

AAP Bright Futures National Center

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

Promoting Social-Emotional Health in Infancy

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Bright Futures^{..}

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

American Academy of Pediatrics

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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.

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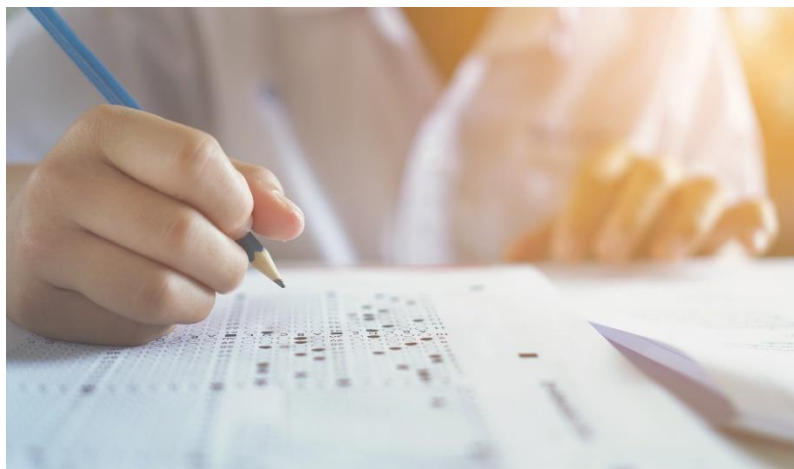


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Pre-test

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.

Main Objectives

- Recognize and address behaviors that can be clinical clues of social-emotional development delays and disabilities in infants (0-12 months)
- Identify the role of pediatric health care professionals in promoting social-emotional health during infancy
- Describe the use of Bright Futures core tools in the screening of parents and infants at risk for social-emotional dysfunction
- Use best practices to promote social-emotional health during infancy

NOTE: We use the term “parent” to refer to all parents, caregivers, and legal guardians.

Scope of Pediatrics

- “Infant mental health” is the infant’s capacity to experience, regulate, and express emotions; to form safe, stable, nurturing relationships; and to explore the environment and learn.
- The **interaction between primary caregiver and infant is central** to the infant’s physical, cognitive, social, and emotional development and self-regulation abilities.
- Infant’s social-emotional health may be affected by the emotional and physical health of the primary caregiver.
- Every Bright Futures health supervision visit must include monitoring the emotional health of the primary caregiver.

Equity & Disparities

- Maternal and infant mental health disparities exist among historically marginalized and oppressed people and people with low socioeconomic status.
- Socioeconomic status and race are factors that influence rates of adverse outcomes/status including pregnancy-related depression, post-traumatic stress disorder, toxic stress in children, and parenting stress.¹
- Historically marginalized and oppressed women with low socioeconomic status are less likely to seek behavioral support than White, more affluent women.
 - When they do seek behavioral support, health care professionals are less likely to follow up and less likely to fill relevant prescriptions.²
- In community-based screening initiative, historically marginalized and oppressed women with low socioeconomic status who have higher risk for postpartum depression were not routinely screened.³

Equity – Practice Considerations

- Residents/trainees should engage in reflection aimed at increasing self-awareness, acknowledging privilege, and fighting bias and discrimination.
- Resident/trainees should honor native languages and respect cultural norms as they relate to parental and infant social-emotional health.

Case Study

6-month-old male with feeding difficulties and failure to thrive presents for a health supervision visit

- Infant was born at 38 weeks GA with birth weight of 2.9 kg (25%)
- Now, at 6 months and 9 days, he weighs 5.18 kg (<2%)
- Mother reports that she had no formula at home, and she has not been able to get her WIC EBT card
- Hospitalized at 5 months of age for dehydration and weight loss. He was vomiting after each feeding

Social History

- Mother is 27 years old with 3 children under the age of 7
- Father works as a TSA agent at the airport
- Mother reports that she has no family support and that they live in a one-bedroom apartment near the airport

Case Study

During the Physical Examination



- Patient's arms and legs appear thin
- Belly is distended
- Does not sit with support and often slides to one side

- When mother tries feeding, seems hungry and ready to drink, but then gives up and turns away from his mother
- Patient starts to cry, and mother has difficulty in calming
- Seems curious when offered a small toy rattle, reaches for it and transfers to other hand

Bright Futures Previsit Questionnaire⁴

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? No Yes, describe:

