

# Introduction to BANNFU

Anthony Kaiser

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**BANNFU**

British Association of Neonatal Neurodevelopmental Follow Up. BAPM Special Interest Group



# Origins

- \* Thames Regional Perinatal Group (TRPG) (early 1980's) to attempt to coordinate Neonatal Care in M25 area (overt reason)
- \* Mainly neonatologists from “level 3” Units; + LAS et al
- \* Established TRPG Outcomes Subgroup for Neonatal Follow-Up about 2005
- \* With national regionalisation of Neonatal Care, TRPG folded about 2015



# Gestation

- \* TRPG OS worked on neonatal datasets
- \* Various work on adequacy of NNFU data nationally
- \* Planned the TRPG outcomes *pro forma*
- \* This became the Badger Neonatal data platform for 2 year outcome

## TRPG/SEND TWO-YEAR CORRECTED AGE OUTCOME FORM

**PLEASE DO NOT COMPLETE THIS FORM IF THE CHILD IS ACUTELY ILL**

Name & Designation of person completing form \_\_\_\_\_

Hospital of Birth \_\_\_\_\_

Infant's name \_\_\_\_\_ Infant's NHS No \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of assessment \_\_\_\_/\_\_\_\_/\_\_\_\_

Gestation at birth (completed weeks) \_\_\_\_\_ Sex: Male / Female

Reason if child not assessed: Deceased post discharge / lost to follow up

Full Current Post Code \_\_\_\_\_ Date of death if applicable \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth weight \_\_\_\_\_ Current hospital of follow up: \_\_\_\_\_

	No	Yes	Don't Know
<b>1. Neuromotor:</b>			
a. Does this child have any difficulty walking?			
b. Is this child's gait non-fluent or abnormal reducing mobility?			
<b>c. Is this child unable to walk without assistance?</b>			
d. Is this child unstable or needs to be supported when sitting?			
<b>e. Is this child unable to sit?</b>			
f. Does this child have any difficulty with the use of one hand?			
g. Does this child have difficulty with the use of both hands?			
<b>h. Is this child unable to use hands (i.e. to feed)?</b>			
<b>2. Malformations:</b>			
a. Does this child have a malformation identified at birth/ within the first 2yrs?			
<b>b. Does this malformation impair daily activities despite assistance?</b>			
<b>3. Respiratory &amp; CVS system:</b>			
a. Does this child have limited exercise tolerance with or without treatment?			
<b>b. Does child require supplemental oxygen or other respiratory support</b>			
<b>4. Gastro-intestinal Tract:</b>			
a. Is this child on a special diet? If yes, what diet: _____			
b. Does this child have a stoma?			
<b>c. Does this child require TPN, NG or PEG feeding?</b>			
<b>5. Renal:</b>			
a. Does this child have renal impairment, no treatment?			
b. Is this child on dietary or drug treatment for renal impairment?			
<b>c. Is this child having renal dialysis or awaiting renal transplant?</b>			

6. Neurology:	No	Yes	Don't know
a. Has this child had a fit or seizure in the past 12 months?			
b. Is this child on any anticonvulsants?			
<b>c. Has this child had more than 1 seizures a month despite treatment?</b>			
d. Has this child ever had ventriculo-peritoneal shunt inserted?			
<b>7. Growth: Give date of measurements if different from date of assessment _____</b>			
Weight _____ kg Date _____			
Length _____ cm Date _____			
Head circumference _____ cm Date _____			
8. Development	No	Yes	Don't Know
a. Is the child's development between 3-6 months behind corrected age?			
b. Is the child's development between 6-12 months behind corrected age?			
<b>c. Is the child's development more than 12 months behind corrected age?</b>			
d. Will you be referring the child for a detailed neurodevelopmental assessment?			
e. If child had detailed neurodevelopmental assessment, please provide name of the test.			
<b>9. Neurosensory:</b>			
a. Does this child have a hearing impairment?			
b. Does this child have hearing impairment corrected by aids?			
<b>c. Does this child have hearing impairment not correctable with aids?</b>			
d. Does this child have any visual problems (including squint)?			
e. Does this child have visual defect that is not fully correctable?			
<b>f. Is this child blind or sees light only?</b>			
<b>10. Communication</b>			
a. Does this child have any difficulty with communication?			
b. Does this child have difficulty with speech (<10 words/signs)?			
<b>c. Does the child have &lt;5 meaningful words, vocalisations or signs?</b>			
d. Does this child have difficulty with understanding outside of familiar context?			
<b>e. Is this child unable to understand words or signs?</b>			
<b>Special Questions:</b>			
a. Is this child on at-risk register, fostered or adopted?			
b. Was this child difficult to test? If yes, circle appropriate below: (a) tired, (b) poor attention, (c) difficult to engage, (d) other			

Note: If answering 'yes' to questions 1a - 1h or question 2b, please classify on the reverse of this form

# Gestation

- \* TRPGOS evolved into BANNFU 2017; endorsed by BAPM (Special Interest Group) 2020
- \* *cf* TRPG OS: national and multidisciplinary
- \* But is this just “jobs for the girls”?
- \* Vital to maintain standards of NNFU in order to
- \* Improve outcome for sick neonates and their families
- \* Promote uptake of efficacious early interventions