



# Guideline for Growth, Health and Developmental Follow-up for Children Born Very Preterm

## Dissemination and Implementation Plan

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Preterm Follow-up Guideline Development  
Group

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## Documentation Access

This guideline and related documentation can  
be found online at:  
<https://www.crenewbornmedicine.org.au/>

In the spirit of reconciliation, the CRE in Newborn Medicine acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginals and Torres Strait Islander peoples.

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## Dissemination and Implementation Plan

### 1. GUIDELINE PURPOSE

The *Guideline for Growth, Health and Developmental Follow-Up for Children Born Very Preterm* was developed to help strengthen families who have experienced very preterm birth through promoting optimal growth, health and developmental outcomes for children, and the mental health and wellbeing of their caregivers across the infant and early childhood period.

To achieve these goals, this guideline is intended to provide evidence-based guidance prior to the child commencing full-time formal schooling, to ensure that problems are identified early, and intervention can be offered in a timely manner.

The implementation of the consensus-based recommendations will result in a structured approach to follow-up of children born very preterm across the infant and early childhood period.

### 2. OBJECTIVE

The aim of this plan is to guide dissemination and implementation of guideline recommendations nationally. Implementation will aim to ensure problems are identified early and interventions to children born very preterm.

### 3. INTENDED END USERS OF THE GUIDELINE.

Implementation and dissemination of the guideline will target the following stakeholders:

- Healthcare professionals and others involved in the support of children born very preterm and their families, such as early childhood educators, primary health care workers (e.g. General Practitioners and Maternal and Child Health Nurses) and disability and community service workers.
- Families with children born very preterm.
- Legislators including politicians, bureaucrats, and related professional groups engaged in developing public policy.
- Media (including social media channels)
- Consumer advocacy groups
- Educators (early childhood, kindergarten)
- Researchers, academic organisations funding research.

#### **4. ACCESS TO THE GUIDELINE**

The Guideline will be published and made easily accessible via the Newborn Medicine CRE website to download, free of charge to the end user in accordance with the NHMRC standards for dissemination and communication. The Guideline will also be included on the NHMRC Clinical Practice Guidelines Portal and announced in NHMRC publications. Please see Table 1 for a plan of dissemination to end user groups.

## 5. INFORMATION RESOURCE AND FORMAT

The following information formats will be provided during a 12-month rollout phase, allowing for appropriate assessment and evaluation.

*Table 1 - Information Resource & Format*

Target group	Key message	Resources	Aims
<b>Families with children born very preterm</b>	<ul style="list-style-type: none"> <li>Structured follow-up care should be offered to children born very preterm and their caregivers.</li> <li>If you or someone close to you is caring for a child born very preterm, ask your healthcare providers about the plans for ongoing structured follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>Guideline Document: Consensus-based recommendation 1</li> <li>Follow-up Schedule Recommendations</li> <li>Partner with leading national support organisations for preterm families* to develop educational resources for families in line with guideline recommendations.</li> <li>Partner with leading national support organisations for preterm families* to develop a series of Facebook Live Seminars on the guideline recommendations.</li> </ul>	<p>To educate and empower families with lived experience of very preterm birth about the recommended follow up for children born preterm and their families.</p> <p>To ensure families with lived experience of very preterm birth can make informed choices about follow-up care.</p> <p>To encourage families and healthcare professionals to consider early discussions regarding interventions and other measures to optimise outcome.</p>
<b>Healthcare Professionals - All</b>	Children born very preterm, and their caregivers should be offered structured follow-up after the discharge from acute care regardless of their presence of risk and/or resilience factors.	<ul style="list-style-type: none"> <li>Guideline Document: - Consensus-based recommendation 1 &amp; 2</li> <li>Presentations at scientific conferences and professional association meetings</li> </ul>	<p>To increase healthcare professional knowledge of recommended follow-up care for children born very preterm and their families.</p> <p>To increase the number of families being offered structured follow-up care.</p>

