Addressing Reference (b) the delivery of child development services in both metropolitan and regional Western Australia, including paediatric and allied health services.

Submission by Hayley Cullen and Lily Pridham.

We advocate for the funding of dietitians within the Child and Adolescent Health Service, to support parents/carers in introducing first solids and allergenic foods to infants. This will immediately reduce the current loading on child health nurses, paediatricians, immunology specialists, as well as providing longer term benefits to the health system as well.

Dietitians are well positioned to take on a larger role within the Child

Development Services, in particular by supporting early childhood nutrition, as
well as the introduction of allergenic foods to infants. This will alleviate a
portion of the wait times across the Western Australian Department of Health,
by supporting child health nurses, and providing preventative care and earlier
identification of nutritionally-related health issues. There are a large number
of questions and concerns about introduction of allergenic foods that are
currently being directed to immunologists and paediatricians, and these can be
more appropriately addressed by a community dietitian at an earlier time point.

Child health nurses currently have to take on the informal role of dietitian/nutritionist in addition to their many other responsibilities, despite being significantly under-resourced and under-staffed. Child health nurses facilitate a 2 hour seminar "A solid start" for parents and carers, which educates on how to introduce first solids to an infant. This seminar is run approximately 180-200 times per year across a selection of locations, but is extremely popular and over-subscribed, meaning that many parents miss out. Anecdotally, most parents and carers find they have many more questions and require more information than is provided in a single session, although this is not generally available. The learning journey for introducing an infant to

solids is complex, for both the infant and its parents/carers. As a result, parents and carers often turn to other sources of information that may or may not be accurate, including family, friends and social media.

Additionally, many child health nurses and other health care professionals can confirm that there is a widespread fear of introducing potentially allergenic foods such as peanuts. Many parents and carers are delaying introduction unnecessarily for months, waiting until they are in a hospital car park or café, or requesting a consultation with a paediatrician or immunologist first. The longer the delay to introduce allergenic foods, the higher the risk of developing a food allergy. There are simple steps that can be taken to ensure safe and relatively easy introduction of allergenic foods, without the need for delays or medical involvement in the majority of infants. By working closely with the National Allergy Strategy and other related organisations, dietitians funded by CAHS will be able to develop programs that are guided by the latest research and guidelines. And by preventing any unnecessary delay in allergenic food introduction, we will be able to help reduce the prevalence of allergies. This outcome alone will have a lifetime of significant benefits for those individuals and society.

Allergic Disease in Australia; a background:

Australia has become known as the "allergy capital of the world", with more than 5 million Australians living with allergic disease (1). The still-ongoing Australian HealthNuts study has reported preliminary data showing approximately 10% of 12 month olds are clinically diagnosed with food allergies (2). Food allergy hospitalisations in Australia have increased by fourfold over the decade, with our health system unable to keep pace (1).

Allergic disease prevention and management has recently been prioritised by the Federal Government, with a \$26.9 million investment package announced on the 30th March 2022 (3). This will hopefully lead to better research, treatments and outcomes for patients in the long term. We know that development of

allergic diseases are multi-factorial, with some factors that are not modifiable such as genetic susceptibility, and other factors that are modifiable, including diet quality (4), and early exposure to allergenic foods (5,6).

A portion of the federal funding will allow continuation of public health guidelines and prevention programs such as "Nip allergies in the Bub" (3). However, there is a need to bridge the gap between ideal recommendations, and what parents/carers are actually achieving at present. We don't have time to wait for our understanding of allergies to be complete, it is necessary to pick the lowest hanging "fruits" and act as quickly as possible.

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