

AAP National Conference: Promoting school readiness easy as ABC

October 22, 2016

Carla Kemp, Senior Editor

Article type: [AAP National Conference & Exhibition](#)

Topics: [Adolescent Health/Medicine](#)

Promoting school readiness may seem like a tall order when you're treating an onslaught of sick children during cold and flu season or trying to ensure patients are up-to-date on vaccines.

But don't despair. You have more opportunities than you may realize to help ensure youngsters start school on the right foot.

"Everything about well-child care frankly focuses on school readiness," said Pamela High, M.D., M.S., FAAP. "School readiness is pretty much the goal of primary care in general."

Dr. High will describe the components of school readiness, pediatricians' role and resources they can draw on during a session titled "The ABCs of Promoting School Readiness: Practical Cases (F1187)" from 5-5:45 p.m. Saturday in Room 133 of Moscone North.

Dr. High is lead author of the 2008 AAP technical report on school readiness and a

member of the AAP Section on Developmental and Behavioral Pediatrics, Council on Early Childhood, and Council on Foster Care, Adoption and Kinship Care.

The technical report defines three components of school readiness: readiness in the child, the school's readiness for children, and family and community supports contributing to child readiness.

Maternal mental health can be a huge challenge to children being ready for school, Dr. High said, as can economic insecurity and lack of routines.

"I've been very impressed with how lack of having a routine interferes with regulation in young kids," said Dr. High, director of developmental-behavioral pediatrics at Hasbro Children's/Rhode Island Hospital and professor of pediatrics at Warren Alpert Medical School.

One intervention for such cases, she said, is to find a high-quality early education setting that allows parents an opportunity to pursue their own educational needs or get a job, which puts rhythm in the day for the whole family.

Another scenario pediatricians may see is an adolescent patient who becomes pregnant. She plans to keep the baby but also wants to continue her education. Dr. High will highlight some of the resources pediatricians can refer pregnant teens to such as Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Nurse-Family Partnership and Healthy Families America.

There are 13 evidence-based maternal-child home visiting programs, she said, and every state offers something.

The Nurse-Family Partnership, for example, focuses on low-income, first-time mothers. Registered nurses visit the home, providing care and support from pregnancy until the child turns 2. Studies over the last 30 years have shown the program is associated with longer times before women become pregnant again, lower incidence of child abuse and neglect, and improved school readiness.

Developmental screening is another key component to ensure children are ready to start school. AAP Bright Futures guidelines call for screening at 9, 18 and 30 months.

Dr. High hopes to add an interactive element to the session by asking attendees how often they implement developmental screening in their practice and to share how they make this happen.

“The MIECHV program, the early intervention programs, the preschool programs and the safety net programs for families with housing problems, with food insufficiency — all of those are in the pediatricians’ wheelhouse to know about to try to help connect families to,” she said.

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