

Wāhanga 5
Ngā Rā Tōmua

Module 5
Early Days



Wāhanga 5 **Ngā Rā Tōmua**

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Tirohanga Whānui – Overview

Once baby arrives, parents are instantly drawn into a new routine that is centred on the care of the infant. For many parents, this daily routine often includes the assistance of the baby's grandparents and other family members. This module provides a range of information on the care of infants and what to expect once baby is home, including guidance on the post-natal emotional wellbeing of mothers and fathers.

Mothers who were interviewed* mentioned they wanted to be the best parent for their child, and several discussed the importance of attachment, mothercraft skills and the need to attend a parenting programme. Understanding the Well Child / Tamariki Ora milestone structure was also important, particularly in relation to babies and children meeting (or not meeting) their agerelated milestones. Support during this post-natal period was essential as many women drew on the parenting experiences of their whānau who were also involved in a co-parenting role with their child. This module is important for all whānau and friends who are centred around a child's life.

Ngā Whāinga – Objective

The aim of this module is to emphasise key considerations for the care of baby, mother and father, and to equip them with information about where to go for additional support if required.

Ngā Huanga Ako – Learning Outcomes

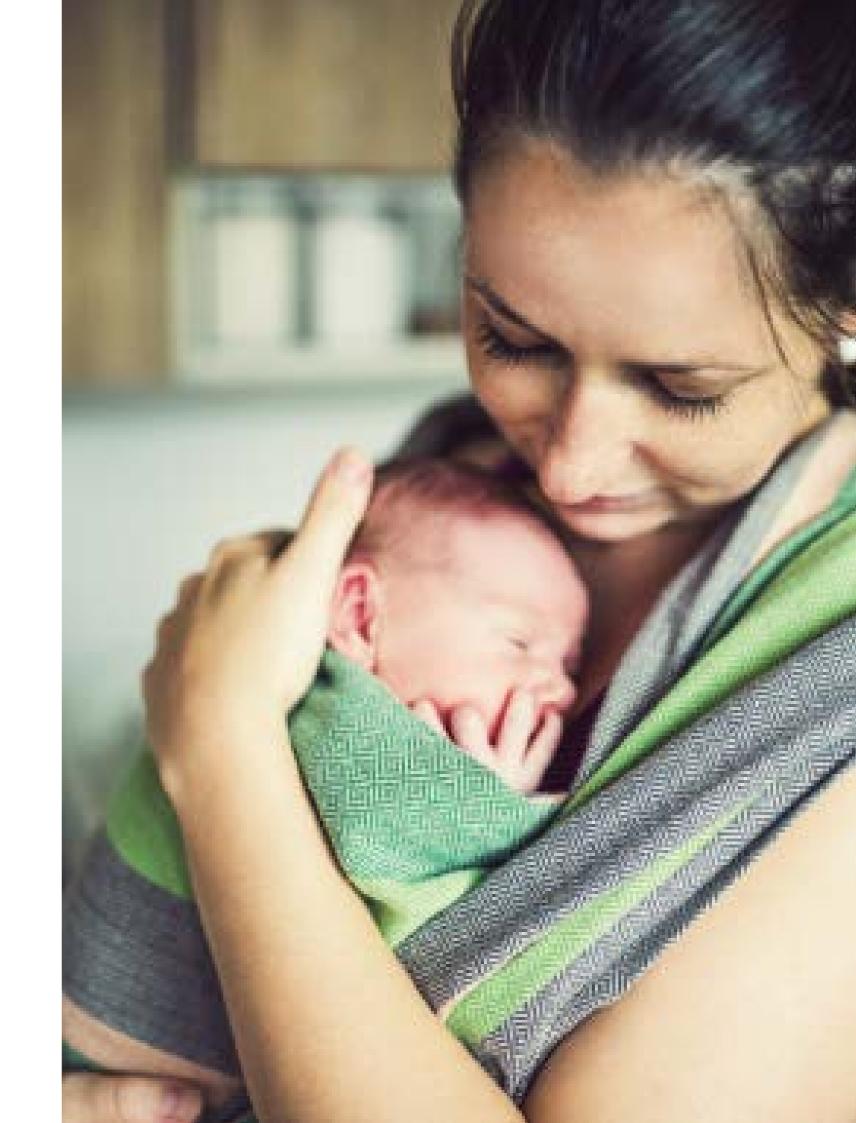
By the end of this module, participants will be able to:

- prepare as much as possible for the arrival of baby (clothes and equipment required)
- identify needs that may arise (material, personal, relationship) and to know where to go for additional support if required
- access post-natal care / Well Child services in their area.

Ngā Ngohe Whakawhanaungatanga

Ice Breaker Activities

- 1. Have a discussion about their expectations regarding the arrival of their newborns. What advice have they been given? What supports will they have? Do they have any concerns? Invite them to share and discuss these with each other.
- 2. Ask mothers and partners how they are feeling today. Use this as an opportunity to discuss further.



*PPE Consultation interviews and focus groups with Māori and young mothers, 2015.

Ngā Kaupapa Matua – Key Messages

Key Messages and Tools

Delivery Guidelines
Details and Tips

Tools

Preparing for Parenthood

The requirements of the Ministry of Health Pregnancy and Parenting Information and Education Services Nationwide Service Framework are shown below.

