

# Baby Watch Early Intervention Program

## DIAGNOSIS/CONDITIONS LIST

1. Chromosomal/Genetic
  - a. Trisomies, Translocation, deletions
    - i. Down Syndrome
    - ii. Williams Syndrome
    - iii. Cri-du-chat
    - iv. All unbalanced structural chromosome syndrome
    - v. Prader-Willi Syndrome
    - vi. Klinefelter Syndrome
    - vii. Angelman Syndrome
    - viii. Velo-cardio-facial or DiGeorge Syndrome
  - b. Sex-linked
    - i. Fragile X Syndrome
    - ii. Lowe Syndrome
    - iii. FG Syndrome
2. Syndromal
  - a. Cockayne Syndrome
  - b. Bardet-Biedl Syndrome
  - c. Cornelia de Lange Syndrome
  - d. Rubenstein-Taybi Syndrome
3. Neuromuscular Disorders
  - a. Cerebral Palsy
  - b. Muscular Dystrophy
    - i. Duchenne Type
    - ii. Becker Type
  - c. Myopathies
  - d. Anterior Horn Cell Disorders
    - i. Werdnig-Hoffman Syndrome
    - ii. Kugelburg-Wehlander Syndrome
4. Neurocutaneous Disorders
  - a. Sturge-Weber
  - b. Tuberous Sclerosis
  - c. Neurofibromatosis Type 1
5. Spinal Cord Injury with Cord Involvement
6. Musculoskeletal Diseases
  - a. Arthrogyrosis
  - b. Reduction Deformity
7. Central Nervous System
  - a. Congenital Brain Malformation
  - b. Encephalocele
  - c. Spina Bifida
  - d. Hypoxic Ischemic Encephalopathy with seizures
8. Orofacial Abnormalities
  - a. Treacher Collins
  - b. Pierre-Robin Sequence
  - c. Moebius Sequence
  - d. Wardenburg Syndrome, Types I and II
9. Pervasive Developmental Delay
10. Autistic Spectrum Disorders
11. Sensory Loss
  - a. Vision
    - Albinism
    - Aniridia
    - Anophthalmia
    - Cortical Visual Impairment
    - Delayed Visual Development/Maturation/Impairment
    - Familial Exudative Vitreoretinopathy (FEVR)
    - Leber's Congenital Amaurosis
    - Microphthalmia
    - Optic Atrophy
    - Optic Nerve Hypoplasia or Septo Optic Dysplasia
    - Persistent Hyperplastic Primary Vitreous (PHPV)
    - Phthisis Bulbi
    - Retinal Detachment
    - Retinopathy of Prematurity (ROP) Stages/Grades 3, 4, 5
  - b. Hearing
    - Aided or unaided Sensorineural Hearing Loss
      - Bilateral mild to profound
      - Unilateral moderate to profound
    - Aided or unaided Conductive Hearing Loss
      - Chronic recurrent middle ear pathology (Chronic ear infections)
      - Structural anomalies
    - Aided or unaided Mixed Hearing Loss (Conductive and Sensorineural)
      - Bilateral mild to profound
      - Unilateral moderate to profound
    - Cochlear Implant

## DIAGNOSIS/CONDITIONS LIST continued

- c. Deafblind-The term "infants and toddlers with deafblindness" means individuals under the age of 3 who are experiencing developmental delays in hearing **and** vision, or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays in hearing **and** vision. The following are guidelines, provided through the national deafblind census, for use in determining if any early intervention child is deafblind, e.g. the child has both a vision and hearing impairment.

- Visual Impairment
  - Low vision (visual acuity of 20/70 to 20/200 in the better eye with correction)
  - Legally Blind (visual acuity of 20/200 or less or field restriction of 20 degrees or less in the better eye with correction)
  - Light Perception Only
  - Totally blind
  - Cortical Visual Impairment
  - Diagnosed Progressive Loss
- Hearing Impairment
  - Mild (26-40 dB loss)
  - Moderate (41-55 dB loss)
  - Moderately Severe (56-70 dB loss)
  - Severe (71-90 dB loss)
  - Profound (91+ dB loss)
  - Diagnosed Progressive Loss

- Unusually high tone
- Unusually low tone
- Significant tremors when at rest
- Fluctuating tone: such as, low tone when resting and high tone when over stimulated
- Inconsolability not attributable to typical premature irritability, GER, or other medical conditions
- Neurologically based significant irritability
- Unable to come to a quiet-alert state, persisting throughout hospitalization
- Severe sleep disorder—unable to maintain deep sleep for 2 hours or more

This list is not all-inclusive. New disorders are being identified all of the time. The following procedure allows a child's diagnosis to be considered for inclusion:

1. Document information from a diagnostic work-up including physician reports and recommendations.
2. Include supportive data from research journals, text information, etc., which supports that a child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Clinical opinion may be used to suspend eligibility following at least 1 yr. of enrollment in BWEI program

## 12. Abnormalities of Metabolism

- a. Amino Acid
  - i. Maple Syrup Urine Disease
  - ii. Untreated PKU
- b. Carbohydrate
  - i. Infantile Gaucher Disease
  - ii. Methylmalonic acidemia
- c. Lipid
  - i. Niemann-Pick Disease
  - ii. Tay-Sachs Disease
- d. Purine/Pyrimidine
  - i. Lesch-Nyhan Syndrome
- e. Thyroid
  - i. Untreated Hypothyroidism
- f. Mucopolysaccharidosis
  - i. Hunter Syndrome
  - ii. Hurler-Scheie Syndrome
  - iii. Sanfilippo Syndrome
  - iv. Sly Syndrome

## 13. Ventilator Dependent

## 14. Congenital Infections

- a. Cytomegalovirus
- b. Herpes
- c. HIV
- d. Rubella
- e. Syphilis
- f. Toxoplasmosis

## 15. Failure to Thrive

## 16. Environmental Agents

- a. Fetal Alcohol Syndrome
- b. Fetal Valproate Syndrome
- c. Fetal Hydantoin Syndrome

## 17. NICU Graduate with one or more of the following conditions:

- NG or G tube feedings required either full or partial to maintain adequate nutrition
- Unable to take 100% of nutrition by mouth
- Difficulty pacing and/or coordinating suck-swallow-breathe, especially if 38-40 weeks or older
- Long, difficult time to learn to eat