



InfantSEE™

A Public Health Program for Infants

By members of the American Optometric Association
in partnership with Johnson & Johnson Vision Care, Inc.





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Mission Statement

- InfantSEE™ is a public health program, to ensure that optometric eye and vision care becomes an integral part of infant wellness care to improve a child's quality of life.




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InfantSEE™

❖ The American Optometric Association encourages all doctors of optometry to participate in InfantSEE™ by providing the initial eye and vision assessment of the infant within the first year of life as a no cost, public health service.



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InfantSEE™

InfantSEE™ is a national public health effort to foster expanded eye care for infants, emphasizing early detection of the potential for vision problems, such as the risk factors for amblyopia:

- > strabismus
- > anisometropia
- > ocular health threats




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AOA's Long-Standing Support of Infant Eye Care

- 1992 – AOA Resolution to recommend exams at 6 months of age
- 1998 - Operation Bright Start
- 2002 - Infants Vision Project Team started
- 2003 – AOA House of Delegates passes Resolution Recommending InfantSEE™ Program Development
- Current Clinical Practice Guidelines – eye examinations start at 6 months of age



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An Unmet Need...

- 3+ million infants in the first year of life...
 - How many receive the eye care services necessary to ensure proper visual development?
 - Historically... virtually NONE!



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The Problems Are Significant

- 1 in 30 will develop Amblyopia
- 1 in 25 will develop Strabismus
- 1 in 33 will show significant Refractive Error
- Eye Diseases will be evident in 1 in 100
- Retinoblastoma – rare but possible
 - » 1 in 20,000
- Numbers are irrelevant if infants aren't seen
- Impact on Infant Development = *priceless*



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Moms Don't Know...

Focus Groups regarding infant eyes and vision:

- "I never thought about it until today."
- "It's a safe area."
- "My doctor takes care of that."
- "I'd take my baby to a dentist before an optometrist."

Adapting a slogan from Vistakon's Acuvue Eye Health Advisor Program:

It's not that parents of infants don't CARE about their baby's visual future, it's that they don't KNOW, and it's our job to EDUCATE them.



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Wellness Care as Part of Optometric Primary Care

- Optometry's Contribution to Public Health
 - This segment of the population has been left to screening care only, rarely provided by eye care professionals
 - Infants will benefit from optometric primary care as amplification of the pediatric eye care they now receive



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Who is providing care now?

- Pediatrician- mostly gross observation for strabismus and a check for a red reflex in a lighted room with a direct ophthalmoscope.
- Can't Optometry right now do better?



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2022 PROVIDER STATISTICS

- Nationwide Providers 4115
 - 14.2% of all AOA active members
 - Texas 135 providers registered (7% of members)
 - Total Assessments submitted in 2022: 3775
 - Total assessments in program from inception 165,022
 - Texas assessments in 2022: 82
 - Total assessments from inception in Texas 4129



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Identified conditions

- 150 children identified with 207 conditions
- Visual acuity 11.1%
- Ocular Motility 9.7%
- Binocularity 25.1%
- Refractive Status 32.4%
- Ocular Health 21.7%



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What we do best!

- No additional training is needed!
- No additional equipment is necessary!
- Penlight, Fixation targets, Retinoscope, trial lenses, loose prism, BIO
- Optional equipment: Teller cards, finger puppets, bluminator, baby rattle



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What's Needed from ODs...

- AOA Member Understanding of Need... like TPA expansion, DFEs for Diabetics
- Appreciation of Public Health Role
- Utilizing Existing Clinical Competency and Confidence in Examining the Infant
 - Retinoscopy
 - Ophthalmoscopy
 - Cover Test, Bruckner, Hirschberg



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The Assessment Protocol

- Clinical Practice Guidelines
 - Visual Acuity
 - Fix and Follow, Richman Face Paddles, Vertical Prism
 - Refractive Status
 - Mohindra Retinoscopy, Cycloplegic Retinoscopy
 - Binocularity (alignment)
 - Cover Test, Vertical Prism, Bruckner, Hirschberg
 - Ocular Motility
 - EOM Motilities
 - Ocular Health Assessment
 - Visual Field, Pupils, Gross External, Dilated Internal



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Public Health Means Public Education

- Doctors will determine appropriateness of periodic professional care
 - Coordinate referrals to optometry specialty or ophthalmology specialty
 - Follow-up “3x3” – recheck all significant findings every one to three months until confirmed three times
 - Complete eye examinations at 3 and 5 or as determined by the InfantSEE™ optometrist



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The Exam

- Observe baby's eyes as you greet child.
- Use thumb to do cover test while baby looks at pen light, also noting Hirschberg reflex and checking pupil responses.
- Using a rattle and a finger puppet one in each hand introduce peripherally and note field size and accuracy of fixation.



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Exam

- With a small target introduce a 10 base up prism in front of one eye to note shift in focus between images.
- With direct Ophthal 50cm Bruckner
- Dry Retinoscopy with loose trial lenses
- 1% cyclo. Lay baby in Mom's arms like feeding. Drop eye closest to Mom first.
- Send out to feed or nap for 45 min.



