

# Parenting Strengths and Partnering with the Medical Home

April 12, 2016

Healthy Start Grantees webinar

**Judith S. Shaw, EdD, MPH, RN, FAAP**

Executive Director, VCHIP & NIPN

Associate Professor of Pediatrics, UVM College of Medicine

Co-editor, Bright Futures



**Bright Futures**<sup>™</sup>

prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>



# Agenda

1. Overview of Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents and related Periodicity Schedule.
2. Describe new elements included in the Bright Futures Guidelines, 4th Edition.
3. Components of the visits 0-2 years
4. Parenting Strengths



**Bright Futures**<sup>™</sup>

prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>

# Bright Futures: History

Supported and funded by federal government's Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration, Department of Health and Human Services

- 1<sup>st</sup> edition was published in 1994
- Updated in 2000 (2<sup>nd</sup> edition)
- In 2002, AAP was selected by MCHB to implement the next phase of the initiative
- 3<sup>rd</sup> edition was released in October 2007
- In 2007, AAP was awarded a second cooperative agreement to address implementation
- In Summer 2015, 4<sup>th</sup> Edition underwent Public Review
- In 2016, the 4<sup>th</sup> Edition will be released



**Bright Futures**<sup>™</sup>  
prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>

# BRIGHT FUTURES

Guidelines for Health Supervision of  
Infants, Children, and Adolescents

THIRD EDITION



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

# Affordable Care Act: Section 2713

...requires all health plans to cover, with no cost-sharing

“with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration,”

the services are outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3<sup>rd</sup> Edition  
(Hagan J, Shaw JS, Duncan PM eds.)



**Bright Futures**<sup>™</sup>  
prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>



Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

Refer to the specific guidance by age as listed in *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3<sup>rd</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

Copyright © 2016 by the American Academy of Pediatrics, updated 10/2015

No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics, except for one copy for personal use.

[illegible]

1. A child under one year of age for the first time at any point on the schedule, or if any items are not accomplished then suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who require a pre-conference. The prenatal visit should include anticipatory guidance, prenatal medical history, and a discussion of benefits of breastfeeding and planned medical screening, per the 2016 AAP statement on breastfeeding: [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/breastfeeding](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/breastfeeding)
3. Every infant should have a newborn evaluation (see below), and anticipatory guidance to the encouraged breastfeeding instruction and support should be offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 72 hours after discharge from the hospital to enable evaluation for feeding and jaundice. Breastfed infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and education, as recommended in the 2017 AAP statement "Breastfeeding and the Use of Human Milk": [www.aap.org/american-academy-of-pediatrics/policy-statements/2017/05/01/breastfeeding](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2017/05/01/breastfeeding)
5. Newborn infants who are not breastfed or who are not exclusively breastfed within the first 16 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns": [www.aap.org/american-academy-of-pediatrics/policy-statements/2010/05/01/hospital-stay](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2010/05/01/hospital-stay)
6. Screen, per the 2007 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Children and Adolescent Overweight and Obesity: Summary Report": [www.aap.org/american-academy-of-pediatrics/policy-statements/2007/04/01/overweight](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2007/04/01/overweight)
7. Screen for lead exposure, per the 2016 AAP statement "Lead Exposure in Children and Adolescents": [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/lead-exposure](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/lead-exposure)
8. Visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visit at 3 through 5 years of age. See 2016 AAP statement, "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians": [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/05/01/visual-system](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/05/01/visual-system)
9. Procedures available on the Visual System by Pediatrician: [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/05/01/visual-system](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/05/01/visual-system)
10. At least one of the following: (a) the 2016 AAP statement "Prevalence and Guidelines for Early Hearing Detection and Intervention Programs": [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/05/01/hearing](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/05/01/hearing)
11. See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening": [www.aap.org/american-academy-of-pediatrics/policy-statements/2006/04/01/developmental](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2006/04/01/developmental)
12. Screening should occur, per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders": [www.aap.org/american-academy-of-pediatrics/policy-statements/2007/04/01/autism](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2007/04/01/autism)
13. A recommended screening tool is available at [www.cdc.gov/bestpractices/cvdp/DAF17/index.php](http://www.cdc.gov/bestpractices/cvdp/DAF17/index.php)
14. Recommended screening using the Parent Health Questionnaire (PHQ-2) or other tools included in the GUD-PC toolkit and at [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/parent-health-questionnaire](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/parent-health-questionnaire)
15. A school visit, age-appropriate physical examination is essential, with a main focus on infants and older children underserved and undershield. See the 2016 AAP statement "The Role of the Pediatrician in the School Examination of the Pediatric Patient": [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/school-examination](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/school-examination)
16. These may be modified, depending on entry point into structure and individual need.
17. The Recommended Uniform Newborn Screening Panel
18. See [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the [www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening](http://www.aap.org/american-academy-of-pediatrics/policy-statements/2016/06/01/newborn-screening), which identifies the screening committee on the level of Newborn Screening and Children, and the newborn screening, and the

