



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...or worse...a smartphone app!
- Can't Optometry do better? Right now?



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2023 PROVIDER STATISTICS

- Nationwide Providers 3,655 (down from 4,100+ in 2022)
 - 12.3% of all AOA active members are providers
 - Texas: 129 providers registered (<10% of members)
 - Total Assessments submitted in 2024: 3,334
 - Total assessments in program from inception 168,348
 - Texas assessments in 2022: 82
 - Texas assessments in 2024: 89
 - Total assessments from inception in Texas 4,215



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Identified conditions in 2024

- 83 children identified with 207 conditions
- Visual acuity 8.7%
- Ocular Motility 4.8%
- Binocularity 30.8%
- Refractive Status 20.2%
- Ocular Health 33.7%

- 14,578 problems identified since inception



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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...the data helps identify the areas where ODs can fill gaps
- 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 months


- 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.



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EXPECTED NORMS – 9 months


- 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 months


- 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**
 - 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



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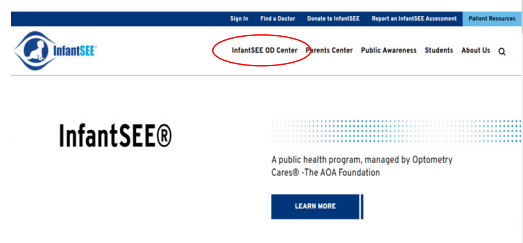
End of Exam

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



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Reporting Form





InfantSEE®
 A public health program, managed by Optometry Cares®-The AOA Foundation
[LEARN MORE](#)




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InfantSEE OD Center

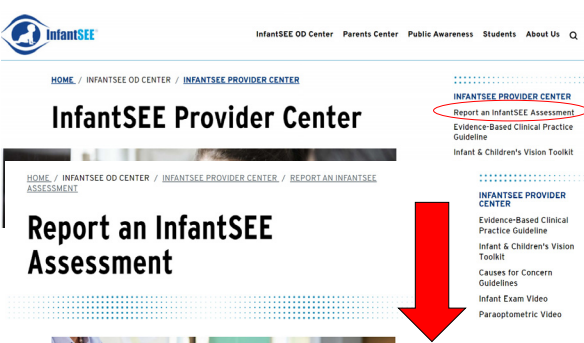
Optometrists


InfantSEE Provider Center

Dr. W. David Sullins, Jr. InfantSEE Award




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InfantSEE Provider Center
[Report an InfantSEE Assessment](#)
Report an InfantSEE Assessment



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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



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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 with 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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