

Social Media: Anticipatory Guidance

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Practice Gaps

Clinicians should be aware of roles that social media play in child and adolescent health and development and be prepared to guide parents and patients toward best practices in social media use.

Objectives After completing this article, readers should be able to:

1. Recognize the major benefits and risks posed by social media throughout the course of child development.
2. Become comfortable addressing the roles that social media play in the most important aspects of child health and development, including psychosocial development, academic performance, healthy weight and sleep habits, and minimizing high-risk behaviors.

INTRODUCTION

Dr Victor Strasburger wrote in 2010: “The media are not the leading cause of any health problem in childhood or adolescence. However, they can make a substantial contribution to virtually every health concern that pediatricians and parents have about young people—aggression, sex, drugs, obesity, self-image and eating disorders, depression and suicide, even learning disorders and academic achievement.” (1) Since that time, the use of digital media has proliferated, along with our understanding of how such media affect child and adolescent health and development. To Dr Strasburger’s list we would now add risks including sleep deprivation, problematic Internet use, and Internet gaming disorder. At the same time, this assessment overlooks some of the potential benefits that social media have to contribute to children’s education, connectedness, and resilience.

Although many pediatricians feel comfortable using some social media platforms, fewer counsel parents and patients on social media use. The American Academy of Pediatrics updated its media use guidelines for children and adolescents in 2016, (2)(3) but only 20% of parents of children aged 0 to 8 years report any familiarity with those guidelines. (4) Most tweens (children ages 8–12 years) (84%) and teens (66%) report that their parents have talked to them about the content of their media use, but 30% of teens also say that their parents have little to no knowledge of what they post on social media. (5) As pediatricians become increasingly aware of social determinants of health, we must remember that media use is among the most powerful influences on child well-being.

AUTHOR DISCLOSURE Dr Hill has disclosed that he is a member of the speaker’s bureau for Chicco car seats, is a consultant for Gerber, is involved with social media efforts for the National Fisheries Institute and Evivo Probiotics, and serves on the scientific advisory board for Before Brands/SpoonfulOne. This commentary does not contain a discussion of an unapproved/investigative use of a commercial product/device.

DEFINING SOCIAL MEDIA

Merriam-Webster Dictionary defines social media as “forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos).” (6) In the past, social media were largely restricted to dedicated platforms such as Facebook and Instagram, but “social” is increasingly cropping up in unexpected places. Online games such as Minecraft and Fortnite allow for real-time communication and interaction among players. Gamers can also broadcast their play and interact with fans on sites such as Twitch.

YouTube serves up an endless stream of videos, but it also allows users to comment, post, and form groups around interests or content producers. Fitness trackers such as MapMyRun are an example of gamification; they allow users to share their results, compete with each other across time and space, and comment on each other’s performance. Even toys for small children such as Webkinz come with a social media component that is often more important than the physical object. In this fast-moving field, the only reliable constant is the guarantee that most of the previous examples will seem dated in a very short time.

SOCIAL MEDIA USE BY 0- TO 8-YEAR-OLDS

According to Common Sense Media’s latest survey in 2017, most children now access social media through mobile devices such as smartphones and tablets. (4) Ninety-eight percent of children ages 0 to 8 years now live in a home with some sort of mobile device, and 42% of these children own their own tablets. Children in this age group spend an average of 45 minutes a day on mobile devices, but social media account for less than half of that time, approximately 25 minutes a day. Young children have little interest in adult social media sites, preferring “social games” targeted at their demographic, such as Club Penguin, Animal Jam, and Minecraft.

Among the youngest children, ages 0 to 2 years, pediatricians might feel heartened that the average time spent on screens has dropped from 58 minutes a day to 42 minutes, with the caveat that this reduction is not statistically significant. Most children’s exposure to social media at this age comes via their parents’ involvement, through postings of photographs, videos, and blogs (“sharenting”). (7) Concerns about these postings center on the permanent “digital footprint” that they leave online, long before children can consent to any use of their personal information. In 1 study, 56% of parents were deemed to have posted “potentially embarrassing” information about their young children

online, information that may be accessible to children’s future peers, the public, and predators. (8)

As recently as 2017, only 20% of parents of children ages 0 to 8 years reported familiarity with the American Academy of Pediatrics screen use guidelines. (4) Familiarity with the guidelines increased with household income and white race, with a corresponding decrease in early childhood screen use.

