

Communicating results

Communicating results with parents or carers and the multidisciplinary team?

A General Movements (GMs) video cannot be taken without appropriate carer consent. Discussion regarding the assessment needs to take place with parents and a member of the treating multidisciplinary team to gain informed consent prior to videoing.

MOTOR DYSFUNCTION



Newborn care ‘writhing’ period

Videos taken in the Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN)

After review and scoring of videos by GM certified clinicians (at least 2) feedback should be given within 2 weeks to:

- Neonatologist, treating physician or multidisciplinary team
- Parents
- Medical and electronic medical records.

If an abnormal result of ‘cramped synchronised’ (predictive if persistent) or ‘chaotic’ (rare and not predictive) is found, a repeated video/s in the ‘writhing’ period should be performed in 1–2 weeks if abnormal movements persist.

If a normal result is found in the ‘writhing’ period, no further videos are required in the ‘writhing’ period and the baby can be filmed again in the ‘fidgety’ period (9–16 weeks corrected age) as an outpatient or via the BabyMoves app.

‘Fidgety’ period

When normal ‘fidgety’ GMs are scored by two GM certified clinicians (with one blinded to the clinical history), parents should be given reassurance of a low risk of cerebral palsy and advised to continue ongoing developmental follow up.

The result of ‘absent fidgety’ GMs should be communicated with the treating multidisciplinary team inclusive of neonatologists and paediatrician by the GM certified clinicians. Abnormal results of GMs should form part of the clinical reasoning with the combination of clinical history indicating risk for cerebral palsy and/or neuroimaging findings to inform the interim clinical diagnosis of ‘high-risk of cerebral palsy’.

Informing parents on the interim clinical diagnosis of ‘high-risk of cerebral palsy’ should involve the multidisciplinary team in a sensitive, compassionate and well-planned way and always be accompanied by referrals to cerebral palsy-specific early intervention services, parental emotional supports and ongoing medical follow up. See fact sheet on ‘Communicating diagnosis’ and refer parents to ‘Parent fact sheet’.