Children with special health needs

Mental retardation

Definition: refers to significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period.

- Refers to the most severe general lack of cognitive and problem solving skills.
- **IQ = Mental Age/chronological age *100**

Child with mentally handicapped children



CLASSIFICATION

- **BORDERLINE MENTAL RETARDATION:** Individuals whose IQ (Intelligent quotient) is approximately 80 are considered to be in the lower range of normal. They may have difficulty learning in school and may need special assistance.
- **MILD MENTAL RETARDATION**: these children score two to three standard deviations below the mean of the normal curve of average intelligence on standardized intelligence test.IQ IS 51 to 70.

Moderate mental retardation

- These children's score three to four standard deviations below the mean of the normal curve of average intelligence on standardized intelligence tests. They exhibit limited academic and vocational skills but can learn self help skills, communication skills and social skills. IQ level is 36 to 50.

severe mental retardation

- Children categorized as having severe mental retardation score four to five standard deviations below the mean of the normal curve of average intelligence on standardized intelligence tests. Children exhibit limited language,motor,and speech capabilities. I.Q-LEVEL IS 21 TO 35.

etiology

- **Genetic causes** include chromosomal anomalies, single gene disorders, chromosomal anomalies includes such as down syndrome. Single gene disorders includes autosomal dominant.
- **Social factors includes:** poor psychological, social and environmental conditions: poor maternal nutrition and inadequate prenatal health services and low socioeconomic groups.

assessment

- Complete assessment consist of history, developmental screening and parent child interaction assessment, vision screening, physical assessment and neurological assessment
- History: a detail history should include prenatal information,labour and delivery details, neonatal behaviour,growth and development. History can provide vital information concering possible cause and diagnosis clue.

Developmental screening

- The developmental screening should include gross motor, fine motor and communication skills including verbal and non verbal and expressive and receptive skills, problem solving abilities,feeding,toileting and dressing should be assessed

Physical assessment

- It gives to nurses an opportunity to observe and assess the child's adaptive and cognitive skills directly. Child social responsiveness and appropriateness of response should be observed. Physical examination height, weight and head circumference measurements. Examination of skin,eye,mouth

Clinical manifestation

- Short attention span, poor memory
- Sleep problem
- Convulsions are commonly found with mental retardation
- Psychiatric illness, emotional problem
- Distractibility, failure to achieve independence
- Reduced spontaneous activity

Neurological assessment

- It is important for the midwife to remember that a good developmental assessment. midwife observes children cries,alertness,balance and co-ordation are observed. cognition is assessed by the way children understand simple commands. In neurological assessment tone,strength,range of motion and reflexes.

DIAGNOSTIC EVALUATION

- History collection
- Computerized tomography scan
- X-rays for bone age
- EEG-Electro encephalo gram
- Assessment of developmental and adaptive behavior.
- Family history
- Neurological examination

management

- **Providing initial care at the time of diagnosis**: helping the family comprehend and accept the diagnosis of mental retardation in their infant. Severely cognitively impaired children can be identified early, as can children with clearly diagnosable genetic problems.
- Midwife can play a key role in facilitating families understanding and adjustment in the care of their mentally retarded children.

Severely retarded children

- May have accompanying motor, sensory or medical problems and may be multiply handicapped. They are frequently admitted to the hospital at an early age for comprehensive diagnostic evaluation. midwife must explain diagnostic procedure of child.

- When helping family members to work through their response, the midwife must consider the total family including ethnicity, religion,education,socieconomic status. Infant stimulation program. Parents given little hope for improvement of their child status

moderately retarded children

- It is generally the parents, most frequently the mother, who notice that their infant is not developing in a manner consistent with their expectations.
- They may afraid bring child to primary care giver. Child does not progress according to expectations.
- In many hospitals developmental screenings have become a part of routine developmental screening have become a part of routine admission assessments.

