

Discussing Difficult Topics During the Well Child Visit

Michael Gittelman, MD and Sarah Denny,
MD

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Ohio Chapter

What Do Families Want From Well-Child Care?

Primary reasons for attending well child visits:

1. Reassurance
 - Confirm that their child was growing and developing normally
 - Reassurance regarding parenting skills
2. Opportunity to discuss parent priorities
 - “I want to come in and talk about my own topics and not have my time taken up by other things. I don’t want the doctor talking about sleep habits if my kid is sleeping fine”

Radecki, et al. Pediatrics. 2009 Sep;124(3):858-65.

Recommendations for Enhancements



- Pre-visit materials, such as checklists to facilitate better use of limited time
- Use wait times as an opportunity to provide information
- Seminars and workshops led by pediatricians on child health and parenting
- Better linkages with community resources

Radecki, et al. Pediatrics. 2009 Sep;124(3):858-65.

Anticipatory Guidance and Violence Prevention

- Parents voiced concerns about not knowing why a pediatrician might inquire about matters that they considered to be outside the scope of pediatrics.
- Pediatricians' attitudes in conveying messages was crucial
- Participants offered advice concerning effective ways to communicate parenting messages

Sege, RD et al. Pediatrics. 2006 Feb;117(2):455-463.

Gun Safety



- Many parents described gun ownership as normative behavior
- Parents felt that “pediatrician would not be able to convince them that keeping guns out of the home is the way to keep children from getting shot”
- Parents within a family may not agree on the issue

Gun Safety cont'd.

- Parents didn't want record of gun ownership
- Suggest that pediatricians offer gun safety information without asking about ownership
- Present information in a non-condescending way
- Families appreciate written materials to supplement discussion
- Varied comments on usefulness of statistics

Sege, RD et al. Pediatrics. 2006 Feb;117(2):455-463.

Pediatrician Focus Groups



- Difficult to strike a balance between what pediatrician wants to discuss and what family wants to discuss
- Often use news stories or personal experience to bring up difficult topics
- Feel that they receive little specific training on providing anticipatory guidance
- Difficulty in prioritizing issues

Sege, RD et al. Pediatrics. 2006 Feb;117(2):455-463.

Pediatrician Focus Groups

- AAP policy is at odds with the social norms of many patient populations
- Concerns about legal ramifications of corporal punishment discussions

Sege, RD et al. Pediatrics. 2006 Feb;117(2):455-463.

Summary

- Parents and pediatricians agree that these are difficult topics, but parents do appreciate being provided information on these topics

Why is it important to discuss “Family Interactions”

- In 2009, Ohio’s child maltreatment fatality rates exceeded the national average by 24%
- In 2009, one child died every 4.6 days from child abuse or neglect
- Ohio’s maltreatment fatality rate has increased by 53% from 1998-2009

<http://www.healthyohioprogram.org>

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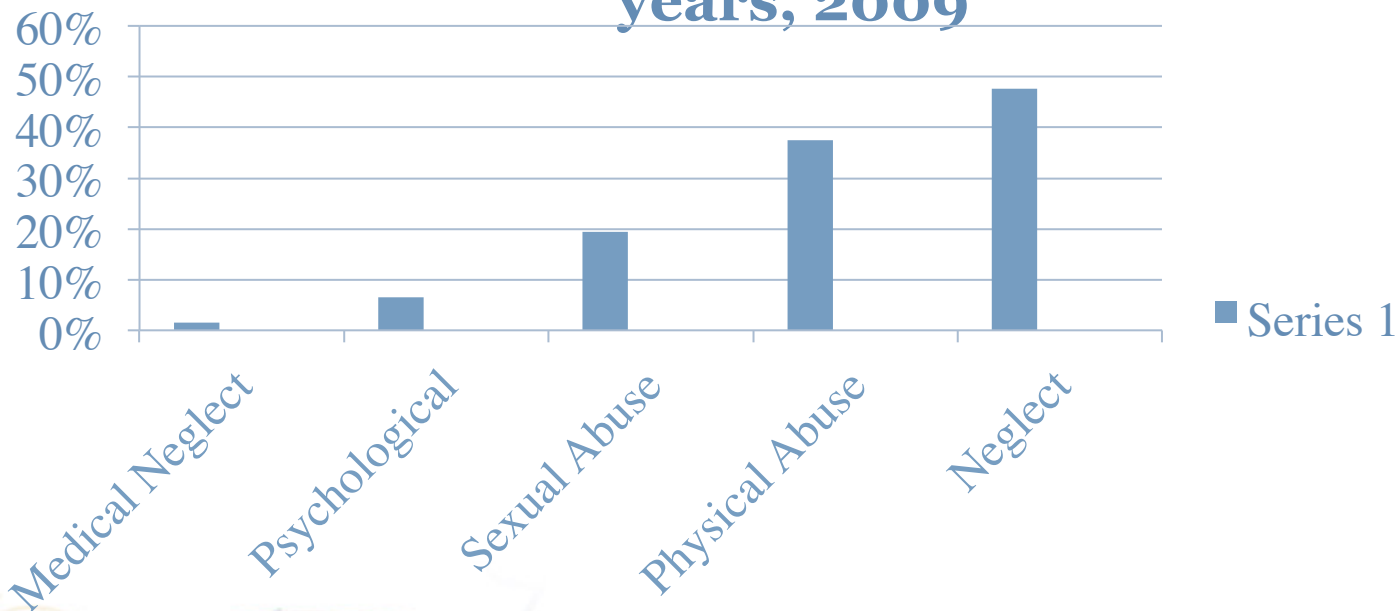
Ohio Chapter



