



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Healthy Child, Healthy Future

**A Framework for the Universal
Child Health Promotion Programme
in Northern Ireland**

**Pregnancy
to 19 years**

**Guidance to support
service delivery**

**This document should be
read in conjunction with
current standards and
guidelines for practice**

September 2025



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Foreword

I welcome this refreshed **Healthy Child, Healthy Future (HCHF)** framework, our universal Child Health Promotion Programme in Northern Ireland. This framework is dedicated to ensuring that every child and young person receives the best possible start in life.

The framework recognises the evolving challenges faced by our babies, children, young people and families and embraces the principles crucial for reducing inequalities and improving population health outcomes. This must begin in the early years of a person's life, as the importance of the first 1000 days is well documented in enhancing health outcomes.

The roles of midwives, health visitors, family nurses, general practitioners, school nurses and other health and social care professionals are pivotal in building relationships with families. The launch of this framework aligns with my **Live Better** initiative, particularly its focus on **Starting Well**. The universal nature of the programme, combined with targeted support for families at increased risk of marginalisation due to factors such as the area in which they live, ethnic background, disability, or care experience, is particularly encouraging.

Effective implementation of this programme will lead to healthier communities and reduce inequalities. It will empower families to take control of their lives and make healthy choices and I am delighted to see the promotion of health literacy included.

The demand for special education in schools is ever-increasing. This framework aims to improve the early identification of children with additional needs, ensuring they receive timely advice, support, and onward referral and connects to the current **Programme for Government (PFG), Doing What Matters Most 2024-2027**. The ability to plan our health and education services to meet current and future demands will be enhanced through this framework.

The framework will have significant impact across departments, and I am committed to working with my fellow Executive ministers to improve outcomes for our babies, children, young people, and families. Commissioned in 2020 by the Chief Medical Officer and Chief Nursing Officer for Northern Ireland, this review has considered evidence and analysed data collected during 2022-23, reflecting current Executive and Departmental priorities and will contribute towards **Health and Wellbeing 2026: Delivering Together**, which the Department has committed to, in order to give every child the best start in life.

Delivering this refreshed framework will require a phased approach and targeted investment, particularly in workforce capacity and training. While some enhancements can be achieved within existing resources, others will require additional support to ensure successful implementation and long-term sustainability.

The framework is in line with our recently published Health and Social Care Reset Plan with its emphasis on prevention and neighbourhood health. We will seek to ensure that as our funding model changes to reflect this new emphasis, that the needs of children and young people are recognised appropriately.

I am deeply grateful to the diverse range of stakeholders who generously shared their insights. The care of children and families is pivotal to advancing a population health and well-being model for all. The importance of providing care at the right time, by the right person and in the right place, cannot be overstated and will undoubtedly lead to improved health outcomes, benefiting children and families for many years to come.



Mike Nesbitt
MINISTER FOR HEALTH

Acknowledgements

As co-chairs of the **Healthy Child Healthy Future (HCHF)** Programme Board, we extend our sincere gratitude to all who contributed to the **HCHF** Framework. We would like to thank everyone involved for their dedicated participation in this process. Your commitment to ensuring the wellbeing of babies, children, young people, and their families is truly commendable.

We recognise the importance of supporting families and children through both the joys and challenges they face. This vital work could not be accomplished without the comprehensive range of health, social care, and support services that form the backbone of this universal service. Your shared knowledge and expertise have significantly enriched the content of this report, providing it with depth and breadth.

Special thanks to:

- The Public Health Agency
- The Northern Ireland Health and Social Care Trusts
- Children and Young People's Strategic Partnership
- The Patient and Client Council
- Department of Education
- The Approved Education Institutions
- The Royal College of Nursing
- The Royal College of Midwives
- The Royal College of Paediatrics and Child Health
- The Royal College of General Practitioners
- Institute of Health Visiting
- Community Practitioner and Health Visitor Association
- Neonatal Nurses Association
- Neonatal Network NI
- NSPCC
- Community and Voluntary Sector
- Parents, Families, and Service Users

It has been a privilege to listen to the voices and views of all those who participated in the engagement events. We also want to express our deep sense of gratitude to the Programme Board for their unwavering dedication in providing guidance and support. We are incredibly grateful to each and every one of you for giving your time and contributing to this framework.

We would also like to extend a special thank you to Sonia Glendinning, Nursing Officer for Public Health in the Department of Health, for her leadership and commitment to improving outcomes for children, which was instrumental in drafting this framework.

The care of children and families is pivotal to advancing a population health and wellbeing model for all. The importance of providing the right care at the right time, in the right place, by the right person cannot be overstated and will undoubtedly lead to improved health outcomes, benefiting children and families for many years to come.

Finally we would like to acknowledge the contributions from midwives, health visitors, family nurses, and school nurses. Their roles are fundamental in building relationships with families and providing essential support, which is clearly reflected within this framework. The universal nature of the programme, combined with targeted support for families at increased risk of marginalisation, is particularly encouraging.

Thank you to everyone involved for your invaluable support and dedication to ensuring that every baby, child and young person receives the best possible start in life.



Dr Naresh Chada
DEPUTY CHIEF MEDICAL OFFICER



Mary Frances McManus
DEPUTY CHIEF NURSING OFFICER

Introduction

Ensuring every child has the best start in life is one of the key priorities of **Health and Wellbeing 2026: Delivering Together** [1], **Children and Young Peoples Strategy 2020-2030** [2] and **Making Life Better 2013-2023** [3]. A major contribution to achieving these ambitions is the modernisation of the Healthy Child Healthy Future Programme.

The review acknowledges the evolving landscape in which babies, children, young people and families access services within our integrated care system. Conducted in collaboration with a wide range of stakeholders across Health and Social Care in Northern Ireland, it builds on the original **Healthy Child Healthy Future (HCHF) framework** [4] and incorporates evidence from the fifth edition of **Health for All Children (HFAC)** [5] and other recent developments such as **Regional Perinatal Mental Health Delivery Model** [6], **Children and Young Peoples Strategy 2020-2030** [2], **A Fair Start** [7], **Independent Review of Education in Northern Ireland** [8], and **A Strategy for Looked After Children - A Life Deserved - Caring for Children and Young People in Northern Ireland** [9].

Healthy Child, Healthy Future (HCHF) is a framework for the Universal Child Health Promotion Programme in Northern Ireland, from pregnancy to 19 years, published by the Department of Health (DoH) in 2010. The current version is based on **HFAC 4th Edition** [10].

Over the last fifteen years the evidence base to support clinical practice in child health surveillance and health promotion has expanded and the range of professionals engaged in delivering care to babies, children and young people (CYP) has widened.

HCHF is not just a delivery model for midwifery, health visiting and school nursing services rather it is considerably more wide-ranging. The need to take a much more holistic approach to how care is delivered, in particular for those babies, children and families with additional needs will also impact on a range of other professionals across the Health and Social Care system. It will involve other nursing disciplines e.g. neonatal nurses, community children's, paediatrics, learning disability, mental health and child and adolescent mental health services as well as other medical and allied health professionals.

HFAC 5th Edition [5] is the latest review of evidence supporting preventative health care, health promotion and an effective community-based response to the needs of families and children. It focuses on early years from pregnancy up to the age of 7 and contains evidence from all over the world. It also refers to policy and practice in the different UK health services with recommendations for practitioners and commissioners. Northern Ireland's HCHF programme has and will continue to focus on early years from pregnancy to 19 years.

HFAC 5th Edition [5] stresses the importance of establishing relationships with each family unit, and supports the principles of:

- The importance of the first 1000 days – The evidence base is getting stronger, supporting the importance of the first 1000 days in shaping health, psychological and developmental trajectories through childhood into adulthood
- Universal service
- Targeted and enhanced service proportionate to need (Proportionate Universalism)
- Build on multi-disciplinary approach with a wide range of competencies
- Quality assurance of programmes

Effective implementation will lead to strong parent-child attachments and positive parenting, resulting in:

- Better social and emotional wellbeing
- Care that helps keep children healthy and safe
- Healthy eating and increased activity, leading to a reduction in obesity
- Prevention of some serious communicable diseases through immunisation
- Increased rates of initiation and maintenance of breastfeeding
- Early-learning confident and transition prepared, to improve learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of and actions to address developmental delay, atypical development, ill health, and concerns about safety through screening and surveillance
- Identification of factors that could influence health and well-being in families e.g. parental mental health, long-term health condition, substance use including increasing awareness of fetal alcohol spectrum disorders (FASD), and domestic abuse, thus improving outcomes for affected children
- Better short- and long-term outcomes for children who are at risk of social exclusion

Context

In the last fifteen years since Healthy Child Healthy Future was written, the evidence base to support clinical practice in child health promotion has expanded. The range of professionals engaged in delivering care to babies, children and young people has widened; it is important that this is reflected within the refreshed framework. The landscape in Northern Ireland, as in other parts of the United Kingdom, has changed since the Covid-19 pandemic and it is important to acknowledge the increased complexities amongst our children, young people, and families.

Advances in neuroscience and genetics along with a greater understanding of the potential impacts of perinatal and early childhood experiences create an imperative for the Child Health Promotion Programme (CHPP) to begin in early pregnancy. The CHPP is essential to optimising health and development and supporting parenting in the first years of life and beyond. Building mutually trusting relationships between professionals and children, families and communities is the foundation to better working relationships and ultimately better health outcomes.

Emond [5] details the qualities needed to work in partnership with parents:

- Respect – valuing parents as people and assuming competency and strength
- Genuineness – being open and honest and not closed and defensive
- Empathy – having an understanding from the other’s viewpoint as opposed to imposing own views
- Humility – permits the person seeking help to contribute to the process

The need to improve child health by reducing inequalities and by providing a programme based on proportionate universalism is the key focus of **HFAC 5th Edition** [5]. Different parts of the programme may require different competencies and may be delivered by different staff who have the required training and skills. **Emond** [5] recognises the importance of good teamwork as being crucial in this and describes the characteristics of successful programmes and projects with families:

- Staff have the time and skill to establish relationships with families based on respect and trust
- The child is seen as a member of the family and the family as part of the community
- Services are broad spectrum and comprehensive, crossing traditional professional boundaries, and are coherent and easy to use

- The structure and individual staff need to be flexible in their ability to respond to unexpected demands
- Projects have enthusiastic committed leadership; clearly specified, measurable aims; and focus on families with high levels of need
- There is sustained high quality and quantity of input with the importance of continuity to develop a relationship with the individual parent/family

In Northern Ireland work is underway to build upon the work already achieved through the **Nursing & Midwifery Task Group [11]**, **Shaping Our Future – The Vision for Nursing & Midwifery 2023 – 2028**, [12], which outlines the pathway to achieving this through 4 key areas: Workforce and Workload Planning, Pre and Post Registration Education & Training, further development of Career Pathways beyond clinical pathways, and the development of a Quality Assurance Framework for Nursing and Midwifery.

The vision seeks to maximise the potential of the workforce including our healthcare support workers in a safe, inclusive, and healthful culture whilst recognising the value of equality and diversity within the workforce, enabling a person-centred approach to take a population health approach on health inequalities.

The Northern Ireland Programme

As a result of the review of the current **Healthy Child Healthy Future Framework (2010)** [4] and taking account of new evidence in **HFAC 5th Edition** [5], coupled with evolving evidence since, this framework for the Universal Child Health Promotion Programme in Northern Ireland has been refreshed accordingly. The programme will be commissioned as one programme covering all the stages of childhood from 0-19 years.

The Northern Ireland child health promotion programme, **Healthy Child, Healthy Future**, continues to adopt HFAC as the core universal child health promotion programme. It will continue to be updated as new evidence and best practice emerge, including **National Institute for Health and Care Excellence (NICE)** [13], guidance as it is adopted within Northern Ireland.

It details the universal services to be offered to all children and their families, including health needs led parenting programmes and preventative initiatives in pregnancy. Comprehensive assessment of need will identify where additional support and interventions are to be offered. Where this is the case, these must be done within clear plans of care, which continue to be developed within the **Understanding the Needs of Children in Northern Ireland, (UNOCINI)** [14] and **Signs of Safety (SoS)** [15] frameworks.

Model for Delivery of Healthy Child, Healthy Future

The universal Healthy Child, Healthy Future programme is provided to the total population of babies, children and young people aged 0-19 years, irrespective of need. In addition, some children and families will receive a targeted service, e.g. those care experienced children and young people (Looked After) * [16], young parents eligible for the **Family Nurse Partnership programme** [17], babies born pre-term (as per NICE NG 72) [18], or have special educational needs and disability.

The HCHF programme is a universal service which requires several set contacts to be offered to each family with the aim to identify health needs. This is done through a holistic assessment which includes screening and surveillance. Where necessary, it provides early intervention to ameliorate the potential early negative impact of any physical, social, or emotional factors. Where early intervention is unable to address need, children/families are escalated to a more progressive level of intervention.

The Healthy Child, Healthy Future programme is delivered to all families, with the level of intervention based on the assessment of need, **DoH Thresholds of Need Model** [19] (Figure 1). Some families will require only the minimum number of set contacts in level 1. Additional services will be targeted, according to need, to those families in receipt of Level 2 to 4 service. The nature of family life will mean that family needs may change, and the levels of services can be adjusted accordingly. Working within this model will secure an effective and coordinated approach to assessment and identification of needs within integrated children's services.

***Looked After Child relates to children in care from a legislative/policy perspective. There is a move away from using this terminology outside of policy to 'Care Experienced Children'**



Figure 1: Based on DoH Thresholds of Need Model

UNOCINI Thresholds

The thresholds enable practitioners and their agencies to identify needs and communicate concerns about babies and children using a common format, language and understanding of the levels of need, concern, or risk for all children across Northern Ireland. The model should be used to support effective working within integrated children's services. The thresholds and subsequent levels of service can be described as follows:

Level One: Base Population

Children and families typically self-refer and access universal and community resources as part of everyday life. This can range from services provided by various routes including but not limited to:

- the Healthy Child, Healthy Future Programme
- attending their G.P. for minor ailments
- attending school
- joining a club
- attending a community meeting or play group

Additionally, many agencies undertake preventative and awareness raising work at this level, for example, health promotion activities.

Level Two: Children with Additional Needs

In recognition of their vulnerability with the aim of improving health outcomes for children at risk of social exclusion, some children and families will be offered enhanced assistance from universal services by means of proportionate universalism or through community and voluntary organisations. In relation to midwifery, health visiting, and school nursing services, this can include working more closely with other professional services and agencies to ensure the provision of more holistic support. This will cover a range of areas including perinatal mental health, breast feeding support or other evidence-based parenting and/or other programmes for children, young people, young parents, and families.

Providing early targeting support to parents of babies born prematurely can reduce parental anxiety and improve babies' cognition and other areas of development [20]. A premature birth is defined as a birth prior to 37 weeks gestation. Babies born prematurely have much higher rates of infant mortality and are at an increased risk of developing long term disabilities. Low birth weight babies may also be at risk of poorer health outcomes. They are defined as weighing less than 2,500 grams at birth and are three times more likely to develop chronic conditions, including functional limitations, which contribute to high levels of late childhood mortality. Early identification of health difficulties and early intervention will help reduce the incidence of mortality and the impact of morbidity experienced by the child. It will also ensure that the needs of parents of premature or low birth weight babies will be identified, and appropriate support is offered. Specialist or targeted support to parents who have experienced the previous loss of an infant should also be offered e.g. participation on the **Care of the Next Infant (CONI) programme** [21].

Targeting of young pregnant parents is vitally important due to the risk of poorer health outcomes for mother and baby including:

- low birth weight babies
- higher infant mortality rate
- low incidence of breastfeeding
- high childhood accident rate
- higher rate of perinatal mental illness

The **Family Nurse Partnership (FNP) programme** [17] is an evidence-based preventative programme offered to first-time young parents under the age of 20. It involves intensive home visiting from early in pregnancy until the child reaches their second birthday. FNP is orientated to the future health and wellbeing of the child as well as future economic self-sufficiency of the parents. FNP has now been rolled out to all areas of Northern Ireland. The family nurse will transfer care of the child to the health visiting service when the child is 2 years old, with the health visitor then completing any subsequent contacts.

Level 2 services should be provided within a model of service which proportionately responds to the level of identified need (proportionate universalism) to target and respond effectively to the needs of babies, children, young people, and families. These should fit within the pathways of the **DoH Thresholds of Need model** [19].

Level Three: Children in Need

Where children have been identified as children in need under Article 17 of the **Children (Northern Ireland) Order 1995** [22], the Health and Social Care Trust will be required to provide community based social care services to promote and safeguard their welfare. Children in need, including children with disabilities whose families may require additional services to enable them to care for their child. Relevant professionals including midwives, health visitors, family nurses, school nurses, Allied Health Professions (AHPs), medics and education staff will normally be asked to provide input to the UNOCINI assessment process, where relevant. This may include the need for further assessments to be undertaken, e.g. diagnostic or therapeutic assessments, or fulfilling the Health and Social Care (HSC) requirement in contributing towards the statutory assessment and review process under the **Education (Northern Ireland) Order 1998** [23]. Families who are vulnerable, due to their personal or situational circumstances, may need additional support with their children, this can be provided by a range of professionals and by voluntary and statutory agencies. Services may include sponsored playgroups, child-minding places, or specific programmes provided by family centres that may undertake further assessments.

Level Four: Children with Complex and/or Acute Needs

Children experiencing the most acute, intense, or complex difficulties because of health, disability, special educational needs, or vulnerability due to their family situations will normally be provided with coordinated support and intervention that may involve a multi-agency response. This will include children with serious medical conditions and those with mental health needs who may require prolonged care in hospital or intense support within the community. Others may be looked after by Health & Social Care Trusts in foster care, kinship or residential care placements or be the subject of child protection supervision and monitoring. Children in secure placements and youth justice establishments will also fall within this intense level of support and intervention. Care and support plans will most likely require input and agreed actions by a range of professionals including social workers, education welfare officers, midwives, health visitors, family nurses, school nurses, community children's nurses, AHPs, GPs and other medical services, psychologists, and mental health workers.



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Section 1: Healthy Child, Healthy Future - The Child Health Promotion Programme for Northern Ireland (2025)

Healthy Child, Healthy Future (2025), the Child Health Promotion Programme for Northern Ireland, is a universal public health programme that offers every family with children a programme of assessment, screening, surveillance, immunisations, developmental reviews, information, and guidance to support parenting and healthy choices so that children and families achieve their optimum health and wellbeing. The programme is required to be able to deliver a high-quality universal service to all. There is the need to be conscious of any potential impact to service delivery in times of austerity, when there are challenging budgetary constraints [5 p.412].

The universal programme is a vehicle which provides an invaluable opportunity to identify families who need additional support, and children who are at risk of poorer outcomes. The development of a proportionate programme for such families is based on a robust Family Health Assessment (FHA). This is currently used by health visitors and school nurses and provides a holistic approach to identify the health of individuals, families, and communities in support of the delivery of a person-centred service. The FHA forms part of the **DoH Thresholds of Need Model** [19] and **UNOCINI** [14], to assess the needs and risks of families and children on an individual person-centred basis. Practitioners will provide additional support visits to families outside of the universal programme based on assessment and care planning.

Although the focus of **HFAC 5th Edition** [5] is from 0 to 7 years, Healthy Child Healthy Future will apply to all children up to 19 years. School Nurses have a pivotal role to build on the foundations laid down in the early years. This will aim to encourage the development of healthy lifestyle choices so to improve the health and wellbeing of the current and future generations of children. It is important to recognise the increased complexities faced by our children and young people including emotional health and wellbeing and neurodiversity.

Objectives of the programme:

- To recognise the importance of the first 1000 days, with an increased focus on the antenatal period and early life experiences
- To ensure that all parents and children have access to, and understanding of all relevant health care messages that are evidence-based and shown to be beneficial
- To promote and deliver immunisations
- To carry out the agreed screening procedures and ensure follow-up of abnormal results
- To promote health literacy and enable parents with worries about their child to locate the help they need promptly and efficiently
- To support the local community in creating an environment at home and at school in which the child can be safe, grow, and thrive physically and emotionally
- To identify and address health inequalities, through recognition of those babies, children and families at risk of marginalisation and at risk of worse health outcomes. To include children with neurodiversity or neurodisability, communities less well heard, asylum seeking and refugee families, care experienced babies, children and young people and those children in need of safeguarding, and offer additional targeted support which is proportionate to their needs.
- To ensure every child is school ready, and prepared for their transition to formal learning in school
- To ensure that as far as possible children who have or may have special educational or social needs or disability are identified and referred to the appropriate statutory or voluntary agencies

Principles of the Programme

The 9 principles of the Child Health Promotion Programme for Northern Ireland are:

1. A Whole Child Model with an emphasis on improving outcomes for children and young people through integrated planning of services for children, young people and families. (**Families Matter: Supporting Families in Northern Ireland** [24])
2. Relationship building and continuity of carer
3. A major emphasis on parenting support and positive parenting
4. Recognition of developmental plasticity and neuroplasticity with particular emphasis on the first 1000 days and how life experience during this crucial period can have long-term implications for health, growth and development
5. The inclusion of changing public health priorities
6. An increased focus on vulnerable families, underpinned by a model of proportionate universalism with targeted and enhanced service provision for those babies and children with additional health and or social needs
7. Multi-disciplinary service delivery, ensuring that the correct people have the necessary skills and competencies to deliver the programme
8. The use of new technologies and scientific developments, to engage families in the promotion of health and wellbeing and improve quality outcomes
9. Quality Assurance of programmes to monitor outcomes

1.1 Whole Child Health Approach

The 'Whole Child' model approach puts the child at the centre of care delivery.

"Focus should be on the capacity of all universal service providers to take a whole child view towards assessment, identification of need and provision of services to meet need, which must include assessing, identifying and providing for the support needs of parents and families"

Families Matter: Supporting Families in Northern Ireland [24]

1.2 Relationship building and continuity of carer

Parents who are able to build trusting relationships are more likely to discuss concerns with practitioners and it is more probable that practitioners familiar with families will be better at identifying issues outside of the norm.

"Trusting relationships support parent engagement and promote skills and coping ability," **Gram et al.** [25].

The principles of **HFAC 5th Edition** [5], are built on developing relationships based on the values of respect, genuineness, empathy, and humility.

Secondary to building relationships is having continuity of practitioner or a small team of practitioners. Good communication between all professionals at key transfer points is crucial to ensure continuity of care, especially important between the midwife and health visitor or family nurse and health visitor and school nurse. This is timely in Northern Ireland due to the introduction of the **Continuity of Midwifery Carer Model (CoMC)** [26]. This model aims to ensure that each pregnant woman will have a named midwife who works in a small team of 7 to 8 midwives. The named midwife will be the key professional responsible for coordinating the woman's care. This implementation is crucial in ensuring effective communication between pregnant women and the breadth of healthcare professionals who may be necessary to ensure timely care and treatment by the right person at the right time.