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Target group	Key message	Resources	Aims
			To encourage families and healthcare professionals to consider early discussions regarding interventions and other measures to optimise outcome.
<b>Healthcare Professionals – Acute Hospitals</b>	<ul style="list-style-type: none"> <li>Children born very preterm, and their caregivers should be offered structured follow-up after the discharge from acute care.</li> <li>Follow-up care should be initiated from the acute care setting</li> </ul>	<ul style="list-style-type: none"> <li>Guideline Document: - Consensus-based recommendation 1</li> <li>Clinical practice points</li> <li>Presentation at scientific conferences and professional association meetings</li> </ul>	To ensure conversations regarding follow-up care are commenced early and include families
<b>Healthcare Professionals – Community Practitioners</b>	Children born very preterm and their caregivers should be offered structured follow-up care in relation to the needs, priorities and concerns of each individual child and caregivers.	<ul style="list-style-type: none"> <li>Guideline Document: - Consensus-based recommendation 1</li> <li>Clinical practice points</li> <li>Presentation at scientific conferences and professional association meetings</li> </ul>	<p>To increase healthcare professional knowledge of recommended follow-up care for children born very preterm and their families.</p> <p>To increase the number of families being offered structured follow-up care.</p>
<b>Media</b>	Children born very preterm, and their caregivers should be offered structured follow-up to ensure they are in the best position to thrive as young children and beyond. This guideline provides the best available evidence to what should be included in appropriate follow-up.	Broad overview	To facilitate community understanding of the follow-up needs of children born very preterm and their caregivers.
<b>Educators – early childhood</b>	Early childhood educators play a vital role in supporting children born very preterm. This guideline provides an	<ul style="list-style-type: none"> <li>Guideline Document: - Consensus-based recommendation 1 &amp; 2</li> <li>Clinical practice points</li> </ul>	To ensure early childhood educators are aware of the follow up recommendations of children born very preterm so they

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Target group	Key message	Resources	Aims
	overview of the recommended follow-up that educators may raise with family to ensure children born very preterm are getting the support they may need.		may provide additional evidence to support follow up visits.
<b>Government &amp; Legislative Decision-Makers</b>	It is important for children born very preterm and their caregivers to be offered structured follow-up that aligns with the follow up recommended in these guidelines irrespective of who they are and where they live.	<ul style="list-style-type: none"> <li>• Clinical practice points</li> </ul>	To ensure preterm follow up is considered in any health policy decisions.
<b>Researchers, academics, organisations funding research such as the NHMRC</b>	<p>The Guideline details the evidence around the follow-up care of children born very preterm and their caregivers as well as the areas for future research. They should be used as a launch pad for further research into care that will improve the outcomes of children born very preterm and their caregivers.</p>	6. Future research priorities	To help define future innovative research into treatment and support interventions and future models of care.
<b>Consumer and lived experience advocacy groups</b>	The guideline details the recommended follow-up for children born very preterm and their caregivers. Please help ensure their implementation.	<ul style="list-style-type: none"> <li>• Broad overview</li> <li>• Partner with leading national support organisations for preterm families* to develop educational resources for families in line with guideline recommendations.</li> <li>• Partner with leading national support organisations for preterm families* to develop a series of Facebook Live Seminars on the guideline recommendations</li> </ul>	<p>To ensure these groups, that are often the first-place consumers approach for help, provide people with information that is reflective of the guidelines.</p> <p>To help ensure all children born very preterm and their caregivers are offered the recommended follow-up in a flexible way that meets their needs, priorities and concerns.</p>



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\*Leading national support organisations for preterm families such as Life's Little Treasures Foundation, Tiny Sparks' Foundation, NICU LIVED network and Miracle Babies Foundation.

## 6. DISTRIBUTION PLAN

The following groups will be contacted as part of the dissemination plan and provided with access to the finalised Guideline. Each group will be asked to distribute the guideline through their own networks and publications.

*Table 2 - Groups*

Group	Target Group
Australasian Neonatal Dietitians Network (ANDiN)	Clinical Decision Markers
Australian and New Zealand Neonatal Network (ANZNN)	Clinical Decision Markers
Australian Physiotherapy Association (APA)	Clinical Decision Markers
Australian Psychological Society (APS)	Clinical Decision Markers
Federation of Ethnic Communities' Councils Australia (FECCA)	Clinical Decision Markers
Indigenous Allied Health Australia	Clinical Decision Markers
Life's Little Treasures Foundation	Families with children born very preterm & lived experience advocacy groups
Maternal Child and Family Health Nurses Australia	Clinical Decision Markers
Migrant and Refugee Health Partnership	Policy Makers
Miracle Babies Foundation	Families with children born very preterm & lived experience advocacy groups
National Aboriginal Community Controlled Health Organisation (NACCHO)	Clinical Decision Markers & families with children born very preterm & lived experience advocacy groups
Neonatal Occupational Therapy Network	Clinical Decision Markers
Neonatal Speech Pathology Group	Clinical Decision Markers
Australasian Society for Developmental Paediatrics (ASDP)	Clinical Decision Markers
Newborn Medicine Centre of Research Excellence Consumer Advisory Group	Families with children born very preterm
Perinatal Society of Australia and New Zealand (PSANZ)	Clinical Decision Markers
Royal Australian College of General Practitioners (RACGP)	Clinical Decision Markers
Refugee Health Network Australia	Clinical Decision Markers & Legislative Decision Makers

