



## Matching Assistance Program

This is the first in a series of emails being created to help understand some of the common diagnosis of children within the foster care system.

One diagnosis will be sent each week to help inform you of the various medical needs of the children in foster care.

The term "special needs" is applied to any condition that may make it harder for a child to be adopted.

Kids with special needs may have a mental, physical, or psychological problem.

Children in foster care comprise some of our most medically at-risk and vulnerable children.

As the result of various circumstances, including poor prenatal care, maternal substance use, and erratic past medical care, these children may have significant

# Microcephaly

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## What is Microcephaly?

Microcephaly is a medical condition in which the circumference of the head is smaller than normal because the brain has not developed properly or has stopped growing. Microcephaly can be present at birth or it may develop in the first few years of life.

## What causes Microcephaly?

It is most often caused by genetic abnormalities that interfere with the growth of the [cerebral cortex](#) during the early months of fetal development. It is associated with [Down's syndrome](#), chromosomal syndromes, and neurometabolic syndromes. Babies may also be born with microcephaly if, during pregnancy, their mother:

- [abused drugs](#) or [alcohol](#),
- became infected with a [cytomegalovirus](#),
- rubella ([German measles](#)), or varicella ([chickenpox](#)) virus,
- was exposed to certain toxic chemicals, or
- had untreated [phenylketonuria](#) (PKU).

Babies born with microcephaly will have a smaller than normal head that will fail to grow as they progress through infancy.

## What are the signs and symptoms of Microcephaly?

Depending on the severity of the accompanying syndrome, children with microcephaly may have:

- [mental retardation](#),
- [delayed motor functions and speech](#),
- facial distortions,
- [dwarfism](#) or short stature,
- [hyperactivity](#),
- [seizures](#),
- difficulties with coordination and balance, and
- other brain or [neurological](#) abnormalities.

Some children with microcephaly will have normal intelligence and a head that will grow bigger, but they will track below the normal growth curves for head circumference.

## Is there any treatment for Microcephaly?

There is no treatment for microcephaly that can return a child's head to a normal size or shape. Treatment focuses on ways to decrease the impact of the associated deformities and neurological disabilities. Children with microcephaly and developmental delays are usually evaluated by a [pediatric neurologist](#) and followed by a medical management team. Early childhood intervention programs that involve physical, speech, and occupational therapists help to maximize abilities and minimize dysfunction. Medications are often used to control seizures, hyperactivity, and [neuromuscular](#) symptoms. [Genetic counseling](#) may help families understand the risk for microcephaly in subsequent pregnancies.

## What is the prognosis for Microcephaly?

Some children will only have mild disability. Others, especially if they are otherwise growing and developing normally, will have normal intelligence and continue to develop and meet regular age-appropriate milestones.

## For More Information:

unrecognized or under-treated illnesses, immunization delays, failure to thrive, and dental caries. Mental health concerns secondary to removal from the family unit are also common.

Developmental delay that is secondary to one of the above risk factors or the result of parental deprivation occurs in about half of all children who are less than age three when they enter foster care.

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