

Well Child Tamariki Ora (WCTO) Provider Update

August 2020

The WCTO Promotion Team at the Immunisation Advisory Centre wishes you well.

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Well Child Tamariki Ora Symposium

- ❖ We are pleased to announce our next 1-day symposium, from 8:45am—4:15pm, on the 27th August in Christchurch. The symposium will be held at:

Christchurch Gold Club
45 Horseshoe Lake Rd
Shirley



The programme includes a Ministry of Health update on the WCTO review; Dr Tony Walls (Childhood illnesses); Dr Katy Brett (Early adversity, trauma and attachment); Fay Selby-Law (Hāpai, SUDI prevention: What do WCTO providers and whānau need to know); Anna Smith (IMAC, Essential immunisation information); Canterbury DHB (Oral health); Te Puawaitanga (local initiatives); Gwenda Kenrow (Aviva, Addressing family violence); and Browyn Pagey (Werry Workforce, Parenting programmes and resources). The finalised programme will be posted next week here: www.immune.org.nz/2020-well-child-symposiums

Cost: \$85 +GST (\$97.75 total—includes morning tea and lunch)

Book now at lms.conectus.org.nz

You will need to create an account before being able to book. Once you have created an account, log in and in the Training Catalogue (3rd icon down the left-hand side menu), select 'Well Child Tamariki Ora' from the dropdown menu, 'Symposiums' from the second dropdown.

Upcoming Well Child Tamariki Ora Conference and pre-Conference Workshop, 19-20 November 2020

We are excited to announce our WCTO Conference in Rotorua (pre-Conference Workshop, 19 November and Conference, 20 November). Note that due to COVID concerns, this date has changed from mid-October. More details will be circulated as they come to hand. Please enter these dates in your diaries and forward this to interested colleagues and encourage them to subscribe (see at end) to receive subsequent newsletters and updates.

Perinatal mental health

To coincide with [Mental Health Awareness week: 21--27 September](#), which occurs within the period covered by this newsletter, in this edition we highlight perinatal mental health.¹

Mental health problems are not uncommon during pregnancy and in the early months/years of parenting. Furthermore, they are not experienced equally. Studies suggest Māori women experience mental health concerns at higher rates than non-Māori women—for example, findings from a study by Signal et al (2018) indicate depressive symptoms in pregnancy were more prevalent for Māori than for non-Māori (22% vs 15%).²



Around 10% of all women continue to experience depression after the first year postpartum. Ongoing awareness of the need to check social and emotional wellbeing of parents for up to 4 years following childbirth is important.

Mental health difficulties impact on the child–parent relationship and the child’s development. Observations of infant care from a depressed parent (most studies are with mothers) include:

- low levels of sensitivity to the infant
- a reduced range of emotional expression, especially positive affect
- low attunement to their infant’s emotional expression (seen with depression) or inconsistent attunement (more often seen with anxiety)
- more negative comments about and to their infants
- less touching/physical contact
- more withdrawn (depression) or intrusive (more often with anxiety) behaviour. With intrusion a parent may begin an interaction with their infant and, as soon as the infant becomes engaged, they change the activity by moving a child from one bodily position to another, tickling, introducing another toy when the first has barely been explored, picking the toddler up who has just crawled away and pulling them back into their lap. This intrusion on the child’s state will be seen repeatedly as you observe for 5–10 minutes. A withdrawn state is probably clearer with observations of limited engagement, no joy in the interactions, care that is ‘mechanical’ and an infant who may be similarly withdrawn/shut down or very irritable, fussing a lot.



¹ Excerpted from: Ministry of Health. 2013. [Well Child / Tamariki Ora Programme Practitioner Handbook: Supporting families and whānau to promote their child’s health and development – Revised 2014](#). Updated October 2015.

Wellington: Ministry of Health See the Perinatal mental health section.

² Signal, T. L., Paine, S.-J., Sweeney, B., Muller, D., Priston, M., Lee, K., ... Huthwaite, M. (2017). The prevalence of symptoms of depression and anxiety, and the level of life stress and worry in New Zealand Māori and non-Māori women in late pregnancy. *Australian & New Zealand Journal of Psychiatry*, 51(2), 168–176.

<https://doi.org/10.1177/0004867415622406>

The effect is a disruption in the interactional relationship that supports early infant regulation and management of stress, as well as their cognitive, socio-emotional and physical development. The accumulating evidence is that a two-generational (ie, infant and mother) intervention is required for infants and toddlers when maternal depression is moderately severe and persists beyond 3–4 months.

All care must be provided in a culturally supportive manner. Where possible, offer women, families and whānau a choice of services.

