Age Correction in Evaluation and Assessment of Prematurely Born Infants Guidance Document

Early Support for Infants and Toddlers

Contents

Purpose

The purpose of this document is to give guidance to Early Supports for Infants and Toddlers (ESIT) providers regarding age correcting for prematurity when scoring an evaluation or assessment tool and when determining a Child Outcomes Summary (COS) rating. This guidance was created in response to provider concerns that there are inconsistencies in age correction practices across ESIT provider agencies. It is important that age correction procedures be conducted in a consistent manner across in order to ensure equitable and accurate evaluation and assessment practices throughout the state.

Definitions

Gestational age: Time elapsed from the first day of the last menstrual period to the day of birth, measured in full weeks, rounded down. For example, an infant born at 36 weeks and 6 days is considered to have a gestational age of 36 weeks.

Chronological age: Time elapsed since birth, measured in years, months and days. Also called “actual age.”

Corrected age: Chronological age, minus the number of weeks the infant was born before the time when the infant would have reached 40 weeks gestational age.

Adjusted age: Synonymous with, but less preferred than, corrected age.

Premature birth: Birth at less than 37 weeks gestational age.

Term birth: Birth at equal to or more than 37 weeks gestational age.

Guidance

Why Age Correct for Prematurity?

Based on a review of current literature, age correction allows for more accurate evaluation and functional assessment of infants born prematurely by comparing them with other infants of the same *developmental age*, rather than with infants of the same *chronological age*. This is important because the developmental age of premature infants is younger than the developmental age of their same chronological age peers. The brain, body and neurologic systems of a prematurely born infant have not developed to the same degree as those of an infant born at full term. Therefore, developmental comparison of a prematurely born infant to same-chronological age peers, may not be a valid comparison. See the Resources section of this document for some helpful sources.

When to Age Correct for Prematurity

When an evaluation or assessment tool's manual gives age correction instructions, follow those instructions. If the tool instructs users *not* correct for prematurity, consider choosing a tool that allows for age correction.

What if the tool instructs to correct for prematurity but doesn't give specifics?

If the tool's instructions do not address age correction, or if the instructions are incomplete or non-specific, follow the below guidance.

What if the tool does not mention whether or not to correct?

If the tool does not mention age correction, correct for age when determining the items administered and the norms used to determine delay.

How premature does an infant need to be to qualify for age correction?

Age correct for an infant born at less than 37 weeks gestational age.

At what chronological age does age correction stop?

Once a child reaches 24 months chronological age, do not correct for prematurity. This is in alignment with recommendations by the American Academy of Pediatrics.

How to Calculate Corrected Age

Subtract the number of weeks premature from the current chronological age:

- Current Chronological Age – (40 weeks – Gestational Age at birth) = Corrected Age
    - Example: 16-month old toddler who was born at 28 weeks gestation.
      16 months Chronological Age – (40 weeks - 28 weeks Gestational Age at birth) = Corrected Age
      16 months – 3 months = 13 months Corrected Age

COS Ratings and Age Correction

Use the developmental expectations for the child's chronological age, not the corrected age, when selecting a COS rating and COS descriptor statement. Using children's chronological ages at entry and exit will better capture the full range of developmental progress during the time the child was enrolled in early intervention services.

What About Partial Age Correction?

Partial age correction approaches vary the level and duration of age correction based on the degree of prematurity or the developmental domain being assessed. Unless instructed to do so by a specific evaluation or assessment tool, do not use partial age correction procedures.

How does this guidance mesh with the Qualifying Diagnoses List guidance?

Currently, all infants born less than 37 weeks gestation are automatically eligible for ESIT enrollment and are not required to participate in an eligibility evaluation. The use of age correction may increase the numbers of premature children who do not demonstrate developmental delays during functional child assessment. In these situations, refer to the Qualifying Diagnosis List Guidance Document section titled, *What if parents are seeking services because their child has a Qualifying Diagnosis, but the child does not demonstrate any obvious delays?*

Resources

American Academy of Pediatrics and American College of Obstetricians and Gynecologists. (2002). *Guidelines for Perinatal Care*. 5th ed. Washington, DC: American College of Obstetricians and Gynecologists.

American Academy of Pediatrics Committee on the Fetus and Newborn (2004). Policy Statement: Age Terminology During the Perinatal Period. *Pediatrics*, 114(5), 1362–1364. Reaffirmed July 2014. https://doi.org/10.1542/peds.2004-1915.

Aylward, G. (2020). Is It Correct to Correct for Prematurity? Theoretic Analysis of the Bayley-4 Normative Data. *Journal of Developmental & Behavioral Pediatrics*, 41(2), 128-133.

Bernbaum, J.C., Campbell, D.E., & Imaizumi, S.O. (2009). Follow-up care of the graduate from the neonatal intensive care unit. In T. McInerny (Ed.), *American Academy of Pediatrics Textbook of Pediatric Care* (pp. 867–882). Elk Grove Village, IL: American Academy of Pediatrics.

Child Outcomes Summary Decision Tree. See ESIT Website.

COS Module 5: Understanding Age-Expected Child Development, Trajectories and Progress. See ESIT Website.

D'Agostino, J. (2010). An Evidentiary Review Regarding the Use of Chronological and Adjusted Age in the Assessment of Preterm Infants. *Journal for Specialists in Pediatric Nursing*, 15(1), 26-32. **https://doi.org/10.1111/j.1744-6155.2009.00215.x**

University of Nebraska Medical Center. *Understanding Corrected Age*. https://www.unmc.edu/media/mmi/jackson/TIPS-Intro/Understanding_Corrected_Age.pdf

Zaichkin, J., Weiner, G. & Loren, D. (Eds.). (2017). *Understanding the NICU*: *What Parents of Preemies and Other Hospitalized Newborns Need to Know*. American Academy of Pediatrics.