1.3 A major emphasis on parenting support and positive parenting

HCHF will continue to emphasise a whole family strengths-based approach to parenting support and positive parenting where babies, children and young people have been impacted by childhood adversity and in particular problematic parental substance use (hidden harm). It looks beyond the child to their family by reviewing family health, including the parent, carer and or partners health, involving them directly where possible, e.g. in relation to diet, smoking, substance use/problematic parental substance use (**Substance Use Strategy: Preventing Harm, Empowering Recovery 2021-2031**) [27]. As these behaviours have a direct impact on the mother and the child, fathers and/or partners should be routinely invited to participate in child health reviews and to have their needs assessed.

From the last review of HCHF there has been an increased focus on the effects of Adverse Childhood Experiences (ACEs) on early brain development and the developing child. ACEs are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction, such as witnessing domestic abuse or growing up with problematic parental substance use. ACEs can, (but not always), have intergenerational consequences across families and communities and don't often happen in isolation. The impact of parental or carer substance use on their babies, children and young people (Hidden Harm) is a particular concern, due to the impact on parenting ability and the child's social, emotional and physical development.

There is no easy solution to prevent ACE's or help people overcome them, this will require a 'whole system' public health response to prevent childhood adversity. Through the identification of risks and resilience and/or protective factors and providing support to the families and children who are most vulnerable, this will aim to improve outcomes. By adopting a trauma informed whole system approach this will ensure that the right support is in place at the right time for babies, children, young people and families impacted by trauma.

Parents should be supported to manage their children's behaviour in a positive manner through the adoption of positive parenting messaging [28]. All forms of physical punishment of children has now been prohibited in law within the Republic of Ireland, Scotland and Wales. The law within Northern Ireland and England continues to permit the use of "reasonable punishment." The Royal College of Paediatrics and Child Health (RCPCH) produced a joint report in 2024 [29] calling for equal protection for children in England and Northern Ireland against physical assault such as smacking, hitting and slapping, due to the well documented effects of such practice on the physical and emotional wellbeing of the child and the impact on parent-child relationships.

Parenting Support will include:

- Encourage parents to develop a positive relationship with their growing baby in utero
- Supporting mothers, fathers, and partners or those within a caring role to provide sensitive caregiving and reciprocity, in particular during the first months and years of life, using regionally agreed evidence-based programmes to support specific work, in recognition of the importance of supporting the development of positive infant mental health
- Supporting parents in their role as the child's first educator, throughout the education journey as highlighted in the **Independent Review of Education** [30]
- Supporting strong couple relationships and stable positive relationships within families
- Support for people and families dealing with substance use, through the implementation of the **Substance Use Strategy: Preventing Harm, Empowering Recovery** [27], to ensure everyone working with and supporting families impacted by substance use have the necessary training and that early intervention and prevention services are accessible
- Services which develop a whole child perspective that are aware of the interacting relationships between child, family, and community (**Families Matter: Supporting Families in Northern Ireland**) [24]
- Ensuring contact with the family routinely involves and supports fathers/partners, including non-resident fathers/partners
- Supporting the transition to parenthood, especially for first-time mothers and fathers/partners
- Promotion of health literacy

1.4 Recognition of developmental plasticity and neuroplasticity with particular emphasis on the first 1000 days

Healthy Child, Healthy Future, reflects new evidence that has emerged about neurological development and the importance of forming strong parent-child attachment in the first years of life. More is also known about the adverse effects of maternal stress in pregnancy on child development and about the neurological development in infants. The brain develops rapidly in the first 2 years and is influenced by the emotional and physical environment as well as genetic factors.

Early interactions directly affect the way the brain is wired, and early relationships set the tone for later control of the stress response. These findings underline the need for mothers and fathers to be supported during pregnancy and the first years of the infant's life.

Rapid scientific advances are taking place in the study of neuroscience and child development and in our understanding of the effectiveness of early childhood programmes.

Healthy Child Healthy Future reflects new knowledge by:

- Acknowledging research on early brain development, and how this can be affected by internal and extrinsic factors, which can have implications for later life
- Stressing the importance of attachment and positive parenting in the first years of life and recognising the specific impact that mothers, fathers/partners and communities have on their children, as well as their combined influence
- Recognising the impact of domestic abuse (DA)/intimate partner violence (IPV) on the developing brain, this may undermine the ability for infants to form stable attachments
- A greater focus on pregnancy and perinatal period
- Incorporating interventions, where emerging evidence shows, can help to build resilience and improve outcomes using a trauma-informed approach
- Building a proportionate universal programme that responds to the different risk factors on children's future life chances, including the effects of multiple parental risk factors
- Integrating NICE guidelines on promoting changes in behaviours that affect health, maternal mental health, and antenatal and postnatal care
- Applying evidence-based knowledge regarding the development of the brain in adolescence.

1.5 The inclusion of changing public health priorities

Obesity

The programme aims to improve health and reduce inequalities for children and includes a full range of public health initiatives. Public health priorities may change over time and will continue to be addressed within the programme. At present obesity and being overweight represents a major public health challenge. The Public Health Agency **Children's Health in NI 2022-2023** [31], reported that 20% of children were classified as overweight, with a further 6% classified as being obese.

In a bid to tackle childhood obesity, an **Early Years Obesity Prevention programme** [32], has now been rolled out across NI. Its aim being to improve whole family nutrition, healthy weight, physical activity, and child development. Children who are obese in childhood are likely to remain obese into adulthood. The children of overweight or obese parents are statistically more likely to be overweight or obese and live with multiple co-morbidities as a result.

Work is currently progressing to develop an obesity strategy for Northern Ireland.

Breastfeeding

Breastfeeding has many benefits for mothers and babies, with many of these benefits for babies extending into adulthood, for those babies who feed for longer. Northern Ireland's previous breast feeding strategy [33], came to an end in June 2024 following a one year extension. A decision was taken by the Health Minister in July 2024 not to extend the strategy as large strides had already been made to embed the principles into everyday practice, but rather replace it with a more focused action plan. Work has now commenced on developing this plan to address a number of identified key priorities including improving the prevalence and duration of breastfeeding.

Immunisation Uptake

Immunisation is universally accepted as one of the most significant health initiatives in recent times. There has been a decline in the uptake of childhood vaccinations within Northern Ireland, resulting in outbreaks of Measles and Pertussis, for the first time in several years.

There is evidence to suggest that many parents, even those who elect to immunise, may have a degree of vaccine hesitancy. The recommendation of a healthcare professional is a predictor for vaccine uptake. Overall, there does appear to be a culture of vaccination hesitancy which has grown post-pandemic. Greater focus needs to be placed on reducing communicable diseases through vaccination promotion and ensuring ease of access to vaccinations for all families.

Increased Complexities

There has been a rise in complexities amongst children and families, including increased developmental concerns and emotional health and wellbeing issues. The evidence of the impact of the pandemic on children and families is limited and may be further substantiated in the long term.

Emotional Health and Wellbeing

There has been an increase in children presenting with emotional health and wellbeing issues, with significant waiting lists to access Child and Adult Mental Health Services (CAMHS).

Special Education/Complex Medical Needs

Historically, children with complex medical needs may not have survived beyond the early years or would have had a life limited to hospital or residential care. Through medical advances and additional support more babies, and children with additional needs are being supported to reach their full potential and live longer, happy and healthy lives attending school and living within the community.

Neurodevelopmental Disorders

There has been a growth of children presenting with learning disability and/or other neurodevelopmental disorders such as autism. There are many professionals, including family nurses, health visitors, school nurses, family support hubs, paediatricians and AHPs, who play a key role in helping families during what can be a highly anxious time, while awaiting assessment, managing theirs and their child's wellbeing.

Within schools, Education and Health are expected to work together to support children who have additional needs. The number of children being diagnosed with autism has been steadily increasing in the past 10 years [34]. Schools are struggling to cope with the demand for special education places.

Demographic Change

A change in the local demographics of Northern Ireland, has resulted in significant cultural changes including an increase in refugee and asylum-seeking families. These families often require more targeted support, which has placed additional demands on community health care staff. According to the NISRA 2021 census the group of people typically from outside the UK and Ireland has almost double since 2011 from 3.4 % of the population to 6% in 2021 [35].

Safeguarding Children

Since the introduction of the Children (NI) Order 1995 [22], Northern Ireland, has the highest number of care experienced babies, children and young people. As of 31/03/2024 [36] 3,999 children were in care. For the same period, the number of children on the Child Protection register increased by almost 8% in the past year to 2,334.

Those who work with children, young people or families, have a particular responsibility to preserve their welfare and ensure they are safe. When there are concerns about the welfare of a child or young person, early intervention and appropriate parental support can prevent problems escalating to a point where harm occurs and can improve the long-term outcomes for the child. When early intervention and support is not sufficient action must be taken to ensure a child or young person is not at risk of significant harm **(Co-operate to Safeguard Children and Young People in Northern Ireland)** [37].

Building awareness of emerging issues influenced by cultural and demographic changes; a key example of this is cognisance of the challenging social, emotional, and physical impact of practices such as female genital mutilation (FGM), child sexual exploitation (CSE), child criminal exploitation (CCE), and domestic abuse. Such issues highlight the necessity to build relationships across cultural and ethnic diversity groupings and the need for training in these areas is to be highlighted and promoted. Adoption of cultural frameworks across organisations is essential in ensuring that all individuals receive high quality, culturally appropriate care. It is also important to ensure when sharing information with children, parents or families, it is done so in a language that is understood by them, and the need to assess for the requirement of an interpreter.

Public health priorities which will continue to change are currently based on:

- Reducing inequalities, including supporting families who experience barriers to health
- Increasing the number of mothers who start breastfeeding and exclusively feed for the first 6 months
- Focusing on the early identification and the prevention of obesity in childhood through an emphasis on breastfeeding, delaying weaning until babies are around 6 months old, introducing children to healthy foods, controlling portion size, limiting snacking on foods high in fat and sugar, and encouraging an active lifestyle for the whole family
- Improving dental health in childhood
- Addressing vaccination hesitancy
- Prevention of ACEs
- Taking a pro-active role in promoting the social and emotional development of children
- Supporting parents to get the balance right between encouraging play and physical activity whilst minimising the risk of injury
- Promotion of health literacy to improve health and wellbeing

1.6 An increased focus on vulnerable families, underpinned by a model of proportionate universalism with targeted and enhanced service provision for those babies and children with additional health and or social needs

Healthy Child, Healthy Future is a proportionate universal service that is offered to all families, with additional services for those with specific needs and risks. One of the challenges of implementing the programme is balancing the universal elements of the programme with selective approaches to reduce inequalities. A model of proportionate universalism means offering a range of preventative and intervention services for different levels of risk, need and protective factors. Implementing a model of proportionate universalism and allocating resources accordingly is essential to reducing inequalities. Future work will continue to be developed to support a proportionate programme at level 2 to support babies, children and families with additional needs.

1.7 Multi-disciplinary service delivery, ensuring that the correct people have the necessary skills and competencies to deliver the programme

This programme will promote:

- Collaborative working within integrated children's services in partnership with key stakeholders including professionals and services such as local Sure Start and Home Start projects (in available areas), to improve outcomes for disadvantaged children and families
- Collaborative working with local voluntary and community groups in promoting community development that will enhance services and support babies, children and families
- Working closely with early years services and community groups
- Working closely with Department of Education Northern Ireland (DE) and the Education Authority (EA), schools and colleges
- Ability to respond to changing public health priorities and advances in technology
- A range of professionals who have the necessary skills and competencies to deliver the programme, i.e., the right person at the right time delivering the right care

1.8 New technologies and scientific developments

- Healthy Child, Healthy Future, will aim to introduce and adopt into the programme new technologies and scientific developments such as:
 - New vaccination and immunisation programmes
 - New tests
 - Embracing advances in genomics to benefit public health

- Maximising the potential of technologies to provide parents with information and guidance, and to offer them more choice on how to access child health promotion information and services
- Improved data collection systems and electronic records including the regional roll out of Encompass; a single digital care record for Northern Ireland

1.9 Quality Assurance of programmes to monitor outcomes

- Clear levels of accountability for delivery of Healthy Child Healthy Future programme
- Use of data to improve quality, monitor outcomes and influence policy change
- Screening and immunisation uptake rates
- Learning from Perinatal Mortality Reviews, Child Deaths, Serious Adverse Incidents (SAIs) and Case Management Reviews (CMRs)
- Inform workforce planning

Outcomes of the Healthy Child Healthy Future Programme

Effective implementation of Healthy Child, Healthy Future aims to secure the following outcomes:

- Strong parent-child attachment and positive parenting, leading to better social and emotional wellbeing among children
- Care that helps to keep children healthy and safe
- Healthy eating and increased physical activity
- Prevention and reduction of some serious diseases and communicable diseases, through improved immunisation uptake rates
- Increased rates of initiation and continuation of breastfeeding
- School ready, and transition prepared, to improve learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection and actions (including early intervention/referral) to address developmental delay, special education needs, conditions that may affect health, ill health, and or concerns about safety
- Identification of factors that could influence health and wellbeing in families
- Better short and long term outcomes for children who are at risk of social exclusion
- Better outcomes for future generations
- Outcomes based on data



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Section 2: Delivery of Healthy Child Healthy Future

Health professionals are the first point of contact for families during pregnancy, the first years of life and throughout childhood.

Successful delivery of Healthy Child, Healthy Future, relies on the contribution of a wide range of practitioners. The key to success is a shared understanding by both parents and practitioners of the roles and responsibilities of the different members of the team.

Healthy Child, Healthy Future, includes the following core elements:

Health Improvement **Health Protection**

2.1 Health Improvement

Health Improvement includes:

- Support for parenting including early intervention and prevention programmes for babies, children and families
- Engaging fathers/partners
- Health promotion such as, promotion of breastfeeding, nutrition, physical activity and the prevention/reduction of obesity, smoking cessation, drugs and alcohol, sexual health and improved mental health and wellbeing within the family
- Promotion of social and emotional development e.g. personal development in school
- Early identification of babies, children and young people at risk of abuse and neglect
- Accident prevention
- Promoting sensitive care giving and reciprocity
- Targeting health inequalities
- School health profiling
- Promotion of health literacy in improving health and wellbeing

The FHA currently used by health visitors and school nurses uses a holistic approach to identify the health of individuals, families, and communities in support of the delivery of a person-centred service. The FHA focuses on encouraging families to acknowledge their health needs and jointly plan appropriate interventions to address identified needs. Health reviews provide the basis for agreeing with each family how they will access the CHPP over the next stage of their child's life.

2.1.1 Support for parenting: Early intervention and prevention programmes for babies, children and families

One of the core functions of Healthy Child, Healthy Future, is to support parents using evidence-based programmes provided by trained practitioners. Core features of successful parenting programmes include:

- Establishing a relationship with both parents based on respect, genuineness, empathy, and humility
- Considering the whole family and the impact of wider family issues on the child
- Focusing on parents' strengths
- Focusing on empowering parents - understanding that self-efficacy is an essential part of behavioural change
- The ability to promote attachment, laying the foundations for a child's trust in the world, and its later capacity for empathy and responsiveness
- An understanding of family relationships and the impact of becoming a parent
- An appreciation of the factors that affect parenting capacity and health, and an understanding of the interplay between risk and resilience
- Ensuring that practitioners have consultation skills such as professional curiosity and the ability to assess risk and protective factors

There is a range of parenting support programmes and resources available which can be used such as:

- The Social Baby book [38]
- Solihull Home [39]
- Incredible Years Programme [40]
- Mellow Parenting [41]
- Best Beginnings [42]
- Baby Buddy App [43]
- Children and Young People's Strategic Partnership (CYPSP) [44]

Parenting programmes must be outcome focused, and evidence based. Within Northern Ireland a menu of such programmes should be agreed which fit within local pathways and across levels 1-4 of the Thresholds of Need Model. Training for midwives, health visitors, school nurses, and AHPs should include these programmes. There may be resource implications in order to deliver this.

2.1.2 Engaging Fathers/Partners/Surrogate Parents

The delivery of **Healthy Child, Healthy Future**, will look beyond the child, to their family, reviewing family health, building family strengths and resources. The programme is there for the whole family - including the father/partner/surrogate parents. Where possible the father/partner/surrogate parents should be encouraged to participate fully and directly in the programme. Assessment of the father/partner/surrogate parents' needs and their health behaviours (e.g., in relation to diet, smoking, alcohol, or drug use) should be undertaken as this will have a direct impact on the child. Fathers/partners/surrogate parents should be directly signposted to relevant services and should be given information about health improving behaviours, incorporating how their health behaviours impacts on their child and or partner. Non-resident parent details should also be recorded. For further information on engaging fathers see the [Fatherhood Institute website](#), and [surrogate parents](#) [45].

2.1.3 Health Promotion

Health promotion encourages people to take responsibility for their own health by providing societal and ecological interventions that are intended to address the foundations of poor health, rather than focusing on a more medical model of treatment and cure, **World Health Organisation (WHO)** [46].

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” **WHO** [47 p. 1]

Health promotion should be integral to the day-to-day work of all health professionals engaged in caring for babies and children. It should be delivered in partnership with parents and families provoking health enhancing activities cognisance of individual needs. Materials should be provided in appropriate formats which is accessible and easy to understand for all users and include information on antenatal care and early support after childbirth with particular reference to breastfeeding, as well as providing information, advice, and support to parents as the child grows and develops.

Whilst health promotion should be tailored to the age and developmental stage of the child and family's needs, the health professional should also ensure that parents are provided with appropriate anticipatory guidance on prevention, for example, sudden unexpected death in infancy (SUDI), alcohol use, passive smoking, and accidents.

There should be strong links and closer communication with community development programmes and other initiatives aimed at reducing inequalities, social exclusion, eliminating poverty and improving educational outcomes.

School nurses have a key role in contributing to the education of young people in promoting healthy lifestyle choices and the impact this can have into adulthood.

There are many opportunities for primary prevention and health promotion which should be incorporated into all developmental assessments and contacts with parents and children. The following are examples of topics to be covered within the programme and should be delivered within national and local guidance to inform practice:

- Preparation for parenthood
- Promotion of CMO low risk drinking guidance [48] and increased awareness of FASD
- Nutrition including promotion and support for breastfeeding
- Prevention of Sudden Unexpected Death in Infants
- Promotion of parental role as child's first educator
- Promotion of positive mental health including positive infant mental health
- Promoting smoke and vape free homes and spaces
- Childhood injury prevention
- Promotion of oral health
- Control of communicable diseases
- Sexual health
- Maternal mental health
- Promotion of good emotional health and wellbeing
- Promotion of good physical and personal development
- Supporting speech and language development
- Reduction of domestic abuse, routine enquiry

2.1.4 Promotion of social and emotional development

The prevalence of reported mental health issues amongst children and adolescents is currently estimated at 12.6%, which is approximately one in eight of this population [49].

In the preschool years, behaviours that challenge may include:

- waking and crying at night
- over-activity
- food refusal
- difficulty settling at night

If unresolved these behaviours may be indicative of greater potential to develop mental health problems in later years.

Promoting positive mental health is a core component of all health professionals' work. They have an important role to play in supporting parents, children, and schools in developing community provision to prevent mental health issues.

2.1.5 Safeguarding Children

Safeguarding remains a key element of Healthy Child, Healthy Future with the focus being on prevention, assessment, identification, and support for identified needs and vulnerable families. Additional services and support should be targeted at those assessed as having identified needs.

Implementation of Healthy Child, Healthy Future will provide information systems and processes to enable health and social care professionals to identify and record the needs of children and ensure appropriate planning and referral for support when necessary.

The introduction of the **Family Health Assessment Model (FHA)** [50], the **UNOCINI multi-agency assessment** [14] and the **Signs of Safety (SoS) Framework** [15] provides a structured framework to assess, plan, deliver and evaluate services to vulnerable children, children in need and children in need of protection. The associated **Thresholds of Need Model** [19], Figure 1 will assist professionals in determining levels of need for targeted intervention.

(I) Child Protection

“Child protection refers specifically to the activity that is undertaken to protect individual children or young people who are suffering or are likely to suffer significant harm.” **Co-operating to Safeguard Children and Young People in Northern Ireland [37].**

Child protection is a shared responsibility, involving co-operation between agencies and disciplines, working in partnership with parents, which must be the central focus.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm or significant harm [37].

Harm can be caused by:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect
- Exploitation

Articles 2(2) (interpretation) and 12A (residence and contact orders and domestic abuse) of the **Children (NI) Order 1995** [22], have been amended, with effect from 01/11/2024, to widen the definition of “harm” to include harm suffered as a result of the ill-treatment of, or abusive behaviour directed at, another person even if the child did not witness such treatment or behaviour or was not present when it happened.

Child protection must be viewed as high priority requiring enhanced service intervention above and beyond the core programme. Children categorised as ‘in need’ or ‘in need of protection’ are among the most vulnerable in the child population and have the highest levels of health needs. Collaborative working is essential if these children are to benefit from the processes designated to safeguard their welfare. Health and social care professionals are well placed to identify children in need of protection. They should be aware of the indicators of abuse (e.g., neglect, emotional, physical, sexual abuse, and exploitation) and the procedures to follow in the event of childcare concerns.

The systems in place for child protection are primarily to protect the interests of children considered to be at risk or potential risk of significant harm. The DoH guidance **Co-operating to Safeguard Children and Young People in Northern Ireland** [37] and the **Safeguarding Board for Northern Ireland (SBNI) (2023) Procedure Manual** [51]. Provide the framework within which all agencies and professionals should co-operate to protect children.

The key principles are:

- The voice and lived experience of the child or young person should be heard
- The baby, child or young person's welfare is Paramount
- Parents are supported to exercise Parental Responsibility and families helped to stay together – Parents have responsibility for their children rather than rights over them
- Partnership – Safeguarding is a shared responsibility and the most effective way of ensuring that a child's needs are met is through working in partnership
- Prevention – The importance of preventing problems occurring or worsening through the introduction of timely supportive measures
- Responses should be proportionate to the circumstances
- Protection – Children should be safe from harm and in circumstances where a parent or carer is not meeting their needs, they should be protected by the State
- Evidence-based and informed decision making

All Health Professionals should:

- Prevent harm occurring through early identification of need and risk and through provision of support to babies, children, young people and families in need
- Be able to recognise the signs of harm
- Play their part in family support planning and providing on-going support for as long as is deemed necessary within the remit of the profession
- Contribute to and participate in the assessment processes in respect of children in need, including child protection, planning and case conferences [37]

NMC registrants have a professional accountability to ensure children and families are protected, *“You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved, and their needs are recognised, assessed, and responded to”.*

NMC Code of Conduct [53]

(II) Care Experienced Children and Young People (Looked After Children and Children Placed for Adoption)

“Looked After Children are a vulnerable group with significant health promotion needs. They are at risk of attachment difficulties and unidentified physical and mental health needs. They often have developmental and educational concerns. Effective professional relationships can be therapeutic and there are interventions to promote health and well-being for Looked After Children.” [5 p.350]

The Children (NI) Order 1995 [22] defines a “looked after child” as a child who is accommodated by a Trust for a period of 24 hours or more. Subject to the commencement of Section 121 of the **Adoption and Children Act 2022** [54], paragraph 2 this will amend Article 25 of the **Children (NI) Order 1995** [22], to reflect that children accommodated for a continuous period of more than 24 hours under Article 18 will not be a looked after child with the purpose of providing short breaks for disabled children. A looked after child may be placed in a “care” setting such as with foster carers or in a children’s home or indeed may be placed by the Trust with extended family or relatives in a kinship placement. A child can become looked after as the result of a voluntary agreement between the Trust and the child’s parents (or others who have parental responsibility) or as a consequence of a care order granted to the Trust by a court. Usually this is in a situation where it is deemed that the child has suffered or is likely to suffer significant harm. Where a care order is in force, parental responsibility for the child is shared between the Trust and the parents, although, under the Children Order, the Trust is able to determine the extent to which parents will be permitted to exercise their parental responsibility.