Beginning antenatally, engage the woman in the assessment interview process, as this work is about providing the best possible care for mothers and giving their infants the best start. Assess for the presence of depression using the PHQ-3. A positive response to one of the questions detects most cases. If the parent wants help, refer them to their general practitioner.

PHQ-3³

1. During the past month, have you often been bothered by feeling down, depressed or hopeless?
 2. During the past month, have you often been bothered by little interest or pleasure in doing things?
- If yes to either question, ask help question:*
3. Is this something with which you would like help?

Outside the formal PHQ-3 assessment, check wellbeing by generally engaging the parent and asking, for example, 'How's your sleep?', 'How's your mood?', 'How are you managing?'

Facilitate access to services that are needed or will strengthen the resources of the family or whānau.

There should be ongoing assessment of social and emotional wellbeing, with a well-documented handover from the midwife to the WCTO Provider.

Interventions/support include

- providing information and contact details for the local antenatal and postnatal depression support groups – this information may be accessed from the national PND organisation PMHNZ Trust (www.pmh.nz.org.nz)
- taking a flexible approach to supporting breastfeeding for mothers with mental health problems. With its effects on oxytocin and the immune system, breastfeeding can have some mild protective effect against depression, and mothers who are depressed and who breastfeed have been shown to have better feeding interaction behaviour with their infant than those who bottle-feed (Field et al 2010⁴). However, problems with breastfeeding are known to exacerbate depression. Depression generally involves symptoms of guilt and self-criticism so it is particularly important that issues around breastfeeding decisions are managed well and don't increase guilt. Where mothers with mental health problems decide to breastfeed, it is essential to put into place structured, individualised services for breastfeeding support
- providing developmental guidance around, for example, how to manage the infant's needs for interaction when depression can make social interaction very difficult.

For greater detail about this topic, referral pathways and resources, please see the [WCTO Programme Practitioner Handbook](#).

³ NZGG. 2008. [Identification of Common Mental Disorders and Management of Depression in Primary Care: An evidence-based best practice guideline](#). Wellington: New Zealand Guidelines Group.

⁴ Field T, Diego M, Hernandez-Reif M, et al. 2010. Depressed mothers and infants are more relaxed during breastfeeding versus bottlefeeding interactions: brief report. *Infant Behavior & Development* 33: 241–4.

National Oral Health Day: 6 November

The NZ Dental Association (NZDA) leads the National Oral Health Day, an annual event celebrated on the first Friday in November. This is a great opportunity to promote conversations about teeth and oral health with families and whānau.



Teeth not only help in chewing food, but also boost the child's self-esteem, assist in speech development and support proper growth and development of the face, jaws and adult teeth.⁵

Teeth are at risk of dental decay from the time they appear in the mouth. Therefore, children are at risk of dental caries from approximately 6 months of age, when the primary teeth start to emerge through the gums and into the mouth. For infants and young children who develop early childhood caries (ECC) (see risk factors below), their growth, development and quality of life can be affected.

Regular brushing should be started as soon as the first tooth comes through the mouth at around 6–8 months of age. Teeth should be brushed twice daily with fluoride toothpaste, and brushing at night is very important. A smear of fluoride toothpaste and a small, soft-bristled brush are recommended for children under 6 years of age.

Factors that increase the risk of ECC are:

- improper use of a bottle when bottle-feeding, for example when:
 - put to bed with a bottle
 - put to sleep after feeding without cleaning the teeth
 - the bottle is used for prolonged periods
 - the bottle is used for feeding sweetened drinks
- snacking with sugary foods and drinks throughout the day
- not starting to clean teeth regularly with a fluoridated toothpaste as soon as the teeth erupt through the gums
- having a history of high levels of tooth decay in the family
- living in a low-income family or in non-fluoridated areas
- being born prematurely or at lower-than-normal birthweight, or being born with developmental disabilities and disorders

In addition, some breastfed babies who nurse for long periods throughout the day and night may develop ECC. However, breast milk is the best form of nutrition for infants and breastfeeding is associated with a lower risk of developing dental decay when compared with bottle-feeding.

Basic oral health care is free for children in New Zealand who meet the [eligibility criteria](#) for publicly funded health and disability services. Facilitate enrolment of the infant to a community dental service from 12 months of age. The Ministry of Health recommends that WCTO Providers are linked with early childhood

⁵ Excerpted from: Ministry of Health. 2013. [Well Child / Tamariki Ora Programme Practitioner Handbook: Supporting families and whānau to promote their child's health and development – Revised 2014](#). Updated October 2015. Wellington: Ministry of Health See the Oral health section.

dental services in all district health boards, so children with early dental changes or overt dental caries are identified and referred for treatment.

