

Primary Well-Being: Case Studies for the Growing Child

Deborah Kramer



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This book is dedicated to health professionals and nurse practitioner students who promote wellness in our children and deliver excellent patient care.

This book is also dedicated to my husband, children (and spouses), and my grandchildren, including those who may be born in the future.

This book is also dedicated to the thousands of students I have been privileged to teach for inspiring the awareness of the need for this book.

Preface

Primary Well-Being: Case Studies for the Growing Child fills an urgent need: to emphasize and enhance the normal development of the well child. The primary care provider is the one professional who sees every child and their parent during the early years of life. This is a unique time where the provider can assess the child's health and educate parents on how to provide a healthy environment and important practices to nurture healthy children.

This book will benefit nurse practitioner students as a teaching text and a manual for clinical practice; it will also serve as a guide for nurse practitioners. The book incorporates complementary medicine, professional advocacy, specific development enhancement skills, and parent/provider communication strategies.

The book is unique in providing realistic scenarios of what students will see as they begin their clinical training. It is structured in a question and answer framework to help students and practitioners critically think through the best practices that can be implemented during the well-child visit and develop a plan of action for the family. Each case study describes with sensitivity families from diverse cultural and economic backgrounds. It provides recommendations for broad social policies to help all children succeed.

The case studies help students and nurse practitioners to develop their critical thinking skills while working through typical situations faced by health care providers.

New York, NY

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To Helen Lerner, thank you for being my professor, mentor, and colleague. You introduced me to the wonderful expanded role of the nurse when you suggested I apply to the nurse practitioner program and my professional life has been forever enhanced. I greatly value you as a colleague and friend.

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I would like to thank my husband, children, my parents, and siblings for their guidance and generosity in enabling and encouraging me to do this work. You gave me the inspiration and support to become a nurse practitioner early in the profession and embrace this once new role.

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Part I

Preparation for the Well-Child Visit

The purpose of this book is to guide professionals and students of primary care pediatrics in working with children birth to age 18 and teaching their families. These health providers include pediatric care providers, nurse practitioners, medical students, and physician assistants (PAs). Through the use of clinical case studies, questions, and answers, the book will help guide the practitioner in providing comprehensive care and anticipatory guidance during the well-child visit. It has a strong focus on early childhood in fostering health. Research has demonstrated that the 0–3 years are the most important in laying the basis for wellness throughout life (National Research Council and Institute of Medicine 2000; National Scientific Council on the Developing Child 2007). The nurse and the primary care provider are in a unique position to identify health and developmental issues and to teach parenting. They are the professionals that all parents and children interface with from birth (Potts and Mandlco 2012). The well-child visit is the opportune place to teach parents how to parent and nurture healthy children and to offer this information in anticipatory guidance (McInerney et al. 2009).

The plan of health care for children and their families is an integrated one that includes complementary and alternative medicine, reading materials, and other educational resources to help the family choose their own lifestyle approaches. Integrated health can include acupuncture, massage, homeopathy, energy therapies, mind-body medicine, nutritional therapies, chiropractic, and osteopathy. As part of the role of primary health care provider, it is important to identify lifestyle issues that affect health and well-being. This includes not only the foods that we choose to eat but also the toxins that we allow ourselves to be exposed to, whether in the food or our environment, and our relationships. Management of stress and self-care are important in maintaining health for the child, the parent, and the family as a whole. Health care providers offer approaches to stress management and self-care and help the parents become role models and coaches for their families (Culbert and Olness 2009).

This book is written with sensitivity to different families, cultures, and economic backgrounds that must be considered to provide best practice. The questions following the case studies and the discussion answers help the practitioner understand how to think when caring for children. It is also sensitive to the need for parents to be advocates for their children. The health care provider honors the choices of the

family and empowers them to be autonomous over their own care, with the provider being nonjudgmental and respectful.

During the well-child visit, parents are guided to appreciate the challenges and rewards of raising a child. Children grow rapidly—physically, physiologically, and psychologically. Using this book, the primary health care provider will help parents and families to identify normal developmental milestones, foster development, and deal with developmental issues. Diagnostically, using critical thinking skills, the provider will recognize potential problems or red flags that require further follow-up with the parents and specialists.

