Module Six
Evaluation of Infants
Symptomatic Clinical Criteria:

Liveborn infant with congenital microcephaly, or intracranial calcifications, or structural brain or eye abnormalities, or other congenital central nervous system-related abnormalities not explained by another etiology.

Monitoring Visit Intervals Are the Same as Well Baby Visits

Before hospital discharge
Infant testing
2 weeks
1 month
2 months
3 months (additional)
4-6 months
9 months
12 months
Abnormalities & Test is Positive

Before hospital discharge

• Physical Evaluation
• Head Circumference
• Weight/length
• Neurologic exam
• Hearing screening
• Head ultrasound
• Infant Zika virus testing
• Consider transfer to hospital with subspecialty care, complete blood count, metabolic panel, liver function tests, ophthalmology exam, auditory brain response.
• Consider advanced neuroimaging

Source: https://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm?s_cid=mm6533e2_w
Abnormalities & Test is Positive
Before hospital discharge (continued)

Consultation with:
- Neurologist
  -- Determination of appropriate neuroimaging and additional evaluation.
- Infectious Disease Specialist
  -- Diagnostic evaluation of other congenital infections.
- Ophthalmologist
  -- Comprehensive eye exam and evaluation for possible cortical visual impairment (prior to discharge or within 1 month of birth).
- Endocrinologist
  -- Evaluation for hypothalamic or pituitary dysfunction.
- Clinical Geneticist
  -- Evaluate for other causes of microcephaly or other anomalies (if present).

Source: https://www.cdc.gov/mmwr/volumes/65/wr/mm6533e2.htm?s_cid=mm6533e2_w
Consider consultation with:

- **Orthopedist, Physiatrist, or Physical Therapist:** Management of hypertonia, club foot or arthrogrypotic-like conditions.
- **Pulmonologist or Otolaryngologist:** Concerns about aspiration.
- **Lactation Specialist, Dietician, Gastroenterologist, Speech/Occupational Therapist:** Management of feeding issues.
- **Audiology:** Perform auditory brainstem response to assess hearing.
- **Social Work/Care Coordination:** Provide family and supportive services.
Abnormalities & Test is Positive

2 Week Evaluation

- Evaluate for other causes of congenital anomalies. Further management as clinically indicated.
- Thyroid screen.
- Routine preventive health care including monitoring of feeding and growth and development.
- Routine and congenital infection-specific anticipatory guidance.
- Referral to specialists, including evaluation of other causes of congenital anomalies as needed.
Abnormalities & Test is Positive

1 & 2 Month Evaluations

• Evaluate for other causes of congenital anomalies. Further management as clinically indicated.
• Neurologic exam.
• Routine preventive health care including monitoring of feeding and growth and development.
• Routine and congenital infection-specific anticipatory guidance.
• Referral to specialists, including evaluation of other causes of congenital anomalies as needed.
Abnormalities & Test is Positive

3 Month Evaluation

• Evaluate for other causes of congenital anomalies. Further management as clinically indicated.
• Thyroid screen.
• Ophthalmology exam.
• Routine preventive health care including monitoring of feeding and growth and development.
• Routine and congenital infection-specific anticipatory guidance.
• Referral to specialists, including evaluation of other causes of congenital anomalies as needed.
Abnormalities & Test is Positive

4-6 Month Evaluation

- Evaluate for other causes of congenital anomalies. Further management as clinically indicated.
- Repeat auditory brain response exam.
- Routine preventive health care including monitoring of feeding and growth and development.
- Routine and congenital infection-specific anticipatory guidance.
- Referral to specialists, including evaluation of other causes of congenital anomalies as needed.
Abnormalities & Test is Positive

12 Month Evaluation

- Evaluate for other causes of congenital anomalies. Further management as clinically indicated.
- Repeat auditory brain response exam.
- Routine preventive health care including monitoring of feeding and growth and development.
- Routine and congenital infection-specific anticipatory guidance.
- Referral to specialists, including evaluation of other causes of congenital anomalies as needed.
Abnormalities & Test is Negative

**Before discharge – 12 month exams:**
Evaluate for other causes of congenital anomalies
Further management as clinically indicated
No Evidence of Abnormalities & Test is Positive

Before hospital discharge - Routine newborn care: physical exam, head circumference, weight/length, neurologic exam, hearing screening, head ultrasound

2 weeks & 1 month- Ophthalmology exam and auditory brainstem response

4-6 months- Consider repeat auditory brainstem response

9 - 12 months- Behavioral audiology if auditory brainstem response if not done at 4–6 mos.

At every visit: Monitoring of occipitofrontal circumference and development at every visit and age-appropriate developmental screening
What’s Next?

Module Seven: Treatment Options & Resources for Staying Up to Date