InfantSEE®

InfantSEE® is a unique public service program. You may have heard about it. Your office may currently be providing InfantSEE® assessments. The American Optometric Association (AOA) and The Vision Care Institute of Johnson & Johnson Vision Care, Inc. have partnered to create InfantSEE®, a nationwide, no-cost public health program developed to provide professional eye care for infants. Through the InfantSEE® program, optometrists provide a one-time, comprehensive eye assessment offering early detection of potential eye and vision problems to infants between 6 and 12 months of age, at no cost regardless of, family or household income.

The InfantSEE® program:
* Provides no-cost access to an optometrist who has instruments and resources not available to general-care doctors such as pediatricians and family physicians
* Detects potential problems that, if undetected, may lead to learning and developmental issues later in life.
* Gives new parents the peace of mind that their infant’s vision is developing properly

According to the National Center for Health Statistics, in 2006 there were 4.3 million babies born in our country.\(^1\) In a perfect world, that would mean that AOA members and their staff could have provided millions of InfantSEE® assessments in 2007. In reality, the InfantSEE® committee estimates that in 2007, there were 120,000 to 150,000 InfantSEE® assessments provided. Parents are encouraged to routinely take their infant to the pediatrician and to the dentist. Proper and timely vision development is taken for granted, unless there is an obvious indicator; i.e. the child’s face is always up against the television screen or the child appears extremely clumsy. We have an awesome responsibility to educate the public about the reasons for and benefits of eye and vision assessments in a child’s first year of life.
Several states currently require eye examinations by a professional eye care provider prior to a child entering kindergarten. The American Optometric Association’s Optometric Clinical Practice Guidelines recommend the first vision evaluation take place at six months, again at age three, and before the child enters first grade. We know that the earlier vision is assessed, the better the chance that problems can be addressed before they become chronic. Lynne Isensee of New York is a mother of a child who was diagnosed with vision problems at two years of age. Some would say that his vision problem was caught “in plenty of time.” However, Lynne refers to the cost of her son’s vision problems with the phrase “life costs”. Due to his vision limitations at this early stage of his development, he fell behind in his motor skills, communication skills, social skills, and play skills. After years of therapy, he is just now achieving skills that his mother dreamed of for years.

Here are some statistics that you should know:

- 1 in 10 children is at risk from undiagnosed vision problems
- 1 in 30 children will be affected by amblyopia – a leading cause of vision loss in people younger than 45 years
- 1 in 25 will develop strabismus – commonly known as crossed-eyes
- 1 in 33 will show significant refractive error such as near-sightedness, far-sightedness and astigmatism
- 1 in 100 will exhibit evidence of eye disease – e.g. glaucoma
- 1 in 20,000 children have retinoblastoma (intraocular cancer) the seventh most common pediatric cancer

As a member of the InfantSEE® provider team, each member of the office staff needs to take responsibility for the program’s promotion. Any opportunity to share the message of early eye and vision care, which the InfantSEE® program was designed to impart, is important. Obviously, we want to tell our expectant parents of the assessment. Today, grandparents play a very influential role in lives of their grandchildren. Other people that we see in the office and out of the office are friends of families with infants. Every InfantSEE® assessment is an opportunity to give a child the life that they deserve. InfantSEE® provides brochures to display among your informational materials, posters to strategically place in your office, InfantSEE® bracelets to wear and hand out, in-office videos for your waiting room area, and presentations for community groups.

With your skills in promoting InfantSEE®, your office telephone may begin to ring with people asking questions about the program. What do you do when the caller wants to know if your office is an InfantSEE® provider? You need to know which of the doctors in your office perform InfantSEE® assessments. It is also advisable to know what time or day is best suited to schedule an InfantSEE® assessment in your office. You may not want to schedule the appointment in the middle of a time that is noted for your senior patients. The extra activity of the infant may be a disruption to the reception room. It is also easier in the exam lane if InfantSEE® assessments are not mixed with geriatric visits.
Ask the baby’s parent or caregiver to make the appointment during the child’s “lively” time. This will help avoid babies’ nap times when they are “not too excited about” being at our office. Also, ask them to bring diapers for unexpected changes and a couple of the child’s favorite toys. The doctor may want to use the toys as attention holders during the assessment process.

The forms used for the InfantSEE® assessment are specifically designed to attain specific information for the program’s data collection efforts. The InfantSEE® Patient History Form is available in English and Spanish. It is recommended that the health forms be sent to the parents in advance and ask that they be returned prior to the visit. Doing so will give the parent the opportunity to complete the forms as time allows in their homes. It will allow for an expedient transition to the doctor’s examination lane once the baby has arrived at the office. You may only have 10 – 15 minutes of “happy baby” time to accomplish the assessment. Having the forms in advance will give the doctor an opportunity to review the history prior to the baby’s arrival at the office. Readiness is the key word for an InfantSEE® assessment. You should have as much of the preliminary work prepared in advance as possible; paperwork, chart preparation, and room preparation. It is our responsibility to make sure that we can keep the process moving as quickly and efficiently as possible. Any toys that have been used in previous assessments and possibly touched or played with by an infant should be cleaned with hot, soapy water between visits.

