



SOCIETY OF  
PEDIATRIC NURSES

## **SPN Position Statement: Early Childhood Development**

### **INTRODUCTION/PROBLEM STATEMENT**

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The purpose of this statement is to delineate the role of the pediatric nurse as it pertains to early childhood development.

### **DEFINITION(S)**

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Early childhood is the period of life between birth and five years of age.

### **RATIONALE AND SUPPORTING INFORMATION**

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The first three to five years of life is a time of rapid growth and development including brain growth and foundational social-emotional development. Early childhood development is affected by both positive and negative early experiences that have lifelong impact on a child's health and social outcomes. Social relationships with parents and others form a foundation for future relationship success. As detailed in the classic report "From Neurons to Neighborhoods," early childhood brain development with dramatic changes in both size and complexity make this an important period to positively influence a child's development through interaction and intervention (National Research Council and Institute of Medicine, 2000; National Scientific Council on the Developing Child, 2007).

Pediatric nurses with their experience in and knowledge of child health are in a unique position to impact early childhood development (ECD). Pediatric nurses identify infants and young children who are at risk for developmental delays, collaborate with other disciplines in the assessment and identification of appropriate resources, encourage appropriate parent-child interaction, and provide parent education and support. Additionally, as advocates for children and families, pediatric nurses should influence the public and policy makers to support high-quality ECD services and resources.

Children who exhibit secure attachment to their primary caregiver demonstrate better outcomes including: increased engagement in the classroom setting, higher secondary school graduation rates, and stronger resilience (Moss & Laurent, 2001). Secure attachment is enhanced through parents consistently, reliably and sensitively meeting the basic and emotional needs of their infant and young child. Frequent, stimulating language use by parents supports vocabulary development in children (Fernald, Marcham & Weisleder, 2013; Hart & Risley, 2003). Simply reading to young children as part of a routine health visit can encourage language, literacy, and early childhood development (Zuckerman & Khandeker, 2010).

Children who develop within relationships providing supportive interactions and environments rich in stimulating language, literacy, and movement experiences are healthier and do better in school (Campbell et al, 2012; Nurse-Family Partnership, 2013; Schweinhart et al, 2005). Multiple early adverse experiences can contribute to a very young child developing in an atmosphere of 'toxic stress' (Johnson, Riley, Granger, & Riis, 2013). These adverse experiences including abuse, divorce, neglect, poverty, and racism, in early childhood can impact brain development and have a long lasting effect on later adult health (CDC, 2013; Johnson, Riley, Granger, & Riis, 2013).

The prevalence of children with developmental disabilities is trending upward offering opportunities for pediatric nurses to address the increased need for high-quality ECD services and resources (Betz, 2012; Boyle et al, 2011). Less than half of children with developmental delays are identified prior to school entry (Rosenberg, Zhang & Robinson, 2008). Delayed diagnosis of developmental delay contributes to underutilization of early intervention services which likely lessens the opportunity for optimal child development outcomes.

Children who are members of vulnerable populations require special attention from pediatric nurses. Often infants and toddlers under the supervision of child welfare agencies exhibit developmental delays and/or other chronic conditions (Szilagyi, 2012). With one in 50 school-aged children diagnosed with autism spectrum disorder (ASD) and evidence that early intervention improves outcomes for children with ASD, early diagnosis and treatment is critical (Blumberg, Bramlett, Kogan, Schieve, Jones, & Lu, 2013). In addition, other health and social conditions may predispose very young children to developmental, behavioral, and emotional issues.

Research suggests that for disadvantaged children each \$1 devoted to well-done ECD programs leads to \$2 to \$23 in future savings to investing localities and states (Bialik, 2013; Cohn, 2011; Heckman, 2011). Examples of ECD programs include private child care programs; federal programs like Early Head Start and Head Start; the non-profit Nurse-Family Partnership; state Early Intervention programs; and local Pre-School programs for at-risk young children and young children with developmental delay.

## POSITION and/or RECOMMENDATIONS

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In an effort to address issues related to early childhood development, the Society of Pediatric Nurses affirms and supports the work of members as they:

- Assess each child and family to ensure their early childhood development needs are being met.
- Engage in developmental surveillance and developmental screening of young children as a standard of care on a scheduled and consistent basis.
- Work closely with educators and social service providers to ensure access to high quality early childhood development services delivered in healthy and safe settings.
- Provide child health nursing consultation to early childhood development programs including developing and vetting health policies and procedures, immunization review, and parent and staff teaching.
- Advocate for quality early childhood development by influencing and educating policy makers about the value of investing in programs that support early childhood development, supporting legislation to improve and increase access and availability of quality early childhood services, and serving on program boards.
- Partner with other child health professionals and associations to enhance and support early childhood development.
- Ensure appropriate early childhood development content is included in nursing education programs.

## ATTACHMENT(S)

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Resources.

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## Appendix A - Resources

American Academy of Pediatrics Early Brain and Child Development <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/default.aspx>

The Heckman Equation <http://www.heckmanequation.org/>

National Association for the Education of Young Children (NAEYC) <http://www.naeyc.org/>

Nurse Family Partnership <http://www.nursefamilypartnership.org/>

Reach Out and Read <http://www.reachoutandread.org/>

Too Small To Fail [www.toosmall.com](http://www.toosmall.com)

Zero To Three <http://www.zerotothree.org>