



Separation anxiety in preschool children at school entry: A narrative review of manifestations, influencing factors and support strategies

Vũ Thanh Hòa

Faculty of Pedagogy, Ha Long University, Quang Ninh, Vietnam

DOI: <https://doi.org/10.66856/ijmrd.2026.13.4.13406>

Abstract

Separation anxiety is a common reaction when preschool children start school, but in some children it persists and hinders adjustment. This narrative review synthesizes research on the manifestations of, factors associated with, and support strategies for separation anxiety in preschool children at school entry. The literature was searched in Scopus (06 October 2026) and supplemented with PubMed and the reference lists of key articles. Separation anxiety declines over time in most children, but a small group shows persistently high anxiety that warrants early identification. Associated factors include child temperament, family context, mother–child attachment, and parental anxiety. The strongest evidence concerns interventions involving parents, whereas evidence for universal school-based strategies remains limited. Implications for practice and directions for future research in Vietnam are discussed.

Keywords: Separation anxiety, preschool children, school entry, adjustment, narrative review

Introduction

Separation anxiety refers to excessive fear or distress when a child must be apart from a primary attachment figure. In attachment theory, Bowlby (1973)^[5] regarded it as a normal adaptive response to the threatened loss of the attachment figure, one that typically emerges clearly in the early years of life. Distinguishing developmentally normal expressions from pathological levels is therefore a central concern in this field. According to the DSM-5, separation anxiety disorder is characterized by developmentally inappropriate and excessive fear or anxiety concerning separation, lasting at least four weeks in children and causing clinically significant impairment (American Psychiatric Association [APA], 2013)^[2].

Epidemiological studies indicate that the problem is not rare. In the United States, the lifetime prevalence of childhood separation anxiety disorder has been estimated at 4.1% (Shear *et al.*, 2006)^[13]. A survey of 38,993 adults in 18 countries reported an average lifetime prevalence of 4.8% and found that the disorder frequently co-occurs with other internalizing and externalizing disorders (Silove *et al.*, 2015)^[15]. Both studies rely on retrospective reports from adults, so their figures reflect the general epidemiological picture rather than the situation in preschool-aged children.

Data specific to the preschool years are more limited but also point to a notable problem. A meta-analysis of community studies of children aged 1–7 years reported a pooled prevalence of any mental disorder of 20.1%, with anxiety disorders the most common group at 8.5% (Vasileva *et al.*, 2021)^[17]. Earlier, Polanczyk *et al.* (2015)^[11] estimated the worldwide pooled prevalence of mental disorders among children and adolescents at 13.4%. The Duke Preschool Anxiety Study showed that generalized anxiety disorder, separation anxiety disorder, and social phobia were all fairly common among children aged 2–5 years attending pediatric primary care (Franz *et al.*, 2013)^[7]. School entry is a particularly salient context for separation anxiety. For many children, it is the first time they are apart from their parents for an extended period, in a new environment with unfamiliar adults and peers. Research

following young children's transition into out-of-home care has linked this process to negative emotion and increased cortisol, an indicator of the stress response, with the quality of the mother–child attachment emerging as an associated factor (Ahnert *et al.*, 2004)^[1]. This finding suggests that the transition into school may be a sensitive period requiring deliberate support. However, that study involved very young children entering infant–toddler care, so generalization to the whole preschool age range should be made with caution. With regard to intervention, the existing evidence comes mainly from cognitive behavioral therapy involving parents. A randomized controlled trial of children aged 4–7 years with anxiety disorders showed that this intervention significantly reduced anxiety disorders, with clear improvement in separation anxiety disorder, and that gains were maintained at one-year follow-up (Hirshfeld-Becker *et al.*, 2010)^[8]. However, these interventions were designed mainly for children who had already reached diagnostic thresholds in clinical settings, whereas supports for adjustment within the preschool setting itself, where teachers and parents can proactively help children from the first days, have not yet been systematically synthesized.

Existing studies are thus scattered across epidemiology, attachment, stress physiology, and clinical intervention, with few attempts to integrate them around separation anxiety in preschool children at school entry. This article therefore undertakes a narrative review to (1) describe the manifestations of separation anxiety in preschool children at school entry, (2) synthesize the factors associated with it, and (3) analyze support strategies in the family and preschool contexts. The article is organized as follows: Section 2 describes the methods of literature search and selection; Section 3 presents the synthesis; Section 4 discusses the findings; Section 5 presents the conclusions; and Section 6 outlines directions for future research.

