

## Follow-up and continuing care

# Assessment of visual function

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## Statement of the standard

Standardised **visual assessment** is conducted by age 3.5 to 4 years and repeated by age 5 to 6, at which age additional attention is paid to visual information processing dysfunctions.



### For parents and family

- Parents are informed about and invited by healthcare professionals to attend follow-up programme including visual assessments (including ages at which visual follow-up takes place and the provider thereof).
- Parents receive standardised feedback about the results of their child's visual health screening in a language that is accessible to them.
- Parents are informed about the need for early intervention and support in case of visual impairments.
- Parents are asked for permission to allow their child's medical and educational information to be used for outcome measures.
- Parents are asked to consent to share the results of their child's visual screening tests with education services.



### For neonatal unit, hospital, and follow-up team

- A guideline on follow-up programme including visual assessment is available and regularly updated.
- A follow-up programme after discharge including visual assessment is funded and supported.
- Training on standardised visual assessment in high-risk infants is ensured.

## Benefits

- Early diagnosis of visual impairment promotes timely interventions
- Promotes realistic expectations in those with severe impairment
- Improved decision making for schooling and learning support
- Provides feedback to perinatal and neonatal services and healthcare officials
- Reduced risk of misdiagnoses (e.g. reading difficulties)
- Improved parent-infant interaction adapted to visual ability
- Improved academic outcome
- Improved social integration and quality of life
- Reduced social burden and costs



### For healthcare professionals

- A guideline on follow-up programme including visual assessment is adhered to by all healthcare professionals.
- Training on standardised visual assessment in high-risk infants in which gestational age, retinopathy of prematurity (ROP) status, and brain damage are taken into account is attended by all responsible healthcare professionals.
- Children with ROP grade  $\leq 2$  undergo ophthalmologic screening at 3.5-4 years and assessment of visual acuity at 4-5 years; at younger ages, children with signs of adverse visual development are referred directly to the ophthalmologist.
- Children with ROP grades 3 and 4 (or treated for any grade of ROP) and with severe brain damage have regular follow-up assessments at the discretion of the ophthalmologist and are at least screened for strabismus and refractive errors at 12 months.
- Children with clinical suspicion for visual perception dysfunctions are assessed at 5 years of age onwards.



### For health service

- A national guideline on follow-up programme including visual assessment is available and regularly updated.
- A follow-up service including visual assessment is specified, funded and monitored.

