

Best Start
Healthy Child Development
January 2004

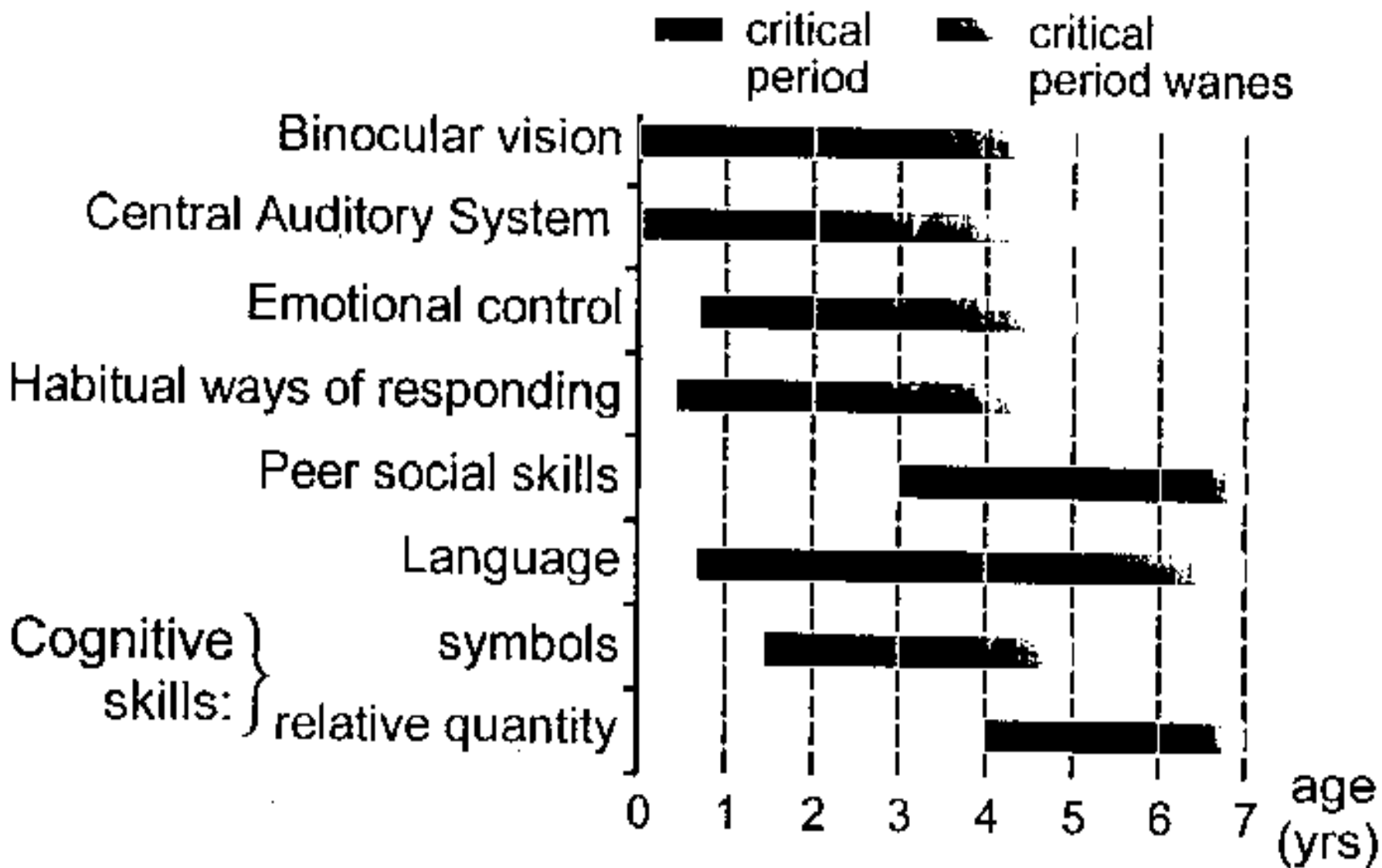
Improving the Odds

Presenter: Pat Mousmanis MD
Linda Comley MD
Ruth Schofield RN

Early Intervention makes a Difference

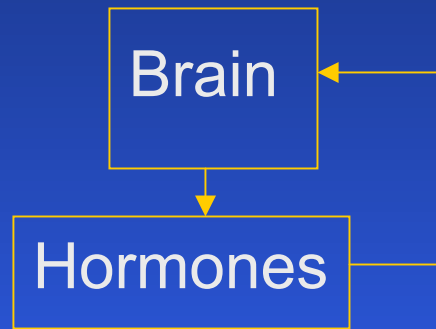
- The evidence based research is growing rapidly
- A “wait and see” approach is no longer acceptable
- The family practice team has a unique opportunity to intervene