Methods

This study was conducted as a narrative review to synthesize and analyze the literature on separation anxiety in preschool children at school entry. To ensure

transparency, the search and the presentation of evidence were guided by the criteria of the Scale for the Assessment of Narrative Review Articles (SANRA; Baethge *et al.*, 2019)^[3]. The literature was searched in the Scopus database on 10 October 2026, without restriction on publication year, using keywords from three conceptual groups: separation anxiety (separation anxiety), preschool children (preschool, kindergarten, early childhood), and the school-entry context (school entry, school transition, school adjustment). The results were supplemented by searches in PubMed and on publishers' websites, and by backward searching of the reference lists of key articles, to identify additional epidemiological, attachment-related, and intervention studies. Sources were selected if they addressed children of preschool age, dealt with separation anxiety or adjustment at school entry, and were published, peer-reviewed works (or scholarly monographs). Information on participants, design, and main findings was extracted and synthesized thematically, corresponding to three content areas: manifestations, associated factors, and support strategies. As this is a narrative review, no formal risk-of-bias assessment was applied; instead, the design of each study is stated so that readers can judge the strength of the evidence.

Results

1. Manifestations, developmental trajectories and clinical severity of separation anxiety in preschool children

Separation anxiety arises within the specific developmental context of the preschool years. Dworkin (1988)^[6] described the prominent themes of affective development at this age as the achievement of autonomy and independence from the family, a lessening of attachment dependence on parents, and the alleviation of separation anxiety. This is consistent with the view of separation anxiety as an adaptive response in attachment theory (Bowlby, 1973)^[5].

Longitudinal evidence shows that the course of separation anxiety in young children is not uniform. Battaglia *et al.* (2016)^[4] followed 1,933 families from the time children were 1.5 years old until they were 6 and identified four trajectories: a low-persistent group (60.2%), a high-increasing group (6.9%), a high-decreasing group (10.8%), and a low-increasing group (22.1%). With the exception of the high-increasing group, all groups showed a substantial reduction in symptoms by age 6. Only the high-increasing group predicted teacher-rated separation anxiety in kindergarten. The authors concluded that most children with high separation anxiety at 1.5 years are expected to recover progressively by age 4–5, whereas anxiety that persists and increases deserves special attention.

At the clinical level, separation anxiety disorder is among the anxiety disorders commonly found in children aged 2–5 years attending pediatric primary care (Franz *et al.*, 2013)^[7]; however, that sample oversampled children at risk for anxiety, so prevalence in the general population cannot be inferred. Anxiety in children before entry to first grade also frequently co-occurs with other problems: in a community study of 1,206 children (mean age 5.7 years), 34.6% of children with incontinence met DSM-5 criteria for an anxiety disorder and 13.3% had clinically relevant depressive symptoms, with social phobia and specific phobia being the most specific disorders (Hussong *et al.*, 2022)^[9].

2. Factors associated with separation anxiety in preschool children

Studies show that separation anxiety is associated with several groups of factors. On the child's side, behavioral inhibition (a tendency toward withdrawal and wariness) is regarded as one of the well-identified risk factors for later anxiety disorders (Rapee *et al.*, 2005)^[12]. On the family's side, Battaglia *et al.* (2016)^[4] documented a range of perinatal, parental, and family-contextual factors related to the onset and course of separation anxiety. The high-increasing group was uniquely associated with maternal depression, maternal smoking during pregnancy, and parental unemployment. These are associations rather than causal relationships. Epidemiological studies in adults likewise identify childhood adversity and trauma as predictors of separation anxiety disorder (Silove *et al.*, 2015)^[15]. However, these data rely on retrospective reports from adults, so caution is needed when applying them to preschool children.

With regard to attachment and the stress response, Ahnert *et al.* (2004)^[1] studied the period when young children move into out-of-home care and found associations among the quality of the mother–child attachment, the child's negative emotion, and cortisol elevations. It should be noted that the participants in that study were very young children newly entering infant–toddler care. In the Vietnamese context, a survey of 72 preschool teachers in two schools in Hanoi showed that teachers regarded the child's own characteristics (about half of the teachers) and family cooperation (27.8%) as the greatest difficulties in helping children aged 24–36 months adjust to school; the authors also noted that not only children but also parents feel anxious and uncertain when their child starts school for the first time (Trần Phương Thảo *et al.*, 2024)^[16].

