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Spring 5-6-2022

## Anticipatory Guidance for Parents/Caregivers of Pediatric Patients Ages 0-12 Months

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### Recommended Citation

Palmer, Cody and Hagnauer, Anna, "Anticipatory Guidance for Parents/Caregivers of Pediatric Patients Ages 0-12 Months" (2022). *Doctor of Nursing Practice Projects*. 194.

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## **Introduction to the Problem**

The greatest cause of infant death from 2010 to 2012 was sudden unexpected death in infancy (SUDI), accounting for 43% of all infant deaths (Bairoliya & Fink, 2018). Other common causes of infant mortality related to unintentional injury. In an analysis of death rates among children aged 0-19 years of age from 2000 to 2006, it was found that deaths from unintentional injury in children younger than 1 were most commonly attributed to suffocation (16.1 per 100,000), transportation-related injury death (3.7 per 100,000), and drowning (1.6 per 100,000). Other noted causes of unintentional injury deaths among infants included “other injuries,” fires/burns, poisoning, and falls, accounting for 1.3, 0.9, 0.5, and 0.4 per 100,000 deaths respectively (Borse et al, 2008). Death by many of the above causes can be prevented through the implementation of specific safety recommendations. To increase awareness of safety recommendations and combat infant morbidity and mortality, the concept of anticipatory guidance emerged.

Anticipatory guidance is defined as proactive counseling for caregivers regarding various aspects of childcare and development (Weber-Gasparoni & Rayes, 2019). Common topics counseled on include but are not limited to nutrition, sleep, safety, immunizations, and developmental milestones. The purpose of anticipatory guidance is to promote health in the developing child while working to prevent unintentional injury or harm. Pediatric healthcare providers are in a unique position to provide this education. The clinical site at which this project was implemented provided verbal and written anticipatory guidance education; however, the written educational materials were slightly outdated and required redesign to encourage enhanced engagement. This project sought to improve the process and delivery of anticipatory guidance for infants aged 0-12 months at one rural pediatric primary care clinic.

## **Literature Review**

Anticipatory guidance has multiple benefits. It is associated with better child safety practices, improved parenting practices, increased child development and decreased maternal stress (Hsu et al., 2018). There are various methods of providing anticipatory guidance education to caregivers of children aged 0-12 months, some of which include videos/other electronic materials, written materials, and verbal discussion. Various studies have demonstrated benefits in the provision of anticipatory guidance education through the combination of videos, written materials, and verbal discussion.

## **Methods**

The purpose of this project was to update and design more visually engaging written anticipatory guidance educational materials for children aged 0-12 months and create electronic educational materials that could be accessed by caregivers from the clinic's website anytime. While educational videos were unable to be uploaded to the clinic's website, parents/caregivers were able to view educational videos during well child visits prior to the provider entering the examination room using the clinic's tablet. Through this process, caregiver education was able to be more individualized based on topics requiring further explanation requested by parents/caregivers. An additional aim of this project was to increase participation of the registered nurse in the provision of anticipatory guidance.

In early May 2021, we visited the clinic and witnessed a well child visit. During this clinic visit, we discussed with the providers what anticipatory guidance information they found most important, which helped guide the construction of written and electronic educational materials. Other sources, including the AAP Bright Futures and research articles found during

the literature review, were utilized in the development of educational materials. Educational materials were divided into the following age groups: 1-2 weeks, 1 month, 2 months, 4 months, 6 months, 9 months, and 12 months of age per AAP well child visit recommendations. Available video platforms and associated costs were presented. A free video creation platform was used to minimize cost to the clinic. Construction of the updated written and electronic materials then proceeded.

After educational materials were developed, reviewed, and approved by clinic staff, another visit occurred in early June 2021 to educate staff on the new materials. The staff nurse participated in the process of providing anticipatory guidance education, including such topics as where to access online materials, topics presented through educational materials, and increasing patient utilization of the online materials via verbal reminders. Implementation of the new educational materials and procedures, as well as administration of anonymous written surveys, began in June 2021 and proceeded until September 2021, at which point collected data on caregiver perceptions of the usefulness/effectiveness of the new educational materials, both written and electronic, were reviewed.

