OMA Child Health Committee

Improving early childhood development – part I:

proposed enhancements to the 18-month well baby visit, and the critical role of the primary care physician in child development

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The OMA Child Health Committee has prepared a two-part series highlighting proposed enhancements to components of the 18-month well baby visit, as well as an overview of the critical role of primary care physicians in early childhood development. Part II of this series, which focuses on child literacy, appears on p. 43 of this issue.

Background

Tracing the history of our progress in understanding the "new neuroscience" since Watson and Crick discovered the structure of DNA in 1953 is an interesting and exciting story. This initial discovery set us on a path of exploring how genes are regulated, how proteins in cells are turned on and off, and how this translates into the actual functioning of cells.[1]

More recently, the nurture or "experience" side of the genetic/nurture equation has weighed in with the discoveries that development turns genes and proteins on and off, and this ultimately sets the neurodevelopmental profile for the individual.

It is this intellectual framework of understanding that has transformed our thinking, and impacted on how we are now attempting to educate parents around the incredible influence they have over the development of their children, and to design systems of supports for families and young children to enhance this very development.

The family physician's role in tailoring interventions to meet this new approach now includes more than the "early identification of abnormality" in the young child. With infectious diseases waning in incidence (related to immunization and other public health measures), the focus has broadened to include preventive and proactive activities of engaging parents and young children in healthy experiences both in their homes and their "tiny" communities.

The work of Dr. Fraser Mustard outlined in his seminal report, "Reversing the Real Brain Drain: Early Years Study,"[2] identified the need for improvements in the early years environments for Canadian children if we are to have each child meet his or her potential, and improve the human capital at a population level to face the challenges of this millennium.

Dr. Mustard proposed early child development and parenting centres linked to the school system and available to all families and young children. These centres are designed to support early brain development.

The school-based centres are the hub of an integrated community network of programs, resources, and supports. These centres allow parents to "practise" parenting by "doing," promote positive parenting, offer a venue for play-based peer learning, and connect parents to the community and to each other.

The importance of the early years and their impact on long-term health, behaviour, and learning, has been repeatedly stressed. The reach of the experiences of the early years, through the trajectories on which children are set, appears to be a lifelong influence, and increases the importance of reassessing the effectiveness and evidential basis of all "systems" that interface with young children and their parents.

Currently, much information is available at the population level about children in Canada in terms of their readiness to learn. Through the

use of the Early Development Instrument (EDI), which is currently being used in Ontario and a number of other provinces (approximately 400,000 results to date), we are able to describe the populations' preparedness for school at the end of kindergarten through standardized kindergarten teacher reporting.

With some variation across communities, there are still some substantial portions of our young population (25 per cent to 40 per cent) who are not as prepared for school as they should be or could be.

The traditional measures of infant mortality, per cent of low birth weight, etc., no longer describe the population quality in an adequate or meaningful enough way, and we are turning to the broad determinants of health (poverty, literacy,[3] educational levels) to describe the health of populations.

Primary care practitioner's role

In order to address the experiences of infants and young children, the provision of health-care services through primary care practitioners (family physician, primary care pediatrician, nurse practitioner) is pivotal.

Families trust their doctor, and the sustained relationship with many families places the physician in a trusted and unique position.

The physician usually has an understanding of the socioeconomic and emotional environment of the family, the temperament of the child, the parenting style, and other stressors in the family that are present. But primary care practitioners are stretched in many directions these days, and the "healthy" populations of young children they see, in the traditional sense, has meant a diversion of primary care energy to the "sick" patients of their practice.

In the face of the new neuroscience, and in an effort to ensure that we refocus some of this energy, a group of physicians discussed at length a proposal to enhance the 18-month well baby visit.

The 18-month visit is one of the last visits coupled to immunization before the children and families disappear into the "black hole" of childhood, resurfacing usually only for episodic visits.

At 18 months, the motor milestones are clear, speech and language signals are present, and the more subtle and later onset abnormalities begin to become evident (e.g., autism, autism spectrum disorder.)

Further, it is a time when parents are through the earliest parenting issues of sleep and feeding, and are beginning to experience the problems of an independent toddler. Many parents are back at work, are looking for guidance as they explore their child care arrangements, and struggling with day-to-day worries of their very busy/burdened lives.

The expectations for the family physician for an enhanced visit to address these challenges cannot be covered in a standard time allocation.