3. Support strategies for preschool children with separation anxiety at school entry

The strategies described in the literature fall into two directions. The first is universal preparation and support around the time of school entry. Signell (1972)^[14] described a model of small-group discussions with parents at kindergarten entry, focusing on anticipatory guidance and the resolution of separation reactions; however, this is a program description and the abstract reports no effectiveness data. Kotaman *et al.* (2026)^[10] evaluated a short (6–10 minute) interactive 360° virtual school tour delivered before school entry, involving 359 children (176 in the intervention group and 183 in the control group) and 18 teachers. After three weeks, the intervention group showed lower school avoidance, greater school liking, and more cooperative participation, with no difference in self-directiveness; qualitative data indicated that children became more familiar with the school, separation anxiety decreased, and communication between parents and teachers became smoother. A positive-parenting intervention based on shared reading and play (the Video Interaction Project), tested in a randomized controlled trial of young children from low-income, primarily immigrant families, found that children in the intervention group showed lower separation distress than controls (Weisleder *et al.*, 2016)^[18].

The second direction is targeted intervention for children at risk of, or already with, anxiety disorders, involving parents. A six-session parent education program for inhibited preschool children significantly reduced anxiety diagnoses

at 12 months relative to no intervention, but did not change measures of inhibition or withdrawal (Rapee *et al.*, 2005). A trial of parent-child cognitive behavioral therapy among 64 children aged 4–7 years with anxiety disorders found a reduction in anxiety disorders and greater improvement in separation anxiety than in the waitlist group, with gains maintained at one year; treatment response was negatively predicted by behavioral inhibition (Hirshfeld-Becker *et al.*, 2010)^[8].

In the Vietnamese context, the survey by Trần Phương Thảo *et al.* (2024)^[16] found that teachers most frequently organized activities for family-school coordination, whereas school and classroom visits before enrollment were the least used activity (mean score 2.72), because some teachers could not ensure sufficient time. The authors proposed collective activities and a set of guidebooks for parents to organize school-familiarization activities at home, but their effectiveness has not been tested.

Discussion

1. Separation anxiety in preschool children: Between a normal adaptive response and a sign requiring intervention

The synthesis shows that separation anxiety in preschool children has two coexisting natures. On the one hand, it is a developmental response explained by attachment theory, arising when children face the threat of separation from an attachment figure (Bowlby, 1973)^[5] and diminishing as children gain autonomy during the preschool years (Dworkin, 1988)^[6]. On the other hand, in a small group of children this anxiety persists or increases. The longitudinal study by Battaglia *et al.* (2016)^[4] provides the clearest evidence on this point: only about 6.9% of children fell in the high-increasing group, yet this was the only group that predicted teacher-rated separation anxiety at age 6, while the other groups showed substantial symptom reduction over time.

This finding has two implications. First, not every instance of crying or clinging to parents during the first weeks of school should be regarded as pathological, since such an approach risks over-labeling and unnecessary intervention. Second, conversely, it should not be assumed that children with persistently high anxiety will simply "get used to it." The DSM-5 criteria, under which separation anxiety disorder requires developmentally inappropriate and excessive fear or anxiety lasting at least four weeks in children and causing impairment (APA, 2013), provide a reference point. In the preschool setting, however, this benchmark should serve only to prompt teachers to monitor the child and to talk with parents; diagnosis remains the responsibility of qualified professionals.

The epidemiological context also shows that the problem should not be underestimated. In the meta-analysis by Vasileva *et al.* (2021)^[17], anxiety disorders were the most common group of mental disorders among children under 7 years, with a pooled prevalence of 8.5%, and anxiety disorders often co-occur with other problems such as depression or elimination disorders (Hussong *et al.*, 2022)^[9]. This suggests that when a child shows persistent separation anxiety, the assessment should consider co-occurring problems rather than focus only on clinging behavior.