Evaluation of caregiver perspectives was performed through administration of voluntary, anonymous, written short surveys at the end of each well child visit for children ages 0-12 months. A total of 32 caregiver surveys were collected. To evaluate provider and office staff perspectives on the usefulness/effectiveness of the new educational materials, as well as the inclusion of the registered nurse in the process of providing anticipatory guidance education, written surveys were administered in October 2021. A group discussion with providers/office staff occurred in February 2022.

## **Evaluation**

Data regarding both written and video educational materials were collected from parents/caregivers through the administration of anonymous, voluntary paper surveys. Likert scales were used to assess ease of understanding, visual appeal, helpfulness of materials, satisfaction with education, accessibility, and engagement. A total of 32 surveys were collected from July through September of 2021. Feedback from clinic staff was similarly collected through the administration of surveys. Staff surveys contained open-ended questions to assess parents/caregiver feedback, parent/caregiver understanding of educational materials, anticipatory guidance process changes, ease of access to video educational materials, and suggestions for improvement. A group discussion was held with clinic staff via Zoom meeting to further discuss staff suggestions for improvement. Feedback from both parents/caregivers and clinic staff was exceptionally positive.

Pertaining to the written educational materials, 31 of surveyed caregivers felt they were easy to understand (28.1%) or very easy to understand (68.8%). Regarding visual appeal, 28.1% of parents found the written materials visually appealing and 68.8% found them very visually appealing. General helpfulness of the written educational materials was rated as somewhat helpful (34.4%) and very helpful (62.5%). Overall satisfaction with the education provided by clinic staff was described as somewhat satisfying (18.8%) and very satisfying (78.1%). Feedback from providers/clinic staff was similarly positive.

Regarding the video educational materials, the clinic was unable to upload the videos to their website as initially planned due to technical issues and financial constraints that were discovered only after implementation. This is considered a major limitation of this project. As an alternative plan, the clinic was able to download the videos onto a tablet, which was then presented to and utilized by each caregiver during well child visits. Despite implementation of

this intervention, only 5 caregivers provided feedback on the online/video educational materials. Four respondents (80%) reported that video educational materials were very easy to understand, and one respondent (20%) reported that video educational materials were easy to understand. The ability of the educational videos to keep the attention of caregivers was reported as very well (60%) and somewhat well (40%). Caregivers' ease of access was described as very easily accessible (80%) and somewhat easily accessible (20%). General helpfulness of online/video educational materials was rated by caregivers as very helpful (80%) and somewhat helpful (20%). Again, feedback from providers/clinic staff was similarly positive.

Overall, implementation of this project went well, and feedback from caregivers/parents and providers/clinic staff was exceptionally positive. However, a major limitation as previously discussed was the inability to upload the educational videos to the clinic's website. Upon implementation, it was discovered that the clinic website was outdated; thus, uploading the videos was impossible without upgrading their website. Due to financial constraints, upgrading the clinic website was not possible during implementation and continues to be a challenge. With a different website configuration that provides appropriate services within the clinic's financial constraints, the clinic would finally be able to upload the educational videos to the website, which would allow for greater access by parents/caregivers and ideally increase caregiver understanding of anticipatory guidance recommendations.

### **Impact on Practice**

The immediate impact for this clinic was providing a new means for parent/caregiver education with updated evidence-based education. Along with the new format of education, parents and caregivers also received updated forms that were easier to read and more visually appealing. This project exposed some technical issues with the clinic's website that prevented

certain integral interventions. Issues with the clinic's website continue but would not have been identified without the implementation of this project.

The predicted long-term impact of this project is a change in the way caregiver/parent education is delivered. This project focused on anticipatory guidance for children aged 0-12 months. Ideally, this project will be replicated for all age ranges of patients seen at this clinic. This would allow for consistent education for all patients. Resolution of the technical issues of the clinic's website would allow for easier access and greater utilization of the new formats of education.

### **Conclusion**

This DNP project led to a positive impact on practice. This clinic showed a need for updated educational materials for well-child appointments. The changes presented by this project were feasible and created multiple outlets to provide anticipatory guidance. Anticipatory guidance is a crucial component of well-child appointments and multiple formats allow for an individualized approach to parent/caregiver education. Throughout the course of the project, limitations were identified with the clinic's website that reduced educational material accessibility. Once the issues with the clinic's website are resolved, utilization of all formats will ensue; thus, offering an educational source separate from office visits. Overall, this project was successful and there is opportunity for this project to be expanded to update anticipatory guidance protocols for all age ranges at this clinic.

### **Contact Information**

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