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I have nothing to disclose

Note: The recommendations in this presentation/training do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate.

Citation: If you plan to use this resource, please cite or credit as: Barr, J. (2022) Bright Futures: Promoting Healthy Growth During Early Infancy [PowerPoint Slides]. 2022. Accessed <date>.

This program is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling $5,000,000 with 10 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit HRSA.gov.
Pre-test

Evaluate your knowledge about the topic before the mini training. Please click on the pre-test link below.

Please click on link to be routed to the pre-test

Note: This is for learning purposes only and is NOT approved for CME.
As a result of completing this module, the participant will be able to:

- Promote healthy eating and growth starting in the newborn period.
- Identify important aspects of the maternal history.
- Develop an approach to assess parent responsiveness to infant hunger and satiety cues, breastfeeding in the absences of hunger, sleep duration and quality.
- Provide an overview of sociocultural, economic, or other barriers to food and nutritional needs.
Scope in Pediatrics

• Adequate nutrition during infancy is essential in order to ensure the health, growth and development of infants and children.

• The pediatric health care professional will be able to:
  ✓ Identify the role of the pediatric health care professional in promoting and protecting breastfeeding.
  ✓ Describe the benefits of breastfeeding.
  ✓ Identify reasons a mother may decide not to breastfeed.
  ✓ Use best practices to promote healthy growth beginning in the newborn period and address the barriers that may be present.
Disparities Related to Breastfeeding

- There are disparities in breastfeeding.\(^5,6\)
- Hispanic women have higher rates to initiate breastfeeding. They are also more likely to supplement formula earlier and to introduce solids earlier.\(^5,7\)

- Fewer Black infants and Native American infants were exclusively breastfed the first 6 months of life as compared to White infants and a national average.\(^5\)
- This disparity is especially true for low-income Black women who return to work earlier and are faced with various challenges.\(^5,7\)
First 6 months breastfeeding by ethnicity

Source: Data derived from United States, 2019. MMWR Morb Mortal Wkly Rep 2021
Disparities Related to Breastfeeding

• The disparities in breastfeeding are associated with differences in health outcomes for Black infants, as compared to White infants. \(^5,7\)

• Barriers to initiating breastfeeding\(^6,7\)
  • Absence of lactation support
  • Maternal health complications
  • Lack of trust
  • Implicit biases
Overview: What Pediatric Health Care Professionals Can Do

- Ensure hospitalized mothers have access to support and education concerning breastfeeding immediately after birth through discharge.\textsuperscript{6,7}

- Assess internal implicit biases that may impact breastfeeding support.\textsuperscript{6,7}

- Understand cultural, societal, and familial influences that may impact a woman’s decision to breastfeed.\textsuperscript{6,7}

- Need to be able to communicate and discuss the health benefits of breastfeeding.\textsuperscript{6,7}
Case Study

Mom is 30-year-old female

• Delivered first child, a boy
  o No complications, vaginal delivery
  o Infant weighs 7lbs 8oz, 19” long
  o Apgar scores: 7 at 1-min., 9 at 5-min.

• Mom indicates she will breastfeed
  o Inquiring about feeding and what to expect
  o Plans to return to work full-time
  o Has received many conflicting information about breastfeeding
Self-Assessment

What does the Bright Futures Previsit Questionnaire reveal about the mom and infant?

- Parent would like more information on breastfeeding as they will be returning to work.
- First child and parent is very happy.
- Parent is not aware if child has special health care needs. Wants to know what to look for.
- Is on maternity leave for 8 weeks.
- Parent does not have specific concerns today. Wants to know what to be aware of.
Self-Assessment

What does the self-assessment reveal about the mom and infant?

<table>
<thead>
<tr>
<th>PATIENT NAME: Baby Boy</th>
<th>DATE:</th>
</tr>
</thead>
</table>

**FIRST WEEK VISIT (3 TO 5 DAYS)**

**RISK ASSESSMENT**

- Vision: Do you have concerns about how your baby sees? [ ] No [ ] Yes [ ] Unsure

**ANTICIPATORY GUIDANCE**

How are things going for you, your baby, and your family?

