

Parenting in practice

Sarah Metcalfe

I've recently made a foray into the world of medics on social media. Generally being one to keep personal life and work separate, this is something of a departure. The reason for this venture is a relatively momentous one as life events go – I am now qualified to be a member of the 'Medical Mums and Mums to be' online group due to an impending arrival.

Professionally, this puts me at a crossroads as well. Soon, I will be able to answer in the affirmative the oft-posed question from a frazzled parent 'Do you have children?' I had always imagined that this would lend a certain weight to my opinions and assessments of paediatric presentations, which has, up to now, been lacking. As with many other clinical areas, I felt this lack most keenly in the early part of my general practice training. Paediatrics experience consisted of some regular babysitting as a teenager, followed by a total of a few months in paediatric departments of tertiary hospitals during medical training, where I came into contact with, often, very unwell children. What I learnt was how to tell a very unwell child from a not so unwell child – undoubtedly an essential skill. And that paediatrics was not for me, because although I very much enjoy interacting with children, I do not have the mettle for managing the very ill.

My experiences, however, did not really help me in general practice when confronted with the less acute problems and the 'Is this normal?' questions. It is these consultations for which I imagined, from my position of blissful ignorance, that having some firsthand parenting experience would be invaluable. In the early days, I fell back on common sense

and the advice of senior colleagues. More recently, I hope I have seen enough to have developed some sort of second-hand barometer, and an ability to judge what requires investigation and follow-up and what does not. I now wonder whether my experience as a general practitioner (GP) may in fact inform my new experience of parenting, rather than necessarily the other way around (although this idea may yet prove fanciful).

The concept of the 'is this normal?' consultation is what I wanted to capture for this month's issue of *Australian Family Physician*. The title proved problematic, as I struggled to articulate what I meant by this theme – essentially, things that parents are concerned about but doctors generally are not. That is, variations of the normal or minor issues that do not usually require treatment. 'Problems that worry parents' was the end result.

Interestingly, membership of my social media group has revealed that these 'problems' worry all parents, doctors included. Many of the posts ask, 'Is this normal?' 'Should I be worried about this?' or 'Does anyone have any tips for dealing with this?' I suspect those group members with extensive paediatric experience do the heavy lifting when it comes to responding with advice, although the collective parenting wisdom frequently comes to the fore as well. Nothing seems quite so bad when several peers (and their offspring) have survived similar experiences.

Our authors this month have taken on the challenge of helping GPs provide advice on the basis of evidence, or at least experience in our professional roles, for these less acute childhood problems.

Every GP will have encountered endless queries regarding feeding (breast and

otherwise), particularly for infants and young children. Katie Marks distils for us her extensive experience in paediatric dietetics to help navigate this anxiety-provoking area.¹ Child behaviour is another one with a broad range of normal, and plenty of scope for provoking parental worry. Rick Jarman provides some of the facts around what is considered normal variation and some practical techniques we can teach parents for modifying behaviours that are causing difficulties for the child and/or family.² Sleep difficulties will undoubtedly come under the most managed problems for any GP who is seeing a good proportion of paediatric patients. Katrina Hannan and Harriet Hiscock provide reliable information on the variations of normal, and guidance on how to assist parents in implementing strategies to improve sleep patterns.³ Finally, Warwick Teague and Sebastian King deal with some of the common physical variations that children present with, and help us tease out what and, importantly, when these may require investigation and/or surgical correction.⁴

I hope this edition will fill a few gaps or even support what has been longstanding practice for some. See you on the other side.

Author

Sarah Metcalfe MBBS, DRANZCOG, FRACGP is a medical editor on *Australian Family Physician* and a general practitioner in Brunswick, VIC

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