

THE STATE OF DEVELOPMENTAL PEDIATRICS IN MALAYSIA

Zabidi Zabidi-Hussin

Department of Pediatrics, School of Medical Sciences, Universiti Sains Malaysia,
Kelantan, Malaysia

The growth of Developmental Pediatrics as a formal entity is somewhat slower than any other subspecialties in Malaysia. Medical students in the country spend 5 years in medical school, of which 10 weeks are allocated to pediatrics, during which 2-3 weeks are spent in community clinics. Here, they are exposed to aspects of developmental and community pediatrics. The rest of their pediatric exposure usually consists of intensive disease-based approaches interspersed with some developmental issues depending on the interests of the attending clinicians.

Residency training receives variable input for child development training, depending on the availability of specialists, with ad hoc developmental assessment workshops. The relative lack of growth in the subject is partly due to the small numbers of pediatricians who specialize in this field, the field being considered a less 'glamorous' aspect of pediatric practice. There are fewer than 20 Developmental Pediatricians in Malaysia.

The current debate on developmental pediatrics is: should it be considered as a subspecialty, or should it be something that all pediatricians specialize in? If one considers that the main distinction of a pediatrician is that the pediatrician has knowledge of child development, then

every pediatrician should be considered a developmental pediatrician. Provided that a pediatrician is aware of the various developmental stages of children, they can pick up very serious conditions in their clinics. In addition, developmental pediatricians as subspecialists should be left to play more of an advocacy role.

In Malaysia, the Division of Family Health under the Ministry of Health governs the welfare of children's health. The 'backbone' hospitals in Malaysia are under the Ministry of Health, and most deliveries are conducted in hospital. Immediate postnatal examinations are performed for obvious abnormalities, such as those involving clefts, cardiac and neural tube defects, genitalia, hips, and imperforate anus. Nurses and junior doctors mainly do these examinations. If the knowledge of such personnel about child development is deficient, this can lead to undetected pathological states of development.

Following delivery, children are seen at a postnatal visit and are given routine vaccinations, checked for growth and feeding problems, and sometimes vision is checked. These visits are sometimes inadequate due to the pressure of the large volume of patients in such clinics. There are also subsequent visits for immunization at 2, 3, 4, and 5 months, where there is

the opportunity for developmental checks. Nurses will also visit babies within 10 days of birth and screen babies for jaundice and feeding problems. Children will receive further immunization visits until 18 months of age.

All parents are given a “parents-held booklet” which contains all the centile charts and a mini-Denver chart. The booklet is quite long, and in practice, it is difficult for parents to go through the entire contents and absorb sufficient details to identify developmental anomalies in their children. In practice, the workload of child patients may affect the detection rate, which can become a problem.

When children commence schooling, the school health system is collaboration between the Ministry of Health and the Ministry of Education. As there are two authorities dealing with the same subject, there is sometimes conflict in policy implementation. The Ministry of Education focus on learning disabilities, and schoolteachers are identifying dyslexia cases for further assessment. As the school system is currently now so focused on high achievers, the number of people needing go through the system is enormous, which in turn places a large burden on the hospital system for screening of learning disabilities. Because there are specific checklists available to identify children with learning disabilities, milder forms of learning disabilities can be missed, which can become an issue at later stages.

Another problem with the current system is that from the age of 18 months to when a child is 6 years old, there is a long gap where children are not in regular contact with health professionals. This

consequently may result in issues being overlooked, such as those speech, behavioral, visual, and language , and therefore opportunities for early intervention. As a response to this, the government has introduced a 4 -year-old developmental checkup. However, in practice, parents have been less compliant in bringing children to these checks, as they perceive that their children are not receiving any significant addition to their healthcare for this inconvenience.

There are also children born in university and private hospitals. In university hospitals, postnatal checks are carried out, with the addition of otoacoustic tests in a select 3-4 of the university hospitals. Developmental assessments depend on the interest of the attending physician or availability of trained specialists in a particular field. In private hospitals, postnatal checks, and immunization visits are also done, with frequent and detailed developmental checks available in certain private clinics.

The system currently identifies children with developmental problems, mainly during the toddler and preschool periods, and during contact with health professionals for other unrelated problems. Occupational, physical, and speech therapists who are either hospital or community based provide therapy and rehabilitation in cases if a problem is identified.

Possible improvements that could be made to the system could be retraining for healthcare professionals, having simpler assessment and referral systems, and empowering parents to be more alert about developmental problems. Concerning curriculum and training, more intensive courses and workshops could be provided;

compulsory posts could be instigated in child development during residency, and recruitment of more human resources in child development could be done. Perhaps a more socially appropriate Denver scoring system to ASEAN countries could be developed, as has been developed and currently in use in the Middle East.

In 2012, a COMEL Carnival was held in an effort to encourage parents to bring their children for developmental assessment during the gap in assessments between ages 18 months and 5 years. *comel* means 'beautiful' in Malay, and in this project is the

abbreviation for C=cognitive (assessment of quality of play and scholastic abilities), O=Optic (squints, color vision), M=Motor, E=emotional/psychosocial, L=Language and Hearing. During this carnival, a concerted effort was made for parents to be vigilant of abnormal developmental signs in their children. From this project, it is hoped that parental awareness of child developmental issues is increased, more data is accumulated on parental empowerment, and that there is an increase in the sensitivity of pediatricians and students on the area of child development.