This book can be used as a teaching text, an adjunct to the basic pediatric text, a manual for clinical practice, and a guide for nursing students by studying the questions and answers after each case description. Each case study will help students to focus on the inclusion of common developmental and behavioral issues within the age group, assessment criteria, and use of assessment tools. The case studies offer suggested dialogue and role playing exercises that can be done quickly in an office setting and suggested follow-up handouts available online to give to families from the Bright Futures initiative of the American Academy of Pediatrics. Unique to this book is the inclusion of alternative and complementary therapies including bibliotherapy. Anticipatory guidance is in each of the chapters, along with checklists and red flags, with a strong focus on socio-emotional development. Advice is offered to guide parents as they grow in their new role.

Also unique are the discussions about the character strengths that children need to navigate childhood and be successful, independent individuals in adulthood that can deal with life's challenges. These discussions can also help parents care for themselves and build a strong relationship with their spouse or other adults in the family as well as nurture their child.

The role of the nurse practitioner in health care includes prevention, promotion, and early intervention. Case studies offer students an appreciation of this role and assist in the integration of assessment, intervention, and development of teaching plans. The case studies use questions that guide the development of a plan of care that includes evidence-based practice, best practice in clinical treatment, teaching plans, and anticipatory guidance. By asking these questions, students and practitioners will be able to critically think through applications for the patients presented in these case studies and develop a plan of care.

Best practices in health care should encompass comprehensive services with diverse professionals located as much as possible in the same facility and helping families with a multitude of issues. These practices include parenting education in the waiting room, assessment and follow-up for depression in the parents, literally taking patients by the hand to another expert (warm hand-off), and doing group well-baby visits to create an atmosphere of parent support. All of these new practices need to be discussed with nursing students and to be considered in a plan of care in clinical practice.

The expanded anticipatory guidance sections include health promotion and wellness and parenting, focusing on how to help children and families handle stress, provide skills for success and nurturing, and incorporating alternative therapies to

aid children in their healthy growth and development. Topics include anticipating events such as adaptation to change, stressful family situations, importance of routines, understanding the child's mind, individuality and parenting techniques, appropriate communication, value of toys and play objects, gauging accomplishments and abilities, sibling relationships, and marking milestones and life-cycle events, including planning age-appropriate birthday parties.

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Primary health care providers assess the physical and emotional development of children during the well-child visit. This is achieved through open and accepting communication as the health care provider obtains a comprehensive history of the child and family and the situation at home. Health care providers often say that 95% of diagnosis comes from listening to the patient and gathering a good history (Segal 2012). This is absolutely true in the well-child visit.

2.1 The Parent/Provider Relationship

Through the well-child visits, the primary health care provider helps parents to learn about their child and to become more knowledgeable, competent, nurturing, observant, empowered, and loving. This is not achieved in one visit, but through the relationship that the primary health care provider establishes over a period of time with the family. Listening to parents and children is the cornerstone to assessing child development and identifying areas that need further observation and assessment.

At each visit, the primary care provider initially responds to the family's questions and concerns based on the current age of their child/children. With the birth of a new baby, especially the first born, parents are anxious and insecure about whether they will be able to care for this child who can't tell them yet what is wrong. The parents are just beginning to establish routines in caring for their new baby. Often parents and other care providers, such as a grandparent, come to the visit with a list of questions. The primary health provider should encourage parents to ask questions and take the time to discuss the questions with the parents with respect, openness, and positive encouragement about their parenting skills.

For each age group, priorities for the visit are established based on expected developmental milestones, and physical and emotional development as outlined in Bright Futures materials published by the American Academy of Pediatrics. In each visit the primary provider should look at family adjustment issues, child adjustment issues, feeding routines and comfort concerns, immunization, safety guidelines and injury prevention, including equipment and toys, using the guidelines developed by the American Academy of Pediatrics Bright Futures Infancy Expert Panel

(Tanski et al. 2010). A recent study of primary care providers discusses the low incidence of conversations around infant care including breastfeeding, immunization, sleep positions, and pacifier use and suggests opportunities for intervention (Eisenberg et al. 2015). The American Academy of Pediatrics recommends that these topics be incorporated in the anticipatory guidance during the well-child visit (Tanski et al. 2010).