He refuses to take the bottle when I feed him and he's very fussy

TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

Does your baby have special health care needs? No Yes, describe:

Have there been major changes lately in your baby's or family's life? No Yes, describe:

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

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? No Yes Unsure

YOUR GROWING AND DEVELOPING BABY

Do you have specific concerns about your baby's development, learning, or behavior? No Yes, describe:

He is fussy all the time and nothing I do calms him down

Check off each of the tasks that your baby is able to do.

| | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Pat or smile at his reflection. | <input checked="" type="checkbox"/> Roll over from his back to his tummy. | <input checked="" type="checkbox"/> Pass a toy from one hand to another. |
| <input checked="" type="checkbox"/> Look when you call her name. | <input type="checkbox"/> Sit briefly without support. | <input type="checkbox"/> Rake small objects with 4 fingers. |
| <input type="checkbox"/> Babble. | <input type="checkbox"/> Make sounds such as "ga," "ma," and "ba." | <input type="checkbox"/> Bang small objects on a surface. |

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? | <input checked="" type="radio"/> No <input type="radio"/> Yes | |
| Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Does your home have enough heat, hot water, electricity, and working appliances? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Within the past 12 months, did the food you bought not last, and you did not have money to get more? | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Alcohol and Drugs | | |
| Does anyone in your household drink beer, wine, or liquor? | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Do you or other family members use marijuana, cocaine, pain pills, narcotics, or other controlled substances? | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Family Relationships and Support | | |
| Do you have people you can go to when you need help with your family? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Do you have child care or a reliable person to care for your baby? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| CARING FOR YOUR BABY | | |
| Your Baby's Development | | |
| Is your baby learning new things? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Is your baby adapting to new situations, people, and places? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Does your baby have ways to tell you what he wants and needs? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Does your baby respond when you look at books together? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is a TV, computer, tablet, or smartphone on in the background while your baby is in the room? | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Does your baby watch TV or play on a tablet or smartphone? | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| If yes, how much time each day? _____ hours | | |
| Does your baby have a regular daily schedule for feeding, napping, playing, and sleeping? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Is your baby learning to go to sleep by himself? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Can your baby calm herself? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Do you have ways to help your baby calm himself if he cannot do it himself? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |



Edinburgh Postnatal Depression Scale

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
2. I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- *5. I have felt scared or panicky for no very good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
- *6. Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever
- *7. I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
- *8. I have felt sad or miserable
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
- *9. I have been so unhappy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
- *10. The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

NOTE: The AAP does not approve nor endorse any specific tool for screening purposes.

Observation of Parent-Child Interaction⁵

- Are the parent and infant responsive to one another?
- Is the parent aware of, responsive to, and effective in responding to the infant?
- Does the parent express and show comfort and confidence with their infant?
- Does the parent-infant relationship demonstrate comfort, adequate feeding/eating, and response to the infant's cues?
- If the infant is given a book, what is the parent's response?
- Does the parent appear to be happy, content, at ease, depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable?

Observation of Parent-Child Interaction⁵

Attachment Patterns³¹

Secure Attachment

Parent: Is sensitive, responsive, and available.

Child: Feels valued and worthwhile; has a secure base; feels effective; feels able to explore and master, knowing that parent is available; and becomes autonomous. During visit, engages with health care professional and seeks and receives reassurance and comfort from parent.

Insecure and Avoidant Attachment

Parent: Is insensitive to child's cues, avoids contact, and rejects.

Child: Feels no one is there for him, cannot rely on adults to get needs met, feels he will be rejected if needs for attachment and closeness are shown and therefore asks for little to maintain some connection, and learns not to recognize his own need for closeness and connectedness. During visit, may act fearful but also angry with the parent, may seek contact but then arch away and struggle, and also may act extremely helpless or sad but not seek comfort and protection.

Insecure Attachment Characterized by Ambivalence and Resistance

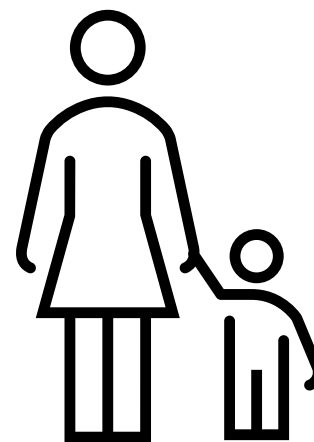
Parent: Shows inconsistent patterns of care, is unpredictable, may be excessively close or intrusive but then push away. This pattern is seen frequently with depressed caregiver.