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Exam

- Return to wet Ret
- Internal with BIO have Mom hold baby up over her shoulder. Stand behind her and look in child's eyes.
- Review findings and Recall



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EXPECTED NORMS

- 6 MOS: PERRL, Foveal Reflex may or may not be present
Nasolacrimal canal open, visual acuity responsive to 20/80-20/200 (PL), Dry Ret. Pl to 1.25D variability good attention, follows moving targets while sitting, Versions full and smooth with head movement, NPC to nose, begins to show reaching for stereo targets.
- 9MOS: Foveal reflex present 50% of time, versions full and smooth in all directions, NPC to nose, good response to stereo, visual acuity responsive to 20/50-20/100 (PL), Dry Ret. +0.50 with up to 1D variability with good attention to target.



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EXPECTED NORMS

- **12 MOS:** Foveal Reflex present 90% of infants, versions full and smooth in all directions, NPC to nose, good response to stereo, Acuity 20/50-20/80 (PL), Dry Ret. +/- 0.50 up to 1D variability with good attention



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Causes for Concern

- **Ocular Motility:**
 - a. Normal- ability to look at the target, follow and maintain for a brief period or until something else captures attention
 - b. Concern- Reduced ability to gain visual attention in primary gaze
 - c. Problem- Any limitation of movement in the cardinal meridian



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Causes for Concern

- **Binocular function (Cover test)**
 - a. Normal- stereo response on gross targets
 - b. Concern- no response
 - c. Problem- observable strabismus
- **Refraction**
 - **Hyperopia**
 - a. Normal- less than +3.50 discuss emmetropitization and re-eval at age 3
 - b. Concern- +3.50-+5.00 rule of 3 (recheck in 1-2m)
 - c. Problem- Over +5.00 establish in an Optometric office



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Causes for Concern

- **Myopia**
 - a. Normal- less than 1D watch, see at age 3
 - b. Concern- slightly over 1D follow in 6m
 - c. Problem- well over 1D establish in OD practice
- **Astigmatism**
 - a. Normal- less than 2D watch, see at age 3
 - b. Concern- 2.00-3.00D follow in 3-6m
 - c. Problem- over 3D establish in OD practice
- **Anisometropia**
 - a. Normal- less than 1D see at age 3
 - b. Concern- 1-2D follow in 3-6m
 - c. Problem- Over 2D establish in OD practice



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Causes for Concern

- Looking Behavior
- a. Concern- reduced ability to fixate recheck in 1m
- b. Problem- fixation preference for one eye
 - Failed acuity test
 - Establish in OD practice

Ocular Health

Problem- any noted anomaly- establish in appropriate health care practice



End of Exam

- Discuss pertinent findings with Parents
- Give Visual development suggestions
- Recommend next suggested visit age
- **COMPLETE ONLINE ASSESSMENT FORM !!!**



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Practical Issues

- The Doctor can see whatever number of infants that is comfortable
- AOA Members with strong infant-care background will make themselves available for intra-professional referrals
- Ongoing education and resources at InfantSee.org



Implementation

- Go to InfantSee.org and register as a provider
- Promotion through practice and staff
- Decide how many per week or month
- Schedule in OV slots
- Inform Mom to bring bottle and pacifier
- Will be in office for 60-75min



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Implementation

- Schedule just after a nap time so baby is alert
- Bring to Exam room just as Dr. is ready to enter room
- Have Staff Pre set room with supplies
- Discuss History as doing tests
- Mom holds baby on lap
- Restraining = crying = poor results



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Promoting InfantSEE

- Dr. and Staff must proactively talk about InfantSEE daily in the office and use signage!
- Give out brochures free from AOA
 - All expectant Moms, Grandparents in office
 - Pediatrician and Family practice offices
 - Local early childhood centers
 - Wellness clinics
 - WIC offices
 - Hospital newborn classes/Lamaze classes



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Case In Point

- Twin sisters: one thriving and developing normally
 - The other was unable to crawl and clings constantly to Mom and fussy and RET present
 - Wet ret baby 1: OD +4.50 DS OS +5.50DS
 - baby 2: OD +14.00 DS OS +13.00DS
- After second visit 1m later Baby 1 Rx +3.50DS +4.50DS
Baby 2 Rx +12.00 DS and +11.00DS was given
- Baby 2 after 2wks with Rx was crawling and not clinging to Mom and eye turn was controlled w/ RX in place
- We have the opportunity to CHANGE LIVES!



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Community Awareness

- Newspaper articles in local paper
- Notify School nurses thru a letter at beginning of school year with gift bag
- Public speaking to local churches, Mothers Day Out, PTA, Service Organizations. All groups need speakers!
- Newsletter feature
- Office Website, Facebook, Twitter



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In Office Promotion

- Have a rocking chair in waiting room with a sign "Reserved for InfantSEE Mother" (generates questions)
- Sign at front desk "Has your 6 month old had his/her first eye exam?"
- Be proactive and positive- Dr. attitude flows to staff
- Don't hide news about participation
- HAVE FUN !!!



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The Primary Benefit

- Identifying Infants at Risk Allows More Time-Appropriate Intervention:
 - Treatment of Amblyopia
 - Treatment of Strabismus
 - Detection of Significant Disease (expected positive findings in <5% of infants)



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Presents Opportunities...

- Provide Infants Definitive Eye Care
- Educate the American Public
- Further Recognition as Primary Eye Care Providers
- Demonstrate Optometry's Commitment to the Entire "Lifecycle" of Eye Care
 - **Periodic Professional Eye Care**



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IT ALL BEGINS WITH THE INFANT!



Johnson & Johnson Vision Care, Inc.
VISTAKON THE SPECTACLE LENS GROUP



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