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Clinical Senate

Making the first 2,000 days of life a priority

The impact the first 2,000 days of life can have on a child's future is profound. Many of our health outcomes throughout life can be traced back to our early lives – experiences in the lead-up to conception, in utero and during the first five years of life.

So much of the disease Queenslanders struggle with and that challenges our healthcare system could have been prevented. We, as leaders of the Queensland health system, owe it to future generations to do what we can to ensure parents and carers have access to what they need for our children to have a great start to life.

The first 2,000 days could be an opportunity of a lifetime. It is a time in which preconception education, connected antenatal and postnatal care, good linking to services and completion of child health checks can make a substantial difference.

The concept of the first 2,000 days is huge and the response must be multi-pronged. To make a positive impact during this period and to give a child the absolute best chance of thriving, parents, carers and health professionals must be educated about the immense and lifelong impact the early years can have on a child's life. Knowledge is power, but it takes so much more than that.

It takes access to appropriate and culturally safe support, advice, and care—both universal and targeted—for preconception, pregnancy, post-partum and in early childhood. And this care must be in the right place at the right time.

While it makes sense that health would take a leadership role in this critical work, it will take strong partnerships across multiple agencies, departments and community services.

Last November, the Queensland Clinical Senate hosted more than 150 senior leaders from across a range of healthcare agencies – government and non-government – to consider how we can do better for our kids. We discussed important concepts such as the evidence-based impacts of ACEs (adverse childhood experiences), epigenetics and DoADs (developmental origins of disease).

The evidence and stories we heard at the meeting were compelling and left no doubt that we must make the first 2,000 days a priority – we must act now.

Our recommendations from the meeting focus on the key priorities within the first 2,000 days that will:

- ▶ have the greatest preventive impact on overall health outcomes throughout a lifetime
- ▶ provide the greatest benefit in terms of health system sustainability
- ▶ ensure equity of healthcare access and outcomes.

We have the opportunity to make change and it *IS* the opportunity of a lifetime. We need to reduce preventable harm and help our children to reach their genetic potential.

You can access the recommendations here: clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinical-senate/meetings/first-2000-days

