

STANDARD 11 Promoting and monitoring health

‘Health care providers, organisations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they monitor and promote health’.

Supporting criteria

1. A system for immunising children, scheduled and catch-up immunisations that complies with the country’s program is coordinated by a lead health worker. Includes the safe storage and transport of vaccines and has standardised guidelines for the administration of vaccines and the management of adverse effects.
2. A system for monitoring the nutritional status of children, including growth, ideally part of a comprehensive integrated country program. The system includes standardised strategies for managing children with problems.
3. A system for monitoring a child’s physical (motor and sensory) and psychomotor (mental, emotional, behavioural and social) development that is ideally part of any existing country program. It includes standardised strategies for referring children with suspected problems to specialist referral services for investigation and treatment.
4. Compliance with a country’s health screening programs for children and systems for providing advice and healthcare for children with detected problems.
5. A health education program for children, and their carers that is appropriate, accessible and provides relevant advice and information in understandable language and format
6. A safe motherhood program whose health workers liaise with skilled children’s health workers when there are problems with an unborn child and a child at birth or after birth.



A nurse making health education and other ‘child friendly’ materials in Pakistan.

Discussion

A child has a right to the nurturing (the word nurse comes from ‘to nurture’) and care that will help him or her survive, develop to his or her full potential and participate responsibly in society.

The responsibility for nurturing a child until they are fully developed lies with all adults. The child’s parents, supported by the State when this is necessary, have the major responsibility but all adults who work with children also have a nurturing role. This is necessary if a child is to become a mature adult

capable of being a responsible member of their society, able to contribute to this society's development and well-being, and themselves to be an adequate parent.

Best practice is for the State to support the child and parents through legislation that protects the child, and also through other child and family services such as education, health and social welfare. The shared efforts of all the services and agencies that work with and for children are needed if a child's development is to be monitored and supported effectively. Preventive health services for children, such as a safe motherhood program to protect the unborn child, the preventive component of WHO's program for the Integrated Management of Childhood Illness (IMCI) and immunisation, health monitoring and health screening programs for children are therefore of great importance.

Screening activities, whether or not they are part of a countrywide program, need to be supported by systems that provide advice, counselling, support and appropriate healthcare for the child and family if a problem or abnormality is detected.

Monitoring nutrition in the unborn baby and child is an essential component of any health provision. Best practice is for the health worker to do this every time a pregnant woman or child is seen.

Monitoring child development is equally important and not costly. If one or more areas of development are thought to be delayed this needs early confirmation, investigation, and effective treatment, with standardised referral to specialist services where necessary. Unnecessary suffering due to a second child having the same genetic health problem might be prevented if the problem is detected early.



Health education materials used by health workers in Pakistan to teach all pregnant women attending the hospital about childcare



Growth monitoring facility in a children's out patients department in Pakistan

Children with disabilities are often discriminated against within families and communities. Health workers have an important role to play in increasing the community's understanding of the capabilities and needs of each individual child with a disability as well as increasing the community's awareness of some of their common causes.

Avoidable health problems, accidents and childhood pregnancies cause great fear, anxiety and suffering to children and families. All health workers have an additional responsibility to provide 'health education' on these and other topics that promote a healthy lifestyle, to raise awareness in parents so that they can give their child the 'best possible' care and to act as advocates for children when necessary.

However, it is important that health advice is not prescriptive, that it is relevant to the individual child and family and given at an appropriate time. For example it would not be appropriate to give such advice when a child was very ill, but to wait until the child was recovering and the parents less distressed.



Health education materials made by health workers play workers and children.

Both primary and secondary health workers need to have education/training opportunities that equip them with the knowledge and skills to meet these health preventive responsibilities. Audit of compliance with policies, programs and systems of care is important if their objectives are to be achieved in the best possible way.