The regulations made under the **Children (NI) Order** [22] require Trusts to consider the previous and current health needs of a looked after child who is being placed by them. Foster carers and residential children’s homes must also meet specific requirements in relation to the health of children in their care. Care experienced babies, children and young people, (dependent on their age and ability to consent or refuse consent), must have a medical examination at least once a year or 6 monthly for preschool children. The contribution of nurses and other health professionals will therefore be vital to this process.

All care experienced babies, children and young people should have a holistic health appraisal completed by the health visitor, family nurse, or school nurse, and complete the appropriate documentation.

Nurses have an important role in relation to the adoption of children and those leaving care who require additional support during the period of transition (up to 21 years). Where prospective adopters have young children (by birth or previously adopted) health visitors and school nurses will be asked by prospective adoption panel to contribute to the assessment process in relation to the prospective adopters' care of their existing children. When a child is being considered for adoption, the child's health visitor/school nurse report will be included in the information to be viewed by the adoption panel members. At the point of the child's placement, the health visitor is responsible for ensuring that the prospective adoptive parents have access to a Personal Child Health Record (PCHR) which has been issued in accordance with the **Regional Guidance for Transfer of Specialist Community Public Health Nurse (SCPHN) Records when a Child is being Adopted** [55]. With the regional implementation of Encompass, the handheld PCHR may be replaced with a digital health record and regional guidance will be updated accordingly.

Health visitors also make a significant contribution to the support of families and children who are subject to the inter-country adoption processes. **The Regional Adoption Guidance** [56] requires the child and the adopters to be seen by the Adoption Agency's social worker, health visitor and GP within 7 days of arrival into Northern Ireland and contribute to the formal post placement support plan to be drawn up by the social worker within 28 days.

Children who are adopted both domestically and as a result of an inter-country adoption process are most likely to have ongoing health and developmental needs. The nursing input is therefore likely to be long term and a significant source of support for the family.

(III) Identification of Domestic Abuse/Intimate Partner Violence/Hidden Harm

Domestic violence and abuse are patterns of behaviours that are characterised by the exercise of control and the misuse of power by one person (male or female) over another within an intimate or family relationship. It is usually frequent and persistent. While domestic violence and abuse most commonly refers to that perpetrated against a partner, it also includes abuse by ex-partners, and abuse by a son, daughter, parent or parent-in-law or any other person who has a close or family relationship with the victim.

The definition of domestic abuse in the Northern Ireland Justice System is:

“threatening, controlling, coercive behaviour, violence, or abuse (psychological, virtual, physical, verbal, sexual, financial, or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation, or any form of disability) by a current or former intimate partner or family member.” [57]

It is important to note that domestic abuse has more than one victim as it can impact adversely upon children and the wider family unit. In 2018 the DoJ & Police Service of Northern Ireland (PSNI), introduced a **Domestic Violence and Abuse Disclosure Scheme** [58] to allow an individual or someone else known to the individual to make enquiries to the police if they have concerns that their partner may have been abusive in the past.

The Department of Health & Department of Justice in September 2024 issued the **Domestic and Sexual Abuse Strategy 2024-2031** [59], based on the 5 pillars of Partnership, Prevention, Children and Young People, Support and Justice. Their overarching vision being:

“That Northern Ireland is a place where:

- *Domestic and/or sexual abuse is not tolerated, and everyone can be safe and free from fear*
- *Domestic and/or sexual abuse is everyone’s business, where partnership work and collaborative approaches create lasting change across our communities and provide hope; and*
- *The voice of victims, including children and young people, is valued and central to decision making”*

GP’s, midwives, health visitors, family nurses, school nurses, and AHPs have a pivotal role to play in awareness raising and prevention, identification and support.

In addition to this, the NI Executive Office as part of their new **Programme for Government (PfG) 2024-2027** [60], on 16/09/2024 launched a seven year strategic framework **Ending Violence Against Women and Girls** [61]. It has a strong focus on prevention, protection and provision and on a criminal justice system which provides victims with the confidence to address these issues and bring an end to this cycle of violence.

Routine Enquiry

Routine enquiry should be carried out as recommended by regional protocols and professional judgement in the routine care of women in the antenatal and immediate postnatal period and throughout the preschool and school age years of her child, when safe to do so. Disclosure is more likely when there is continuity of carer, which helps build relationships between the parent and practitioner. Routine enquiry should also be carried out for same sex parents and foster carers.

Regular enquiry increases the likelihood for individuals to feel safe enough to talk about their abuse. Routine Enquiry also highlights to any individual who is experiencing abuse, that they can approach that health professional for support when they are ready to disclose. All staff should be aware of regional and local Trust operational protocols and policies in relation to domestic abuse/intimate partner violence.

A regional review of the current processes surrounding routine enquiry is currently ongoing. It is anticipated this review will inform the development of a revised model that supports the rollout of routine enquiry to other professional groups and also review and update professional support, guidance, and training for staff groups.

2.1.6 Targeting Health Inequalities

From the most recent **Health Inequalities Report** [62] published by the DoH in March 2024, there has been little change in the last five years on overall life expectancy within Northern Ireland. Men from one of the most deprived areas can expect to live 7.2 years less than those from the least deprived areas, for woman this gap is 4.8 years. Alcohol and drug related deaths has seen a sixfold upturn. Suicide mortality rate, in 2020-2022 was more than two and a half times higher in deprived areas and prescriptions for mood and anxiety disorders also rose by 66% between 2018 and 2022. The inequality gap for infant mortality has widened slightly and mothers from the most deprived areas are five times more likely to smoke than those from the least deprived areas.

Life expectancy for Irish Travellers is significantly lower than the general population; 15-years for men and 11 years for women, according to the **All-Ireland Traveller Health Study** [63]. They will experience 16-17 more years of poorer health than the general population, and they are more likely to be categorised as disabled. Mental health is also worse among Travellers, with 60% stating that their mental health was not good enough for one day or more in the last 30 days (versus 20% in the general population). The suicide rate for Travellers is 6-7 times higher than in the general population.

The landscape of Northern Ireland has changed significantly over the past 15 years. There is an increasingly diverse population, with a rise in economic migrant populations, refugee and asylum-seeking families, all of whom are at increased risk of marginalisation and poorer health outcomes. Services within communities should reflect the additional difficulties experienced by non-English speaking communities in access to established groups when developing local services.

The **Northern Ireland Homelessness Bulletin** [64] published in December 2024, outlines that from April to September 2024 there were 3,349 children classified as homeless, with the largest proportion (21.9%) being aged 0-2 years. In comparison it is reported that 5,378 children were living in temporary accommodation as of 05/11/2024. Not having somewhere to settle permanently can have a detrimental effect on children's physical and emotional health and development, access to health services and to education.

It is estimated that within Northern Ireland there is in the region of 17,500 child and young adult carers. **Crossroads Care NI** [65] defines a young carer as,

“a child or young person under the age of 23, whose life is affected by providing significant care, assistance, or support at home to a family member with an illness, mental health problem, drug/alcohol addiction or disability.”

The impact of caring on children and young people can have adverse effects on their physical and emotional health and wellbeing. Impact may also be felt on their school attendance and performance and their relationships with friends and activities inside and outside of school.

One of the key components in **HFAC 5th Edition** [5], is a universal service with increased support which is proportionate to the needs of the family, with a strong focus on addressing health inequalities. For those who are more likely to suffer because of where they live, in areas with access to fewer opportunities, care experienced, safeguarding, have a physical, mental or learning disability, come from a minority ethnic background, asylum seekers, refugees, or because of social and economic circumstances. It is important to identify, target and provide early intervention to address the wider determinants of health to improve health outcomes for the present and future generations and improve healthy life expectancy whilst reducing demands on health services.

2.1.7 School Health Profiling

Health profiling should be used to identify the needs of the school age population. Information from individual health assessment should be utilised to develop prevention and early intervention programmes to address the needs of this population within the school setting and within local communities.

Innovative responses and approaches (e.g. peer education programmes) should be encouraged and designed in partnership with stakeholders (including education, young people, voluntary sector, etc.).

The Public Health Agency should lead in identifying one tool to be used which should be supported by robust information technology.

2.1.8 Promotion of health literacy in improving health and wellbeing

The World Health Organisation (WHO) [66] defines health literacy (HL) as,

“the cognitive and social skills which determine the motivation and ability of an individual to gain access to, understand and use information in ways which promote and maintain good health”.

Health literacy has been identified as an important tool in improving health outcomes, particularly amongst the most disadvantaged and marginalised societies. Health literacy is key in helping to reduce inequalities by educating children, parents, families, and wider community services (including schools) on how or when to access appropriate healthcare. The Association for Young People’s Health has developed a tool kit for school nurses to promote health literacy amongst school aged children [67].

2.2 Health Protection

There are three main strands to health protection

- Surveillance
- Screening
- Immunisation

2.2.1 Surveillance

Ongoing surveillance of the general health and development of all children is an integral part of health protection. Health professionals must listen to parental concerns and respond appropriately, including onward referral and future assessment. They should work in partnership with parents to support them in making healthy choices for their children. That partnership should be based on respect, genuineness, empathy, and humility. It is also essential that parents know where to go for advice when they have a concern about their child.

Where there is a concern about a child’s development, formal assessment to confirm or refute these initial concerns is essential. This should be undertaken as part of a more comprehensive assessment involving a network of child development services and should include consideration of referral to a community paediatrician.

Prevention, early identification, and intervention are key to optimising the outcomes for individual children and their families across the spectrum of health and social issues. Tackling health inequalities requires a collaborative multi-disciplinary approach in which communication within the HSC and the community and voluntary sectors is essential.

Local care pathways and protocols should be monitored and evaluated on an ongoing basis to ensure their effectiveness

Health and development reviews

Universal health and development reviews are a key feature of Healthy Child, Healthy Future. They provide the most appropriate opportunities for screening tests, developmental surveillance, discussing social and emotional development with parents and children, and for linking children to early years services. In partnership with parents and children the core purpose of reviews is to:

1. Identify opportunities for preventative work to improve health
2. Assess growth and development
3. Identify risk factors and atypical findings
4. Give parents the opportunity to discuss their concerns and aspirations with regard to their children
5. Assess family strengths, needs, risks, protective and resilience factors
6. Review uptake of antenatal [68] and newborn screening [69] programmes and inform parents of results as appropriate
7. Review uptake of childhood vaccinations

Practitioners carrying out health reviews will have knowledge and understanding of typical child development and the factors that influence health and wellbeing. They will be able to recognise the predicted range of development. The early recognition of disability, developmental delay and/or other health issues is a core function of Healthy Child, Healthy Future and a key objective of **Fair Start** [7]. Healthcare professionals have a responsibility to provide:

- Support
- Guidance
- Advice
- Education
- Signposting to other local services, resources, and agencies as well as onward referral and notification to others as required.

Health and developmental reviews also provide the opportunity for practitioners to build relationships with parents, assess the strengths and needs of the individual child and family, to plan for the next stage of childhood and to evaluate services received to date. The need for early identification, intervention and support is essential in improving outcomes for children, families, and communities.

“Providing timely support is vital. Identifying and addressing a child or family’s needs early on can increase protective factors that positively influence a child’s wellbeing and decrease risk factors that may be impacting a child’s life negatively,” (NSPCC) [70].

The topics covered and the depth of each review depends on the experience and confidence of the mother and father and/or partner, as well as their choice and the professional’s judgement. Reviews provide an opportunity to update the family health assessment which will enable a package of support to be developed using local services, such as those provided by Sure Start and Home Start (in available areas), or referral to specialist services if required. Many children will have contact with a variety of other early years practitioners, including GP’s and AHPs, all of whom need to be alert to possible concerns.

Health and Development reviews will take place as follows:

- Antenatal and Postnatal Midwifery contacts as per NICE Guidelines [71] and [72]
- Health Visitor Antenatal contact
- At the new baby review (NBR) (between 10-14 days old)
- At six to eight weeks of age
- 8 week review by GP
- 2 additional visits between NBR and 14-16 weeks for first-time parents or families in receipt of a targeted service
- At 14-16 weeks of age
- At 5-6 months
- At 8-9 months (Key Developmental Contact)
- At 15-18 months old (Key Developmental Contact)
- At 27-30 months old (Key Developmental Contact)
- At 3+ review
- In primary 1
- P 7 Group activity
- In year 9 of post primary school

Local and regional procedures should be developed and amended appropriately to monitor the quality and compliance of the delivery of the HCHF programme, that outlines clear lines of accountability.

2.2.2 Screening

Screening is defined by the **UK National Screening Committee** [73] as,

“the process of identifying apparently healthy people who may have an increased chance of a disease or condition and seeks to:

- *Prevent earlier deaths or improve quality of life by detecting a condition at a stage where treatment can be more effective (rather than wait for symptoms to develop)*
- *Reach everyone in the targeted population*
- *Reduce the chance of people developing a serious condition or its complications*
- *Provide information for people to make informed choice”*

Those with a positive screening result require access to diagnostic and management services. Screening services should have a nominated lead within Trusts who are responsible for monitoring and quality assuring the services provided. The Public Health Agency have responsibility for all screening programmes to ensure that they meet the standards endorsed by the Department of Health. Healthy Child, Healthy Future should be supported by guidelines, standards, pathways, and frameworks.

Reliable recall and failsafe methods should be in place regionally and locally to ensure appropriate referral and follow up of missing, inadequate, ‘failed’ or abnormal screening test results.

The following screening programmes are available in Northern Ireland:

- Antenatal Infectious disease screening for Hepatitis B, HIV, Syphilis and Rubella screening including Rubella susceptibility
- Neonatal hearing screening
- Newborn bloodspot screening

Other examinations/assessments offered as part of routine clinical care are:

- Ultrasound fetal anomaly
- Newborn examination including eyes, heart, hips, and testes in boys
- 8 week examination including eyes, heart, hips and testes in boys
- Early identification of Developmental Dysplasia of Hips (DDH)

- Vision Screening
- Growth [74]

Local and regional protocols in relation to the delivery of these programmes and examinations/assessments must be followed at all times. They must continue to be developed and amended as appropriate.

2.2.3 Immunisations

Health professionals contribute to improving the health and wellbeing of children by promoting the uptake of safe and effective vaccines. All children should be offered immunisations in line with the current local immunisation schedule.

Immunisations should be offered to all children and their parents where necessary and local initiatives should aim to target those hard-to-reach families including refugees and asylum seeker, homeless families, traveler families, very young mothers, those not registered with a GP and those newly moved to the area. The current routine immunisation schedule, for babies up to one year can be found [here](#) for babies up to one year, [here](#) for premature babies, [here](#) for babies from one year, [here](#) for teenagers, [here](#) for pregnant women, and also within the [Green Book](#).

At every contact all practitioners involved in the delivery of the Healthy Child, Healthy Future Programme should identify the immunisation status of the pregnant women, and or child. Maternal and childhood vaccination programmes should be discussed, providing pregnant women and parents/carers with good quality evidence-based information and advice on immunisations including the benefits and possible adverse reactions. This will allow the pregnant mother and or parents to make an informed decision based on the current best evidence.

Every contact should be used to promote immunisations. Likewise, every contact should provide an open and welcoming environment to raise any other concerns about caring for their baby and their health and development. Appropriate advice and signposting to any other information or services should be provided.

Within NI there has been an upsurge of vaccination hesitancy and there has been a decline in overall vaccination uptake. **Smith et al.** [75] notes vaccine refusal as being a major concern in high and middle-income countries. Three main themes being identified including the role of healthcare professionals in vaccination promotion, vaccine safety concerns and alternative influences, including social media, friends and family, religion, conspiracy theories and salutogenic parenting.



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Section 3: Professional Guidance to Support the Healthy Child Healthy Future Programme

The guidance in this section on the schedule of contacts is not intended to be prescriptive and does not override the responsibility of health practitioners to make judgements appropriate to the circumstances of individual families and children where additional support is required. It is the responsibility of practitioners to ensure that as new information becomes available (e.g. introduction of new guidance) it is used appropriately to support best practice. In relation to the venue for contact with families, the preferred option is included in this guidance. The benefits of home visiting cannot be underestimated in forming relationships and in assessing the family/home environment. This allows the practitioner to observe a child within their familiar setting. **NICE Guidelines PH40 on Social and Emotional Development** [76] recommends a series of intense home visiting for at risk families.

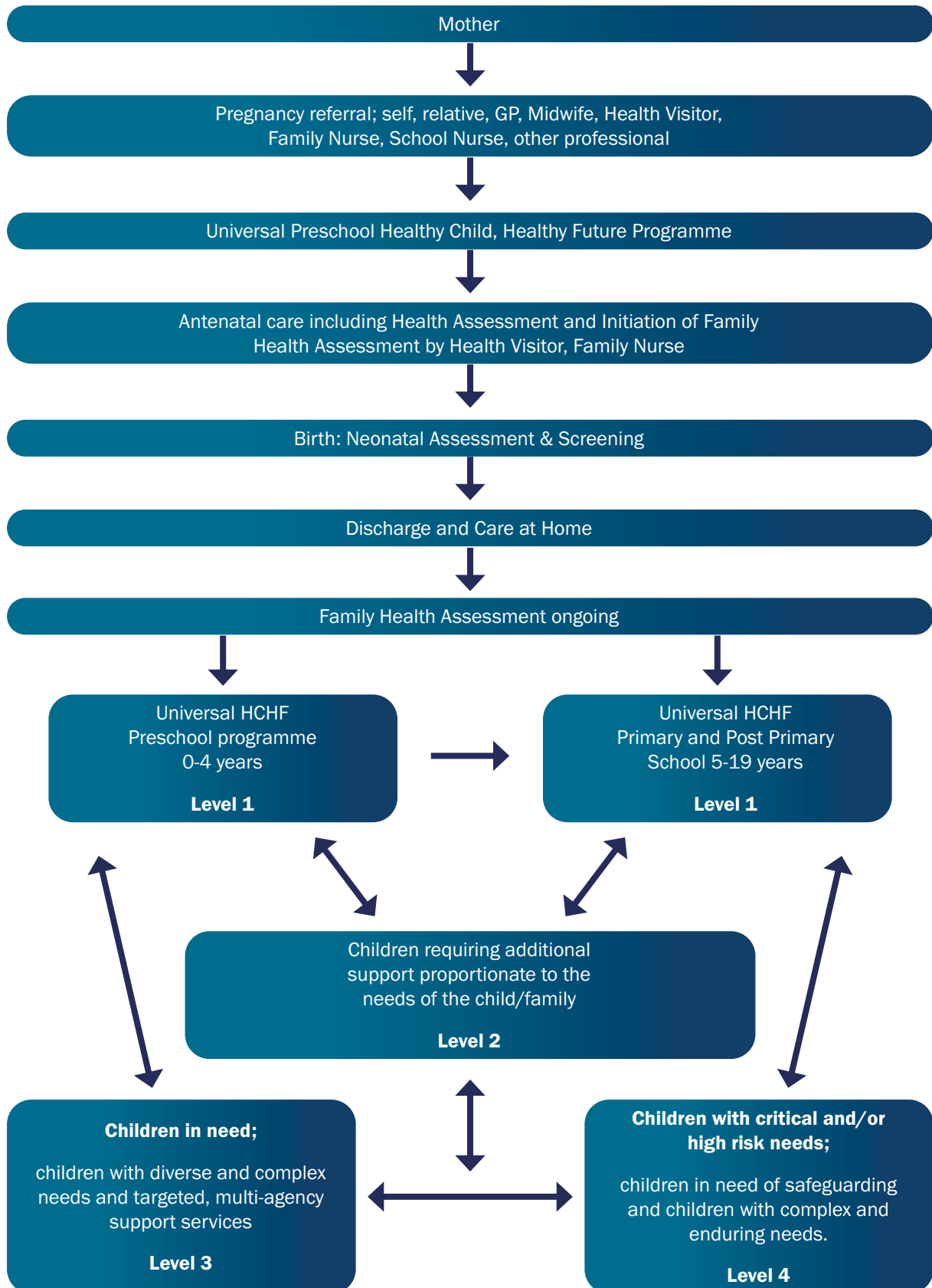
The Personal Child Health Record (PCHR) will provide the parent(s) with a comprehensive health record for their child. It will also provide a core child health data set. (With the roll out of the digital health care record “Encompass” within Northern Ireland the handheld PCHR may change to a digital PCHR in the future).

The delivery of an effective programme must be supported by practitioners who have the right skills and expertise. In securing safe and effective care, opportunities for skill mix at local level should be encouraged within a robust framework of accountability and clinical governance. This is outlined in the **Northern Ireland Practice Education Council (NIPEC), Deciding to Delegate Framework** [77].

In each Trust, it must be clear who has professional and managerial responsibility for regional screening programmes, the offer of the uptake of routine clinical care, reporting of immunisation uptake, introduction of new immunisation programmes, health promotion, care pathways for children with health or developmental problems, socially excluded groups, child protection, care experienced children, links with education, staff training and data management.

The flowchart below demonstrates the pathway for the provision of proportionate services within the universal services provided to all 0-19 year olds and their families which is underpinned by this guidance.

3.1 Pathway for Provision of Services from Pregnancy to 19 years



***Flow chart levels based on Threshold of Needs Model (2010) (children/families can move between levels)**

3.2 The Universal Midwifery Programme

3.2.1 Antenatal Programme

Scheduling antenatal appointments is based on **NICE Antenatal Care NG201** [71]. In addition to this, there is a range of other NICE guidelines relevant within the pregnancy journey [79] and the regional antenatal screening programme.

Risk assessment needs to be continuous with every contact in the antenatal period to determine women who may require obstetric led care. Women with uncomplicated pregnancies can receive their care in the local community largely from their midwife and on occasions from their General Practitioner. If risks are identified during pregnancy the woman should be referred for senior medical advice.

Midwives should at all antenatal contacts be aware of pregnant women who present with complicated social factors as outlined in **NICE CG110** [80], and complete an assessment of risk, considering the need for referral and multi-disciplinary support.

Intimate Partner Violence is well documented to increase during pregnancy.

