CRITERIA FOR NEONATAL FOLLOW-UP

The Neonatal Follow-up Clinic follows patients discharged from the NICU, who have risk factors for neurodevelopmental delay; the following are **guidelines** for referral.

CORE CRITERIA

These criteria are directly related to the expertise of our level III NICU.

- ☐ Prematurity: gestational age <29 weeks
- ☐ Asphyxia/Hypoxic-Ischemic Encephalopathy (HIE)
  - Moderate (Modified Sarnat 2) and severe (Modified Sarnat 3), with or without cooling (use worst recorded score)
  - Mild (Modified Sarnat 1): if abnormal neurodevelopmental exam or imaging or if in a study (modified follow-up protocol)
- ☐ Broncho-Pulmonary Dysplasia (BPD) oxygen dependent
- ☐ Post Extracorporeal Membrane Oxygenation (ECMO)
- ☐ Status post early open heart surgery (< 3 months of age)
- ☐ Home Enteral Feeding Program (HEFP) at discharge from NICU, not related to a gastrointestinal pathology followed by GI or by the Complex care team

PROGRAM VISIT SEQUENCE: baseline scheduled protocol

- **Core Criteria**

  By age (corrected age, if applicable):
  - 4 m, 9 m, 18 m, 36 m and preschool (in year prior to kindergarten entry age 5)

  Subsequent visit and extra visits possible, on clinical basis
  - For HEFP: Follow up could be discontinued, if patient off gavage with no other criteria

OTHER CRITERIA

ANTEPARTUM AND DELIVERY

- ☐ Intrauterine growth restriction (IUGR): Birth weight < 3 standard deviations (see tables)
- ☐ Twin to twin transfusion syndrome (monochorionic placenta and poly/oligohydramnios sequence): both donor and recipient twins

NEUROLOGIC

- ☐ Neonatal seizures
- ☐ Microcephaly (birth head circumference < 3%)
- ☐ Intraventricular hemorrhage grade 3 and 4
- ☐ Sensory deficits (visual, auditory), including newborns referred by the Universal Hearing Screening Program

☐ Abnormal neurodevelopmental exam (at discharge, if hospitalization > 48 hrs)

☐ Abnormal Significant radiologic findings: *Parenchymal cerebral lesions, persistent ventriculomegaly, hypoxic-ischemic changes, periventricular leukomalacia, significant subarachnoid or subdural hemorrhage*

INFECTION

☐ Meningitis (with or without positive cultures)

☐ Congenital infections (TORCH)

ADDITIONAL

☐ Multiple congenital anomalies, undiagnosed syndrome

☐ Certain genetic syndromes associated with neurodevelopmental delay (e.g. Trisomy 13, 18, Rubenstein Taybi, DiGeorge, CHARGE)

☐ Persistent and symptomatic hypoglycemia (<2.0 mmol/L)

☐ Severe hyperbilirubinemia having received exchange transfusion; or with bilirubin level "near" to exchange transfusion level, must have other risk factors: acute encephalopathy or prematurity or abnormal imagery or deafness at discharge

☐ Severe hemodynamic compromise (hypovolemic/septic shock)

☐ Study (modified follow-up as required)

☐ Other exceptional cases, as discussed with the NNFU team

PROGRAM VISIT SEQUENCE

- **Other Criteria**

  By age:
  - 4 m, 9 m, 18 m and 36 m

  After 36 mos:
  - If development normal, discharge. File could be re-opened on clinical basis
  - If abnormal neurodevelopmental assessment, consider to pursue Follow-up visit
  - If child is followed in a rehabilitation center, consider discharge from Neonatal program