Standard in brief

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 payed to visual information processing dysfunctions.

Benefits

Short-term benefits:

In infants with co-morbidities, early assessment and diagnosis could lead to early visual intervention, proactive treatment, and support.

Long-term 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
- Improved parental awareness and parent-infant interaction adapted to visual ability
- Improved academic outcome
- Improved social integration and quality of life
- Reduced social burden and costs

For parents and family

- Parents are informed about and invited, in a timely manner, by healthcare professionals to attend follow-up programme, which includes visual assessments (define ages at which visual follow-up should take 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 treatment and support options in case of visual impairments.
- Parents are asked for permission to allow their child's medical and educational information to be used by healthcare professionals 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, and referral and signposting to supportis funded, provided,and supported.
- Training on standardised visual assessment in high-risk infants is ensured.

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 and intervention is specified, provided, funded and monitored.

For healthcare professionals

- A guideline on follow-up programme including visual assessment is adhered to by all healthcare professionals.
- Regular training on standardised visual assessment in high-risk infants in which gestational age, ROP status, and brain damage are taken into account is attended by all responsible healthcare professionals.
- Children with ROP grade ≤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 paediatric ophthalmologist.
- Children with ROP grades 3 and 4 (or treated for any grade of ROP) and/or 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 3 years of age onwards, based on psychometrically sound assessment tools.

european standards of care for newborn health

Here you can access the full standard: ***https://newborn-health-standards.org/assessment-visual-function***

GFCNI global foundation for the care of newborn infants