

FINAL

TIER 2

SERVICE SPECIFICATION

WELL CHILD SERVICES

This Tier 2 Service Specification for Well Child Services is linked to the overarching Tier 1 Child and Youth Service Specification. Refer to this document for details on:

- Service Objectives (General and Maori Health)
- Service Users
- Access (including entry and exit criteria and time)
- General Service Components (including key inputs, settings, facilities, support services and processes)
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to **all** service delivery.

This service specification should also be read in conjunction with 'The Well Child Framework' document. This is the new Well Child service specification, and once implemented will supersede and replace existing service specifications for Well Child/Tamariki Ora, Well Child 0-5, Facilitation and Whanau Care and Support, Whanau Awhina, and First Year of Life Support.

The Well Child Framework and the new Well Child service specification is the result of a two year project to reduce fragmentation and inconsistencies in the delivery of Well Child services. Development of the framework has drawn on findings of a review of Well Child providers, the Child Health Strategy (which was supported by an extensive literature review) and the advice of specialists within the Ministry of Health (including the Chief Advisor Child Health) and Well Child Technical Advisory Group (WCTAG).

1.0 Definition

The Well Child/Tamariki Ora service is a screening, surveillance, education and support service offered to all New Zealand children and their family or whanau from birth to five years. It assists families and whanau to improve and protect their children's health.

The service is described in detail in the *Well Child/Tamariki Ora National Schedule Handbook (MoH 2002)*, and is available on the Ministry of Health website www.moh.govt.nz,

- The Schedule divides the care into three parallel streams which are to be delivered as an integrated package of care for each child and their family or whanau. They incorporate the key public health concepts of supportive environments, disease prevention, and health promotion.
- The Schedule describes the core screening, surveillance, education and support entitlements (including timing). This service specification refers to eight core contacts provided from the time of handover from the Lead Maternity Carer (LMC) through to five years of age. (The Schedule outlines a total of twelve core contacts that every child and their family/whanau are entitled to receive from birth to five years. The remaining four are provided under other service specifications.)

- This service specification does not include Tympanometry, Audiology and Visual Acuity assessment (as these are covered in separate service specifications), but it does expect providers to refer children to these services as appropriate.

Additional contacts can be provided when there is an assessed need. This includes first-time parents as of right or where there are issues such as postnatal depression, infant feeding or behaviour concerns.

2.0 Service Objectives

The primary objective for providers of Well Child/Tamariki Ora service is to support families/whanau/caregivers in maximising their child's developmental potential and health status between the ages of 0–5years, establishing a strong foundation for ongoing healthy development.

In order to achieve this, the Well Child Provider (WCP) will:

- inform and support parents to gain the knowledge and skills required to understand and manage the various stages of their child's development
- reassure parents through health surveillance and clinical assessment that their child is developing normally, and if necessary, ensure any health or developmental concerns are referred appropriately, and addressed in a timely way
- promote positive parenting skills and attachment
- work with families or whanau to identify their needs for support, and either provide or facilitate access to support from other health or community services, especially for those children of families/whanau at risk of adverse outcomes
- where children/young people are receiving services from other agencies, the service provider will participate in intersectoral collaboration and co-ordination initiatives such as Strengthening Families
- promote family or whanau understanding of the Well Child/Tamariki Ora services available and assist them to access the provider's own or alternative services if this is the client's wish
- provide culturally competent services to all children and their families/whanau
- provide services in a way that recognises the needs of identified priority groups, including Maori, Pacific people, children from families with multiple social and economic disadvantage and children with high health and disability support needs
- improve integration, coverage and co-ordination of Well Child/Tamariki Ora services for the client population, including increasing uptake of immunisation and overall coverage rates.

2.1 Child Health Screening and Surveillance Objectives

Surveillance and screening activities are designed to identify unrecognised disease or disabilities.

In order to achieve this WCPs will undertake regular assessments as per the Schedule:

- physical examination of each child in order to detect congenital, inherited or acquired conditions (eg, congenital dislocated hips, undescended testes, congenital heart disease, some aspects of growth, and hearing or vision problems)
- measurement of each child's weight, height and head circumference in order to detect poor nutrition, physical, emotional or growth disorders
- developmental questioning, and where appropriate, assessment of each child in order to detect developmental delay or intellectual disability.

