Canadian Task Force
on Preventive Health Care

Recommendations on Screening for Developmental Delay (DD)

We recommend against screening for developmental delay using standardized tools in children aged 1 to 4 years with no apparent signs of developmental delay and whose parents and clinicians have no concerns about development - *Strong recommendation*

- This recommendation **applies to** children aged 1 to 4 years with no apparent signs of DD and whose parents and clinicians have no concerns about development. Thus, this recommendation applies to children for whom there is no concern about failure to sequentially acquire age-appropriate developmental milestones for gross and fine motor, social/emotional, language, and cognitive domains. Milestone ages should be based on the oldest age by which the skill should have been achieved.
- This recommendation **does not apply to** children who present with signs, symptoms, or parental concern that could indicate DD or whose development is being closely monitored because of identified risk factors, such as premature birth or low birth weight.

1. How does screening differ from case finding and developmental surveillance?

- *Screening* refers to the systematic use of a standardized tool (e.g., Ages and Stages Questionnaire [ASQ], Parents' Evaluation of Developmental Status [PEDS], or Nipissing District Developmental Screen [NDDS]) to search for DD in children with no apparent signs.
- *Developmental surveillance* is the ongoing monitoring of development, identification of risk factors, and elicitation of parental concerns as part of standard clinical practice for children.
- *Case finding* is the attempt to identify DD among persons who are suspected of being at increased risk of DD. It may or may not involve the use of a specific tool.
- Cases detected by both screening and case finding will require confirmation testing and eventual diagnosis and treatment.

2. How does the Canadian Task Force on Preventive Health Care (CTFPHC) define DD?

- DD refers to significant delay in achieving age-expected norms within any of the following domains*:
  - Gross and fine motor skills
  - Speech and language
  - Social and personal skills
  - Activities of daily living
  - Cognition

3. Why does the CTFPHC recommend against screening for DD in children?

- There is no evidence available that population-based screening or interventions offered to children who screen positive for DD result in improved health outcomes compared to developmental surveillance alone.

4. Are the available screening tests for DD diagnostically accurate?

- No, available screening tests (e.g., ASQ, PEDS, and NDDS) show poor to moderate accuracy, indicating that their use would generate a high number of false positives among children without DD, which could lead to negative outcomes: anxiety and mislabelling, unnecessary investigation and treatment, and misuse of resources.

5. Without screening, how can DD be identified?

- Clinicians should continue with developmental surveillance for every child and proceed with case finding for children they believe may be at risk of DD (e.g., those with low birth weight or premature birth).

6. Should I screen for DD if a parent/guardian or my clinical assessment (i.e., developmental surveillance) raises a concern?

- This would not be screening by definition. If a parent/guardian raises concerns or if signs or risk factors are identified while conducting developmental surveillance, clinicians should consider the possibility of DD and conduct further assessment (or specialist evaluation) as clinically indicated.

*See:

Your child's development: What to expect [Internet]. Ottawa: Canadian Paediatric Society; [updated 2014 Feb; cited 2016 Mar]. Available from: http://www.caringforkids.cps.ca/handouts/your_childs_development

Dosman CF, Andrews D, Goulden KJ. Evidence-based milestone ages as a framework for developmental surveillance. Paediatr Child Health. 2012; 17(10): 561–68. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3549694