Ontario's Best Start Strategy

Against this background, the provincial government in Ontario established a Best Start Strategy,[4] which is designed to reinforce healthy development, early learning, and child care services during a child's first years. This is to be achieved by strengthening the early and ongoing screening of Ontario's children to identify potential issues, needs and risks, and by integrating pre-school, junior kindergarten, senior kindergarten, quality child care, public health and parenting programs into a seamless system that supports families and children.

The vision of Best Start is that early learning and care hubs are centrally established in Ontario's communities to provide families with a single, integrated, seamless point of access to services and supports based on local needs and available resources.

The Best Start Strategy also struck an expert panel to further develop an enhanced 18-month well baby visit, and improve the quality of the interface between the primary care provider, the community, and the young child and his or her family at 18-months of age (see p. 38) .

The complexity of the environment from the primary care provider's point of view, with the availability of the many developmental scales, tools, and specialized records, has proved confusing. Further, the vast array of community services targeted at the early years has grown, and the quality and effectiveness has been variable.

Parents have repeatedly reported turning to their family physicians for developmental review, behavioural guidance, and basic health care, while surveyed family practice residents complain of being ill-prepared and uncertain about parenting and community services.

The expert panel met and deliberated over a year to develop a system for Ontario's children, beginning with a focus on the 18-month well baby visit. The report, entitled "Getting It Right at 18 Months...Making it Right for a Lifetime,"[5] is available on the website of the Ontario College of Family Physicians (www.ocfp.on.ca).

The report focuses on providing parents and primary care providers with tools to support an enhanced 18-month well baby visit. It also stresses the value of effective partnerships between parents and the community. Physicians are encouraged to emphasize the importance of these partnerships with families, and to advise parents to become knowledgeable of their local community resources.

The report recommends that the province and professional and academic institutions provide information, education and support for primary care providers. Suggestions are also made for developing a component of the system to describe the developmental status of 18-month-olds at a population level, and for evaluating the proposed system.

The 18-month enhanced well baby visit

The recommended system includes the parents and young child being screened by the 18-month "Nipissing District Developmental Screen" (see p. 39), which is already in broad use across Ontario.

This screen is a checklist designed to monitor a child's progress, and is

filled out by the parent. There are 17 items spanning gross and fine motor skills, communication, speech and language, cognition and emotional domains. The screen has been validated and is supported across the developmental community as a reasonable tool to support and encourage parent understanding of development.

The other useful part of the tool includes prompts for age-appropriate "activities for your child." A variety of other similar age-appropriate sheets are available, however, it is hoped that the enhanced system will initially focus on the 18-month age. The tools for other ages will become part of the developmental lexicon for the parent and primary care practices. The tool is to be made widely available in all venues frequented by young families and 18-month-olds (e.g., libraries, day cares, family physician offices, recreation facilities, etc.).

When the child is seen in the physician's office, a "point-of-prompt" record, i.e. the Rourke Baby Record (see pp. 40-41), which aligns with the Nipissing screen, is to be used to ensure that physicians not only provide the usual history, physical, and immunization, but also an enhanced focus on neurodevelopment, parenting, child care, and literacy.

In improving the experience for all children (i.e. a universal approach), a discussion by the family physician stressing the importance of, and the linkage to, early years community services is critical. This would include public health Healthy Babies Healthy Children programs, the Early Years Centres, speech and language services, parent talk lines, recreation programs, parenting programs, etc.

The recently revised Rourke Baby Record was reviewed by the expert panel and adopted as the recommended point-of-prompt record because of its quality, extensive acceptance and use in Ontario, alignment with the Nipissing tool, and electronic availability.

Point of prompt records or checklists have been shown to help physicians remember important visit content and improve quality of visits.

The need for all within the system to work together to ensure that appropriate time is allocated to this enhanced visit is important. This includes not only the scheduling within primary care offices, but sufficient payment and incentives to ensure uptake of these critical components of the proposed enhanced system.

A clinical standards guideline in support of this initiative is being developed under the auspices of the Ontario College of Family Physicians.

Following is a brief summary of important features of the revised 18-month well baby visit:

1. Use the Rourke Baby Record to screen for developmental delay.
2. Ask parents about concerns regarding child.
3. Assess state of parent-child interaction, including discipline techniques.
4. Promote reading whenever possible.
5. Become familiar with community resources.

Pilot projects are being developed to test the feasibility and challenges with implementation of this enhanced approach, and physician acceptance and enthusiasm for the importance of this initiative has been encouraging.

The population measurement of the developmental status of 18-month-olds in the province is a challenging component of the project, but clearly it is important to identify how we are faring with respect to development and preparation of our children for the challenges of the future — academically, behaviourally, and for long-term health.