2.2 Role of Questions

Asking specific interview questions will facilitate understanding of parents concerns. Specific questions can be asked to assess whether there is maternal depression (Musser et al. 2013), whether the baby is feeding well, participation by the father and others in the family to relieve the mother of care and give her time to rest, how the household is being managed, and any changes anticipated, such as returning to work or school. As the child gets older, interview questions will cover toys and discipline as well.

The primary health provider should observe the interactions between parents or parent and caregiver, and between parent and child, their emotional rapport and interactions, whether one parent is asking all the questions and the other is quiet. By making positive statements about how well the baby is doing and the relationship between parent and child, the primary health provider is empowering the parents in their new role and to speak up about their concerns.

The conclusion of the visit is an opportunity to reinforce how well the parents are doing in caring for their child despite fatigue and other factors in their lives. It is a time for the primary health care provider to ask for additional questions the parents may have, and to talk about other anxieties the parents may be feeling that they might not have expressed. The primary provider should also make sure the parent has set the next appointment and describe what to expect from it.

2.3 Promoting the Parent–Child Relationship

The parent-child relationship is the gift that parents and child give each other. This includes for the baby the gift of constant, unconditional love, self-esteem, values and traditions, joy in life, good health, secure surroundings, and skills and abilities (Shelov 2009). At the same time, children have gifts for their parents: unqualified love, absolute trust, the thrill of discovery, and intense emotions (Shelov 2009). During the well-baby visit, the primary health provider can help the parent/caregiver identify and appreciate these gifts and let them know that displaying loving emotions from birth, such as stating “I love you,” and giving the child hugs and kisses are an important part of parenting and encourage normal development.

The health care practitioner helps the parents to believe in their ability to be good parents, which in turn will help the parents to foster their child’s self-esteem. Over years of parents showing love, listening, praising accomplishments, and believing

in their child, children learn to believe in themselves and have a high level of self-respect and self-esteem. When necessary, constructive limit setting in a respectful nonpunitive or nonhurtful manner can help to develop the solid self-esteem that is needed for good emotional health. Even during limit setting as the child gets older, it is important that the primary health provider advise parents to express love for their child and separate the anger the parent may feel over a specific incident or behavior from the child.

Another gift parents give their child is the example they set—whether in their attitudes or behavior, their values, or traditions. This includes showing that parents need to care for themselves and need to be responsible, loving, affectionate, and nurturing in their relationships with all members of the family. When parents provide examples of communicating openly and honestly with one another, and share responsibilities in their household, their children will learn to do the same. Health care providers can explain to parents in their guidance that open communication means expressing feelings in a sensitive way and carefully selecting the words the parents use so as not to hurt the child or other person's feeling. Parents should be encouraged to talk about problems as they arise, and welcome questions and discussion with the health provider and their child. When parents are being open and encouraging of their children's questions and observations, it fosters open, nonjudgmental communication and positive self-esteem for both parents and child.

2.4 Understanding Temperament

Children have different temperaments. Some are more outgoing, some more introspective or quiet, and some more playful. The more joyful the parent is when they are with their child, the more the child will spontaneously embrace joy in life and in their surroundings. The primary health provider can help parents to be more aware of their children's temperament and help the parents foster their child's joy. Some of the ways the primary care provider can do this are helping parents recognize their child as an individual, unique being, identifying their strengths and special needs, their moods, and their joy in play. The more parents appreciate their children's individuality, the more the child's sense of self-esteem and trust is increased.

