

A GUIDE TO VISION HEALTH FOR YOUR NEWBORN

Learn about: Signs of Conditions | Milestones | Common Conditions





Just as infants are not born walking, talking and eating solid food, a baby's vision system develops over time. Your baby's development and learning can be impacted if your baby cannot see well.

This guide serves to provide you with information about how your baby's vision will develop and help you identify if there is a problem with your child's vision that should be discussed with the physician.

BABY MILESTONES FOR VISION DEVELOPMENT

* *Click for information about [milestones](#).*

Signs That Your Baby Might Have Vision Problems

If you see one or more of the following signs, take your child to the physician as soon as possible. Talk about the need to see an eye doctor who is trained and has experience working with young children.

Visible Signs of a Condition

- A pupil (the circle in the middle of the eye that is traditionally black in appearance), appears to be white in one or both of your child's eyes.
- Look closely at photographs, if the red glow is not the same in both eyes or is white or yellow in one eye, this may indicate a vision problem.
- Eyes do not line up or move together (one eye appears to turn in, out, up or down) at any age and especially after age 4 months.
- Eyelids are red-rimmed, crusted or swollen for more than 24 hours.
- Eyes are watery or red with tears running down the cheeks when your child is not crying.
- One or both eyelids droop, nearly covering the colored part of the eye (iris).
- One pupil looks larger than the other pupil.
- Eyes seem to bounce, dance, shake or wobble.
- One or both eyes look cloudy.

What Should Parents Look For?

- Rubs eyes often.
- Closes or covers one eye when looking at a toy or other objects.
- Always tilts head to one side, especially when playing with toys or pushes head forward or backward to see objects better.
- Blinks eyes more than usual or more than other children.
- Frequently squints, as if trying to focus on an object.
- Seems clumsy or frequently bumps into objects.
- Holds toys or other objects close to eyes.
- Avoids looking at people or objects that are held close to the face.

COMMON EYE CONDITIONS

* Below information underlined in blue is an interactive hyperlink.

Amblyopia

What it is:

Amblyopia is poor vision in an eye that has not developed normal sight (usually during early childhood). The condition is sometimes called “lazy eye.” It occurs when visual acuity is much better in one eye than the other.

What to look for:

One eye may look straight ahead while the other turns in, out, up or down. The eye turn may be constant or may be occasional or intermittent.

What to do:

If you have concerns, be sure to discuss with the child's physician at the next visit.

Screening:

Testing may include, but is not limited to visual acuity tests and visual evoked potentials (VEP). Tests used will depend upon age and level of cooperation of baby.

Treatment:

Options may include wearing an eye patch over the stronger eye (which will assist in retraining the brain to use the weaker eye to see) and medicated eye drops.

Congenital Ptosis

What is it:

Ptosis involves a drooping upper eyelid that covers the eye either somewhat or entirely and blocks vision. Babies born with ptosis have what is known as congenital ptosis. Congenital ptosis can result in astigmatism and amblyopia.

What to look for:

The eyelid may droop over the eye and the upper eyelid creases will not line up evenly. The child may tip the head back, lift up the chin or raise eyebrows to try to see better.

What to do:

If you have concerns, be sure to discuss with the child's physician at the next visit.

Screening:

Requires a physical examination. It can be helpful to bring photos of your child from birth to their present age.

Treatment:

Options include wearing an eye patch, specialized eye-glasses, medicated eye drops and in some cases, surgery.

Retinoblastoma

What it is:

Retinoblastoma is a rare cancer of the retina, which is the thin membrane on the inside back of the eye that is stimulated by light. Retinoblastoma is usually diagnosed before a child reaches the age of 3. This condition can be hereditary (passed down in families) or non-hereditary.

What to look for:

Symptoms of retinoblastoma may include a white-yellow mass or glow seen through the pupil, which is often first noticed in a photo of a child's face when the flash is used without "red eye reduction." Normally, the center of the eye appears red in response to the camera flash, but in retinoblastoma, the center of the eye may have a white glow. Additional signs could be one or both eyes turning inward or outward.