**YOUR FAMILY'S HEALTH AND WELL-BEING**

- Living Situation and Food Security
  - Is permanent housing a worry for you? [ ] No [ ] Yes
  - Do you have the things you need to take care of your baby, such as a crib, a car safety seat, and diapers? [ ] No [ ] Yes
  - Does your home have enough heat, hot water, and electricity? [ ] Yes [ ] No
  - Do you have health insurance for yourself? [ ] Yes [ ] No
  - Within the past 12 months, were you worried whether your food would run out before you got money to buy more? [ ] Yes [ ] No
  - Within the past 12 months, did the food you bought not last, and you did not have money to get more? [ ] Yes [ ] No
  - Do you need help in finding community support services, such as WIC or food stamps? [ ] Yes [ ] No
- Family Support
  - Do you search the Internet to learn about how to care for your baby? [ ] Yes [ ] No

**GETTING TO KNOW YOUR BABY**

- How Are You Feeding
  - Do you sleep when the baby sleeps? [ ] Yes [ ] No
  - Does your partner or other family members help with the baby? [ ] Yes [ ] No
  - If you have other children, are you able to spend time with them? [ ] Yes [ ] No
- CARING FOR YOUR BABY
  - Do you need your baby? [ ] Yes [ ] No
  - Is a TV, computer, tablet, or smartphone on in the background when your baby is in the room? [ ] Yes [ ] No
  - Is your baby able to fully awaken for feedings? [ ] Yes [ ] No
  - Do you have questions about how to calm your baby? [ ] Yes [ ] No
- When to Call Your Doctor/Emergency Planning
  - Do you know how to take your baby's temperature rectally? [ ] Yes [ ] No
  - Do you have a list of emergency phone numbers? [ ] Yes [ ] No
  - Do you have any questions about taking your baby out in public places? [ ] Yes [ ] No

**FEEDING YOUR BABY**

- General Information
  - Does your baby feed well? [ ] Yes [ ] No
  - Do you have any questions about how your baby is growing? [ ] Yes [ ] No
  - Are you having problems keeping your baby's? [ ] Yes [ ] No
  - Can you tell when your baby is hungry? [ ] Yes [ ] No
  - Can you tell when your baby is full? [ ] Yes [ ] No
  - Does your baby have 5 or 6 wet disposable diapers (or 8-10 cloth diapers) and 3 or 4 stools a day? [ ] Yes [ ] No

**FEEDING YOUR BABY (CONTINUED)**

- If you are breastfeeding, answer these questions.
  - Is breastfeeding uncomfortable or painful? [ ] Yes [ ] No
  - Do you eat foods that are high in protein (such as eggs, lean meat, poultry, fish, or beans) every day? [ ] Yes [ ] No
  - Are you continuing to take prenatal vitamins? [ ] Yes [ ] No
  - Do you take medications (either over-the-counter or prescription) or herbal supplements? [ ] Yes [ ] No
  - Are you giving your baby vitamin D drops? [ ] Yes [ ] No
- If you are formula feeding, or providing formula supplementation, answer these questions.
  - Are you using non-fortified formula? [ ] Yes [ ] No
  - Do you have any questions about using formula, such as how much it costs or how to prepare it? [ ] Yes [ ] No

**SAFETY**

- Car and Home Safety
  - Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle? [ ] Yes [ ] No
  - Are you having any problems with your car safety seat? [ ] Yes [ ] No
  - Have you started developing habits that will help prevent you from ever forgetting your baby in the car? [ ] Yes [ ] No
  - Is your water heater set so the temperature at the faucet is at or below 120°F/49°C? [ ] Yes [ ] No
- Safe Sleep
  - Does your baby sleep on his back? [ ] Yes [ ] No
  - Does your baby sleep in a crib? [ ] Yes [ ] No
  - Does your baby stay in your room? [ ] Yes [ ] No

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
For more information, go to https://brightfutures.aap.org.
Self-Assessment Questions

1. What are important aspects of the previsit questionnaire?
2. While examining the infant during this visit, what would you focus on?
3. What other maternal history would you need to know? (mental health, medical history and medications, perceptions of breastfeeding, etc.)?
4. What would you want staff to document and discuss with the mother?
5. What would be the focus on subsequent visits in regard to nutrition and promoting healthy growth? Any other areas that the clinician should discuss or review?
   a. 1 Month Visit
   b. 2 Month Visit

Click next to view responses.

Click the icon to hear narrated guidance.
Based on this Previsit Questionnaire, what are some priorities to address during this visit?