“The risk of such violence is disproportionately higher in the period during pregnancy or just after childbirth, with violence beginning or increasing in severity during this time” [81]

Midwives and other health professionals who identify risks must in partnership with the mother/family where possible share relevant information proportionate to the need to protect the mother and unborn baby, **SBNI Core Policies and Procedures** [51], **Co-operating to Safeguard Children and Young People in Northern Ireland** [37] and **DoH Guidance on Information sharing for Child Protection Purposes** [82].

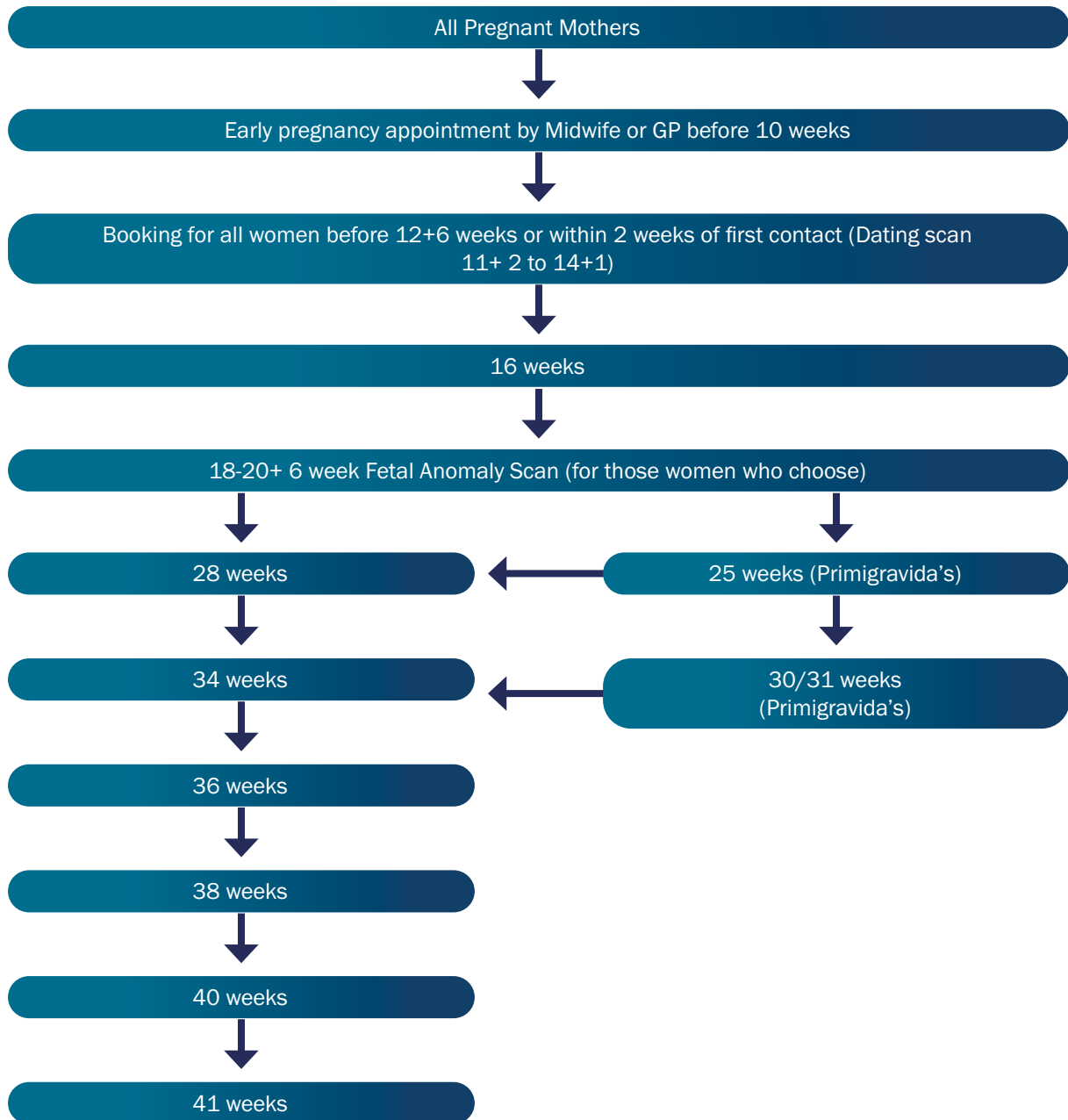
Consideration should also be given to the most appropriate setting for antenatal care for those women with more complicated social factors, including within the home environment. Midwives should ensure any significant relevant information is shared with the named health visitor or family nurse and contemplate the need for a joint home visit in the antenatal period.

The importance of first 1000 days on an infant’s brain development is well documented. Education pre-conceptually and in the antenatal period is an essential component to ensure every baby is given the best start in life, reduce inequalities and improve overall life chances. Midwives are fundamental in supporting this at each antenatal contact, with a focus on intrauterine development, and the need for mothers and partners to start to build a relationship with their baby through the promotion of positive infant mental health.

Health literacy is an essential consideration in any educative and preventative work to ensure mothers and partners fully understand information provided, with particular focus on those whose English is not their first language or those with literacy and or learning difficulties.



3.2.2 Antenatal Flowchart



Women with additional needs may require further visits

(I) Early Pregnancy Appointment by Midwife or GP before 10 weeks

Action: Midwife or GP

Self-referral by women or via GP

Venue:

Hospital/Clinic/Home

Activity:

Meet and build relationships

- Give pregnancy book [83] and discuss early pregnancy aspects within book such as:
- Folic acid, including correct dose, vitamin D (10 micrograms daily)
- Minor disorders of pregnancy
- Venous Thromboembolism (VTE) risk assessment at first contact [84]
- Provide evidence-based information on care options for antenatal care, midwife-led, consultant led, consultant shared, or group-based care and education and who will be the lead professional for care plus provide contact details. Offer information in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Initiate discussion about options for place of birth, to include, homebirth, midwife-led unit (MLU), hospital
- Notification to GP if seen by midwife first
- Verify demographic details, discuss plan and record in Encompass
- Prepare woman as to what to expect from "booking visit"
- Discuss appointment schedule
- Prepare woman for next appointment and document discussions

Promotion of Sensitive Parenting

- Commence discussions regarding building relationships with baby, early brain development, infant mental health [85] and the significance of early relationships and development

Safeguarding

- Identify those in need of further support, identifying families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns. These families will require targeted support and often referral to other services

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, foods to avoid, regular physical activity [86]
- Alcohol, drugs (prescribed and non-prescribed)
- Folic acid completed at 12 weeks (unless history of neural tube defect, diabetes, epilepsy or if the woman has BMI>30)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including pertussis; influenza and, RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccinations provided by GP and Trusts
- Common ailments
- Risk of infection

(II) Booking Visit for all Women before 12+6 weeks (or within 2 weeks of first contact/referral)

Action: Midwife

Midwife

Venue:

Hospital/Clinic

Activity:

- Continue to build relationship between the woman and her midwife
- Confirmation of pregnancy via dating/ viability scan (by an appropriate health professional)
- Maternal weight and height should be measured at the booking appointment, and the woman's body mass index calculated; consider referral to Weigh to Healthy Pregnancy programme [87]
- Ask all women depression identification questions as per NICE CG192 [78] to identify symptoms of antenatal depression
- Clinical Examination - measure blood pressure and test urine for proteinuria as per NICE NG201 [71]
- Carry out booking risk assessments using regional and local risk assessment tools and record in Encompass any matters relating to diabetes, VTE and anaemia which should be carried out by midwife and referred to obstetrician if appropriate
- Urinalysis - MSSU to detect asymptomatic bacteriuria
- Discuss booking screening bloods offered and why, reserve screening blood tests with consent
- Provide evidence-based information on care options for antenatal care, midwife-led, consultant led, consultant shared, or group-based care and education, who the lead professional will be and ensure contact details are recorded in Encompass records. Offer information in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Notification of booking to GP
- Generate customised growth chart
- Offer appointment for fetal anomaly scan, arrange appointment at 19 weeks informing the woman about consent prior to scan and discuss appointment schedule
- Continue discussion regarding place of birth to include homebirth, MLU, hospital
- Consider referral to Family Nurse Partnership if eligible
- Arrange antenatal education
- Prepare woman for next appointment and document discussions

Promotion of sensitive parenting

- Using the Solihull Approach [39] provide advice regarding building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Identify those in need of further support, identifying families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns. These families will require targeted support and often referral to other services
- Complete routine enquiry and consider safeguarding concerns

Provide anticipatory Guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, foods to avoid, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Folic acid completed at 12 weeks (unless history of neural tube defect, diabetes, epilepsy or if the woman has BMI>30)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including pertussis; influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccinations provided by GP and Trusts
- Common ailments
- Risk of infection
- Contraception post birth

(III) Week 16: review visit (for all women)

Action: Lead professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her midwife
- Review booking blood results and reassess woman's obstetric and medical history using risk assessment tool provided
- Clinical Examination - measure blood pressure and test urine for proteinuria as per NICE NG201 [71]
- If requested by woman – listen to fetal heart
- Continue using regional risk assessment tool, if outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate verbally directly to the consultant
- Discuss any issues with previous birth experiences and direct woman towards completing a birth plan
- Ask all women depression identification questions as per NICE CG192 [78] to identify symptoms of antenatal depression
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- If seen by midwife only send notification of on-going pregnancy to GP
- Prepare woman for next appointment and document discussions

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be vigilant of those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, foods to avoid, regular physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Folic Acid completed at 12 weeks (unless history of neural tube defect, diabetes, epilepsy or if the woman has BMI>30)
- Vitamin D supplement (10 micrograms daily)

- Maternal vaccination programme including, pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccination services provided by GP's and Trusts
- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (Baby Friendly Initiative - BFI) [88]
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites*, local public health initiatives
- Safer Sleep [89]
- NSPCC "Handle with Care" [91]
- Contraception post birth

****Assess information technology (IT) literate before recommending websites***

(IV) Week 18 – 20+6: Ultrasonic fetal anomaly scan (if chosen)

Action: Obstetric Ultra – Sonographer

Venue

Referral by Midwife

Hospital

Activity:

- Conduct a detailed structural anomaly scan
- Risk assessment - if outside normal parameters refer in writing to Consultant Obstetrician for reassessment (if this is an urgent referral communicate verbally by phone directly with the consultant)
- Document discussions and findings in Encompass

(V) Week 25: Review for Primigravida mothers only

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her lead professional
- Full clinical examination, measure blood pressure and test urine for proteinuria as per NICE NG201 [71]
- Begin to explain measuring Symphysis-Fundal Height (SFH) (Plot when seen from 26 weeks onwards)
- Continue to reassess risk factors using regional risk assessment tool. If outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate verbally directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital, discuss birth plan and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Provide Mat B1 [92] form if required
- Prepare woman for next appointment and document discussions

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be vigilant of those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including, pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women how to access vaccination services provided by GP or Trusts
- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]

- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [89]
- NSPCC “Handle with Care” [91]
- Contraception post birth

(VI) Week 28: Review for all women

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

Continue to build relationships between the woman and her midwife

- Full clinical examination, measure blood pressure and test urine for proteinuria as per NICE NG201 [71], including customised growth chart by measuring SFH and plot findings on chart
- Reassess risk factors using regional risk assessment tool. If outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital, encourage completion of a birth plan and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Reserve 3rd trimester screening bloods (Hb and antibody checks) with consent
- Offer anti-D prophylaxis to rhesus-negative women as per NICE NG201 [71]
- Prepare woman for health visitor contact from 28 weeks. Midwife to communicate directly with health visitor any concerns so health visitor can plan an earlier antenatal contact
- Issue Mat B1 form [92] if required
- Prepare woman for next appointment and document discussions

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be vigilant of those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme, including pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccination services provided by GP or Trusts

- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]
- Discuss importance of skin-to-skin contact and rooming in
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [88]
- NSPCC “Handle with Care” [91]
- Contraception post birth

****Further risk assessment takes place after 28 weeks - if having homebirth there is a home assessment carried out for suitability****

(VII) Between weeks 30/31: Review for Primigravida mothers only

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her midwife
- Full clinical examination measure blood pressure and test urine for proteinuria as per NICE NG201 [71], including customised growth chart by measuring SFH and plot findings on chart
- Continue to assess risk factors using regional risk assessment tool and if outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate verbally directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital, encourage completion of a birth plan and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Arranging parenting education if not already arranged
- Issue Mat B1 form [92] if required
- Prepare woman for next appointment and document discussions

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be vigilant of those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring – if available
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including, pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccination services provided by GP or Trusts
- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]

- Discuss importance of skin-to-skin contact and rooming in
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [89]
- NSPCC “Handle with Care” [91]
- Contraception post birth

(VIII) Week 34: Review visit for all women

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her lead professional
- Full clinical examination measure blood pressure and test urine for proteinuria as per NICE NG201 [71], including customised growth chart by measuring SFH and plot findings on chart
- Continue to assess risk factors using regional risk assessment tool and if outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate verbally directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital, encourage completion of a birth plan and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Review of blood results
- Arrange parenting education if not already arranged
- Issue Mat B1 form [92] if required
- Prepare woman for next appointment and document discussions and findings

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be alert to those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including, pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccinations provided by GP or Trust
- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]

- Discuss importance of skin-to-skin contact and rooming in
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [89]
- NSPCC “Handle with Care” [91]
- Contraception post birth

(IX) Week 36: Review visit for all women

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her lead professional
- Full clinical examination blood pressure and test urine for proteinuria as per NICE NG201 [71], including customised growth chart by measuring SFH and plot findings on chart
- Continue to assess risk factors using regional risk assessment tool and if outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate verbally directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital, encourage completion of a birth plan and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Refer to information on labour and recognition of labour
- Refer to information on care of newborn vitamin K and newborn screening
- Prepare woman for next appointment and document discussions and findings
- Risk assessment to assess suitable place to birth

- Women having home birth receive equipment to the house at 37 weeks and discussion is held with midwife and woman around storage and management of equipment and medications. Homebirths are visited weekly from 37 weeks by midwife to check equipment

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be alert to those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)

- Maternal vaccination programme including, pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccinations provided by GP and Trusts
- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]
- Discuss importance of skin-to-skin contact and rooming in
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [89]
- NSPCC “Handle with Care” [91]
- Contraception post birth

(X) Week 38: Review visit for all women

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her midwife
- Full clinical examination blood pressure and test urine for proteinuria as per NICE NG201 [71], including customised growth chart by measuring SFH and plot findings on chart
- Continue to assess risk factors using regional risk assessment tool if outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate verbally directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital, encourage completion of a birth plan and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Begin discussions regarding preparation for labour and coping with contractions in labour
- Encourage completion of birth plan
- Issue Mat B1 form [92] if required
- Prepare woman for next appointment and discuss the option of being offered 'sweep of membranes' at 40 or 41 weeks if appropriate
- Document discussions and findings

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be alert to those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including, pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccinations provided by GP or Trusts

- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]
- Discuss importance of skin-to-skin contact and rooming in
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [89]
- NSPCC “Handle with Care” [91]
- Contraception post birth

(XI) Week 40: Review visit for all women

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her midwife
- Full clinical examination blood pressure and test urine for proteinuria as per NICE NG201 [71], including customised growth chart by measuring SFH and plot findings on chart
- Continue to assess risk factors using regional risk assessment tool and if outside normal parameters refer in writing to Consultant Obstetrician for assessment or if this is urgent communicate verbally, directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Discuss signs of labour
- Discuss preparation for labour and coping with contractions in labour
- Encourage completion of birth plan.
- Discuss and offer 'sweep of membranes' at 40 weeks, if appropriate
- Discuss induction of labour
- Document discussions and findings

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be alert to those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including, pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccination services provided by GP and Trusts

- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]
- Discuss importance of skin-to-skin contact and rooming in
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [89]
- NSPCC “Handle with Care” [91]
- Contraception post birth

(XII) Week 41: Review visit for all women

Action: Lead Professional

Midwife or Obstetrician

Venue:

Hospital/Clinic/Home

Activity:

- Continue to build relationships between the woman and her midwife
- Full clinical examination blood pressure and test urine for proteinuria as per NICE NG201 [71], including customised growth chart by measuring SFH and plot findings on chart
- Continue to assess risk factors using regional risk assessment tool and if outside normal parameters refer in writing to Consultant Obstetrician for assessment or if urgent communicate verbally directly to the consultant
- Follow-up on initial discussion about place of birth to include home, midwife-led unit or hospital and provide evidence-based information on care options in appropriate formats which is accessible and easy to understand for all users, to support women's informed decision making
- Discuss preparation for labour and coping with contractions in labour
- Encourage completion of birth plan
- Discuss and offer 'sweep of membranes' if woman decides to delay induction of labour and document discussions and findings
- Should it be required arrange date for induction of labour

Promotion of sensitive parenting

- Revisit information on building relationships with baby, early brain development, infant mental health and the significance of early relationships and development

Safeguarding

- Continue to be alert to those mothers and families who require further support, including families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns, domestic abuse. These families will require targeted support and often referral to other services
- Refer to AN and PN mental health NICE guideline CG192 [78] if necessary

Provide anticipatory guidance on:

- Smoking – including carbon monoxide monitoring
- Healthy eating, regular gentle physical activity
- Alcohol, drugs (prescribed and non-prescribed)
- Vitamin D supplement (10 micrograms daily)
- Maternal vaccination programme including pertussis, influenza and RSV vaccines, encourage uptake and address any vaccination concerns. Advise women on how to access vaccinations provided by GP and trusts

- Feeding your baby, have a meaningful conversation about infant feeding, help to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby. Share information on useful resources and advise how to access them (BFI) [88]
- Discuss importance of skin-to-skin contact and rooming in
- Advise on available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- Safer Sleep [89]
- NSPCC “Handle with Care” [91]
- Contraception post birth

3.2.3 Postnatal Programme

Postnatal care is based on **NICE Postnatal Care NG194** [72]. Postnatal care can begin in hospital or community, with discharge in the community to the care of the health visitor or family nurse. While it is acknowledged that some mothers and/or babies will require additional care the midwifery postnatal pathway indicates the universal plan of care any woman and her baby can expect, ensuring women and their babies receive the appropriate care based on their individual needs.

Midwives and other health professionals who identify risks postnatally must in partnership with the mother/family where possible share relevant information proportionate to the need to protect the baby and or mother, **SBNI Core Policies and Procedures** [51], **Co-operating to Safeguard Children and Young People in Northern Ireland** [37] and **DoH Guidance on Information sharing for Child Protection Purposes** [82].

Postnatal care for hospital births, should be provided within the home environment following discharge from hospital. This is of particular importance for those women with more complicated social factors. Midwives should ensure any significant relevant information is shared with the named health visitor or family nurse to facilitate an earlier visit if required.

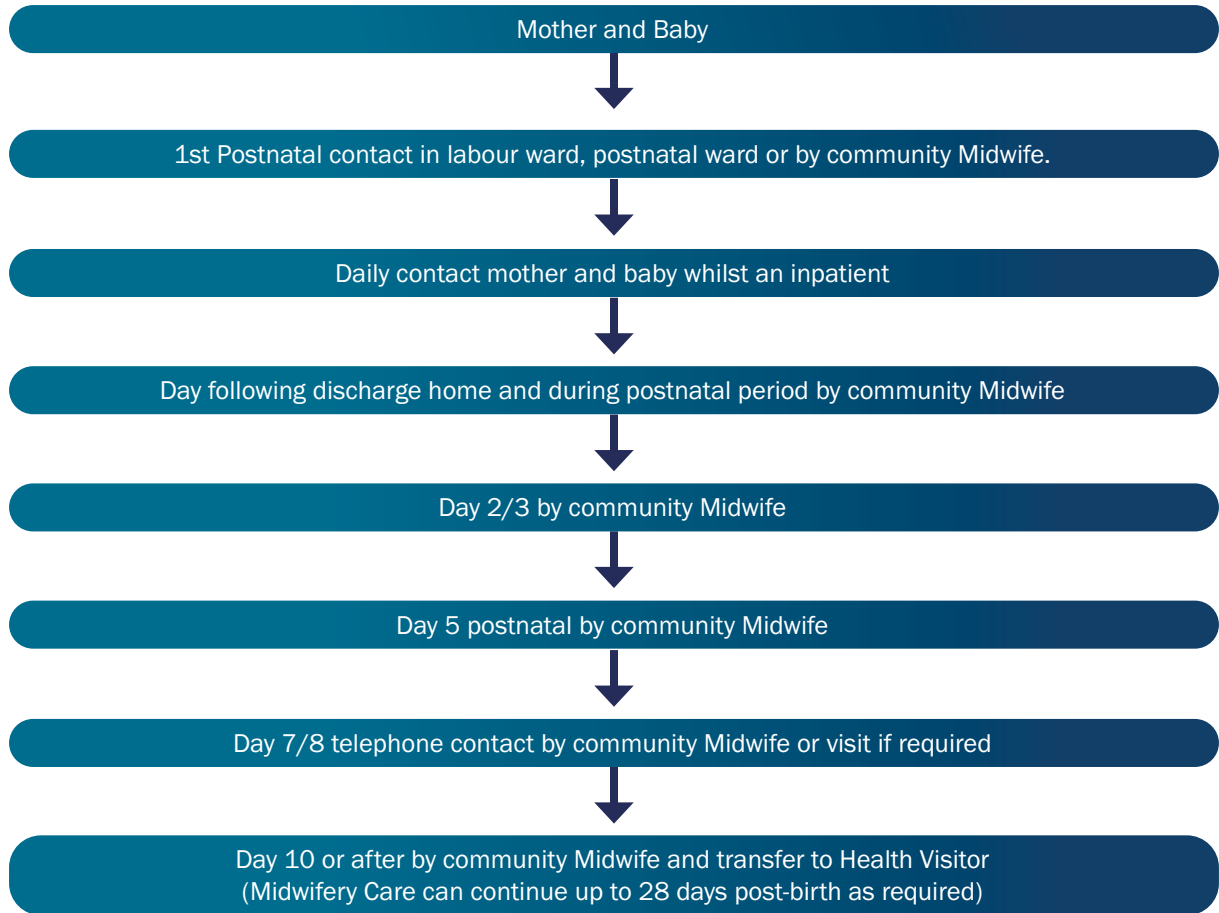
Continuity of care is important to ensure seamless transfer between professionals. This is of particular significance when there may be maternal, neonate or social concern.

Promotion of infant brain development should continue in the postnatal period through the provision of information on the significance of early relationships and experience. Professionals should utilise resources such as the **Solihull Approach** [39] to support the concepts of containment, and reciprocity and provide additional support to those parents when there are barriers to being a sensitive, responsive parent e.g. those experiencing perinatal mental health issues.

Health literacy is an essential consideration in any educative and preventative work to ensure mothers and partners fully understand information provided, with a particular focus on parents whose first language is not English or who have literacy or learning difficulties.