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Speech Pathology Australia	Clinical Decision Markers
Tasmanian Education Department Network	Policy makers & Educators
Tiny Sparks WA Foundation	Families with children born very preterm & lived experience advocacy groups
All State and Federal Health Departments	Policy Makers

In addition to the groups listed in Table 2, the published guideline will be sent to all members of the Guideline Development Group, including the Steering Committee, for use and distribution by individuals and affiliation organisations. The online download link will also be sent to all organisations and individuals who provided comment during the public consultation period to be shared free of charge to their members and via their networks.

## 7. SOCIAL MEDIA

In addition to notifications on the Newborn Medicine CRE website, we will create posts that are specific for consumers, teachers, and professionals. Hospitals, universities and professional associations have significant social media footprints and whilst not all mentioned individually here, they'll be identified and included in a more details social media strategy closer to launch.

*Table 3 - Social Media Strategy*

Channels	Details	Target Group
<b>Facebook</b>	Centre for Research Excellence in Newborn Medicine, Murdoch Children's Research Institute, PSANZ – Perinatal Society of Australia and New Zealand	Lived experience & legislative decision makers
<b>LinkedIn</b>	Newborn Medicine CRE members personal accounts	Lived experience & clinical decision makers
<b>Instagram</b>	Using influencers and profiles of associated handles to promote the guidelines	Families with lived experience
<b>Twitter</b>	Messaging to launch the guidelines and reactive messaging to broader media activity.	Lived experience, clinical decision makers, academics and policy and decision makers.

## 8. SCIENTIFIC MEETINGS AND CONFERENCES

The guideline and recommendations will be presented at relevant national and international scientific and consumer conferences, such as the Perinatal Society of Australia and New Zealand Annual Congress and the Australian and New Zealand Neonatal Network Clinical Practice Improvement Conference.

*Table 4 - Presentations*

Event/Location	Audience	Details
<b>PSANZ Annual Congress</b>	Health Professionals	Presentation and facilitated Q&A
<b>Australian and New Zealand Neonatal Network Clinical Practice Improvement Conference</b>	Health Professionals	Presentations and facilitated Q&A
<b>Launch Event</b>	All	Liaise with appropriate officials to launch this major health initiative.
<b>Conference speaking engagements at events</b>	All	Development of the guidelines, guideline recommendations, future iterations.

## 9. PUBLICATIONS

Key Australian clinical journal will be contacted to inquire about submission of articles about the Guideline to reach a broad Australian clinical audience. This includes but is not limited to:

Table 5 - Publications

Journal/Newsletter	Audience	Content
PSANZ Newsletter	Health Professionals	Guideline Recommendations
Nursing Review	Nurses	Guideline Recommendations
Health Times (.com.au)	Health Professionals	Guideline Recommendations
APA – InMotion Magazine	Physiotherapists	Guideline Recommendations
APS – In Psych Magazine	Psychologists	Guideline Recommendations
RACGP – Good Practice Magazine	General Practitioners	Guideline Recommendations
Medical Journal of Australia	Medical Professionals	Guideline Recommendations
Journal of Paediatrics and Child Health	Medical Professionals	Guideline Recommendations
AASW – Social Work Focus Magazine	Social Workers	Guideline Recommendations
SPA – Speak Out Magazine	Speech Pathologists	Guideline Recommendations
Early Childhood Australia – Every Child Magazine	Early Childhood Educators	Guideline Recommendations

## 10. MASS MEDIA CAMPAIGNS

The following will be targeted for further engagement of the public.

