

Neonatal Transport

*The Newsletter of the Maryland Regional Neonatal Transport Program
June 2009*

THE MARYLAND INFANTS AND TODDLERS PROGRAM

The rate of prematurity, in Maryland, increased nearly 10% from 1996 to 2006¹. In 2006, 13.5% of live births were preterm and 2.4% were very preterm (<32 weeks gestation) in Maryland¹. As the rate of prematurity has increased, so has the survival rate.

Approximately 85% of VLBW infants survive to be discharged from the hospital². Although many factors go into predictions regarding morbidity, infants born earliest and at the lowest weights have the highest risk of developing developmental disabilities.

Approximately 50% of infants born extremely premature have a developmental delay and 23% have a severe disability³. This underscores the need for early intervention services for infants born prematurely. Part C of Public Law 108-446, the Individuals with Disabilities Education Act (IDEA) of 2004, legislates statewide, comprehensive systems of early intervention services to infants and toddlers with special needs. This law allows each state to determine eligibility criterion for children and families served; it also allows each state to determine family cost for participation.

In Maryland, the early intervention program is called the Maryland Infants and Toddlers Program (MITP). In Maryland, children, ages birth to three years, are eligible to participate in the MITP if they exhibit a $\geq 25\%$ developmental delay, atypical development, or a diagnosed condition that has a high probability of resulting in delayed or atypical development. High probability conditions related to

prematurity include, but are not limited to, a birth weight of <1,200 grams, Chronic Lung Disease (CLD), Intraventricular Hemorrhage (IVH) (Grade III or IV), Necrotizing Enterocolitis (NEC) (Surgical), and Periventricular Leukomalacia (PVL). In 2008, the MITP provided early intervention services to more than 13,800 children through 24 local programs. The MITP provides early intervention services in the child's natural environment, at no direct costs to families.

Research and best practice demonstrate that infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts. The MITP bases its early intervention practices on best available research and evidenced-based practice, while adhering to the laws and regulations of Part C of IDEA. Acknowledging the primary role of the family in the early intervention process, Maryland's early intervention system has evolved from a traditional child-centered "clinical model" to a family-centered developmental model where service providers work with the family in planning and providing services to help foster the development of their child. Services may include (but are not limited to) physical therapy, occupational therapy, speech/language therapy, and special instruction.

All potentially eligible infants should be referred to the MITP prior to their discharge from the NICU. To learn more about the MITP, and to obtain a copy of the MITP referral form along with fax numbers, please refer to the MITP Physician's Guide.

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A complete copy of the guide is available at http://www.marylandpublicschools.org/NR/rdonlyres/4BDA1AEE-2C71-4150-8180-A5AAEE4613E4/19550/MITP_Physician_Guide_March_2009.pdf or by calling the MITP at 1-800-535-0182.

REFERENCES

1. March of Dimes. PeriStats for Maryland. Available at <http://www.marchofdimes.com/peristats/tlanding.aspx?dv=It&req=24&top=3&lev=0&slev=4>. Downloaded May 18, 2009.
2. Fanaroff AA, Stoll BJ, Wright LL, et al. Trends in neonatal morbidity and mortality for very low birthweight infants. *Am J Obstet Gynecol.* 2007;196(2):147.e1-147.e8.
3. Wood NS, Marlow N, Costelow K, et al. Neurologic and developmental disability after extremely preterm birth. *New England J Medicine.* 2000; 343(6): 378-384.



Bill Tippet



Shawn Loomis, Kathryn Mallamo, Teddy Baldwin, Bill Tippet

Despite the rain and bad weather the team was available to answer questions about the neonatal transport equipment or ambulance

Community Initiatives March of Dimes - March for Babies

On May 3, 2009, the MRNTP participated in the Baltimore city based four mile walk to support the march of Dimes. This was the fifth year of team involvement. The March for Babies began in 1970 and is one of the oldest and most popular walk events in the nation. It is held in 1,100 communities across the nation. Funds generated support prenatal education efforts, parent education for NICU graduates, smoking cessation classes for pregnant women and research initiatives to discover the genetic basis for many birth defects, This year, the team raised a total of \$_____. Thanks for supporting the MRNTP walkers!



Colby Millen, Teddy, Bill, Kathy, Shawn