

## Late and Moderate Preterm Babies (LAMBs) Follow-up Clinic



*At the Center on Human  
Development and Disability*



### What is the LAMBs Follow-up Clinic?

Our clinic works with children who were born at 32 to 36 weeks gestation, or 4 to 8 weeks early. We provide developmental assessment and ongoing monitoring.

We know that these children are at higher risk for developmental differences. Our goal is to catch any problems early. We want to help your child grow, learn, and thrive to their highest potential.

### What are the benefits for me and my child?

- We perform a special developmental screening for your child at regular times from age 4 months to 3 years.
- If needed, we will connect your child to resources to support their development.
- After the visit, you and your child's primary care provider will receive a detailed report on your child's development.



### My child is receiving birth-to-3 early intervention. Should we still come to this clinic?

Yes. Our visit will give you extra information about your child. It will help you see the whole picture and know what resources and care will best support your child's development. Our services do not replace those provided by your child's doctor, birth-to-3 program, or public health nurse.

### How long does a visit last?

The length of your visit depends on how many specialists you see. Most visits last 60 to 90 minutes. You will be with your child the entire time. Please note that we cannot provide childcare for other children during your visit.

### What are the costs?

Most health insurance policies will cover your clinic visits. Costs for a visit depend on your child's age and how many specialists you see.

Please contact your health insurance company to find out what services they cover, if there are co-pays, and if you need to get their authorization before your clinic visit.

### Where is the clinic?

Our clinic is at the Center on Human Development and Disability (CHDD), just south of (behind) the University of Washington Medical Center (see map on back panel). The S1 parking lot is the closest lot to our clinic. We will send you parking details before your visit.



## Who does the clinic serve?

Our clinic serves children who:

- Needed care in a Neonatal Intensive Care Unit (NICU) after birth
- Were born at 32 to 36 weeks gestation
- Were exposed to drugs or unusual medicines during pregnancy

## How does my child get referred to the clinic?

If your premature baby spent time in a NICU, you will be offered a referral at your NICU discharge planning meeting. A primary care provider may also refer your child if they have concerns about development or want extra monitoring.

## Who will see my child?

Your child will primarily see a developmental pediatric nurse practitioner. Other specialists may include:

- Pediatric audiologist (hearing specialist)
- Developmental pediatrician
- Nutritionist

## What happens at a clinic visit?

During a clinic visit, we will:

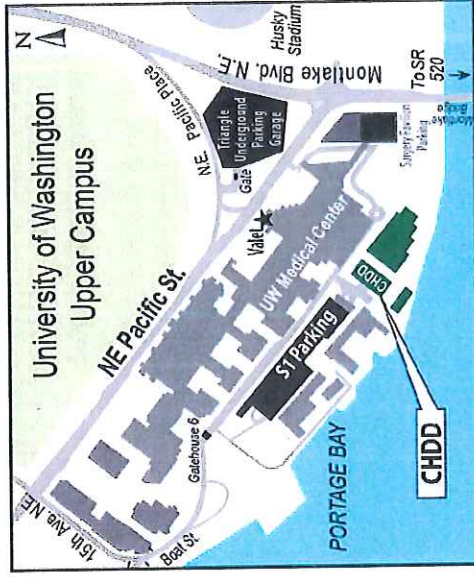
- Assess your child for developmental skills
- Measure your child's height, weight, and head circumference

- Give your child a neuromotor physical exam

- Talk with you about your child's vision, hearing, and oral health

We also provide hearing assessment and nutrition consultation, as needed. You will be able to ask questions and share your concerns.

We offer a language interpreter free of charge to help you better understand your child's care. Please tell us if you would like an interpreter when you set up your clinic visit.



## Questions?

To set up a time for your clinic visit, call 206.598.9348.

Please request an interpreter, if needed.

Location and parking information: <http://depts.washington.edu/chdd/gist/directions.html>

# UW Medicine

UNIVERSITY OF WASHINGTON  
MEDICAL CENTER



Center on Human Development  
and Disability

**Late and Moderate Preterm Babies (LAMBs)  
Follow-up Clinic**

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## **Late and Moderate Preterm Babies (LAMBs) Follow-up Clinic** *Center on Human Development and Disability*

### **Criteria for referring to the LAMBs clinic:**

- 32 0/7 to 36 6/7 weeks gestation
- Birthweight of 1500 grams or greater
- NICU length of stay 5 days or greater

Patients may also be referred based on provider concern (i.e. feeding issues, in utero substance exposure, jaundice, intracranial hemorrhage, respiratory distress, etc.)

\*Continue to refer any patient under 32 weeks gestation or less than 1500 grams to Infant Development Follow Up Clinic (IDFC) (formerly called High Risk Infant Follow up).

### **Ages at which patients are seen:**

- The visits are conducted at 4-6 months corrected age, 1 year corrected age, 2 years corrected age, and 3 years chronologic age.

### **LAMBs Clinic evaluation includes:**

- A comprehensive medical history, neuromotor exam, and a Level 2 norm-referenced screening and assessment tool The Capute Scales Cognitive Adaptive Test (CAT) Clinical Linguistic & Auditory Milestone Scale (CLAMS) are performed.
- A detailed report on findings with recommendations for services, medical evaluations, laboratory studies, or imaging which is sent to the primary care provider.
- Patients will also receive audiology screening at 1 year old, autism screening at 1 and 2 years old, and an oral health screening at 1 year old.
- Pediatric registered dietitians, pediatric physical therapists, pediatric occupational therapists, and developmental pediatricians are available for on-site consultations.

### **Background information on the late and moderate preterm population:**

Moderate preterm and late preterm infants make up approximately 80% of premature births in the United States. At 34 weeks gestation, the brain weight is 60% of the full term infant's brain weight. Between 35-41 weeks, there is a 5 fold increase in brain volume.

Short term outcomes: They are at increased risk for respiratory distress syndrome, transient tachypnea of the newborn, pneumonia, pulmonary hypertension in the neonatal period, jaundice, hypothermia, hypoglycemia, feeding difficulties, necrotizing enterocolitis, infection, intracranial hemorrhage, and mortality compared to term counterparts.

Long term outcomes: They are at increased risk of readmission to the hospital, ongoing feeding difficulties, and neurodevelopmental sequelae. The neurodevelopmental outcomes include developmental delay, cerebral palsy, cognitive impairment, lower IQ, visuospatial ability deficits and verbal fluency deficits, poorer academic performance, higher rate of needing special education services, attention problems, and internalizing and externalizing behaviors compared to term counterparts.

### **References:**

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