As the field of neonatology advances and improves the survival outcomes for very preterm infants, long-term follow-up of these infants becomes essential to understand whether there are additional health risks later in life. Yates et al (10.1542/peds.2019-2699) in a study that we are early releasing this month focus on the mental health and wellbeing of very preterm infants (VPT) compared to full-term (FT) babies. The investigators looked at infants enrolled in a longitudinal cohort (the Victorian Infant Brain Study) and followed 125 infants born at less than 30 weeks gestation and/or <1250 grams, testing them for mental health disorders at ages 7 and 13 years using the Development and Wellbeing Assessment questionnaire, comparing the results to 49 similarly-aged full-term children (37 weeks’ gestation).

Although the sample size is not a large one, the authors found significant differences between the two groups, with children born VPT being more likely to meet criteria for a mental health disorder (OR 5.9, 95% CI 1.71-20.03). The authors noted that overall rates of mental health disorders remained stable between ages 7 and 13, although individuals did move in and out of categories over time. The most prevalent disorder in children born VPT is anxiety, but the greatest associated risk was attention deficit hyperactivity disorder (ADHD). The takeaway is the importance of surveillance for mental health disorders. You'll be less anxious about what you can tell parents from a mental health standpoint as your preterm patients grow up by checking out this study and learning from the useful long-term follow-up data it contains. Doing so will enable you to insure appropriate supportive services and treatment are instituted for those VPT patients who do develop some of the mental health disorders described in this study.