Objective To determine changes in incidence of CP and motor disorders in preterm children since 2004, and to identify associated factors.

Methods We included all infants born < 32 weeks, admitted to our tertiary NICU, born in 2004–2005 (period-I) and in 2008–2009 (period-II). We excluded children transferred from other tertiary NICUs, with major malformations, and neuromuscular disorders. We compared the incidence of CP and other motor disorders at the age of 2 years. To identify potential risk factors, we used the Nursery Neurobiologic Risk Score (NBRS), including pH, ventilation, infection, convulsions, intraventricular hemorrhage, periventricular leukomalacia, and hypoglycemia.

Results 558 children were included; 269 period-I and 289 period-II. The incidence in CP was not significantly different: 5.6% vs 6.6%, respectively. The number of children with other motor disorders was significantly higher in period-I than in period-II: 15 vs 5 (5.6% vs 1.7%, p < 0.05). NBRS-scores were median 2.5 vs 2.0 (p = 0.12). In period-I, pH and infection contributed more to a higher NBRS, whereas mild periventricular leukomalacia did in period-II (all p < 0.05). Total and subscores of the NBRS were strongly related to CP (p < 0.01), apart from hypoglycemia in both periods, and ventilation and suspected infections in period-I.

Conclusions Since 2004, the incidence of CP in preterm children did not change, but rates of other motor disorders decreased, with out considerable changes in associated risk factors.

Background and Aims Neonatal Follow-Up (NFU) programs are increasingly challenged to support attendance, address family needs, and provide essential services. Up to 30% of families do not attend these programs. The aim of this research was to investigate barriers and facilitators of NFU attendance from the perspectives of health care professionals (HCPs) and mothers.

Methods A qualitative research approach using purposive maximum variation sampling was conducted. HCPs participated in focus groups; mothers in individual interviews. Descriptive analysis was conducted to determine themes. Data from HCPs and mothers were analyzed separately and then compared.

Results Participants were 20 HCPs from 9 NFU programs and 6 mothers from 2 NFU programs located in the most populous regions of central and western Canada. Both HCPs and mothers identified limited family resources and restrictive clinic operations as barriers. HCPs identified fear of bad news as a barrier; mothers viewed bad news as a facilitator; the need to address the issue and move forward. Both HCPs and mothers viewed vulnerability as a barrier; however, the meaning differed. HCPs reported creating vulnerability for the family by monitoring their child’s development over time; whereas, mothers reported the need to protect their vulnerable child from risks (i.e., infection, weather). For mothers, the vulnerable child in combination with limited family resources was a key barrier to attendance.

Conclusions A better understanding of these perspectives may facilitate modifications to NFU programs to increase attendance, and ultimately improve outcomes for children at high risk for developmental delays and their families.