**GENERAL AND NEURODEVELOPMENTAL FOLLOW-UP**

General

* Neurodevelopmental follow up 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.
* Infants 30-32 weeks gestation do not require specific neurodevelopmental follow up but will usually be seen at 6 weeks then at 3, 6 and 12 months in general neonatal clinic
* Infants over 32 weeks are usually only followed up if received intensive care or had evidence of neurological injury. They are usually seen until  months of age if well.
* Infants with seizures are followed up at 6 weeks then at 3, 6 and 12 months.

Preterm Infant

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

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

**At 3 months** **corrected age**

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

**At 12 months corrected age**

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

**At 24 months corrected age**

1. Bayley III assessment
2. Health Status Questionnaire (neonatal secretary completes 2 year Badger dataset)
3. 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**

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

**Day 7 to 10 or on recovery prior to discharge**

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

**At 3 months**

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

**At 12 months**

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

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

1. Bayley III assessment
2. Health Status Questionnaire (neonatal secretary completes 2 year Badger dataset)
3. 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:

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