

A trial of parent held child health records in the armed forces

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The strategy of issuing parents with the main record of their children's development was considered likely to benefit families in the armed forces because it would provide those who have to move home regularly with an up to date record of immunisation procedures and developmental checks. The scheme was therefore introduced in the British army and Royal Air Force garrisons in West Germany for a trial period. From October 1987 health visitors issued child health records to the parents of newborn babies, and the reliability of parents as custodians of these documents was tested by conducting a follow up study.

Subjects, methods, and results

A cohort of infants born in British service hospitals in West Germany during one calendar month was followed up for a year. The parents were issued with child health records published by Castlemead and designed to be held by parents and were interviewed six months later by their health visitor to ascertain whether they liked the scheme and had managed to keep the record safely. The proportion of first developmental examinations and immunisation prescriptions which had been completed on the document by the general practitioner was also determined. After 12 months health visitors once again checked the availability of the records, and parents were sent a questionnaire so that they could express their opinions about the scheme.

One hundred and thirty seven families were issued with child health records in November 1987. Six months later 105 families were still based in West Germany, 31 had moved back to the United Kingdom, and in one a cot death had occurred. None of the families still based in West Germany had lost the record, and 95 reported that they liked the scheme. The first developmental examination had been recorded in 99 cases and the immunisation prescription signed by the general practitioner in 102. Only 17 of the 31 families no longer based in West Germany could be contacted, and 15 of these claimed that they still had the record. In the other two cases the record had been "confiscated" by civilian medical practitioners. The whereabouts of the record was therefore established in 123 (90%) of the cohort and in none of these cases had the record been lost.

After 12 months only 88 families still remained in

West Germany. Health visitors were able to confirm that 85 of these still held the record. Three families could not be contacted. Sixty six (75%) families still based in West Germany replied to a postal questionnaire and 63 said they approved of the scheme. The scheme was criticised by eight families. In most cases this was because medical professionals seemed to show a lack of interest in the records. Eleven families said they would have preferred a smaller record than the A4 size Castlemead version which was issued.

Comment

Parental reliability and willingness to participate are obviously key factors in the outcome of any scheme that depends on parents holding their children's health records. One recent study suggested that when child health booklets are issued to parents as an additional health record about 10% are lost within 12 months.¹ More encouraging results were found in a south London study, however,² and when 500 parents in Abingdon were entrusted with the only complete record of their child's development none were lost.³ Giving parents genuine responsibility for their children's health surveillance appears to be an important factor in the successful implementation of the scheme, and this was borne out by the reliability of parents in this study. Other factors that have been shown to be important include how well parents are instructed,⁴ how well organised and motivated the health visitors are,³ and how well the scheme is publicised among health professionals beforehand.¹ All these factors were taken into account when the scheme was tried in the military community.

It is now planned to issue parent held child health records for all babies born to families in the armed forces based in West Germany. The outcome of trials in Oxfordshire and the wider use of the scheme in the United Kingdom are eagerly awaited. The acceptance and general use of this system would undoubtedly help families in the armed forces, who are often without any form of medical documentation after moves to and from overseas postings. Many civilian families must move around almost as much and would also benefit from this aspect of the scheme.

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Foot ulcers in previously undiagnosed diabetes mellitus

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Overall, 15% of diabetics develop foot ulcers,¹ and the proportion increases with age. Much emphasis has been placed on preventing foot ulcers in those at risk, but such ulcers may be the presenting manifestation of diabetes. As foot ulcers are usually the result of neuropathy or vasculopathy, or both, patients with

them may be expected to have other diabetic complications at the time of diagnosis. We determined the clinical characteristics of and the prevalence of complications in patients who presented with a foot lesion and were subsequently found to have diabetes.

Patients, methods, and results

From one physician's list we identified 39 patients with newly diagnosed diabetes who had had foot ulcers at the time of diagnosis, and we reviewed their case notes. We compared their clinical characteristics at the time of diagnosis with those of controls selected from the same list, who were matched for sex, age at the time of diagnosis (to within two years), and race (all were

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