

Microcephaly

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Microcephaly is a rare, neurological disorder in which the circumference of the head is smaller than the average for the age and gender of the infant or child.

Microcephaly may be congenital (present at birth) or it may develop in the first few years of life. The disorder may stem from a wide variety of conditions that cause abnormal growth of the brain, and is often a symptom of syndromes associated with chromosomal abnormalities. Infants with microcephaly are born with either a normal or reduced head size. Subsequently the head fails to grow while the face continues to develop at a normal rate, producing a child with a small head, large face, a receding forehead, and a loose, often wrinkled scalp. As the child grows older, the smallness of the skull becomes more obvious, although the entire body also is often underweight and dwarfed. Convulsions may also occur. Motor ability varies, ranging from clumsiness to high tone quadriplegia.

Effects on Developmental Areas

Social and Emotional

- May have difficulty in making friends due to language delay
- May have minimal social experiences
- May experience difficulties making and keeping friends
- May lack certain amount of independence

Motor and Physical Development

- May have developmental delay
- May have fine and gross motor delay
- May show clumsiness in physical ability
- May be prone to seizures

Language and Communication Development

- May have difficulty speaking
- May not understand or use appropriate forms of communication
- May have difficulty in making or expressing choices

Cognitive

- May have learning difficulties
- May not stay long at activities due to low concentration span
- May require instructions, directions etc. to be repeated 2 or 3 times and requires some time to process before responding or acting
- May have delays in skills of concentration, memory and ability to generalise
- May have difficulty understanding concepts of turn taking, sharing, how to enter into play situations

Microcephaly Inclusion Strategies

Each child diagnosed with **Microcephaly** will be different and individual. It is important to gain information from the parents as to what characteristics of **Microcephaly** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes and skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Encourage staff to ask parents about the strategies they use and to clarify whether the child is on medication for seizures. Also remind them about a risk management plan for seizures.

Social Development

- On arrival and farewell and when wanting child's attention say the child's name first to catch his attention e.g. "Jack, good morning" rather than "Good morning, Jack".
- Explain what you are doing when you are doing it when presenting an activity, giving instructions or encouraging turn taking/sharing.
- Provide a quiet area with objects for child to explore independently.
- Let other children know what child is doing to reinforce the concept of him being part of the group. Do this with all children e.g. "Look Jack is doing a puzzle as well".

Physical Development

- Keep things in the same place to assist child to be able to move from one place to another. If you change the environment walk and talk this through with the child.
- Count stairs, number of steps from each room to aid independence.
- Provide finger plays to encourage the use of both hands in a controlled manner as well as developing fine motor skills.
- Provide lock boxes and musical boards to promote finger and wrist movement and rotation.
- When setting up collage table provide clear defined areas for differing materials in boxes.

Language

- Utilise the use of large clear pictures to reinforce what you are saying.
- Para-phrase back what the child has said.
- Clarify types of communication methods the child may use e.g. Key Word Sign.
- Provide puppets/pictures as an extra prop when using finger plays and songs.
- Reduce the amount of instructions in one statement to allow time for the child to gain an understanding of what is been said e.g. "Hold the puppet up high" rather than "hold the puppet up high and wave it around so that all the children can see it." Once child understands to "hold the puppet up high" you can then add "Good, now all the children can see it".
- Ascertain from parents words that are familiar with the child e.g. family words that represent aspects of child life, and use these in your program.

Cognitive

- Encourage use of a bright easily recognisable bag for child to be able to recognise their hook/locker.
- Gain information from parents about child's likes, interests and dislikes and incorporate these in your program.
- Break tasks down to smaller steps e.g. placing one puzzle piece in a time rather than expecting the puzzle to be completed.
- Allow the child time to complete tasks and practice skills at own pace.
- Acknowledge level of achievement e.g. "you have placed that piece in the puzzle, well done" rather than just "Good boy".

Reference

<https://www.pregnancybirthbaby.org.au/microcephaly>

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