

INTRODUCTION AND BACKGROUND

This set of guidelines is designed to assist the primary care provider in caring for the infant and child who weighed 2500 grams or less at birth and is to be utilized in conjunction with *AAP Recommendations for Preventive Pediatric Health Care* (see Appendix 1). Primary care providers are encouraged to share this CEC document with others involved in the care of children with a history of low birth weight or prematurity. Primary care providers will find it useful to become familiar with local community resources and phone numbers, such as public health offices and family resources coordinators (see Appendix 6).

This consensus-based document is intended as a guideline and is not intended to replace sound clinical judgment or individualized consultation with specialists regarding patient care needs.

The scope of this document is confined to the post-hospital care of the low birth weight infant *without* serious medical complications or congenital defects. The special care required by infants discharged to the community with moderate to severe organ system disorders will not be found in this document. Further readings on diagnosis and management of specific disorders common in the low birth weight NICU graduate can be found at the end of this document.

How to use this document

The *Critical Elements of Care for the LBW NICU Graduate* consists of four parts:

- I. Health and Neurodevelopmental Supervision Grid for the LBW NICU Graduate - designed as a quick reference and worksheet; *greater detail is found in sections II and III*
- II. Critical Elements of Care by Ages - detailing examination, management, anticipatory guidance, and potential interventions for the child at each age
- III. Health and Neurodevelopmental Supervision - containing background information
- IV. References and Further Readings

The Supervision Grid may be photocopied. **For effective use**, it is recommended that a copy of the

Supervision Grid be placed in the PCP's medical record of each LBW NICU graduate. The Supervision Grid is modeled on the AAP Recommendations for Preventive Pediatric Health Care and designed to be used along with the AAP Recommendations.

POPULATION

Approximately 309,000 low birth weight (LBW) infants (≤ 2500 grams) are born annually in the United States. This represents 7.6% of total U.S. births in 2000.¹ LBW infants are a heterogeneous group representing term infants with growth retardation/subnormal weight, as well as infants born preterm (<37 weeks gestation) with or without growth failure. Low birth weight births are the major underlying cause of infant mortality and childhood morbidity. Increased survival of this population over the last 30 years has resulted in an increased prevalence of these vulnerable infants in the general population. It is necessary for physicians and other primary health care providers to be aware of the many real and potential problems seen in this group of children and their families throughout their life span. Coordination of care for these infants requires attention to the health, development, and social milieu of the child and family.

BACKGROUND

Currently, most infants born at 24 weeks gestational age or greater survive. A majority of low birth weight infants become normal, healthy children and adults. One must remember to evaluate each child as an individual as many will escape the sequelae of prematurity. However, as a group, these children have a higher rate of suboptimal growth, adverse health conditions, and neurodevelopmental problems than children born at term. The number and severity of adverse outcomes generally increase with decreasing birth weight. There are a significant residua of health and growth concerns that must be monitored, especially during the first year of life but continuing through adolescence. Identified chronic health issues require continued management.