

InfantSEE Program Background

The American Optometric Association (AOA) and The Vision Care Institute of Johnson & Johnson Vision Care, Inc., have partnered to create InfantSEE™, a no-cost public health program developed to provide professional eye care for infants nationwide. Through InfantSEE, optometric physicians will provide a one-time, comprehensive eye assessment to infants in their first year of life, offering early detection of potential eye and vision problems at no cost regardless of income.

Prevalence of Vision Problems and Eye Diseases in Children (AOA)

- 1 in 10 children is at risk from undiagnosed vision problems
- 1 in 30 children will be affected by amblyopia – often referred to as lazy eye – a leading cause of vision loss in people younger than 45 years
- 1 in 25 will develop strabismus – more commonly known as crossed-eyes – a risk factor for amblyopia
- 1 in 33 will show significant refractive error such as near-sightedness, far-sightedness and astigmatism
- 1 in 100 will exhibit evidence of eye disease – e.g. glaucoma

How an InfantSEE Assessment Is Conducted

The InfantSEE assessment offers early detection of potential eye and vision problems as a complement to the eye screening conducted in a pediatric well-care visit. Risk factors for many eye conditions, including amblyopia (often referred to as lazy eye), muscle imbalances and some ocular diseases, have no signs or symptoms and may not be detected in a well-baby check up.

Although infants cannot speak, optometric physicians have the clinical education, training and experience, as well as the instruments and resources, to provide non-invasive eye and vision assessments for non-verbal patients such as infants. During the assessment, parents often hold the baby on their laps or on a lap pillow and assist by holding targets or toys to hold the baby's attention. Optometric physicians will evaluate visual acuity, refraction, motility, alignment, binocularity and overall eye health.

Following are examples of tests that help optometric physicians detect signs of strabismus, amblyopia or diseases of the eye.

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Visual Acuity/Refractive Status – Assessments for visual acuity and refraction are used to measure for nearsightedness or farsightedness – common risk factors for amblyopia. Nearsightedness or farsightedness in an infant’s developing eye can cause the brain to favor seeing through one eye, suppressing vision in the other eye, which can lead to permanent vision impairment. Because the traditional eye chart with letters or symbols cannot be used with infants, assessment of visual acuity may include tests to ensure that the infant can fix his eyes on an object and follow it. The optometric physician may also use lenses and light from a small hand-held instrument to assess how the eye responds to particular targets

Ocular Motility/Alignment/Binocular Potential – Assessments for motility, alignment and binocularity can determine the presence of strabismus, which occurs when one eye does not aim at the same object as the other eye. Strabismus can lead to amblyopia, if undetected, or may indicate a number of ocular diseases. These assessments also measure eye coordination, which is the ability of both eyes to work together as a team to create one three-dimensional image in the brain. Using very simple instruments such as penlights, finger puppets or toys, the optometric physician tests the eye’s ability to move by observing how the baby follows the movements of the object. The optometric physician can also assess a baby’s depth perception by using red/green glasses, and displaying 3-D pictures. To a baby with good eye coordination, the pictures will appear in 3-D, and the infant will then reach to touch the picture.

Overall Eye Health – The optometric physician will assess of the eye’s external structure as well as eyelids, tear ducts and other parts of the eye. Pupil function is then checked, followed by an examination of the inner eye through dilated pupils, which can also detect ocular diseases such as retinoblastoma, the seventh most common pediatric cancer.

Following the assessment, in addition to sharing findings with parents, the optometric physician may send summary information to the infant’s pediatrician, family physician or other health care provider to report and explain any significant condition diagnosed during the course of the assessment.

To learn more about InfantSEE, or to find a participating optometric physician in your area, visit www.eyes.org.

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