Sensitive Periods for Early Development



Source: adapted from Begley, 1996, pp. 58-59
 "Zero to Six: The Basis for School Readiness"
 R-97-8E, Gillian Doherty May 1997
 Applied Research Branch Strategic Policy, Human
 Resources Development Canada

Early Experiences

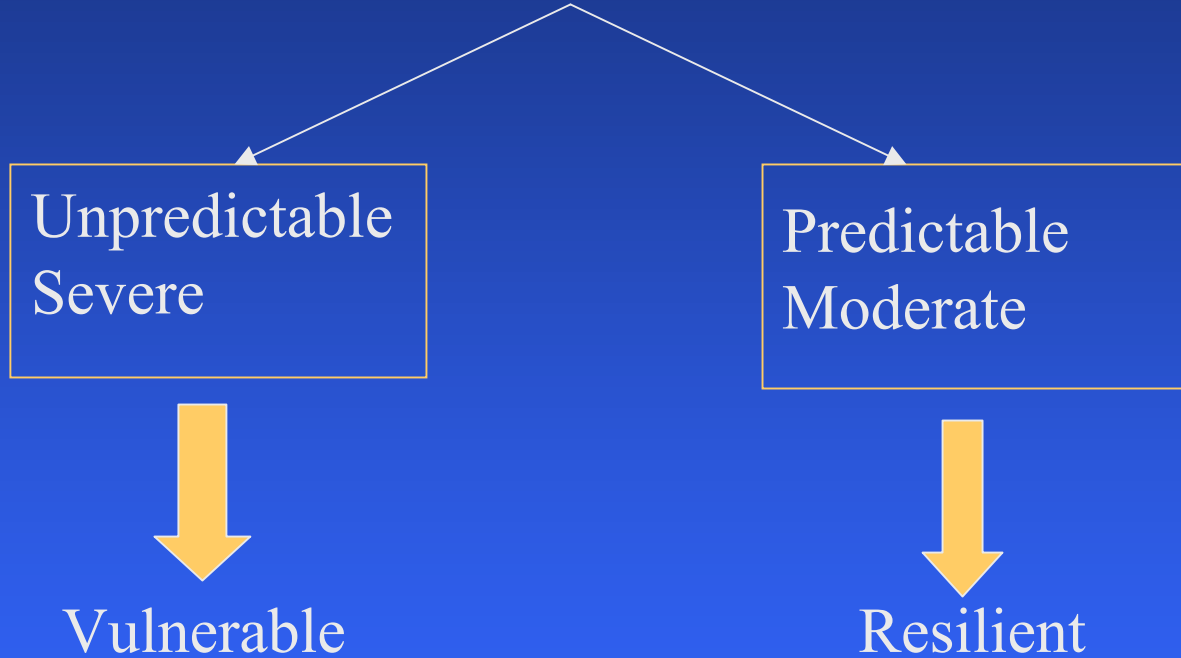


The early experiences and hormone exposure generated by the brain's reaction to those experiences



