

GENERAL AND NEURODEVELOPMENTAL FOLLOW-UP

General

- This follow-up service will be offered to all preterm infants **<30 weeks gestation** or **<1000g birth weight** and to those with **HIE** booked for delivery in Brighton or at the Princess Royal Hospital.
- Babies booked elsewhere may receive their term assessment prior to discharge and then further checks will be undertaken locally.
- Neurodevelopmental assessment should start prior to discharge at term and then in the outpatient department at 3, 6, 12 and 24 months corrected age.
- Babies **≥ 30 weeks gestation** and **≥ 1000g birth weight** will be followed up as indicated in the disease specific guideline, the Postnatal Ward Guideline, or at Consultant request.

Preterm Infant

At term (38-42 weeks' corrected age or prior to discharge)

- Physiotherapy assessment (Hammersmith term neurology)
- Speech and language therapy assessment as required
- Audiology screening
- Screening for retinopathy of prematurity completed as per ROP guideline
- State clear plans for neurodevelopmental follow-up in the Badger discharge summary
- Provide parent information
- Early referral to local Child Developmental Clinic (CDC) as required.

At 3 months corrected age

- Physiotherapy assessment (Hammersmith term neurology) by Neonatal Physiotherapist
- Refer to CDC, physiotherapy and speech and language therapy as required
- If no concerns review progress routinely in baby clinic at **6 months corrected age**

At 12 months corrected age

- Neurological examination (Hammersmith infant neurology)
- Schedule of Growing Skills assessment
- Hand over neurodevelopmental follow-up to CDC or make a new referral as required.
- Review routinely at 24 months corrected age for a Bayley III assessment

At 24 months corrected age

- Bayley III assessment
- Health Status Questionnaire (neonatal secretary completes 2 year Badger dataset)
- Inform health care colleagues of findings, make new referrals as required.

N.B.: If it is impossible to complete a Bayley III assessment due to non-attendance, contact the health visitor for a developmental up-date or contact carer directly by telephone and complete the Health Status Questionnaire. Alternatively if face-to-face is not feasible, consider using the PARCA-R Questionnaire over the phone:

<https://parca-r.le.ac.uk/questionnaire.html>

Hypoxic-Ischemic Encephalopathy

Day 1

- Neurological examination (Hammersmith term neurology)
- Assess and document aEEG findings
- Document HIE data in Badger.

Day 7 to 10 or on recovery prior to discharge

- Physiotherapy assessment (Hammersmith term neurology)
- Audiology screening
- Cranial MRI
- Complete Badger HIE dataset
- State clear plans for neurodevelopmental follow-up in the Badger discharge summary.
- Provide parent information
- Early referral to local Child Developmental Clinic (CDC) as required.

At 3 months

- Physiotherapy assessment (Hammersmith term neurology) by Neonatal Physiotherapist
- Refer to CDC, physiotherapy and speech and language therapy as required
- If no concerns review progress routinely in baby clinic at **6 months**

At 12 months

- Neurological examination (Hammersmith infant neurology)
- Schedule of Growing Skills assessment
- Hand over neurodevelopmental follow-up to CDC or make a new referral as required.
- Review routinely at 24 months corrected age for a Bayley III assessment

At 24 months corrected age (all babies in Sussex Network)

- Bayley III assessment
- Health Status Questionnaire (neonatal secretary completes 2 year Badger dataset)
- Inform health care colleagues of findings, make new referrals as required

N.B.: If it is impossible to complete a Bayley III assessment due to non-attendance, contact the health visitor for a developmental up-date or contact the carer directly by telephone and complete the Health Status Questionnaire. Alternatively if face-to-face is not feasible, consider using the PARCA-R Questionnaire over the phone:

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