3.3. Well-child care: keeping the child healthy and developing well

Many opportunities exist to strengthen caregiver practices and support caregiver well-being when mothers, fathers or other caregivers bring their young children to a health facility for regular checkups. Within a welcoming facility, service providers model responsive interactions with caregivers by listening to their concerns, answering questions and addressing them respectfully as they move through the steps of the check-up.

Caregivers may have concerns from their earlier visits. As the child grows new ones may appear. Feeding problems may turn into a child refusing to eat new foods. Upsets may become tantrums. Caregivers may not share difficulties unless providers ask them questions that invite them to share their concerns. The visit offers opportunities to introduce caregiving practices. For example, when children are upset at being weighed, examined or receiving an injection, service providers can demonstrate responsive practices with calming sounds, gestures and ways to distract children to lessen their fears. They can engage caregivers to continue the methods that were demonstrated and coach them on ways to calm the child (see **Box 7**).

When providers weigh the child and discuss how the child is growing, they can also ask about the child's development. They can discuss the child's progress since the last visit and what the caregiver thinks about how the child is learning.

At each visit, the provider can remind the caregiver of the importance of playing and talking with the child. The child's home-based health card or other record may recommend activities for play and communication appropriate for the child's age.

Setting up playboxes or a corner with toys and books encourages caregivers to play together with their children while they are waiting to see a provider (see **Section 2.1**, and **Box 4**). For example, a facility staff member or volunteer can maintain the supply of toy items, clean each item after a child has used it, and facilitate play activities with families during their well-child visits. Caregivers who have scarce resources may think that they have nothing for the child to play with. The contents of the playbox demonstrate how children can learn with common household items (45).

BOX 7. CALMING AN UPSET CHILD

This father is calming his child. He takes a few deep breaths to calm himself first. Then he holds his child closely on his chest. He firmly presses his palm on the child's back while cooing softly to him. The child is circled by protecting arms and incorporates the father's steady level of calm.

The father is learning not to further stimulate his child by slapping his back, shaking or bouncing him.



Photo credit: Jane Lucas



Toy items must be safe for all ages. Small pieces that could be swallowed, stuffed toys that are not easily washable, sharp edges and long sticks should all be avoided. Videos in waiting areas can introduce, for example, the importance of responsive care to the developing brain of a child, and playing and talking with children.

During home visits, community health workers have many opportunities to support caregiver practices and caregiver well-being. Counselling the caregiver on feeding is more appropriate when a health visitor knows what food is available in the home and how it can be prepared for the young child.

Similarly, helping caregivers learn to play and talk with their young child is more practical when the health worker uses what is available in the home. There may be a scarf for playing peek-a-boo or hide and seek; cups and bowls to stack; spoons, potatoes or stones to count; magazines or calendars with pictures to discuss; and many interesting items to name. Observing the child's use of television and mobile phones is an opportunity to discuss how to control screen time and increase more active play.

The home visitor can also help caregivers protect children by removing hazards from: toxins; small objects that could be swallowed; cooking smoke or unprotected fires; or second-hand smoke. When home visitors meet with caregivers, they may see hardships and other conditions to understand better the concerns of caregivers and the help they need.



Photo credit: © UNICEF/UN0152973/Schermbrucker

Holding and playing, frequent eye contact, talking and singing – these help a child to learn, be happy and thrive.

Table 3.3 contains suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during well-child care and home visits.

Table 3.3. Supporting caregivers during well-child care and home visits

COMPONENT OF NURTURING CARE

Responsive caregiving



CAREGIVER PRACTICES

- Look closely at your child.
- □ Be aware of the child's signals (e.g. hunger, discomfort, attempts to communicate, joy and attention).

EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO

- □ Discuss When are you able to spend one-onone time with your child? What do you like to do together? How do you know what your child likes to do with you?
- Ask (when weighing and monitoring the child's growth) How often do you feed your child? How does your child tell you that she is hungry, even before crying? How do you know when your child has finished eating? And when your child wants to start again?
- Counsel Encourage the caregiver to look closely, gently touch, talk and sing softly to the child. Encourage the caregiver to respond to the child's attempts to reach, touch, talk or play.

Table 3.3. Continued

COMPONENT OF NURTURING CARE

CAREGIVER PRACTICES

EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO

Responsive caregiving



Respond appropriately and in a timely way to the child's signals and needs, which differ when the child is well or sick, or has special needs. □ **Observe** Does the child look at the caregiver? How does the caregiver get the child's attention? Comfort the child? Encourage the child to smile?

☐ If the caregiver has difficulty getting the child's attention and encouraging the child to smile, offer a game to help, e.g. look closely at your child's face. Whatever sound or movement your child makes, copy it. Get a conversation going by copying your child's sounds and gestures and talking to your child. With an older child, play peek-a-boo, hiding behind your shawl or scarf.