2.2 Child Health Education and Support Objectives

Education and support activities are designed to empower parents and families or whanau to maximise their child's developmental potential and health status.

In order to achieve this the WCP will provide information and advice to parents:

- about their own and their child's nutritional requirements at the various ages and stages of the child's growth and development
- on management of their child's behaviour at the various ages and stages of their child's growth and development, including sleeping, crying, and temperament
- on how to access relevant social support networks within their community
- on ways to prevent Sudden Infant Death Syndrome (SIDS), including sleep position and exposure to tobacco smoke
- about the importance of immunisation in protecting their child from preventable communicable childhood infectious disease
- on how to achieve a safe environment and reduce chance of injury at each of the stages of the child's growth and development (eg, from motor vehicle crashes, burns, scalds, poisoning, drowning, falls)
- on recognition and management of postnatal depression
- on management of asthma in children under five years of age (eg, including household hygiene, smoking, ventilation, temperature control and nutrition).

2.3 Maori Health

Tamariki Maori are one of the four priority populations identified in the Child Health Strategy. By targeting extra services to children and families in the high-need category it is expected that there will be a greater contribution to improving outcomes for Maori. An estimated 35% of New Zealand children live in NZDep.96 8–10 areas, and are therefore growing up in circumstances that may limit development of their potential, compromise their health, impair their sense of self, inhibit educational achievement and generally restrict their chances of successful lives. Of these children 42.5 % are Maori – Degrees of Deprivation in New Zealand (2000).

The service is expected to contribute to the reduction in health inequalities, the 13 priority Population Health Objectives, as well as the Maori health gain objectives, in particular,

targeting services to impact on asthma, diabetes, injury prevention, smoking, hearing, mental health, oral health, immunisation and violence prevention.

2.4 Pacific Health

Pacific children are one of the other population priority groups identified in the Child Health Strategy. This group will also benefit by the approach taken in targeting additional resources to high-Dep. populations.

It is also essential that the Well Child/Tamariki Ora Care service framework delivers on the Ministry's Pacific Health strategies.

The Pacific Child and Youth Health Strategy identifies six key objectives for improving and protecting the health of Pacific children. These are:

- improve access to primary health care services for all Pacific children
- improve uptake of immunisation and well child services
- implement meningococcal vaccine campaign strategy
- improve uptake of breastfeeding at three and six months
- reduce the rate of unintentional injuries to children
- reduce the rate of intentional injuries (child abuse) to children

The Well Child service will provide care that is appropriate and acceptable to Pacific families and which meets the needs of Pacific children. It is recognised that some Pacific providers may also provide other services (such as GP, dental and immunisation services) within a holistic framework, but this service specification deals only with the Well Child aspects of the provider's work. Close linkages with other primary care services would be an advantage for these providers.

3.0 Service Users

All children between 0–5 years and their families/whanau are entitled to Well Child/Tamariki Ora services.

4.0 Access

4.1 Entry criteria

Entry to the Well Child/Tamariki Ora service will commence at the time of formal handover by the Lead maternity Carer (LMC), or where women who do not have an LMC, directly from the hospital to the WCP of their choice.

At time of handover the following protocol will be observed:

- The formal handover will be made by the LMC by four weeks. This will be made in a written and nationally agreed form which documents all key information required by a WCP as the basis for initial assessment and ongoing care for the child and its family/whanau.
- A referral will be made by the WCP to the family's General Practitioner Team (GPT) at or before six weeks for the baby's six-week clinical check and immunisation. This will provide opportunity for the important link between GPT and WCP to be made. (This contact will be claimed under GMS.)

4.2 Provider management of access

The WCP must establish and maintain a system of enrolling clients with their service and ensuring their clients receive the service they are entitled to receive. Clients must remain on the service register until the care of the child /family/whanau has been formally transferred to another WCP.

The WCP will work with LMCs, GPTs and other Well Child/Tamariki Ora services within their geographic area to ensure that clients are able to select or change their choice of WCP without prejudice to their future service delivery. This may include return to their original provider at a later date.

4.3 Location of service delivery

Services will initially be provided in the client's home. This may also include provision of immunisation (for high-need families only) in line with the current immunisation standards and service specification. Service provision may change to clinic/mobile clinic setting when the family/whanau are able to make that transition.

