Developmental disorders are a group of conditions characterized by an impairment in physical, learning, language, or behavior that result in functional limitations in major life activities. Children with these disorders benefit from early intervention services to address developmental and behavioral challenges.

In children <36 months of age, it is important to identify Autism Spectrum Disorder (ASD) and/or Global Developmental Delay (GDD). If deficits in social-communication and repetitive behaviors, suspect ASD. If significant deficits in 2+ of the following: motor, language, cognitive, personal-social, and activities of daily living (ADL), suspect GDD. Persistent GDD as a child ages may predict an Intellectual Disability diagnosis.

**ASSESSMENT**
Perform a medical and developmental history and physical exam. At 9, 18, and 30-month well child visits, administer standardized developmental screening. At 18 and 24 months, perform autism-specific screening.

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**
- Any parent/caregiver or early childhood professional concerns
- Risk factors, including:
  - Family history of ASD, intellectual disability or other developmental/learning issues
  - Perinatal complications including prematurity and in utero substance exposure
  - Neurologic conditions—myelomeningocele, congenital brain anomalies, and epilepsy
  - Complex congenital heart disease
  - Other genetic or chronic medical conditions
  - Adverse childhood events
- Autism-specific red flags—does not smile at others; lack of response to name; delayed speech and language skills; repeats words/phrases over and over (echolalia); does not point or look where you point; odd mannerisms or play; gets upset by minor changes; avoids eye contact; engages in repetitive movements or body posturing; has unusual reactions to sounds, textures, or other sensory stimuli

**WHEN TO REFER**
Refer to your state’s early intervention program as soon as a developmental concern is detected.
Refer to suitable therapist (OT/PT/speech) for assessment of area(s) of developmental delay.
Refer to Audiology if speech/language delays.
Refer for behavior therapy if frequently disruptive behaviors.
Refer to Cincinnati Children’s DDBP if you suspect ASD or GDD.
Refer to Cincinnati Children’s Infant Motor Evaluation Clinic (IMEC) if motor/tone abnormalities or you suspect CP.
Refer to Genetics if concern about specific genetic condition.

If you have urgent clinical questions about patients with these disorders, call the DDBP specialist on call through the Physician Priority Link® 513-636-7997.
Developmental Disorders
in Children <36 Months of Age

**Developmental Surveillance/Screening**
- **No**
  - Passed developmental screening and no parent/caregiver concerns
  - Frequently disruptive behavior
    - **No**
      - Continue routine surveillance/screening per AAP guidelines
    - **Yes**
      - Explore behavior therapy (embedded behavior health team or community mental health)
- **Yes**
  - Failed developmental screening and/or parent/caregiver concerns
    - **Refer to early intervention**
    - **Refer to audiology if speech/language concerns**
    - **Concerns for autism and/or failed M-CHAT**
      - **Yes**
        - **Refer to audiology if speech/hearing concerns**
      - **No**
        - **Early return visit to assess developmental improvement**
        - **Has development improved?**
          - **Yes**
            - **Continue treatment**
          - **No**
            - **Consider referral for evaluation by appropriate therapist (OT/PT/Speech) and/or behavior therapy**