References:

United Nations General Assembly: Convention on the Rights of the Child. Articles 6, 17, 23, 24, 33, New York: United Nations; 1989. Available from <http://www.unicef.org/crc/crc.htm>

Integrated Management of Childhood Illness (IMCI) - a World Health Organisation Program for delivering healthcare to children, supported by UNICEF. Geneva WHO available from <http://www.who.int/child-adolescent-health/integr.htm>

Rootman I. Evaluation in Health Promotion: Principles and perspectives. Copenhagen: World Health Organisation, Europe; 2001

Hall D, Elliman D. Health for all Children. 4th Ed Oxford: Oxford University Press; 2003.

Unicef. A League table of Child poverty in Rich Nations. Innocenti report card issue no. 1 June 2000. Unicef Innocenti Research centre, Florence, Italy. Available from www.unicef-icdc.org

A Critical Link: Interventions for physical growth and psycho-motor development. A Review. Department of Child and Adolescent Health and Development. Geneva: WHO; 1999.
The State of the World's Children 2001-Early Childhood. UNICEF. Available from <http://www.unicef.org/sowc01>

Hogg C. Health Services for children and young people. London: Action for sick children; 1996

World Confederation for Physical Therapy, World Federation of Occupational Therapists and WHO Rehabilitation. Promoting the Development of Young Children with Cerebral Palsy – a guide for mid level rehabilitation workers. Geneva: World Health Organisation; 1993

McCarthy G. The Physically Handicapped Child: An Interdisciplinary Approach to Management. London, Boston: Faber and Faber; 1984

WHO Recommended Surveillance Standards. 2nd Ed .Oct 1999. Available from www.who.int/emc-documents/surveillance/whocdscsr992c.html

Howard G, Bogh C. Healthy Villages : A guide for Communities and Community Health Workers. Geneva: WHO 2002.

McMaster P, McMaster H, Simunovic V, Selimovic N, Southall DP. Parent and young person held child health record and advice booklets and their use in Bosnia and Herzegovina. International Child Health. 1995; 6:121-131

McMaster P, McMaster H, Southall DP. Personal child health record and advice booklet programme in Tuzla, Bosnia Herzegovina. J. Royal Society of Medicine 1996;89(4): 202-204

Fuerstein M. Turning the Tide, Safe Motherhood, A District Action Manual. Oxford: MacMillan Education Ltd; 1993
www.safemotherhood.org

Huble J. Communicating Health, An action guide to health education and health promotion. Oxford: TALC. MacMillan Education Ltd; 1993

STANDARD 12 Supporting the best possible nutrition

‘Health care providers, organizations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they support breastfeeding and the best possible nutrition for children.’

Supporting criteria

1. Lead health worker/s for giving support and advice about breastfeeding, feeding and nutrition using locally available foods

2. Systems of care and policies for:

- Protecting, promoting and supporting breastfeeding (*The WHO/UNICEF Baby Friendly Ten Steps to Successful Breastfeeding*).
- Assessing a child’s nutritional status to identify a malnourished child and a child who is not growing normally:
- Meeting each child’s nutritional needs, including, where necessary, giving micronutrient (vitamins and minerals) supplements and advice on special feeds and diets
- Ensuring safe food preparation and storage:
- The management of malnutrition, including providing enteral and parenteral feeding when appropriate.
- Outreach programs from the hospital to the community in managing and preventing malnutrition.

3. Support for breastfeeding is provided:

- In a maternity unit – the ‘Ten steps to successful breastfeeding’ have been implemented. Formal accreditation as a WHO/UNICEF Baby Friendly Hospital is the best possible level of practice if this is available in the country
- In the community – all systems of care are compatible with the Ten Steps to Successful Breastfeeding. Formal WHO/UNICEF baby Friendly accreditation is the best possible level of practice if this is available in the country
- In a health facility providing secondary care – support for breastfeeding for children attending or resident in a health facility, or their siblings, is compatible with the Ten Steps to Successful Breastfeeding’. Formal WHO/UNICEF baby Friendly accreditation is the best possible level of practice if if this is available in the country for paediatric wards

4. Other support for nutrition includes: in every health care environment enough safe drinking water for every child, parents/carer and health worker

Provision of the following medically indicated dietary supplements at no cost to parents/carers:

- Oral rehydration solutions, including ones appropriate for children with co-existing malnutrition
- Oral and parenteral micro-nutrient supplements
- Protein and energy supplements
- Special feeds and diets
- Usually (intravenous) parenteral fluids
- The oral preparations required for the management of malnutrition

And in a hospital or other residential healthcare facility also includes:

- Food security for children, pregnant women and breast feeding mothers
- A separate health worker/s to prepare food in dedicated clean areas

- The equipment to prepare and store food safely
- Supervision and assistance for a child who needs help with feeding

5. The use of guidelines and/or other job aides for:

- The nutritional composition of food
- Giving micronutrient supplementation
- Giving intravenous fluids
- Safe food preparation and storage
- Giving special dietary requirements
- Treating a child with severe malnutrition

Discussion

The term ‘food’ is used generically to describe all forms of “provided nourishment”

Under and over nutrition has a huge impact, not just on childhood survival, but also on the physical and psychosocial health of children and their health and survival as adults. The commonest global cause of death in the under fives is malnutrition, either alone or associated with diarrhoea, respiratory infections, measles, malaria, and HIV/AIDS. Children who fail to grow to their full potential in the first two years are unlikely ever to catch up (growth stunting). This stunting, which carries a later cost for adult health and quality of life, is still prevalent in many countries.

Under nutrition increases the severity and length of an illness and can cause apathy, depression and deterioration of social interaction. This is of particular significance in young children who would normally be developing their physical, social and other skills at a rapid rate. There is substantial evidence to show that under nutrition in young children, particularly in association with illness, leads to the stopping or slowing of development and even a loss of skills that may never be fully regained.

At the other end of the scale, largely in the developed countries, over-nutrition and childhood obesity are causing increasing health and quality of life problems.

Nutrition for a child begins ante-natally with attention to the mother’s lifestyle and health during pregnancy. This is also a good time for health workers to give health education about breastfeeding and childcare as the quality of early nutrition is directly related to survival and later health. Following a recent review of the evidence, the recommendation of the Global Strategy on infant and young children feeding is: exclusive breastfeeding until six months of age followed by continued breastfeeding alongside complementary feeding up to two years of age.



Breastfeeding is best supported if maternity Units, children's wards and community children's services follow the UNICEF/WHO Ten Steps to Successful Breastfeeding which are.

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff
2. Train all healthcare staff in the skills necessary to implement the breastfeeding policy
3. Inform all pregnant women about the benefits and management of breastfeeding
4. Help mothers initiate breastfeeding soon after birth
5. Show mothers how to breastfeed and maintain lactation even if they are separated from their babies
6. Give newborn no food or drink other than breastmilk, unless medically indicated
7. Practice rooming-in, allowing mothers and infants to remain together 24 hours a day
8. Encourage breastfeeding on demand
9. Give no artificial teats or dummies to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

During the initiation of complementary feeding at or after six months of age, safe water, food security, food safety and hygienic preparation of appropriate foods are paramount. Best practice is to recommend and use foods that are locally available and suitable for the age and developmental level of the individual child.

To encourage an appetite in ill children, food also needs to taste good and be well presented. Parents/carers need to be responsive to the child's demand and pace of eating. An ill child may not have their normal appetite, or be able to eat the foods normally accepted. Avoiding further deterioration by encouraging and helping them to eat is a simple but important part of care that is often overlooked by health workers.

It is essential that during every health contact:

- The child's nutritional state is assessed, including evaluation of growth
- The child's nutritional needs are correspondingly assessed, particularly in early childhood and during an illness
- Advice is given to carers about:
 - How to meet the child's needs in a stimulating age-appropriate way using locally available foods that are affordable
 - Safe food preparation and storage
 - Feeding techniques.



Mothers preparing low-cost local nutritious foods for their children in the nutrition ward in a Ugandan Hospital

To gain the necessary skills to provide this nutritional care, all health workers need to learn about nutrition as part of their core and continuing training programs. Best practice is for this training to include learning about the management of lactation, a knowledge of what is meant by 'nutrition' and nutritional status, what is needed for children to grow and develop normally and how best to treat a child with severe malnutrition. It is also important to acquire the practical skills that will enable health workers to identify and help a child with a feeding difficulty.