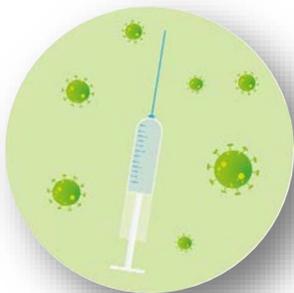
To help you promote oral health, see the Ministry of Health's [free health resources](#) and see here for NZDA's [Switch to Water](#) campaign resources. [NZDA's website](#) holds detailed information about infant and toddler teeth-brushing, diet and common dental problems. It also describes [Lift the lip screening](#) for parents, to better detect dental caries in young children. See also the Oral Health chapter in the [Well Child Tamariki Ora Practitioner Handbook](#).

Influenza vaccination in children

Note that influenza vaccinations are funded for eligible children until 31 December 2020. Children are eligible if they have any of a range of conditions including those aged 4 years or younger who have been hospitalised for measles, asthma or other respiratory illnesses; or have a history of significant respiratory illness; children with Down syndrome, on long-term aspirin, or have a cochlear implant. For full details about the influenza programme and conditions meeting the eligibility criteria for funded influenza vaccine, go to [influenza.org.nz](#) (the website for health professionals) or [fightflu.co.nz](#) (for consumers). In June, PHARMAC confirmed that those with a respiratory condition that are prescribed a preventer inhaler meet the eligibility criteria for a funded influenza vaccination *regardless of whether or not they routinely collect the inhaler (ie, are adherent with treatment)*.



Vaccination messages that may be used to support dialogue with other healthcare professionals and whānau



The World Health Organization (WHO) has listed 'vaccine hesitancy' as one of the top 10 global public health threats.

The [International Coalition of Medicines Regulatory Authorities](#) (ICMRA) brings together 29 international medicines 'regulatory authorities', including New Zealand's Medsafe, and Ministry of Health, with the WHO as an observer, to provide strategic leadership on shared regulatory issues and challenges. ICMRA issued a statement to provide healthcare professionals with important messages regarding vaccines and vaccination, as well as to reiterate that vaccines undergo robust scientific evaluation by regulators to determine their safety and effectiveness and

also continue to be monitored after approval.

Messages include:

- ❖ Emphasise that vaccines prevent diseases
 - Vaccines prevent illnesses and deaths due to vaccine preventable diseases
 - Remind that if people are not vaccinated, harmful infectious diseases such as measles, pertussis, polio or influenza will continue to occur or spread. With vaccination, these diseases could be prevented. Make it relevant to the individual and their family (eg, there is a high rate of whooping cough in our community and all babies are at risk).

- Vaccines that are available to the public have been tested extensively for safety and shown to be effective.
- ❖ Emphasise that the benefits of a particular vaccine outweigh potential risks that may be associated with it:
 - Vaccines are usually given to large numbers of healthy people, mostly children, to prevent disease. Rigorous safety standards are in place to ensure that vaccines prevent disease while minimizing the potential risk of harm.
- ❖ Emphasise that getting vaccinated is part of a wider social responsibility – a decision not to get vaccinated may be seen as a personal choice -- but it can seriously affect others. Low vaccination rates can lead to an epidemic of preventable diseases or to a breakdown of herd immunity because the exposure of the population to the disease increases. When this happens, vulnerable people such as infants who are too young to be vaccinated or immunocompromised people who cannot receive certain vaccines or who respond poorly to vaccination are more readily infected. For herd immunity to be effectively established and maintained, high vaccination coverage is required (eg, up to 95% of the population vaccinated against measles).
- ❖ If appropriate, describe your own decision to vaccinate your family - personal stories are powerful.
- ❖ Actively call out vaccine misinformation such as the false assertion about the link between the measles-mumps-rubella vaccine and autism. Because of vaccine misinformation, we are now seeing a rise in diseases that were previously almost eradicated, e.g., measles. Websites endorsed by WHO's Vaccine Safety Net (VSN) are here to help internet users find reliable vaccine safety information tailored to their needs. Our own immune.org.nz is a member of the VSN.



Upcoming events

- [Gambling Harm Awareness Week: 31 Aug—06 Sept](#)
- Breath Better September: 1 - 30 September, see the Asthma and Respiratory Foundation NZ website. They have a main [resources page for asthma sufferers, carers and health professionals](#), a resource specifically [supporting parents to manage their child's asthma](#), and this for [parents and children](#).
- [Immunisation Advisory Centre Workshop: 10—11 Sept](#)
- [Mental Health Awareness week: 21--27 September](#)
- Labour Day: 26 October
- [National Oral Health Day: 6 November](#)

Website address: www.wellchild.org.nz

Remaining newsletter mail-out dates for 2020: 9 Nov



Updating your contact information

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You can click on the 'update' link on the bottom of the email to change any details.

If you know other providers who do not receive our newsletter or updates, you can forward this link (<http://eepurl.com/KpORP>) to them to register.