• Feeding practices
• Health care and food disparities
• Psychosocial concerns
• Financial concerns
• Family member smoking

Click the icon to hear narrated guidance.
While examining the infant during this visit, what would you focus on?

• Summarize the information and the mother’s concerns
• Discuss benefits of breastfeeding (eg, healthy growth)
• Review physical exam and highlight developmental milestones
What other maternal history would you need to know?

• Mental health (remind mom to ask for help, rest/sleep when baby sleeps, voice any mental health concerns)
• Medical and family history
• Perceptions of breastfeeding
What would you want staff to document and discuss with the mother?

- Address mother’s concerns about breastfeeding and development
- Refer to lactation counseling
Self-Assessment Feedback #5:

What would be the focus of subsequent visits regarding nutrition/promoting healthy growth?

1 Month Visit
• Feeding strategies, hunger and satiety cues
• Discussion on preparing to return to work
• Surveil parent and family health and well-being
• Ask about social determinants (food insecurity, environmental tobacco exposure)
Self-Assessment 5 Continued:

What would be the focus of subsequent visits regarding nutrition/promoting healthy growth?

2 Month Visit

- General guidance on feeding
- Surveil parent and family health and well-being
- Ask about social determinants (food insecurity, environmental tobacco exposure)
Priorities for the First Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents.
In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health* (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- Parent and family health and well-being (transition home, sibling adjustment)
- Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
### Recommended Screenings: First Week Visit

#### Universal Screening

<table>
<thead>
<tr>
<th>Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>If not yet done, hearing screening test should be completed.</td>
</tr>
<tr>
<td>Newborn: Blood</td>
<td>Verify screening was obtained and review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed and all necessary referrals are made to subspecialists. State newborn screening programs are available for assistance with referrals to appropriate resources.</td>
</tr>
</tbody>
</table>

#### Selective Screening

<table>
<thead>
<tr>
<th>Screening</th>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Children with specific risk conditions</td>
<td>Blood pressure measurement</td>
</tr>
<tr>
<td>Vision</td>
<td>+ on risk screening questions</td>
<td>Ophthalmology referral</td>
</tr>
</tbody>
</table>

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*a* Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention Program.

*b* See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Anticipatory Guidance

What the “experts” would focus on...

• Nutrition and feeding
  o Recognize signs of hunger, fullness; develop feeding routine
  o Exclusive breastfeeding for about the first 6 months provides ideal nutrition, supports best growth and development
  o Iron-fortified formula is a recommended substitute, if needed

• Social Determinants of Health
  o Programs like WIC and SNAP are available to help you if you have concerns about your food situation

• Parent and family health and well-being
  o Make sure to ask for help from family or friends
  o Rest and sleep when baby sleeps
Use of Visit Documentation Form

Source: Bright Futures Tool & Resource Kit, 2nd Edition
What Else Can You Discuss?

- Discuss the infant’s weight and ways to promote continual breastfeeding.
- Explore any barriers to breastfeeding.

Source: *Bright Futures Tool & Resource Kit, 2nd Edition*
Reinforcing the Anticipatory Guidance

FIRST WEEK VISIT (3 TO 5 DAYS) — PARENT

SAFETY
- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Make sure your baby always stays in his car safety seat during travel. If he becomes fussy or needs to feed, stop the vehicle and take him out of his seat.
- Your baby’s safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Never leave your baby in the car alone. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- Always put your baby to sleep on his back in his own crib, not your bed.
- Your baby should sleep in your room until he is at least 4 months old.
- Make sure your baby’s crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 29, 2013.
- Swaddling should be used only with babies younger than 2 months.
- Prevent scalds or burns. Don’t drink hot liquids while holding your baby.
- Prevent hot water burns. Set the water heater so the temperature at the faucet is at or below 120°F/49°C.

WHAT TO EXPECT AT YOUR BABY’S 1 MONTH VISIT

We will talk about:
- Taking care of your baby, your family, and yourself
- Promoting your health and recovery
- Feeding your baby and watching her grow
- Caring for and protecting your baby
- Keeping your baby safe at home and in the car

FEEDING YOUR BABY
- Breastfeeding:
  - If you are breastfeeding, offer your baby 2 to 3 times every 3 to 4 hours. If he is still hungry, offer more.
- Formula Feeding:
  - Offer your baby 2 oz of formula every 2 to 3 hours. If he is still hungry, offer more.

