ul style="list-style-type: none"> ○ Screening questions and observations ○ Otoscopy ○ Tympanometry 	<p><u>See:</u></p> <ul style="list-style-type: none"> • Hearing and ear health • Otoscopy • Tympanometry

Steps	Additional information
<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • Conduct a growth assessment including weight, length and head circumference. • Document growth measurements and interpret growth trajectories using: <ul style="list-style-type: none"> ○ Electronic records ○ World Health Organization (WHO) 0-2 years growth charts • Discuss growth patterns and findings with parents. 	<p><u>Growth assessment</u></p> <ul style="list-style-type: none"> • If concerns with growth status are identified, use the WHO 0-6 month growth charts to monitor and document serial weight, length and head circumference measurements. • Document outcomes of the growth assessment in electronic records, including care planning for identified deviations from normal. • Discuss with parents expected growth patterns, trajectories and percentiles, reinforcing that growth charts are used as part of a holistic assessment for infant health and wellbeing.
<p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> • Conduct an observational assessment and complete the following: <ul style="list-style-type: none"> ○ ASQ®-3 ○ Corneal light reflex test ○ Red reflex test 	<p><u>Developmental assessment</u></p> <ul style="list-style-type: none"> • Discuss how the early identification and intervention of ear infections can have a positive impact on children achieving appropriate hearing and speech milestones, and future learning outcomes. Developmental assessments include: <ul style="list-style-type: none"> ○ Fine motor ○ Hearing behaviours ○ Posture and large movements ○ Social behaviour and play ○ Speech, language and communication ○ Vision behaviours
<p><u>Social and emotional assessment</u></p> <ul style="list-style-type: none"> • Conduct the following: <ul style="list-style-type: none"> ○ ASQ®:SE-2 	
<p><u>Sleep</u></p> <ul style="list-style-type: none"> • Enquire about awake and sleeping patterns, providing information and support as required. <p><u>Safe Infant Sleeping promotion.</u></p>	<p><u>Safe Infant Sleeping</u></p>

Steps	Additional information
<p>Promote safe sleeping through:</p> <ul style="list-style-type: none"> • Identification of key infant, parent/caregiver and environmental risk factors and how to mitigate those (Refer to the WA Health Safe Infant Sleeping Guideline for a comprehensive list) • enquiring about the infant’s sleeping arrangements and discussing the risks of sharing sleep surfaces including fatal sleep accidents, entrapment and falls related injuries. • If no risks identified record in CHIS/CDIS as “discussed with no concerns”. • If risks identified, (including the risk of sharing sleep surfaces), use CHIS/CDIS notes to clearly and contemporaneously document all education/advice and discussions. • Encourage parent/caregiver to return the infant/child to the cot after feeding and before the parent/caregiver falls asleep with the infant in the bed or chair. • Safe infant sleeping information must be provided and where available provided to families in their first language. 	<ul style="list-style-type: none"> • Promote the Six Key Messages for Safe Infant Sleeping (as per the WA Health Safe Infant Sleeping Guideline): <ul style="list-style-type: none"> ○ Sleep baby on its back ○ Keep baby’s head and face uncovered. ○ Keep baby smoke free before and after birth. ○ Safe sleeping environment night and day ○ Sleep baby in a safe cot in parents’ room ○ Breastfeed baby.
<p><u>Immunisation</u></p> <ul style="list-style-type: none"> • Enquire about immunisation status. 	<p><u>Immunisation</u></p> <ul style="list-style-type: none"> • Promote immunisation uptake if not fully vaccinated for age by reinforcing the WA Vaccination Schedule in the PHR and promoting local options to access immunisation.
<p><u>Newborn Bloodspot Screening</u></p> <ul style="list-style-type: none"> • Review information through consultation with clients and from infant’s Personal Health Record (PHR) 	<p><u>Newborn Bloodspot Screening</u></p> <ul style="list-style-type: none"> • If not previously completed <u>screening can be offered up to 12 months of age</u>. Refer family to GP or other appropriate medical service for referral to PathWest or another provider.

