

## < VI. ASSESSING A CHILD'S DEVELOPMENT >

In the first consultation to assess the development of a child up to 2 years old, it is important to ask the mother or primary caregiver about development-related facts and observe the child as he or she engages in the corresponding age group's expected behavior. Take this opportunity to observe the mother and her interaction with the child (mother-child bond), since this relationship an important factor in fostering human development.



Notice how the mother holds her baby, and whether there is affectionate visual and verbal contact between mother and child. Also look for the child's spontaneous movements, and whether he or she shows interest in nearby objects and the surrounding environment. It is also important to see how much care the baby is getting based on his or her state of hygiene. Notice what the child is paying attention to, doing, looking at, or wants. These preliminary observations may be helpful in the assessment.

### **Ask questions about the child's development.**

> Ask:

- **How was your pregnancy with this baby? How long did it last?**

Use simple words that she can understand. Ask about the length of gestation, prenatal care (how many consultations), any health problem such as infections, drug use, problems such as hemorrhages or eclampsia, whether or not the pregnancy had been wanted, mood swings (depression, irritability), and any other information that you consider relevant. If there is any suspicion of an infection such as rubella, toxoplasmosis, syphilis, AIDS, or cytomegalovirus, ask

the mother if she was tested for these diseases.

> Ask:

- **How was the baby's delivery?**

Find out if delivery took place at home or in the hospital, if the mother was in labor for a long time, and if the delivery was normal, cesarean, or with forceps.

> Ask:

- **How much did your baby weigh at birth?**
- **Were there any problems right after birth?**

Find out if the mother has any information from the hospital in writing about the delivery or the newborn. Note the birthweight and first head circumference. Ask if the child cried at birth; whether there was any problem that required oxygen, medications, phototherapy, blood transfusion, or any other intervention; whether the baby had to stay hospitalized in the nursery or ICU, or rooming-in, and if so, for how many days, for what type of problem; and whether the mother stayed with the child during the hospitalization or if she visited from time to time. It is even important to know whether she took part in caring for the child (feeding, hygiene, etc.); whether there was physical, verbal, and/or visual contact between mother and the child; and whether the father participated in some way at this time.

> Ask about the infant's history up to the time of the consultation:

- **Has your baby had any serious health problem up to now.**

Some of the common diseases in infancy can interfere with a child's development—for example: convulsions, meningitides, encephalitides, cranial injuries, respiratory infections, repeated ear infections, etc.

It is also important to know about any family problems that might affect the child's development. Consanguineous parents are more likely to have children with genetic alterations due to autosomal recessive inheritance.

> Ask:

- **Are you and the baby's father related by blood?**
- **Does anyone in your family have a physical or mental health problem?**

Living conditions can favor or hinder a child's full development.

> Ask:

- **How and with whom does your baby usually play?**
- **Where and with whom does your baby spend most of the day?**

Find out if the child goes to daycare or stays at home. Ask the mother if she spends a lot of time lying beside the baby or staying near the cradle, if the baby lives with other children or only with adults, and whether people spend time and play with the baby. If so, find out what kinds of toys are used.

**Ask about:**

- Mother's schooling, family life, number of people in the household, domestic violence, any drug or alcohol use in close proximity of the child, etc.

After these initial questions, which should be included in any child's first visit to a basic health unit, and before starting to observe the child's development, always ask the mother:

- **WHAT DO YOU THINK ABOUT YOUR CHILD'S DEVELOPMENT?**

It is the mother who spends the most time with the child and is therefore in the best position to observe his or her development. Comparing her child with other others, more often than not, she will be the first to notice if he or she is not doing well. Value her opinion, and when she thinks her baby is not doing well, be twice as careful to monitor this child's development.

Once the questions have been asked to determine the risk factors and the mother's opinion about her baby's development, **check and observe the child**. Be sure to notice the shape of the head, measure head circumference, and determine the corresponding percentile based on the child's age as shown on the NCHS Head Circumference Chart. Also find out if there are any phenotypical alterations such as low-set ears, exceptionally wide-set eyes, etc.

Make sure that the assessment environment is as quiet and relaxing as possible and that the child is in an appropriate health and emotional state to proceed with the examination. If for some reason it is not possible to assess the child's development during that visit, or if you have a doubt about any aspect of the consultation, schedule a new appointment at the earliest possible date to continue the assessment more safely.

**Ascertain the child's developmental status**

Follow the recommended steps for monitoring the child's developmental status. Observe and ascertain whether or not the child meets the set of conditions being used to classify his or her development.

If the child is under 2 months old, use the table **Monitoring the Development of Infants Under 2 Months Old** (Annex, Table 1). If the child's age is between 2 months to 2 years, use the table **Monitoring the Development of Children 2 Months to 2 Years Old** (Annex, Table 2). For premature infants, use the corrected age up to the chronological age of 12 months.