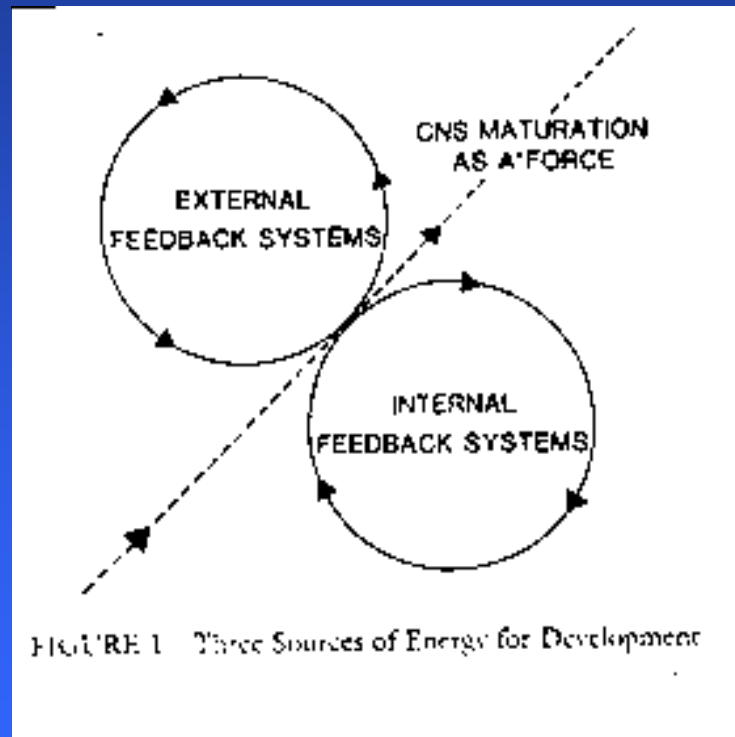
Cues that change the way the brain responds to future experience