2.5 Promoting Health and Security

Parents coming for the well-baby visit are encouraging the good health of their child. The primary health provider can empower parents to continue to provide a healthy, nutritious diet for their child, physical exercise, and follow safety protocols to help prevent injuries. Parents need to model these good health habits for their children and their own well-being. This is an opportunity for the primary health provider to help parents review their own health habits and empower them to eliminate unhealthy habits and establish healthy ones, particularly physical activity, reducing alcohol and drug consumption, eliminating smoking, eating healthy, and

getting adequate sleep. It is also a time to encourage the parents to foster and nurture their relationship as a couple by finding time for each other and continuing to have date nights and time alone at least 2 h a week.

Secure surroundings help children thrive. This includes physical safety and comfort, preventing emotional distress, and providing consistency and love. The primary health care provider can talk about why it is important for family members to resolve differences within the family or with others. Children can sense conflict; when parents demonstrate they have resolved a problem it gives children the confidence to overcome conflict as well.

2.6 Promoting Learning

The primary health care provider encourages parents to provide infants and children with learning opportunities and diverse activities and experiences with other children and adults. Parents are encouraged to recognize their children's achievements as children enjoy pleasing their parents and gain a great sense of personal satisfaction from their accomplishments. While parents are providing the opportunities, the primary health care provider can point out that children learn at their own rate.

Health care providers teach the parents how to enjoy parenting. Becoming a parent is extremely stressful and parents are often overcome by this stress and lose the joy. The provider can help foster the joy and excitement of parenting by their careful management of the well-child visit. Anticipatory guidance includes helping parents appreciate what they are seeing in their child and sharing the joy of their child's exploration and development.

2.7 Promoting Parent Education

The health provider can encourage the parent to educate themselves about the different developmental issues and problems their child may experience and physical development (McInerny et al. 2009; Potts and Mandelco 2012). One way health care practitioners can reassure parents about children who appear smaller than others their age is to show the parents their child's growth chart. Explain that we are looking for growth curves that are consistent rather than absolute numbers. Providers also help the parents to anticipate the milestones like beginning to smile, rolling over, and walking. These are also indicators of normal development.

As parents are forming a relationship with their child, it is helpful for them to participate in a parent support group, gather resources, and learn how to deal with different situations in a way that fits best with their family. In our information age, using the Internet and other communication resources is available to almost everyone, whether at home or in a library or community setting.

However, information about support services and groups in the community cannot always be easily found. Primary health providers should gather information about these supports for their parents and be knowledgeable about community organizations that provide this information to individual families.

2.8 Parents As Role Models

The healthier and happier parents are, the better it will be for children since children pattern their own habits on their parents. Children notice differences among people. A parent who is tolerant and accepting of others will teach her child act similarly. It is particularly important for a child to observe her parent being respectful and kind to people with disabilities or special needs, people from different ethnic or religious groups, and people who have a different socioeconomic status.

Also remind the family about showing their love for the child by spending time together, showing physical affection, taking time to talk and read, rocking together (not all homes have rocking chairs, but all can do the motion of rocking while the child is on their lap), and making the child feel cherished and secure. Help the parents to understand that children need some quality, special time each day with each parent, and that it is important to include children in everyday activities, such as meal preparation and eating, cleanup time, and shopping trips.

2.9 Promoting Patience and Expressing Emotions

The primary health care provider can help parents nurture growth and change in their child in many ways. They can help guide parents to provide appropriate rules and guidelines and discipline for children at each stage of development so that parents welcome the child's growth. The health care provider can talk about consistency in the home being important with all the care providers that interact with the child. They can remind parents to minimize frustrations and provide opportunities for success for their child using realistic expectations appropriate for the child's age and abilities and his own timetable. Encourage the parents to give their child strategies to cope with frustrations and constructively express their negative feelings. For example, have the parents think about how they handle their own unhappiness and anger, with a clear message that violence is not permissible. Feelings of sadness, anger, hurt, and frustration are all normal feelings that children need to express to have healthy development. Bibliotherapy—using stories and books to help express emotions—can be a resource for helping parents talk with children about their feelings. See [Chap. 6](#) on Complementary Medicine, for an extensive section on bibliotherapy.