2. A multilevel approach to associated factors

The documented factors span several levels: child characteristics (behavioral inhibition; Rapee *et al.*, 2005)^[12], family context (maternal depression, parental employment circumstances, and perinatal factors; Battaglia *et al.*, 2016)^[4], attachment quality and the stress response when children move into out-of-home care (Ahnert *et al.*, 2004)^[1], and parents' own anxiety when their child first goes to school (Trần Phương Thảo *et al.*, 2024)^[16]. It should be emphasized that most of these associations are correlational and insufficient for causal conclusions, and each factor may interact with the others.

From the perspective of educational psychology, this multilevel structure means that a measure acting only on the child is unlikely to resolve the problem fully. One example is the finding from Hanoi preschool teachers that the child's own characteristics and family cooperation are the two greatest difficulties in supporting children's adjustment (Trần Phương Thảo *et al.*, 2024)^[16]. Because parents' anxiety and children's anxiety may reinforce each other, supporting parents becomes part of supporting the child. It should also be noted that some foundational evidence, such as the cortisol study by Ahnert *et al.* (2004)^[1], was conducted with very young children newly entering infant-toddler care, and epidemiological data on risk factors for separation anxiety disorder (Silove *et al.*, 2015)^[15] come from retrospective reports by adults, so they cannot be applied directly to the whole preschool age range.

3. Evidence on support strategies and their applicability in the vietnamese context

The evidence on interventions is uneven. Programs involving parents for children at risk of, or with, anxiety disorders have stronger designs, including randomized controlled trials and post-intervention follow-up (Rapee *et al.*, 2005; Hirshfeld-Becker *et al.*, 2010)^[8, 12]. These two studies also reveal noteworthy nuances: the parent education program reduced anxiety diagnoses but did not change measures of behavioral inhibition (Rapee *et al.*, 2005)^[12], and in the cognitive behavioral therapy trial, treatment response was negatively predicted by behavioral inhibition (Hirshfeld-Becker *et al.*, 2010)^[8]. Interpreted cautiously, children with an inhibited temperament may need longer support or a combination of strategies. Neither study focused solely on separation anxiety; both covered anxiety disorders in general, so generalizability to separation anxiety specifically in children starting school requires further testing.

By contrast, universal strategies delivered in the preschool itself around school entry are closer to educational practice, but the evidence remains thin. The parent group discussion model (Signell, 1972)^[14] is at the level of a program description, while the virtual school tour (Kotaman *et al.*, 2026)^[10] yielded positive results on school avoidance, school liking, and cooperative participation in the first three weeks, together with qualitative data on reduced separation anxiety. However, it is a single study, conducted in a specific cultural and educational context, and it measured school adjustment rather than separation anxiety symptoms with a dedicated instrument. Similarly, a positive-parenting intervention based on shared reading and play that reduced separation distress in young children (Weisleder *et al.*, 2016)^[18] suggests that supporting the parent-child relationship may be beneficial even when anxiety is not the primary target.

In the Vietnamese context, a survey in two preschools in Hanoi revealed a notable gap: teachers considered helping children adjust to be very important (88.9% rated it "very important") and frequently coordinated with families, yet visits to the school and classroom before enrollment were the least used activity, mainly because of difficulty finding the time (Trần Phương Thảo *et al.*, 2024)^[16]. This suggests that familiarization formats that demand little teacher time, such as virtual tours or classroom introduction videos, may be worth piloting. Nevertheless, this is an inference drawn from two separate sources rather than a conclusion from direct research in Vietnam, and it needs to be tested.

4. Practical implications for teachers, schools, parents and psychology professionals

On the basis of the above synthesis, the authors propose several implications that are tentative and need to be tested in practice. For preschool teachers, anxiety should be observed over time rather than only in the first days, attention should be paid to children whose anxiety persists or increases, and parents should be consulted early. For schools, a pre-enrollment preparation procedure should be developed, including an introduction to the school and classroom, discussions with parents about common separation reactions and how to respond, and a referral mechanism to psychology professionals for cases of persistent anxiety. For parents, support is needed to help them understand that separation anxiety is a common response and to recognize that their own calmness and consistency influence the child; brief parent education programs are a direction worth attention (Rapee *et al.*, 2005)^[12]. For psychology professionals, assessment should consider co-occurring problems and use age-appropriate instruments, and their applicability to Vietnamese children requires further study.