Conclusion

Due to their background and knowledge, as well as their connection to young children and families, primary care practitioners have a critical role to play in ensuring that all children meet their developmental potential.

Although quality visits at all ages and stages of early development are important, this initiative is aimed at improving the 18-month visit for all children, and their families, by developing an enhanced systematic approach to support parents and primary care practitioners through tools, education and other incentives.

The credibility of the physician (and the other primary care providers), armed with more understanding and knowledge of early years community resources, could ensure the improved early childhood experiences that are known to improve a child's learning, behaviour and health.

Parents are front and centre in this process, but physician support and guidance for parents is paramount.

OMR

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Nipissing District
Developmental Screen™

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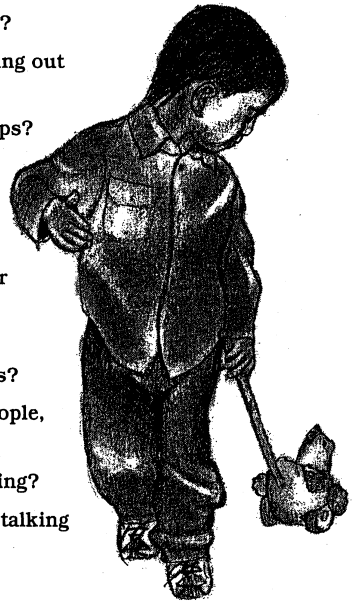
Child's Name _____

Birth Date _____ Today's Date _____

The Nipissing District Developmental Screen™ is a checklist designed to help monitor your child's development.

✔ Yes	✔ No	*By **Eighteen Months** of age, does your child...*
☐	☐	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*

18 MONTHS

Always talk to your health care or child care professional if you have any questions about your child's development or well being. See reverse side for instructions, limitation of liability, and product license.

For additional screens or to discuss results call Toronto Health Connection at 416-338-7600 and ask to speak to the Nurse.

ACTIVITIES FOR YOUR CHILD...

Emotional · Fine Muscle · Large Muscle · Learning/Thinking · Self-Help · Social · Speech/Language

Nipissing District
Developmental Screen™

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The following activities will help you play your part in your child's development.

Help me to notice familiar sounds, such as birds chirping, car or truck motors, airplanes, dogs barking, sirens, or splashing water. Imitate the noise you hear and see if I will imitate you. Encourage me by smiling and clapping.

I am learning new words every day. Play games to help me learn the names of things. Put pictures of familiar things such as toy animals, people or objects in a bag and say "One, two, three, what do we see?" and pull a picture from the bag.

Pretend to talk to me on the phone or encourage me to call someone.

Don't be afraid to let me see what I can do with my body. I need to practise climbing, swinging, jumping, running, going up and down stairs, and going down slides. Stay close to me so I don't get hurt.

Play some of my favorite music. Encourage me to move to the music by swaying my arms, moving slowly, marching to the music, hopping, clapping my hands, tapping my legs, etc. Let's have fun doing actions while listening to the music.

Let me play with balls of different sizes. Take some of the air out of a beach ball. Watch me kick, throw, and try to catch it.

I like toys that I can pull apart and put back together: large "LEGO", containers with lids, or plastic links. Talk to me about what I am doing using words like "push" and "pull".

I'm not too little to play with large crayons. Let's scribble and talk about our art work.

I like simple puzzles with two to four pieces and shape-sorters with simple shapes. Encourage me to match the pieces by taking turns with me.

I want to do things just like you. Let me have toys so I can pretend to dress up, have tea parties, and play mommy or daddy.

I feel safe and secure when I know what is expected of me. You can help me with this by following routines and setting limits. Praise my good behaviour.

I like new toys so find the local toy lending library or play groups in our community.

I enjoy exploring the world but I need to know that you are close by. I may cry when you leave me with others, so give me a hug and tell me you will be back.

Always talk to your health care or child care professional if you have any questions about your child's development or well being. See reverse side for instructions, limitation of liability, and product license.