Preparing for parenthood

- Acknowledge the relationship between parents/partners and the changes that may occur when the baby arrives.
- Provide information on safety and key equipment considerations for baby including car seat, bassinette/cot and first aid, including resuscitation.
- Acknowledge maternal and paternal mental health including antenatal anxiety, stress, depression or lowered mood and who is available to help.
- Provide information on where to seek advice on pregnancy or breastfeeding and medication for those on psychotropic medications. Provide information on additional mental health support during the perinatal period for women with pre-existing or historical mental health issues.
- Provide financial and budgeting information, including paid parental leave, Inland Revenue Department / Working for Families entitlements and benefits.

Adjusting in the early post-natal period

- Provide information on physical and emotional changes, including post-natal depression for the mother and father, and self-care and support for the woman and father/partner post-natally.
- Include real-life experiences from parents who have recently had babies to provide practical information on the days following the birth and with a baby.

Newborn services including screening and vitamin K prophylaxis

• Provide information on services and assessments of newborns, including Vitamin K prophylaxis, newborn metabolic and hearing screening. Refer to the National Screening Unit's website for information on newborn screening.

Early child bonding, development and parenting

- Provide information to support mums and dads to develop warm, sensitive bonding relationships with their baby, including the importance of skin-to-skin contact, the interactive cues to develop bonding between parents and infants, the relationship between bonding and common infant concerns such as poor feeding, difficulty in settling, poor sleeping or excessive crying and the availability of services to support new parents.
- Provide practical information on early baby care, including settling to sleep, bathing, clothing, bedding and safety considerations.
- Provide information on normal infant development covering the range of milestones to support realistic or accurate developmental expectations, including shaken baby prevention messages.
- Provide information on accessing ongoing parent support services, including Family Start, Support for Mothers and their Pepi and Parents as First Teachers (PAFT).

Newborn enrolment in general practitioner (GP) and Well Child / Tamariki Ora (WCTO) services and early enrolment to other early childhood services

Provide information on the key universal health services available for children and families (GP / Primary Healthcare
Organisation [PHO] and WCTO services) and the importance of enrolling in these services as soon as possible following
the birth. Refer to the Ministry's information on the newborn multiple enrolment initiative. Provide advice on other services
available and the benefits to enrolling early, including oral health services and early childhood education.

Immunisation

• Provide information to support parents making informed decisions about immunising their baby, including the immunisations on the current National Immunisation Schedule and the diseases they protect against, the importance of early and on-time immunisation for protecting young infants, and evidence-based and best-practice advice to address any concerns about immunisations or side effects. Refer to the ministry's information on immunisations for the current Immunisation Schedule, and evidence and best practice for providing immunisation information.

Key Messages and Tools

Delivery Guidelines, Details and Tips

ools

National Immunisation Register (NIR)

Provide information about the NIR (the database that holds the immunisation details of New Zealand children), including:

- what information is kept on the register
- who has access to the information
- why it is important for authorised health professionals to have access to a child's immunisation details and the opt-off system if parents choose not to have details of their child's immunisations recorded on the register.

Hospital Entitlements

Explain the free Newborn Metabolic Screening Programme (Guthrie heel prick test).

Explain the free Universal Newborn Hearing Screening Programme.

Organise a female guest speaker and her partner or another family caregiver to explain their experience once baby was born in the hospital: the first few hours or days, visitors, being tired, baby crying and the process of taking baby home.

Newborn Metabolic Screening Programme – National Screening Unit:

https://www.nsu.govt.nz/pregnancynewborn-screening/newbornmetabolic-screening-programmeheel-prick-test

Provide access to **breastfeeding experts**.

Hospital staff will demonstrate how to bath baby.

Demonstrate how to hold baby safely in a bath tub.

Refer to Module 6.

Refer to Module 6.

Emphasise the importance of learning baby cardiopulmonary resuscitation (CPR). Make sure parents and family members watch the video in hospital about how to perform basic life support and/or first aid on your baby. If at any time, baby or child is not breathing, call 111 and start basic life support straight away.

A free baby CPR DVD may be available to watch prior to release from the maternity ward. Alternatively, offer the St John First Aid clip to watch (link provided). Encourage the use of all hospital staff and specialists, and their knowledge and resources.

Baby Resuscitation CPR – St John: http://www.stjohn.org.nz/First-Aid/ First-Aid-Library/Resuscitation/Baby/