Limitations of the review

This review has several limitations that should be acknowledged. First, as a narrative review, the selection of literature did not follow a systematic procedure and may be subject to selection bias, and the risk of bias was not formally assessed. Second, the studies differ in age range, design, and measurement, covering children from 1.5 to 7 years, and many were conducted in high-income countries. Third, part of the epidemiological data on separation anxiety disorder come from retrospective surveys of adults. Fourth, some sources are dated (Signell, 1972; Dworkin, 1988)^[6, 14] and were used mainly for conceptual orientation and to describe approaches. Fifth, literature directly addressing separation anxiety in preschool children at school entry in Vietnam is very scarce, and the only domestic study used concerns the general adjustment of children aged 24–36 months rather than separation anxiety specifically.

Conclusion

This narrative review has synthesized evidence on separation anxiety in preschool children at school entry across three areas: manifestations, associated factors, and support strategies. The main conclusions are as follows.

First, with regard to manifestations, separation anxiety in preschool children is a common developmental response and declines over time in most children. However, a small group of children show persistently high or increasing anxiety, and this group is at risk of continuing to show

separation anxiety in kindergarten (Battaglia *et al.*, 2016)^[4]. Distinguishing a normal adaptive response from a level requiring intervention is the central issue.

Second, with regard to associated factors, separation anxiety is influenced by multiple levels of factors, including the child's temperament, family context, the quality of the mother–child attachment, and parents' anxiety. Because these associations are largely correlational, support needs to address both children and parents.

Third, with regard to support strategies, the strongest evidence at present belongs to parent-involved programs for children at risk of, or with, anxiety disorders (Rapee *et al.*, 2005; Hirshfeld-Becker *et al.*, 2010)^[12, 8]. Evidence for universal strategies delivered in preschools around school entry, such as parent group discussions and school tours, remains limited but promising (Signell, 1972; Kotaman *et al.*, 2026)^[10, 14].

Fourth, with regard to the Vietnamese context, preschool teachers place high value on supporting children's adjustment and frequently coordinate with families, but pre-enrollment familiarization activities have not been fully implemented (Trần Phương Thảo *et al.*, 2024)^[16]. This is a gap that can be addressed with measures suited to the practical conditions of schools.

This review contributes an integrated picture of research directions that have so far been scattered, and it identifies evidence gaps, particularly in the Vietnamese context, as a basis for subsequent empirical studies.

Directions for future research

Building on the gaps identified above, the authors propose several directions for future research.

Separation anxiety in Vietnamese preschool children should be examined at multiple time points: before enrollment, during the first weeks, and after several months of schooling, in order to identify developmental trajectories similar to those found by Battaglia *et al.* (2016)^[4] and to identify the group of children with persistent anxiety.

Research is needed on the translation, adaptation, and validation of instruments measuring separation anxiety in preschool children, including teacher- and parent-report versions, together with appropriate thresholds for identification.

Factors such as parental anxiety, parenting style, the role of grandparents in childcare, parents working away from home, and the particular circumstances of children in mountainous or ethnic minority areas should be examined, rather than relying solely on data from Western countries.

Controlled trials (including cluster-randomized trials at the classroom level) are needed to compare formats such as in-person and online school visits, parent group discussions, and brief parent education programs, with outcomes measuring both adjustment and separation anxiety symptoms. Because many children improve on their own over time, control groups and sufficiently long follow-up are essential.

Research should examine how teachers recognize and respond to children's separation anxiety and what training they need, including the development and testing of coordination procedures among teachers, parents, and psychology professionals.

It should be clarified who benefits most from which strategy, particularly for children with an inhibited temperament, who responded less well in some trials (Hirshfeld-Becker *et al.*, 2010)^[8].

As the number of studies grows, a systematic review or scoping review following standard procedures (such as PRISMA) should be conducted to estimate the magnitude of the effects of support strategies quantitatively.

