THE NEW (2017) GREEK CHILD HEALTH BOOKLET

Antoniadou I¹, Karalexi M², Attilakos A², Xekalaki A¹, Prasouli A¹, Lytras T³,
Papadimitropoulou A¹, Panagiotopoulos T³

¹Department of Social and Developmental Paediatrics, Institute of Child Health, Athens, Greece
²Third Department of Pediatrics, National & Kapodistrian University of Athens, “Attikon” Hospital, Athens, Greece
³Department of Child Health, National School of Public Health, Athens, Greece

Background

Primary health care is an important part of health care and provides valuable opportunities for prevention and health education. Our aim was to compose a new version of the Child Health Booklet (CHB), a parent-held health record well-established in Greece, focusing on regular follow-up of children’s health and development, health education and support of parents in raising their children.

Methods / Results

- **Guidelines for primary care practitioners** based on: extensive review of the literature, practices in selected other countries and expert groups of pediatric health care professionals.
- **For screening recommendations:** grading system adopted by the American Academy of Pediatrics (2004).
- **Fifteen specific ages were recommended for scheduled visits:** six in infancy (1-2 weeks, 2, 4, 6, 9 and 12-15 months), four in toddler and pre-school age (18 months, 2-2.5, 4 and 5-6 years), two in school age (7-8 and 9 years), and three in adolescence (11-12, 14-15 and 17-18 years). In each age, essential elements of **physical examination and developmental/behavioral monitoring and anticipatory guidance** were proposed.
- **WHO Child growth standards and WHO References growth charts** were adopted.

References:
1. American Academy of Pediatrics. Classifying recommendations for clinical practical guidelines. Pediatrics. 2004
2. Isaac et al. Quality of reporting and evidence in American Academy of Pediatrics guidelines. Pediatrics. 2013
3. De Onis et al. Worldwide implementation of the WHO Child Growth Standards. Public Health Nutrition. 2012

- The following **recommendations for comprehensive or selective screening** about hearing, vision, congenital heart defects in newborns, developmental dysplasia of the hip, iron deficiency anemia, dyslipidemia, chlamydia infections & risk for sudden death in young athletes were made:

Disease	Age	Method of screening/ Population	Level of evidence
Recommendations for comprehensive screening			
Congenital heart defects	Neonatal	Pulse oximetry	B-1
Hearing loss	Neonatal	Auditory brainstem response (ABR) and otoacoustic emissions (OAE) tests	B-2
Vision diseases	3.5-5 years	Clinically-Optotype	B-1
Recommendations for selective screening			
Developmental dysplasia of the hip	Neonatal	U/S of the hips Infants that were born with breech presentation or have positive family history in 1 st or 2 nd degree relatives (especially for girls)	B-3
Iron deficiency anemia	Childhood / adolescence	Hb- Ferritin Infants/children/adolescents at high risk	C-3
Dyslipidemia	>2 years	Cholesterol, HDL-C, LDL-C, Triglycerides Positive or unknown family history in 1 st or 2 nd degree relatives for CVD, positive or unknown history of one parent with total cholesterol ≥240 mg/dl or other dyslipidemia, overweight or obesity, conditions with increased risk of premature cardiovascular disease	B-3
Chlamydia infections	Adolescence	NAATs in urine / vaginal / cervical swab Sexually active adolescents, history of chlamydia infection or other sexually transmitted infection, partner with chlamydia infection or history of sexual contact without constant condom use	B-3
Risk for sudden death in young athletes	≥12 years	History-Physical examination- ECG	C-2

The updated Greek CHB endorses a holistic approach to health & supports targeted care for children/families