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Delivery Guidelines, Key Messages and Tools **Details and Tips Infant Care** 24-hour HELPLINE Babies born – the first few days Ask participants to bring life-size (neonate) old toy dolls - males, Tell pregnant woman that if she What to expect: females and ethnically diverse (or would like to discuss any issues or six to eight good wet nappies and provide these yourself). concerns with a nurse, to call one of plenty of soiled nappies the following 24-hr helplines: by day 7 Images of Mongolian birth spot little sleep for parents. PlunketLine on 0800 933 922 Advise pregnant woman that if For answers to child health and their baby is or turns yellowish it parenting questions or queries is most likely jaundice. To prevent about parenting or child's crying, and/or flush jaundice, feed baby growth, development, behaviour, early and frequently (colostrum and immunisation, breastfeeding, then breast milk). Sunshine may or nutrition, oral health or safety, or may not help and is widely used. want to know more about the Well Recommend that they advise lead Child / Tamariki Ora programme. maternity carer (LMC) to check baby. Birthmarks: Explain that babies Healthline on 0800 611 116 of mixed ethnicity may have a For advice about a child of any age Mongolian spot or congenital who is unwell or hurt, or has any dermal melanocytosis, which is a symptoms of sickness. Healthline flat, blue or blue-grey spot that looks provides a full range of telephone like bruising and is often located triage and health advice for children on the lower back, buttocks sides (and adults). or shoulders. Explain that it is not permanent and usually disappears around their first birthday. Explain how to tell the difference between a birthmark and a bruise. Bruises change colour and shape within a few days. Umbilical cord care: Explain the need to keep the umbilical cord dry to prevent cord flare. Include options of keeping the umbilical cord (i.e. burying the whenua). Safe sleep message (Module 6) and Refer to Module 6. Refer to Module 6. never shake a baby.

Key Messages and Tools

Well Child Services

Outline the role of Well Child / Tamariki Ora services. All children from birth through to five years of age are eligible for free Well Child Services.

Well Child / Tamariki Ora health assessments are timed to match with important stages in a child's life. More visits may be arranged if parents and the child need additional care and support. Explain that these checks include 12 core contacts as well as a general practitioner check at six weeks, linked to the six-week immunisations.

The Well Child programme includes immunisations, health assessments, and at four years of age, psychological assessments.

Advise parents Well Child providers

Advise parents Well Child providers work with midwives to provide care for families and women can be referred to a Well Child provider during her pregnancy or in the first few weeks after baby is born.

Delivery Guidelines, Details and Tips

Have a Well Child / Tamariki Ora guest speaker to introduce the group to Well Child early on. Explain what a Well Child / Tamariki Ora service provides to a family.

Other agencies and services involved in Well Child services are:

- Immunisation Advisory Centre
- WERRY Centre for Child and Adolescent Mental Health
- Auckland Regional Dental Health Service.

Tools

Well Child providers:

http://www.wellchild.org.nz/dhb-search-list

Well Child assessment details:

http://www.wellchild.org.nz/wctoprogramme/birth



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Delivery Guidelines, Key Messages and Tools **Details and Tips** Provide advice on the BCG Tuberculosis – Ministry of Health: http://www.health.govt.nz/your-Tuberculosis (TB) is spread through health/conditions-and-treatments/ coughing, sneezing or spitting. diseases-and-illnesses/tuberculosis Emphasise if the child is at a higher risk of catching TB. As a general indication, the following areas have high rates of TB: most of Africa much of South America Russia and the former Soviet states • the Indian subcontinent China, including Hong Kong; Taiwan (Republic of China) South-East Asia (except Singapore) some Pacific nations (except the Cook Islands, Niue, Samoa, Tokelau

Importance of childhood immunisations

and Tonga).1

Discuss the National Immunisation Schedule and the diseases it protects against.

Emphasise that immunisation is the most helpful way parents can protect their child from serious sicknesses that can be avoided.

Some of these sicknesses are:

- whooping cough
- meningitis
- measles.

Explain the risks of not being immunised. Immunisations are not compulsory in New Zealand and as parents they are able to make an informed choice.

Address any fears of immunisations and let people make an informed choice.

Benefits of immunisation are outlined in the following clip

http://www.raisingchildren.org.nz/ stories/immunisation/

The National Immunisation Schedule lists a series of vaccines that are offered free to babies, children, adolescence and adults. The table below includes vaccines up to four years.

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Source: www.healthed.govt.nz

New Zealand Immunisation Schedule 2014 – Ministry of Health:

http://www.health.govt.nz/ourwork/preventative-health-wellness/ immunisation/new-zealandimmunisation-schedule

Resources –Immunisation Advisory Centre:

http://www.immune.org.nz/resources

Immunisation Overview -Immunisation Advisory Centre:

http://www.immune.org.nz/ immunisation-overview

Whooping cough video clip: http://www.whoopingcough.co.nz/

Delivery Guidelines, **Details and Tips** Hepatitis B Hepatitis B – Ministry of Health: http://www.health.govt.nz/your-Babies born with mothers who are health/conditions-and-treatments/ hepatitis B positive now have blood diseases-and-illnesses/hepatitis-b tests at nine months and will need to be placed on a recall system at the

Settling Baby

hospital.

Explain how to settle a crying baby

Advise mothers, partners and families to have a plan in place of what to do if their baby keeps crying and they become upset or frustrated. There are things they can do and people who can help. Remind them that crying is one of the few ways babies can communicate and it doesn't mean they are naughty.

Suggest the following calming techniques:

- Try feeding your baby; if they don't seem interested, they are not hungry – change your baby's nappies if they are wet or dirty.
- Make sure your baby is not too hot or too cold.
- Try cuddling your baby they may need comforting.
- Make sure there are no tight clothes on your baby that are hurting them somewhere.
- If in doubt, contact 0800 611 116 for advice at any time.

