

DEVELOPMENTAL DELAY (2016): CTFPHC Clinician Summary

Population	<ul style="list-style-type: none"> - The recommendation applies to children aged 1 to 4 years who are not at high risk for developmental delay, have no signs suggestive of a developmental delay and whose parents or 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 delayed development or whose development is being closely monitored because of risk factors, such as premature birth or low birth weight
Intervention	Screening for developmental delay using standardized screening tools
Recommendation	We recommend against screening*¹ 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. <i>(Strong recommendation; low quality evidence)</i>
Basis of Recommendation	<ul style="list-style-type: none"> - There is no evidence from randomized controlled trials (RCTs) that screening children for developmental delay improves health outcomes - There is no evidence that commonly used screening tools would consistently identify otherwise unrecognized cases of developmental delay, but there is evidence that their low specificity would lead to a high proportion of false positive tests. False positive tests could cause harms such as anxiety, labeling, and potentially divert resources from the treatment of children with clinically evident developmental delay - High-quality RCT evidence on the effectiveness of treatment for known developmental delay was lacking. A few small trials suggest that speech and language therapy may improve language impairment and that treatment of autism may improve cognitive function in children; however there was no evidence that screening children without recognized signs of DD is necessary to obtain this benefit
Details of Recommended Services	<ul style="list-style-type: none"> - While we recommend against screening for developmental delay using a standardized tool, practitioners should continue with standard clinical practice for children including monitoring of development, identification of risk factors, elicitation of parental concerns and discussing development with parents - If a child is at high risk for developmental delay, parents or clinician have any concerns about development, or there are abnormalities the developmental trajectory of a child, clinicians should consider the possibility of developmental delay and conduct further assessment (or specialist evaluation) as clinically indicated
Considerations for Implementation	Clinicians are encouraged to be aware of factors that may increase the risk for DD, such as low birth weight, premature birth or family history of DD and remain vigilant for social, economic or environmental factors (such as lower maternal education level, mental illness, neglect or maltreatment, poverty, English as a second language) that might reduce the likelihood for parents to raise concerns

¹ ***Screening** refers to population-based screening. That is, the use of a standardized tools to search for developmental delay among children that do not show any apparent signs of developmental delay, are not considered to be at high risk for having developmental delay, and whose parents or clinicians have no concerns about development. **Screening** differs from **developmental surveillance**, which is the ongoing monitoring of development, identification of risk factors and elicitation of parental concerns; and from **case finding**, which is the identification of DD in populations that are at increased risk of developmental delays and often does not involve the use of a specific tool. Developmental surveillance, though a common term in developmental paediatrics, is what the CTFPHC would normally consider to be part of standard clinical practice for children.