KEY ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ◀ ● ▶ = range during which a service may be provided



**Bright Futures™**  
prevention and health promotion for infants,  
children, adolescents, and their families™

# Bright Futures Guidelines, 4th Edition

## Part 1: Health Promotion Themes

- 12 chapters highlighting key health promotion themes
- New themes in development: **Social determinants of health**; Media use, Children with Special Health Care Needs

## Part 2: Health Supervision Visits

- Rationale and evidence for screening recommendations
- 32 age-specific visits (including prenatal visit)
- 5 health supervision priorities for each visit
  - Designed to focus visit on most important issues for child that age
  - Includes: **social determinants of health**, health risks, developmental issues, positive reinforcement

**NOTE: The 4<sup>th</sup> edition underwent a *Public Review* period ending on August 12<sup>th</sup>, 2015.**



**Bright Futures**<sup>™</sup>

prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>

# Bright Futures Guidelines, 4<sup>th</sup> Edition

- ~~Child~~ **Healthy** Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- **Promoting Lifelong Health for Families and Communities**
- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- ~~Community Relationships and Resources~~
- **Promoting the Healthy and Safe Use of Social Media**
- **Children and Youth with Special Health Care Needs**



**Bright Futures**<sup>™</sup>

prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>



# Components of a Bright Futures Visit

- ❖ History
- ❖ Surveillance
- ❖ Physical examination
- ❖ Screening
- ❖ Immunizations
- ❖ Anticipatory guidance



**Bright Futures™**

prevention and health promotion for infants,  
children, adolescents, and their families™

# Proposed Priorities in 4th Edition

## 12 Month Visit Example

- ☐ Social determinants of health  
(the economic and social conditions that shape the health of individuals and communities)
- ☐ Establishing routines
- ☐ Feeding and appetite changes
- ☐ Establishing a dental home
- ☐ Safety



Source: [Healthy People 2020](#)

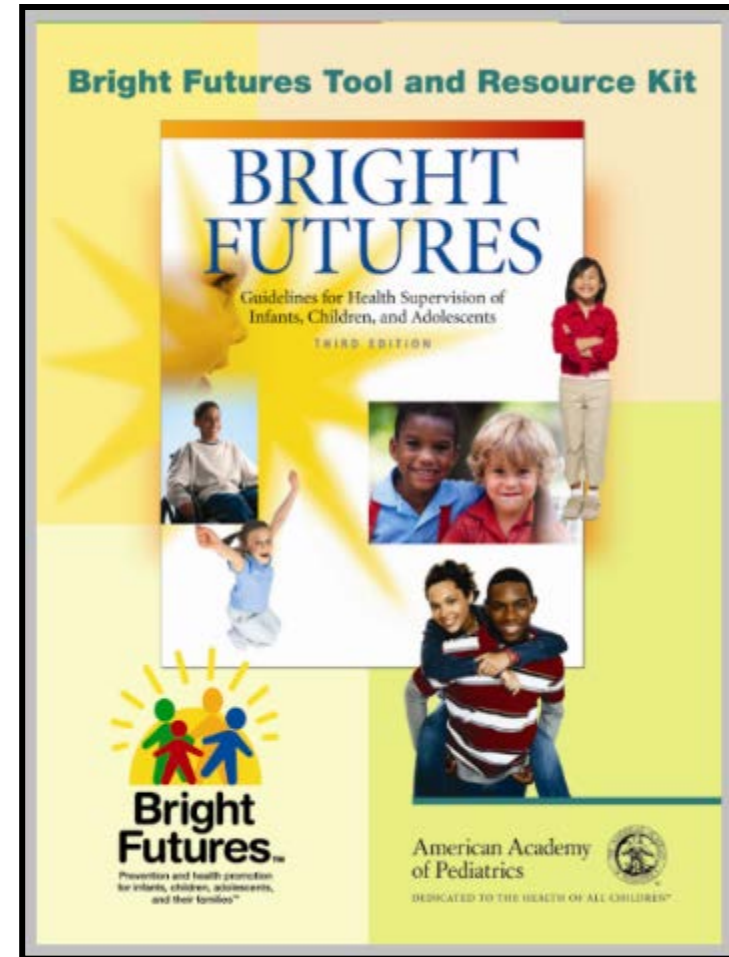


**Bright Futures™**  
prevention and health promotion for infants,  
children, adolescents, and their families™

# Tool & Resource Kit

- ❑ The *Bright Futures Tool and Resource Kit* also contains supplementary materials:
  - Additional Parent/Patient Handouts
  - Developmental, behavioral, and psychosocial screening and assessment tools
  - Practice management tools for preventive care
  - Information on community resources
- ❑ All of *Bright Futures* developed materials are in the public domain

[brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx](http://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx)



**Bright Futures**  
prevention and health promotion for infants,  
children, adolescents, and their families™

# Integrated Tools

## Bright Futures Previsit Questionnaire 12 Month Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.

Please answer all of the questions. Thank you.