4.4 Exit criteria

A child and their family/whanau will exit the Well Child/Tamariki Ora service at five years.

or

A child and their family/whanau may exit a Well Child/Tamariki Ora service by choice.

If the family/whanau choose to exit the following protocol will be observed:

- a formal handover will occur, as per the protocol above
- the handover will be in writing in a nationally agreed form which documents all key information required by the new WCP as the basis for initial assessment and ongoing care for the child and its family/whanau.

There will be a formal follow-up of those families who are registered clients of the service, who have not formally exited the service and who are not able to be located at their most recent residential address. The WCP will make all reasonable attempts to locate the family and ascertain their willingness to attend this or another Well Child/Tamariki Ora service. If reasonable (read protocol for 'reasonable') attempts at contacting the family are unsuccessful, the service will notify the listed GPT for the client/family/whanau that the child may no longer be receiving a Well Child/Tamariki Ora service; however the child's name will remain on the WCP register.

5.0 Service Components

5.1 Core service

All children between 0–5 years and their families/whanau are entitled to Well Child/Tamariki Ora services. The service is described in detail in the *Well Child/Tamariki Ora National Schedule Handbook (MoH 2002)*.

This contract refers to eight core contacts provided from the time of handover from the Lead Maternity Carer (LMC) through to five years of age. (The Schedule outlines a total of twelve core contacts that every child and their family/whanau are entitled to receive from birth to five years. The remaining four are provided under other service specifications.)

The components of the Schedule are divided into three parallel streams, and these will be delivered as an integrated package of care for each child and their family or whanau.

The three streams incorporate the key public health concepts of supportive environments, disease prevention, and health promotion. They are:

- health education and promotion
- health protection and clinical assessment (clinical assessment plus ‘immunisation education/facilitation’ and ‘immunisation provision’)
- family or whanau care and support.

5.2 Additional services

An additional five contacts may be provided for first-time parents and/or when there are issues such as infant feeding or behaviour concerns requiring short-term additional contacts.

An additional 5–10 contacts may also be provided to children and their families and whanau where there is an assessed need (see needs assessment criteria), where there is opportunity to improve health outcomes.

In areas where Family Start exists it is expected that WCPs will continue to provide the core Well Child/Tamariki Ora Service, and additional contacts as deemed necessary by the WCP and the FS worker.

In situations where the WCP is competent and registered to do so, opportunistic immunisation should be provided to children who have not accessed this service from the General Practice Team (GPT), and where facilitation of immunisation uptake through support (provision of information, support or transport) is unlikely to be effective. The WCP should offer immunisation in the home, or other suitable facility, and inform the relevant GPT. All relevant guidelines must be adhered to. Claiming for immunisation in these circumstances is through Section 88.

5.3 Needs assessment

At the initial meetings between the family and the Well Child caseworker an assessment process will be undertaken by the caseworker in order to identify needs and the level of service delivery required. At subsequent meetings this assessment will be reviewed and adjusted as appropriate.

While the Needs Assessment factors are not accorded a weighting, the following factors should be taken into account in decision-making regarding service intensity:

- the extent to which the identified needs have an impact on the health, wellbeing or safety of the baby or other children (eg, domestic violence)
- the extent to which the risk factors are likely to become significant problems in the near future (eg, mental health problems that may be triggered by postnatal depression)
- the extent to which successfully addressing a specific need depends upon resolution of other identified needs (eg, other problems may not be able to be addressed until a drug or alcohol addiction has been treated).

5.3.1 Needs assessment factors

Low income status (NZDEP. 8–10)	Evidence of low income (eg, receipt of income support or low wage)
Lack of essential resource (NZDEP. 8–10)	More than one of the following applies: <ul style="list-style-type: none"> • the family’s housing situation is unstable or unsuitable for current needs (eg, serious lack of space, very insecure tenure) • lack of access to a telephone or transport