3.2.4 Postnatal Flowchart



(I) First Postnatal Contact

Action: Lead Professional

Midwife/Obstetrician

Venue:

Hospital/Community setting

All postnatal checks support the assessment of maternal wellbeing, early detection of complications, monitoring of infant development, and the provision of feeding support and general early postnatal advice

Activity:

Mother:

- Record vital signs
- Assess involution
- Inspect abdominal wound if required
- Assessment of lochia
- Perineal inspection
- Assess symptoms and signs of infection, anaemia and pre-eclampsia
- Assess bowel function
- Assess nipple and breast discomfort and symptoms of inflammation
- Nutrition and hydration
- Bladder/catheter care according to local guidelines
- Leg assessment and VTE risk assessment
- Skin assessment post epidural/surgery
- Cannula care as required.
- Assess requirement for analgesia and administer as required, evaluating effectiveness.
- Check requirement for anti-D
- Identify additional support needs (e.g. social work, interpreter)
- Complete Encompass records
- Caring for baby educational advice to be given

Baby:

- Initial neonatal examination
- Promote a neutral thermal environment (skin to skin contact and a woolly hat)
- Record weight, length, and head circumference
- Administer vitamin K with consent
- Complete body map
- Complete neonatal observations according to local guidelines
- Assess colour including jaundice and perfusion
- Assess risk and signs of infection in line with NICE guidance NG194 [72] and NG195 [93]
- Complete risk assessments in PCHR
- Complete neonate records on Encompass

Infant Feeding and Nutrition:

- Facilitate skin to skin for at least an hour or until the first feed
- Offer a first breastfeed to all mothers
- Facilitate an effective first feed in skin-to-skin contacts for both breast and formula feeding mothers
- Ongoing feeding assessment. Ensure assistance is offered to establish breastfeeding
- Review within 6 hours of initial breastfeed, and offering a further feed at this stage

Promotion of sensitive parenting:

- Promotion of skin-to-skin contact
- Encourage parents to interact with and respond to their baby through smiling, talking and touch

Safeguarding:

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance on:

- A meaningful conversation about infant feeding (BFI) [88]
- Discuss contraception needs, provide information on options and how to access services [94]

(II) Daily Contact Whilst an Inpatient/Home (if home birth)

Action: Lead Professional

Midwife, Obstetrician

Venue:

Hospital/Home

Action:

Mother:

- Assess requirement for analgesia and administer as required, evaluating effectiveness
- Bladder/catheter care according to local guidelines
- Leg assessment and VTE risk assessment
- Skin assessment post epidural/surgery
- Record vital signs as required
- Cannula care as required
- Assess involution
- Assessment of lochia
- Assess symptoms and signs of infection, anaemia and pre-eclampsia
- Assess bowel function
- Perineum/wound inspection and discussion of same
- Introduce pelvic floor exercises
- Inspection of legs & review VTE risk assessment, check for oedema
- Encourage bladder and bowel care
- Check requirement for anti-D
- Identify additional support needs (e.g. social work, interpreter)
- Breast inspection; check for damaged nipples, discomfort or symptoms of inflammation
- Medication review
- Encourage adequate hydration and nutrition
- General wellbeing
 - Assess sleep/levels of tiredness and fatigue

- Assess mood and discussion about mental wellbeing as per NICE CG192 [78]
- Assess interaction with baby
- Discuss the importance of closeness and responsiveness for mother/baby wellbeing
- Record care in Encompass records

Prior to Discharge Home/at Home for home birth

- Carry out and record routine enquiry
- Offer discussion of birth experience
- Review case notes– check address and phone number for community midwife
- Identify any additional support needs (e.g. social work, interpreter, Sure Start and Home Start in available areas)
- Review medication required for discharge, check dosage of same e.g. Enoxaparin
- If self-administering Enoxaparin, ensure that the mother is confident
- Ensure an adequate supply of analgesia is provided to cover the postnatal period until the woman can access a supply through primary care. Advise woman how to access a further supply, if required
- Ensure contact numbers for community midwives are given including emergency numbers
- Check whether anti-D is required and ensure it is administered
- Check rubella status and administer MMR if required

- Discuss contraception needs, provide information on options and how to access services [94]

Baby:

- Daily examination of the newborn
- Full head-to-toe check, update body map if required
- Assessment of colour including jaundice and perfusion
- Assess risk and signs of infection in line with NICE guidance NG194 [72] and NG195 [93]
- Assess stools and if passing urine
- Document in appropriate area of Encompass, complete PCHR
- Selective BCG if indicated

Prior to Discharge Home

- Ensure hearing testing is completed or an outpatient appointment arranged
- Complete Examination of Newborn (within 72 hours of birth as per NICE NG194) [72]
- Other appointments are arranged as required

Infant Feeding and Nutrition

- Assess frequency and effectiveness of feeding
- Provide support with establishing feeding to include the following Key issues:
 - Effective positioning and attachment
 - How to hand express
 - Explanation of responsive feeding
 - Normal feeding patterns
 - How to know baby is getting enough
 - Caring for baby at night
 - Support contacts when home

- Provide breastfeeding mothers with their copy of 'Off to a Good Start' [95] and show appropriate pages
- Document a breastfeeding assessment and explain the key issues:
 - Effective positioning and attachment
 - Obtain consent for peer support
- Provide bottle-feeding mothers with PHA 'Bottle-feeding' [96] leaflet and provide support in relation to:
 - Sterilisation of equipment
 - Preparation of a formula feed
 - Responsive feeding
 - The importance of first milks for the first year

Promotion of sensitive parenting:

- Promotion of skin-to-skin contact
- Encourage parents to interact with and respond to their baby through smiling, talking and touch
- Revisit information on early brain development and the significance of early relationships and experiences
- Observe parent child interactions for sensitive care giving and reciprocity
- Provide the opportunity to discuss parental birthing experience and postnatal recovery

Safeguarding:

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance on:

- Caring for baby

- 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleep environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- Bath safety and use of bath seats
- NSPCC "Handle with Care" [91]
- Encourage the parents to avoid the use of products that cause restriction of movement or are contrary to SUDI/NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss car safety
- How to seek help for mother or baby in an emergency

(III) Day Following Discharge Home and During Postnatal Period

Action: Lead Professional

Midwife

Venue:

Home

Action:

Mother:

- Record observations –temperature, pulse, respirations, and blood pressure
- Breast inspection; discuss breast & nipple care and symptoms of infection
- Assessment of involution
- Assessment of lochia
- Inspect the perineum or abdominal wound and discuss same
- Inspection of legs & review VTE risk assessment
- Assess symptoms and signs of infection, anaemia and pre-eclampsia
- Enquire about passing urine & bowel motions
- Assess requirements for analgesia and discuss safe self-administration of analgesia
- Discuss general wellbeing
- Discuss rest, pelvic floor exercises, oral health, and contraception
- Discuss potential complications after giving birth, common health concerns & seeking medical help
- Assess mood/discussion about mental wellbeing as per NICE CG192 [78]
- Highlight the importance of rest and enquire about appetite and sleeping
- Discuss haemoglobin result
- Review medication required and check dosage of same e.g. Enoxaparin. If self-administering Enoxaparin, ensure that the mother is confident
- Discuss & plan postnatal review with mother

- Ensure mother has contact numbers for community midwives including emergency numbers
- Document of all the above in Encompass records and complete PCHR

Baby:

- Review case notes
- Daily examination of the newborn
- Full head-to-toe check, update body map if required
- Assessment of colour including jaundice and perfusion. Jaundice should be managed in line with NICE guidance CG98 [97]
- Assess risk and signs of infection in line with NICE guidance NG194 [72] and NG195 [93]
- Assess stools and if passing urine
- Complete body mapping
- Encourage registration with GP
- Reminder to register birth
- Discussion regarding newborn blood spot screening and provide leaflet [98] if not already seen
- Document in Encompass records and complete PCHR

Infant Feeding and Nutrition

- Assessment of feeding pattern breast or bottle
- If breastfeeding, explain the key issues:
 - Effective positioning and attachment
 - How to hand express
 - Explanation of responsive feeding
 - Normal feeding patterns
 - How to know baby is getting enough

- Caring for baby at night
- Support contacts
- Obtain consent for peer support if not previously consented
- Ensure bottle-feeding mothers have a copy of the PHA 'Bottle-feeding' [96] leaflet and provide support in relation to:
 - The sterilisation of equipment
 - Preparation of a formula feed
 - Responsive feeding
 - The importance of first milks for the first year

Promotion of sensitive parenting

- Promotion of skin-to-skin contact
- Encourage parents to interact with and respond to their baby through smiling, talking and touch
- Revisit information on early brain development and the significance of early relationships and experiences
- Observe parent child interactions for sensitive care giving and reciprocity
- Provide the opportunity to discuss parental birthing experience and postnatal recovery

Home Safety/Injury Prevention

- 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death . Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]
- Bath safety and use of bath seats
- Provide home safety advice

- Encourage the parents to avoid the use of products that cause restriction of movement or are contrary to SUDI/ NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss the importance of keeping their baby safe from falls
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss car safety

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance on:

- Colic
- Sleep
- Crying
- Establishing a routine
- Developmental expectations
- Recognising signs of illness (Lullaby Trust baby check app) [99]
- Immunisation programme
- Importance of postnatal check at 8 weeks
- Any concerns parents may have about their infant
- Provide parents with information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department

- Provide parents with information on local resources and sources of support including Sure Start and Home Start (in available areas), parenting programmes and other local community supports. Include information on sources of support available online
- Share with parents' other resources such as Birth to five book [90], BBC Tiny Happy People App etc. [100]
- Use text message, email etc. as per Trust policy to share electronic links with parents to signpost them to available resources and up to date information
- Promote parental physical activity [110]
- Discuss contraception needs, provide information on options and how to access services [94]

(IV) Day 2-3 After Birth

Action: Lead Professional

Midwife

Venue:

Hospital/Home

Action:

Mother:

- Review Case notes
- Clinical examination
- Record observations –temperature, pulse, respirations, and blood pressure
- Breast inspection; discuss breast and nipple care and any symptoms of inflammation
- Inspect the perineum or abdominal wound and discuss same. Reinforce information on pelvic floor exercises
- Inspection of legs and review VTE risk assessment
- Assess symptoms and signs of infection, anaemia and pre-eclampsia
- Assess vaginal discharge and bleeding
- Enquire about passing urine and bowel motions
- Assess requirements for analgesia and discuss safe self-administration of analgesia
- Assess mood/general wellbeing as per NICE CG192 [78]
- Discuss appetite/sleeping pattern
- Plan postnatal review
- Document in Encompass records

Baby:

- Daily examination of the newborn
- Full head-to-toe check, update body map if required
- Assessment of colour including jaundice and perfusion. Jaundice should be managed in line with NICE guidance CG98 [97]

- Assess risk and signs of infection in line with NICE guidance NG194 [72] and NG195 [93]
- Assess stools and if passing urine
- Document in Encompass records, complete PCHR

Growth Monitoring

- Weigh baby
- Calculate % weight loss if > 8% – check baby is well, observe a feed, record a full feeding assessment in PCHR
- Follow local weight loss guideline/policy pathways
- Plan to reweigh Day 5

Infant Feeding and Nutrition

- Assessment of feeding pattern breast or bottle
- If breastfeeding, explain the key issues:
 - Effective positioning and attachment
 - How to hand express
 - Explanation of responsive feeding
 - Normal feeding patterns
 - How to know baby is getting enough
 - Caring for baby at night
 - Support contacts
 - Obtain consent for peer support if not previously consented
- Ensure bottle-feeding mothers have a copy of the PHA 'Bottle-feeding' [96] leaflet and provide support in relation to:
 - The sterilisation of equipment
 - Preparation of a formula feed
 - Responsive feeding
 - The importance of first milks for the first year

Promotion of sensitive parenting

- Promotion of skin-to-skin contact
- Encourage parents to interact with and respond to their baby through smiling, talking and touch
- Revisit information on early brain development and the significance of early relationships and experiences
- Observe parent child interactions for sensitive care giving and reciprocity
- Provide the opportunity to discuss parental birthing experience and postnatal recovery

Home Safety/Injury Prevention

- ‘Safer Sleeping for Babies,’ [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby’s sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC “Handle with Care” [91]
- Bath safety and use of bath seats
- Provide home safety advice
- Encourage the parents to avoid the use of products that cause restriction of movement or are contrary to SUDI/NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss the importance of keeping their baby safe from falls
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss car safety

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance on:

- Colic
- Sleep
- Crying
- Establishing a routine
- Developmental expectations
- Recognising signs of illness (Lullaby Trust baby check) [99]
- Immunisation programme
- Importance of postnatal check at 8 weeks
- Any concerns parents may have about their infant
- Provide parents with information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Provide parents with information on local resources and sources of support including Sure Start and Home Start (in available areas), parenting programmes and other local community supports. Include information on sources of support available online
- Share with parents’ other resources such as Birth to five book [90], BBC Tiny Happy People App etc. [100]
- Use text message, email etc. as per Trust policy to share electronic links with parents to signpost them to available resources and up to date information
- Promote parental physical activity [110]
- Discuss contraception needs, provide information on options and how to access services [94]

(V) Day 5 After Birth

Action: Lead Professional

Midwife/Obstetrician

Venue:

Hospital/Home/Clinic

Action:

Mother:

- Review case notes
- Clinical examination
- Record observations –temperature, pulse, respirations, and blood pressure
- Breast inspection; discuss breast and nipple care and symptoms of inflammation
- Inspect the perineum or abdominal wound and discuss same. Reinforce information on pelvic floor exercises
- Inspection of legs and review VTE risk assessment
- Assess symptoms and signs of infection, anaemia and pre-eclampsia
- Assess vaginal discharge and bleeding
- Enquire about passing urine and bowel motions
- Assess requirements for analgesia and discuss safe self-administration of analgesia
- Assess mood/general wellbeing as per NICE CG192 [78]
- Discuss appetite/sleeping pattern
- Discuss benefits of physical activity
- Plan postnatal review
- Document in Encompass records

Baby:

- Review case notes
- Daily examination of the newborn
- Full head-to-toe check, update body map if required

- Assessment of colour including jaundice and perfusion. Jaundice should be managed in line with NICE guidance CG98 [97]
- Assess risk and signs of infection in line with NICE guidance NG194 [72] and NG195 [93]
- Assess stools and if passing urine
- Document in Encompass records, complete PCHR

Newborn Blood Spot Screening

- Informed parental consent to undertake Newborn Bloodspot screen

Growth Monitoring

- Recheck weight and follow weight loss guidelines/policy pathways if indicated

Infant Feeding and Nutrition

- Assessment of feeding pattern breast or bottle
- If breastfeeding, explain the key issues:
 - Effective positioning and attachment
 - How to hand express
 - Explanation of responsive feeding
 - Normal feeding patterns
 - How to know baby is getting enough
 - Caring for baby at night
 - Support contacts
 - Obtain consent for peer support if not previously consented
- Ensure bottle-feeding mothers have a copy of the PHA 'Bottle-feeding' [96] leaflet and provide support in relation to:
 - The sterilisation of equipment
 - Preparation of a formula feed

- Responsive feeding
- The importance of first milks for the first year

Promotion of sensitive parenting

- Promotion of skin-to-skin contact
- Encourage parents to interact with and respond to their baby through smiling, talking and touch
- Revisit information on early brain development and the significance of early relationships and experiences
- Observe parent child interactions for sensitive care giving and reciprocity
- Provide the opportunity to discuss parental birthing experience and postnatal recovery

Home Safety/Injury Prevention

- ‘Safer Sleeping for Babies,’ [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby’s sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC “Handle with Care” [91]
- Bath safety and use of bath seats
- Provide home safety advice
- Encourage the parents to avoid the use of products that cause restriction of movement or are contrary to SUDI/ NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss the importance of keeping their baby safe from falls

- Discuss baby safety with regards to dogs and other pets in the home [103]
- Discuss car safety

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance on:

- Colic
- Sleep
- Crying
- Establishing a routine
- Developmental expectations
- Recognising signs of illness (Lullaby Trust baby check) [99]
- Immunisation programme
- Importance of postnatal check at 8 weeks
- Any concerns parents may have about their infant
- Provide parents with information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Provide parents with information on local resources and sources of support including Sure Start and Home Start (in available areas), parenting programmes and other local community supports. Include information on sources of support available online
- Share with parents’ other resources such as Birth to five book [90], BBC Tiny Happy People App etc. [100]

- Use text message, email etc. as per Trust policy to share electronic links with parents to signpost them to available resources and up to date information
- Promote parental physical activity [110]
- Discuss contraception needs, provide information on options and how and when to access services [94]'

(VI) Day 7/8 After Birth

Action: Lead Professional

Midwife

Venue:

Hospital/Home/Clinic/Telephone

Action:

- Telephone contact or visit if required
- Observation of caesarean section dressing if required

Growth Monitoring

- If weight issue identified on Day 3 or day 5 then recheck weight and undertake further feeding assessment. (follow weight loss guidelines/policy pathways if indicated)

Provide anticipatory guidance on e.g.

- Infant feeding issues
- Parental concern re baby
- Colic
- Sleep
- Crying
- Maternal physical or mental health issues

(VII) Day 10 After Birth

Action: Lead Professional

Midwife

Venue:

Hospital/Clinic/Home

Action:

Mother:

- Review case notes
- Clinical examination
- Record observations –temperature, pulse, respirations, and blood pressure
- Breast inspection; discuss breast and nipple care and symptoms of inflammation
- Inspect the perineum or abdominal wound and discuss same. Reinforce information on pelvic floor exercises
- Inspection of legs and review VTE risk assessment
- Assess symptoms and signs of infection, anaemia and pre-eclampsia
- Assess vaginal discharge and bleeding
- Enquire about passing urine and bowel motions
- Assess requirements for analgesia and discuss safe self-administration of analgesia
- Assess mood/general wellbeing as per NICE CG192 [78]
- Discuss appetite/sleeping pattern
- Discuss benefits of physical activity
- Plan postnatal review
- Complete Encompass records and PCHR/CHS4
- Complete PCHR ‘Discharge Summary’ form for health visitor
- Transfer care to health visitor by providing a written or verbal report if appropriate

Baby:

- Review case notes
- Daily examination of the newborn
- Full head-to-toe check, update body map if required
- Assessment of colour including jaundice and perfusion. Jaundice should be managed in line with NICE guidance CG98 [97]
- Assess risk and signs of infection in line with NICE guidance NG194 [72] and NG195 [93]
- Assess stools and if passing urine

Growth Monitoring

- Recheck weight and follow weight loss guidelines/policy pathways if indicated

Infant Feeding and Nutrition

- Assessment of feeding pattern breast or bottle
- If breastfeeding, explain the key issues:
 - Effective positioning and attachment
 - How to hand express
 - Explanation of responsive feeding
 - Normal feeding patterns
 - How to know baby is getting enough
 - Caring for baby at night
 - Support contacts
 - Obtain consent for peer support if not previously consented
- Ensure bottle-feeding mothers have a copy of the PHA ‘Bottle-feeding’ [96] leaflet and provide support in relation to:
 - The sterilisation of equipment
 - Preparation of a formula feed
 - Responsive feeding

- The importance of first milks for the first year

Promotion of sensitive parenting

- Promotion of skin-to-skin contact
- Encourage parents to interact with and respond to their baby through smiling, talking and touch
- Revisit information on early brain development and the significance of early relationships and experiences
- Observe parent child interactions for sensitive care giving and reciprocity
- Provide the opportunity to discuss parental birthing experience and postnatal recovery

Home Safety/Injury Prevention

- Provide information on ‘Safer Sleeping for Babies’ [89] and reducing the risk of sudden infant death. Practitioners should request to observe the baby’s sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC “Handle with Care” [91]
- Bath safety and use of bath seats
- Provide home safety advice
- Encourage the parents to avoid the use of products that cause restriction of movement or are contrary to SUDI/ NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss the importance of keeping their baby safe from falls
- Discuss baby safety with dogs and other pets in the home [103]
- Discuss car safety

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance on:

- Colic
- Sleep
- Crying
- Review investigations and clinic review appointments and referrals
- Establishing a routine
- Developmental expectations
- Recognising signs of illness (Lullaby Trust baby check) [99]
- Discuss immunisation and promote childhood immunisation
- Importance of postnatal check at 8 weeks
- Any concerns parents may have about their infant
- Provide parents with information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Provide parents with information on local resources and sources of support including Sure Start and Home Start (in available areas), parenting programmes and other local community supports. Include information on sources of support available online
- Share with parents’ other resources such as Birth to five book [90]. BBC Tiny Happy People App etc. [100]

- Use text message, email etc. as per Trust policy to share electronic links with parents to signpost them to available resources and up to date information
- Promote parental physical activity [110]
- Discuss ongoing care by health visitor and GP and their roles
- Discuss contraception needs, provide information on options and how and when to access services [94]

3.3 Universal Health Visiting Preschool Programme

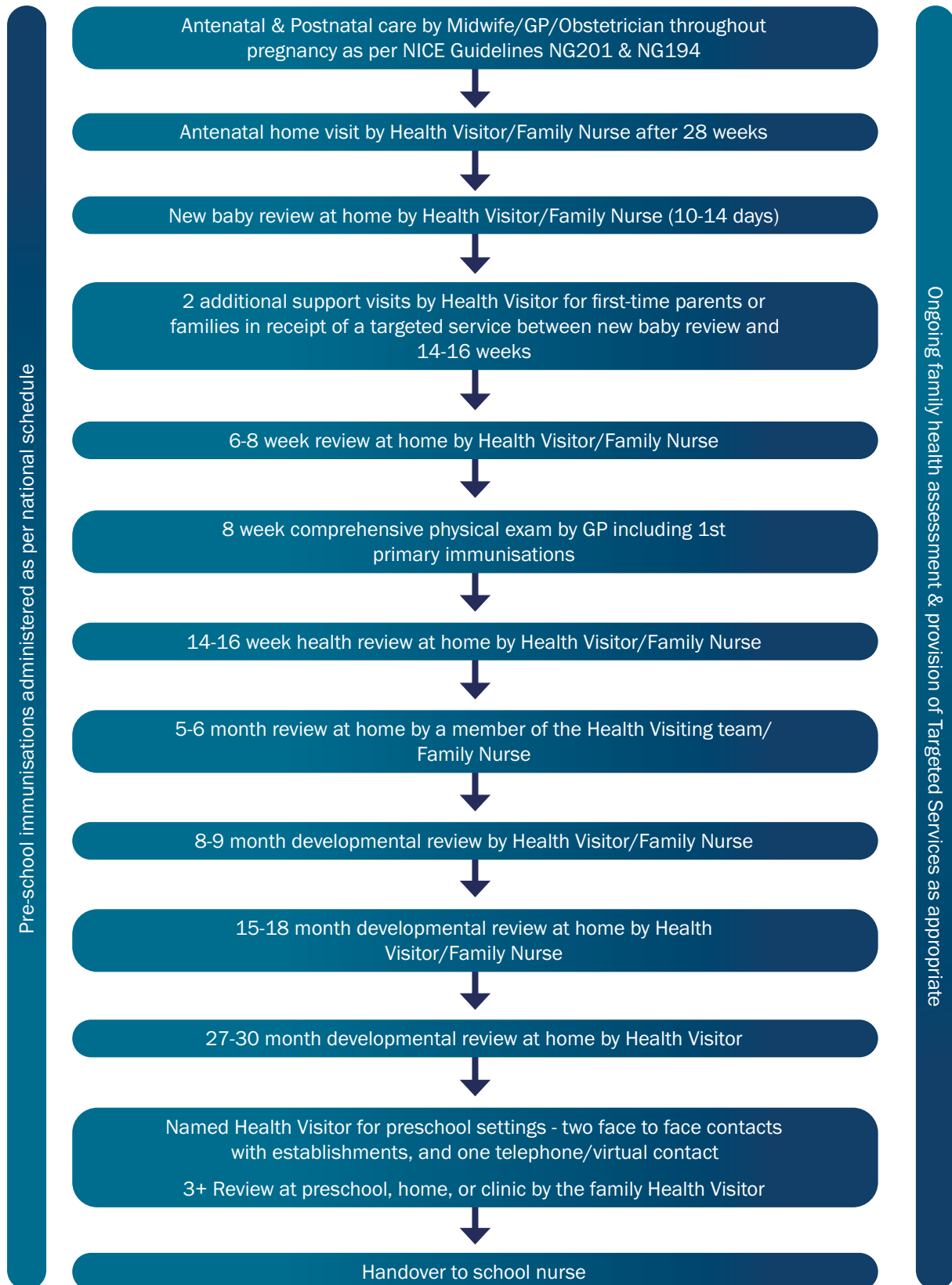
Every GP practice in Northern Ireland has now a named health visitor as set out in **Health and Wellbeing 2026: Delivering Together**, [1]. This model represents a much more integrated approach to improving collaborative working, and keeping babies, children and families well.