### What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

---

---

---

---

---

We are interested in answering your questions. Check the boxes for the topics you would like to discuss the most today.

<b>Family Support</b>	<input type="checkbox"/> Ways to manage your child's behavior	<input type="checkbox"/> Finding time for yourself	<input type="checkbox"/> Parent/family community activities
<b>Establishing Routines</b>	<input type="checkbox"/> Nap time routines	<input type="checkbox"/> Bedtime routines	<input type="checkbox"/> Showering teeth
	<input type="checkbox"/> Using a spoon and cup	<input type="checkbox"/> Healthy food choices	<input type="checkbox"/> Starting family traditions
<b>Feeding Your Child</b>	<input type="checkbox"/> How much your child should eat	<input type="checkbox"/> Change in appetite and growth	<input type="checkbox"/> Your child's weight
<b>Finding a Dentist</b>	<input type="checkbox"/> Your child's first dental checkup	<input type="checkbox"/> Brushing teeth twice daily	<input type="checkbox"/> Finger sucking, pacifiers, and bottles
<b>Safety</b>	<input type="checkbox"/> Home safety indoors and outdoors	<input type="checkbox"/> Car safety seats	<input type="checkbox"/> Water safety
	<input type="checkbox"/> Older siblings watching your child	<input type="checkbox"/> Tools that might cause choking	<input type="checkbox"/> Gun safety

### Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

---

---

---

---

<b>Hearing</b>	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child speaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child uses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child hold objects close when trying to focus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Vision</b>	Do your child's eyes appear unusual or seem to cross, drift, or be lacy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyelids close or does one eyelid tend to close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have your child's eyes ever been injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child have a strabismus (one eye has or had been looking)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Lead</b>	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child live in or regularly visit a house or child care facility built before 1959?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Tuberculosis</b>	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test to your child infected with TB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Oral Health</b>	Do you know a dentist to whom you can bring your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child's primary teeth erupt/come in normally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

---

---

---

---

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other problems?

---

---


---

---

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

PAGE 1 OF 2

[illegible]



# Bright Futures Parent Handout 12 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

## Family Support

- Try not to let, spank, or yell at your child.
- Make rules for your child short and simple.
- Use short time-outs when your child is behaving poorly.
- Praise your child for good behavior.
- Direct your child with something he likes during bad behavior.
- Play with and read to your child often.
- Make sure everyone who cares for your child gets healthy food, avoids sweets, and uses the same rules for discipline.
- Make sure your child stays safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

## Establishing Routines

- Your child should have at least one nap. Expect it to make sure your child is tired for bed.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Avoid having your child watch TV and videos, and never watch anything scary.
- Be aware that hair or strangers is normal and peaks at this age.
- Respect your child's fears and have strangers approach slowly.
- Avoid watching TV during family time.
- Start family traditions such as reading or going for a walk together.

## Feeding Your Child

- Have your child eat during family mealtimes.
- Be patient with your child as she learns to eat without help.
- Encourage your child to feed herself.
- Give 3 meals and 2-3 snacks spaced evenly over the day to avoid tantrums.
- Make sure caregivers follow the same ideas and routines for feeding.
- Use a small plate and cup to eat feeding and drinking.
- Provide healthy foods for meals and snacks.
- Let your child decide what and how much to eat.
- End the feeding when the child stops eating.
- Avoid small, hard foods that can cause choking—raisins, popcorn, hot dogs, grapes, and hard, raw veggies.

## Safety

- Have your child's car safety seat rear-facing until your child is 2 years of age or until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Lock away poisons, medications, and lawn and cleaning supplies. Call Poison Help (1-800-222-1222) if your child eats something.
- Keep small objects, balloons, and plastic bags away from your child.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher. Keep furniture away from windows.
- Lock away knives and scissors.
- Only leave your toddler with a mature adult.
- Near or in water, keep your child close enough to touch.

## Child's Health


- Take your child for a first dental visit by 12 months.
- Brush your child's teeth twice each day.
- With water only, use a soft toothbrush.
- If using a bottle, offer only water.

