1 month to 1 year

down syndrome care hub

Assessments & Health Visits for People Living with Down Syndrome

Guided Checklist

◯ Regular well-care visits

- Obtain family history and review any pre and postnatal conditions
- Establish rapport with family and schedule regular visits for health checkups, as needed

◯ Monitor growth

Determine BMI, weight, and height trends using standard growth charts of the National Center for Health statistics or WHO

◯ Immunizations

Administer immunizations including influenza vaccine unless contraindicated

◯ Heart

- Monitor infants with cardiac defects; typically ventricular or atrioventricular septal defects
- Tachypnea, feeding difficulties, and poor weight gain as indicators of heart failure
- Manage through nutritional support until cardiac surgery; repairs performed as soon as possible to limit development of pulmonary hypertension and other complications
- General increased risk of hypertension in DS

◯ Blood test

Obtain hemoglobin concentration at 1 year to assess for iron deficiency; get serum ferritin concentration and C-reactive protein (CRP)

◯ Hearing and vision

- Review: risk of serious otitis media with family and previous hearing evaluation if done; rescreen at 6 months for confirmation
- Referral: (1) otolaryngologist and (2)ophthalmologist; (1) to determine if middle ear abnormality is present and (2) evaluate in first 6 months of life for strabismus, cataracts, and nystagmus
- Use tympanometry if poorly visualized tympanic membrane

◯ Thyroid

- Increased risk of acquired thyroid disease
- Repeat measurements of TSH at 6 and 12 months of age

◯ Stomach or bowel problems

- Perform clinical examination; assess for duodenal atresia or anorectal atresia/stenosis
- Constipation; evaluate for restricted diet, limited fluid intake, hypotonia, hypothyroidism, or gastrointestinal tract malformation (Hirschsprung disease)
- Assess for gastroesophageal reflux; refer for subspecialty intervention if severe

◯ Sleep issues

Discuss once during first 6 months about symptoms of obstructive sleep apnea (OSA), heavy breathing, snoring, uncommon sleep positions, frequent night awakenings, daytime sleepiness, apneic pauses, and behaviour problems associate with poor sleep

◯ Cervical spine positioning

Maintain neutral positions during anesthetic, surgical, or radiographic procedure to minimize risk of spinal cord injury

◯ Myopathy

Perform physical examination for myopathic signs and symptoms; clinical history discussed

◯ Neurologic Dysfunction

Monitor for signs of dysfunction such as seizures; infantile spasms, Moya Moya disease

◯ Developmental services

- Review infant development program with family and other early intervention services

◯ Social support services – each visit:

- Assess parents' emotional status and intra familial relationships
- Review availability of DS support groups, organizations, and other resources, if possible
- Refer to social support services and counseling

◯ Recurrence risk counseling

- Refer to genetic counseling; discuss risks of DS recurrence with family
- Discuss at least once the availability of prenatal diagnostic testing with family