2.10 Understanding Parental Stress

The primary health care provider needs to be nonjudgmental and open so that parents feel comfortable presenting problems as they arise with a sense of confidence that the health care provider will help them resolve it and refer them to other supportive providers. Health care providers should be resourceful, accessible, family-centered, and compassionate in helping families to address their specific problems and concerns. For parents who are feeling overloaded or have increased stress in their own life, the primary health care provider should be prepared to make referrals for support services.

As health care providers caring for growing families, you can anticipate that stress is a normal part of growth. Having this perspective and understanding, everyone can develop tools for stress reduction and prevention and how to deal with stress when it occurs—this includes guidance from the health care provider, the parents, and the child. When we understand that stress is a normal part of growth, we are able to deal with it more effectively and be resilient.

2.11 Promoting Resilience

The primary health care provider can guide families to help their children develop resilience. Building resilience in children has been defined as the “capacity to rebound from setbacks” (Shelov et al. 2009). Kenneth Ginsburg, M.D., has identified seven elements called the “7c’s” that describe the building blocks of resilience for children that can bolster them in stressful times and help to raise “authentically successful children” (Ginsburg and Jablow 2011). Each stressful occurrence is also an educational opportunity to help teach children skills they can use with their next challenge. The 7c’s include competence, confidence, connection, character, contribution, coping, and control. See the Fostering Resilience web site at: www.fosteringresilience.com/7cs_parents.php for guidance on how parents can help children succeed through positive and challenging situations. The web site includes questions parents can use to assess how well their children have been able to develop each of these 7c’s and specific sections for parents on signs of trouble, for teens on stress, and details for professionals.

The following are selected national web sites and organizations that provide many useful resources for parents and professionals. There are many other resources too numerous to list. Start with your state’s local medical society and early childhood organization for further resources. Local referral services such as 311 or 211 call numbers are also helpful, although some may not include early childhood mental health and other early childhood support services for infants and toddlers and their families. See New York Zero-to-Three Network below for how one organization is addressing this gap.

Bright Futures: www.brightfutures.org provides guidelines and handouts for healthy child development and health practice from the American Academy of Pediatrics, with separate resources for parents.

Center on the Social and Emotional Foundations for Early Learning: <http://csefel.vanderbilt.edu> promotes the social emotional development and school readiness of young children birth to age 5 using the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. Provides user-friendly training materials, videos, and print resources to help early care, health, and education providers implement the Pyramid Model.

Children’s Defense Fund: <http://www.childrensdefense.org> seeks to ensure that every child has a “Healthy Start, a Head Start, a Safe Start and a Moral Start in life” through its “Leave No Child Behind” campaign for preventive investments and its educational activities. It monitors basic data on children’s health and well-being in its annual State of America’s Children report and other research with particular attention on the status and needs of children of color, children living in poverty, and those with disabilities.

Docs for Tots: www.docsfortots.org encourages pediatricians to promote practices, policies, and investments that will enable young children to thrive, particularly the medical home, developmental screening, high-quality early care and education, social emotional health, and addressing the impacts of poverty.

Harvard Center on the Developing Child: <http://developingchild.harvard.edu> promotes research-based innovation to enable successful development of children facing multiple risks and adverse life trajectories. Includes videos, working papers, charts on brain architecture, serve and return, toxic stress, executive function, resilience, and innovation. Audience is policymakers, advocates, and general public as well as parents.

National Center for Children in Poverty: www.nccp.org engages in research at the state and national levels to inform public policy and practice to promote family economic security, strong nurturing families, and healthy child development for America’s low-income children. It features state-by-state policy profiles and other research aimed at policymakers, practitioners, and advocates, and the media to promote innovative public policies.

National Association for the Education of Young Children: www.naeyc.org is a national membership organization with state and local affiliates of professionals who work with young children to promote high-quality early learning experiences for children birth through age 8. It provides professional accreditation, leadership and professional development, and resources and publications. It works to promote public policies that provide comprehensive equitable access to high-quality early learning programs.

National Education Association: <http://www.nea.org/> professional membership organization devoted to public education that offers news, information, and resources.