	<ul style="list-style-type: none"> • lack of basic amenities (eg, power disconnected)
Unsupported parent (NZDEP. 8–10)	The caregiving parent is a sole parent bringing up the child in the absence of a cohabiting partner or other significant parental or whanau support
Low maternal educational qualification (NZDEP. 8–10)	The mother left school without any formal educational qualification and still lacks qualifications (eg, not one School Certificate subject gained)
Relationship problems	Evidence of significant relationship problems or difficulties with partner (eg, family violence, conflict, lack of support)
Frequent change of address	The mother has changed address more than twice in the last 12 months
Young mother	Aged less than 18 years
No or minimal antenatal care	Received no or late antenatal care (ie after 6 months of pregnancy)
Mental ill health	<p>Either parent has a current mental health problem, including postnatal depression or any other type of depression</p> <p>Either parent with a history of mental health problems</p>
Substance abuse	Caregiving parent or partner with an alcohol or drug problem
Family history of abuse	Caregiving parent or partner with a history of abuse or neglect, or there is a history of abuse or neglect with previous children of this parent or partner
SIDS factors	<p>More than one of the following applies:</p> <ul style="list-style-type: none"> • the mother smoked while she was pregnant • the baby had not been breast fed, or has only been breast fed for a very short period • the mother has experienced difficulty with establishing breast feeding • the baby is low birth weight (ie less than 2500 grams) • the baby is premature (ie less than 33 weeks gestation)

5.4 Interrelationships with other Well Child Services

In order for the three parallel streams of 'the Schedule' to be delivered in a co-ordinated and integrated way WCPs will require formal links with LMCs and GPTs.

LMC	The WCP can expect to be notified of the birth of a baby within 4 weeks, and receive handover within 4-6 weeks
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	and receive handover within 4–6 weeks
GP Team	<p>The WCP will refer the child to the GP at 6 weeks for 6–week clinical assessment and immunisation. From then on all immunisations will be done by:</p> <ul style="list-style-type: none"> ● the GP team, or ● by the WCP (though mobile or home visiting service for high-need families) and notified to the GP team.

5.5 Interrelationships with Family Start (if available in the area)

Family Start may be involved with a family during the mother's pregnancy (referral window is six months pre-birth to six months post-birth) until the child is five years old. Thus, the WCP may receive referrals from Family Start or may refer a family to Family Start for ongoing support. When a family is involved with Family Start, the WCP will continue to provide the Well Child/Tamariki Ora service. In this situation the WCP and the Family Start provider will work closely to ensure the family's support needs are met in the most appropriate way.

5.6 Service availability

Services will be available up to 12 hours per day, six days a week according to the population requirements in the particular geographic area.

5.7 Settings for service delivery

Services will primarily be provided in the client's home. Service provision may change to clinic/mobile clinic setting if the family/whanau are able to make that transition. Arranging transport may be part of making that transition acceptable for the family/whanau. A primary consideration at all times will be to encourage and support the family's independence.

5.8 Competency of staff

Core Well Child/Tamariki Ora services will be provided by Well Child workers who are competent to deliver each of the three components of the *Well Child/Tamariki Ora National Schedule* as described in the *Well Child/Tamariki Ora National Schedule Handbook (2002)*. Cultural competencies will also be required. It is recognised that at the present time the described competencies may be in preparation. In these cases existing practitioners will be 'grandparented' into the competency requirements as described below, and a requirement for attainment of competencies will be phased in over time.

5.8.1 Competency to deliver 'Health Protection and Clinical Assessment' component of the schedule

A Registered General and Obstetric Nurse, or a Registered Comprehensive Nurse who has met the competencies for Child Health/Well Child approved by the Nursing Council (or is working under supervision with a person with these competencies until competencies are achieved) will be deemed competent to deliver this component.

or

A General Medical Practitioner who has met the competencies for Child Health/Well Child approved by the Royal New Zealand College of General Practitioners or a Paediatrician who is a member of the Royal Australasian College of Physicians (or is working under supervision until competencies are achieved) will be deemed competent to deliver this component.

5.8.1.1 Competency to deliver the six week examination

In the case of the six week medical examination, the required competencies are that of a General Medical Practitioner who has met the competencies for Child Health/Well Child

approved by the Royal New Zealand College of General Practitioners or a Paediatrician who is a member of the Royal Australasian College of Physicians (or is working under supervision until competencies are achieved) will be deemed competent to deliver this component.