■ Model: Responsively engage as you approach to weigh or immunize the child. Encourage the caregiver to assist in engaging the child in a similar way.

Opportunities for early learning



☐ Talk with your child.

- Ask What has your child learned to do since the last visit? Is there anything your child cannot do now that she was able to do before? What concerns, if any, do you have about how your child is learning?
- □ Ask How do you and other family members talk with your child? What do you talk about? When you are feeding your child, do you talk to your child? Your child is learning language long before being able to speak. How do you know your child understands you?
- □ **Discuss** Frequently talking and communicating by touch with an underweight or otherwise at-risk child is especially helpful. It stimulates the brain and body to develop during this important time of rapid growth.
- □ Discuss For your child to learn well, your child needs time communicating with you and actively playing. How can you reduce the time your child watches television or plays on the mobile phone?
- ☐ Play with your child.
- ☐ Follow your child's lead and assist the child's interest in exploration and learning.
- □ **Observe** How does the caregiver play with the child? Does the caregiver follow the child's lead? How does the child use play items, books, etc., that you have available?
- □ Ask How can you find some time to play with your child each day? When and how long can you play with your child? If you are busy, how could you talk and play with your child as you do your daily tasks, e.g. bathing, feeding, changing the child's nappies?
- □ Discuss What do you have to use to play with your child? Cups to hold and stack? Vegetables to count? A scarf to play peek-a-boo?

Table 3.3. Continued

COMPONENT OF

NURTURING CARE

Safety and security



CAREGIVER PRACTICES

■ Build your child's trust through a warm,

responsive presence.

EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO

- ☐ **Discuss** Your child knows you care. When your child is hungry, you feed him. When your child fusses, you pick him up and give comfort. How do you show your child that he can trust you?
- □ **Discuss** When you are tense, your child is tense. When you relax, your child relaxes with you. Your child will interpret the world through your reactions to it. What have you observed about how your child responds to your emotional state or the emotional state of other family members?
- Make a safe home environment for exploration and increasing independence.
- □ **Discuss** Help your child explore different objects, and make sure that the objects are clean and safe.
- □ **Discuss** Does your child put things in her mouth? Children do this because they are learning about objects through the mouth (warm, cold, rough, smooth, hard, soft). Help your child explore different objects, and make sure that the objects are clean and safe (bigger than the baby's fist, to prevent choking).
- □ **Discuss** What dangers might exist for the child in or near your home as he learns to crawl and walk? In the household, are there dangerous chemicals or cleaning materials, medicines, sharp objects within reach, firearms? Outdoors, are there waterholes, open fires, animal droppings? How can you protect your child from drowning, injury or other harm?
- ☐ **Ask** When you are not available, who takes care of your child?
- ☐ Protect your child from harsh discipline and abuse.
- □ **Observe** How does the caregiver comfort and calm an upset child? How does the caregiver correct the child?
- ☐ **Ask** Are you sometimes afraid that others in your home might hurt you or your child?
- □ **Observe** Are there any physical signs that the caregiver or child experiences abuse? Are there other signs, such as a fear of talking with you?
- □ **Refer** If there are signs of abuse, follow the protocol to refer the caregiver and child to social or child protection services.

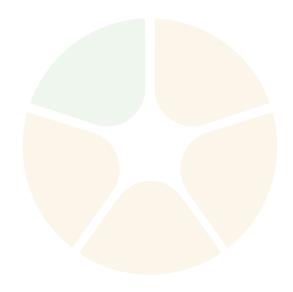
Table 3.3. Continued

COMPONENT OF CAREGIVER PRACTICES **EXAMPLES OF WHAT SERVICE PROVIDERS NURTURING CARE** CAN DO ☐ Protect the child from Safety and ☐ **Ask** Do you or any other member of the family harmful substances smoke, use alcohol or another substance in the security house? □ **Discuss** Second-hand smoke is harmful for the child's healthy growth and development. It increases the child's risk for respiratory disease including asthma and may even lead to sudden infant death. How can you minimize your child's risk of second-hand exposure? ■ Establish routines for ☐ **Ask** What difficulties are you having getting the eating and sleeping. child to eat? To sleep? □ **Discuss** Routines can help with good eating and sleeping habits. Do you have a regular time for feeding? For sleeping?

SUPPORTING CAREGIVER WELL-BEING

☐ **Ask** What difficulties are you having with the ☐ Build their capacity to Supporting care for themselves. demands of taking care of your child? What makes caregiver it easier for you? Who can you ask to help with well-being ☐ Problem-solve and household tasks? How do you relax? organize support from family members. □ **Observe** What is the caregiver's mood? ☐ Identify community ☐ **Ask** When you are having a difficult day, who can services. you talk with? Who can lend you a hand watching your child/children or help with tasks? ☐ **Refer** If you observe signs of poor mental health and failure to cope, consider referral to specialized

CAN DO



EXAMPLES OF WHAT SERVICE PROVIDERS

mental health or other services, if needed.