



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 092 | Developmental risk factors

Prematurity and development

What it means

Prematurity means birth before 37 completed weeks of pregnancy. It is a developmental risk factor, not a diagnosis of developmental disability. Many children born early make good progress, while some need medical or developmental support. Follow-up should reflect gestational age, newborn course, and the individual child's skills. [1]

Causes and risk factors

Early birth can occur after spontaneous labor or because medical circumstances require delivery. Causes and contributing factors vary, and sometimes remain unclear. Developmental risk is influenced by how early birth occurs, complications, and later health and environment. Prematurity alone does not determine a child's abilities. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Some babies initially have feeding, breathing, temperature-control, or growth needs. Later concerns may involve movement, communication, attention, learning, hearing, or vision. Corrected age helps interpret early milestones, often during the first two years. It should not be used to dismiss regression or other concerning changes. [1,2]

Assessment and diagnosis

Neonatal and primary care follow-up review health, growth, feeding, hearing, vision, and development. Corrected age adjusts chronological age for the number of weeks born early; clinicians explain when to use it. Formal developmental assessment and specialist referrals are arranged as indicated, including for concerns noticed by caregivers. [1,2]

Treatment and therapy

Care may include nutritional or feeding support, respiratory or other medical care, and early developmental services. Physical, occupational, and speech-language therapy are selected for actual needs rather than prematurity alone. Responsive caregiving, accessible play, and follow-up support development. Specialist surveillance follows the newborn team's recommendations and the child's course. [1,2,3,4]

Support at home

Follow the discharge and feeding plan, attend follow-up, and use corrected age as advised. Offer calm, responsive interaction and supervised awake play suited to the baby's tolerance. Follow safe-sleep guidance for every sleep. Share concerns early and seek help with caregiver fatigue or complex care routines.

When to seek help

Breathing difficulty, blue coloring, poor feeding, dehydration, or unusual lethargy in a young infant requires urgent assessment. Loss of skills or significant changes in movement or responses should be reviewed promptly.

Questions for your care team

- How should we use corrected age for this child?
- Which medical and developmental follow-up is recommended?
- What concerns should trigger an early referral?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss prematurity and development. Prematurity means birth before 37 completed weeks of pregnancy. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: Myth: every premature baby will have a disability. Risk is increased, but individual outcomes vary.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Gestational age: the duration of pregnancy at birth.
- Corrected age: age adjusted for how many weeks early a baby was born.
- Neonatal follow-up: monitoring after care in the newborn period.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Preterm birth

<https://www.who.int/en/news-room/fact-sheets/detail/preterm-birth>

[2] Corrected Age For Preemies

<https://www.healthychildren.org/English/ages-stages/baby/preemie/pages/Corrected-Age-For-Preemies.aspx?form=HealthyChildren>

[3] Health Issues in Premature Babies: Information for Parents

<https://www.healthychildren.org/English/ages-stages/baby/preemie/Pages/Health-Issues-of-Premature-Babies.aspx?form=XCXCUZZ>

[4] Safe Sleep: 9 Ways to Reduce a Baby's Risk of SIDS & Suffocation

<https://www.healthychildren.org/English/ages-stages/baby/sleep/pages/Preventing-SIDS.aspx>