SOCIAL MEDIA USE BY 8- TO 12-YEAR-OLDS

No observer will be surprised to learn that children’s media use takes a dramatic jump between ages 8 and 12 years, to an average of 6 hours a day. (5) This alarming figure, however, obscures the broad range of media habits that these children actually display. Because many children are using more than 1 platform or device at a time, it does not mean that they are sitting in front of screens for a solid 6 hours daily but that the aggregate of all digital media use adds up to that time over 24 hours. Six percent of these children use no electronic media, and, at the other end of the spectrum, 11% use for more than 8 hours daily. More than a quarter (28%) use for less than 2 hours daily.

Children spend little of this time on dedicated social media platforms; passive programming (“TV”) and video gaming dominate their screen time. Social media time grows, however, with 58% of youth using social media daily by age 13 years for an average of 2 hours a day. Girls are much more likely to spend time on social platforms than are boys, who still prefer gaming.

SOCIAL MEDIA USE BY TEENS

Smartphones have transformed the media landscape for teens, with 95% reporting access to a smartphone and 45% saying they are online “almost constantly.” (9) Social media platforms still attract more girls than boys, and boys still edge out girls in the world of gaming, but only by a slim margin (97% vs 83%). Preferred social media platforms vary by race, sex, and socioeconomic status. As of 2018, Facebook use was in decline among teens, with YouTube, Instagram, and Snapchat ascendant as the top 3 teen platforms.

Teens display varying and balanced views regarding the impact of social media on their well-being. Forty-five percent feel that social media have a neutral effect on well-being, 31% report a positive effect, and 24% think that the effect is mostly negative. Those who favor social media point to the platforms’ ability to connect them to friends and family, provide current news and information, and help them find others with similar interests. Detractors cite bullying and

gossip, unrealistic social comparisons, and distraction from real-life friendships as key drawbacks of social media use.

UTILITY OF ANTICIPATORY GUIDANCE

Evidence suggests that time spent exploring social media use during child and teen wellness visits has a measurable and positive effect on outcomes. (10) Overall, increased parental monitoring reduces children's and teens' risky health behaviors, and parents who talk to their kids about media use better understand what their children are watching and posting. (11)

Social media can be more difficult for parents to monitor than gaming and passive viewing: 84% of pre-teenagers (ages 8–12 years) said that their parents have talked with them about the content of media they use, but only 54% thought that their parents knew “a lot” about their social media use. (12) Parents give a similar consensus: 82% of parents reported “high awareness” of the content their child sees on television, 56% reported high awareness of online video content, and only 40% reported high awareness of social media exposures. (13)

POTENTIAL HARMS OF SOCIAL MEDIA FOR CHILDREN AGES 0 TO 5 YEARS

Infants, toddlers, and young children learn best from personal interactions with the adults closest to them. Counseling on social media in this age group, then, starts with parents' and caregivers' media use. Parents distracted by their own social media use tend to demonstrate fewer interactions with their children, both verbal and nonverbal. (14) They may display poor responsiveness to their children's needs, resulting in increased conflict as children act out in frustration. (15)

Although not specific to social media, other screen media contribute significantly to childhood obesity, starting at a young age. (16) These effects are mediated more by advertising of unhealthy foods and diminished satiety cues than by decreased total daily activity. (17) Although most research data on media use and obesity come from studies on television, the social games favored by younger children allow for copious advertising integrated into their content, promoting unhealthy nutrition, and building brand loyalty among the youngest consumers.

Burgeoning literature ties exposure to digital media/screens to sleep disruption even as pediatricians are becoming increasingly aware of the critical role that healthy sleep plays in children's physical, mental, and developmental health. Although many parents might see digital media

as a sleep aid, the presence of a screen in the bedroom leads to fewer minutes of sleep for children at all ages, including infants. (18) Stimulating media content can certainly lead to psychomotor excitement and sleep interruption, but the more pervasive mechanism of sleep disruption seems to be the effect of blue-enriched light on melatonin secretion from the pineal gland. (2) Even the most calming content, if viewed on electronic screens, can affect melatonin secretion and disrupt healthy sleep patterns.

Although social media have not been specifically implicated as negatively affecting young children's intellectual and social development, screen media as a whole have negatively affected child development, either actively or by displacing other activities that contribute more to mental and physical health. (2) Excessive television viewing in young children has been correlated with delays in cognition, language acquisition, and social-emotional development. The risks increase with earlier initiation of viewing, greater hours of total use, and less educational content. Face-to-face communication and real-world interactions are critical for optimal development. Co-viewing and higher educational content can mitigate some of the negative effects.

