

# Follow-up & continuing care



#### Mental health

Behaviour, emotional

Healthy lifestyle

risk factors

and cardiovascular

Key cardiometabolic

ticular blood pressure,

abdominal obesity and

physical inactivity) are

monitored from child-

hood to adult life.

risk factors (in par-



#### **Transition from** hospital to home

Families receive a comprehensive discharge management plan to facilitate transition from the hospital to home.



### Motor and neurological follow-up assessment

Standardised assessment of neurological status and motor development is conducted in the first two years and repeated at transition to school.



## Communication, speech, and language

of communication. speech, and language development is conducted by two years of age and repeated at transition to school.



Parent mental health

Targeted screening of

after discharge and at

child.

parental mental health

is undertaken six months

two years, during regular follow-up visits for the

**Meeting special needs** at school

Developmental progress and school **readiness** of infants born very preterm or with risk factors are assessed 6-12 months prior to initial entry into formal schooling, and education professionals receive train**ing** about the potential special educational **needs** of children born very preterm or with risk factors.



### **Cognitive development**

Standardised cognitive **assessment** is conducted by two years of age and repeated at transition to



#### Peer and sibling relationships

Peer and sibling relationships are evaluated as part of a standard follow-up programme.



and attention prob**lems** are assessed at two years of age and again at the time of transition to school.



# Reproductive counselling

Mothers of infants born very preterm or after pregnancy complications and their partners are counselled on the risk of recurrence in future pregnancies, and offered strategies to prevent recurrence, both before conception and during a subsequent pregnancy.



## Assessment of visual function

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 payed to visual information processing dysfunctions.



# **Post-discharge** responsive parenting programmes

All very preterm infants and their families are offered preventive responsive parenting support after discharge home.



#### **Respiratory outcome**

Respiratory health is evaluated as part of a follow-up care programme.



Coordination and integration of care after discharge home

Parents receive comprehensive and integrated care for their high-risk infant after discharge home.



# **Hearing screening**

Standardised hearing screening is conducted using Automated Auditory Brainstem Response (AABR) technology before one month of age, and where necessary diagnostic investigations are completed before three months and early interventions are started within the first six months.