The parent will be able to hold the infant during the process. The doctor will “play” with the baby, showing toys, monitoring responses, quickly moving from one procedure to the other. Toys that are bright, shiny, and make noise, as well as instruments we are more accustomed to seeing in the examination room such as retinoscopes, ophthalmoscopes, and prisms are all used during the assessment. Bright colored finger puppets come in very handy. A paraoptometric can assist by handing the doctor the necessary tools, recording results, and even making noise to distract or entertain the baby. In this situation, communication between the doctor and paraoptometric is even more important to keep the flow of the examination moving forward.

The assessment of the infant’s vision begins as soon as you can make eye contact. Do they make eye contact? This is the first stage of the evaluation, so note what you see. Keep in mind that the infant’s vision zone is only 6 to 8 feet. The assessment will include gross refraction, eye alignment, eye movement skill development, and eye health. It is recommended that the infant’s eyes be dilated. This can be accomplished with 1% Tropicamide drop or a spray of a combination of Tropicamide and Phenylephrine. Either way it’s ok to let the baby rub the eye after instillation. This may even be an advantage. The doctor will be able to assess the eye health and also the refractive error with the infant’s eyes dilated.
Once all the assessments are completed, reports of the findings should be shared with the parents. Brochures about the development stages of a child’s eyes are available from the American Optometric Association and the Optometric Extension Program. If the doctor determines that additional evaluations are necessary, the parents have the opportunity to decide whom they would like to have continue their child’s care. It is important to note that additional care does not fall under the “no cost” InfantSEE® assessment guidelines, nor is the family obligated to obtain follow-up care from your office. It is up to the parents to determine which eyecare professional their child will see for any recommended follow-up and care beyond this initial assessment.

You should also communicate with the baby’s pediatrician or family physician. A letter summarizing the results of the assessment can create awareness of the InfantSEE® program with a new audience, and may foster better communication between health care professionals. It doesn’t hurt to have more than one overseer of the child’s vision development, and an InfantSEE® assessment can provide additional peace of mind to new parents.

After every assessment, the yellow copy of the InfantSEE® Assessment form should be mailed to the InfantSEE® program at the AOA office address. A sheet of labels included with the forms makes this easy to do.

Paraoptometry can play a key role in the early detection of potential eye and vision problems thereby helping to reduce the threat of serious vision impairments.

1[cdc.gov/nchs – viewed 01/24/2008]
2[infantsee.org - viewed 01/24/2008]
InfantSEE® QUESTIONS
To receive one hour of continuing education credit, you must be an AOA Associate member and must answer seven of the ten questions successfully. This exam is comprised of multiple choice questions designed to quiz your level of understanding regarding the material covered in the continuing education article, “The Paraoptometric’s Role in InfantSee®.”

To receive continuing education credit, complete the information below and mail with your $10 processing fee to:

AOA Paraoptometric Resource Center, 243 N. Lindbergh Blvd, St. Louis, MO 63141-7881

Name _________________________________  Member ID number__________________
Address_________________________________________________________________
City ___________________________  State _________  ZIP Code ________________
Phone __________________________________________________________________
E-mail Address ___________________________________________________________

Card Type _____________  Exp. Date ___________  Security Code: ___________
Card Holder Name _______________________________________________________
Credit Card Number _______________________________________________________
Authorized Signature_________________________________________________

1. Retinoblastoma is a form of:
   A intraocular eye pressure
   B retinitis pigmentosa
   C intraocular cancer
   D lazy eye

2. The infants vision zone is:
   A 6-8 feet
   B 2-4 feet
   C 4-6 feet
   D 1-12 inches
3. ________________ drops or combination spray is used to dilate the baby’s eyes.
   A  cyclogel
   B  ophthaine
   C  tropicamide/phenylephrine
   D  homatropine

4. The InfantSEE® program was developed to
   A  provide routine eye exams
   B  detect potential problems that may go undetected
   C  provide no-cost access to an Optometrist
   D  B & C

5. Strabismus is commonly known as:
   A  nearsightedness
   B  lazy eye
   C  crossed-eyed
   D  astigmatism

6. The InfantSEE® Patient History Forms are available in:
   A  English only
   B  English & Spanish
   C  German
   D  French

7. It is best if the ________ holds the baby during the assessment exam.
   A  Parent
   B  Doctor
   C  Paraoptometric
   D  None of the above

8. The best time to schedule the InfantSEE® assessment exam is during:
   A  mid-day during their “lively” time
   B  around nap time
   C  with senior citizens
   D  none of the above

9. The ______ & _______ have partnered together to create the InfantSEE® program
   A  AOA & Vision Service Plan
   B  AOA & Bausch & Lomb
   C  AOA & Ciba Vision, A Novartis Division
   D  AOA & Vision Care Institute of Johnson & Johnson

10. How can Paraoptometrics play an essential role in promoting InfantSEE®
    A  Wear an InfantSEE® bracelet and apparel
    B  Have brochures and posters available in your office
    C  Have para’s talk about InfantSEE® with their friends, family and expecting mom’s
    D  All of the above