The universal health visiting programme is based on the concept of proportionate universalism and **DoH Threshold of Need Model** [19], levels 1-4. The evidence base to support a greater focus on the first 1000 days of a child's life from conception to age two is growing and is fundamental to the refreshed HCHF framework. Providing families with increased support during this critical period of brain development will aim to improve long-term outcomes for children and families and aid to address inequalities by:

- Building trusting relationships with parents and families based on the principles of respect, genuineness, empathy, and humility
- Recognising the importance of the antenatal visit
- Providing continuity of care and sharing of information at key transfer points between professionals
- Emphasis on home visiting
- Focus on early identification, support, and or referral as necessary
- Use of appropriate tools to aid parental enquiry and improve early identification of social, emotional, and developmental disorders
- Embracing new technologies and scientific developments
- Ensuring every child is early-learning confident, prepared for their transition to formal learning in school
- Increased awareness of health literacy, with a particular focus on those whose first language is not English or who have literacy or learning difficulties



3.3.1 Universal Health Visiting Preschool Programme



(I) Antenatal Visit after 28 weeks of Pregnancy

Action: Lead Professional

Health Visitor*

Venue:

Home

Health visitors will offer an antenatal review at home to all prospective parents after 28 weeks pregnancy (or earlier if indicated)

Activity:

- Discuss the role of the health visitor
- Commence or review the FHA including assessing, identifying, and interpreting the child and family health needs. Assessing the supports available to the family, potential risks, and resilience factors
- A focus on emotional preparation for birth, promoting sensitive parenting, discussing babies' development in the womb – particularly how babies can hear and sense their mother moods. Promoting bonding activities – it is never too early to talk to your baby, e.g. 'I Wonder-Baby Bump's First Book' [104]
- Offer to the father/partner to be a part of this review
- Identify those in need of further support, identifying families coping with stresses of poverty, depression, substance use, food insecurity, housing concerns. These families will require targeted support and often referral to other services
- Advise about available resources for parents and sources of support in the community and online: Parenting NI, Sure Start and Home Start (in available areas), Solihull programmes [39], antenatal classes, available parenting/preparation for parenting programmes and how to access them, Trust midwifery and health visiting websites, local public health initiatives
- 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]

- A meaningful conversation about infant feeding, help them to recognise the importance of breast feeding and early relationships for the health and wellbeing of their baby, as per *UNICEF Baby Friendly Standards* [105] Discuss responsive feeding, explain paced feeding and responding to baby's cues when feeding. For mothers who are planning to breast feed share information on useful resources and how to access them. For those mothers who plan to bottle feed discuss how to safely prepare formula. Check that mother has received 'Off to a Good Start Booklet' [95]
- Discussion on the woman's general health and wellbeing as per NICE CG192 [78], including asking the Whooley Questions [106] and using the GAD-2. Discussing importance of continuing medication for long term conditions
- Direct enquiry on domestic abuse (this needs to be completed when the woman is on her own)
- Promote supplementation of Vitamin D (10 micrograms daily) for mother encourage and explore the uptake of free Healthy Start [102] vitamins. Planning and preparing for postnatal parental nutrition
- Promote physical activity and healthy weight and nutrition during pregnancy
- Discuss entitlement to benefits including Sure Start maternity grant
- Introduce the concept and explain the use of PCHR
- Explain the process for registration of baby with GP
- Ensure appropriate communication with midwife/GP and other services involved with the family
- Discussion about antenatal immunisation programme. encourage uptake and address any vaccination concerns. Advise women on how to access vaccination services provided by GP or Trusts
- Provide parents with the opportunity to raise any concerns
- Discuss contraception needs, provide information on options and how and when to access services [94]

*** A joint antenatal home visit with the midwife when this is indicated**

(II) New Birth Review Day 10 – 14

Action: Lead Professional

Health Visitor, Family Nurse

Venue:

Home

New baby review between day 10 and day 14 face-to-face with parents/carers at home by the health visitor, or family nurse.

Activity:

- Review handover from community midwife
- Review and update the FHA including assessing, identifying, and interpreting the child and family health needs. Assessing the supports available to the family, potential risks, and resilience factors. Review and update risk factors
- Offer to the father/partner or other family members to be part of all HCHF reviews
- Assess physical and maternal mental health as per NICE CG192 [78], and refer to GP services as required
- Direct enquiry on domestic abuse if appropriate and safe to do so
- Assess the resident status of infants and if they are not eligible to register with a GP plan for alternate arrangements for primary vaccinations
- Review newborn hearing screening results
- Report results from newborn bloodspot screen if available
- Promote childhood immunisations
- Promotion of health literacy and how to access appropriate health services

Newborn baseline clinical assessment and observation of:

- Skin
- Examination of the new-born palate during the routine examination to ensure early detection of a cleft palate [107]
- Colour (including jaundice and perfusion, stool, and urine colour). The identification of Jaundice should be managed in line with NICE guidance CG98 [97], and prolonged jaundice should be referred as per local protocol
- Assess risk and signs of infection in line with NICE guidance NG194 [72] and NG195 [93]
- Muscle tone
- Fontanelle
- Umbilicus
- Hips
- Bruises or other unexplained marks not previously identified at birth, should be referred for medical assessment as per SBNI Pre-mobile Bruising protocol [52]. Not all marks are as a result of birth injury and are not present at birth e.g. slate grey nevus/congenital dermal melanocytosis (Mongolian blue spot)

Growth monitoring:

- An assessment of the infant's growth will be carried out which will involve accurate measurement, recording and interpretation of weight (baby should be weighed naked), length and head circumference. Follow weight loss guidelines/policy pathways if indicated

Vitamin K

- The health visitor should take the opportunity to check that the child has received the appropriate dose of vitamin K and record in the PCHR accordingly

Selective BCG

- Review risk assessment for selective BCG and follow up as required

Infant feeding/Nutrition:

- Record feeding method in PCHR
- A meaningful conversation about infant feeding (BFI) [88]
- Help mothers to continue breastfeeding for as long as they wish by:
 - Carrying out a formal breastfeeding assessment
 - Discussing continued breastfeeding, including responsive feeding, expression of breastmilk, feeding out and about, going back to work, feeding at night according to individual need
 - Supporting mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk
 - Encouraged mothers to feed their baby in response to their baby's hunger cues or when her breasts are full

- Providing information on local services to support continued breastfeeding, for example peer support groups and peer support service
- Signpost to written and electronic resources such as Birth to five book [90], Off to a Good Start [95]
- Discuss maternal nutrition and promoting Vitamin D (10 micrograms daily) for mother
- Signpost parents to First Steps Nutrition [108] for infant feeding information
- Provide information and advice to fathers/partners to encourage their support for breastfeeding
- For those parents who formula feed their baby, ensure that they have the information required to enable them to feed their babies as safely as possible including sterilisation of equipment, the making of feeds, appropriate temperature etc. the use of automatic formula makers is not recommended by the Food Standards Agency [109]
- Discuss responsive feeding, explain paced feeding and responding to baby's cues when feeding
- Provide information and most up to date evidence on introducing solid foods from 6 months
- Provide information on Healthy Start [102] and vitamin supplements

Promoting sensitive parenting:

- Using the Solihull Approach [39] provide information on early brain development and the significance of early relationships and experience

- Observe parent child interactions for sensitive care giving and reciprocity. Use the Solihull Approach [39] to promote the concepts of containment, and reciprocity
- Discussion on the woman's general health and wellbeing including asking the Whooley Questions [106] and using the GAD-2. Discussing importance of continuing medication for long term conditions
- Support parents when there are barriers to being a sensitive, responsive parent e.g. perinatal mental health difficulty. Work with the parent to increase their understanding and if required refer for specialist services, to support the development of healthy emotional regulation
- Encourage parents to interact with baby using songs, music, and books
- Invite parents to discuss the impact of the new baby on partner and family relationships
- Help parents to develop strategies/ techniques to meet their own needs to support them with adapting to a new infant
- Provide the opportunity to discuss parental birthing experience and postnatal recovery

Home Safety/Injury Prevention

- Provide information on 'Safer Sleeping for Babies' [89] and reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]

- Bath safety and use of bath seats
- Provide home safety advice
- Encourage the parents to avoid the use of products that cause restriction of movement or are contrary to SUDI/ NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss the importance of keeping their baby safe from falls
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss car safety

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance on (this list is not exhaustive):

- Colic
- Sleep
- Crying
- Establishing a routine
- Developmental expectations
- Tummy time [114]
- Play and developmental stimulation
- Recognising signs of illness (Lullaby Trust baby check) [99]
- Immunisation programme
- Maternal health and wellbeing, diet, rest, pelvic floor, oral health, contraception. Importance of postnatal check at 8 weeks
- Provide parents with the opportunity to discuss their child's development, and express any concerns about their infant's progress

- Provide parents with information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Provide parents with information on local resources and sources of support including Sure Start and Home Start (in available areas), parenting programmes and other local community supports. Include information on sources of support available online
- Share with parents' other resources such as Birth to five book [90], BBC Tiny Happy People etc. [100]
- Use text message, email etc. as per Trust policy to share electronic links with parents to signpost them to available resources and up to date information
- Promote parental physical activity [110]

(III) 6 – 8 Week Review

Action: Lead Professional

Health Visitor, Family Nurse

Venue:

Home

Developmental review and review of family health needs by health visitor/family nurse between 6-8 weeks of age, preferably prior to the first immunisation and comprehensive physical examination by the general practitioner at 8 weeks.

Activity:

- Review and update the FHA including assessing, identifying, and interpreting the child and family health needs. Assessing the supports available to the family, potential risks, and resilience factors. Review and update risk factors
- Assess maternal mental health as per NICE CG192 [78]
- Direct enquiry on domestic abuse if appropriate and safe to do so
- Review and update risk factors
- Make local arrangements for infants who are unable to be registered with GP to have Red Eye Reflex and DDH examinations and opportunity for primary vaccinations
- Bruises or other unexplained marks not previously identified at birth, should be referred for medical assessment as per SBNI Pre-mobile Bruising protocol [52]. Not all marks are as a result of birth injury and are not present at birth e.g. slate grey nevus/congenital dermal melanocytosis (Mongolian blue spot)
- Report results from newborn bloodspot screen if not already given to parents
- Promote childhood immunisations
- Promotion of health literacy and how to access appropriate health services

Growth monitoring:

- An assessment of the infant’s growth will be carried out which will involve accurate measurement, recording and interpretation of weight (baby should be weighed naked), length and head circumference

Infant feeding/Nutrition:

- Record feeding method in PCHR
- A meaningful conversation about infant feeding (BFI) [88]
- Help mothers to continue breastfeeding for as long as they wish by:
 - Discussing continued breastfeeding, including responsive feeding, expression of breastmilk, feeding out and about, going back to work, feeding at night according to individual need
 - Supporting mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk
 - Encouraged mothers to feed their baby in response to their baby’s hunger cues or when her breasts are full
 - Providing information on local services to support continued breastfeeding, for example peer support groups and peer support service

- Signpost to written and electronic resources such as Birth to Five [90], Off to a Good Start [95]
 - Provide information and advice to fathers/partners to encourage their support for breastfeeding
 - Signpost parents to First Steps Nutrition [108] for infant feeding information
 - Discuss maternal nutrition and promoting Vitamin D (10 micrograms daily) for mother
 - For those parents who formula feed their baby, ensure that they have the information required to enable them to feed their babies as safely as possible including, sterilisation of equipment, the making of feeds, appropriate temperature etc. the use of automatic formula makers is not recommended (Food Standards Agency) [109]
 - Discuss responsive feeding, explain paced feeding and responding to baby's cues when feeding
 - Provide information on Healthy Start [102] and vitamin supplements
 - Provide information and most up to date evidence on introducing solid foods from 6 months
- Promoting sensitive parenting:**
- Using the Solihull Approach [39], revisit information on early brain development and the significance of early relationships and experience
 - Observe parent child interactions for sensitive care giving and reciprocity, consider use of Alarm Distress Baby Scale (ADBB) [111], if trained to use
 - Discussion on the woman's general health and wellbeing including asking the Whooley Questions [106] and using the GAD-2
 - Use the Solihull Approach [39] to promote the concepts of containment, and reciprocity
 - Support parents when there are barriers to being a sensitive, responsive parent e.g. perinatal mental health difficulty. Work with the parent to increase their understanding and if required refer for specialist services, to support the development of healthy emotional regulation
 - Encourage parents to interact with baby using songs, music, and books
 - Invite parents to discuss adjusting to the new baby in the home
 - Help parents to develop strategies/ techniques to meet their own needs to support them with adapting to a new infant

Home Safety/Injury Prevention

- Revisit information on 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]
- Bath safety and use of bath seats
- Provide home safety advice
- Encourage the parents/carers to avoid the use of products that cause restriction of movement or are contrary to SUDI/NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss the importance of keeping their baby safe from falls

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory/revisit guidance on (this list is not exhaustive):

- Colic/GOR/CMA
- Sleep
- Crying
- Establishing a routine
- Developmental expectations
- Play and developmental stimulation
- Tummy time and physical activities/opportunities for baby [114]
- Recognising signs of illness (Lullaby Trust baby check App) [99]
- Immunisation programme and check have an appointment for first primary vaccines
- Maternal wellbeing, diet, rest, pelvic floor, oral health, contraception, and the importance of postnatal check at 8 weeks
- Provide parents with the opportunity to discuss their child's development, and express any concerns about their infant's progress
- Revisit information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Provide parents with information on local resources including Sure Start and Home Start (in available areas), parenting programmes and other local community supports, including help lines and websites
- Share with parents' other resources such as Birth to Five book [90], BBC Tiny Happy People etc. [100]
- Promote parental physical activity [110]

(IV) At 8 Weeks old

Action:

GP

Venue:

Clinic

A health review and first immunisation by the General Practitioner at 8 weeks

Activity:

- A comprehensive physical examination by the GP, in collaboration with health visitor, with GP emphasis on child's eyes, heart, hips including DDH age-appropriate exam and testes for boys*
- Social awareness; smile; intently regards mothers face; follows dangling object.
- Gross motor development; pull to sit; ventral suspension; Moro reflex and muscle tone.
- Immunisation at 8 weeks as per regional immunisation schedule
- At every immunisation parents should have the opportunity to raise concerns about caring for their baby and their health and development, and should be provided with information or sources of advice
- Safeguarding
- Bruises or other unexplained marks not previously identified at birth, should be referred for medical assessment as per SBNI Pre-mobile Bruising protocol. [52] Not all marks are as a result of birth injury and are not present at birth e.g. slate grey nevus/congenital dermal melanocytosis (Mongolian blue spot)

*** Child Development checks are delivered according to this local guideline (Healthy Child Healthy Future 2025) by GPs, as per General Medical Services Contract Northern Ireland.**

(V) Additional Support Visits Between New Birth and 14 – 16 weeks

Action:

Heath Visitor, for first-time parents or families in receipt of a targeted service

Venue:

Home or as appropriate

Two additional contacts between new birth visit and 14-16 weeks

Activity:

- This contact will support the review and update of the FHA including assessing, identifying, and interpreting the child and family health needs. Assessing the supports available to the family, potential risks, and resilience factors. Review and update risk factors
- Additional contacts during this time will provide the opportunity for trust and relationship building with families and health visitors, the evidence reports that when this happens, parents are more likely to reach out for support when issues or concerns arise
- Offer to the father/other parent to be part of all HCHF reviews
- Assess maternal mental health as per NICE CG192 [78]
- Direct enquiry on domestic abuse if appropriate and safe to do so
- Promote childhood immunisations and or review primary immunisation status
- Promotion of health literacy and how to access appropriate health services

Growth monitoring:

- An assessment of the infant's growth will be carried out, if required which will involve accurate measurement, recording and interpretation

Infant feeding/Nutrition:

- A meaningful conversation about infant feeding (BFI) [88], and including symptoms and management of colic/ GOR/CMA where applicable
- Help mothers to continue breastfeeding for as long as they wish by:
 - Discussing continued breastfeeding, including responsive feeding, expression of breastmilk, feeding out and about, going back to work, feeding at night according to individual need
 - Supporting mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk
 - Encouraged mothers to feed their baby in response to their baby's hunger cues or when her breasts are full
 - Providing information on local services to support continued breastfeeding, for example peer support groups and peer support service
 - Signpost to written and electronic resources such as Birth to Five [90], Off to a Good Start [95]
 - Provide information and advice to fathers/partners to encourage their support for breastfeeding
 - Signpost parents to First Steps Nutrition [108] for infant feeding information

- Discuss maternal nutrition and promoting Vitamin D (10 micrograms daily) for mother
- For those parents who formula feed their baby, ensure that they have the information required to enable them to feed their babies as safely as possible including sterilisation of equipment, the making of feeds, appropriate temperature etc. the use of automatic formula makers is not recommended (Food Standards Agency) [109]
- Discuss responsive feeding, explain paced feeding and responding to baby's cues when feeding

Promoting sensitive parenting:

- Using the Solihull Approach [39] provide information on early brain development and the significance of early relationships and experience
- Observe parent child interactions for sensitive care giving and reciprocity. Use the Solihull Approach [39] to promote the concepts of containment, and reciprocity
- Discussion on women's general health and wellbeing
- Support parents when there are barriers to being a sensitive, responsive parent e.g. perinatal mental health difficulty
- Encourage parents to interact with baby using songs, music, and books
- Invite parents to discuss the impact of the new baby on partner and family relationships
- Help parents to develop strategies/ techniques to meet their own needs to support them with adapting to a new infant
- Revisiting with parents any concerns that have previously been identified or shared

Home Safety/Injury Prevention

- Revisit information on 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]
- Bath safety and use of bath seats
- Provide home safety advice
- Encourage the parents/carers to avoid the use of products that cause restriction of movement or are contrary to SUDI/NHS advice such as swaddling, infant support pillows or anti-roll pillows and slings
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss the importance of keeping their baby safe from falls

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide anticipatory guidance as required

- Provide parents with the opportunity to discuss their child's progress and voice any concerns about their infant's progress
- Promote parental physical activity [110]
- Tummy time and physical activities/ opportunities for baby [114]

(VI) 14 – 16 Week Review

Action:

Health Visitor, Family Nurse

Venue:

Home

Developmental review and review of family health needs by health visitor at 14-16 weeks of age

Activity:

- Review and update the FHA including assessing, identifying, and interpreting the child and family health needs. Assessing the supports available to the family, potential risks, and resilience factors. Review and update risk factors
- Assess maternal mental health as per NICE CG192 [78]
- Routine enquiry as per regional guidance
- Review and update risk factors
- Make local arrangements for infants who are unable to be registered with GP for primary vaccinations
- DDH age-appropriate exam
- Promote childhood immunisations and review primary immunisation status
- Promotion of health literacy and how to access appropriate health services

Growth monitoring:

- An assessment of the infant's growth will be carried out which will involve accurate measurement, recording and interpretation of weight (baby should be weighed naked), length and head circumference

Infant feeding:

- A meaningful conversation about infant feeding, including symptoms and management of colic/GOR/CMA where applicable
- Record feeding method in PCHR if breast feeding
- A meaningful conversation about infant feeding (BFI) [88]
- Help mothers to continue breastfeeding for as long as they wish by:
 - Discussing continued breastfeeding, including responsive feeding, expression of breastmilk, feeding out and about, going back to work, feeding at night according to individual need
 - Supporting mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk
 - Encouraged mothers to feed their baby in response to their baby's hunger cues or when her breasts are full
 - Providing information on local services to support continued breastfeeding, for example peer support groups and peer support service
 - Signpost to written and electronic resources such as Birth to Five [90], Off to a Good Start [95]

- Provide information and advice to fathers/partners to encourage their support for breastfeeding
- Signpost parents to First Steps Nutrition [108] for infant feeding information
- Discuss maternal nutrition and promoting Vitamin D (10 micrograms daily) for mother
- For those parents who formula feed their baby, ensure that they have the information required to enable them to feed their babies as safely as possible including sterilisation of equipment, the making of feeds
- Discuss responsive feeding, explain paced feeding and responding to baby's cues when feeding
- Advise parents that the latest research shows that babies don't need anything but breastmilk or infant formula for the first six months of life. Provide information and most up to date evidence on introducing solid foods from 6 months
- For parents who chose to commence weaning earlier advise on additional precautions and foods to avoid [101]
- Provide information on Healthy Start [102] and vitamin supplement
- Discussion on the woman's general health and wellbeing including asking the Whooley Questions [106] and using the GAD-2. Complete EPDS
- Support parents when there are barriers to being a sensitive, responsive parent e.g. perinatal mental health difficulties. Work with the parent to increase their understanding and if required refer for specialist services, to support the development of healthy emotional regulation
- Encourage parents to interact with baby using songs, music, and books
- Invite parents to discuss adjusting to the new baby in the home
- Help parents to develop strategies/ techniques to meet their own needs to support them with adapting to a new infant

Promoting sensitive parenting:

- Using the Solihull Approach [39] revisit information on early brain development and the significance of early relationships and experience
- Observe parent child interactions for sensitive care giving and reciprocity
- Use the Solihull Approach [39] to promote the concepts of containment, and reciprocity
- Revisit information on 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]
- Bath safety and use of bath seats
- Provide home safety advice
- Encourage the parents to avoid the use of products that cause restriction of movement such as swaddling, infant support pillows or anti-roll pillows and slings

- Encourage parents to consider potential hazards in their home that may increase the risk of accidents to their baby including risks of choking, increasing mobility and ability to reach out, risk of burns and scalds
- Encourage parents to consider adaptations they may need to make to the home to help keep their baby safe
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss the importance of keeping their baby safe from falls
- Provide parents with the opportunity to discuss their child's development express any concerns about their infant's progress
- Revisit information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Provide parents with information on local resources including Sure Start and Home Start (in available areas), parenting programmes and other local community supports, including help lines and websites
- Share with parents' other resources such as Birth to Five book [90], BBC Tiny Happy People etc. [100]
- Promote parental physical activity [110]

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Revisit previous anticipatory guidance and information provided as appropriate to the needs of the child/parent (this list is not exhaustive):

- Colic
- Sleep
- Crying
- Establishing a routine
- Developmental expectations
- Tummy time and physical activity opportunities [114] for baby
- Interacting with the baby with songs, music, and books
- Recognising signs of illness (Symptom Checker App)
- Dental health and encouraging registration with dentist
- Maternal wellbeing, diet, rest, pelvic floor, oral health, contraception

(VII) 5 – 6 Month Review

Action:

A member of Health Visiting Team,
Family Nurse

Venue:

Usually home based however group activity may be appropriate where family health needs have been fully assessed

Contact between 5 to 6 months of age by a member of the health visiting team or family nurse

Activity:

- Provide information to promote child development
 - Promotion of positive parenting and parenting support
 - Promote childhood immunisations and review primary immunisation status
 - Revisit introduction of solids from 6 months
 - Promotion of health literacy and how to access appropriate health services
- Infant feeding/Nutrition:**
- Record feeding method in PCHR if breast feeding.
 - Help mothers to continue breastfeeding for as long as they wish by:
 - Discussing continued breastfeeding, including responsive feeding, expression of breastmilk, feeding out and about, going back to work, feeding at night according to individual need
 - Supporting mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk
 - Encouraged mothers to feed their baby in response to their baby's hunger cues or when her breasts are full
 - Providing information on local services to support continued breastfeeding, for example peer support groups and peer support service
 - Signpost to written and electronic resources such as Birth to Five [90], Off to a Good Start [95]
 - Provide information and advice to fathers/partners to encourage their support for breastfeeding
 - Signpost parents to First Steps Nutrition [108] for infant feeding information
 - Discuss maternal nutrition and promoting Vitamin D (10 micrograms daily) for mother
 - For those parents who formula feed their baby, ensure that they have the information required to enable them to feed their babies as safely as possible including sterilisation of equipment, the making of feeds
 - Discuss responsive feeding, explain paced feeding and responding to baby's cues when feeding

- Discuss and review preparation for weaning and signpost to available resources, for parents who choose to commence weaning earlier, advise on additional precautions and foods to avoid
- Highlight the importance of introducing allergens, especially for those at high risk of allergies
- Revisit information on Healthy Start [102] and vitamin supplements

Promoting sensitive parenting:

- Using the Solihull Approach [39] revisit information on early brain development and the significance of early relationships and experience
- Observe parent child interactions for sensitive care giving and reciprocity
- Use the Solihull Approach [38] to promote the concepts of containment, and reciprocity

Home Safety/Injury Prevention

- Revisit information on 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]
- Bath safety and use of bath seats
- Provide home safety advice as per ROSPA Injury Prevention [112]

- Encourage the parents to avoid the use of products that cause restriction of movement such as swaddling, infant support pillows or anti-roll pillows and slings
- Encourage parents to consider potential hazards in their home that may increase the risk of accidents to their baby including risks of choking, inform parents on the difference between choking and gagging, increasing mobility and ability to reach out, risk of burns and scalds. Encourage parents to consider adaptations they may need to make to the home to help keep their baby safe
- Recommend basic first aid training for parents/carers
- Provide information on home safety schemes
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss the importance of keeping their baby safe from falls

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Revisit previous anticipatory guidance/information provided as appropriate to the needs of the child (this list is not exhaustive):

- Sleep
- Establishing a routine
- Developmental expectations
- Interacting with the baby with songs, music, and books
- Floor play and physical activity/opportunities for baby

- Recognising signs of illness (Symptom Checker App)
- How to access local services and what local services are available including Sure Start and Home Start (in available areas), parenting programmes and other local community supports, share help lines and websites, Birth to five book [90], BBC Tiny Happy People etc. [100]
- Dental care/oral health, use of dummy/use of cup
- Promote parental physical activity [110]
- Provide parents with the opportunity to discuss their child's development express any concerns about their infant's progress

(VIII) 8 – 9 Month Review

Action:

Health Visitor, Family nurse

Venue:

Home or as appropriate if FHA is up to date

Developmental review and review of family health needs by health visitor at 8 - 9 months of age

Activity:

- Review developmental progress and assess age-appropriate milestones using an age-appropriate tool for population measurement of child development
- Promote childhood immunisations and review primary immunisation status
- Review maternal mental health and discuss preparations for return to employment and appropriate child care options if relevant
- Direct enquiry on domestic abuse if appropriate and safe to do so
- Promotion of health literacy and how to access appropriate health services

Growth monitoring:

- An assessment of the infant's growth will be carried out which will involve accurate measurement, recording and interpretation of weight and length

Infant feeding:

- Record feeding method in PCHR if breast feeding
- Help mothers to continue breastfeeding for as long as they wish by:

- Discussing continued breastfeeding, including responsive feeding, expression of breastmilk, feeding out and about, going back to work, feeding at night according to individual need
- Encouraged mothers to feed their baby in response to their baby's hunger cues or when her breasts are full
- Providing information on local services to support continued breastfeeding, for example peer support groups and peer support service
- Signpost to written and electronic resources such as Birth to five [90], Off to a Good Start [95]
- For those parents who formula feed their baby, revisit the safe making of feeds and sterilisation of equipment to continue until 12 months
- Provide information on milk challenge for those babies with CMA [113]
- Discuss and review progress of weaning and signpost to resources available.
- Revisit information on Healthy Start [102] and vitamin supplements

Promoting sensitive parenting:

- Observe parent child interactions for sensitive care giving and reciprocity

- Use the Solihull Approach [39] to promote the concepts of containment, and reciprocity
- Support parents when there are barriers to being a sensitive, responsive parent e.g. perinatal mental health difficulty. Work with the parent to increase their understanding and if required refer for specialist services, to support the development of healthy emotional regulation
- Invite parents to discuss adjusting to the changes in their baby and preparing their home and environment in preparation for increased mobility and changes in the child's development
- Help parents to develop strategies/ techniques to meet their own needs to support them with adapting as their baby needs change
- Encourage the parents to avoid the use of products that cause restriction of movement and/or increase risks of injury such as baby walkers
- Discuss with parents' actions they may need to take to prepare their home and environment in preparation for increased mobility as the baby's physical development needs progress
- Discuss the importance of keeping their baby safe from falls
- Encourage parents to consider potential hazards in their home that may increase the risk of accidents to their baby including risks of choking, inform parents on the difference between choking and gagging, increasing mobility and ability to reach out, risk of burns and scalds. Encourage parents to consider adaptations they may need to make to the home to help keep their baby safe

Home Safety/Injury Prevention

- Revisit information on 'Safer Sleeping for Babies,' [89] identify individual risk factors and provide evidence-based advice including safer bedsharing if indicated on reducing the risk of sudden infant death. Practitioners should request to observe the baby's sleeping environment as part of their risk assessment as appropriate
- Promote smoke and vape free homes and spaces
- NSPCC "Handle with Care" [91]
- Bath safety and use of bath seats
- Provide home safety advice as per RoSPA Injury Prevention [112]
- Discuss car safety including appropriate car seat
- Recommend basic first aid training for parents/carers
- Provide information on home safety schemes
- Discuss baby safety with regard to dogs and other pets in the home [103]
- Discuss the importance of keeping their baby safe from falls

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide guidance/information (this list is not exhaustive) on:

- Sleep
- Establishing/maintaining a routine
- Developmental expectations
- Interacting with the baby with songs, music, and books
- Floor play and physical activity opportunities [114] for baby
- Oral health/use of dummy/use of cup/registration with dentist and use of toothbrush/toothpaste
- Recognising signs of illness (Lullaby Trust baby check App) [99]
- Maternal wellbeing, diet, rest, pelvic floor, oral health, contraception
- How to access local services and what local services are available
- Provide parents with the opportunity to discuss their child's development and express any concerns about their infant's progress
- Revisit information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Provide parents with information on local resources including Sure Start and Home Start (in available areas), parenting programmes and other local community supports including details of help lines and websites.
- Share with parents' other resources such as Birth to Five book [90], BBC Tiny Happy People etc. [100]

(IX) 15 – 18 Month Review

Action:

Health Visitor, Family Nurse

Venue:

Home

Developmental review and review of family health needs by health visitor at 15 to 18 months of age

Activity:

- Review developmental progress and assess age-appropriate milestones using an age-appropriate tool for population measurement of child development
- Review and update the FHA including assessing, identifying, and interpreting the child and family health needs. Assessing the supports available to the family, potential risks, and resilience factors. Review and update risk factors
- Direct enquiry on domestic abuse if appropriate and safe to do so
- Promote childhood immunisations and review primary immunisation status
- Promotion of toilet training
- Promotion of health literacy and how to access appropriate health services

Growth monitoring:

An assessment of the infant's growth will be carried out which will involve accurate measurement, recording and interpretation of weight and length

Infant feeding/Nutrition:

- Record feeding method in PCHR if breast feeding
- Help mothers to continue breastfeeding for as long as they wish by:

- Discussing continued breastfeeding, including responsive feeding, expression of breastmilk, feeding out and about, feeding when back to work, feeding at night according to individual need
- Providing information on local services to support continued breastfeeding, for example peer support groups and peer support service
- Signpost to written and electronic resources
- Discuss and review diet and signpost to resources available, discuss fussy eating and provide information on normal development and when to be concerned.
- Reviewing cow's milk (or alternative if required due to allergies) has been introduced from 12 months and advise accordingly
- Assess risk factors for obesity and consider referral for Early Years Obesity Prevention Programme
- Discussion on signs and prevention of constipation
- Revisit information on Healthy Start [102] and vitamin supplements

Promoting sensitive parenting:

- Observe parent child interactions for sensitive care giving and reciprocity

- Use the Solihull Approach [39] to promote the concepts of containment, reciprocity, and behaviour management
- Support parents when there are barriers to being a sensitive, responsive parent e.g. perinatal mental health difficulty. Work with the parent to increase their understanding and if required refer for specialist services, to support the development of healthy emotional regulation
- Invite parents to discuss adjusting to the developmental changes in their child and preparing their home and environment in preparation for further increased mobility and changes in the child's development
- Help parents to develop strategies/ techniques to meet their own needs to support them with adapting as their child grows and their needs change

Home Safety/Injury Prevention

- Provide home safety advice, including bath safety, toy safety, button batteries, preventing thermal injuries, blind safety, safety in the sun as per ROSPA Injury Prevention [112]
- Discuss with parents' actions they may need to take to prepare their home and environment in preparation for increased mobility as the baby's physical development needs progress
- Discuss child safety with regard to dogs and other pets in the home [103]
- Discuss the importance of keeping child safe from falls
- Promote smoke and vape free homes and spaces

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide guidance/Information on (this list is not exhaustive):

- Sleep
- Establishing/maintaining a routine
- Developmental expectations
- Interacting with the child with songs, music, and book
- Physical activity opportunities for toddler [114]
- Promotion of good eye health and prevention of myopia including reducing/minimising screen time
- Interacting with toddler with songs, music, and book
- Oral health, including dental registration, promote key oral health messages, use of dummy
- Play and developmental stimulation
- Recognising signs of illness (Symptom Checker App)
- Toilet skills awareness, prevention of constipation encouraging initiation of toilet training between 18 and 24 months, refer to ERIC resources [115]
- Parental enquiry on speech development and child's understanding, provide advice and activities to promote speech and language development [116]
- Parental enquiry on child's hearing and vision
- Maternal wellbeing, diet, rest, pelvic floor, contraception
- How to access local services and what local services are available

- Provide parents with the opportunity to discuss their child's development and express any concerns about their infant's progress
- Revisit information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Revisit with parents the information on local resources including Sure Start and Home Start, (in available areas), parenting programmes, and other local community supports including details of help lines and websites
- Revisit with parents' other resources such as Birth to Five book [90], BBC Tiny Happy People etc. [100]

(X) 27 – 30 Month Review

Action:

Health Visitor

Venue:

Home

Developmental review and review of family health needs by health visitor at 27 to 30 months of age

Activity:

- Review developmental progress and assess age-appropriate milestones using an age-appropriate tool for population measurement of child development
- Consider use the ELIM-I [117] tool if trained to use, to assess child's speech development and child's understanding, provide advice and activities to promotes speech and language development [118]
- Review and update the FHA including assessing, identifying, and interpreting the child and family health needs. Assessing the supports available to the family, potential risks, and resilience factors. Review and update risk factors
- Direct enquiry on domestic abuse if appropriate and safe to do so
- Promote childhood immunisations and review primary immunisation status
- Review toilet training, if not yet dry by day, advise and arrange for recall
- Promotion of health literacy and how to access appropriate health services

Growth monitoring:

An assessment of the child's growth will be carried out which will involve accurate measurement, recording and interpretation of weight and height

Promoting sensitive parenting:

- Observe parent child interactions for sensitive care giving and reciprocity
- Use the Solihull Approach [39] to promote the concepts of containment, reciprocity, and behavior management
- Support parents when there are barriers to being a sensitive, responsive parent e.g. perinatal mental health difficulty. Work with the parent to increase their understanding and if required refer for specialist services, to support the development of healthy emotional regulation
- Invite parents to discuss adjusting to the changes in their child and preparing their home and environment in preparation for the next stage of their child's development
- Help parents to develop strategies/ techniques to meet their own needs to support them with adapting as their child's needs change

Home Safety/Injury Prevention

- Provide home safety advice, as per ROSPA Injury Prevention [112]
- Discuss the importance of keeping child safe from falls and bath safety
- Promote smoke and vape free homes and spaces

Safeguarding

- Be alert to the risk factors and signs and symptoms of child abuse and neglect and follow local safeguarding procedures where there is concern

Provide guidance and the opportunity for discussion with parent on:

- Sleep
- Establishing/maintaining a routine
- Developmental expectations
- Interacting with the child with songs, music, and book
- Physical activity opportunities [114] for toddler
- Promotion of good eye health and prevention of myopia including reducing/minimising screen time
- Oral health, including dental registration, promoting key dental health promotion messages, risks of ongoing use of dummy
- Play and developmental stimulation
- Progress with toilet training
- Recognising signs of illness
- Immunisation programme and check status of vaccines
- Parental enquiry on child's hearing and vision (ref visions surveillance Guidelines 2024)
- Review Maternal wellbeing
- How to access local services and what local services are available
- How to register and access preschool education
- Provide parents with the opportunity to discuss their child's development and express any concerns about their child's progress
- Revisit information about the Child Health Promotion Programme in Northern Ireland and the roles of general practice, GP Out of Hours, and the Emergency Department
- Revisit with parents the information on local resources including Sure Start and Home Start (in available areas), parenting programmes and other local community supports including details of help lines and websites.
- Revisit with parents' other resources such as Birth to five book [90], BBC Tiny Happy People etc. [100]

(XI) 3 + Review

Action:

Family Health Visitor or Named Health Visitor for Preschool

Venue:

Preschool setting/Home/Clinic

Activity:

Engagement with preschool setting

- Each preschool setting will have a named health visitor
- The named HV will complete two face-to-face contacts and one virtual/telephone contact per academic year with the setting leader/principal
- The HV will act as a health advisor for their named preschool setting
- Promote partnership working between preschool settings and health
- Encourage appropriate sharing of information, to reduce duplication, especially for children with emerging needs and provide consistent messaging for parents
- Liaise with other services, professionals supporting the preschool setting e.g. Regional Integrated Support for Education (RISE NI) Teams as appropriate
- Promotion of health literacy and how to access appropriate health services

Engagement with the Child and Parent

- HV with parental consent will contact the preschool setting attended by the child prior to completing the review, to discuss the child's development
- Review developmental progress and assess for age-appropriate milestones
- Review social and emotional developmental progress using an age appropriate population measurement tool

Through observation of the child and parental enquiry the HV will assess:

- Social skills
- How is the child settling in preschool setting, making friends/interacting with peers, showing affection
- Expressing emotions and developing imagination
- Developing self-care, self-esteem, and concept of self
- Cognitive development
- Problem solving/creative play
- Verbal and non-verbal reasoning
- Responding to instruction

Provide guidance and the opportunity for discussion with parent on:

- Sleep
- Establishing/maintaining a routine
- Developmental expectations including physical development, speech development
- Promotion of good eye health and prevention of myopia including reducing/minimising screen time
- Interacting with the child with songs, music, and book
- Physical activity opportunities [114] for child
- Oral health, including dental registration, promoting key dental health promotion messages, risks of ongoing use of dummy
- Play and developmental stimulation
- Toilet training, if not achieved, complete targeted piece of work

- Immunisation programme and check status of vaccines
- Parental enquiry on child's hearing and vision (ref visions surveillance Guidelines 2024)
- How to access local services and what local services are available
- Provide parents with the opportunity to discuss their child's development and express any concerns about their child's progress
- With parental consent the health visitor will follow up with the preschool setting if any concerns are raised about their development
- Revisit with parents the information on local resources including Sure Start and Home Start (in available areas), parenting programmes and other local community supports including details of help lines and websites

Home Safety/Injury Prevention

- Provide home safety advice, including toy safety, button batteries, preventing thermal injuries, blind safety, safety in the sun, preventing choking
- Car safety and car seat

Transfer to School Nursing Service

- Arrangements should be in place to ensure a smooth transition from the Health Visiting service to the School Health service, in particular:
 - Children who are no longer in receipt of a health visiting service
 - Any children/families who are in receipt of a targeted service from the Health Visiting team or who will require a targeted service from the School Health team e.g. vulnerable families, care experienced children, children on the child protection register, or children with special educational needs and disabilities
 - Any P1 children with a delayed start to school

3.4 The Universal School Age Programme

The universal school nursing programme is based on the concept of proportionate universalism and **DoH Threshold of Need Model** [19], levels 1-4.

School Nurses are central to, building on the positive foundations laid down in the early years, to tackle inequalities and ensure every child has the best start in life.

School Nurses provide support to the school aged population and their families working across individual schools, family homes, and communities, liaising with other professionals, services and agencies who also work closely with schools. They aim to identify health issues which have the potential to have long term negative impacts on children which may also affect their ability to learn and support schools in providing targeted health advice.

The **Emotional Health and Wellbeing in Education Framework** [119] recognises the collective responsibility across education, health and community and voluntary agencies to support the emotional health and wellbeing of our children and young people and those working with them.

Key areas of focus for refreshed school aged HCHF:

- Ability to build trusting relationships between professionals, schools, families, and children is based on the principles of respect, genuineness, empathy, and humility.
- Continuity of practitioner/small team of practitioners within schools
- Reducing inequalities through recognition of those children at risk of marginalisation including children with neurodiversity or neurodisability, communities less well heard, asylum seeking and refugee families, Traveller children, care experienced children and young people, and those children in need of safeguarding.
- Support resilience and wellbeing
- Make every contact count
- Support healthy lifestyle choices
- Promote self-care through health literacy
- Greater integration of new technologies and exploration of new ways to work with schools, families, and children.

Children Educated outside school settings

Children may attend Alternative Education Placements (AEP) for a number of reasons including:

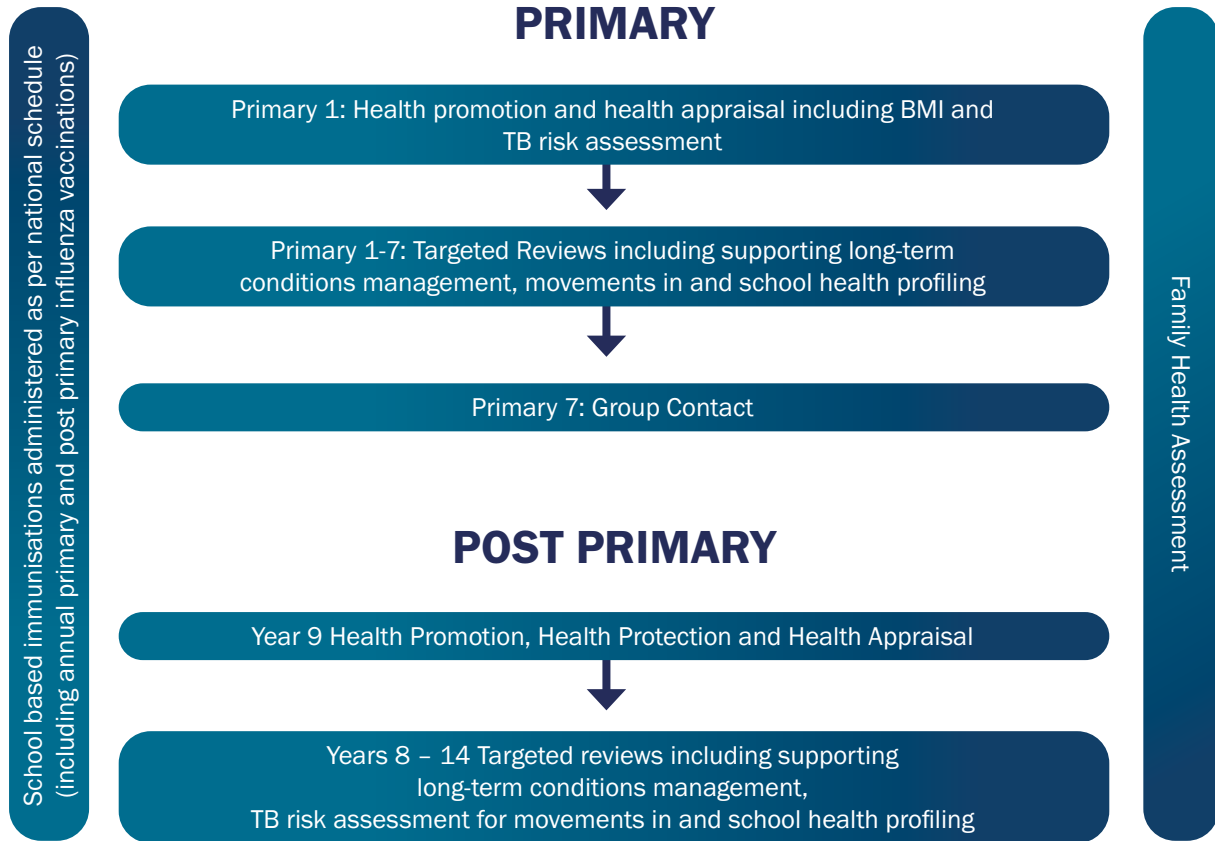
- Chronic illness
- Parental choice
- Disciplinary measures (behavioural problems)
- School refusal/anxiety which can be due to emotional health and wellbeing issues, neurodiversity/neurodisability, ADHD, or special educational needs

When children/young people are educated outside the school setting they may miss out on access to screening programmes, immunisations, and health promotion. The impact of this life situation on an individual's mental health and family relationships may also be compounded by isolation, reduced self-esteem, and missed education.

