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)
- ☐ Congenital diaphragmatic hernia (followed within the multi-disciplinary CDH clinic)
- ☐ Home Enteral Feeding Program (HEFP) at discharge from NICU, not related to a gastrointestinal pathology followed by GI or by the Complex care team or other subspecialty team for feeding

LOCAL CRITERIA

- ☐ MUHC "Inborn" triplets

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 / during kindergarten entry age 5)
  - Supplemental visits may be scheduled per the child's evolution / clinical needs.
  - For HEFP: Follow up could be discontinued, if patient off gavage with no other criteria

OTHER CRITERIA – Conditions arising in the neonatal period or first 3 months of life

ANTEPARTUM AND DELIVERY

☐ Intrauterine growth restriction (IUGR): Birth weight < 3 standard deviations (z-score -3 or below) per Fenton Growth Curves (e.g. may use *peditools.org* to obtain precise z-score)

NEUROLOGIC

☐ Neonatal seizures

☐ Sensory deficits (visual, auditory), including newborns referred by the Universal Hearing Screening Program

☐ Abnormal neurodevelopmental exam at discharge if NICU hospitalization > 48 hours

☐ Significant, abnormal radiologic findings: *Parenchymal cerebral lesions, hypoxic-ischemic changes, periventricular leukomalacia, stroke, intraventricular hemorrhage grade III or IV*

INFECTION

☐ Bacterial Meningitis (confirmed and/or treated)

☐ Viral meningitis/encephalitis with neurologic consequences (e.g. abnormal neuroimaging, seizures)

☐ Congenital infections (TORCH) associated with developmental brain disorder (e.g. abnormal neuroimaging)

ADDITIONAL

☐ Multiple congenital anomalies, undiagnosed syndrome, with neurologic concerns

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

☐ Severe hemodynamic compromise (hypovolemic/septic shock)

☐ Other exceptional cases, as discussed with the NNFU team

PROGRAM VISIT SEQUENCE

- **Other Criteria**
  By age:
  - First visit at 4 m. Standard schedule of 9, 18, 36 months, preschool may or may not be followed.
  - The duration and schedule of follow-up will be as deemed optimal by the medical team and family.
  - File could be re-opened on clinical basis as required after discharge prior to 5 years of age.

We accept referrals of children who meet our "CORE" criteria and are under 5 years of age (children not born at the MUHC) who have moved to the greater Montreal area.

- A consultation form is needed/with summary, if possible

Therapists from our multidisciplinary team (OT/PT/Speech/Audio/Nutrition/Psychology/Social Work) may also refer children under 18 months of age for neurodevelopmental concerns, questions/needs. A consult request is needed.