Project Title	Implementation of the GMA for Early Intervention
Organisation	Chris Hani Baragwanath Academic Hospital, Gauteng Province
Innovation	Prior to the Establishment of the General Movement Assessment (GMA) Clinic, many children were only referred for therapy once they present with more or overt and severe impairments. This was frequent after one year of age, resulting in a delay in accessing therapeutic interventions during a critical period of neuroplasticity and childhood development. The GMA Clinic provides infants with an assessment between 12 to 15 weeks corrected age. It consists of the observation of the infant's general movements, giving the therapist an indication of future neurological outcomes. Caregivers are given three options for the assessment based on their accessibility. All infants diagnosed with HIE/NNE attend a follow up clinic with the Neurodevelopmental doctors where the Occupational Therapists are also present. If the infant is within the correct age at the time, or are attending a different clinic, a face-to-face appointment in the Occupational Health department is offered. This appointment is clustered with other appointments where possible, to alleviate financial and time burdens on the caregiver. If the caregiver is unable to attend a face-to-face appointment or has a preference, a telehealth option is provided, where the caregiver records a video of their infant and the Occupational Therapist then reviews the video on their next appointment date. Providing these options allows more infants to be assessed regardless of social and financial circumstances. Magnetic resonance imaging and cranial ultrasound are currently the most widely used tools in the diagnosis of neurological impairment. However, these are costly and have long waiting lists. The need for these tools is decreased with the use of the GMA as it is quick and cost effective in a hospital where resources are scarce.
Impact	Internationally, the average age of a CP diagnosis is between one and two years of age. The GMA is an efficient and cost-effective way to assess infants at high risk of neurological damage and subsequent CP, as early as three months of age. This allows these children to enter therapeutic services at an early age and thereby capitalise on early brain development and neuroplasticity through receiving early intervention. Early intervention has been shown to result in the best possible outcomes for children with disabilities, by maximising their functional outcomes and limiting possible complications associated with their disability. Through early identification of disability, appropriate referrals to other departments can be made. This, in turn, decreases the burden placed on the healthcare sector by limiting possible future complications of CP, such as orthopaedic complications, nutritional deficiencies and chest infections. Early detection also allows therapists to educate parents early in their child's therapy journey. This empowers the parents to be able to advocate for their child and their needs.