



British Association of  
Perinatal Medicine



**BANNFU**

British Association for Neonatal  
Neurodevelopmental Follow-Up

# Supporting long-term outcomes of prematurity

## The role of the neonatal follow-up clinic

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# Why neonatal follow-up matters

- Preterm infants are at higher risk of developmental challenges, (cognitive, motor, behavioural, sensory) & growth concerns; many have additional medical issues
- Early detection enables timely intervention
- Provides continuity of care after NICU discharge



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# Functions of neonatal follow-up clinics


- Monitoring & supporting feeding, nutrition & growth
- Health surveillance (eg BPD)
- Neurodevelopmental evaluation
- Vision & hearing assessments
- Co-ordination of specialist & multidisciplinary care
- Onward referral if appropriate
- Information & education for parents + family support

# Evidence-based benefits

- Early detection improves intervention timing
- Early intervention improves motor & cognitive outcomes
- Family centered care enhances engagement
- Structured programmes reduce developmental gaps



# NICE Guideline - overview

- 2017 NICE guideline NG72
    - Explains risk of developmental problems
    - Specifies what extra assessments & support might be required
  - Enhanced surveillance for preterm infants:
    - Born before 30 weeks gestation
    - 30+0 – 36+6 with 1 or more:
      - Brain lesion associated with adverse development (grade 3 or 4 IVH, cPVL)
      - Moderate / severe hypoxic ischaemic encephalopathy
      - Meningitis / encephalitis
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# NICE Key recommendations

- Use mixed-modality for follow-up (clinic, home, phone)
- Minimum two face-to-face visits in first year
  - 3-5 months
  - By 12 months
- Detailed face-to-face developmental assessment at 2 years
- Formal developmental assessment at 4 years for <28 weeks GA



# NICE Key recommendations

- Provide single point of contact for follow-up
- Assessment should use corrected age until 2 years
  - Explain use of corrected age for early development
- Discuss parental concerns at each visit
- Monitor and assess health & development
- Provide clear, tailored parent information



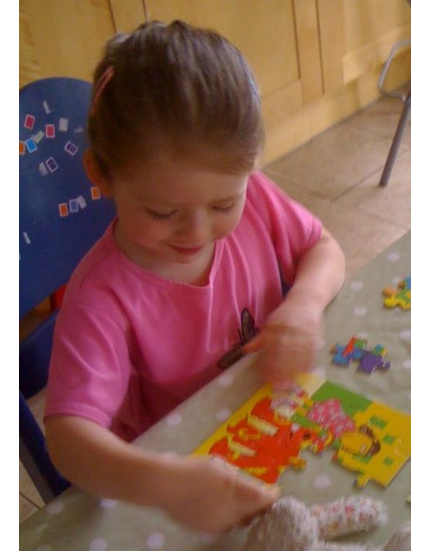
# Face-to-face follow-up visit and developmental assessment (NG72)

- cerebral palsy
- global developmental delay and intellectual disability
- feeding problems
- speech, language and communication problems
- visual impairment
- hearing impairment
- sleep problems, including sleep apnoea
- problems with inattention, impulsivity or hyperactivity
- emotional and behavioural problems
- autism spectrum disorder
- executive function problems
- potential special educational needs



# BUT..... Wide variation across the UK

- 2-year neurodevelopmental face-to-face appointment for infants born <30 weeks provided by 83% of neonatal units
- 4-year assessment for infants born <28 weeks provided by just 6% of neonatal units



# Optimizing follow-up

- Incorporating General Movement Assessment (Prechtl)
  - “Consider using the General Movement Assessment (Prechtl) during routine neonatal follow-up assessments for children at increased risk of developing cerebral palsy” (NICE NG62).
- Standardized developmental assessment (BANNFU webinars)
  - Longitudinal tracking (serial assessment)
- Interdisciplinary team (neonatology, PT, OT, S&LT, dietetics)
- Individualised care plans & linking to community resources



# Discharge / referral / transfer of care

- Signposting / advice
  - How to access help if parents have future concerns
    - Role of HV / GP / nursery / school
  - Community resources
  - Dentist / optician
  - Education (Prem Aware)
- Growth assessment
- Community paediatrics / ongoing specialist involvement

# Impact of follow-up on long-term outcomes

- Optimized growth & ➡ development
  - Reduces risk of missed diagnoses
  - Empowers parents as partners in care
  - Supports school readiness & learning needs
- ★ Early intervention (therapy) ➡ improved developmental trajectories