Rourke Baby Record

Drs. Leslie Rourke, Denis Leduc and James Rourke
Revised May 2006

Canadian Paediatric Society / Société canadienne de pédiatrie
The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada

Past problems/Risk factors:	Family history:

Rourke Baby Record: EVIDENCE-BASED INFANT/CHILD HEALTH MAINTENANCE GUIDE IV

Birth Date (d/m/yr): _____ NAME: _____

M[ ] F[ ]

DATE OF VISIT	**18 months**			**2-3 years**			**4-5 years**	
GROWTH*	*Height*	*Weight*	*Head circ.*	*Height.*	*Weight*	*Head circ.* -if prior abnormal	*Height*	*Weight*
PARENTAL CONCERNS								
NUTRITION*	O **Breastfeeding*** O Homogenized milk O No bottles			O Homogenized or 2% milk O *Gradual transition to lower fat diet** O Canada's Food Guide*			O 2% milk O Canada's Food Guide*	
EDUCATION AND ADVICE								
Injury Prevention	O **Car seat (child)*** O *Bath safety** O Choking/safe toys*			O **Car seat (child/booster)*** O *Bike Helmets** O **Firearm safety/removal*** O Carbon monoxide/*Smoke detectors** O Matches O Water safety				
Behaviour	O Parent/child interaction O Discipline/Limit setting**			O Parent/child interaction O Discipline/Limit setting** O High-risk children** O Parental fatigue/depression** O Family conflict/stress O Siblings				
Family	O Parental fatigue/stress/depression** O High-risk children**			O **Second-hand smoke*** O **Dental cleaning/Fluoride/Dentist*** O *Complementary/alternative medicine** O Toilet learning** O Active healthy living/media use* O Socializing opportunities O Encourage reading** O **Assess day care /preschool needs**/school readiness**				
Other	O Socializing/peer play opportunities O **Dental Care/Dentist*** O Toilet learning**			Environmental health including: O Sun exposure/sunscreens/insect repellent* O *Pesticide exposure** O *Check serum lead if at risk**				
√ discussed and no concerns X if concerns								
DEVELOPMENT** *(Inquiry and observation of milestones) Tasks are set **after** the time of normal milestone acquisition.* **Absence of any item suggests the need for further assessment of development.** NB-Correct for age if < 36 weeks gestation √ if attained X if not attained	Social/Emotional O Child's behaviour is usually manageable O Usually easy to soothe O Comes for comfort when distressed Communication Skills O Points to 3 different body parts O Tries to get your attention to see something of interest O Pretend play with toys and figures (e.g. feeds stuffed animal) O Turns when name is called O Imitates speech sounds regularly O Produces 3 consonants, e.g. P M B W H N Motor Skills O Walks backward 2 steps without support O Feeds self with spoon with little spilling Adaptive Skills O Removes hat/socks without help O No parent concerns			**2 years** O At least 1 new word/week O 2-word sentences O Tries to run O Puts objects into small container O Copies adult's actions O Continues to develop new skills O No parent concerns			**4 years** O Understands related 3-part directions O Asks lots of questions O Stands on 1 foot for 1-3 seconds O Draws a person with at least 3 body parts O Toilet trained during the day O Tries to comfort someone who is upset O No parent concerns	
				3 years O Understands 2 step direction O Twists lids off jars or turns knobs O Turns pages one at a time O Shares some of the time O Listens to music or stories for 5-10 minutes with adults O No parent concerns			**5 years** O Counts to 10 and knows common colours and shapes O Speaks clearly in sentences O Throws and catches a ball O Hops on 1 foot O Shares willingly O Works alone at an activity for 20-30 minutes O Separates easily from parents O No parent concerns	
PHYSICAL EXAMINATION Evidence-based screening for specific conditions is highlighted, but an appropriate age-specific focused physical examination is recommended at each visit.	O *Eyes (red reflex)** O *Corneal light reflex/Cover-uncover test and inquiry** O Hearing inquiry O Tonsil size/Teeth*			O *Blood pressure* O *Eyes (red reflex)/Visual acuity ** O *Corneal light reflex/Cover-uncover test and inquiry** O Hearing inquiry O Tonsil size/Teeth*			O *Blood pressure* O *Eyes (red reflex)/Visual acuity** O *Corneal light reflex/Cover-uncover test and inquiry** O Hearing inquiry O Tonsil size/Teeth*	
PROBLEMS AND PLANS								
IMMUNIZATION Provincial guidelines vary **Signature**	**Record on Guide V: Immunization Record**			**Record on Guide V: Immunization Record**			**Record on Guide V: Immunization Record**	

Grades of evidence: (A) **Bold type – Good evidence** (B) *Italic – Fair evidence* (C) Plain – Consensus with no definitive evidence
(*) see Infant/Child Health Maintenance: Selected Guidelines on reverse of Guide I (**) see Healthy Child Development Selected Guidelines on reverse of Guide IV

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the Rourke Baby Record: EB is meant to be used as a guide only.
Financial support for this revision is from the Strategic Initiatives Division of the Ontario Ministry of Children and Youth Services, with funds administered by the Ontario College of Family Physicians.