5.8.2 Competency to deliver 'Health Education and Promotion' component of the Schedule

A Registered General and Obstetric Nurse, or a Registered Comprehensive Nurse who has met the competencies for Child Health/Well Child approved by the Nursing Council (or is working under supervision with a person with these competencies until competencies are achieved) will be deemed competent to deliver this component

or

A General Medical Practitioner who has met the competencies for Child Health/Well Child approved by the Royal New Zealand College of General Practitioners or a Paediatrician who is a member of the Royal Australasian College of Physicians (or is working under supervision until competencies are achieved) will be deemed competent to deliver this component.

or

Until such time as competencies have been developed for the following groups the following will apply:

- Community Health Worker or Social Worker if topics outlined in the Schedule have been included in their qualification and are competent to deliver within a team that includes either of the two professionals outlined above
- Plunket 'Karitane' or 'Kaiawhina' if topics outlined in the Schedule have been included in their qualification and are competent to deliver within a team that includes either of the two professionals outlined above.

5.8.3 Competency to deliver 'Family or Whanau Care and Support' component of the schedule

A Registered General and Obstetric Nurse, or a Registered Comprehensive Nurse who has met the competencies for Child Health/Well Child approved by the Nursing Council (or is working under supervision with a person with these competencies until competencies are achieved) will be deemed competent to deliver this component.

or

A General Medical Practitioner who has met the competencies for Child Health/Well Child approved by the Royal New Zealand College of General Practitioners or a Paediatrician who is a member of the Royal Australasian College of Physicians (or is working under supervision until competencies are achieved) will be deemed competent to deliver this component.

or

Until such time as competencies have been developed for the following groups the following will apply:

- Community Health Worker or Social Worker if topics outlined in the Schedule have been included in their qualification and are competent to deliver within a team that includes either of the two professionals outlined above.
- Plunket 'Karitane' Nurse or 'Kaiawhina' if topics outlined in the Schedule have been included in their qualification and are competent to deliver within a team that includes either of the two professionals outlined above.

5.8.4 Ensure staff have specific training in:

- how to identify, support and refer victims of interpersonal violence with a particular focus on child and partner abuse. The service must have protocols in place to support staff in this intervention
- disability awareness to ensure disabled children and disabled carers are given appropriate access and support
- specific issues in the patterns and identification of abuse and interpersonal violence for these groups.

6.0 Service Linkages

Well Child/Tamariki Ora Service Providers will maintain effective and efficient linkages with all services that may refer families to them, or to which Well Child/Tamariki Ora service may refer families. Linkages will be maintained with:

Linked providers	Nature of Linkage	Accountabilities associated
Lead Maternity Carers (LMC)	Liase and work with relevant LMC.	To ensure seamless transfer of care for the child and their family and whanau.
General Practice Team (GPT)	Liase and work with the relevant GPT whenever there are client concerns or issues. Refer all children for 6-week clinical assessment and immunisation.	To ensure continuity of care for the child and their family and whanau. To ensure child receives cardio vascular assessment and 1 st immunisation
Family Start	Liase and work with the relevant FS worker.	To ensure continuity of care for the child and their family and whanau.
Child, Youth & Family (CYF)	Liase and work with CYF whenever there are growth or developmental concerns for a child referred to, or under, CYF supervision. Participate in FGC as required. Refer to CYF where a child's safety is at risk from abuse or neglect.	To ensure continuity and quality of care for the child and their family and whanau. The child's safety is paramount.
Interagency Co-ordination (Strengthening Families)	Attend or instigate Interagency Co-ordination meetings as appropriate.	To ensure continuity and quality of care for the client.
Other Well Child/Tamariki Ora providers (WCP)	Liase and work with the relevant WCPs	To ensure seamless WC care delivery for all families.
Hospital services	Refer to relevant Hospital service when a child's health or development are of	To ensure timely intervention occurs and provide continuity of care for the client.

	concern. Liase and work with relevant professional whenever there are concerns relating to the health or development of a particular child.	
Community/General Paediatrician	Refer or liase re individual children as appropriate	To ensure timely intervention occurs and provide continuity of care for the client.
Specialist Medical Services	Refer or liase re individual children as appropriate	To ensure timely intervention occurs and provide continuity of care for the client
Pre-school Vision and Screening Services	Refer individual children at 3 years	To ensure timely intervention occurs and provide continuity of care for the client
Whakarongo Mai Ear Health Service	Refer individual children with suspected otitis media with effusion for screening and ear care management	To ensure timely intervention occurs and provide continuity of care for the client
Pre-school Dental Services	Refer or liase re individual children as appropriate	To ensure timely intervention occurs and provide continuity of care for the client
Parents As First Teachers (PAFT)	Refer or liase re individual children as appropriate	To ensure timely intervention occurs and provide continuity of care for the client
HIPPY	Refer or liase re individual children as appropriate	To ensure timely intervention occurs and provide continuity of care for the client
Community Agencies	Refer or liase re individual children as appropriate	To ensure timely intervention occurs and provide continuity of care for the client

