

## Development for All – Cradle to Crayons and Beyond

PRAMOD JOG

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**P**ediatricians who start their practice afresh know principles of development and milestones by heart. As they start getting busy, the practice starts becoming ‘gross motor’ and vaccination supersedes developmental assessment! They get fumbled when anxious mothers ask: ‘Whether my child is normal or abnormal?’ ‘What can I do for detection?’ ‘What will be his future?’ ‘What can I do to increase my child’s intelligence?’ ‘My child is not behaving properly; is there any way to bring him on the track?’

The program in IAP Action plan 2016 – “Cradle to Crayons” – aims at sensitizing a common pediatrician on child development. Development starts from cradle and continues right upto school where child starts performing, writing and drawing using crayons. This critical period of early childhood is very important; the role of pediatricians in child development is multifold and unique. In early years, when a baby is brought for check-up/vaccination, while measuring height and weight, we can watch the development of the child. This developmental watch will hardly take a minute, but it will help us to pick up developmental deviations at the early age. A pediatrician has to be enabled with the knowledge of developmental milestones and simple screening tools for developmental disorders. Well baby visit or immunization visit is an opportunity for development watch, early intervention and parent counseling. One should not miss it. It will be worthwhile putting up charts providing age-wise information on vaccination, feeding, milestones and red flags, in the clinic. For example, when a child presents at 6 months of age, the pediatrician, after administration of OPV1 and HBV3, can give advice on complementary feeding, check for milestones like rolling over in both directions, bringing things to mouth, responding to own name, and knowledge of familiar faces. Inability to roll-over and absence of babbling/squealing should be considered as red flags.

The survival of high-risk neonates has improved considerably in the past three decades due to improved perinatal care, but the quality of survival is also important

[1]. These high risk neonates remain at a substantial risk for long-term morbidity, including cerebral palsy, developmental delay, intellectual disability, school problems, behavioral issues, growth failure and overall poor health status. When it comes to intact survival, the care beyond neonatal intensive care unit (NICU) is forgotten. The job starts right at the doorstep of NICU [2]. The program ‘cradle to crayons’ starts with NICU advice, identification of high risk, screening the children, and simple advice for parents to stimulate their child. Pediatricians need to be empowered so as to enable the child to achieve maximum potential.

Although a continuous process, the initial years of life and pre-school years are the most critical period in the child’s development [3]. Developmental problems are one of the most prevalent health problems among children and adolescents. We need to be prepared to evaluate and identify factors that may influence normal child development. We are also responsible for prevention, early diagnosis and coordination of the multidisciplinary treatment of these patients in addition to basic medical assistance that is essential to guarantee a good quality of life [4]. We all should know that the developmental and behavioral problems are taken care of by a team of professionals where developmental pediatrician is master of orchestra. The team includes: (a) clinical psychologist who can administer developmental tests as well as can give inventories; (b) educational psychologist who gives guidance on study skills and examination techniques; (c) counselor who is necessary for handling stress in parents as well as to give different ways to solve their problems; (d) physiotherapist who is necessary for correction of tone abnormality as well to manage motor delay in children; and (e) occupational therapist who gives guidance for handling, positioning, bathing, daily care, dressing, feeding *etc.* Pediatricians – at the centre of this team – can help the parents to coordinate with this team for the best results. The knowledge imparted in ‘cradle to crayons’ will also help pediatricians to guide the parents with ‘Facts and Acts’

about various developmental disorders. Pediatrician should learn simple and quick screening tests. Appropriate use of such screening tests will help pediatricians to diagnose developmental disorders at early age and start early intervention. Research shows that early intervention treatment services can greatly improve a child's development and help children from birth through 3 years of age learn important skills. Services include therapy to help the child talk, walk, and interact with others [5]. Making child emotionally intelligent is also the need of hour. Nurturing emotional intelligence skills at an early age acts as the 'psychological vaccine.' Emotional intelligence is the key to body-mind wellness. Children and their parents should learn emotional skills to become successful as well as to face stress in their life. This also implies understanding parenting style and its emotional consequences [6].

*The Craze of 'Fast Schooling':* Parents nowadays are crazy about putting their tiny tots in an aggressive academic oriented pre-school, in spite of awareness of child-centered education, knowing the importance of 'learn through play' and advice by pediatricians and child-friendly educationists. Probably this attitude comes from our 'immediate gratification' culture. We, in our modern, fast, computer-based world, expect to change the world by 'a touch of finger.' Similarly, the parents want their children to achieve great academic feats at an early age. This pushes the child on a wrong track that may ruin their beautiful childhood. Here we should remember a simple analogy – the artificially ripened mangoes may look more attractive than the mangoes which take time to ripen on the tree; but when you taste them, you know the difference!

Let us **SHARE**:

**S:** Set the tone: create a holding environment in the context of the pediatric visit.

Support parent and child, Build a therapeutic alliance.

**H:** Hear the parents' concerns about their child's behavior and development.

**A:** Address specific risk factors for child

development and family functioning.

Allow parents to reflect how cultural conditions contribute to their expectations of child behavior and development.

**R:** Reflect with parents their experience of their child.

Reframe child behavior and development in terms of the child's developmental level.

Revisit the therapeutic goals set.

**E:** Empower the parent and child by formulating an action plan to address the concerns voiced during the visit.

The development of a child is a continuous process. It continues right into adulthood. We too are developing. We need to develop academically too! The experts, I am sure, will take us on a joy ride along this path. We all are torch bearers, and I earnestly expect our colleagues to take this knowledge to each corner of the country and help every child. I hope that our colleagues get 'stimulated early' with 'cradle to crayons', and at the first birthday party, the child 'waves bye bye' to the pediatrician who leaves with an advice on diet and vaccines.

#### REFERENCES

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