Child: Feels he should keep adult engaged because he never knows when he will get attention back and is anxious, dependent, and clingy.

Source: [Bright Futures Guidelines, 4th Edition: Promoting Mental Health](#)

Observation of Parent-Child Interaction⁵

- Signs of possible problems in emotional well-being in infants:
 - Poor eye contact
 - Lack of brightening on seeing parent
 - Lack of smiling with parent or other engaging adult
 - Lack of vocalizations
 - Not quieting with parent's voice
 - Not turning to sound of parent's voice
 - Extremely low activity level or tone
 - Lack of mouthing to explore objects
 - Excessive irritability with difficulty in calming
 - Sad or somber facial expression (evident by 3 months of age)
 - Wariness (evident by 4 months of age; precursor to fear, which is evident by 9 months of age)
 - Dysregulation in sleep
 - Physical dysregulation (eg, vomiting or diarrhea)
 - Poor weight gain



Source: [Bright Futures Guidelines, 4th Edition: Promoting Mental Health](#)

Observation of Parent-Child Interaction⁵

- Factors associated with child maltreatment include:
 - A child who is perceived by parents to be demanding or difficult to satisfy
 - An infant who is diagnosed as having a chronic illness or disability
 - A family who is socially isolated, without community support
 - Mental health needs in one or both parents that have not been diagnosed and treated
 - Parental alcohol and substance misuse
 - A parent with career difficulties, who may see the newborn as an impediment or burden
 - Family economic hardship or poverty in combination with other factors



Source: [Bright Futures Guidelines, 4th Edition: Promoting Mental Health](#)

Self-Assessment

Based on the infant's history, physical exam, previsit questionnaire, and postpartum depression screening responses, what **red flags** should the clinician focus on and why?



Self-Assessment Feedback

- ✓ Excessive irritability and difficulty in calming
- ✓ Feeding difficulty
- ✓ Developmental delay
- ✓ Postpartum depression



The next slide will remind you of the *Bright Futures* priorities for this visit.

Click the icon to hear narrated guidance.



Priorities for the 6 Month Visit

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^a (risks [living situation and food security; tobacco, alcohol, and drugs; parental depression], strengths and protective factors [family relationships and support, child care])
- ▶ Infant behavior and development (parents as teachers, communication and early literacy, media, emerging infant independence, putting self to sleep, self-calming)
 - ▶ Oral health (fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed)
 - ▶ Nutrition and feeding (general guidance on feeding, solid foods, pesticides in vegetables and fruits, fluids and juice, breastfeeding guidance, formula-feeding guidance)
 - ▶ Safety (car safety seats, safe sleep, safe home environment: burns, sun exposure, choking, poisoning, drowning, falls)

^a 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.

Developmental Surveillance⁵

Social Language and Self-help

Does your child

- Pat or smile at his reflection?
- Look when you call his name?

Verbal Language (Expressive and Receptive)

Does she

- Babble?
- Make sounds like “ga,” “ma,” or “ba”?

Gross Motor

Does he

- Roll over from back to stomach?
- Sit briefly without support?

Fine Motor

Does she

- Pass a toy from one hand to another?
- Rake small objects with 4 fingers?
- Bang small objects on surface?



Anticipatory Guidance

Knowledge Questions

- Based on the parent's concerns and your assessment, what aspects of anticipatory guidance for this family would you highlight?
- What developmental milestones would you encourage the family to expect over the next several months?



Anticipatory Guidance Feedback

- ✓ Discuss living situation and food security
- ✓ Discuss postpartum depression
- ✓ Discuss infant behavior and development



Sample questions for each topic can be found in: [Bright Futures Guidelines, 4th Edition: Infancy Visits](#)

Anticipatory Guidance⁵

Anticipatory Guidance

- Community agencies are available to help you with concerns about your living situation.
- Programs and resources are available to help you and your baby. You may be eligible for the WIC food and nutrition program, or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.

Anticipatory Guidance

- Many mothers feel tired or overwhelmed with a new baby. These feelings should not continue, however. If you find that you are still feeling very tired or overwhelmed, or you are using over-the-counter or prescription medication, drugs, or alcohol to feel better, let your partner, your own health care professional, or me know so that you can get the help you need.

