DENTAL CARE

Many families in the United States, particularly poor families and ethnic minorities, underuse dental health care. Pediatricians may identify gross abnormalities, such as large caries, gingival inflammation, or significant malocclusion. All children should have a dental examination by a dentist at least annually and a dental cleaning by a dentist or hygienist every 6 months. Dental health care visits should include instruction about preventive care practiced at home (brushing and flossing). Other prophylactic methods shown to be effective at preventing caries are concentrated fluoride topical treatments (dental varnish) and acrylic sealants on the molars. Pediatric dentists recommend beginning visits at age 1 year to educate families and to screen for milk bottle caries. Some recommend that pediatricians apply dental varnish to the children's teeth, especially in communities that do not have pediatric dentists. Fluoridation of water or fluoride supplements in communities that do not have fluoridation are important in the prevention of cavities (see Chapter 127).

NUTRITIONAL ASSESSMENT

Plotting a child's growth on the standard charts is a vital component of the nutritional assessment. A dietary history should be obtained because the content of the diet may suggest a risk of nutritional deficiency (see Chapters 27 and 28).

ANTICIPATORY GUIDANCE

Anticipatory guidance is information conveyed to parents verbally, in written materials, or even directing parents to certain Internet websites to assist them in facilitating optimal growth and development for their children. Anticipatory guidance that is age relevant is another part of the Bright Futures guidelines. Bright Futures has a "toolkit" that includes the topics and one-page handouts for families (and for older children) about the highest yield issues for the specific age. Table 9-5 summarizes representative issues that might be discussed. It is important to review briefly the safety topics previously discussed at other visits for reinforcement. Age-appropriate discussions should occur at each visit.

Safety Issues

The most common cause of death for infants 1 month to 1 year of age is **motor vehicle crashes**. No newborn should be discharged from a nursery unless the parents have a functioning and properly installed car seat. Many automobile dealerships offer services to parents to ensure that safety seats are installed properly in their specific model. Most states have laws that mandate use of safety seats until the child reaches 4 years of age or at least 40 pounds in weight. The following are age-appropriate recommendations for car safety:

- Infants and toddlers should ride in a **rear-facing safety seat** until they are 2 years of age, or until they reach the highest weight or height allowed by the safety seat manufacturer.
- Toddlers and preschoolers over age 2 or who have outgrown the rear-facing car seat should use a **forward-facing car seat** with harness for as long as possible, up to the highest weight or height recommended by the manufacturer.
- School-age children, whose weight or height is above the forward-facing limit for their car seat, should use a **belt-positioning booster seat** until the vehicle seat belt fits properly, typically when they have reached 4 ft 9 in. in height and are between 8 and 12 years of age.
- Older children should always use **lap and shoulder seat belts** for optimal protection. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection. This is specifically to protect them from airbags, which may cause more injury than the crash in young children.

The ***Back to Sleep* initiative** has reduced the incidence of sudden infant death syndrome (SIDS). Before the initiative, infants routinely were placed prone to sleep. Since 1992 when the AAP recommended this program, the annual SIDS rate has decreased by more than 50%. Another initiative is aimed at day care providers, because 20% of SIDS deaths occur in day care settings.

Fostering Optimal Development

See Table 9-5 as well as the Bright Futures' recommendations (found at http://brightfutures.aap.org/clinical_practice.html) for presentation of age-appropriate activities that the pediatrician may advocate for families.

Discipline means to teach, not merely to punish. The ultimate goal is the child's self-control. Overbearing punishment to control a child's behavior interferes with the learning process and focuses on external control at the expense of the development of self-control. Parents who set too few reasonable limits may be frustrated by children who cannot control their own behavior. Discipline should teach a child exactly what is expected by supporting and reinforcing positive behaviors and responding appropriately to negative behaviors with proper limits. It is more important and effective to reinforce good behavior than to punish bad behavior.

Commonly used techniques to control undesirable behaviors in children include scolding, physical punishment, and threats. These techniques have potential adverse effects on children's sense of security and self-esteem. The effectiveness of scolding diminishes the more it is used. Scolding should not be allowed to expand from an expression of displeasure about a specific event to derogatory statements about the child. Scolding also may escalate to the level of psychological abuse. It is important to educate parents that they have a *good child who does bad things from time to time*, so parents do not think and tell the child that he or she is "bad."

Frequent mild physical punishment (corporal punishment) may become less effective over time and tempt the parent to escalate the physical punishment, increasing the risk of child abuse. Corporal punishment teaches a child that in certain situations it is proper to strike another person. Commonly in households that use spanking, older children who have been raised with this technique are seen responding to younger sibling behavioral problems by hitting their siblings.

Threats by parents to leave or to give up the child are perhaps the most psychologically damaging ways to control a child's behavior. Children of any age may remain fearful and anxious about loss of the parent long after the threat is made; however many children are able to see through empty threats. Threatening a mild loss of privileges (no video games for 1 week or grounding a teenager) may be appropriate, but the consequence must be enforced if there is a violation.