Stress

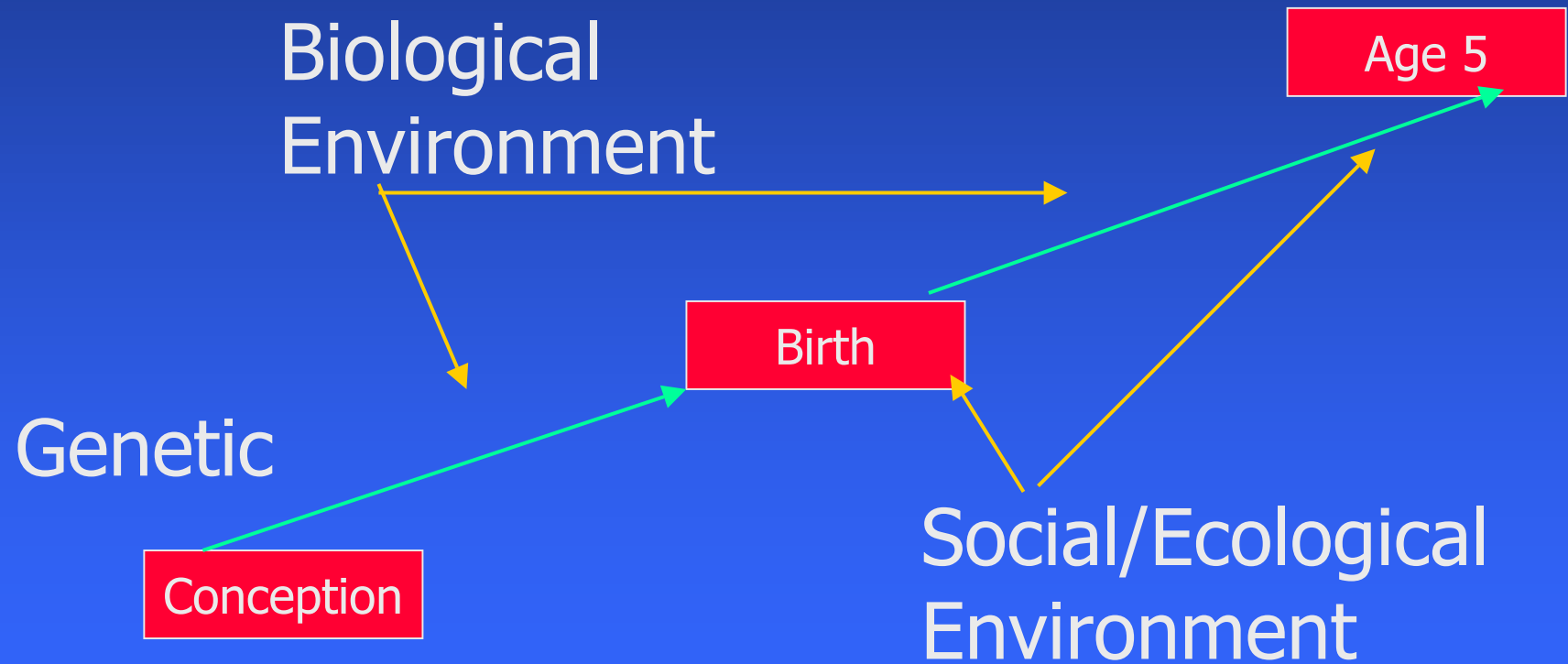


Reciprocity - Attunement

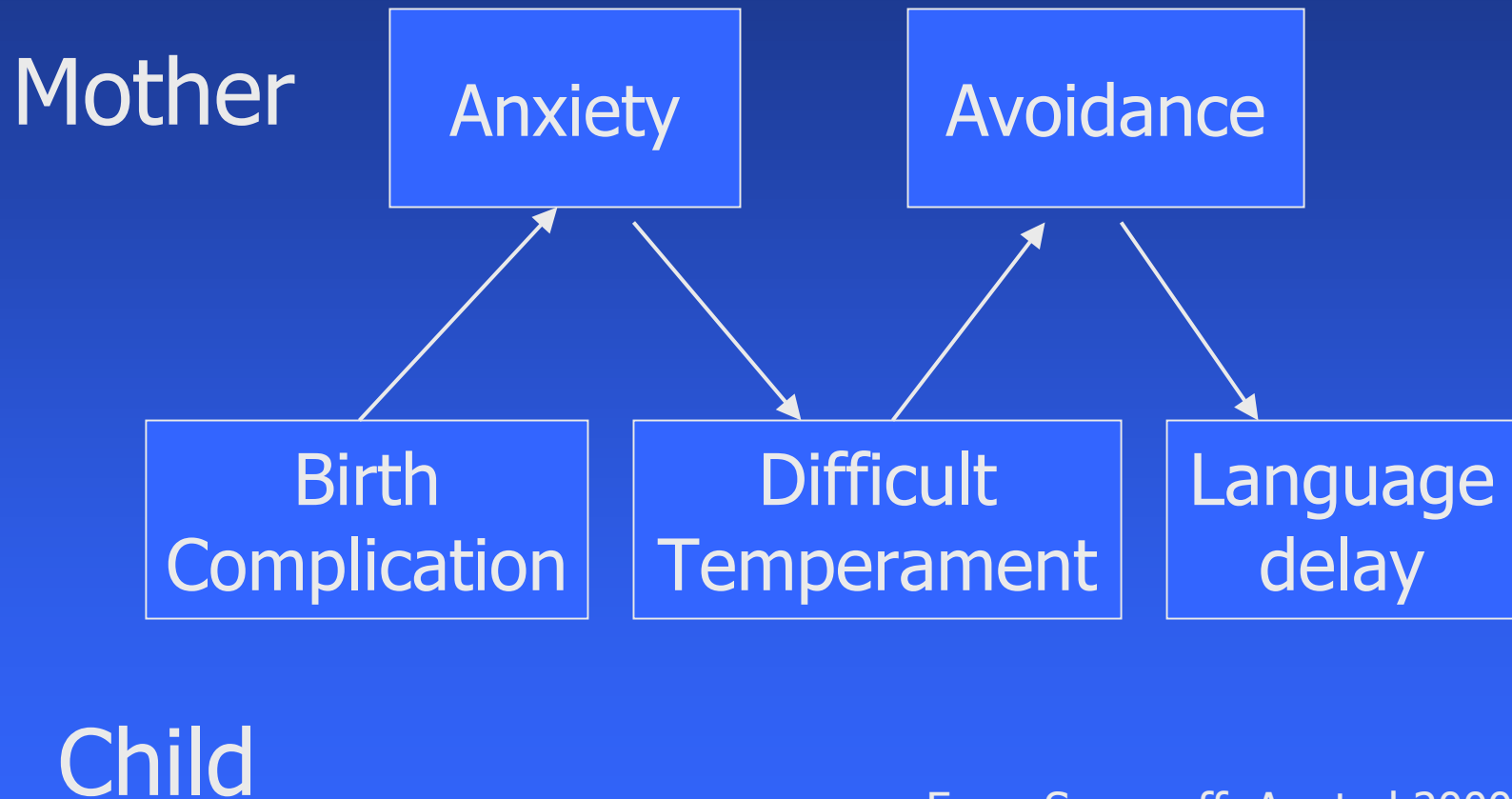
An ongoing nurturing relationship with an infant is one where the caregiver is able to read and respond to baby's signals. A "dance" between the caregiver and infant develops which enables the infant to learn to modulate his emotions and behaviour.