POTENTIAL BENEFITS OF SOCIAL MEDIA FOR CHILDREN AGES 0 TO 5 YEARS

Electronic media, including educational television programming and well-designed mobile applications, do contribute to learning in children ages 3 to 5 years, with some preliminary studies possibly extending this threshold down to 15 months of age. (2) The extent to which these data apply specifically to social media will depend on how well these platforms integrate features critical to learning, such as interactivity and scaffolding (the ability of a program to build on previously attained skills). Overall, there remains a large gap between the number of applications and programs that claim to support early childhood learning and those whose claims are backed by evidence.

ANTICIPATORY GUIDANCE FOR PARENTS OF CHILDREN AGES 0 TO 5 YEARS

What, then, can pediatricians suggest to parents of young children regarding the use of social media? Suggestions include the following:

- Avoid media use in children younger than 18 to 24 months except for video chatting alongside a parent or caregiver.
- For children 18 to 24 months and beyond, use the American Academy of Pediatrics Family Media Use

Plan to determine the optimal balance of healthy activities and use of digital media. Limit displacement of healthy activities by excessive digital media use.

- For children 18 to 24 months, choose high-quality programming, referring to resources such as Common Sense Media and Sesame Workshop for guidance. Co-view and co-participate.
- For children 2 to 5 years of age, limit screen time to 1 hour per day. Ensure adequate physical activity, sleep, face-to-face communication, conversations, device-free meals, etc. Choose evidence-based, high-quality programming. Co-view/engage. Avoid violent and fast-paced content. Turn off devices when not in use. Avoid using media as a calming tool—discuss alternatives during the visit. Monitor content, test apps out first. Establish media-free zones (1 hour before bedtime, meal times, and parent-child talk and play time). (2)
- At all ages parents should limit their own electronic media use in the presence of children to increase engagement and learning opportunities.

POTENTIAL HARMS OF SOCIAL MEDIA FOR OLDER CHILDREN AND ADOLESCENTS

The relationship between traditional media use and childhood and adult obesity is among the best-demonstrated harmful effects of excessive media use. (3) Bedroom television, unhealthy snacking behavior, and exposure to advertising all seem to play a role. Available studies, however, do not demonstrate a relationship between social media use and unhealthy weight. (19)

Sleep disruption remains a significant and well-demonstrated concern in this age group. (20) Factors exacerbating the effect include the presence of mobile devices in the bedroom and the use of social media specifically; the resulting poor sleep correlates with poorer school performance in affected children. (3)

Many psychologists diagnose and treat the closely related conditions of problematic Internet use and Internet gaming disorder. Although the World Health Organization recently proposed that Internet gaming disorder be included in the *International Classification of Diseases, 11th Revision*, the most recent edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* stops short of giving these conditions an official designation, suggesting instead that researchers further investigate the extent to which these conditions result directly from screen media use or are mere manifestations of underlying psychiatric disorders such as anxiety and depression. (21)

Both disorders present with similar symptoms: preoccupation with the activity, decreased interest in offline or “real-life” relationships, unsuccessful attempts to decrease use, and withdrawal symptoms on reducing use of electronic media. Estimates put the prevalence of both disorders in the ballpark of 8% for youth ages 8 to 18 years. (3) The Personal Internet Gaming Disorder Evaluation-9 is a specific tool for diagnosing gaming disorder. (22) Top instruments for screening for problematic Internet use include the Internet Addiction Test, the Young of the Internet Addiction Questionnaire, the Chen Internet Addiction Scale, and the Internet Addiction Scale. (23)

Psychologists also continue to debate the role that social media play in the development of anxiety and depression. Researchers have long demonstrated a strong correlation between excessive social media use and mood disorders, (24)(25) but whether the relationship is causal remains unclear. (26) The association may rest in part on how different people use social media. Those who follow friends seem less depressed than those who follow strangers, (27) and users who post actively seem happier than those who “lurk,” preferring to view others’ posts. (28)

Although multiple studies have demonstrated a possible relationship between digital media use and symptoms of attention-deficit/hyperactivity disorder, none has determined that media actually cause the condition. (29) Media multitasking, however, does negatively affect attention and focus. Half of all teens report that they “often” or “sometimes” watch TV (51%) or use social media (50%) while doing homework. More say they text (60%) and listen to music (76%). (5) Although most teens do not believe that these behaviors affect the quality of their work, extensive data suggest otherwise. (30)

Social media potentially expose children and adolescents to “cyberbullying.” Between 10% and 40% of children report an experience with cyberbullying. Compared with in-person bullying, however, it is much less clear online who is the bully and who is the victim, with the roles often alternating over the course of an exchange. (31) Other features that distinguish cyberbullying include that the perpetrator can be anonymous, the bullying can invade the home and other normally safe spaces, the bullying can occur at any time of day, and the bullying can spread rapidly to large numbers of witnesses. As with traditional bullying, cyberbullying may lead to long- and short-term negative social, academic, and health consequences for both parties.