Systems should be in place to ensure communication links are established with the Education Authority in order to identify children who do not attend school.



3.4.1 The Universal School Age Programme Flowchart



3.4.2 The Universal School Nurse Programme

Primary School

Primary 1 Health Promotion and Health Appraisal

Action:

School Nursing team

Venue:

School

(It is important to note some P1 children may have a delayed start with particular reference to timing of vision screening)

Parents will be invited to attend a P1 health appraisal which will include:

Activity:

- Introduction to school nursing service
- Review and update the FHA if parents attend
- Individual health assessment, including any mental or emotional health issues and parental concerns
- Liaison with other professionals, services and agencies supporting children, parents and schools e.g. RISE, AHPs etc.
- Height, weight, BMI
- Hearing test
- Orthoptic-led vision testing for all children in line with UK NSC recommendation [120]; children in special schools will receive this screen by an Orthoptist
- Speech and Language development
- Review primary vaccination schedule and reminder regarding any overdue vaccines

Risk Factors: Appropriate Risk Factors to be considered

Identify and review risk factors and respond within local and regional guidelines, protocols, and pathways.

Health Promotion:

- Signpost to other services for new or existing physical, emotional, or developmental problems which are not being addressed
- Development of healthy lifestyle choices including diet and physical activity
- Promotion of good eye health and prevention of myopia including reducing/minimising screen time
- Oral health, including access to family dental services
- Safety (road, farm, bike)
- Safeguarding
- Support for long-term conditions within the school environment
- Health protection reminder, regarding overdue immunisations particularly those who have not received a second MMR and TB risk assessment

- Review of access to primary care
- Promotion of health literacy
- Promote with Parents and Teachers health care resource App [121]

Menu to be agreed based on the identified need of the pupil, individual needs of the school or school health profile (including SEN schools), and any current health trends including the above activities.

Primary 1-7 targeted reviews

Action:

School Nursing team

Venue:

School/Home

Targeted reviews including care experienced children, and new movements into area will be led by or allocated by the school nurse to a member of the school nursing team for children in P1 – P7

Activity:

- Support for long-term conditions within the school environment in the form of care planning
- Liaison with other professionals, services and agencies supporting children, parents and schools e.g. RISE, AHPs etc.
- Signpost to other services for new or existing physical, emotional, or developmental problems which are not being addressed
- Promotion of health literacy
- Safeguarding
- Health protection reminder, regarding overdue immunisations and TB risk assessment for new entrants if required throughout primary school from P1-P7
- Delivery of any regionally agreed immunisation programmes
- Health appraisals for all new entrants if required through primary school from P1 – P7
- School profiling
- Continence management

Health Promotion:

- Promote with Parents/Teachers the health care resource App [121]

Menu to be agreed based on the identified need of the pupil, individual needs of the school or school health profile (including SEN schools), and any current health trends, including the above activities

Group Contact in Primary 7

Action:

School Nursing team

Venue

School

A group-based contact in P7 to focus on preparation for transition to post primary school in collaboration with the needs or request of the school:

Activity:

- Interactive session with pupils
- Focus on early intervention and prevention and emotional health and wellbeing
- Promotion of School Nurse service in Post Primary school
- Promote with Parents/Pupils/Teachers the health care resource App [121]
- Liaison with other professionals, services and agencies supporting children, parents and schools e.g. RISE, AHPs etc.

Menu to be agreed based on the identified need of the pupil, individual needs of the school or school health profile (including SEN schools), and any current health trends, including the above activities. (This list is not exhaustive).

Health Promotion:

- Emotional health and wellbeing
- Physical activity
- Managing stress and anxiety
- Worry
- Positive friendships
- Bullying
- Kindness
- Hygiene and body changes
- Self esteem
- Peer pressure
- Mobile phones
- Internet safety
- Independent travel to school
- Vaping
- Sleep
- Building Resilience

3.4.3 The Universal School Nurse Programme

Post Primary School

Year 9 Health Promotion, Health Protection and Health Appraisal

Action:

School Nursing team

Venue:

School

School Nurse may wish to prepare children for this review by a group session towards the end of Year 8 and issue consents

Activity:

- Promotion of emotional health and wellbeing
- Liaison with other professionals, services and agencies supporting children, parents and schools
- Promotion of school nursing service including the health care resource App [121]
- Individual health assessment, including any mental health or emotional issues and parental concerns
- Health Protection, TB risk assessment, and reminder regarding any overdue immunisations
- Promotion of Y9 HPV vaccination
- Promotion of good eye health and prevention of myopia including reducing/minimising screen time
- Support children with neurodevelopmental/neurodiversity disorders
- Safeguarding
- Clarification of social identity and use of pronouns
- Support for long-term conditions within the school environment
- Transition to adolescence in the post-primary school environment
- Height, weight, and BMI

Risk Factors: Appropriate Risk Factors to be considered

Identify and review risk factors and respond within local and regional guidelines, protocols, and pathways.

Health Promotion:

- Transition to post primary
- Emotional health and wellbeing and mental health signposting
- Managing stress and anxiety
- Worry
- Self-harming behaviours and reducing stigma
- Development of health lifestyle choices including diet and physical activity, to address current and future generational health outcomes
- Positive friendships
- Relationships
- Bullying
- Kindness
- Self esteem
- Peer pressure
- Vaping, smoking, drugs, alcohol
- Social media and online safety
- Safety and accident prevention
- Oral health
- Sexual Health and gender identity
- Review of access to primary care
- Promotion of health literacy

Topics above are not exhaustive but should be tailored to meet the identified need of the pupil, individual needs of the school, school health profile (including SEN schools) and any current health trends.

Year 8 – 14 targeted reviews

Action:

A member of the school nursing team/
school immunisation team

Venue:

School/Home

Targeted reviews including care experienced children and young people, and new movements into area will be led by or allocated by the school nurse to a member of the school nursing team for children in Years 8 – 14

Activity:

- Support for long-term conditions within the school environment in the form of care planning
- Liaison with other professionals, services and agencies supporting children, parents and schools
- Signpost to other services for new or existing physical, emotional, or developmental difficulties which are not being addressed
- Promotion of health literacy
- Safeguarding
- Health protection reminder, regarding overdue immunisations and TB risk assessment for new entrants if required throughout post primary years 8 - 14
- Delivery of any regionally agreed immunisation programmes including Year 9 HPV vaccination and Year 11 Diphtheria, Tetanus Polio (DTP) and Meningococcal ACWY
- Health appraisals for all new entrants if required through post primary school
- School profiling
- Delivery of and or signposting to parenting support programmes
- Continence management

Health Promotion:

Menu to be agreed based on the identified need of the pupil, individual needs of the school or school profile, and any current health trends, including the above activities.



Appendix 1 Resources

- Alarm Distress Baby Scale <https://adbb-scale.com/>
- Alcohol - UK CMO's Low Drinking Guidance [UK Chief Medical Officers' Low Risk Drinking Guidelines](#)
- Baby Buddy App [The Baby Buddy app \(bestbeginnings.org.uk\)](#)
- Best Start in Life [Best Start in Life](#)
- BBC Tiny Happy People [BBC Tiny Happy People](#)
- Bladder and Bowel information for children
 - [Children - Bladder & Bowel UK](#)
 - [Children's Bladder and Bowel Care Level 1 Resource Pack Guidance.pdf](#)
- Birth to Five Book [Birth to five 2024.pdf \(hscni.net\)](#)
- Bottle Feeding [Bottlefeeding | HSC Public Health Agency \(hscni.net\)](#)
- Breast Feeding Resources [Breastfeeding resources - Baby Friendly Initiative \(unicef.org.uk\)](#)
- British Association of Dermatologist [CONGENITAL-DERMAL-MELANOCYTOSIS-PIL-Updated-January-2021-Lay-reviewed-Dec-2020.pdf](#)
- Brookes, P. ASQ-3 - Ages and stages. Brookes Publishing Co. <https://agesandstages.com/products-pricing/asq3/>
- Brookes, P. ASQ:SE-2 - Ages and stages. Brookes Publishing Co. <https://agesandstages.com/products-pricing/asqse-2/>
- Colic https://niformulary.hscni.net/download/111/nutrition/3878/parents-carers_information_leaflet_management_of_babies_with_colic
- Cow's Milk Allergy [Management of cow's milk allergy | NI Formulary \(hscni.net\)](#)
[Prescribing Guidance for Specialist Infant Formula Feeds in mild to moderate Non-IgE Cows Milk Allergy \(CMA\) and Lactose Intolerance | NI Formulary](#)
- Crying <http://www.purplecrying.info/>

- CYPSP Parenting Resources (Translation Available)
- Parenting Support <https://cypsp.hscni.net/ebpp/>
- Family Support Hubs <https://cypsp.hscni.net/family-support-hubs/>
- Early Intervention <https://cypsp.hscni.net/youth-wellness-web/parent-teacher-zone/>
- Journey Through Disability Guide <https://cypsp.hscni.net/download/428/your-journey-guide/40669/your-journey-disability-guide.pdf>
- DDH [**DDH Referral Pathway for Health Visitors and Family Nurse Partnership Nurses August 2024.pdf**](#)
- Dogs Trust [**Dogs and children: living happily together | Dogs Trust**](#)
- Domestic Abuse <https://powertochange.info/>
- Education Authority Getting Ready to Learn [**Getting Ready to Learn**](#)
- Examination for Cleft Lip and Palate [**Palate examination: Identification of cleft palate in the newborn - best practice guide | RCPCH**](#)
- Family Support NI [**Family support and childcare services across Northern Ireland**](#)
- Fatherhood Institute www.fatherhoodinstitute.org
- Financially Motivated Sexual Extortion: advice for parents and carers [**Financially Motivated Sexual Extortion \(FMSE\): advice for parents and carers**](#)
- First Aid for Babies and Children [**Learn first aid for babies and children \(redcross.org.uk\)**](#)
- First Steps Nutrition [**First Steps Nutrition Trust**](#)
- Healthy Eating from one to five years [**Getting a good start: healthy eating from one to five**](#)
- Health Literacy for School Nurses Resource [**School Nurse Toolkit \(mefirst.org.uk\)**](#)
- Healthy Start [**Get help to buy food and milk \(Healthy Start\)**](#)
- Health and Social Care Northern Ireland (HSCNI). *Your health app finder* <https://apps4healthcareni.hscni.net/en-GB>
- Healthy Relationships (SAY - Social Action Youth) [**Topics - Social Action Youth**](#)
- Home Safety [**home safety leaflet under 5.pdf \(hscni.net\)**](#)
- HSC Public Health Agency [**Getting to know your baby**](#)
- HSC Public Health Agency [**Keeping children safe; home safety for children under five**](#)
- HSC Public Health Agency. [**Publications for babies.**](#)
- HSC Public Health Agency. [**Publications for pregnancy.**](#)
- Immunisation
 - [**Immunisation for babies up to a year old \(English and translations\) | HSC Public Health Agency**](#)
 - [**Immunisation for premature babies | HSC Public Health Agency**](#)
 - [**Immunisation for babies just after their first birthday \(English and translations\) | HSC Public Health Agency**](#)

- [Teenage immunisations for ages 14 to 18 \(English and translations\) | HSC Public Health Agency](#)
- [A guide to vaccination for pregnant women | HSC Public Health Agency](#)
- [Green book chapter 11 The UK immunisation schedule \(publishing.service.gov.uk\)](#)
- Incredible Years Programme www.incredibleyears.com
- MAT B1 [Maternity certificate \(form MAT B1\) – guidance on completion - GOV.UK \(www.gov.uk\)](#)
- Mellow parenting www.mellowparenting.org/
- Murry L., Andrews L., (2007) *The Social Baby: Understanding Babies Communication from Birth*. CP Publishing. United Kingdom.
- Newborn Bloodspot [Newborn blood spot screening \(English and translations\) | HSC Public Health Agency \(hscni.net\)](#)
- NHS Introducing foods that can trigger an allergic reaction [Food allergies in babies and young children - NHS \(www.nhs.uk\)](#)
- NI direct Information for Parents [nidirect information and services for parenting and childcare](#)
- NSPCC Resources
 - [Baby Steps | NSPCC Learning](#)
 - [Early help and intervention](#)
 - [Look, Say, Sing, Play - Brain-building tips | NSPCC](#)
 - [NSPCC Handle with care guide](#)
 - [Positive parenting](#)
- Off to a Good Start [Off to a good start](#)
- Orthoptic Guidelines [ORTHOPTIC TRAINING MANUAL AND REFERRAL GUIDELINES FOR HEALTH VISITORS](#)
- PHA Babies Publications [Publications | HSC Public Health Agency \(hscni.net\)](#)
- PHA Pregnancy Publications [Publications | HSC Public Health Agency \(hscni.net\)](#)
- Physical Activity for Pregnant Women [Physical activity for pregnant women \(publishing.service.gov.uk\)](#)
- Pregnancy Book [Pregnancy Book](#)
- Promoting physical activity
 - [Get Active Questionnaire For Pregnancy | The APF \(activepregnancyfoundation.org\)](#)
 - [Helping under-5s live active and healthy lives – Early Movers](#)
 - [Physical activity for early years: birth to 5 years \(publishing.service.gov.uk\)](#)
 - [Physical activity for women after childbirth \(birth to 12 months\) \(publishing.service.gov.uk\)](#)
 - [UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](#)
- Public Health Agency Safeguarding Library [Safeguarding children and young people | HSC Public Health Agency](#)
- Public Health Dietician Group [Public Health Dietitians - YouTube](#)

- Recognising signs of illness [The Baby Check App - The Lullaby Trust](#)
- Reflux [Reflux, regurgitation and heartburn in babies, children and young people](#)
[Reflux in Children | NI Formulary](#)
- ROSPA [Accidents to children - RoSPA](#)
- Safer sleeping
 - [Safer sleeping reducing risk sudden infant death](#)
 - [The Lullaby Trust - Safer sleep for babies, Support for families](#)
- SANDS [Welcome | Sands Northern Ireland](#)
- SBNI Pre-mobile Bruising Protocol [Regional Protocol regarding Bruising/Marks \(which could be due to Injury\) on Pre-Mobile Babies \(proceduresonline.com\)](#)
- SBNI Trauma informed approaches <https://www.safeguardingni.org/trauma-informed-approaches>
- Solihull [Home - Solihull Approach | Parenting \(solihullapproachparenting.com\)](#)
- Speech and Language Resources:
 - [Antenatal book - 1](#)
 - [Early-Intervention-Lisburn-A3-Posters.pdf](#)
 - [Help Kids Talk | NI | Lisburn | Speech and Language NI](#)
 - [HKT Training - Help Kids Talk Training \(pagetiger.com\)](#)
 - [Targeted How to Be a Super Communicator Booklet.pdf](#)
 - [Healthy child, healthy future: speech and language therapy for children | HSC Public Health Agency](#)
 - [Chatting Time Resource Guide - v1 \(pagetiger.com\)](#)
 - [Changing Time is Chatting Time - YouTube](#)
 - [Anytime is Chatting Time - YouTube](#)
 - [Chatting Time Bitesize \[Subtitled\] - YouTube](#)
 - [Early language identification measure and intervention: guidance handbook \(publishing.service.gov.uk\)](#)
- Special Needs CPYSP <https://tinyurl.com/YourJourneyGuide>
- Sure Start Maternity Grant [Social Fund Sure Start Maternity Grant | nidirect](#)
- Surrogacy [Microsoft Word - Surrogacy Pathway for NI - Guidance for intended parents and surrogates \(health-ni.gov.uk\)](#)
- Tiny [Life TinyLife – Northern Ireland’s Premature and Vulnerable Baby Charity](#)
- Weaning Made Easy [Weaning made easy](#)
- [Weigh to Healthy Pregnancy Weigh to a healthy pregnancy | HSC Public Health Agency \(hscni.net\)](#)

Appendix 2 Risk Factors

These may be clinical or social in nature many of which are detailed within “*Understanding the needs of children in Northern Ireland (UNOCINI) guidance*,” DoH (2011) and Threshold of Need Model (2010)

Examples may include:

- Concerns about the pregnancy or child
- Emotional health and wellbeing concerns
- Relationship difficulties
- Maternal anxiety/depression
- Housing
- Poverty
- Food insecurity
- Smoking/Vaping
- Nutrition
- Overweight/Obesity
- Breastfeeding
- SUDI
- TB
- Complex Medical Conditions
- Congenital Metabolic Disorders
- Rare Conditions e.g. Cystic Fibrosis
- Hepatitis B
- HIV
- DDH
- Hearing
- Vision

Higher Risk Factors may include:

- Alcohol/Substance Misuse
- At risk first time mothers
- Parents with learning difficulties/disabilities
- Intimate Partner Violence
- Serious Mental illness
- Adverse Childhood Experiences (ACE's)
- Female Genital Mutilation (FGM)
- Child Sexual Exploitation (CSE)
- Child Criminal Exploitation (CCE)
- Forced marriage
- Honor based violence
- Fabricated or Induced Illness (FII)
- Separated, unaccompanied and trafficked children and young people
- Care Experienced Children and Young People
- Previously known safeguarding issues

Appendix 3 Professional Definitions

- **Allied Health Professions** - are regulated by the Health and Care Professionals Council (HCPC) and work within the HCPC code of practice. They are a diverse workforce who deliver high-quality care to patients and service users across a wide range of care pathways and in a variety of settings. AHPs include Art Therapists, Dietitians, Drama Therapists, Music Therapists, Occupational Therapists, Orthoptists, Orthotists, Paramedics, Physiotherapists, Podiatrists, Prosthetists, Radiographers and Speech and Language Therapists
- **Child Health Assistants** – are non-registrants who have additional training to support the role of the Health Visitor and or School Nurse
- **Community Children Nurses** – are highly skilled children nurses who care for children and support parents in their own home or within community settings. CCNs cover four key areas: children with acute and short-term conditions, children with long-term conditions, children with disabilities and complex conditions, including those requiring continuing care and neonates and children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care.
- **Community Paediatricians** - are child health doctors trained in community and hospital settings. They are trained to work with families and children with varying needs. They assess, diagnose, and manage children who may have developmental issues and are the point of referral for health professionals when concerns are raised
- **Midwives** – are trained registered professionals who provide antenatal, intranatal and postnatal care to pregnant women and their families
- **Family Nurses** – are registered nurses or midwives who have undergone extensive additional training. The family nurse will carry out the Healthy Child Healthy Future contacts as part of the overall Family Nurse Partnership (FNP) programme delivery. The family nurse will transfer care of the child to the health visiting service when the child is 2 years old
- **GPs** – General Practitioners are General Medical Council registered medically qualified doctors who are consultants in general practice and primary care. GP's provide family based healthcare within communities and contribute towards the delivery of the Healthy Child Healthy Future programme

- **Health Visitors** – are registered nurses or midwives who have undertaken additional post registration training in Specialist Community Public Health Nursing (SCPHN) who work with children and families predominately from 0-4 years and deliver the HCHF preschool programme
- **Public Health Staff Nurses** – are registered nurses who help support the Health Visitor and or School Nurse in the delivery of the Healthy Child Healthy Future programme
- **School Nurses** – are registered nurses or midwives who have undertaken additional post registration training in Specialist Community Public Health Nursing (SCPHN) who work with children and their families from 5 – 19 years of age and deliver the HCHF school aged programme

Appendix 4

Abbreviations

- **ACE's** – Adverse Childhood Experiences
- **ADBB** – Alarm Distress Baby Scale
- **AEP** – Alternative Education Placement
- **AN** – Antenatal
- **BFI** – Baby Friendly Initiative
- **CAMHS** – Child and Adolescent Mental Health Service
- **CCE** – Child Criminal Exploitation
- **CECYP** – Care Experienced Children and Young People
- **CHPP** – Child Health Promotion Programme
- **CHS** – Child Health System
- **CoMC** – Continuity of Midwifery Carer
- **CONI** – Care of the Next Infant
- **CSE** – Child Sexual Exploitation
- **CYP** – Children and Young People
- **CMA** – Cow's Milk Allergy
- **CMR** – Case Management Review
- **CYPSP** – Children and Young People's Strategic Partnership
- **DE** – Department of Education
- **DDH** – Developmental dysplasia of hips
- **DoH** – Department of Health
- **DOJ** – Department of Justice
- **EA** – Education Authority
- **ELIM I** – Early Language Identification Measure
- **FASD** – Fetal Alcohol Spectrum Disorders
- **FHA** – Family Health Assessment
- **FGM** – Female Genital Mutilation
- **FII** – Fabricated or Induced Illness (FII)
- **FNP** – Family Nurse Partnership
- **GOR** – Gastroesophageal Reflux
- **Hb** – Haemoglobin

- **HCHF** – Healthy Child Healthy Future
- **HFAC** – Health for all Children
- **HL** – Health Literacy
- **HSC** – Health and Social Care
- **IPV** – Intimate Partner Violence
- **Mat B1** – Maternity Certificate
- **MLU** – Midwifery Led Unit
- **MMR** – Measles, Mumps and Rubella
- **MSSU** – Mid-Stream Specimen of Urine
- **NHS** – National Health Service
- **NICE** – National Institute for Health and Care Excellence
- **NIPEC** – Northern Ireland Practice Education Council for Nursing and Midwifery
- **NISRA** – Northern Ireland Statistics and Research Agency
- **NSPCC** – National Society for the Prevention of Cruelty to Children
- **PCHR** – Personal Child Health Record
- **PfG** – Programme for Government
- **PHA** – Public Health Agency
- **PN** – Postnatal
- **RISE** – Regional Integrated Support for Education
- **RoSPA** – Royal Society for Prevention of Accidents
- **PSNI** – Police Service of Northern Ireland
- **RSV** – Respiratory Syncytial Virus
- **SAI** – Serious Adverse Incident
- **SBNI** – Safeguarding Board for Northern Ireland
- **SCPHN** – Specialist Community Public Health Nurse
- **SEN** – Special Education Need
- **SFH** – Symphysis Fundal Height
- **SOS** – Signs of Safety
- **SUDI** – Sudden Unexplained Death in Infancy
- **TB** – Tuberculosis
- **UNOCINI** – Understanding the Needs of Children in Northern Ireland
- **VTE** – Venous Thromboembolism
- **WHO** – World Health Organisation



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