New York Zero-to-Three Network: www.nyzt.org provides information, networking, professional trainings, and conferences. Its Infancy Leadership Circle Project in counties across the state has mapped resources for infants and toddlers locally and enhanced access via 311 and 211 services as well as working on local issues to enhance quality of services and comprehensive service provision (Infancy Leadership Circle, Niagara 2012).

Zero to Three: National Center for Infants, Toddlers and Families: www.zerotothree.org provides research-based knowledge for professionals and parents on how to nurture early development. It includes advocacy and practice.

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Evaluating the child's development is an integral part of the primary health care visit. This includes assessing developmental milestones and considering the factors that go into healthy development. These factors include physical and psychosocial growth; gross motor and fine motor coordination; brain development; temperament; family and cultural factors; cognitive, visual, and auditory development; psychosexual development; and language development. Children need to successfully complete one stage of development before they can move to the next stage in any domain.

Play is the universal language of children. It is a form of communication and can be used to assess and treat a child, as well as a way to relate to them. Play is also the way children explore their environment, trying out hypothesis and seeing what happens, such as hitting two blocks together or knocking down a tower of blocks. The child development researcher Alison Gopnik refers to young children as scientists in the crib (Gopnik et al. 2000). Often with the young child, the health provider will do a pretend test on a stuffed animal or doll to relax the child and then complete the examination on the child. Observing the complexity of a child's play will provide information about his physical, intellectual, and social development.

3.1 Developmental Milestones

Assessing developmental milestones is essential for determining the healthy growth of children. Infants in the first year of life grow rapidly. They double their weight by the age of 4 months and triple their weight by a year. They develop from not being able to hold their head up to walking at around 12–18 months.

Age-appropriate developmental milestones can be divided into six categories:

- Gross motor
- Fine motor
- Social and cognitive
- Psychosexual
- Sensory
- Language

These categories are described later in this chapter.

Children's growth and development occur in an orderly sequence. Even if children differ in the time that they present in one stage, they generally follow predictive stages. The pace of growth and development is specific and unique for each individual child. Some children may develop language skills early; others may develop gross motor skills later.

Development occurs from the head down (cephalocaudal) and from close to far extremities (proximodistal). Infants develop motor control starting with head control before being able to sit and walk. They also gain control first from the midline, and then eventually distally to the coordination of the hands. That is why they roll over first, before developing a gross pincer grasp and then a fine pincer grasp.

Over the course of the first year of life, growth and development become increasingly integrated through small changes in progression of skills and behaviors. Children increasingly develop more complex behaviors and are able to organize and differentiate as they continue to mature and experience responses to internal and external cues.

The child's environment plays a major role in his/her ability to achieve milestones. Cultural values, family belief systems, physical environment, and opportunities for play all influence the child's ability for opportunities and experiences that will enhance development. Critical growth periods and development are particularly susceptible to alterations due to internal and external influences throughout the life cycle. Examples include the time period occurring during fetal development and in the attachment process after birth. Understanding of developmental milestones and taking into account of individual factors will help to anticipate times of growth and times of stability and plateaus (Cech and Martin 2011).

Touchpoints is a framework for looking at children and parent's strengths developed by Dr. T. Berry Brazelton. As primary care providers, we are trained to note deficits and delays. Under the Touchpoints model, parents are respected as being the experts on their child's behavior. The primary care provider is the expert in clinical practice. Together they develop a caring, collaborative relationship to foster the child's development. In this relationship parents are more open to share concerns about their child and vulnerabilities. The practitioner is empathetically involved. Development is looked at across multiple dimensions, including motor, cognitive, and emotional. Parents and practitioners revel in the joy of a child striving to do something and glowing with its accomplishment. At each developmental stage, they look for opportunities to promote mastery and development in the child, and focus on the child's strengths instead of deficits (Brazelton 1992; Brazelton and Sparrow 2003).