Table 6 - Mass Media Campaigns

Event/Location	Audience	Details
Press Release from Newborn Medicine CRE in conjunction with Murdoch Children’s Research Institute	General Public	A press release will be issued by Newborn Medicine CRE to prompt media attempt to the guideline.
The Conversation	Academics, General Public	Launch article
Digital and publishing news outlets	General Public	Target publications <ul style="list-style-type: none"> <li>• ABC</li> <li>• The Guardian</li> <li>• Nine News (The Age and SMH)</li> <li>• News Corp Publications (The Australian, Sun Herald, Courier Mail)</li> <li>• The West Australian</li> </ul>

## 11. POTENTIAL BARRIERS

Identifying barriers and facilitations to the implementation of clinical practice guidelines plays a key role in determining the successful implementation of the guideline. Several contexts need to be considered including but not limited to socio-political, health system, guideline and health professional contexts [1] and implementation plans adjusted to the specified healthcare setting and population itself [2]. The Newborn Medicine CRE has developed the mitigation strategies listed in Table 8 but acknowledge that not all strategies can be actioned without additional investment and support from those involved.

*Table 7 - Potential Barriers*

<b>Barrier</b>	<b>Contributing factors</b>	<b>Mitigation Strategy</b>
<b>Absence of a leader</b>	Workforce capacity continues to strain the health system	Encourage a professional forum so clinicians can seek peer support.
<b>Not enough clinicians</b>	Workforce capacity continues to strain the health system	Encourage implementation of recommendations into already existing processes as able. Suggest reference to implementation examples.
<b>Lack of specialty knowledge</b>	Workforce capacity and skills shortages in some areas where follow up is required.	Encourage training through tertiary centres and innovative delivery approaches with collaborations through tertiary centres with the use of telehealth.
<b>Lack of organisation infrastructure and capacity to action the Guideline</b>	Existing clinical processes do not enable easy system adaptation	Suggest breaking down recommendations and staging their incorporation into clinical practice. Suggest reference to implementation examples provided on website.
<b>Lack of knowledge of the guideline by health professionals</b>	Lack of training/access to most up to date information in some areas where follow up is required.	Disseminate clinical practice guidelines widely.
<b>Resistance to change and lack of motivation to embrace recommendations</b>	Contributing factors include lack of system and admin support.	Encourage a professional forum so clinicians can seek peer support.
<b>Lack of consistency in implementation over time</b>	Contributing factors include peak of interest after initial release of the guideline with lack of ongoing support or 'champions'	Encourage regular auditing and reporting back to services of follow-up.

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<b>Lack of access to the guideline and resources by consumers</b>	Contributing factors include health and clinical literacy, complex comorbidities and low socio-economic status.	Ensure information is available in a variety of formats, that prioritise content in an accessible way.
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## 12. EVALUATION STRATEGY

Table 8 - Evaluation Strategy

Resource	Measurement Details	Target/Outcome/Metrics
<b>Guideline downloads</b>	Number of downloads from website Online data, including visits to site	100 downloads of the document 500 views in the first 6 months
<b>Resource material downloads</b>	Number of downloads from website Online data, including visits to site	300 views in the first 6 months
<b>Presentations</b>	Number of presentations, target group, location details	National target of 500 contacts in first 6 months
<b>Publications</b>	Number of published articles	3 articles published
<b>Mass Media</b>	Views of articles published; radio/tv program reach	2 stories published
<b>Australian &amp; New Zealand Neonatal Network Annual Reports</b>	Outcomes of extremely preterm and extremely low birthweight infants.	Increase in follow up rate reported (>80% follow up between 18-42 months).
<b>Targeted surveys across professional and consumer demographics</b>	Gathering qualitative data on use of Guidelines	Informing updates and areas of interest that require refinement and promotion
<b>Review of new research and initiatives than can be linked back to Guideline recommendations</b>	Independent review at 5 years	Inform future updates and areas requiring further investigation or research

### 13. REFERENCES

1. Correa, V.C., et al., *Individual, health system, and contextual barriers and facilitators for the implementation of clinical practice guidelines: a systematic metareview*. Health Research Policy and Systems, 2020. **18**(1): p. 74. <https://doi.org/10.1186/s12961-020-00588-8>.
2. Zhou, P., et al., *The barriers and facilitators for the implementation of clinical practice guidelines in healthcare: an umbrella review of qualitative and quantitative literature*. Journal of Clinical Epidemiology, 2023. **162**: p. 169-181. <https://doi.org/10.1016/j.jclinepi.2023.08.017>.