Neuromaturation



Transactional Model



From Sameroff, A. et al,2000

Interventions

- Risk reduction:
 - Decrease factors affecting development in negative ways
- Development enhancement:
 - Promote factors supporting better outcomes

Family Practice Role

- Screening –
 - Identification of risk
 - Identification of developmental problem
- Risk reduction
 - Education/ Support
 - Treatment/ Referral
 - Monitoring/ Ongoing care
 - Advocacy

Family Practice Role

- Developmental Enhancement
 - Education
 - Community awareness and interaction
 - Community involvement and advocacy

Family Practice Opportunities

- Preconception
- Prenatal
- Perinatal
- Well Baby Visit

Preconception Screening: History

- Genetic problem
- Health problems – diabetes
- Rubella, Hepatitis B,
- STD screening
- Nutrition – eating disorder
- Violence screening

Preconception

Investigation and Guidance

- Screening investigation
 - Hbg, blood typing, rubella, hep. B titres etc
 - STD, HIV
- Anticipatory guidance
 - Folic acid
 - Tobacco
 - Alcohol and drugs
 - Prenatal care

Prenatal

- Antenatal care
 - Prevention
 - Risk detection – anticipate needs
 - Intervention to reduce risks, treat intercurrent problems

Goal: Health full - term infant, healthy mom

Antenatal Record

- Preformed record
 - Standardized
 - Comprehensive
 - Reminders re physical and psychosocial risks to mother and infant
- ALPHA
 - Preformed record re psychosocial risks - a supplement to the antenatal record

HBHC Nursing Roles

- Screening
 - Prenatal
 - Postnatal
 - Family
 - Child development
- Education – breastfeeding, parenting, lifestyle
- Support and counseling
- Referral & linking
- Collaboration

Perinatal Assessment

- Maternal/ family assessment
 - Public Health Screening- Ontario Program
 - Parkyn Screen
 - 48 hour phone call
 - Parent conception of infant and delivery
 - Parent comfort level with infant
- Neonatal assessment

Neonatal Assessment

- Observation
- General physical examination
- Neurological examination
- Screening – PKU, Thyroid , Hearing
- Feeding
- Anticipatory guidance – safety, care

Case #1

Caitlin

Caitlin is in with her mother for her two week checkup. Her mother is requesting a pediatric consultation for Caitlin because of an area of rash on Caitlin's buttock. It was present at the last check when she was 5 days old. The area then was slightly red and about the size of a quarter and a little raised. Some zincofax ointment had been prescribed. The following day, the mother had called because the rash was still present and asked to have a dermatologist see the baby. The dermatologist saw Caitlin a couple of days later and reassured the mother that the diaper rash was not a serious problem and advised her again regarding not over washing and using the cream. There have been a couple of further calls from Caitlin's mother about the rash in the last 3 days.

Caitlin was full term and had an uneventful birth with apgars of 8 and 9 at 1 and 10 minutes. She is being breast fed and now weighs 4100 gms. Her stools are soft. Physical examination reveals no abnormalities except for a small reddish area on the buttoch about the size of a pencil end. She was sleeping quietly at the time of the examination. Caitlin is a firstborn.

Infant Health Surveillance

Well Baby Care

- Review parent concerns
- Monitor physical growth and development
- Assess parent – child interactions
- Counsel about development, safety, nutrition and community resources
- Encourage parents
- Provide immunization and other preventive care
- Identify risks/problems for action

Rourke Baby Record

- Evidence based guidelines and record
- Birth to age six
- Developmental screening - “red flag”
- Reminder of age appropriate issues to cover in inquiry and advice.
- Ease of use. Can be computerized.

Parent Concerns

- Most accurate barometer of a problem
- May help to uncover other issues if pursued
- Addressing specific concerns – most effective anticipatory guidance
- Nipissing Screen

Case #2

James

James is 18 months. Both his parents bring him to the visit. He is the elder of their two children. They have a six week daughter as well.