Mildly retarded children

- Infant seems slow in performing developmental tasks. Mildly retarded children appear healthy at birth and may have good apgar scores.
- Parents become concerned when communicative and affective skills seem to be slow.
- These children appear socially immature and speech may be present but unintelligible to others.

Providing care in hospital

- midwife can promote parenteral attachment by facilitating participation in their child's physical care. Mothers of mentally retarded infants should be encouraged to breast feed if they so desire.
- Mentally retarded children may have concurrent medical problems that can cause repeated hospitalization.
- midwife can interview families concering their children's abilities in feeding, toileting and play.

- Hospitalization is a crisis situation and may precipitate regression in children. assessment and interventions should be developed on the basis of developmental age.
- All children should receive physical examinations and care for routine pediatric problems.
- midwife can encourage families to participate in infant stimulation or special educational programme

Care in school

- midwife coordinates the services for children with mental retardation, facilitates the understanding of school personnel concering medical and health procedures.
- Mentally retarded children often have compounding medical problems including seizure and respiratory, cardiac and infectious conditions. The midwife can help to educate personnel in the school system concering the health needs of these children.

Promoting optimum development

- Infant stimulation programs are geared primarily to biologically and neurologically impaired children
- Self care skills: the goal of families of mentally retarted children is to maximize their children's ability to function as independently as possible.
- Feeding program for mentally retarded children follows tasks such as holding a bottle, spoon and eating finger feeds.

- Toileting: time sequence for toilet training a child with mental retardation children can be effectively toilet trained.
- Dressing and grooming: helping children to acquire dressing and grooming skills can be initiated when they cooperate in dressing. Dressing skills can be worked on as a part of daily activities.
- Parents provide positive reinforcement like praises,hugs,kisses. Show love to children.

prevention

- Genetic counseling is the important measures to prevent genetic and chromosomal abnormalities.
- Good obstetric care is important to prevent etiological factors related to mental retardation
- Essential neonatal care to be provided to prevent neonatal complications like CNS infection.
- Neonatal assessment and screening of metabolic disorders or other congenital abnormalities.

Failure to thrive

Definition: indicates insufficient weight gain or inappropriate weight loss in pediatric patients unless the term is more precisely defined. In children, it is usually defined in terms of weight, and can be evaluated either by a low weight for the child's age, or by a low rate of increase in the weight

Failure to thrive



Etiology

- failure to thrive is not taking in enough calories. Other risk factors that may contribute to poor nutrition include:
- poor feeding habits
- neglect
- physical abuse
- mental trauma
- mental health conditions, such as depression
- other factors, such as poverty

Risk factors

- Risk factors for a child failing to thrive include underlying conditions, such as:
- Down syndrome
- cerebral palsy
- heart disease
- infections
- acid reflux disease
- Cleft lip and palate

Clinical manifestation

- lack of weight gain
- delays in reaching developmental milestones, such as rolling over, crawling, and talking
- learning disabilities
- lack of emotions, such as smiling, laughing, or making eye contact
- delayed motor development
- fatigue
- Irritability
- Height, weight and head circumference which do not match with standard growth charts

Investigation

- blood tests
- urine tests
- X-rays
- developmental screenings
- Caregivers may need counseling if the doctor suspects that unhealthy practices in the family are a cause.

Treatment

- prescribe nutritional supplements or a special diet based on the underlying diagnosis.
- Hospital care, including the use of feeding tubes, can provide extra nourishment in severe cases.
- physical therapists
- speech therapists
- occupational therapists
- dietitians

Conti…

- Child suffering with any organ disease treat first
- If suffering with infection provide antibiotics
- Plan dietary plan to child
- Provide calm and quiet environment
- Psychosocial interventions can be targeted at encouraging the child to feed themselves during meals.
- Replacement of electrolytes

Prevention

- Regular checkups with a child health can help to diagnose failure to thrive early on. Parenting classes or support groups are also a good way to develop ways and habits of improving a child’s nutrition.


Thank You!!!