



## Structured, preterm-specific post-discharge follow-up care should be offered to all children born very preterm and their caregivers regardless of presence of risk and/or resilience factors.

### Clinical Practice Points

*In providing structured, preterm-specific follow-up care, service providers should consider the following practice points:*

1. This proposal offers a *minimum* set of contacts and priorities; services and clinicians should offer more support as they consider appropriate.
2. Follow-up should be provided in a flexible way to meet the needs, priorities and concerns of each individual child and caregivers.
3. Children with very complex conditions / specific needs may need additional specialised follow-up e.g., retinopathy of prematurity monitoring, post-surgical follow-up.
4. Corrected age should be used when considering a child's growth, health, and development.
5. Involve key caregivers outside the family, such as early childhood professionals, to ensure a holistic view of children's wellbeing/functioning.
6. Children born very preterm, and their caregivers should have post discharge follow-up care planning initiated by the treating NICU and transition to an appropriate follow-up service with a formal handover (ideally person to person whenever possible).
7. Post discharge care may involve many healthcare professionals and different healthcare services, including hospitals, community practitioners, and universal services (e.g., Maternal Child Health Service). Communication and coordination are essential to maximise efficiency, reduce duplication of effort, and minimise the burden to families. Appointing a lead clinical contact within a multi-disciplinary team may facilitate this.
8. Clinicians should be appropriately trained/upskilled to assess the priority areas listed in these guidelines.
9. Establishing strong professional links with larger teams of expertise may help facilitate training and maintenance of professional development.
10. Services should be flexible in their approach to providing follow-up based on families' preferences, clinical needs, early assessment findings and other relevant factors. Modality options may include face to face, telehealth, or a hybrid (e.g., telehealth contacts facilitated with a local healthcare professional) based on families' preferences, clinical needs, and any other relevant factors.

## Consensus-based Recommendation 1: Follow-up Schedule Recommendations

Priorities	Shortly post-discharge (7-10 days)	6w post-discharge	3-4mo CA	6mo CA <sup>ab</sup>	8-9mo CA	12mo CA <sup>c</sup>	18mo CA <sup>e</sup>	24mo CA	2.5y CA <sup>a</sup>	4-5y CA <sup>f</sup>
<i>Physical Health</i>										
General health (incl. respiratory)	+	+ Vaccination Schedule <sup>h</sup>	+		+ Vaccination Schedule <sup>h</sup>	+	+	+		+ Cardiovascular (BP) Respiratory (asthma)
Growth	+	+	+		+ Height/BMI)/ Nutrition (incl. Feeding)	+ (Height/BMI)/ Nutrition	+ (Height/BMI)/ Nutrition	+ (Height/BMI)/ Nutrition		+ (Height/BMI)/ Nutrition
Sensory		+ Vision Hearing	+		+	+ Vision Hearing	+	+		+ Vision, Hearing
<i>Developmental</i>										
Feeding	+ Lactation support	+	+ Plan for starting solids			+				
Sleep	+	+	+		+	+				
Behaviour, Developmental progress, and support	+	+	+ Early detection of infants at high-risk of CP <sup>c</sup>		+ (language/ communication/ motor)	+ (language/ communication/ motor)	+ (language/ communication /motor)	+ Formal developmental assessment <sup>d</sup> (cognition/language/ communication, motor), screen for emotional-behavioural concerns		+ Formal cognitive assessment <sup>d</sup> Pre-academic skills, Behaviour, Language/communication, Motor skills
<i>Quality of Life</i>										
For child and family						+				+
<i>Family</i>										
Wellbeing, Mental health <sup>g</sup>	+	+	+		+	+	+	+		+
Resources/ Information needs <sup>i</sup>	+ incl. milestones for CA	+	+		+	+	+	+		+

Abbreviations: mo: months, y: years, CA: corrected age, BMI: body mass index, BP: blood pressure

<sup>a</sup> Review if parental concerns or clinical need

<sup>b</sup> Telehealth check-in may be advised

<sup>c</sup> Expertise in early detection of CP. Novak et al. 2017 <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2636588>

<sup>d</sup> Face to face assessment suggested for formal developmental assessment at 24 months corrected age and formal cognitive assessments at 4-5 years corrected age.

<sup>e</sup> Telehealth check in with face to face appointments if indicated

<sup>f</sup> Timing of contact to consider child's likely commencement of formal schooling.

<sup>g</sup> Including parent-child attachment

<sup>h</sup> Vaccinations administered via chronological age

<sup>i</sup> Consider socio-economic background assessment of family when considering information needs.