

# Alberta Health Services Well Child Clinic Standardization and the Postpartum Depression Screening Policy – Information for Physicians

## A Decision to Standardize

In winter 2018, AHS standardized their Well Child Clinics throughout the province. Child growth measurements and screening for postpartum depression will be offered at Well Child Clinic (WCC) visits, while the focus of other non-immunization activities will be on health education, anticipatory guidance, and referral, based on parent questions and priorities. The decision to standardize WCC non-immunization activities was to ensure AHS could provide the highest level of care while meeting the growing provincial birth rate and number of immunizations provided. Standardization was also undertaken to ensure we could eliminate regional differences across the province and ensure the same quality of care for all Albertans.

## Recommendations for Non-Immunization Activities

The recommendations delineate non-immunization activities into routine and non-routine (see Table 1) to provide guidance within the time constraints of the WCC on what activities to focus on, as opposed to covering them all. It also places the emphasis on patient and family centred care (PFCC), while preserving the public health nurse’s ability to use clinical judgment.

Table 1

Within a Patient and Family Centred Care Approach	
<b>Routine Activities</b> will be <i>prioritized</i> based on parent questions/concerns and/or nursing clinical judgment.	<b>Non-Routine Activities</b> will <i>only be addressed</i> based on parent questions/concerns and/or nursing clinical judgment.
Infant and Young Child Feeding and Nutrition Child Growth (Measurements) Injury Prevention Family Adjustment Postpartum Depression Tobacco Exposure Reduction Safe Infant Sleep	Domestic Violence* General Development and Behaviour Hearing Developmental Dysplasia of the Hip (DDH) Oral Health Head (Plagiocephaly/Fontanels/Sutures) Vision

\*Screening and support for Domestic Violence within the Calgary Zone ONLY. All other zones will continue their current practice with regard to this topic and refer as necessary

## Relevance to Physician Practice

Although child growth measurements and screening for PPD will be offered at WCC visits, the focus of other activities will be on provision of health education, anticipatory guidance, and referral as appropriate. This approach will better support physical assessments by a physician when needed, for activities that were previously routine in WCC. This standardization may cause a change in the frequency of referrals or information from public health nurses to your office (see Table 2).

Table 2

Practice Changes in WCC	Evidence Highlight	Relevance for Physicians
Physical assessment for <b>developmental dysplasia of the hip</b> will not be completed.	Although there is insufficient evidence to provide clear recommendations for practice, recommendations do exist to provide routine physical exams by a primary care physician.	For concerns about the hip such as limited range of motion or impaired movement, physicians will continue to receive referrals and/or communication from public health nurses.
<b>Developmental screening</b> using tools such as the Ages and Stages Questionnaire (ASQ) will not be completed.	Evidence regarding developmental screening in well children without risk factors in a health care setting using specific tools is inconclusive and somewhat conflicting. Expert groups however support developmental surveillance, discussing development with parents and further evaluation when age-expected milestones are not met.	For concerns about infant/child development, nurses are guided to refer to the local Parent Link Centres where parents may complete the ASQ. The physician may also receive referrals and/or communication from public health nurses.
Physical assessment of the <b>fontanels, sutures and head</b> will not be completed.	Evidence exists on the importance of identifying head or skull abnormalities. Treatment and management is time sensitive. Lack of evidence to support a physical exam in a public health setting. Visual assessment by the nurse during measurement of head circumference will help to identify any major concerns regarding head shape.	For concerns about head shape the physician may receive referrals and/or communication from public health nurses.
Screening for <b>hearing</b> will not be completed.	Screening for Hearing is best done before one month of age, and ideally shortly after birth. The Early Hearing Detection and Intervention (EHDI) baseline newborn screening program has been implemented across AHS in all Zones.	For concerns about hearing the physician may receive referrals and/or communication from public health nurses.
Screening for <b>vision</b> will not be completed.	Vision assessments require time, training and specialized equipment to conduct properly. Expert group consensus is that vision assessment occur at least once between 3-5 years of age.	For concerns about vision, parents will be offered information and may be referred to an optometrist. The physician may also receive referrals and/or communication from public health nurses.
<b>Oral health</b> assessment will not be completed.	There is evidence of the importance of dental care in the early years, including fluoride application and delivery of dental sealants. The evidence to show that health education alone as an effective intervention is scarce.	For concerns about oral health, parents will be offered information and referral for dental care. Physicians may receive communication from public health nurses.

