

# FOLLOW UP OF INFANTS DISCHARGED FROM THE NEONATAL UNIT

## INDICATIONS

- Birth weight  $\leq 1500$  g
- Gestation  $< 32$  weeks
- Requiring IPPV or CPAP for more than a few hours
- Significant cranial ultrasound abnormality
  - cystic PVL or IVH with significant ventricular dilation defined by consultant following final scan on NICU
- Acute neonatal encephalopathy grade 2 or 3
- Seizures – of whatever cause
- Neonatal meningitis
- Exchange transfusion for any reason
- Major congenital anomalies
- Consultant discretion

## PROCEDURE

Refer to neonatal (NICU) clinic

### *Minimum follow up:*

- EDD + 6 weeks      neurological examination      Ht, Wt, OFC
- EDD + 4 months    developmental examination      Ht, Wt, OFC
- EDD + 8 months    developmental examination      Ht, Wt, OFC
- EDD + 12 months   developmental examination      Ht, Wt, OFC
- EDD + 18 months   developmental examination      Ht, Wt, OFC
- EDD + 2 years       developmental examination      Ht, Wt, OFC
- Some babies may require additional appointments.

## FURTHER MANAGEMENT AT CLINIC

### **Neurodevelopmental problems identified**

- Refer to child development centre
- Refer to patch consultant community paediatrician
- referral may be made at time problem identified or later if this is more appropriate for the family
- arrange back-up appointment for NICU clinic for parents to cancel if they have received community appointment
- If child  $> 18$  months old, refer also to pre-school forum
- copy of most recent neonatal clinic letter and brief covering letter are sufficient
- Consider referral for social work advice about benefits, etc.

### **Babies with problems identifiable early**

- **For babies with** Down's syndrome, severe hypoxic ischaemic encephalopathy or at consultant discretion, involve patch community paediatric consultant and preschool therapy team early, before discharge if appropriate
- For babies with concurrent medical problems (e.g. cardiac problem, chronic lung disease), arrange joint follow up with neonatal consultant – decided on individual basis following discussions between community and neonatal consultants
- Refer visually- and hearing-impaired children to community paediatric consultant

### **High-risk patients reaching 2 years without an identified neurodevelopmental problem**

- If  $\leq 32$  weeks gestation or  $\leq 1000$ g birth weight, and/or significant cranial ultrasound abnormality, refer to patch community consultant for Griffiths' developmental assessment, if available