Child Maltreatment in Ohio

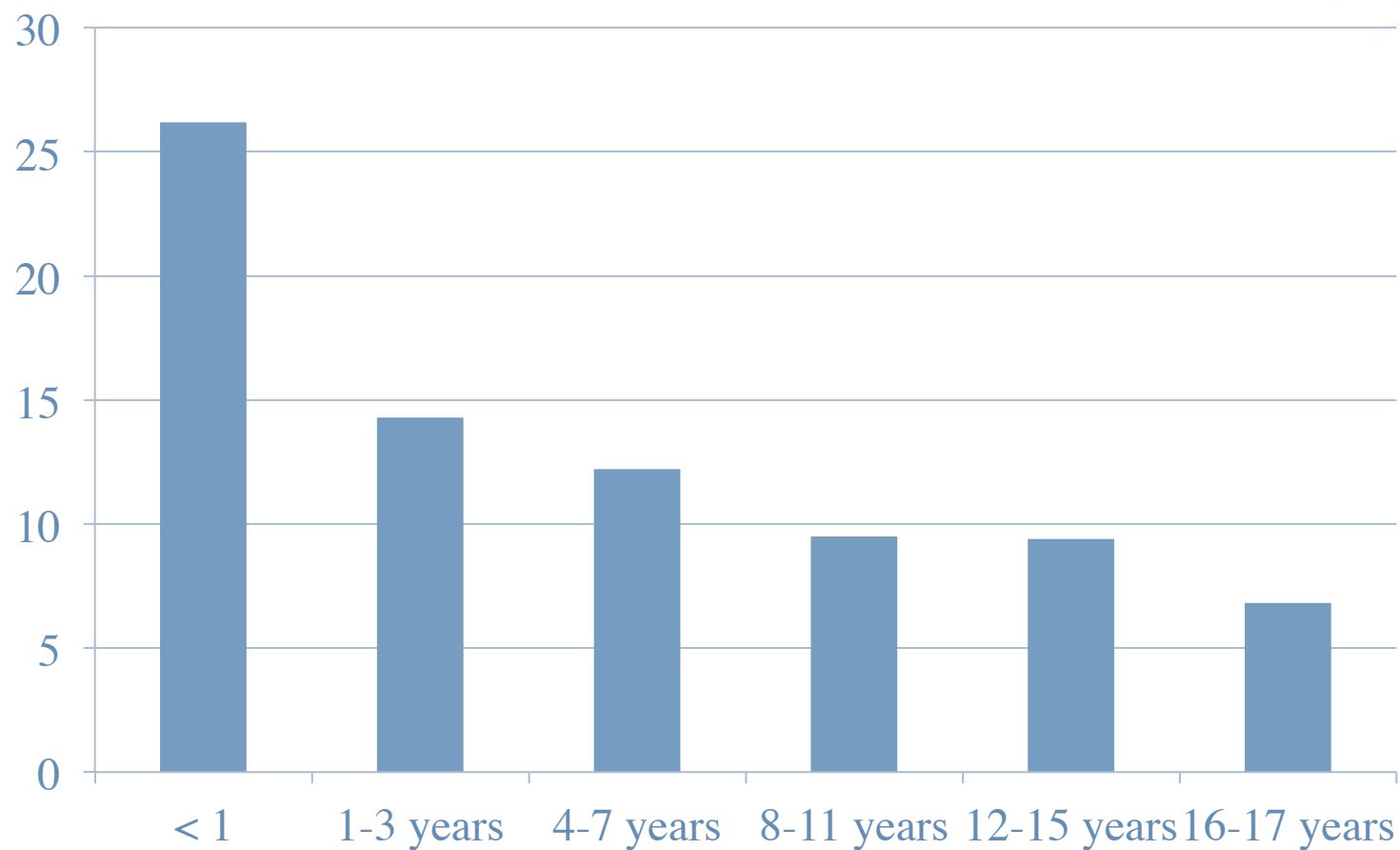
- In 2009, Children Service Agencies reported that 86 children (< 18yr) per day were the victims of child abuse

Child maltreatment by type of abuse, Ohio children <18 years, 2009



<http://www.healthyohioprogram.org>

Child maltreatment rates (per 1,000), Ohio children ages birth to 18, by age group, 2009



<http://www.healthyohioprogram.org>

References

- What Do Families Want From Well Child-Care? Including Parents in the Rethinking Discussion. Radecki, et al. Pediatrics. 2009 Sep;124(3):858-65.
- Anticipatory Guidance and Violence Prevention: Results From Family and Pediatrician Focus Groups. Sege, RD et al. Pediatrics. 2006 Feb;117(2):455-463.
- <http://www.healthyohioprogram.org/~media/HealthyOhio/ASSETS/Files/injury%20prevention/childmaltreatmentfact.ashx>

Contact Information



Michael Gittelman, MD

Email:

Mike.Gittelman@cchmc.org

Sarah Denny, MD

Email:

Sarah.Denny@nationwidechildrens.org

