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EBN Perspectives: Child Health

EBN Perspectives brings together key issues from the commentaries in one of our nursing topic themes

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This is the first article in our new *Evidence Based Nursing (EBN) Perspectives* series, which aims to bring together commentaries from the past two years from a specific nursing theme, which for this edition is child health. Thirty-six commentaries were published on child health related issues during this timeframe with a wide range of studies, both in term of topics and research designs reviewed. This article highlights the key messages that have emerged from these commentaries and discusses the implications for practice and future research.

Key themes

Table 1 summarises the 36 commentaries published which have been broadly grouped into key themes; health promotion and public health, family support and child development, nursing issues, understanding disease and treatments, and child and adolescent mental health.

Table 1: EBN child health commentaries (October 2014- September 2016)

Theme 1: Health promotion and public health

1. Nurse home visits for infants and toddlers of low-income families improve behavioural, language and attention outcomes at age 6–9 years; paraprofessional visits improve visual attention and task switching <http://ebn.bmj.com/content/18/2/50.extract>
2. General practice web-based decision aid improves MMR vaccination uptake <http://ebn.bmj.com/content/18/3/82.extract>
3. Handwashing and nail clipping reduce risk of intestinal parasite infection in school-age children <http://ebn.bmj.com/content/19/2/49.extract>
4. Primary school education programmes can decrease child salt intake <http://ebn.bmj.com/content/19/1/15.extract>

Obesity

5. Being overweight in infancy predicts overweight in childhood regardless of infant feeding method <http://ebn.bmj.com/content/19/2/50.extract>
6. Parental–adolescent conversations that focus on weight are more likely to be associated with unhealthy weight-control behaviours in adolescents than conversations that focus on healthy eating <http://ebn.bmj.com/content/17/4/110.extract>
7. Child health nurses miss opportunities to tackle obesity <http://ebn.bmj.com/content/19/1/14.extract>
8. A bottle-weaning counselling intervention for parents of 12-month-old infants reduces bottle use at age 24 months but has no effect on child weight <http://ebn.bmj.com/content/18/1/14.extract>
9. Low parent health literacy is associated with ‘obesogenic’ infant care behaviours <http://ebn.bmj.com/content/18/2/46.extract>

10. Half of parents underestimate the weight of their overweight or obese children <http://ebn.bmj.com/content/18/2/47.extract>
11. Overweight or obese young people are not at increased risk of depression, but young people with depression are at increased risk of obesity <http://ebn.bmj.com/content/17/4/112.extract>

Theme 2: Family support and child development

12. Adoptive parents can be unprepared for the challenges in caring for children with reactive attachment disorder <http://ebn.bmj.com/content/18/2/53.extract>
13. Child-spanking at age 5 may have a detrimental effect on child externalising behaviour and cognitive development at age 9 <http://ebn.bmj.com/content/17/4/114.extract>
14. Adolescents of parents with chronic pain whose parents were 'shut off' report more hardship and feelings of distance than those with a more open relationship <http://ebn.bmj.com/content/18/1/13.extract>
15. Cumulative adversity in early childhood is associated with increased BMI and behavioural problems <http://ebn.bmj.com/content/18/2/48.extract>
16. Findings from qualitative studies suggest parents of children with disabilities benefit from peer support; whereas findings from quantitative studies are inconclusive <http://ebn.bmj.com/content/18/1/9.extract>
17. Evidence relating to the effectiveness of community-based interventions to improve the quality of life for children of parents with serious mental illness is weak; better quality studies are required

Theme 3: Nursing issues

18. Parents are psychologically affected by their experiences when their child is in hospital because of uncertainty about prognosis and anxiety at the time of admission <http://ebn.bmj.com/content/19/1/13.extract>
19. Infrared thermometers for assessing fever in children: the ThermoScan PRO 4000 ear thermometer is more reliable than the Temporal Scanner TAT-500 <http://ebn.bmj.com/content/17/4/115.extract>
20. Individualised education reduces anxiety levels in children over 4 years undergoing elective surgery <http://ebn.bmj.com/content/18/2/52.extract>
21. Although parents are generally satisfied with their child's postoperative care, children continue to experience moderate-to-severe pain postoperatively <http://ebn.bmj.com/content/17/4/113.extract>
22. Mothers of very preterm infants experience less stress and depressive symptoms if the neonatal unit has good measures to reduce painful experiences for the infant <http://ebn.bmj.com/content/18/3/81.extract>

Pain and pain management

23. Parents of non-verbal children with learning disability (LD) most commonly recognise their child's pain through vocalisations, social behaviour and facial expressions <http://ebn.bmj.com/content/17/4/111.extract>
24. Heel stick test for obtaining blood samples in neonates: both swaddling and heel warming may help, but heel warming appears to provide greater pain reduction <http://ebn.bmj.com/content/18/4/118.extract>
25. Parents' preferences on pain treatment, even when faced with medication dilemmas, influence their decisions to administer opioids in children <http://ebn.bmj.com/content/19/2/51.extract>

Transition to adult care

26. Transition from paediatric to adult care for chronic diseases may cause insecurity and unpreparedness for new relationships and surroundings <http://ebn.bmj.com/content/18/1/12.extract>
27. A single nurse-led educational session may facilitate transition from paediatric to adult healthcare for adolescents with heart disease <http://ebn.bmj.com/content/18/3/83.extract>

