Provincial Autism in Infants and Young Children *Primary Care Clinical Pathway*

Use this pathway when concerns about pediatric growth and development have been flagged by parents or caregivers, or by a health care provider (e.g., primary care, allied health) and there is **a possibility of autism**. Consideration for autism should be heightened with increasing number of indicators, when there is a family history of autism or other neurodevelopmental conditions and/or there has been developmental regression. (See Background link above for details).

All parent/caregiver concerns should be taken seriously and acted on promptly

Common features of autism in children under 3 years of age: There is no single diagnostic feature for autism. Individuals present differently based on age, sex, cognitive ability, language, etc. Example indicators may include (not an exhaustive list):

Communication (verbal and nonverbal)
- Delays in language acquisition
- Atypical language development (e.g., echolalia, idiosyncratic language)
- Limited use of nonverbal communication (e.g., eye contact, facial expression, gesture use)

Social Interaction
- Not seeking attention for social purposes
- Not involving others or sharing enjoyment of activities with other people
- Limited interest in peers or ability to play back and forth with peers
- Decreased social responsiveness (e.g., not responding to their name, smiling back at others, or participating in social games)

Behaviour
- Repetitive behaviours, language, use of objects
- Restricted, intense or unusual interests
- Preference for sameness/distress when things change
- Sensory processing differences
- Difficulty transitioning between activities/environments

1. If not already done, complete age-appropriate surveillance (e.g., Rourke baby record)

2. Consider whether Urgent Consultation is needed
- Acute/severe developmental regression/skill loss (e.g., neurodegenerative disorders)
- Psychosocial considerations (e.g., trauma)
- Co-existing conditions requiring immediate attention (e.g., failure to thrive)

Yes → Consult Outpatient Specialty Advice, refer to pediatrician/specialist, or send to ER depending on acuity and needs.

Continue down the pathway concurrently if/when appropriate.

No

3. Initial History, Assessment and Early Intervention (do not delay referral if unable to complete comprehensive history and assessment)

History
- Records review (e.g., birth/medical history)
- Parent/caregiver interview (e.g., challenges, strengths, routines and resources)
- Developmental, medical, family (e.g., sibling with autism) and social history
- A structured age-appropriate questionnaire (e.g., M-CHAT R/F, Infant-Toddler Checklist) could be used to gather more detail from caregivers. Results should complement the history and support clinical judgement
- Encourage families to keep a journal of behaviours/observations

Assessment
- Thorough clinical assessment including height, weight, head circumference.
- Dysmorphic features or neurological signs (e.g., tone and reflexes) as some medical syndromes are associated with higher rates of autism.
- Consider common co-occurring physical and emotional health conditions (e.g., sleep, mental health, GI) and treat/refer as appropriate.

Observation of specific behaviours and interests
- Observe how the child interacts in the office visit (e.g., play interests)

Communication and collaboration between families and providers is essential

Early Intervention: Many conditions share features with autism.
- All children with developmental delays or concerns can benefit from early intervention.
- Refer to local services while continuing with assessment.
- Families can **self-refer** for Pediatric Rehabilitation, Early Childhood Intervention Program (ECIP) and vision assessment.
- Hearing status needs to be considered for all children with developmental concerns.

Additional Supports:
Families may require medical documentation to apply for and receive funding and supports. Discuss these needs with families.

If another condition better explains developmental delays/concerns (e.g., impaired hearing, language disorders) and the family is interested, refer for assessment, other needs or diagnoses (e.g., Pediatric Rehabilitation/ECIP, specialists).

If developmental concerns persist as the child grows, consider need for an autism assessment.

4. Complete the diagnostic assessment or refer to providers that offer comprehensive medical screening and/or diagnostic assessment (e.g., community pediatrician, developmental centre).
- Some diagnostic clinics require a physician/NP referral.
- Consider requesting additional community assessments to support the diagnostic process.
- Share available information with the receiving provider/team (do NOT delay making a referral to gather additional information).
- Provide anticipatory guidance on next steps in the assessment process.

See referral guideline tab for details.

5. Continue to support family during and after autism diagnosis.
- Follow-up recommended 3-6 months depending on concerns.
- Ongoing collaboration with Pediatric Rehabilitation and other care providers and agencies.
- Genetic testing should be recommended following an autism diagnosis, regardless of co-occuring conditions

Support family centered care.
- Actively listen to family's concerns and validate their experience with their child.
- Ensure families are aware of why and where all referrals are being made (especially important if parents did not identify the concern).

See Additional Supports link above for details .

Consider specialist advice. See referral guideline tab for details.