Anticipatory Guidance

- When you are feeling stressed or overwhelmed, you need to be able to use the support network that is available to help you. If you are having difficulty doing this or are hesitant to do so, we may be able to give you additional counseling and support.
- If your family is living with others, such as elders or those who are helping you from being homeless, or if you are a teen parent living with your parents, you may have little control over your environment and caregiver roles and responsibilities. If you are in this situation, you can talk to me about things you can do to reduce the stress and make the most of your circumstances.

Source: [Bright Futures Guidelines, 4th Edition: Infancy Visits](#)

Click the icon to hear narrated guidance.



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Reinforce Anticipatory Guidance⁴

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BRIGHT FUTURES HANDOUT ► PARENT 6 MONTH VISIT

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



✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.

✓ FEEDING YOUR BABY

- Know that your baby's growth will slow down.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Use an iron-fortified formula if you are formula feeding.
- Begin to feed your baby solid food when he is ready.
- Look for signs your baby is ready for solids. He will
 - Open his mouth for the spoon.
 - Sit with support.
 - Show good head and neck control.Be interested in foods you eat.

Starting New Foods

- Introduce one new food at a time.
- Use foods with good sources of iron and zinc, such as
 - Iron- and zinc-fortified cereal
 - Pureed red meat, such as beef or lamb
- Introduce fruits and vegetables after your baby eats iron- and zinc-fortified cereal or pureed meat well.
- Offer solid food 2 to 3 times per day; let him decide how much to eat.

✓ YOUR BABY'S DEVELOPMENT

- Place your baby so she is sitting up and can look around.

Online version of Parent Education can be found here:

<https://www.aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/well-child-visits-parent-and-patient-education/bright-futures-information-for-parents-6-month-visit/>

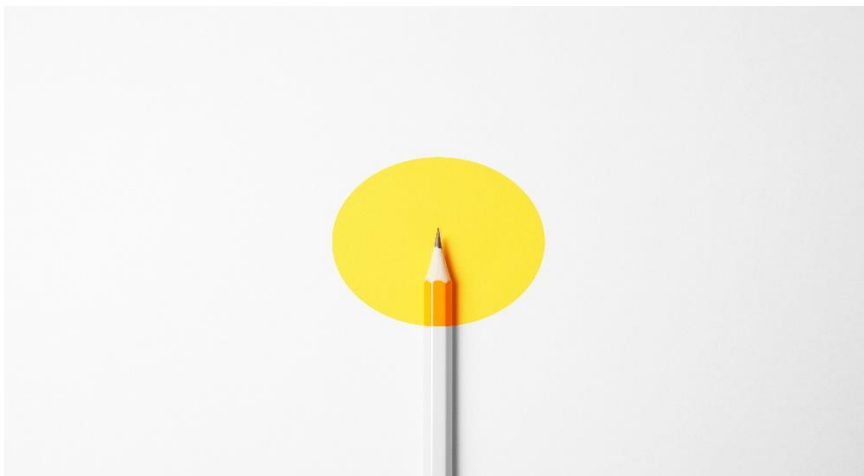


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Teaching Points

- Promoting family support during a health supervision visit should include a screening for postpartum depression
- The **interaction between primary caregiver and infant is central** to the infant's physical, cognitive, social, and emotional development and self-regulation abilities
- Developmental delays and infant behavioral problems should be addressed using a strength-based approach



Post-test

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



Please click on link to be routed to the [post-test](#)

**NOTE: This is for learning purposes only
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Resources



Clinician Resources

- [AAP Early Relational Health](#)
- [AAP Perinatal Mental Health and Social Support](#)
- [SCREEN and INTERVENE: A Toolkit for Pediatricians to Address Food Insecurity](#)
- [The Center on the Developing Child](#)
- [Center for the Study of Social Policy: Strengthening Families](#)

AAP Policy Statements

- [Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health](#)



Resources

Bright Futures Resources

- [Bright Futures Guidelines and Pocket Guide](#)
- [Integrating Social Determinants of Health Into Health Supervision Visits](#)
- [Bright Futures – Building Positive Parenting Skills Across Ages](#)
PediaLink course

Resources for Families

- [Feeding America](#)
- [HealthyChildren.org](#)
- [Postpartum Progress](#)
- [Postpartum Support International](#)
- [Zero to Three](#)

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