Malnourished children need nutritional support. The simplest and most cost-effective nutritional support is to provide enough appropriate local food for each individual child. In occasional very severe cases, when appropriate, the use of enteral or parenteral nutrition needs consideration. Parenteral (IV) nutrition is only likely to be available in well-resourced health facilities and should only be used when there is gastro-intestinal failure and nutritional needs cannot be met via the gastro-intestinal tract.

To minimise the deaths of children from severe malnutrition it is essential that all health workers have received education/training in the management of severe malnutrition and follow the WHO recommended procedures. In the early stages of treatment the risk of dying is high, sometimes because the treatments and foods given are inappropriate, or associated dehydration, hypothermia, hypoglycaemia, infection and electrolyte imbalance are not correctly treated

References

United Nations General Assembly: Convention on the Rights of the Child. Articles 3, 24, 26, 27
New York: United Nations; 1989. Available from <http://www.unicef.org/crc/crc.htm>

Golden MHN. Severe malnutrition. In Southall DP, Coulter B, Ronald C, Nicholson S, Parke S, editors. International Child Health Care-A practical manual for hospitals worldwide. Child Advocacy International. London: BMJ Books; 2002. p241-252

Department of Child and Adolescent Health and Development, World Health Organisation. Management of the Child with A Serious Infection or Severe Malnutrition, Guidelines for care at the first referral level for developing countries. Department of Child and Adolescent Health and Development. Geneva: WHO, 2000.p 80-91

World Health Organisation. Management of severe malnutrition: A manual for physicians and other senior health workers. Geneva: WHO; 1999

A Critical Link: Interventions for physical growth and psycho-motor development. A Review. Department of Child and Adolescent Health and Development. Geneva: WHO; 1999.

World Health Organisation. Nutrition, Health and Child Development – research advances and policy recommendations. Washington, D.C: PAHO, Pan American Sanitary Bureau, Regional Office of the World Health Organization; 1998

Unicef UK. Bright Futures. Malnutrition: the news. UNICEF UK, Western Union; 2002. Available from www.unicef.org.uk

World Health Organisation Division of child health and development. Evidence for the Ten Steps to Successful Breast Feeding. Geneva: WHO; 1998

Royal College of Nursing. Breast Feeding in Paediatric Units: guidance for good practice. London: Royal College of Nursing; 1998. Available from <http://www.babyfriendly.org.uk/paedunits.asp>

Palmer G. Politics of Breast Feeding. 2nd ed. London: Pandora press; 1993.

World Health Organisation. Prevention and Management of the Global Epidemic of Obesity. Report of the WHO Consultation on Obesity. Geneva: WHO; 1998

Adams M, Motarjemi Y. Basic Food safety for health workers. Geneva: WHO 1999

Unicef. Facts for Life., 3rd ed. New York: Unicef; 2002 Available from www.unicef.org

Puoane T, Sanders D, Ashworth A, Chopra M., Strasser S, McCoy D. Improving the hospital management of malnourished children by participatory research. Int J Qual Health Care. 2004. 16:31-40 (2004)

Michaelson KF. Feeding and Nutrition of Infants and Young Children. Guidelines for the WHO European Region. Copenhagen: WHO Regional office for Europe; 2000

World Health Organisation. Foodborne disease - a focus for health education. Geneva: WHO 2000.

Bhan MK, Bhandari N, Bahl R. Management of the severely malnourished child: perspective from developing countries. BMJ 2003; 326: 146-151.

Commission on the nutrition challenges of the 21st century. Ending malnutrition by 2020. An Agenda for Change in the Millennium. Food and Nutrition Bulletin 2000. 21(3): (supplement)

World health organisation. Training in the management of severe malnutrition. Available from who.int/nut/documents/manage_severe_malnutrition_training_fly_eng.pdf

www.babyfriendly.org.uk