## CHILDHOOD DEVELOPMENTAL SCREENING

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Nelson Mandela Quote: "Children are our greatest treasure. Tey are our future". All over the globe, strengthening the economy and workforce and creating a sustainable healthcare system are common challenges that many countries are facing. A good childhood development is key to a productive workforce and the nation's future success. Singapore has done well and has been ranked the top country in the world for a child to live in.¹ Singapore scored 989/1000 in the End of Childhood Index¹ and the under-five mortality rate was 2.8 per 1000 live births in 2018.² The End of Childhood Index measures the extent to which children experience childhood enders such as death, malnutrition and being out of school. The under-five mortality rate is a key global indicator of child health³ and one of the most important measures of global health.

In Singapore, the National Childhood Immunisation Programme and Childhood Developmental Screening Programme serve as important checkpoints for our children's health. The great success of these programmes has ensured that our children remains healthy and any developmental delays are identified timely and interventions are initiated as soon as our robust National Childhood possible. Despite Îmmunisation Programme, slippages have been reported. In March 2015<sup>4</sup>, 50 cases of measles had been reported and local cases included 34 children, half of whom were babies under the age of one and were not due for the Measles, Mumps, Rubella (MMR) vaccination. Fourteen children, aged between one and six, had missed their MMR vaccination. The remaining three had only received one dose of the MMR vaccination. Measles vaccination is compulsory and mandated under the Infectious Diseases Act. Hence, it is crucial for Family Physicians to be important gate keepers and be vigilant to pick up children who had missed important childhood vaccinations and/or developmental screening.

In unit 1, Dr Low Kah Tzay will present an update on clinical practice for childhood developmental screening from birth until 18 months. A workable process in primary care setting and relevant support services will be presented.

In unit 2, Adj Asst Prof Mascarenhas Sandra Sylvia, Dr Agarwal Pratibha Kashev and Adj Assoc Prof Lourdes Mary Daniel will present childhood development screening from 18 months to 4 years old. Screening for important conditions such as Autism Spectrum Disorder and appropriate screening tools will be presented.

In unit 3, Dr Jennifer Kiing will bring us through screening for behavioural and socio-emotional disorders, which often are overlooked in developmental screening. The DSM-5 Criteria for Attention Deficit Hyperactive Disorder and Autism will be covered.

In unit 4, Dr Rajeev Ramachandran will present vaccinations in infants and children. Conjugated, non-conjugated inactivated and live-attenuated vaccines will be discussed.

In unit 5, A/Prof Stacey Tay Kiat Hong will walk us through childhood neuromuscular disorders. The diagnostic approach to a floppy infant will be discussed and the importance of a multidisciplinary approach in managing childhood neuromuscular disorders.

In unit 6, Dr Cindy Hia and Adj Prof William Yip will present the screening of childhood cardiac conditions and the importance of management of obesity, metabolic syndrome and other risk factors during childhood that can contribute to cardiovascular diseases in adulthood.

Under PRISM, Tan Tai Joum, a Year 4 medical student from University College London and Dr Marie Stella P Cruz will present a case of a young male with a mass in his oral cavity. This case report will allow readers to develop an approach to patients presenting with mass within the oral cavity and the appropriate management.

Lastly, the ten selected readings by A/Prof Goh Lee Gan include articles covering developmental delay identification and management at primary care level, early behavioural problems and autistic traits and targeted interventions to improve timeliness of childhood vaccinations in Singapore.

## REFERENCES

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