Explain what shaken baby syndrome (SBS) is – a combination of serious a Baby - YouTube clip: injuries that can occur when an https://www.youtube.com/ watch?v=bM2yc3oRu8q infant or young toddler is violently shaken, causing permanent Power to Protect: Coping with a brain damage paralysis (caused Crying Baby – brochure: by damage to the spinal cord),

Remind mothers, partners and families:

It is never OK to shake a baby.

blindness, deafness, fits (seizures),

broken bones, delays of normal development and death.

 Never leave baby alone with an adult who has an anger problem or violent temper.

Have a guest speaker or take them to the house of a newborn to see calming measures in practice. Remember to advise parents that if they are worried their baby is crying because the baby is unwell, they should see their doctor or afterhours medical centre.



Resources – a useful pamphlet translated in different languages with helpful information about how to care for your crying baby – Ministry of Social Development:

http://www.powertoprotect.net.nz/ resources/downloadable-resources.

Video about preventing shaken baby:

http://www.kidshealth.org.nz/shakenbaby-syndrome

Power to Protect – Shaken Baby Protection Online Learning:

http://learnonline.health.nz/course/ search.

Power to Protect: Never, Ever Shake

http://www.powertoprotect.net.nz/ documents/resources/nesab-english. What is Shaking Baby Syndrome? -Ministry of Social Development: http://www.powertoprotect.net.nz/

what-is-shaken-baby-syndrome/ **Brainwave Trust:**

http://www.brainwave.org.nz/

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Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Settling Baby		
Learn to read baby and the baby's cues. Ask a Well Child nurse or midwife for more advice.	Look at You, Aroha Atu, Aroha Mai is the first in a series of DVDs made by Counties Manukau District Health Board (DHB) with Auckland University of Technology that shows babies are social and able to communicate with us from birth. The film helps parents, whānau and professionals to understand a baby's signals and to learn to respond in ways that support baby's development. The DVDs also support the developing relationship babies have with their father, grandparents and siblings.	Look at You, Aroha Atu, Aroha Mai – Counties Manukau DHB (available for purchase for \$10 from the website): http://sahf.webdesign.net.nz/?id=194

Key Messages and Tools	Delivery Guidelines Details and Tips	Tools
Red alert danger signs to be aware of in babies There are a number of 'red alert' danger signs for babies and young children to be aware of.		Danger signs for baby – Raising Children: http://www.raisingchildren.org.nz/ stories/danger-signs/
Advise caregivers that they must see a these symptoms: • finds it hard to breathe	doctor quickly if a child has any of	Check the back of the Well Child Health Book.
is breathing quicklygrunts when breathing		Dial 111 immediately if it is an emergency.
 has a bad cough or wheezes turns blue or stops breathing is difficult to wake up or is unusually sleepy is unusually floppy or limp is pale and appears unwell cries or screams and is unable to be settled or calmed has an unusual cry for one hour or more 		Call Healthline on 0800 611 116 for advice about a child of any age who is unwell or hurt, or has any symptoms of sickness. Healthline provides a full range of telephone triage and health advice for children (and adults).
 is in pain cries, grizzles and pulls or rubs ears has a runny ear has no wet nappies for six hours, during the day, or eight hours at night 		
 will not eat or drink normally has trouble swallowing or uncontrolled dribbling has vomiting and diarrhoea together 		
 vomit is green or has blood in it – these are very serious keeps vomiting or it is severe has been vomiting for more than six hours 		
 has several runny, dirty nappies (diarrhoea) in one or two hours has diarrhoea that lasts longer than 24 hours has blood in poo 		
 has a fever or is too cold if under three months old has a convulsion or fit has a bulging fontanelle (soft spot on top of head) when not crying 		
 has pale or blotchy skin, has rash-like pinpricks or bruising in the skin anywhere on the body skin or eyes are a yellow colour (jaundice) 		
 has swelling in the groin (the area above top of the leg) or swelling or redness of the testes (balls) has been hurt, especially on the head 		
 has a severe allergy to something (allergic reaction, swelling and rash with or without difficulty breathing) has swallowed a poison or is choking. 		
Advise that if the GP is not contactable, take the child to a hospital or accident and emergency clinic, and if help is needed urgently, dial 111 for an ambulance.		

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Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Mother Care / Self-Care		
Emphasise the importance of post- natal checks and the benefits of staying in touch with their LMC.		
Explain that perineal care is important. Tears and bruising get better within a few days. Stitches heal within three to four weeks. By two months there should be no pain. Provide information on simple pain relief – ice packs, salty warm baths and paracetamol (is safe with breastfeeding). Ensure women know to ask for help if: • their stitches become more painful or smelly, as they may have an infection • they have to rush to the toilet when they need to move their bowels • they can't control their bowels when they break wind • they have any other worries or concerns. ²	Encourage discussion of potential pain relief measures.	Birth and Afterwards — Ministry of Health: http://www.health.govt.nz/your- health/pregnancy-and-kids/birth- and-afterwards Looking after Yourself — Ministry of Health: http://www.health.govt.nz/your- health/pregnancy-and-kids/birth- and-afterwards/helpful-advice-birth- and-afterwards
Avoiding smoking and alcohol	Refer to Module 2.	Refer to Module 2.
Nutrition Explain that a mother needs to rest and encourage a balanced diet for breastfeeding.	Refer to Module 2.	Refer to Module 2.
Rest Explain what happens if a woman doesn't get enough sleep and how difficult it will be to care for baby.		





Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Mother Care / Self-Care Continued		
Outline support options a mother should have during these early days with baby. There are a range of pregnancy support organisations throughout New Zealand. Advise mothers that if they split with their partner, it's important to think about who they can ask for emotional and practical support.		Well Child / Tamariki Ora: http://www.wellchild.org.nz/ 24-hour helplines Healthline 0800 611 116 PlunketLine 0800 933 922 National Depression Helpline 0800 111 757 Text the Low Down team for free on 5626 Websites Mothers Matter: www.mothersmatter.co.nz Mothers Helpers: mothershelpers.co.nz Great Fathers: greatfathers.org.nz/greatfathers The Low Down: https://thelowdown.co.nz NZ Single Parents: www.singleparents.co.nz

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Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Maternal Health		
Explain physical and emotional changes including post-natal depression, what's normal and when to look for help. Look out for post-natal depression symptoms, including: • feeling anxious, a sense of panic, no sense of enjoyment, grumpy, tired, irritable or angry, tearful or sad, overwhelmed (everything is too much), tired or a lack of motivation • not thinking clearly, poor memory and concentration, not being able to make decisions • worrying a lot, negative thinking, scary, suicidal thoughts • trouble sleeping • appetite changes • body aches and pains, headaches, feeling hot and cold or "flu" like • loss of sexual interest • not looking forward to things. Advise pregnant woman that on the third day, 'baby blues' is normal and that post-natal depression and anxieties are common. There is a more serious condition related to hormone withdrawal called post-partum psychosis. This usually starts between three days and three weeks after the birth and needs urgent treatment. Symptoms may include feeling full of energy, not needing to sleep, racing thoughts and unusual ideas. If they think this might be happening to them or their loved one, they must contact a doctor or the Crisis Team immediately. With the right support, the pregnant woman and her family will recover. Emphasise that no matter how prepared the pregnant woman is before the birth, the demands of being a new mother are huge. Explain where to get help from, including midwife, Well Child nurse, family doctor and contact helplines such as Healthline and PlunketLine. Explain that it's OK to ask for help. Advise that mothers should talk to someone early and explain where they can get help from.	Have a guest speaker who is the mother of a newborn baby talk about her feelings as a new mother, and her experience in the early days after baby was born. Ensure there are opportunities for people to ask the guest speaker questions. If no one says anything, ask the following: Did it hurt? What did you do to deal with the pain? How did you know you were in labour? How did you look after yourself once baby was born? How long afterwards did you bleed? Encourage women to seek support from their partner and/or relatives if they feel comfortable speaking to them, or to seek post-natal assistance, including their midwife and Plunket / Well Child / Tamariki Ora services.	Post-natal Depression – Ministry of Health: http://www.health.govt.nz/your-health/pregnancy-and-kids/first-year/helpful-advice-during-first-year/postnatal-depression List of helpful individuals and organisations – Mothers Matter: http://www.mothersmatter.co.nz/ Support/Default.asp Dads and Babies – Father & Child: http://fatherandchild.org.nz/ wp-content/uploads/Dads-and-Babies-new.pdf 24-hour helplines Healthline 0800 611 116 PlunketLine 0800 933 922 National Depression Helpline 0800 111 757 Text the Low Down team for free on 5626 Websites Mothers Matter: http://www.mothersmatter.co.nz/ Mothers Helpers: http://www.mothersmatter.co.nz/ Great Fathers: http://www.greatfathers.org.nz/ greatfathers/ The Low Down: https://thelowdown.co.nz/

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Post-traumatic stress Sometimes the birth experience can be difficult or traumatic. Advise pregnant women that if they keep thinking over and over about it and feel anxious or upset when they do so, if they dream about it a lot or have nightmares, if they are irritable and feel all hyped up and if other things keep reminding them of what happened or they are unable to feel close to their baby or partner – they could have post-traumatic stress (PTS). Recommend that they talk it over with family and seek health professional assistance. Partners can often feel frustrated not knowing how to help and not understanding how to listen. Talk to partners and advise of a course of action if they think their partners have PTS.	Ensure there are opportunities for mothers/parents to ask questions.	24-hour helplines Healthline 0800 611 116 PlunketLine 0800 933 922 National Depression Helpline 0800 111 757 Text the Low Down team for free on 5626 Websites Mothers Matter: http://www.mothersmatter.co.nz/ Mothers Helpers: http://mothershelpers.co.nz/ Great Fathers: http://www.greatfathers.org.nz/ greatfathers/ The Low Down: https://thelowdown.co.nz/
A healthy and happy mother is a healthy and happy baby. Tips for mothers: Be kind to yourself. Make some alone time with your partner. Make sure you get enough relaxing, rest and sleep – have a nap during the day rather than doing the housework first when baby sleeps. Accept any offers of help and support – families can be wonderful! Don't let your pride in doing your own housework get in the way. Ask for help from your family. Eat healthily and properly – plenty of protein, fresh fruit and vegetables, and lots of fluid. Baby will get the goodies first if you are breastfeeding, so you need to have some left for you. You will probably get a lot of different advice and may feel you have to listen to your mum or auntie, even if it goes against what the professionals tell you. Talk to someone you trust – a sister or cousin – and sort out what feels right for you. Try not to worry about not respecting your elders – you are showing respect to your child by looking after yourself as well as them. Get out of the house – some gentle exercise such as walking with baby or even dancing with baby if it's wet or cold outside will help lift your spirits and burn off stress or frustration. Connect with your baby – even very young infants will respond to gentle talking, singing and responsive eye contact, and when they smile it will warm your heart.	Ensure there are opportunities for mothers/parents to ask questions.	