Steps	Additional information
	<ul style="list-style-type: none"> Refer family to Healthy WA- Your baby's newborn bloodspot screening test for more information
<p>3. Maternal health and wellbeing</p> <ul style="list-style-type: none"> Enquire about physical health. Protect, promote and support breastfeeding and lactation. Enquire about lactation and provide information and care planning as required. 	<ul style="list-style-type: none"> Refer to the following for more information: <ul style="list-style-type: none"> Breastfeeding Assessment Guide (CHS012) Early Parenting Groups: Facilitator Guide for more information relevant to the Universal contact 4 months Nutrition for children – birth to 18 years
<p>4. Family health and wellbeing</p> <ul style="list-style-type: none"> Elicit and respond to parental concerns and provide interventions as required. Observe for parent-child attachment including mutual gaze, sensitive and responsive communication and stimulation, warmth and affection. Update family history related to health, relationships, family support, risk and protective factors as required. Conduct emotional and social wellbeing screening. <ul style="list-style-type: none"> Complete the Edinburgh Postnatal Depression Scale (EPDS) Conduct Family and domestic violence (FDV) screening. Complete the <i>Screening For Family and Domestic Violence</i> form (FDV 950) Promote healthy nutrition and physical activity. 	<ul style="list-style-type: none"> Refer to the following for more information: <ul style="list-style-type: none"> Early Parenting Groups: Facilitator Guide for more information relevant to the Universal contact 4 months Genogram Family and domestic violence Indicators of Need Perinatal and infant mental health Nurses will reinforce client strengths and explore strategies to mitigate the effect of risks. It is recognised there are diverse family structures and relevant caregivers are invited to engage with community health services.

Steps	Additional information
<p>5. Anticipatory guidance</p> <ul style="list-style-type: none"> • Attachment <ul style="list-style-type: none"> ○ Sensitive parenting and Circle of Security principles • Child development • Communication • Early literacy • Injury prevention <ul style="list-style-type: none"> ○ Emerging skill development ○ Safe Infant Sleeping • Immunisation <ul style="list-style-type: none"> ○ Ensure client awareness of the <i>WA Vaccination Schedule</i> information in the PHR • Nutrition and anticipatory guidance for introducing solid food including <ul style="list-style-type: none"> ○ Signs of readiness ○ Ideas for iron rich first foods ○ Balancing milk feeds with solid foods ○ Minimising risk of food allergies ○ Transitioning through textures ○ Transitioning to a cup ○ Foods to avoid • Oral health and teething • Play and movement • Screen time <ul style="list-style-type: none"> ○ Not recommended for children under 2 years, other than video-chatting • Sleep and settling • Sun protection 	<ul style="list-style-type: none"> • The list of anticipatory topics is of relevance for the 4-month contact. However, nurses will prioritise discussions according to client need. • Refer to the following for more information: <ul style="list-style-type: none"> ○ A solid start: Facilitator Guide ○ Early Parenting Groups: Facilitator Guide for information relevant to the Universal contact 4 months ○ How children develop ○ Let's Sleep: Facilitator Guide ○ Physical Assessment 0-4 years ○ Sleep 0-5 years • Discuss supporting child development and children's needs, whilst developing an understanding of the support parents need, to raise thriving children.⁵
<p>6. Parent education and resources</p>	<ul style="list-style-type: none"> • Offer clients resources listed in the Practice guide for Community Health Nurses.

Steps	Additional information
<ul style="list-style-type: none"> • Offer information about relevant community services, resources and where to get help. • Red Nose Safe sleeping poster must be displayed in community health settings where infants are provided with care 	<ul style="list-style-type: none"> • Nurses are encouraged to be aware of the availability of local resources, including those listed in the PHR.
<p>7. Care planning</p> <ul style="list-style-type: none"> • Promote Universal contact 12 months appointment. • Respond to identified needs by planning additional contacts and/or referral to relevant services and programs. 	<ul style="list-style-type: none"> • Refer to the following for more information: <ul style="list-style-type: none"> ○ <i>Groups for parents</i> guideline • Offer the following Community Health group programs as required: <ul style="list-style-type: none"> ○ <i>A Solid Start</i>: a universal program for all clients providing information on introducing solids ○ <i>Let's sleep</i>: a targeted service for clients with 6- to 12-month-olds experiencing sleep and settling difficulties ○ <i>Circle of Security – Parenting</i>: a targeted service to help parents understand their child's emotions (suitable from four months to six years).

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations; in electronic and/or MR600 child health records.

References
<ol style="list-style-type: none"> 1. Sharma A, Cockerill H. From birth to five years: Practical developmental examination. Routledge. 2014. 2. Department of Health. National Action Plan for the Health of Children and Young People 2020-2030. Department of Health. Australia. 2019. 3. Western Australian Government. Our Priorities Sharing Prosperity. Department of the Premier and Cabinet. Western Australia. 2019. 4. Moore T, Arefadib N, Deery A, West S. The First Thousand Days: An Evidence Paper. Victoria. Centre for Community Child Health, Murdoch Children's Research Institute. 2017.

