



Child and Teen Checkups (C&TC) FACT Sheet

For Primary Care Providers

Anticipatory Guidance

Birth – 12 years

C&TC Requirements:	Qualified Personnel	Documentation
<p>Anticipatory Guidance and Health Education concerning the child’s health must be provided as a part of every C&TC screening. The physical, developmental, mental health and other C&TC components give the initial context for providing health education at the C&TC screening. The dental screening also provides an additional opportunity for anticipatory guidance and health education.</p> <p>Anticipatory guidance is to assist the child, parent or guardian in understanding the expected growth and development of the child and to give child, parent or guardian age-appropriate information about the benefits of healthy lifestyles and practices that promote injury and disease prevention. Health questions and concerns of the child, parent or guardian must be addressed.</p>	<p>Physician, Nurse Practitioner, Physician Assistant, or R.N. with adequate training</p>	<p>Show documentation that age-appropriate anticipatory guidance and health education were given.</p> <p>Consider using:</p> <ul style="list-style-type: none"> ▪ a list of age-appropriate anticipatory guidance topics that could be checked off or circled for quick documentation. Allow space for a brief note. ▪ an age-appropriate anticipatory check off guidance box and allow space to write in discussion topics or a box to check for “see dictation notes.”

Facts About the Importance of Anticipatory Guidance:

- The 2005 MN Legislature (MN Statute 144.574) made recommendations that health care providers of children educate parents and primary caregivers about the dangers associated with shaking infants and young children. **Shaken Baby Syndrome (SBS)** should be discussed with the parents and primary caregivers of infants and children ages from birth to three years at each well child visit or Child & Teen Checkups screening [1].
- Pediatricians spend an average of less than 1 1/2 minutes on anticipatory guidance during a routine visit with a young child [2].
- Latest evidence on the effectiveness of anticipatory guidance on topics such as parent-infant interaction, sleep patterns, and injury prevention shows that functional outcomes of children and their families are improved [3].

- Free book distribution during well-child care and encouraging parents to read to their children has shown to improve child language development [3].
- More than one-third of parents (37%) of Medicaid-eligible children said their child's health care provider never asked them whether they had concerns about their child's development and well being [4].
- Parents report that they could use more information from their health care provider on parenting issues such as newborn care, sleep patterns, how to respond to a crying baby, toilet training, discipline, and encouraging early learning [2].
- Health care providers were more likely to address issues related to the physical care of the child (49%) and injury prevention (52%) than to address topics related to the child's development, behavior, and social growth (30%) [4].
- A Minnesota survey showed that 25% of parents whose children were between the ages of birth and 45 months received preventive and developmental services that met a basic threshold of quality across several aspects of care assessed. The highest levels of preventive care services provided by health care providers were reported in the areas of written health information and assessment for smoking and substance abuse in the family. **The lowest levels were reported in the area of anticipatory guidance** and parental education and psychosocial assessment of well-being and safety within the family [4].
- Injuries are the number one cause of death for children in the United States. Each year childhood injuries result in 20,000 deaths, 600,000 hospitalizations, and 16 million visits to emergency rooms, with an associated cost of \$165 billion [5].
- One state released an injury epidemiology report in March 2006 indicating a correlation between increased booster seat use by children ages 4-8 years from 2001-2004 and a decrease in the number of children hospitalized for injuries [6].
- Young minority children and their parents experience multiple disparities in topics discussed during pediatric visits and in feeling understood by providers [7].

Professional Recommendations:

- American Academy of Pediatrics/ Bright Futures - Appropriate discussion and counseling should be an integral part of each visit for care per the *AAP Guidelines for Health Supervision III (1998)*.
- Age-specific safety counseling should be provided as a part of routine well-child care as recommended by all major authorities including American Academy of Pediatrics, Bright Futures, American Academy of Family Physicians, US Preventive Services Task Force, and the Canadian Task Force on the Periodic Health Examination [5].

Resources: (Accessed April 2, 2007)

- Green, M., (2000) Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health. . [Online] available: <http://www.brightfutures.org>.
- Bright Futures *Family Tip Sheets*. [Online] available: <http://www.brightfutures.org/TipSheets/index.html>.
- Shaken Baby Syndrome (SBS). Prevention education materials (2005). Minnesota Department of Health (MDH). [Online] available: <http://www.health.state.mn.us/divs/fh/mch/fhv/strategies/sbs/index.html>.
- “Your Growing Child” [Series of 12 Brochures, ages newborn through ten years] - Twelve free anticipatory guidance brochures for families available from either the Minnesota Departments of Health (MDH) or Human Services (DHS). Contact the MDH library at (651) 201-5090 or DHS form supply at (651) 431-3502. [Online] available: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_026299.
- Minnesota Department of Health, Maternal and Child Health Section. For questions, training, or additional information, contact the C&TC Training Coordinator at (651) 201-3760. Website: <http://www.health.state.mn.us/divs/fh/mch/candtc.html>.
- Minnesota Department of Human Services (DHS). C&TC Documentation Forms [Online] http://www.dhs.state.mn.us/id_028848 and Criteria Guidelines for C&TC Provider Documentation. [Online]: <http://www.dhs.state.mn.us/provider/ctc>.
- The Health Resources and Services Administration. *Stop Bullying Now!*. [Online] available: <http://stopbullyingnow.hrsa.gov/adult/indexAdult.asp?Area=preventiontips>.

References: (Accessed April 2, 2007)

1. MN Statute 144.574. (2005). Education about dangers of shaking infants and young children. [Online] available: <http://www.revisor.leg.state.mn.us/data/revisor/statutes/2005/144/574.html>.
2. Young DT, Davis K, Schoen C, Parker S. (1998). Listening to parents. A national survey of parents with young children. Arch Pediatr Adolesc Med. 152: 255-262.
3. Nelson CS, Wissow LS, Chang TL. (2003). Effectiveness of anticipatory guidance: recent developments. Curr Opin Pediatr. 15 (6):630-5. Review.
4. Child and Adolescent Health Measurement Initiative. (July 2004). The Promoting Healthy Development Survey – Plus (PHDS-PLUS). MN Medicaid 2003-2004 PHDS-PLUS Survey Findings.
5. Agency for Healthcare Research and Quality. (1998). Clinician’s Handbook of Preventive Services (2nd ed.) McLean, VA: International Medical Publishing. [Online], available: <http://www.ahrq.gov/clinic/ppiphand.htm>.
6. Association of State and Territorial Health Officials. (2006). *Injury prevention fact sheet*. [Online] available: <http://www.astho.org/pubs/AdolescentfactsheetfinalAugust2006.pdf> .
7. Flores G, Olson L, Tomany-Korman SC. (2005). Racial and ethnic disparities in early childhood health and health care. Pediatrics. 115(2): e183-e193. Retrieved 12/5/2006 from <http://pediatrics.aappublications.org/cgi/content/full/115/2/e183>.