Follow-up care of the extremely preterm infant after discharge up to 2 years corrected age

This checklist may be used alongside other evidence-based guides, such as the Rourke Baby Record

CORRECTED AGE (unless otherwise indicated)	Discharge home	1 month	2 months	4 months	6 months	8 months	12 months	18 months	24 to 36 months
PARENTAL AND CAREGIVER FACTORS									
Maternal mental health: Integrate postpartum depression and mental health screening (8,9)	X	X	X	X	X	X	X		
Family support									
• Make sure the family understands the infant's medical diagnoses and the medications or equipment required for management.	X	X	X	X					
• Evaluate how the family is coping with transition to home	X	X	X	X					
• Provide local parent and group supports, and quality, accessible resources such as the Canadian Premature Babies Foundation; Préma-Quebec; and Preemie Care: A Guide to Navigating the First Year with Your Premature Baby	X	X	X	X	X	X	X	X	X
GROWTH FACTORS									
Growth chart									
• Weight-, length-, and head circumference for age, and indices of body proportionality	X	X	X	X	X	X	X	X	X
• Fenton preterm infant growth until 44 to 48 weeks (10)	X	X	X						
• WHO growth charts (11)				X	X	X	X	X	X
Frequency: Weekly or biweekly from discharge to 1 month. At two months, every month and then every 2 months if the infant is growing well. Starting at 12 months, every visit.	X		X				X	X	X
Monitor — **Intake and calories**									
• Need for supplementation with post-discharge formula (12,13)	X	X	X	X	X	X			
• For infants with poor growth, consider referral to dietitian, feeding clinic or gastroenterology	X	X	X	X	X	X			
Feeding challenges: Manage and/or refer for any feeding concerns, aspiration, and gastro-esophageal reflux disease (GERD) (14-16)	X	X	X	X	X	X	X	X	X
Stature: Further evaluation by genetics or endocrinology if infant or toddler has short stature	X	X	X	X	X	X	X	X	X
NUTRITION FACTORS									
Feeding: Guide and support mothers to directly breastfeed or express breast milk (17)	X	X	X	X	X	X	X	X	X
Solid feeding: Start at 4 months. At 6 months, advance and encourage self-feeding skills. By 18 months, if self-feeding skills are not well established, refer to a feeding clinic or OT/SLP (18).				X	X			X	
Supplementation									
• Elemental iron 2 to 3 mg/kg/day: Continue in infants who are predominantly breastfed (>50% of intake) (19)	X	X	X	X	X	X	X		
• Vitamin D minimum 400 IU/day: Breastfed and formula fed babies, minimum of vitamin D 400 IU/day, and up to 800 IU/day if high risk (20)	X	X	X	X	X	X	X	X	X
DEVELOPMENTAL SURVEILLANCE/ASSESSMENT FACTORS									
Early intervention (21): Offer as available	X	X	X	X	X	X	X	X	X
Physical (PT), occupational (OT) and speech therapy (SLP): Refer as needed	X	X	X	X	X	X	X	X	X
Motor challenges: Surveillance for CP (22-25); assess for motor asymmetry with a history of unilateral periventricular hemorrhagic infarction (26)	X	X	X	X	X	X	X	X	X
Developmental or global developmental delay: Surveillance and assessment (27)							X	X	X
Autism spectrum disorder: Surveillance, screen, and assessment (28)							X	X	X

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CLINICAL STATUS/PHYSICAL EXAMINATION FACTORS									
Monitor head shape: Deformational brachycephaly, plagiocephaly, "NICUcephaly". Refer to PT and/or helmet assessment (29, 30)	X	X	X	X	X	X	X		
Head circumference: In infants with grade III-IV IVH, PHVD, if rapid increase >0.7 cm/week or jumping percentile, consider urgent cranial ultrasound and refer to neurosurgery for positive finding or worsening PHVD (26)	X	X	X	X	X				
Infants with bronchopulmonary dysplasia or on home oxygen: Monitor and manage home oxygen needs, tracheostomy, and sleep disordered breathing. Refer to respiratory or sleep services.	X	X	X	X	X	X	X	X	X
Sleep									
• Safe sleep practices (31)	X	X	X	X	X	X	X		
• Encourage healthy sleep hygiene			X	X	X	X	X	X	X
SCREENING AND REFERRALS									
Ophthalmologic evaluation:	X	X							
• ROP screening until fully vascularized (32)					X	X			
• Refer for visual acuity, refraction, strabismus								X	X
• Every 1 to 2 years, especially in infants with severe ROP (33)									
Audiologic evaluation (34,35)									
• Newborn hearing screen (auditory brainstem response)	X	X							
• Follow-up evaluation					X	X			
• Review for speech or developmental delay								X	X
New referrals: Refer on discharge, and coordinate care for children with medical complexity (sub-specialist as needed) or developmental challenges (e.g., PT, OT)	X	X	X	X	X	X	X	X	X
IMMUNIZATION (37) *									
RSV prophylaxis (36)	X								
Rotavirus: 1st dose from 6 weeks through 14 weeks +6 days of age (the max age for 1st dose is 14 weeks +6 days). All doses by 8 months, 0 days of age	X								
Influenza vaccine: After 6 months' chronological age. Family members and household contacts should also be immunized.				X					
DENTAL									
Fluoride exposure: After 6 months (39)					X				
Annual exam: Reassure parents that delayed or irregular eruption is common								X	X

IVH, intraventricular hemorrhage; OT, occupational therapy; PHVD, posthemorrhagic ventricular dilatation; PT, physiotherapy; RSV, respiratory syncytial virus; SLP, speech language therapist DH, discharge home

*Infants receive full immunization based on chronological age, consistent with the schedule and dose recommended for full-term infants. Reinforce with parents and caregivers: (1) Good hand hygiene, (2) Avoid anyone with a respiratory tract infection, (3) Promote breastfeeding, (4) Avoid cigarette smoke.

Source: Follow-up care of the extremely preterm infant after discharge up to 2 years corrected age, Fetus and Newborn Committee, October, 2022. Available at www.cps.ca