

WELL-CHILD CARE INTERVENTIONS

Review: commonly recommended well-child care interventions are not supported by evidence

Abstract of: Moyer VA, Butler M. **Gaps in the evidence for well-child care: a challenge to our profession.** *Pediatrics* 2004;**114**:1511–21.

BEHAVIOURAL COUNSELLING			
FINDING	COUNSELLING OBJECTIVE	EVIDENCE	NOTES
Modest benefit			
	Safe road crossing behaviour	Not reported.	Relative risk (RR) 1.6 to 1.7
	Smoke alarm use	Not reported.	RR 1.14 to 1.72
	Safe tap water temperature	Not reported.	OR 2.3
	Breast feeding	4 systematic reviews; 1 RCT.	One on one health education increased initiation of breast feeding among low income women. Multifaceted interventions plus changes in hospital procedures had greater effect. Breastfeeding support programmes extended duration of breast feeding.
Mixed evidence	Bicycle helmet use	1 systematic review; 1 randomised controlled trial (RCT).	Odds ratio (OR) 0.76 in RCT. Not significant in systematic review..
	Prevention of exposure to violence	1 systematic review.	Intensive multimodal interventions were modestly effective, particularly home visit-based programmes. Office-based interventions were not

			effective.
	Prevention of exposure to passive smoking.	1 systematic review; 1 RCT.	Intensive interventions showed modest effect (number needed to treat [NNT] ~25). Office-based interventions were not effective.
	Sexually transmitted disease (STD) prevention.	2 systematic reviews; 3 RCTs.	Intensive multifaceted counselling reduced STDs (NNT 14); brief office-based counselling was not effective.
	Pregnancy prevention.	1 systematic review.	Only intensive multifaceted programs reduced pregnancy rates (OR 0.4).
	Physical activity promotion	1 RCT; 1 controlled clinical trial.	Brief advice not effective. Multimodal interventions (tailored counselling, use of written materials, focus on physical activity rather than multiple preventive aims, and use of other healthcare professionals) had modest effect (effect size ~0.1 SD).
	Seat belt use	1 systematic review; 1 RCT.	Modest effect found in 1 systematic review (RR 1.3). 1 RCT showed no benefit for brief counselling.
No effect	Prevention of poisoning	1 systematic review; 2 RCTs; 1 controlled clinical trial.	No benefit for counselling families; Mr. Yuk warning stickers increased exposure to poisons.
	Firearm safety	Not reported.	
	Alcohol use	2 systematic reviews; 1 RCT.	2 systematic reviews showed evidence of ineffectiveness in educational and community group settings. 1 RCT showed an increase in alcohol drinking in the office-based intervention group (OR 1.3 at 36 mo).
	Dietary education to prevent anaemia	1 RCT.	Specific dietary counselling at preventive visits was not more

			effective than standard health education.
	Infant sleep position counselling	1 systematic review.	
	Oral health counselling	2 systematic reviews.	Systematic reviews noted that currently available evidence is not conclusive.
No trials or reviews found	Motor cycle crash prevention		
	Smoking prevention		No trials of office-based interventions for smoking in youth.
	Drowning prevention		
	Alcohol related injury prevention		
	Choking prevention		
	Lead poisoning prevention		
	Sunburn or skin cancer prevention		
	Obesity prevention		1 RCT is ongoing.
	Prevention of baby-bottle tooth decay		
SCREENING			
FINDING	SCREENING PROCEDURE	EVIDENCE	NOTES
Benefit	Amblyopia screening	1 RCT.	Repeated screening led to small decrease in amblyopia and improved visual acuity (NNT = 100).
	Chlamydia screening in sexually active adolescents	1 systematic review; 3 RCTs.	Screening reduced the rate of pelvic inflammatory disease.
	HIV screening	1 RCT.	
No effect	Multiple newborn physical	1 RCT.	No difference in healthcare use for 1

	examinations		v 2 examinations.
No evidence	Periodic complete examination		
	Repeated examination of the hips		
	Growth monitoring	2 systematic reviews.	These aspects have not been rigorously evaluated in trials.
	Blood pressure monitoring		
	Scoliosis screening through examination	1 systematic review.	
	Assessment for physical and sexual abuse	1 systematic review.	
	Visual acuity screening	2 systematic reviews.	No trials of office-based screening.
	Tuberculosis screening		
	Urine screening (infection)		
	Hyperlipidaemia screening (>2 y of age)	1 systematic review.	
	Anaemia screening	1 systematic review.	
	Lead poisoning screening	1 practice guideline.	
	Gonorrhoea screening		
	Human papillomavirus screening	1 systematic review.	
	Cervical cancer screening	1 systematic review.	
	Hearing screening after newborn period		
PROPHYLAXIS			
FINDING	INTERVENTION	EVIDENCE	NOTES
Benefit	Folate supplementation for women of childbearing age	1 systematic review.	4 RCTs showed that supplementation led to a substantial decrease in neural tube defects.

Mixed evidence	Iron supplementation	3 systematic reviews; 8 RCTs.	Supplementation decreases iron deficiency; no change in developmental outcomes; and no evidence on long term outcomes. Infectious illnesses were not increased with supplementation.
No evidence	Oral fluoride treatment	1 systematic review; 1 guideline.	
	Ocular prophylaxis for newborns at risk of gonococcal/chlamydial infection	1 systematic review; 3 controlled clinical trials.	Trials compared different agents but not prophylaxis with placebo or no prophylaxis.