References

1. Ahnert L, Gunnar MR, Lamb ME, Barthel M. Transition to child care: Associations with infant-mother attachment, infant negative emotion, and cortisol elevations. *Child Development*,2004;75(3):639–650. <https://doi.org/10.1111/j.1467-8624.2004.00698.x>
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Publishing, 2013.
3. Baethge C, Goldbeck-Wood S, Mertens S. SANRA—a scale for the quality assessment of narrative review articles. *Research Integrity and Peer Review*,2019;4:5. <https://doi.org/10.1186/s41073-019-0064-8>
4. Battaglia M, Touchette É, Garon-Carrier G, Dionne G, Côté SM, Vitaro F, *et al.* Distinct trajectories of separation anxiety in the preschool years: Persistence at school entry and early-life associated factors. *Journal of Child Psychology and Psychiatry*,2016;57(1):39–46. <https://doi.org/10.1111/jcpp.12424>
5. Bowlby J. *Attachment and Loss: Vol. 2. Separation: Anxiety and Anger*. Basic Books, 1973.
6. Dworkin PH. The preschool child: Developmental themes and clinical issues. *Current Problems in Pediatrics*,1988;18(2):79–134. [https://doi.org/10.1016/0045-9380\(88\)90023-0](https://doi.org/10.1016/0045-9380(88)90023-0)
7. Franz L, Angold A, Copeland W, Costello EJ, Towse-Goodman N, Egger H. Preschool anxiety disorders in pediatric primary care: Prevalence and comorbidity. *Journal of the American Academy of Child & Adolescent Psychiatry*,2013;52(12):1294–1303.
8. Hirshfeld-Becker DR, Masek B, Henin A, Blakely LR, Pollock-Wurman RA, McQuade J, *et al.* Cognitive behavioral therapy for 4- to 7-year-old children with anxiety disorders: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*,2010;78(4):498–510. <https://doi.org/10.1037/a0019055>
9. Hussong J, Greiner M, Schiedermaier U, Mattheus H, von Gontard A. Anxiety disorders, depression and incontinence in preschool children: A population-based study. *Neurourology and Urodynamics*,2022;41(8):1800–1808. <https://doi.org/10.1002/nau.25025>
10. Kotaman H, Balci A, Kilic ZNA, Tutkun C. The effect of virtual school tour on preschool children's school adjustment. *Education and Information Technologies*,2026;31(3):823–846. <https://doi.org/10.1007/s10639-025-13846-5>
11. Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA. Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*,2015;56(3):345–365. <https://doi.org/10.1111/jcpp.12381>
12. Rapee RM, Kennedy S, Ingram M, Edwards S, Sweeney L. Prevention and early intervention of anxiety disorders in inhibited preschool children. *Journal of Consulting and Clinical Psychology*,2005;73(3):488–497. <https://doi.org/10.1037/0022-006X.73.3.488>
13. Shear K, Jin R, Ruscio AM, Walters EE, Kessler RC. Prevalence and correlates of estimated DSM-IV child and adult separation anxiety disorder in the National Comorbidity Survey Replication. *American Journal of Psychiatry*,2006;163(6):1074–1083. <https://doi.org/10.1176/ajp.2006.163.6.1074>
14. Signell KA. Kindergarten entry: A preventive approach to community mental health. *Community Mental Health Journal*,1972;8(1):60–70. <https://doi.org/10.1007/BF01464083>
15. Silove D, Alonso J, Bromet E, Gruber M, Sampson N, Scott K, *et al.* Pediatric-onset and adult-onset separation anxiety disorder across countries in the World Mental Health Survey. *American Journal of Psychiatry*,2015;172(7):647–656. <https://doi.org/10.1176/appi.ajp.2015.14091185>
16. Trần Phương Thảo, Đinh Lan Anh, Đặng Út Phượng. Một số biện pháp giúp trẻ 24–36 tháng tuổi thích ứng với trường mầm non. *Tạp chí Thiết bị Giáo dục*, 2024, 2(321).
17. Vasileva M, Graf RK, Reinelt T, Petermann U, Petermann F. Research review: A meta-analysis of the international prevalence and comorbidity of mental disorders in children between 1 and 7 years. *Journal of Child Psychology and Psychiatry*,2021;62(4):372–381. <https://doi.org/10.1111/jcpp.13261>
18. Weisleder A, Cates CB, Dreyer BP, Johnson SB, Huberman HS, Seery AM, *et al.* Promotion of positive parenting and prevention of socioemotional disparities. *Pediatrics*, 2016, 137(2). <https://doi.org/10.1542/peds.2015-3239>