

Starting the Debate: Rethinking Well-Child Care in Europe

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Preventive care of children and adolescents is a cornerstone of pediatrics and is provided by the healthcare systems of most European countries.^{1,2} Well-child services are frequently linked to immunization schedules and generally include health supervision, surveillance and screening examinations, health advice, and anticipatory guidance. The structure of preventive care for children, however, varies greatly between countries.² In nations such as Sweden, the Netherlands, and the United Kingdom, well-child care is offered by interdisciplinary medical groups and public health service centers; in others, including Germany, Switzerland, and Austria, those mainly responsible for preventive care are primary care providers: pediatricians and general practitioners.² In fact, regular well-child visits comprise a substantial proportion of pediatric activities in these latter countries, accounting for 26% of all primary care visits and 37% of the total primary care time, according to the Zurich Private Practice study.³

Although the health problems of children and the concerns of parents have changed considerably since the introduction of preventive care follow-ups in European pediatrics about 40 years ago, the purposes, schedules, and contents of well-child visits have changed relatively little. Surveillance and screening examinations of physical and developmental abnormalities are still the first priority.² In recent decades, many have searched for improved tools for screening of physical, developmental, and behavioral disorders in children during well-child care. Yet, pediatricians often only use their clinical judgment for the screening of health and developmental problems, probably as the result of the many competing demands on their time during well-child visits.³ The reliability, validity, and practicability of many screening methods are in any case often insufficient. In particular, the “new morbidities” of childhood, including attention deficit/hyperactivity, learning disabilities, language delay, and behavioral abnormalities, are difficult to reliably identify early in life but become highly prevalent as children grow older.⁴ A recent study has reported that preventive care should consider information about psychosocial factors, such as parental education and health⁵ for the identification of these high-prevalence, low-morbidity disorders rather than direct developmental and behavioral screening.

Shifting Priorities from Child-Centered Screening to Family-Focused Child Care

Given these thoughts, I feel strongly that preventive pediatrics should shift priorities away from the child-centered screening approach to family-focused anticipatory guidance, health

advice, counseling, and psychosocial support. In the US, the discrepancies between the traditional screening examinations in pediatric offices and the present-day needs of children and their families have been recognized for quite some time.⁶ Consequently, different strategies and tools for redesigning US well-child care have been studied and presented.⁷ In contrast, there seem to be few discussions and debates in Europe about how well-child services should be constructed to meet the needs of today’s families. This may well be attributable to the large differences between the child healthcare service systems of individual European nations.

In the Zurich Private Practice study, we examined pediatric primary care office visits over 3 consecutive days (3111 consultations, 74% sick-child visits and 26% well-child preventive visits) and found that screening of diseases, abnormalities, and developmental disorders are the main focus of well-child visits. More than 90% of parents, however, had their own agenda for the visit, asked a broad range of questions, and received health advice and anticipatory guidance.³ Other studies have also indicated that parents seek guidance, advice, and counseling from well-child services.⁸ Thus, pediatric well-child visits should be the occasion for providing information about child-rearing, offering anticipatory guidance, addressing areas of concern, providing access to social support, and developing ideas for potential improvements to the lives of children and their families.

Indeed, studies have confirmed that anticipatory guidance and health advice in pediatric care have beneficial effects on children and their families.⁹ In a recent article, we summarized the results of 2 Anglo-American review papers and evaluated additional data about the importance and evidence of anticipatory guidance in pediatric practice.⁹ For example, studies have shown that children consult emergency departments of pediatric hospitals 60% more often if they do not participate in well-child care.¹⁰ Thus, anticipatory guidance may reduce parents’ needs for clinical contact because of less severe concerns.¹¹ Furthermore, the findings of a meta-analysis show that providing parents with guidance on how to prevent injury at home significantly reduces the risk of accidents (mean risk reduction 18%¹²). A controlled clinical trial reported a correlation between reducing

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anticipatory guidance in accident prevention for socially disadvantaged parents with a significantly greater risk of injury.¹³ Another example of the success of anticipatory guidance is the Reach out and Read intervention.¹⁴ Recommendations from the pediatrician during well-child visits to read out loud to preschool children has been shown to improve children's language competence.¹⁴ Several studies have reported that delivering books during pediatric well-child visits and explaining the importance of reading aloud together resulted in increased reading (40% of children read more, compared with 16% in the control group) and general improvements in the children's language/speech development.¹⁴⁻¹⁶ Furthermore, 2 controlled trials^{17,18} showed that anticipatory guidance about children's sleep behavior and the provision of parental information materials during pediatric screening visits improved children's sleep (36% fewer nocturnal waking in the intervention group compared with controls). Moreover, nutrition counseling in the context of well-child care seems to have a positive influence on children's dietary habits in the long term and counteracts the development of overweight.¹⁹ Consequently, expert panels have requested the implementation of anticipatory dietary guidance in screening visits.²⁰ Overall, the primary care setting and well-child visits provide a unique opportunity to distribute parenting education and interventions to enhance children's outcome²¹ and may reduce nonurgent emergency department visits to pediatric clinics.^{10,11}

The challenge remains, however, to put new models into practice. A systematic review in the US has presented strategies for a better preventive care delivery.⁷ Coker et al⁷ found that group arrangements in well-child visits (ie, groups of 4-6 families with similarly aged children), non-face-to-face formats for health advice and guidance, and including nonmedical

professionals in well-child care can improve substantially the effectiveness and efficiency of preventive services.

Conclusions

Parents do the best they can to raise their children, but some are limited by educational, social, or psychological factors. Thus, the promotion and support of parental skills have the potential to substantially improve children's development and behavior. Parent-focused prevention should be moved to the core of pediatric primary care in Europe. To achieve this, the European national pediatric organizations are called to consider new models and interventions and redesign their well-child care processes.⁷ Evidence-based guidelines are needed to provide developmental and behavioral health promotion and guidance for well-child care. Improved knowledge in parenting education should become an integral component of pediatric training programs. Notably, putting new models into practice depends on the availability of financial resources, but economic models of child development have expressed that there is a high return on investment when early childhood is supported.²²

Preventive care in pediatrics offers the great opportunity to help parents do the best they can in raising their children. Thus, the way in which well-child care is delivered should be reconsidered, not only in the US⁶ but also in Europe. The time is ripe. ■

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