Hypertension has long been reported as a complication of prematurity- in fact, prematurity is one of a group of identified risk factors identified that should lead primary care providers to begin screening routinely for hypertension before the age of 3 years. Although the Institute of Medicine has highlighted several recent studies offering discrepant evidence for the utility of routine blood pressure screening at well visits in children between the ages of 3-18 years, little work has been done to better delineate the utility of targeted blood pressure screening in the < 3 year old population. American Academy of Pediatrics Bright Futures guidelines continue to call for routine screening of children < 3 years old with known risk factors for the development of hypertension of which prematurity is one of the most prevalent.

Despite this recommendation, it is not well understood how frequently preterm infants are screened for hypertension in the pediatric office and even less well understood if offices are adequately equipped to conduct targeted screening. This pilot study seeks to characterize the capabilities and screening practices of pediatric offices in the Chicagoland area with regard to detection of hypertension in infants delivered prematurely before universal screening begins at age 3 years old. Pediatric practices will be assessed for their possession of appropriately-sized equipment to perform targeted blood pressure screening in infants and small children. Providers will be surveyed regarding their blood pressure screening practices of premature infants to identify self-perception of adherence to the AAP Bright Futures guideline. Medical records of children with history of prematurity will be reviewed to determine the frequency with which they are actually undergoing targeted blood pressure screening as well as the incidence of abnormally elevated measurements in this population.