

At-Risk Criteria for Monitoring

(information provided courtesy of the Idaho Infant Toddler Program)

Children with the conditions discussed in the following subsections should be referred to Child Find for developmental monitoring. Some of these children may be found eligible for direct services by a multidisciplinary team through the use of Informed Clinical Opinion.

Medical/Biological Risk

Due to a higher risk of developmental issues, it is important that children with medical/biological risks are referred and tracked for typical development.

These are young children who do not have an identified disability or delay, but who, because of biological circumstances have a higher than normal chance of developmental problems.

The following criteria are used to assist in identifying a child's medical or biological risk:

§ Respiratory Distress Syndrome (documented diagnosis in chart, differentiated from other signs of respiratory distress; must have assisted ventilation and/or **C**ontinuous **P**ositive **A**irway **P**ressure (CPAP) equal to more than every four hours).

§ Symptomatic hypoglycemia low blood sugar of newborn (e.g. jitteriness, seizures, lethargy).

§ Neonatal seizures.

§ Hypertonia or hypotonia at the newborn discharge examination (tight muscle tone or low muscle tone).

§ Intracranial hemorrhage (bleeding within the skull).

§ Head circumference equal or less than 5th percentile or equal to or more than 90th percentile for gestational age (excessively large or small for age).

§ Birth weight equal to or less than 1800 grams (4 pounds).

§ Documented diagnosis of microbial central nervous system infection: bacterial, protozoan, viral, fungal.

§ Asphyxia neonatorum with **C**entral **N**ervous **S**ystem (CNS) depression or sequelae.

§ Intrauterine **G**rowth **R**etardation (IUGR, less than 5th percentile).

§ Hyperbilirubinemia equal to or more than 25mg/dl and or requiring exchange transfusion (yellow or jaundice).

§ Neonatal apnea, if significant (repeated episodes, especially if accompanied by low heart rate, breathing stops, or there are long pauses).

§ Risk factors for hearing impairments and /or strong family history of hearing impairment.

§ Meconium aspiration (baby inhales fecal material during birth) with associated neonatal depression.

§ Suspected visual impairment (e.g. nystagmus, strabismus, myopia, deficit in focus/following).

§ Significant maternal/fetal concerns prior to birth:

- Fetal distress with associated neonatal difficulty.

- Perinatal infections such as **Toxoplasmosis**, **Other** [Syphilis], **Rubella**, **Cytomegalovirus**, and **Herpes Simplex Virus (TORCH)**; blood born disease such as hepatitis or AIDS; exposure to teratogenic drugs, chemotherapy, or environmental chemicals.

- Other factors such as oligohydramnios, polyhydramnios, maternal substance abuse, maternal diabetes, maternal hyperthyroidism, maternal **Phenylketonuria (PKU)**, mother on chemotherapy or exposed to teratogenic drugs or environmental chemicals.

§ Acquired medical risk (e.g. meningitis, head injury or neurological insult, chronic disease, failure-to-thrive, accidents, life-threatening episodes, etc.).

Environmental Risk

As with a Medical/Biological risks, it is important that children with environmental risks are referred and tracked for typical development.

These are children who regardless of biological risk, are vulnerable because of environmental conditions. They and their families are identified here not in judgment of the family's life situation, but because intervention services can positively impact the child's development and the family's health. The following criteria are used to assist in identifying a child's environmental risk:

§ Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.).

§ Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.

§ Abused and/or neglected child.

§ Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.).

§ No prenatal care.

§ Frequently missed appointments with physician or clinic.

§ Maternal age 15 years and under.

§ Foster Placement.

Additional Reasons for Monitoring

§ If one twin meets eligibility criteria, the other twin is followed.

§ Other concerns at discretion of health care professional.