Theme 4: Understanding disease and treatments

28. Nasal balloon autoinflation can help clear middle ear effusion, improving the quality of life in school-aged children with glue ear <http://ebn.bmj.com/content/19/3/81.extract>
29. Children with poor adherence to antiepileptic drugs during the first 6 months of treatment are less likely to be seizure free after 4 years <http://ebn.bmj.com/content/18/2/54.extract>
30. A fortified follow-up formula for 3–4-year-olds reduces episodes of acute respiratory infection and antibiotic use compared with cow's milk <http://ebn.bmj.com/content/18/3/80.extract>
31. Exposure to selective serotonin reuptake inhibitors in late pregnancy increases the risk of persistent pulmonary hypertension of the newborn, but the absolute risk is low <http://ebn.bmj.com/content/18/1/15.extract>
32. Among infants at hereditary risk for type 1 diabetes, the introduction of solid foods before or after 4–5 months of age is associated with increased diabetes risk <http://ebn.bmj.com/content/18/1/17.extract>
33. High consumption of peanuts or tree nuts by non-allergic mothers around the time of pregnancy reduces the risk of nut allergy in the child <http://ebn.bmj.com/content/18/2/45.extract>

34. Breast feeding could reduce the risk of childhood leukaemias
<http://ebn.bmj.com/content/19/3/83.1.extract>

Theme 5: Child and adolescent mental health

35. A range of personality traits and health beliefs influence mental health help-seeking behaviour in young people <http://ebn.bmj.com/content/18/4/117.extract>
36. Legitimate opioid prescription increases the risk for future opioid misuse in some adolescents
<http://ebn.bmj.com/content/19/3/83.2.extract>

Implications for practice and future research

Many of the commentaries focused on public health issues and, not surprisingly, reports of research relating to childhood obesity, which has become a significant global health concern with the World Health Organization estimating that over 40 million children under the age of 5 years are overweight or obese, with obesity no longer exclusively a problem of high-income countries (<http://www.who.int/mediacentre/factsheets/fs311/en/>). The key messages from the commentaries include the need to have more detailed documentation of infant feeding in early life (<http://ebn.bmj.com/content/19/3/83.1.extract>), and greater understanding of why some infants become overweight from birth, and why breastfeeding protects against overweight in some children but not others (<http://ebn.bmj.com/content/19/2/50.extract>). Health professionals have a duty to promote healthy eating to children young people and families, and where appropriate, raise concerns about the long-term impact of obesity. Children's nurses were highlighted as missing opportunities to tackle obesity (<http://ebn.bmj.com/content/19/1/14.extract>), and health professionals need to be aware of the increased risk for developing obesity in young people, particularly boys, with depression (<http://ebn.bmj.com/content/17/4/112.extract>).

Nurses play a key role in ensuring care is appropriate to meet the child, young person and family's needs. Although, the research reviewed in the commentaries reported a diverse range of issues, there remains a tendency to report experiences of care from parents' perspectives (<http://ebn.bmj.com/content/19/1/13.extract>, <http://ebn.bmj.com/content/18/3/81.extract>, <http://ebn.bmj.com/content/17/4/113.extract>), and while this is appropriate, listening and hearing the voice of the children and young people is paramount. Two subcategories within the nursing issues theme were pain and pain management, and transition to adult care. Despite a wealth of research progress in both areas has been slow. In relation to pain management, evidence to guide practice is readily available, yet pain management practices for children continue to fall short of the ideal. For example, children with cognitive impairment experience pain, often daily, due to their underlying condition, frequency of care interventions and difficulty in communicating pain (<http://ebn.bmj.com/content/17/4/111.extract>). Parent's knowledge of recognising the non-verbal child with learning disability pain through vocalisations, social behaviour and facial expressions must be incorporated into a nursing pain assessment. Future research should focus on developing family-friendly pain measurement tools for parents to use with their child (<http://ebn.bmj.com/content/19/2/51.extract>). However, one commentary reported that parents are often satisfied with their child's pain management even if the child experienced

moderate to severe pain postoperatively (<http://ebn.bmj.com/content/19/2/51.extract>). Parents may not be aware of the consequences of unrelieved pain, assume some pain is acceptable or that health professional's do all they can to ensure their child's pain is managed effectively.

The number of commentaries published in EBN over the past two years that has focussed on the health needs of children and young people, and the role of the family in supporting children to remain healthy and managing childhood conditions, is exciting. However, undertaking research with children, young people, and families remains challenging. In relation to qualitative methodologies eliciting children's and young people's perspectives is imperative and requires a flexible and dynamic approach to engaging them in research, which may include embracing new technologies and social media platforms. Cohort studies are essential to monitor patterns and trends in childhood diseases but can be problematic as large sample sizes are needed to be confident in the results which may be challenging in small populations (<http://ebn.bmj.com/content/18/2/54.extract>). Large longitudinal studies often have incomplete data sets due to drop out over time, again threatening the validity and reliability of the findings (<http://ebn.bmj.com/content/18/2/48.extract>).

This review of commentaries in EBN over the past two years indicates that a significant amount of research is being carried out in key areas of child health. However, additional work is needed to ensure we are meeting the needs of children, young people and their families in all areas of health care. This will require us to continue exploring children and young people's perspectives as well as identifying strategies to ensure the findings of these studies are implemented in practice.