

CEREBRAL PALSY

What is Cerebral Palsy?

Cerebral palsy is a disorder that affects muscle control. This is usually caused by damage to the brain or an abnormality in the development of areas of the brain responsible for motor control. Cerebral palsy may also affect intellectual development, but is predominantly a muscle disorder. Cerebral palsy is a non-progressive disorder. Infants and young children may appear to be getting worse, however it is usually that the children are not achieving the same developmental milestones as other children rather than deteriorating.

How common is cerebral palsy?

Cerebral palsy affects 1 in 500 live born babies. In the majority of children (90%), the reason why cerebral palsy has occurred is unknown. In these children the brain does not grow or form normally during the pregnancy. In 10% of cases a critical event may have been identified where the brain has been injured. This may occur before, during or after labour if the baby does not receive enough oxygen. Damage to the brain may occur as a result of a severe infection, such as meningitis, or if there is a bleed into part of the brain, often as a result of being born prematurely. If a blood vessel in the brain becomes blocked this prevents blood supply reaching an area of the brain and is known as a cerebral infarction. This may also result in cerebral palsy.

What effects does this have on my baby/child?

Your baby/child may have problems with motor control and co-ordination. This may appear as weakness, stiffness, low tone, shakiness and difficulties with balance. Different parts of the body may be affected depending on the area of brain that is injured. If only one arm or leg is involved this is called monoplegia, if one side of the body is involved this is called hemiplegia. If both of the lower limbs are affected this is called diplegia and if all four limbs and the trunk are involved this is called quadriplegia.

Your child may also have other problems that include: epilepsy (seizures), gastro-oesophageal reflux, feeding difficulties, inability to swallow secretions resulting in chest infections, difficulty with speech, hearing or vision, intellectual or learning difficulties.

Children with cerebral palsy have a very wide range of intellectual abilities. Children with severe physical disabilities can still have a normal intellect; the degree of physical disability does not determine the degree of intellectual disability.

fact sheet

Are there different types of cerebral palsy?

There are a number of types of cerebral palsy.

- Spastic cerebral palsy: is the most common type. The muscles are tight or stiff due to the brain not being able to relay messages appropriately to the muscles.
- Athetoid cerebral palsy: is characterised by uncontrolled movements. These uncontrolled movements are more obvious when the child tries to use their muscles for a specific purpose. Many of these babies and children have weak muscles and are “floppy” when picked up.
- Ataxic cerebral palsy: is the least common type. The main feature is unsteady or shaky movements and difficulties with balance.

Some children may have a combination of these features.

Is there any treatment available for cerebral palsy?

Currently there are no treatments that can cure cerebral palsy. However, there is much that can be done to help improve the physical abilities and quality of life in children with cerebral palsy. The aims of treatment are to maximise the control of muscles and their flexibility.

Physiotherapists, speech therapists and occupational therapists provide a wide variety of treatments and programs to optimise progress in children with cerebral palsy.

When will I know if my baby has cerebral palsy?

The signs of cerebral palsy frequently take time to emerge. Most children are not confirmed with a diagnosis of cerebral palsy until they are 12 to 18 months of age. Signs that your baby may have cerebral palsy may include low tone, stiff arms or legs, delay in developmental milestones such as smiling, rolling, crawling and walking. The degree of physical or intellectual disability in your child may not become entirely clear until they are several years old.

What happens after we go home?

All babies who we think are at high risk of having cerebral palsy are followed in our Neonatal Intensive Care Growth and Development Clinic. You will be given an appointment for your child to attend when he/she is 8 months corrected age. At this clinic a medical officer and physiotherapist will see your child. At discharge from the nursery your baby will also be referred to the Early Intervention Service provided by Therapy ACT or your local NSW service. Early support with physiotherapy, speech therapy and occupational therapy is the most important factor for achieving the best outcome in children with cerebral palsy. We also encourage you to develop an ongoing relationship with a paediatrician who will follow your child's development and assist you with any treatments or programmes that may be required.

If you have any further questions please ask any of the nursing or medical staff.