## What to Expect at Your Child's 15 Month Visit

### We will talk about


- Your child's speech and feelings
- Setting a good night's sleep
- Keeping your home safe for your child
- Temper tantrums and discipline
- Caring for your child's teeth

Poison Help: 1-800-222-1222  
Child Safety seat inspection:  
1-866-SEATCHECK, seatcheck.org



## American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



The recommendations in this publication are based on evidence and clinical practice. They are not intended to replace clinical judgment. The American Academy of Pediatrics (AAP) is not responsible for any adverse consequences resulting from the use of this publication. The AAP is not responsible for any adverse consequences resulting from the use of this publication. The AAP is not responsible for any adverse consequences resulting from the use of this publication.

## Previsit Questionnaires

- Allows healthcare provider to gather pertinent information without using valuable time asking questions

## Documentation Forms

- Enables Provider to document all pertinent information and fulfill Quality Measure

## Patient/Parent Education Handouts

- Provides Parental Education all the Bright Future Priorities for the visit



# Bright Futures<sup>™</sup>

prevention and health promotion for infants,  
children, adolescents, and their families™

Adoption of the Bright Futures Guidelines can help to meet some of the CHIPRA Core Measures and MCH National Performance Measures related to pediatric preventive care.

**Examples:**

**Title V MCH Services Block Grant  
National Performance Measures**

Percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

<http://mchb.hrsa.gov/programs/titlevgrants/blockgrantguidance.pdf>

**Examples:**

**CHIPRA 2016 Core Measures**

Well-Child Visits in the First 15 Months of Life

Developmental Screening in the First Three Years of Life

Childhood Immunization Status

Audiological Evaluation No Later Than 3 Months of Age

Prenatal & Postpartum Care: Timeliness of Prenatal Care

[https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2016Prenatal & Postpartum Care: Timeliness of Prenatal Care Audiological Evaluation No Later Than 3 Months of Age -child-core-set.pdf](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2016Prenatal%20&%20Postpartum%20Care%20Timeliness%20of%20Prenatal%20Care%20Audiological%20Evaluation%20No%20Later%20Than%203%20Months%20of%20Age-child-core-set.pdf)



**Bright Futures**  
prevention and health promotion for infants,  
children, adolescents, and their families™



# Anticipatory Guidance in a Bright Futures Visit

- Visits in the First Two Years
  - Prenatal
  - Newborn
  - First week (3-5 days)
  - One month
  - Two months
  - Four months
  - Six months
  - Nine months
  - Twelve months
  - Fifteen months
  - Eighteen months
  - Two Years

# Prenatal Visit Anticipatory Guidance

- Social Determinants of Health
- Parent and Family Health and Well-being
- Newborn Care
- Infant Nutrition and Feeding
- Safety

# Overview of Anticipatory Guidance Topics in First Two Years

- Social Determinants of Health
- Parent Health and Well-being
- Development:
  - Infant Behavior and Care
  - Communication and Social Development
  - Temperament, Development, Behavior and Discipline
  - Language Development
  - Television and Social Media
  - Toilet Training
- Nutrition and Feeding
- Oral Health
- Safety
  - Safe Sleep
  - Car Safety Seats, Falls, Drowning, Poisoning, Fires and Burns, etc.

# Social Determinants of Health

- Risks:
  - Living Situation and Food Security
  - Environmental Risks (mold, lead, etc.)
  - Intimate Partner Violence
  - Tobacco, Drug and Alcohol Use
- Strengths and Protective Factors:
  - Maternal and Family Support
  - Parent-Infant Relationship
  - Family Relationship
  - Childcare

# Overview of Anticipatory Guidance Topics in First Two Years

- Social Determinants of Health
- Parent Health and Well-being
- Development:
  - Infant Behavior and Care
  - Communication and Social Development
  - Temperament, Development, Behavior and Discipline
  - Language Development
  - Television and Social Media
  - Toilet Training
- Nutrition and Feeding
- Oral Health
- Safety
  - Safe Sleep
  - Car Safety Seats, Falls, Drowning, Poisoning, Fires and Burns, etc.



# Goals of Bright Futures

- Working with **states** to make the Bright Futures approach the **standard of care** for infants, children, and adolescents
- Helping health care providers shift their thinking to a **prevention-based**, family-focused, and developmentally-oriented direction
- Fostering **partnerships** between families, providers, and communities
- Empowering **families** with the skills and knowledge to be active participants in their children's healthy development



**Bright Futures**<sup>™</sup>  
prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>

# Questions?



**Bright Futures**<sup>™</sup>  
prevention and health promotion for infants,  
children, adolescents, and their families<sup>™</sup>



## American Academy of Pediatrics Bright Future National Center

*Jane Bassewitz, MA*

*Manager, Bright Futures National Center*

*Phone*

847-432-4326

*E-mail*

[brightfutures@aap.org](mailto:brightfutures@aap.org)

*Web site*

<https://brightfutures.aap.org/Pages/default.aspx>