

Identifying and Addressing Intellectual Disability: A Need-to-Know Skill for All Pediatricians

September 19, 2018

A few weeks ago, while rounding from isolette to isolette in the NICU, I came across a mother who was reading a book of fairy tales out loud while “kangarooing” her 2-week-old son, a 27- weeker whose tiny face was largely obscured by the straps of his bubble CPAP device.

Heather Campbell, MD, Early Career Physician, Pediatrics in Review

Content License: FreeView

Article type: [Pediatrics in Review Blog](#)



A few weeks ago, while rounding from isolette to isolette in the NICU, I came across a mother who was reading a book of fairy tales out loud while “kangarooing” her 2-week-old son, a 27- weeker whose tiny face was largely obscured by the straps of his bubble CPAP device. After a brief discussion about how creepy the story of Hansel and Gretel really is, his mother paused, then timidly asked “...so do you think he will learn to read on time?” Looking down at this not-quite 2 lb infant, who

was still over 10 weeks shy of his anticipated due date, it felt impossible to imagine what he would be like as a 5-year-old and what challenges he might face when entering kindergarten. And yet, in the world of neonatology, the specter of intellectual disability and developmental delays hangs over families from the moment their child is born prematurely.

Many (but not nearly all!) of the children who graduate from the NICU with risk factors for developmental delay are evaluated in High Risk Infant Follow-up programs as they progress through infancy and into toddlerhood. But knowing how to identify, evaluate, and appropriately refer children with intellectual disability (ID) is a skill that every pediatrician needs to be comfortable with, since ID affects nearly 1-3% of the population. The June issue of Pediatrics in Review features **an excellent article on how to assess cognitive ability in children and how to optimize the adaptive functioning of children with disabilities through early intervention services**. The article also outlines a thoughtful approach to investigating the cause of ID using a combination of good history-taking, a thorough physical exam, and judicious use of neuroimaging and genetic testing. After reading this article, you will be ready to not only identify children with ID but also to serve as an important advocate to ensure that these children receive the educational services that they need.

- [The Gifted Child](#)

- [Care of the Very Low-birthweight Infant](#)
- [Facebook](#)
- [Instagram](#)

Copyright © 2018 American Academy of Pediatrics