

Conjunctivitis

Conjunctivitis, or pink eye, is a very common condition in children. It causes red, irritated and sticky eyes. A viral or bacterial infection or allergic reaction are the most common causes of conjunctivitis.

An infection (virus or bacteria)

Infective conjunctivitis is caused by a virus or bacteria and can spread easily. It spreads by touching mucus or discharge from the eyes, nose or throat of someone with the infection. It can also spread by touching surfaces and sharing things an infected child has touched.

An allergic reaction

Allergic conjunctivitis is the body's reaction to something (such as pollen) and will not spread to others. A child will often have other signs of hay fever if the swelling and redness is the result of an allergy. Signs can include an itchy, runny nose and sneezing or a history of other allergic conditions. The eyes are itchy and watery.

What are the signs and symptoms of conjunctivitis?

Symptoms can appear from 2 to 10 days after getting infected. Once symptoms appear, they can develop quickly over 24 to 72 hours.

It can be difficult to tell whether an allergy, bacteria or a virus is causing the conjunctivitis as redness and swelling of the conjunctiva happen in them all. Many viruses can cause conjunctivitis and the symptoms may appear in a mild form together with any flu-like illness.

Children with conjunctivitis often have:

- redness of the white part of the eye
- irritation or gritty feeling (like having sand in the eye)
- discharge (may be clear, milky or pus-like)
- more tears than usual
- swelling of the eyelids
- crusting of the eyelids or eyelashes
- itchiness

If the skin around your child's eye

becomes swollen, red or sore, the infection may have spread. This can be serious - sometimes it's a sign of cellulitis. If this happens, take your child to your family doctor or after-hours medical centre as soon as possible.

How can I care for my child's conjunctivitis at home?

You can help relieve the symptoms of conjunctivitis. Gently clear away the discharge from the eye with a cotton ball soaked in warm water. Clean in one direction only, moving the cotton ball from the inside to the outside of the eye. Use a separate cotton ball for each eye and throw them away after each use.

Good hygiene can help prevent the spread of conjunctivitis

- wash hands very carefully after contact with infected eyes
- try to discourage your child from rubbing their eyes
- wash pillowcases, face cloths and towels frequently and don't share them

Should I keep my child with conjunctivitis away from school or daycare?

Children with conjunctivitis should not go to school or daycare until their eyes are better. That's because the discharge from their eyes can pass the infection on to other children.

<https://www.kidshealth.org.nz/conjunctivitis>



Fever

Fevers are common in children. Fever by itself does not tell you whether your child is seriously sick. Even an ordinary cold can cause a high fever.

Key points about fever in children

- a viral infection (such as a cold) is usually the cause of a fever in tamariki (children)
- if your child looks unwell and you are worried, take them to a health professional whether they have a fever or not
- if your child has already seen a health professional but they are getting worse, see a health professional again
- if your baby with a fever is under 3 months old, you should always see a health professional

What is fever?

- **Normal temperature:** your child's normal body temperature is around 37 degrees Celsius.
- **A fever:** your child has a fever if their temperature is 38 degrees Celsius or higher.
- **A high fever:** a high fever usually means more than 38.5 degrees Celsius.

Fever by itself does not tell you whether your child is seriously sick.

If your child is miserable and seems unwell, and feels hot, you can use a thermometer to take their temperature. You don't need to do this if your child seems well.

The number on the thermometer cannot tell you:

- what is causing the fever
- how sick your child is

What causes fever in children?

- The most common cause of a fever in a child is a viral infection. A bacterial infection is a less common but more serious cause.
- The body's natural reaction to infection with a virus or bacteria is to raise the temperature inside the body. This helps to kill the infection.

Will a fever harm my child?

- Fever is a normal way for a child to fight an infection. Being hot may make your child feel unhappy or uncomfortable, but the high

temperature is very unlikely to cause any long-term problems.

- A small number of tamariki have seizures when they have fevers.



When should I seek help for my unwell child?

- If you are worried about your child, whether or not there is a fever, take them to see a health professional.
- If your child has already seen a health professional but they are getting worse, go back to a health professional.
- Call Healthline on **0800 611 116** if you are unsure what you to do.

How do I treat a fever in my child?

