Developmental Disorders

in Children <36 Months of Age



FAST FACTS

1-3%

prevalence of global developmental delay

1 in 6

children 3 to 17 years old with a developmental disability

1 in 36

children in the US with autism spectrum disorder

WHEN TO REFER

Refer to your state's early intervention program as soon as a developmental concern is detected.

Refer to suitable therapist (OT/PT/speech) for assessment of area(s) of developmental delay.

Refer to Audiology if speech/language delays.

Refer for behavior therapy if frequently disruptive behaviors.

Refer to Cincinnati Children's DDBP if you suspect ASD or GDD.

Refer to Cincinnati Children's Infant Motor Evaluation Clinic (IMEC) if motor/tone abnormalities or you suspect CP.

Refer to Genetics if concern about specific genetic condition.

If you have urgent clinical questions about patients with these disorders, call the DDBP specialist on call through the Physician Priority Link® 513-636-7997.

Developmental disorders are a group of conditions characterized by an impairment in physical, learning, language, or behavior that result in functional limitations in major life activities. Children with these disorders benefit from early intervention services to address developmental and behavioral challenges.

In children <36 months of age, it is important to identify Autism Spectrum Disorder (ASD) and/or Global Developmental Delay (GDD). If deficits in social-communication and repetitive behaviors, suspect ASD. If significant deficits in 2+ of the following: motor, language, cognitive, personal-social, and activities of daily living (ADL), suspect GDD. Persistent GDD as a child ages may predict an Intellectual Disability diagnosis.

ASSESSMENT

Perform a medical and developmental history and physical exam. At 9, 18, and 30-month well child visits, administer standardized developmental screening. At 18 and 24 months, perform autism-specifc screening.

HISTORY AND PHYSICAL EXAM RED FLAGS

- Any parent/caregiver or early childhood professional concerns
- · Risk factors, including:
 - Family history of ASD, intellectual disability or other developmental/learning issues
 - · Perinatal complications including prematurity and in utero substance exposure
 - Neurologic conditions—myelomeningocele, congenital brain anomalies, and epilepsy
 - · Complex congenital heart disease
 - Other genetic or chronic medical conditions
 - · Adverse childhood events
- Autism-specific red flags—does not smile at others; lack of response to name; delayed speech and language skills; repeats words/phrases over and over (echolalia); does not point or look where you point; odd mannerisms or play; gets upset by minor changes; avoids eye contact; engages in repetitive movements or body posturing; has unusual reactions to sounds, textures, or other sensory stimuli

MANAGEMENT/TREATMENT OF DEVELOPMENTAL DISORDERS

When there are developmental concerns, recommend:

- Hearing and vision evaluation
- Review newborn metabolic screening
- · Review growth, including head circumference
- Consider brain MRI for motor/tone issues; check CK and TSH if there is gross motor delay/hypotonia

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Tool developed by Cincinnati Children's physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. This tool is presented for the purpose of educating providers. It should not be considered inclusive of all proper methods of care or exclusive of other reasonable methods of care. The ultimate judgment regarding care of a particular patient must be made by the physician in light of the patient's individual circumstances.

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