RETINOPATHY OF PREMATURITY
A guide for parents, carers and teachers

The information in this leaflet is intended to provide a general outline of how vision and learning can be affected by Retinopathy of Prematurity (RoP).

It is important to note that each person may be affected in different ways by their visual impairment and so need to be considered in terms of their individual needs.

What is Retinopathy of Prematurity?

This is a retinal condition affecting prematurely born babies, in which there is a development of abnormal blood vessels in the eye that grow into the vitreous area. This is associated with the high levels of oxygen needed by babies in special care baby units.

It can vary in stages from a faint demarcation line to total retinal detachment. In all treatment of Retinopathy of Prematurity, timing is crucial. A retina, once detached, can quickly become ‘dead’ tissue.

Visual effects of Retinopathy of Prematurity

Depending on the success of treatment and the area of the retina affected, the effects of Retinopathy of Prematurity vary greatly from those who are severely sight impaired to those who have slightly reduced vision. Vision may appear blurred or ‘grey’ if the centre bit of the retina has detached.

Other problems include:

- Short-sightedness (Myopia)
- Squint (abnormal direction of one or both eyes)
- Glaucoma (abnormal pressure within the eye)
- Cataract (part of the eye becoming opaque)
- Corneal scarring (the rounded form of the eye becoming opaque in places due to scarring)

Each has its own associated effects on a child’s vision and we can provide more information on them.

Educational implications

- If the child has no residual vision then all learning must take place through auditory and tactile channels. For reading and writing this may be Braille.
- If retinal detachment has occurred then the child may have lost vision in one or more visual fields.
- Distance/near vision may be reduced which will affect positioning to access resources.
- Resources may need to be modified (for example enlarged font).

What can you do to help?

- People should present themselves and any information to the child’s stronger visual side.
- Position should be considered to provide optimum access to teaching resources.
Where a good degree of residual vision is present, the presentation of learning materials should be clear and bold, with minimal ‘visual clutter’ and in an appropriate print size and paper size.

Extra time may be needed to complete ‘visual’ based tasks.

It may be necessary to negotiate the amount of homework required or the deadlines, because of the difficulties imposed by visual fatigue and tactile learning.

**Further advice and support**

Plymouth Advisory Team for Sensory Support - 01752 305252

Royal National Institute of the Blind - 0845 766 9999

The Albinism Fellowship - 01282 771900

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