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Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Parenting		
Life changes and reality sets in Provide advice that the first few days and weeks of parenting will be a big learning rollercoaster. Baby is completely dependent on the caregiver(s) for love, care and nurturing. Not only are parents getting used to having a new baby at home, but they are having to learn and adjust to their baby's changing needs, and it takes time for mothers and babies to develop some routines. Explain that these early days and weeks can be hard going as caring for a newborn is full-time 24 hours a day and the parents are likely to be low on sleep. Explain to first-time parents that	Invite a couple and family (where relevant and appropriate) who have had their first baby to discuss their early parenting experience – what happened, what worked well and what didn't, their coping strategies and techniques.	Useful information about what to expect and how to look after yourself so you can look after your baby – Raising Children: http://www.raisingchildren.org/ Video containing tips for surviving the first six weeks – Raising Children: http://www.raisingchildren.org.nz/newborns/#newborns-parenting
baby now comes first – no more going out whenever they feel like it. Explain the impact on sexuality. Discuss: emotional and relationship issues and changes related to the transition to parenthood how to manage sexual urges how to maintain a monogamous relationship of love and trust.	Suggest splitting the session into women and men/partners and having guest speakers speaking about these issues. Provide anonymous opportunities for people to ask questions, for example, a stick it board or getting people to write questions on slips of paper that you then pull out of a container.	Resources should be culturally appropriate (in all their various forms) in language, and preferably in the pregnant women's language to aid comprehension and acceptance.
Explain critical early parenting skills, and strategies including positive parenting – praising children for their efforts. Highlight issues to look out for such as verbal abuse and how to address it. Explain that it's not all fun and some days are really hard, they should get help – we all need help during these times. Emphasise the importance of partners'/ families' role in helping new mothers and parents.	Maintaining good channels of communication and the relationship between the mother and partner is essential. Try a communication exercise or role play between the pregnant woman and the partner.	Brainwave Trust: www.brainwave.org.nz Positive Parenting – Ministry of Social Development: https://www.familyservices.govt. nz/working-with-us/programmes- services/positive-parenting/ SKIP tips app available free on the Google Play and App Store: http://skip.org.nz/

Delivery Guidelines, Details and Tips

Family violence is NEVER OK, whether it is physical, emotional or sexual.

Explain that violence can also be verbal, for example, telling baby he's a naughty boy or arguing in front of him.

Look out for warning signs that a pregnant woman may be in serious danger, including: pregnant woman being very afraid

- threats having been made to kill or commit suicide
- excessive jealousy or controlling behaviour from a partner or stalking by ex-partner
- a relationship has ended or a court order has been issued – women and children are most at risk from death and serious violence at such times
- previous incidents of violence, especially if it is getting more severe and frequent and the victim is isolated
- aggravating problems such as drug or alcohol misuse, mental health problems
- violence to others
- cruelty to animals.

If you are concerned about a mother, help her to find assistance. Refer to websites under Tools and Are You OK?:

http://areyouok.org.nz/i-need-help/warningsigns/

Family violence is never OK video clip that highlights the important measures individuals and health professionals are taking to ensure that everyone is aware that family violence is never OK:

http://www.raisingchildren. org.nz/stories/familyviolence-2/

Are You OK? information line on 0800 456 450.

Shine's domestic abuse helpline 0508 744 633

Help is available seven days a week, from 9am to 11pm, with an afterhours message redirecting callers in the case of an emergency.

Women's Refuge:

https://www.womensrefuge.org.nz/ WR/Get-help/Helping-someone-youknow.htm

National Network of Stopping Violence:

http://www.nnsvs.org.nz/ understanding-violence/help-friendsand-whanau

Jigsaw Family Services:

http://anzasw.org.nz/social_work_ practice/web_links/show/293-jigsawfamily-services-incorporated

Shine:

http://www.2shine.org.nz/

Child, Youth and Family:

http://www.cyf.govt.nz/

Barnardos:

http://www.barnardos.org.nz/

Child Matters:

http://www.childmatters.org.nz/

SAFE Network:

http://www.safenetwork.org.nz/

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ı	Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
ı	Family Planning		
	t is important to address family planning where appropriate. Approach the subject carefully – get parents to think about once baby is born. They may be thinking about becoming pregnant again. It is their decision how many babies they want and the space between babies. Point out the advantages and disadvantages of family planning, such as the difficulties of coping with a newborn and a toddler when sleep deprived. Explain that contraceptives prevent pregnancy when you use them. When contraceptives are stopped, the women can get pregnant again. Describe the different types of contraceptives, including condoms, contraceptive implant, intra uterine device (IUD), Depo Provera, progestogen-only pill, combined oral contraceptive pill, emergency contraceptive pill, or if the family is complete, a vasectomy or tubal ligation (getting your tubes tied) are other options. Abstinence (no sex at all) is 100% effective.	Referrals to LMC or midwife, Family Planning and local doctor are recommended. Be mindful of religious beliefs, for example, if delivering a workshop in a Catholic hall, carefully consider messaging.	Family Planning: http://www. familyplanning.org.nz/ Grant for long- acting reversible contraception – Work and Income NZ http://www. workandincome. govt.nz/individuals/a- z-benefits/sng- contraception.html

Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Role of the Father and Grandparents		
Emphasise the importance of dads and the need for time to adjust to their new role as well. Dads are often overlooked when caring for babies and children; however, much research has recognised that fathers and fathering behaviour	Hold a fathers-only session and get a father guest speaker in. Ensure there are opportunities for fathers to ask questions.	Father and Child Trust: http://fatherandchild.org.nz/ Advice for Dads – Ministry of Health: http://www.health.govt.nz/your- health/pregnancy-and-kids/

are important factors in the formation, stability pregnancy/helpful-advice-duringand overall wellbeing of families. pregnancy/advice-dads Fathers who are actively involved in the A Dad's Survival Guide - SKIP upbringing of their children contribute to: website with videos of fathers' positive and successful health outcomes for experiences both their children and families http://www.skip.org.nz/ages-andpositive physical health and social skills. stages/baby-on-the-way/a-dadssurvival-guide/ NZ Single Parents: http://www.singleparents.co.nz/ Great Fathers video featuring musicians Tiki Taane, Warren Maxwell and SJD: http://www.greatfathers.org.nz/ greatfathers/page/movieyoutube A list of people who can help -Child, Youth and Family: http://www.cyf.govt.nz/info-forparents/keeping-babies-safe. html#Gettinghelpwithcaring foryourbaby5 Well Child / Tamariki Ora http://www.wellchild.org.nz/ Parents Centre: http://www.parentscentre.org.nz/

Many fathers believe that raising children is the best day's work anyone can do and fathers need to be valued and supported in in this. Support for fathers Hold a fathers-only session and get a father guest A website for fathers with information about speaker in. what babies need, what nurturing care is and why it's important: Ensure there are opportunities for fathers http://www.greatfathers.org.nz/greatfathers/ to ask questions. The Father and Child Trust offer support and information to all fathers on any dad-related issue. They help over the phone and have drop in offices in Auckland and Christchurch plus they produce the Father & Child quarterly magazine. Encourage fathers to be or dads to check out the website http://fatherandchild.org.nz/

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Key Messages and Tools	Delivery Guidelines, Details and Tips	Tools
Relationships	Refer to Module 1.	
Support networks & care after birth. Emphasise that it is important to know that some days in these early weeks of parenting may be very hard. Stress the importance of having someone to talk to such as a family member or friend and knowing where to ask for help if they have more of these days. Everyone needs help and support during these times, so encourage parents not to be afraid or shy to ask. Clearly explain the roles of the support person. Explain that additional support is needed for men as primary caregivers, for those young or separated. Explain the transition from LMC to Well Child.	In a group brainstorm, identify who in a family would be a support person and what they could do to support the new mother and infant.	
Stress and financial pressure Provide information on coping mechanisms. Ensure a safe environment is provided.	It is recommended that a separate partners/ male session specifically targeted at partners be held. The session should be facilitated by a father role model at a suitable, comfortable location (rugby club or similar). The aim of this session is to discuss the additional stress and financial pressure that will be placed on the partner once the baby is born and to explain useful coping mechanisms and techniques. Another aim is to make sure the partner and/or family have support. Where and how to get additional support should be discussed.	Work and Income NZ: www.workandincome.govt.nz/ Benefit entitlements – Work and Income NZ: http://www.workandincome.govt. nz/individuals/pre-benefit/index. html Victim Support 0800 VICTIM or: http://www.victimsupport.org.nz/





Ngā Tatauranga – Statistics

Торіс	Statistics	Pregnancy or Infant Impact	
Post-natal Depression	Post-natal depression is the most common and serious disorder of the first year after childbirth. It affects approximately 15–30% of all women who give birth and is common in all age groups, ethnicities, cultures and socioeconomic classes. ³ Post-natal depression is a significant issue because of its impact on the health and wellbeing of mothers, partners, children and relationships. ⁴ Post-natal depression is also associated with a reduced likelihood of bonding between the mother and infant as well as impaired cognitive and emotional development of the infant, especially in areas of socioeconomic deprivation. ⁴	Postpartum depression has been associated with: • lower breastfeeding rates • difficulty keeping up with the demands of a newborn baby • often feeling tired, slow and heavy • irritability and hostility that could be directed at the baby or others • suicide • marriage strain – when one person has depression, the other partner can get depressed as well • further episodes of depression, anxiety or bipolar disorder • depression in the woman's partner • cognitive, emotional and behavioural difficulties.	
Paternal Depression	The available research in this area indicates that paternal depression is common in the post-natal period with an incidence of ~10%. ⁵ Risk factors for fathers developing depression include: previous history of severe depression depression and/or anxiety during the antenatal period a partner who has developed depression in the post-natal period limited education other children in the family. It is therefore important to assess and treat fathers for post-natal depression as well as mothers. ²	Paternal depression has implications for children. There is an association with adverse emotional and behavioural outcomes for infants, including increased conduct problems in boys followed up for three and a half years. There are increased diagnoses of psychiatric disorders at age seven years, particularly oppositional/conduct disorders and social difficulties.	

