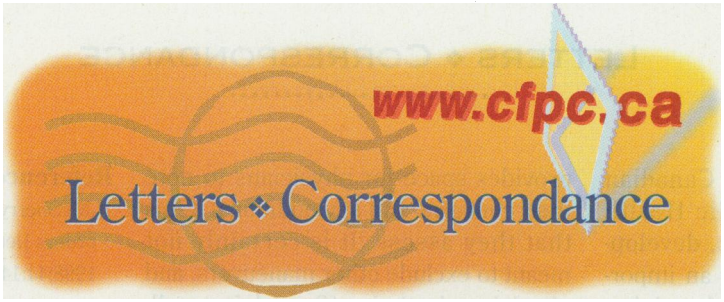

Developmental screening using The Rourke Baby Record

Use of The Rourke Baby Record[1] is widespread among family physicians in Canada and serves as a useful reminder of key components of well-baby visits. The authors are careful in their revised checklist to indicate the evidence for the various procedures included. Nevertheless, we have several concerns about its developmental checklist.

First, there are no published reports validating the Rourke developmental checklist. Such a validity check is desirable before widespread use of a clinical measure is implemented. Second, the Rourke checklist runs the risk of having even lower sensitivity and specificity than existing developmental screening measures. The Canadian Task Force on the Periodic Health Examination recommends excluding the Denver Developmental Screening Test (DDST) from well-baby visits, citing overly high rates of referral and increased parental anxiety.[2] As the DDST usually allows children to reach the 90th percentile before indicating a significant delay in development, physicians' reliance on the Rourke developmental checklist could even further increase referral rates, the very problem that led the Canadian Task Force to assign a "D" rating to the DDST. Authors of the Rourke developmental checklist state that their developmental screen is based on the 75th percentile cutoff of the DDST with some modifications using another checklist, which to our knowledge is not standardized.

Third, the Rourke developmental checklist intermittently leaves out several domains of development, particularly fine motor and social skills. Aside from the fact that abbreviating the measure results in lower reliability, the assumption that adequate function in one domain indicates good functioning in other domains is a common pitfall made in developmental screening.[3,4]

Developmental delay affects 10% to 20% of the population and results in significant morbidity.[4] Given the evidence for excluding the DDST from the periodic health examination, use of a few selected items at an arbitrarily low cutoff, as done in the Rourke developmental checklist, raises concerns that this measure could result in more harm than good. The screen might, at worst, give physicians false reassurance that they have done an adequate developmental assessment and, at best, lead to high referral rates and parental anxiety. This is particularly worrisome given the widespread use of the Rourke checklist and the fact that this checklist might be the only measure of child development many family physicians use.

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Response

There are no validated developmental checklists in widespread use by primary care physicians. We agree that routine use of the Denver Developmental Screening Test or other comprehensive developmental screening tests during routine well-baby visits is unwieldy, impractical,

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