HOW YOU ARE FEELING
- Try to sleep or rest when your baby sleeps.
- Eat when your baby eats.
- Keep up routines to help your family adjust to the new baby.

BABY CARE
- Sing, talk, and read to your baby, watch TV, and digital media.
- Help your baby learn to talk by reading books, changing his diaper, and undressing him.
- Keep your baby’s tongue and teeth wiped clean.
- Never hit or shake your baby.
- Take your baby’s temperature with a rectal thermometer, not by ear or oral. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call us anytime if you have concerns or questions.
- Plan for emergencies. Have a first aid kit, take first aid and infant CPR classes, and make a list of phone numbers.
- Wash your hands often.
- Avoid crowds and keep others from touching your baby without clean hands.
- Avoid sun exposure.

HOW YOUR FAMILY IS DOING
- If you are worried about your living or food situations, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Tobacco-free spaces keep children healthy. Don’t smoke or use e-cigarettes. Keep your house and car smoke-free.
- Take help from family and friends.
Summary: Teaching Points

- Remember to use the Previsit Questionnaires and Visit Documentation templates
- Assessment of infant development, as well as growth parameters, must be done at each visit
- Pediatric health care professionals can provide counseling and reassurance regarding breastfeeding
Summary: Teaching Points

• Understand the benefits of breastfeeding
• Educational handouts are helpful for teach back
• Think about disparities in breastfeeding and why they exist
• Identify and address barriers to breastfeeding
• Solids should not be introduced until the infant is 6 months old and is developmentally ready for introduction to solids
Post-test

Test your knowledge on the topic and review feedback on your responses. Please complete the post-test, link below.

Please click on link to be routed to the post-test.

Note: This is for learning purposes only and is NOT approved for CME.
Clinical Resources

- AAP Institute for Healthy Childhood Weight (IHCW)
  - Building a Foundation for Healthy Active Living – provides numerous clinical resources to support better integration of early nutrition, healthy active living and obesity prevention into clinical care during the critical first 5 years of life.
  - Food Insecurity Webinar
  - Conversations About Care Podcast
- AAP Breastfeeding Residency Curriculum: Faculty Implementation Guide
- AAP Breastfeeding Overview
Clinical Resources

Related AAP Policy/Guidelines/Reports/Resources

- AAP **Breastfeeding and the Use of Human Milk**
- **IHCW Collection** – Obesity guidelines, policy statements and reports
- **Bright Futures Guidelines, 4th Edition**
- Joint Bright Futures/IHCW/Maternal & Child Health Bureau Webinars
  - Using Bright Futures to Achieve Excellence in Well-Child Care
  - Building a Foundation for Healthy Living: A Focus on Child Obesity Prevention During the First Five Years
  - Laying the Foundation for Obesity Assessment and Management: An Introduction to the AAP Obesity Prevention, Assessment, and Treatment Algorithm
Resources for Families

- USDA [Dietary Guidelines for Americans](#)
- AAP [HealthyChildren.org](#) – includes numerous articles and resources about the importance of breastfeeding and promotes healthy growth and development.
- AAP IHCW [Healthy Active Living for Families](#)
- AAP IHCW [Building a Foundation for Healthy Active Living](#) – includes a series of resources (English and Spanish) developed to increase awareness and knowledge around key healthy active living behaviors.

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**Responsive Feeding — Set Your Baby Up for Healthy Growth and Development!**

What’s so great about responsive feeding?

- Best way to promote responsive feeding
- Best way to enhance breastfeeding
- Best way to provide nourishment
- Best way to develop a healthy relationship
- Best way to ensure healthy growth
- Best way to support your baby

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**Stick with Breastfeeding — It’s Worth It!**

You probably know that breastfeeding has many benefits for your baby. But did you know it can also help reduce your risk of certain cancers (breast and ovarian), type 2 diabetes, and heart disease?

- Best way to boost breastfeeding
- Best way to enhance breastfeeding
- Best way to protect breastfeeding
- Best way to support breastfeeding

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**Make the Most of the First 2 Years Set Your Child Up for Success!**

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[![Healthy Eating Starts Now](#)](#)

- Responsive feeding helps you and your child build a healthy relationship with food and feeding
- Responsive feeding means you watch for your baby’s hunger and fullness cues, respond warmly and promptly, and focus on creating a positive feeding experience.
References