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Topic	Statistics	Pregnancy or Infant Impact
Topic Family Violence	NZ Police recorded a family violence investigation on average every five and a half minutes in 2014.7 An alarming 76% of family violence incidents are NOT reported to police.8 In 2014, 101,981 family violence investigations were recorded by NZ Police, up 7% from 95,101 in 2013.9 In the four years from 2009 to 2012, an average of 13 women, 10 men and 9 children were killed each year as a result of family violence.10 At some point during their lives, 24% of women and 6% of men have experienced one or more sexual offences.11 Disabled women are about twice as likely to be victims of violence or abuse compared with other women.12 Children and young people In the Youth 2012 Survey, 14% of young people reported being hit or physically harmed on purpose by an adult at home in the previous 12 months.13 In the same period, 20% of girls and 9% of boys in New Zealand reported unwanted sexual touching or being forced to do sexual things.14 Partner abuse In 2013, 50% of intimate partner violence (IPV) deaths occurred at the time of actual or intended separation.15 One in three women experience physical and/or sexual violence from a partner in their lifetime.16 76% of recorded assaults against females were committed by an offender identified as family.17 In the four years from 2009 to 2012, 76% of IPV-related deaths were perpetrated by men; 24% were perpetrated by women.18 It is estimated that between 2% and 5% of the older population in New Zealand have experienced some form of elder abuse.19 Economic cost Family violence is estimated to cost the country between \$4.1 and \$7 billion each year.20 Attitudes to family violence One in three people have taken some action as a result of the It's Not OK Campaign (talked to their family, sought more information, asked for or offered help).21	Any type of violence or stress during pregnancy or once baby is born has an effect on baby. It is important that if you are concerned about a mother that you help her to find assistance. Are You OK? http://areyouok.org.nz/i-need-help/warning-signs/
	sought more information, asked for or offered help). ²¹ Source: http://areyouok.org.nz/family-violence/ statistics/	

Торіс	Statistics	Pregnancy or Infant Impact
Immunisation	New Zealand's target for immunisation coverage is for at least 95% of children to be fully immunised by age eight months, and then at age two years. This target is based on the need for: on-time immunisation coverage, particularly three doses of pertussis-containing vaccine for babies and the first dose of measles vaccine at age 15 months high population immunity, particularly to prevent measles transmission, one of the most infectious vaccine-preventable diseases. For the 2014/15 Quarter Four (April—June 2015) results, Counties Manukau DHB met the increased immunisation target of 95%, while Auckland DHB reached 94% and Waitemata DHB 93%. Overall, all DHBs across NZ were on average meeting the target at 93%. Page 122 Refer to the immunisation tables for national data.	Immunisation is widely acknowledged as one of the most 'cost effective public health interventions in history'. Vaccines are available for a range of life threatening diseases such as tetanus and pertussis (whooping cough) and have been successful in eradicating some diseases. Immunisation has the potential to eradicate or better control diseases such as Haemophilius influenzae type b and pertussis. It is necessary to shift the goalposts from coverage to timely coverage. Delay in receiving the first vaccine dose is one of the strongest and most consistent predictors of subsequent incomplete immunisation. ²³ Interventions that promote early enrolment of infants at a primary health care practice include sufficient stable staffing, committed and confident providers, and a practice management system capable of managing immunisation information. ²⁴

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Immunisation Coverage By Prioritised Ethnicity In Auckland

be	lestone age tween 1 Jan 2015 d 31 Dec 2015	6 Mths	8 Mths	12 Mths	18 Mths	5 Years
	No. Eligible	5,965	6,039	6,024	5,937	6,223
	Fully Immunised for Age	4,944	5,633	5,718	5,223	5,162
Total	%	82.9	93.3	94.9	88.0	83.0
	No. Eligible	1,472	1,480	1,476	1,514	1,501
	Fully Immunised for Age	1,288	1,406	1,411	1,369	1,324
NZE	%	87.5	95.0	95.6	90.4	88.2
	No. Eligible	718	751	761	736	788
	Fully Immunised for Age	475	651	709	586	632
Maori	%	66.2	86.7	93.2	79.6	80.2
	No. Eligible	970	968	1,015	1,063	1,263
	Fully Immunised for Age	762	909	985	926	1,014
Pacific	%	78.6	93.9	97.0	87.1	80.3
	No. Eligible	1,990	2,025	1,992	1,826	1,627
	Fully Immunised for Age	1,745	1,925	1,896	1,669	1,378
Asian	%	87.7	95.1	95.2	91.4	84.7
	No. Eligible	815	815	780	798	1,044
	Fully Immunised for Age	674	742	717	673	814
Other	%	82.7	91.0	91.9	84.3	78.0

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