# Risk factors for cerebral palsy

# Clinical history indicating risk for cerebral palsy

The full causal pathway is a complex interplay between several risk factors across multiple epochs. Note that as many as one third of children who are diagnosed with cerebral palsy lack traditional risk factors for cerebral palsy.



## **Preconception**

Previous stillbirths, miscarriage(s), use of reproductive technology, low socio economic status



## and/or during pregnancy

Intra-uterine growth restriction, prematurity, maternal thyroid disease, pre-eclampsia, placental abnormalities, bleeds, infection, substance abuse, multiple births, birth defects



### and/or perinatal

Acute intrapartum hypoxic event, stroke, seizures, hypoglycaemia, jaundice, infection



## and/or postnatal

Stroke, infections, accidental and non-accidental brain injury

Adapted with permission from: Novak et al 2017. Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy. *JAMA Pediatr.* 2017;171(9):897-907. doi:10. 1001/jamapediatrics.2017.1689 Available from: http://jamanetwork.com/journals/jamapediatrics/article-abstract/2636588





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## Newborn detectable risks

## Born premature cerebral palsy risk factor

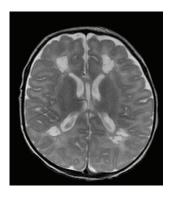
< 28 weeks = 3-9%

28-31 weeks = 3-5%

32-36 weeks = <1%

> 37 weeks = 0.1

#### **Abnormal neuroimaging**



White matter Injury PVL, IVH Grade III IV, PVL corona radiata above PLIC, ventriculomegaly, arterial infarction, maldevelopment.

### **Complex course**

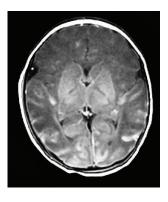
Neonatal intensive care unit (NICU) admission, low birth weight, exposure to infection/ inflammation early/postnatal/ late pre-natal, seizures, necrotising enterocolitis, bronchopulmonary dysplasia, chronic neonatal lung disease, severe retinopathy of prematurity (ROP stage 4 or 5), surgery for Patent Ductus Arteriosus. Developmental and neurobehavioural risk factors - difficulty with oral feeding.

## Term-born cerebral palsy risk factor

**Neonatal encephalopathy** 

#### **Neonatal stroke**

#### **Abnormal neuroimaging**



Grey matter injury basal ganglia/ thalmus, arterial infarction, haemorrhage, Combined white and grey matter, involvement PLIC, myelination asymmetry, congenital malformations

#### **Complex course**

NICU admission, low birth weight, intrauterine growth restriction, meconium aspiration syndrome, neonatal seizures, infections, hypoglycaemia, multiple births, surviving twin after death of a co-twin, maternal age over 35 years, low apgars, birth defects, family history of neurodevelopmental condition.

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