

**DEVELOPMENTAL CASES – Student Copy**  
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**Part A:**

You are called to do an antenatal consult while on call at a community hospital for Mrs. Daisy who is a 28 years old G1P0 woman, pregnant at 25 weeks + 4/7 days. She has spontaneously ruptured her membranes, and is laboring. Her blood group is O+, she is GBS unknown, and rubella non-immune. She does not have hypertension, nor is she diabetic. Mrs. Daisy was diagnosed with hypothyroidism in her second trimester, and is currently on levothyroxine. She was on prenatal vitamins throughout pregnancy.

- 1 - Counsel Mrs. Daisy on the neurodevelopmental risks for her baby if she were to deliver today.
- 2 – Name risk factors that would increase the probability of poorer neurodevelopmental outcomes.

**Part B:**

Baby Daisy is born 1 hour after you have completed your antenatal consult – a baby girl weighing 1.2kg.

What screening tests does this baby require based on her weight and gestational age? At what timing intervals should they be performed?

**Part C:**

A few weeks after delivery, it comes to light that Mrs. Daisy has been consuming alcohol during her pregnancy. When asked to quantify how much she was drinking, Mrs. Daisy responded “a few drinks a week... although I only got drunk 3 or 4 times..: She denied any other drug or cigarette use.

- 1 - What additional developmental risk should you be concerned of for baby Daisy?
- 2 – What findings would you look for on physical exam?
- 3 – What developmental concerns would you want to look out for in the future?

**Part D:**

Baby Daisy is finally ready for discharge at 38 + 5/7 weeks corrected– she is 3 months and 1 week of age chronologic. She required intubation with BLES followed by a 4 week course of CPAP. Caffeine was initiated after birth and was discontinued at 35 + 1/7 weeks. She required 1 packed red blood cell transfusion for anemia of prematurity, 3 days total of phototherapy, and did not have any septic deterioration. She did require a course of

indomethacin because of an open PDA. She managed to come off all NG feeds by 38 weeks, and is now breast-feeding beautifully. After passing her car seat, and demonstrating good weight gain – she is ready to go home. You are the community pediatrician who will be following her growth and development, and vaccinations.

1 – Babies born prematurely are referred to by both their corrected and chronological ages.

A – should routine immunizations be given according to chronologic or corrected age? Does this baby qualify for synagis?

B – should developmental milestones be gauged according to chronologic or corrected age?

C – should growth parameters be plotted according to chronologic or corrected age?

2 – Discuss what developmental tools are available for clinicians in the community to use in order to follow a child's development. What programs are available through McMaster Children's hospital and the community to help support the developmental follow-up of an ex-prem like baby Daisy?

## REFERENCES:

### CPS position statements:

1. Counseling and management of anticipated extremely preterm birth

<http://www.cps.ca/en/documents/position/management-anticipated-extremely-preterm-birth>

2. Assessment of babies for car seat safety before hospital discharge

<http://www.cps.ca/en/documents/position/babies-car-seat-safety-before-discharge>

3. Prevention of FAS & FAE in Canada

<http://www.cps.ca/en/documents/position/prevention-fetal-alcohol-syndrome>

4. Retinopathy of prematurity: Recommendations for screening

<http://www.cps.ca/en/documents/position/retinopathy-of-prematurity-screening>

### NICU SJH Reference Binder Contains screening guidelines for:

Head ultrasounds

ROP

Thyroid

Synagis qualifications

Other:

[www.rourkebabyrecord.ca](http://www.rourkebabyrecord.ca)