Assessing delays in milestones or prolongation of milestones is an important factor in the early identification of developmental delays or issues. The health care provider collects data about the child's development and rules out developmental diagnoses using tools such as the Brazelton Neonatal Assessment Scale and others listed in the bibliography below (Ringwalt 2008). These tools are referenced throughout this book. The provider will also provide individual plans of care to the family to promote normal development. When potential developmental delays are

found, the provider will want to refer the family to their local government Early Intervention department for an evaluation to determine what services are needed. Gaps in development as the child progresses may also be referred simultaneously for a neuropsychological assessment.

Services that are offered through Early Intervention cover five domains of development: physical, cognitive, communication, social-emotional, and self-help. These services can include occupational and physical therapy; speech, language, and feeding therapy; special education; psychological services; respite services; medical, nursing, and nutrition services; and supportive devices.

3.2 Early Brain Development

Much progress has been made in understanding early brain development. The seminal work, *From Neurons to Neighborhoods*, describes how the experiences of the brain from birth to age 5 are the most important ones for healthy child development (Shonkoff and Phillips 2000). Between conception and age 3, a child's brain size and structure (wiring) grow to 85% of its adult size (Lally 2013). This structure supports the rapid social, emotional, and mental development that children experience in the first 3 years of life. During the rest of childhood and adolescence, the efficiency of the neuronal networks is refined, especially the prefrontal cortex that is responsible for judgment and impulse control. By age 6, the brain is about 95% of its adult size (Shonkoff and Phillips 2000).

Research confirms the fact that early experiences affect the development. Parents' everyday attention to their baby, through activities such as diapering, feeding, talking, holding, playing, calming, and sleep, all influence their baby's brain development. Specifically, health care providers can teach parents that offering predictable, consistent, and loving care helps the infant learn trust, the first stage of psychosocial development according to Erikson. Ongoing stress, including child abuse, neglect, maternal depression, substance abuse, or family violence, can damage the growing brain (McCrory et al. 2010). Health care providers will want to emphasize the importance of positive nurturing and dependable relationships for optimal brain development. Besides positive early stimulation being necessary for optimal brain development, normal brain development requires good nutrition (Shonkoff and Phillips 2000).

3.3 Cultural Influences on Development

Health care providers need to recognize their own cultural biases and how it may affect their approach to certain aspects of the well-child visit. Early milestones, such as eating solid food, weaning from the breast or bottle, sleeping through the night, and toilet training, may occur at different ages and be considered normal in other cultures. Gaining this awareness and understanding will help the health provider to be more effective in serving families during the well-baby visit.

There are tools to help us understand family culture, such as the genogram, eco-map, and family functioning model (Minuchin 1974; Ruperto et al. 2001). These tools can help identify family structure, health history, strengths, resources, and health responses, beliefs, and practices. The childhood health assessment questionnaire (CHAQ) and child health questionnaire (CHQ) have also been adapted to a number of cultural groups (Ruperto et al. 2001).

Parental responses to their children's needs also vary by culture. Using a validated screening tool with high sensitivity, specificity, and reliability will help the provider to better determine which children need referrals. Once the child reaches kindergarten, children from all cultural backgrounds should be at similar development levels (Hagan et al. 2008).

3.4 Gross and Fine Motor Development

Gross and fine motor development occurs in a predictable sequential pattern from simple to more complex, going from general to specific. Infant motor behavior during the first 3 months of life is mostly reflexive. As these reflexes fade, babies use more specific conscious movements to help them explore and manipulate their environment. For example, newborns have their hands tightly fist; by 2 months their hands are unfisted part of the time, and by 3 months, they are batting at and grabbing objects. Children's physical development allows them to explore their environment and gain strength and coordination. Allowing babies to physically explore their environment is also important for cognitive development.

3.5 Visual and Auditory Development

Visual and auditory development also follows sequential milestones and should be evaluated at each visit.

3.6 Language Development

Language begins with nonverbal behaviors during infancy, starting with vocalizations and crying. Infants have different cries that come to be understood by their parents and primary care providers as they interpret the child's needs (Sharp and Hillenbrand 2008). Language also develops according to a sequential pattern but requires the child to be able to hear and have normal oral and respiratory functioning. Any child with a delay in language should receive a full hearing evaluation. Children with feeding difficulties should also be evaluated for potential language delays.