

FOLLOW UP OF INFANTS DISCHARGED FROM THE NEONATAL UNIT

INDICATIONS

- Birth weight ≤ 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 dilatation 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 ([arrange early referral to general paediatrician](#))
- Consultant discretion

PROCEDURE

Refer to neonatal (NICU) clinic

Follow up timetable (adjust to individual needs):

- | | | |
|-------------------|---------------------------|-------------|
| • 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 |

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 consultant community paediatrician 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 [children with impaired vision and/or hearing](#) to [consultant community paediatrician](#)

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

- If ≤ 32 weeks gestation or ≤ 1250 g birth weight, and/or significant cranial ultrasound abnormality, refer to patch [consultant community paediatrician](#) for Griffith's or Bayley's developmental assessment, if available