- Undress your child so that they are just wearing a single layer (maybe a singlet and pants). Make sure the room is not too hot or too cold. These are the best and most comfortable ways to bring your child's temperature down. It's best not to give your child a bath or shower to cool them. You could use a cool face cloth.
- Your child may need extra rest or they may want to play - this is OK.
- Encourage them to drink fluids and eat healthy small meals.

Medicines

If your child is happy, and they are not unwell, you do not need to do anything more. You do not need to treat the fever with a medicine.

- **Paracetamol** – if your child is miserable because of the fever, you can give paracetamol to make them more comfortable. You must follow the dosage instructions on the bottle. It is dangerous to give more than the recommended dose.

<https://www.kidshealth.org.nz/fever>

Early Childhood Education Centre (ECEC) Newsletter

Public Health Nursing Service

Spring 2024/Summer 2025

Public health nurses are Registered Nurses who work with children/tamariki (and their families/whānau) on any health-related concerns. Public health nurses have access to health resources, information and provide a free, mobile and confidential service.

This newsletter is available on our website via this link: www.cdhb.health.nz/phns

Water safety

Keep your child safe near water. Never leave children, especially those under 5, unsupervised near any water, including baths, buckets and water troughs.

Key points about water safety

- Drowning is a leading cause of injury-related death in young children.
- Always supervise children near any water, including baths, buckets, troughs and ponds.
- Never leave children under 5 unsupervised near water.

Always watch young children near water

- Stay within arm's reach when your child is around water.
- Never leave a young child alone in the bath. Always supervise children under 3 in the bath, even with bath aids/seats or when siblings are also in the bath. If you leave the room, take your child with you.
- Empty baths and paddling pools after use.

- Be aware of unfenced water features, streams, and catchment ponds near homes.
- Ensure pools are properly fenced and gates are securely closed.

Build Water Confidence:

- Encourage positive experiences with water through bath time and pool visits to help your child develop water safety skills.

<https://www.kidshealth.org.nz/water-safety>



Mindful eating

With the end of the year on the horizon and summer varieties of fruit and vegetables hitting the supermarket, it is a great opportunity to look at promoting mindful eating in your centres. Mindful eating can help our tamariki safely explore new kinds of kai, discover the value of mindfulness and help tamariki make choices around hunger and fullness cues. With mindful eating being a valuable tool, what can we do to encourage this? The tips below may be useful to use within centres or sent home in newsletters.

Try out a mindful eating activity:

These are a great addition to centres and can encourage tamariki to slow down, notice their senses and enjoy the current moment. Our friends at Sparklers have created an activity just for mindful eating. Juicy Crispy Crunch looks at supporting tamariki to try or explore kai and focus on the sensory aspect. You could try this with fresh in season produce or with the kai tamariki have bought for lunch. Remember to make sure all foods are within the choking guidelines.

You can check the activity out here: <https://sparklers.org.nz/activities/juicy-crispy-crunch/>

Use neutral language for kai:

Kai is commonly described as healthy or unhealthy, but such messaging can be harmful as no food is inherently bad (unless contaminated or allergy causing). By using neutral language, we look to positive reflections through how foods help us and feel (e.g. carrots are orange and crunchy, they also help our eyes to see). If you were describing a food that we tend to eat less often, you can use neutral language as well, by saying this food doesn't help us grow as much, which is why we tend to eat it less often.

This language can also be used for our hunger cues as it promotes autonomy, but also allows them to reflect on how they are feeling. By asking 'is your puku telling

you that you are still hungry?' rather than 'have you finished everything in your lunchbox?' allows tamariki to measure how they are feeling and encourages them to eat until they are no longer hungry rather than until they are full, or all kai has been eaten.

Reduce those distractions:

By eating in a separate area to play or learning areas and turning off any electronic devices, tamariki can focus on what is in front of them and engage with conversation around them. This practice can help tamariki engage with their hunger cues, but also help avoid overeating.

Need further support in your kai environment? You can contact:

Christchurch:

Laura Brown
laura.brown@tewhatauora.govt.nz

Ashburton:

Stephanie Poole
stephanieelise.poole@tewhatauora.govt.nz



Speech sound development

Show your child that you are interested in what they say, not how they say it. Help your child learn how to say tricky sounds by repeating them correctly as naturally as possible.

What are early, middle and later speech sounds?

Below is the approximate order that speech sounds develop in tamariki. They develop from the time a child starts using words until the early years at school.