Extensive data tie traditional media use to high-risk behaviors in teens. Increased exposure to such behaviors in television shows and movies puts teens at risk for tobacco use, alcohol abuse, drug abuse, and high-risk sexual practices. The literature supporting such a correlation to social media is

less robust, but adolescents who engage in these behaviors often reference them in their social media posts. Pediatricians treating eating disorders should also be aware of a whole genre of “pro-ana” sites offering “thinspiration” to sufferers who may be looking for more positive feedback for restrictive eating than they receive from friends and family members. (3)

“Sexting” refers to the electronic transmission of nude or seminude images as well as sexually explicit text messages. Between 10% and 12% of youth ages 10 to 19 years report sending or receiving a sext. Girls especially report feeling pressured into sending a sext. Sexting in and of itself may be seen as a normal part of how teens explore their sexuality, but it can also serve as a marker for higher-risk sexual behaviors. (32) Sexts do not always remain private; they can be shared widely and can be difficult or impossible to remove from the Internet. The greatest risk of sexting may involve the unforeseen legal consequences in states where sexting by minors is defined as a form of child pornography.

Social media may also facilitate online sexual solicitation of minors by strangers. The best estimate is that 9% of youth aged 10 to 17 years have been subject to online solicitation, and 4% of these children and teens report that the solicitor attempted to arrange a face-to-face encounter. In these cases most solicitors were honest about their identities and their intentions rather than posing as other people. (33)(34)

POTENTIAL BENEFITS OF SOCIAL MEDIA FOR OLDER CHILDREN AND ADOLESCENTS

Young people increasingly integrate social media into their daily lives as a venue through which they can accomplish the developmental tasks of adolescence: identity development, aspirational development, and peer engagement. Researchers have identified associations between teen social media use and increased self-esteem, increased social capital (resources accessed through one’s social relationships), safe identity exploration, development of social supports, and opportunities for self-disclosure. (35) Teens can test different identities and attitudes online and obtain instantaneous feedback from peers and strangers alike.

Social media also expose youth to new ideas and information and help raise awareness of current events and issues. Teens may turn to social media as a set of tools to enhance community participation and civic engagement or to collaborate on academic and community projects. Social media also provide a natural and convenient platform for maintaining and building relationships with friends and family members who may not be physically accessible. (3) Young people who feel marginalized often use social media

to connect with sympathetic networks and share their experiences to reduce feelings of isolation. (36)

Social media can provide uniquely flexible and accessible platforms for promoting healthy behaviors. Examples abound of support networks built around chronic conditions such as diabetes and asthma. (37) Young people often start online when seeking answers to their health-related questions. (38) Pediatricians eager to enhance wellness among their patients and their communities can leverage the power of social media to teach digital literacy and help promote reliable sources of health information.

ANTICIPATORY GUIDANCE FOR SCHOOL-AGE CHILDREN AND ADOLESCENTS (3)

Pediatricians can also do or advise the following during well-care encounters with school-age children, adolescents, and caregivers:

- Promote adherence to healthy sleep, exercise, academic, and social habits using the American Academy of Pediatrics Family Media Use Plan (www.HealthyChildren.org/MediaUsePlan)
- Consider using screening tools for problematic Internet use and Internet gaming disorder (the Internet Addiction Test, the Young of the Internet Addiction Questionnaire, the Chen Internet Addiction Scale, and the Internet Addiction Scale) when appropriate
- Encourage families to place appropriate limits on media to mitigate negative effects and avoid displacement of healthier activities
- Total hours per day—use the Family Media Use Plan to promote healthy choices
- Type of media—encourage active engagement rather than passive viewing
- Discourage media use during homework outside of what is needed to complete the assignment; consider placing devices in a central location so that parents can monitor that use is for schoolwork
- Protect bedtime
- No digital media/screens for 1 hour before sleep
- No devices in rooms after bedtime
- Tech-savvy parents may be encouraged to use restrictive devices and apps to limit Internet access based on content or time of day
- Encourage families to designate media-free meal times (dinner) and zones (bedrooms)
- Remind families to keep other caregivers (grandparents, babysitters) aware of expectations and rules

- Encourage families to select and co-view media with their children, with a focus on family and community engagement
- Encourage families to have ongoing communication with children about online citizenship and safety
- Treating others with respect online and offline
- Avoiding cyberbullying and sexting
- Being wary of online solicitation and reporting any suspicious contacts
- Avoiding communications that can compromise personal privacy and safety
- Remind children to actively develop a network of trusted adults who can engage with children through social media and to whom children can turn when they encounter challenges
- Encourage parents to use resources on digital literacy such as those found at Common Sense Media (www.commonsense.org) to help educate children and teens on media use
- Encourage parents to model the digital behavior they expect from their children and teens

Summary

- Social media have become ubiquitous in the lives of children, adolescents, and their parents, with significant effects on child health, development, and well-being.
- Based on some research evidence (11)(12) as well as consensus, (2)(3) pediatricians should address social media use with parents at every stage of childhood and adolescent development.