Rourke Baby Record (continued)

ROURKE BABY RECORD HEALTHY CHILD DEVELOPMENT SELECTED GUIDELINES/RESOURCES - May 2006

DEVELOPMENT

Maneuvers are based on the Nipissing District Development Screen (www.ndds.ca) and other developmental literature. They are not a developmental screen, but rather an aid to developmental surveillance. They are set **after** the time of normal milestone acquisition. Thus, absence of any one or more items is considered a high-risk marker and indicates the need for further developmental assessment, as does parental concern about development at any stage.

- "Best Start" website contains resources for maternal, newborn, and early child development - www.beststart.org/
- OCFP Healthy Child Development: Improving the Odds publication is a toolkit for primary healthcare providers - www.beststart.org/resources/hlthy_chld_dev/pdf/HCD_complete.pdf

BEHAVIOUR

Night waking/crying:

Night waking/crying occurs in 20% of infants and toddlers who do not require night feeding. Counselling around positive bedtime routines (including training the child to fall asleep alone), removing nighttime positive reinforcers, keeping morning awakening time consistent, and rewarding good sleep behaviour has been shown to reduce the prevalence of night waking/crying, especially when this counselling begins in the first 3 weeks of life.

- www.mja.com.au/public/issues/182_05_070305/sym10800_fm.html

PARENTING/**DISCIPLINE**

Promote effective discipline through evaluation, anticipatory guidance and counseling using the following principles: respect for parents, cultural sensitivity, improving social supports, increasing parental confidence, increasing parental pleasure in children, and supporting and improving parenting skills.

- www.cps.ca/english/statements/PP/pp04-01.htm
- OCFP Healthy Child Development www.beststart.org/resources/hlthy_chld_dev /pdf/HCD_complete.pdf (section 3)

TOILET LEARNING

The process of toilet learning has changed significantly over the years and within different cultures. In Western culture, a child-centred approach, where the timing and methodology of toilet learning is individualized as much as possible, is recommended.

- www.cps.ca/english/statements/CP/cp00-02.htm

LITERACY

Physicians can promote literacy and early childhood reading by facilitating reading in the office. Encourage parents to watch less television and read more to their children.

- www.cps.ca/english/statements/PP/pp02-01.htm

AUTISM SPECTRUM DISORDER

When developmental delay is suspected in an 18-month child, assess for autism spectrum disorder using the Checklist for Autism in Toddlers (CHAT) – Journal of Autism and Developmental Disorders 2001;31(2).

- www.beststart.org/resources/hlthy_chld_dev/pdf/HCD_complete.pdf (appendix L)

PARENTAL/FAMILY ISSUES AFFECTING DEVELOPMENT

- Maternal depression - Physicians should have a high awareness of maternal depression, which is a risk factor for the socioemotional and cognitive development of children. Although less studied, paternal factors may compound the maternal-infant issues.
  - www.cps.ca/english/statements/PP/pp04-03.htm
- Shaken baby syndrome - A high index of suspicion is suggested.
  - www.cps.ca/english/statements/PP/cps01-01.htm
- Fetal alcohol syndrome/effects (FAS/FAE) - Canadian Guidelines published in CMAJ supplement
  - Mar. 1/05 - www.cmaj.ca/cgi/content/full/172/5_suppl/S1

High-risk infants/children

- **Day Care:** Specialized day care or preschool is beneficial for children living in poverty (family income at or below Statistics Canada low-income cut-off). These disadvantaged children are at an increased risk of mortality and morbidity, including physical, emotional, social and education deficits.
- **Home Visits:** There is good evidence for home visiting by nurses during the perinatal period through infancy for first-time mothers of low socioeconomic status, single parents or teenaged parents to prevent physical abuse and/or neglect. Canadian Task Force on Preventative Health Care - www.cmaj.ca/cgi/content/full/163/11/1451

Risk factors for physical abuse:

- low SES
- young maternal age (< 19 years)
- single parent family
- parental experiences of own physical abuse in childhood
- spousal violence
- lack of social support
- unplanned pregnancy or negative parental attitude towards pregnancy

Risk factors for sexual abuse:

- living in a family without a natural parent
- growing up in a family with poor marital relations between parents
- presence of a stepfather
- poor child-parent relationships
- unhappy family life

EARLY CHILD DEVELOPMENT AND PARENTING RESOURCE SYSTEM