

Consensus statement for screening of retinopathy of prematurity in Queensland

Consensus statement from Queensland neonatal units and Department of Ophthalmology at Queensland Children's Hospital. Endorsed by Queensland Neonatal Services Advisory Group.

Background

Retinopathy of prematurity (ROP) is a leading cause of preventable childhood blindness in both developing and developed countries. ROP occurs predominantly in preterm babies with extremely low birthweight or gestational age. Mild grade ROP can develop and resolve spontaneously in many preterm babies. However, a small proportion will develop severe ROP, which may result in permanent visual impairment if untreated. Therefore, screen all babies at risk of developing ROP.

Screening for ROP should be consistent with national and international guidelines. Several developed countries have recently issued revised guidelines for ROP screening (UK, USA, Sweden and New Zealand¹⁻⁵). ROP local data (Royal Brisbane and Women's Hospital and Mater Hospitals) and data from the Australian and New Zealand Neonatal Network (ANZNN) showed that severe ROP is extremely rare among preterm babies born at greater than 32 weeks gestation or greater than 1250 g birthweight. However, this data should not be extrapolated to other less well developed neonatal environments.

Purpose of statement

- To establish ROP screening criteria
- To ensure consistency across neonatal units in Queensland, which is important due to the movement of babies from level 6 to level 4/5 neonatal units⁶ prior to completion of ROP screening
- To gain consistency of screening for those babies who are not admitted to a level 6 unit⁶

Consensus statements

- Arrange ROP screening for all babies born with a gestational age of less than 31+0 weeks or birthweight less than 1250 g
- If the baby with gestational age greater than 30+6 weeks and birthweight 1250 g or more, has had an unstable clinical course and is believed to be at high risk of developing ROP, the neonatologist can request ROP screening
- Continue screening every 1 to 2 weeks until retinal vascular maturity is reached

Additional information

For further information and guidance, please refer to the Royal Australian and New Zealand College of Ophthalmologists' [Retinopathy of prematurity screening and treatment guidelines](#).⁷

References

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