**Alberta Well Child Clinic Services**

In Alberta, each child is eligible to attend WCC visits provided by Alberta Health Services (AHS) Public/Community Health Centres. The timing of the WCC visits are aligned with the provincial childhood immunization schedule at 2, 4, 6, 12, 18 months of age, and before school entry at 4 years of age. In addition to publicly-funded immunizations, WCC visits also include non-immunization activities where one-on-one health assessment, screening, health education and anticipatory

guidance are provided. At these visits, public health nurses offer parents the opportunity to ask questions and make connections to other health and community services.

### ***Standardization Process***

The WCC standardization was a multi-step process where recommended activities, interventions and tools were determined based on a review of: current practices, parent perceptions and the most up-to-date evidence from the literature (see *For More Information* below for details on the process used).

Given the mandate was driven by internal factors, extensive collaboration and consultations with zone public health and AHS leadership were employed to develop the recommendations based on operational considerations. Therefore, information is being provided for physicians now and further engagement is planned following implementation and evaluation of the recommendations.

### ***Postpartum Depression***

Postpartum Depression (PPD) screening is currently administered at WCC as a non-immunization activity. As of March 6, 2019, the new AHS PPD Screening Policy Suite facilitates standardized nursing assessment, opportunistic screening, referral and surveillance of PPD.

Opportunistic PPD screening will be offered at the first regular Public Health WCC visit (generally at two months), and may be offered anytime up to 12 months postpartum as indicated. A mother's choice to participate in PPD screening is voluntary. Based on results of the screen, physicians will receive referrals and/or communication from public health nurses when:

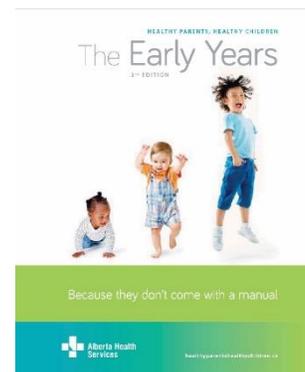
- A mother who may be at risk for PPD or risk of suicide needs further assessment; or
- A referral is made to another health care professional or emergency department; and/or
- A mother has declined screening and there may be PPD symptoms, risk factors or risk of suicide

### ***Evaluation and Surveillance***

Through the WCC standardization, there will be the opportunity to establish surveillance measures to monitor outcomes for several key areas including growth measurement, breastfeeding and PPD. An evaluation plan for this work is in progress.

### ***Information and Support for Parents***

All families attending WCC visits with their child will be offered health education and anticipatory guidance for all their questions and concerns. The primary, provincial parent resource for all routine and non-routine activities is *Healthy Parents, Healthy Children* 2<sup>nd</sup> edition, available online at [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca) or as a printed resource.



### ***For More Information***

Please visit [www.ahs.ca/wccs](http://www.ahs.ca/wccs). If you have questions on the background, evidence, rationale, and/or the process undertaken for standardization, or if you have any comments, please contact Early Years Health Promotion at [hphc@ahs.ca](mailto:hphc@ahs.ca)

This work has been published by the National Collaborating Centre for Methods and Tools: [Making Evidence Informed Decisions about the Alberta Public Health Well-Child Visit: The Art and the Science](#)

Please visit [www.ahs.ca/ppd](http://www.ahs.ca/ppd) to learn more about the AHS PPD Screening Policy and the following:

- AHS mental health and PPD services and support groups available in each zone
- Information for Health Professionals
- Information on PPD from Healthy Parents, Healthy Children
- Related mental health and PPD webpages