Early (18 mths to 3 yrs):
m; n; y; b; w; d; p; h

Middle (2 to 6 yrs):
t; ng (talking); k; g; f; v; ch; j

Later (3 to 8 yrs):
sh; zh (measure); l; r; s; z; th (think); th (that)

How will my child's speech develop?

Children's speech generally gets easier to understand as they get older. Here's a guide:

- **by 3 years of age** tamariki can be understood by unfamiliar adults most of the time
- **by 5 years of age** tamariki can be understood by unfamiliar adults all of the time

What are some tips to help my child's speech development?

- **Be interested** – show your child that you are interested in what they say, not how they say it.
- **Repeat tricky sounds** – help your child to learn how to say tricky sounds by repeating them correctly as naturally as possible. For example, if your child says "bish", you say "yes it's a big fish, isn't it?"
- **Talk face to face** – get face to face with your child so that they can watch the way you say words.

Does my child need a referral to the Ministry of Education for their communication, speech or language development?

Here are some questions and answers to help you decide whether your child needs a referral to the Ministry of Education for their communication, speech or language development.



When?

- have you talked to someone else who knows your child well and tried some of the recommended tips?
- are you still concerned?

What?

- think about your child's communication skills including speech, language, and social interactions
- think about the impact on their daily activities and social interactions at home and in the early childhood education setting
- are they having significant difficulties understanding or communicating with other children or adults a lot of the time?
- are they becoming withdrawn or showing different behaviours to communicate their needs and wants a lot of the time?

How?

If you answered 'yes' to the above questions then contact your local Ministry of Education office to discuss your concerns or make a referral.

Who should I contact?

To make a referral, you can ring **0800 622 222** or email Special Education on special.education@education.govt.nz

[You might also find some helpful suggestions on the KidsHealth page | Concerned about your child's development?](https://www.kidshealth.org.nz/concerned-childs-communication-speech-development)

<https://www.kidshealth.org.nz/concerned-childs-communication-speech-development>

Shaken baby syndrome

Shaken baby syndrome is a combination of serious injuries that can occur when someone violently shakes an infant or young toddler. It is the single most preventable cause of serious head injury in babies under 1 year of age in Aotearoa.

How can shaken baby syndrome happen?

The number one reason given for shaking a baby is "I just wanted the baby to stop crying". Forceful shaking may stop the baby crying, because it causes a head injury.

What are the consequences of shaking a baby?

Symptoms may include poor feeding, vomiting, irritability, fits (seizures), drowsiness, breathing problems and even coma or stopping breathing completely.

Serious long-term consequences can result in permanent brain damage, paralysis, blindness, deafness, seizures, delay in development and death.

How can you prevent shaken baby syndrome?

- it is normal for babies to cry and it is normal for caregivers to get frustrated
- it's OK to walk away - put your baby in a safe place, close the door and take a break
- do not pick up your baby until you have calmed down
- **never, ever shake a baby!**
- never leave your pēpi alone with someone who may lose control
- share this message with everyone who is caring for your baby
- if you think your baby may be injured, seek medical help immediately

If you are worried that your baby is crying because they are unwell, see your doctor or after-hours medical centre.

- wrapping and holding your baby safely in a light-weight blanket
- singing or talking quietly to your baby, or playing some gentle music
- taking your baby for a walk in a front pack or stroller; you could also put your baby in their

car seat and take them for a drive - motion generally helps to calm a baby down, and it's good for you too!

- calling a friend or family member - maybe they could come over and give you a break

What should you do if you think your baby has been shaken?

- Seek immediate urgent help by calling 111.
- Don't let guilt or fear get in the way of your child's health. If your baby has a serious head injury because they have been shaken, it will only get worse without treatment. Early medical attention may save your baby's life and prevent serious long-term problems.
- If your baby seems quite well but is fussy and/or vomiting, it is important that you tell the doctor that you know or suspect your baby has been shaken, so that they can give the proper treatment.

Telephone helplines

- [Lifeline helpline](#) is a national helping for mental and emotional support. Call 24 hours a day, 7 days a week on **0800 543 354**. Free and confidential.
- [SHINE helpline](#) is a national family violence helpline. Call 24 hours a day, 7 days a week on **0508 744 633**. Free and confidential.
- [PlunketLine](#) is a free parent helpline and advice service available to all families, whānau and caregivers. Call 24 hours a day, 7 days a week on **0800 933 922**.