What to do:

If you have a family history of retinoblastoma, be sure to tell your child's physician. Ask the physician about [regular eye exams](#) for your child to check for retinoblastoma.

Screening:

Red Reflex Test is performed in a dark or dimly lit room, using an instrument called an ophthalmoscope or retinoscope.

Treatment:

Options will vary depending on factors such as the baby's age, location of the retinoblastoma and the size of the tumor. Treatment options include chemotherapy, focal consolidation therapy (ex. cryotherapy, hyperthermia, plaque irradiation, etc.) and surgery.

Pediatric Cataract or "Cloudy" eyes

What it is:

A cataract is any cloudiness or opacity of the natural lens of the eye, which is normally crystal clear.

What to look for:

Any cloudiness or opacity of the natural lens of the eye.

What to do:

If you have concerns, be sure to discuss with the child's physician at the next visit.

Screening:

Red Reflex Test is performed in a dark or dimly lit room, using an instrument called an ophthalmoscope or retinoscope.

Treatment:

Cataract treatment will vary depending upon the size and location of the cataract. Most cataracts require surgery, while others are small and/or off center and may not require surgery as long as the vision is not affected.

Blocked Tear Duct

What it is:

A blocked tear duct is when the eye's drainage system for tears is either partially or completely obstructed. Tears cannot drain normally, causing a watery, irritated or chronically infected eye.

What to look for:

Symptoms of a blocked tear duct may include watery eyes or tears running out of the eyes.

What to do:

A baby can be born with a blocked tear duct, but the condition usually resolves on its own within the first year of life. In some

cases, an ophthalmologist may recommend that you use a special massage technique to help open up the membrane covering the lower opening into your baby's nose. An ophthalmologist will demonstrate how to correctly do this massage.

Screening:

Testing includes a physical examination of the baby's eyes and nasal passages.

Treatment:

For most infants, this condition will resolve on its own. If needed, other treatment options include a specialized massage, dilation and probing and balloon catheter dilation.

Conjunctivitis (Pink Eye)

What it is:

Conjunctivitis can refer to either a viral or bacterial infection (both very contagious) or an allergic reaction (not contagious) in the eye.

What to look for:

The eye appears red or pink due to inflammation of the conjunctiva, which is the thin, filmy membrane that covers the inside of eyelids and white part of eye. The eye tears, has discharge and is usually itchy and uncomfortable. When a viral infection is the cause, the child may also have a fever, sore throat and runny nose.

What to do:

If the child has (or may have) contagious pink eye,

staying home is recommended to avoid infecting others. Contagious [pink eye](#) usually resolves in three to seven days. When the tearing and discharge from the eyes has stopped, the child may return to daycare. [Limit the spread](#) of viral and bacterial infections by washing hands, washing linens and limit touching the face.

Screening:

Requires a physical examination.

Treatment:

Most pink eye will go away on its own in a week or two at home using [home remedies](#). Antibiotics can be used to treat conjunctivitis caused by bacterial infection, if needed.

Preseptal or Orbital Cellulitis

What it is:

Preseptal or Orbital Cellulitis is an infection of an eyelid or orbit caused by a bacterial or fungal infection. Other problems that can lead to cellulitis include insect bites, a skin wound, dental surgery or other surgery of the head and neck, sinus infection or asthma.

What to look for:

The tissues around the eye appear red and painfully swollen. The condition usually occurs in one eye, which may be swollen shut. The child may have a fever. More serious preseptal or orbital cellulitis infections can cause decreased vision, which is an inability to move the eye and the appearance of the eye being pushed forward.

What to do:

Both forms of cellulitis are serious conditions that require urgent medical attention. Take the child to a physician who will co-manage the child's treatment with an ophthalmologist.

Screening:

Includes blood testing, diagnostic testing, such as x-ray, CT scan or MRI; and eye, nasal and throat cultures.

Treatment:

Most cases resolve after antibiotics. However, some more serious cases may require intravenous antibiotics and require draining of the abscess.



RESOURCES & INFORMATION

[American Optometric Association](#)

[U.S. National Library of Medicine](#)

[National Center for Children's Vision and Eye Health](#)

[InfantSEE](#)

[Stanford Children's Health](#)



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