James is growing well. His Rourke baby Record has turned up no abnormalities to date. He is eating well and drinking from a cup. He feeds himself with his fingers. He walks on his own and is able to stack blocks. His parents say he is cuddly and shows affection especially with his mother. They are not sure if James points to pictures when prompted or looks at them when they speak to him. He does not use five words. They think that he talks less since Rebecca was born and is more irritable at times. They think that he is going through a stage with the arrival of the second baby.

Monitor Growth and Development

- Height, weight and head circumference
- Inquiry re: feeding etc, elimination, sleep and soothing patterns –
- Physical examination – reviewing specific screening
- Development – observation and inquiry as indicated by age

Nipissing Screen

- Developmental Screening tool for parents
- Validated for delay detection -two no's deserve followup
- Related to the Rourke Record
- Basis for developmental discussion
- Provides specific age appropriate suggestions for parents

© Nipissing District
Developmental Screen

ONDDS, Revised May 2002

Child's Name

James

Birth Date

02/04/01

Today's Date

05/07/02

✓ ✓
Yes No

By Eighteen Months, does your toddler...

- ? 1. Identify pictures in a book (e.g. "Show me the baby")?
- ? 2. Use familiar gestures (e.g. waving, pushing away)?
- 3. Follow directions when given without gestures (e.g. "Throw me the ball", "Bring me your shoes")?
- 4. Use common expressions (e.g. "all gone" or "oh-oh")?
- 5. Point to at least three different body parts when asked (e.g. "Where is your nose")?
- 6. Say five or more words? (Words do not have to be clear.)
- 7. Hold a cup to drink?*
- 8. Pick up and eat finger food?
- 9. Help with dressing by putting out arms and legs?*
- 10. Crawl or walk up stairs/steps?
- 11. Walk alone?
- 12. Squat to pick up a toy without falling?
- 13. Push and pull toys or other objects while walking? (Picture A)
- 14. Stack three or more blocks?
- 15. Show affection towards people, pets or toys?
- ? 16. Point to show you something?
- ? 17. Look at you when you are talking or playing together?



* item may not be common to all cultures

High Risk Indicators for Persisting Speech and Language Disabilities

- Emotion and use of eye gaze
- Use of communication
- Use of gestures
- Use of sounds
- Understanding and using words
- Use of objects

Assess Parent – Child Interaction

- Observation
- Expectations vs. Experience
- Comfort handling infant behaviour
- Support system
- Parental mood
- Siblings

Counseling

- Development – anticipatory guidance
- Addressing parenting concerns
- Safety
- Nutrition
- Community Resources

Parent Training and Early Child Education for All

- Children benefit when all parents have support and parenting education
- Children's outcomes are improved by early childhood educational experiences.
- Early intervention for developmental delays makes a difference

Community Resources

- Parenting Resources
 - Family centers (Ontario Early years Centers)
 - Parenting groups
 - Books,tapes, phone line, websites
- Early Childhood Education
 - Play groups, library programs
 - Toy lending programs

Encouraging Parents

- Parents need encouragement in their job. Recognizing positive interactions and positive aspects of their infants may be helpful. They also need support regarding the difficult aspects of parenting. Building up the parent's confidence to care for the child is known to improve their parenting.

Providing Immunization

- Pertussis(acellular),Diphtheria, Polio, Tetanus vaccine (aPDT)
- Haemophilus influenza b vaccine (HIB)
- Measles, Mumps, Rubella vaccine (MMR)
- Varicella vaccine *
- Hepatitis B vaccine if indicated
- (Pneumococcus)*(Meningococcus)*

Identifying risks/problems

- Failure to thrive
- Developmental delays/behaviour problems
- Attachment problems
- Family/social problems including abuse, neglect, deprivation

Early Action

for delays/risks/behaviour issues

- Family assessment in depth
- Further assessment/monitoring
 - eg. Speech and language referral
- Early infant/child intervention programs
- Family centers, play groups etc

Special Needs Child/Family

- Need ongoing monitoring, collaboration and case management
- Psychosocial concerns
- Encouragement
- Resources needs
- Advocacy

Key Points: Improving the Odds

- Learn about risk factors and delays
- Use “tools” for efficiency and completeness
- Know your community
- Inform your parents
- Don’t wait, initiate action, and stay involved

A full copy of the toolkit manual can be obtained from the Ontario College of Family Physicians Website at :
<http://www.ocfp.on.ca/English/OCFP/CME/Initiatives/default.asp?s=1>