- Based on some research evidence as well as consensus, (2)(3) limiting electronic media use, including social media use, can improve childhood health behaviors around sleep, obesity, attention, intellectual and social development, and high-risk behaviors.
- Based on some research evidence as well as consensus, (2)(3) pediatricians can work with parents to optimize children's and teens' social media use for positive outcomes, including learning, community involvement, improved health behaviors, social and emotional development, and connection to family members, communities, and friends. Parents can help children by monitoring their social media activity, co-viewing or co-participating in media use, setting appropriate limits, serving as role models for media use and digital citizenship, and building an awareness of risks around digital presentation.

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1. A 14-year-old girl averages 4 hours a day of screen time using her smartphone and tablet. She enjoys messaging her friends, watching videos, and browsing online for the latest fashions. School homework assignments require 1 to 2 hours of screen time. Her parents are concerned about her screen use at bedtime. You explain to the girl and her parents that the disruption of healthy sleep patterns associated with screen use is most likely to be affected positively or negatively by which of the following mechanisms?
 - A. Mitigated by 2 hours or more of daily physical activity.
 - B. Mitigated by viewing calming or relaxation videos at bedtime.
 - C. Linked more to gaming compared with messaging activities.
 - D. The effect of blue-enriched light on melatonin secretion.
 - E. Unique to smartphone screens.
2. As you enter the examination room to conduct a 15-month-old health supervision visit you notice the infant “playing” with her mother’s cell phone. The mother is busy completing a health-care survey on an office tablet. At this visit, which of the following is the most appropriate anticipatory guidance that you should provide regarding media use?
 - A. Limited co-viewing and co-participation of high-quality programs as acceptable at 18 to 24 months.
 - B. Limited use as a calming tool or entertainment for stressful situations beginning at 15 months.
 - C. Promotion of gaming apps at 15 months to advance the development of motor skills.
 - D. Prohibition of screen time for children younger than 2 years.
 - E. Promotion of gaming apps at 12 months to foster the acquisition of language skills.
3. A 13-year-old girl has a smartphone that she enjoys for taking photos and messaging her friends. Recently her middle school principal sent an e-mail to students, parents, and teachers alerting them about the occurrences of cyberbullying. The mother is concerned that her daughter may be a victim. Cyberbullying, as distinguished from in-person bullying, is characterized by which of the following features?
 - A. Ability to clearly prove victimization.
 - B. Ability to identify the bully.
 - C. Ability to stop the bullying.
 - D. Association with fewer health consequences.
 - E. Invasion of home and safe places.
4. A 15-year-old boy who identifies as a male has shared with his parents that he is romantically attracted to males. His parents have been supportive, but they have prohibited his use of social media, including gaming. He would like to play games that allow for real-time communication with online friends. You discuss with his parents that their son’s use of social media would most likely result in which of the following outcomes?
 - A. Decrease his risk for anxiety.
 - B. Exacerbate feelings of marginalization.
 - C. Expose him to unacceptably greater risks than benefits.
 - D. Provide a venue for safe identity exploration.
 - E. Subject him to sexual solicitation by imposters.

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5. A 9-year-old boy is being seen for a health supervision visit. He has a tablet that he uses for schoolwork and playing games. His mother has limited his gaming to 2 hours a day. She is concerned that her son's gaming will grow to interfere with other healthy activities. She notes that his twin sister comparatively has little interest in gaming. Which of the following is the most appropriate anticipatory guidance message to provide in your discussion with his mother?
- A. Her son is at increased risk for an anxiety disorder.
 - B. Her son is at increased risk for attention-deficit disorder.
 - C. Provide her resources to develop a family media use plan for total screen time per day.
 - D. Reassure her that 2 hours of screen time by her son for gaming is safe.
 - E. Screen the patient for a gaming disorder using an in-office screening tool.

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Pediatrics in Review 2020;41;112

DOI: 10.1542/pir.2018-0236

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Pediatrics in Review 2020;41;112

DOI: 10.1542/pir.2018-0236

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