FOLLOW-UP OF BABIES DISCHARGED FROM NEONATAL UNIT

INDICATIONS

- Birth weight <1501 g
- Gestation <32 weeks
- Requiring IPPV or CPAP for more than a few hours
- Bronchopulmonary dysplasia with prolonged mechanical ventilation at 36 weeks' postmenstrual age
- Postnatal steroids given <33 weeks' gestation
- Significant cranial ultrasound abnormality on final scan on NNU
- Acute neonatal encephalopathy grade 2 or 3
- Seizures (of whatever cause)
- Neonatal meningitis
- Neonatal herpes simplex infection
- Blood culture positive neonatal sepsis
- Abnormal neurological examination at discharge
- Severe retinopathy of prematurity
- Neonatal abstinence syndrome requiring treatment (see **Abstinence syndrome** guideline)
- Exchange transfusion for any reason/immunoglobulin for hyperbilirubinaemia/in-utero transfusion or serum bilirubin >10 x gestational age (weeks) in preterm infants
- Major congenital anomalies (consider early referral to appropriate specialist/ community paediatrician)
- Persistent hypoglycaemia
- Babies who have undergone surgery in early neonatal period
- Consultant discretion

PROCEDURE

- Refer to neonatal follow-up clinic

Follow-up timetables

- These tables are a guide to usual number of appointments according to each neonatal condition
- Adjust follow-up to individual needs
- Follow local policy to book appointments with relevant professionals

High-risk preterm babies born <30 weeks

Indications/criteria	1st follow-up from discharge	2nd from EDD	3rd from EDD	4th from EDD
Prematurity <30 weeks	6 weeks	3–5 months	9–12 months	2 yr
	Height, weight, OFC; neurological, medical and developmental assessment			

High-risk babies ≥30 weeks

Indications/criteria	1st follow-up from discharge	2nd from EDD	3rd from EDD	4th from EDD
• Weight <1501 g • Nitric oxide • ECMO • HIE grade 2/3 • Therapeutic cooling • Intracranial bleeds/infarcts • Cystic PVL • Significant IVH/ventricular dilatation	6–8 weeks	3–5 months	9–12 months	2 yr

• Neonatal meningitis • HSV encephalitis • Abnormal neurological examination • Seizures/treated neonatal abstinence • Severe jaundice requiring exchange/immunoglobulin/other • Increased risk of developmental problem/disorder				
• Surgical conditions in neonatal period	6–8 weeks	3–5 months	9–12 months	
• Term ventilation/CPAP • Culture-positive sepsis • Persistent hypoglycaemia	6–8 weeks			

- See NICE addition www.nice.org.uk/guidance/ng72

Babies ≥34 weeks with transient problems (e.g. mild jaundice, feeding problems, hypoglycaemia, culture-negative sepsis etc.)

- May require specific advice to outreach team/GP/midwife about monitoring/follow-up, but usually do not need neonatal follow-up
- See relevant guideline for follow-up for other conditions e.g. syphilis, HIV, hepatitis, cardiac murmurs etc.

FURTHER MANAGEMENT AT CLINIC

Neurodevelopmental problems identified

- Refer to community paediatrician and/or specialist services e.g. physiotherapist, speech and language therapist and dietitian according to baby's individual needs
- For complex medical problems, e.g. ongoing cardiac or respiratory disease, shared neonatal follow-up

Babies with problems identifiable early

- For babies with Down's syndrome, severe hypoxic ischaemic encephalopathy or at consultant discretion, involve community paediatrician and pre-school therapy team early, before discharge if appropriate
- For babies with concurrent medical problems (e.g. cardiac problem, chronic lung disease), arrange co-ordinated follow-up (decided on individual basis following discussion between community and neonatal consultants)
- Refer children with impaired vision and/or hearing to consultant community paediatrician as well as specialist team