This includes:

- provision of written information about their service to all agencies from which the service receives referrals, to give to potential clients
- a collaborative approach to service provision for families in which both services are involved
- the development and maintenance of formal (two-way) referral processes, which includes documenting outcome of referral to referee
- the development and implementation of a formal process for the transfer/handover of clients when one service will no longer continue to be involved with a family.

7.0 Exclusions

This service specification does not cover Health Promotion provided under separate contracts with the provider through the Public Health Directorate. This service specification does not include Tympanometry, Audiology or Visual Acuity assessment as these are covered in separate service specifications.

8.0 Quality Requirements

The service is required to comply with the General Terms and Conditions of the Ministry of Health and the Provider Quality Specification attached to this service specification.

The following specific quality requirements also apply. The provider must:

- seek informed consent for the medical examination of children from their parents/guardians
- comply with the Code of Consumer Health and Disability Services
- comply with the Children, Young Persons and their Families Act
- comply with the Well Child Tamariki Ora National Schedule Handbook (MoH 2002)
- comply with Immunisation Standards (1995) and the Immunisation Service Specification
- comply with Section 125 of the Health Act 1956 with respect to the medical examination of children.

9.0 Reporting Requirements

9.1 Register

The WCP will establish and maintain a register of all children accepted into their service. This register will record the following information by child:

- family and first name
- NHI number
- date of birth
- ethnicity*
- address and telephone number
- parent/caregiver's name and address
- next-of-kin's name and address
- general practitioner's name and address
- date of referral to WC service
- date of exit from WC service
- date of each core contact including:
 - if immunisation up to date
 - received SIDS prevention information (first 6 months only)
 - received injury prevention information

- received smoke-free information
 - breast feeding status at six-week, three-month, six-month contacts (as per definitions below)
 - referred for suspected congenital dislocated hip
 - referred for suspected undescended testes
 - referred for suspected growth failure
 - referred for suspected hearing loss
 - referred for suspected visual impairment
 - referred for suspected developmental delay
 - referred for suspected abuse or neglect
 - referred for asthma management
 - referred for behaviour management
 - if parent referred to parenting course.
- **Date of each additional contact**

*Ethnicity is recorded as perceived by the family/whanau. People may therefore perceive themselves as belonging to more than one ethnic group. Ethnicity is to be reported according to the following priority system: if perceived ethnicity includes:

- Maori, report as Maori
- Pacific, report as Pacific
- otherwise, report as Other.

9.2 Quarterly Reporting

The WCP will report quarterly to their contract manager (by ethnicity) on:

- Total number of children enrolled with the service at the start of each quarter.
- Number of children enrolled during the quarter
 - Under 12 months of age
 - Over 12 months of age
- Number left the country or transferred to another Well Child Provider during the quarter (or left the country).
- Number discharged at age 5 years during the quarter.
- Total number of children enrolled with the service at the end of each quarter.
- How many of these children (ie those with the service at the end of the quarter) received their full service entitlement in that quarter?
- How many of the children/caregivers who received service entitlement are/have:
 - up-to-date with immunisation

- received SIDS prevention information in the 1st 6 months
- received injury prevention information
- received smoke-free information?
- Number of children referred in this quarter for:
 - suspected CDH
 - suspected undescended testes
 - suspected growth failure
 - suspected hearing loss
 - suspected visual impairment
 - suspected developmental delay
 - suspected abuse or neglect
 - asthma management
 - behaviour management.
- Number of parents referred for parenting courses this quarter
- Breast-feeding rates at six weeks, three months, six months by ethnicity and whether they are exclusively, fully or partially breast fed as per the following definitions:

Exclusive	the infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breast milk from the breast or expressed, and prescribed ¹ medicines have been given from birth.
Fully	the infant has taken breast milk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours. (This matches the WHO exclusive rate indicator.)
Partial	the infant has taken some breast milk and some infant formula or other solid food in the past 48 hours.
Artificial	the infant has had no breast milk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

¹ Prescribed as per the Medicines Act 1981