

Fact Sheet

Your baby's eyes



The Eye



Light enters the eye through the cornea, the clear outer skin or window at the front of the eye. It passes through the pupil, the hole in the iris or coloured part of the eye. Light rays are then focused on the retina at the back of the eye. Information about the light travels from the retina to the brain where the pictures are recognised and interpreted.

See the checklist below for some of the things you can look for in your baby's first year:

At birth

- Are attracted to faces.
- May avoid bright lights by closing eyes.
- Eyes may sometimes appear to wander or be turned.

At one month

- Start to fix on parent's face whilst feeding.
- Intermittent turn in eyes.
- Follow large moving objects for a few seconds and begin to show interest in toys.

At two months

- More interested in toys and objects.
- Follow a person with their eyes.

- Recognise parent's face and can tell it from other faces.

At four months

- Can focus on toys held close to them.
- Eyes should be straight and move together in all directions.
- Interested in smaller more detailed toys.
- Reaches for toys, grasps firmly and regards closely.

At six months

- Become more skilled in using their eyes to locate and reach for objects of interest.
- Follow objects with head and eyes in all directions.
- Visually alert and curious about their surroundings.
- Follows an adult's movement across the room.

At twelve months

- Recognise familiar people from at least six metres (20 feet) away.
- Binocular vision (the ability to use the eyes together) established at 9 months.
- If you have any questions about your child's development, see your doctor or early childhood nurse.

Common eye problems in children

Strabismus

Strabismus may be known as turned eyes, crossed eyes, squint, or lazy eyes. Strabismus occurs when the eyes point in different directions. When one eye is straight the other may point in, out, up or down. This may be noticeable all the time, or it may come and go. It may be present at birth or appear later. In babies and children with strabismus, the vision in the turned eye will not develop normally. Children do not outgrow strabismus.

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Treatment is most effective when commenced at an early age and may include glasses, patching, exercises, or surgery and is usually a combination of these.

Treatment is carried out by an Ophthalmologist (eye specialist) and Orthoptist.

The aims of strabismus treatment are:

- Good vision in both eyes.
- Good appearance.
- Coordinated eyes (ie depth perception).

Amblyopia

Amblyopia occurs when one eye becomes lazy because it is not receiving as clear a picture as its fellow eye. The most common causes of amblyopia are strabismus, refractive error (incorrect focusing power), ptosis (droopy eyelid) and cataract (opacity in the lens). If left untreated it can lead to very poor vision. Vision can be improved in many cases of amblyopia when treatment is undertaken at an early age.

Epiphora

Epiphora or watering eyes may occur if the duct that drains tears from the eye to the nose becomes blocked. In many cases, blocked tear ducts get better by themselves, but if this doesn't happen within 6 months, or frequent infection becomes a problem, treatment in the form of a minor surgical procedure may be necessary. Blocked tear ducts are not the only cause of watering eyes so an eye examination is suggested. Remember: Occasionally, serious conditions can have signs and symptoms

similar to those described above. For this reason children with suspected eye problems should be examined.

Signs to watch for

Consult your family doctor if you are concerned about your baby's eyes, particularly if:

- One or both pupils have an unusual or white appearance. This may be noticed in photographs.
- There is persistent watering or discharge from the eyes.
- One eye appears to be turned frequently or the eyes do not seem to move well.
- There is extreme sensitivity to light or glare.
- The head is consistently tilted/turned to one side.
- The child sits close to the television and holds books/puzzles at very close range.
- The eyes do not look the same.

Routine Screening

A full eye test is recommended for all infants and children when there is:

- A family history of turned eye (strabismus).
- Lazy eye (amblyopia).
- Strong glasses at an early age (refractive error).
- Premature birth (36 weeks gestation or less).
- Developmental delay.

Remember

- **Seek medical advice if you have any concerns about your child's eyes.**

This fact sheet is for education purposes only.
Please consult with your doctor or other health professional
to make sure this information is right for your child.

This document was reviewed on Thursday, 6th July 2006.

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