5. McCormack D, Taylor L. Putting children first: Changing how we communicate with parents to improve children's outcomes. Child Family Community Australia. 2019. [Putting children first: Changing how we communicate with parents to improve children's outcomes | Australian Institute of Family Studies \(aifs.gov.au\)](#)

Related policies, procedures and guidelines
The following documents can be accessed in the Clinical Nursing Manual via the HealthPoint link, Internet link or for WACHS staff in the WACHS Policy link
Ages and Stages Questionnaires ®
Breastfeeding protection, promotion and support
Breastfeeding support service
Child health services
Clients of concern management
Corneal light reflex test
Drop-in session
Factors impacting child health and development
Family and domestic violence
Groups for parents
Growth – birth to 18 years
Growth – downward trajectory
Head circumference assessment
Hearing and Ear Health
Hip assessment
Length assessment 0-2 years
Nutrition for children – birth to 18 years
Oral health assessment
Otoscopy
Perinatal and infant mental health

Physical assessment 0-4 years
Red reflex test
Sleep – 0-5 years
Tympanometry
Vision and eye health
Weight assessment 0-2 years
The following documents can be accessed in the CACH Operational Manual
Client Information – Requests and Sharing
Consent for services
Home and community visits
Working alone
The following documents can be accessed in WACHS Policy Manual
Child Safety and Wellbeing
Consent for Sharing of Information: Child 0-17
Enhanced Child Health Schedule
Identifying and Responding to Family and Domestic Violence
Patient identification
WebPAS Child at Risk Alert
Working in isolation – Minimum safety and security standards for all staff
The following document can be accessed in CAHS Policy
Child Safeguarding and Protection
Language Services
Patient / Client Identification
Safe infant Sleeping
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP 0095)

Information Security Policy (MP 0067/17)
Safe Infant Sleeping Policy (MP 0106/19)
Consent to Treatment Policy (0657/16)
WA Health Consent to Treatment Procedure (MP 0175/22)
WA Health Language Services Policy (MP0051/17)

Related CACH forms

The following forms can be accessed from the [CACH Forms](#) page on HealthPoint

[Breastfeeding Assessment Guide](#) (CHS012)

WHO 0-6 months growth charts

Related CACH resources

The following resources can be accessed from the [CACH Resources](#) page on HealthPoint

[Genogram](#)

[How children develop](#)

[Indicators of Need](#)

[Parent Resources for Universal Contacts](#)

[Practice guide for Community Health Nurses](#)

Related Internal resources

[Guidelines for Protecting Children 2020](#)

Related external resources

Ages and Stages Questionnaires ® ASQ-3 Quick Start Guide


Ages and Stages Questionnaires ® ASQ:SE-2 Quick Start Guide

[Australian Breastfeeding Association](#) Helpline 1800 686 268 is available 24 hours a day and 7 days a week. For clients requiring an interpreter phone the Translating and Interpreting Service (TIS) 131 450 and ask TIS to call the Breastfeeding Helpline.

[Australian 24-Hour Movement Guidelines for the Early Years \(birth to 5 years\)](#)

<p>Breastfeeding Centre of WA Statewide telephone counselling service for health professionals and women. Appointments are available for mothers and babies who have attended King Edward Memorial Hospital for their pregnancy or birth. Parent information includes Pregnancy, Birth and your Baby (contains useful information regarding after the birth of a baby)</p>
<p>Book: Mary Sheridan's From Birth To Five Years Children's Developmental Progress. 2014. Ajay Sharma and Helen Cockerill.</p>
<p>Book: From Birth To Five Years Practical Developmental Examination. 2014. Ajay Sharma and Helen Cockerill.</p>
<p>Healthy WA - Your newborn baby's bloodspot screening test</p>
<p>Infant Feeding Guidelines – Information for health workers (National Health and Medical Research Council)</p>
<p>Kidsafe WA</p>
<p>Ngala</p>
<p>Nursing and Midwifery Board of Australia. Code of conduct for nurses and Code of conduct for midwives. 2018</p>
<p>Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice. 2016.</p>
<p>Playgroup WA</p>
<p>Raising Children Network - Breastfeeding information and support resources</p>
<p>Red Nose Grief and Loss Support Services</p>
<p>SunSmart Cancer Council of Western Australia</p>
<p>TEN4FACESp- Bruising Clinical decision rule for children <4 Years of Age (**for staff use only - not for use in client facing areas)</p>
<p>WA Health Safe Infant Sleep Guideline</p>

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion Excellence Collaboration Accountability Equity Respect

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