A new definition proposed in 2006 describes cerebral palsy (CP) as a "group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to nonprogressive disturbances that occurred in the developing fetal or infant brain" (Rosenbaum, Paneth, Leviton, et al, 2007). In addition to motor disorders, the condition often involves disturbances of sensation, perception, communication, cognition, and behavior; secondary musculoskeletal problems; and epilepsy (Rosenbaum, Paneth, Leviton, et al, 2007). The etiology, clinical features, and course vary and are characterized by abnormal muscle tone and coordination as the primary disturbances. CP is the most common permanent physical disability of childhood, and the incidence is reported to be between 2.4 to 3.6 per every 1000 live births in the United States (Hirtz, Thurman, Gwinn-Hardy, et al, 2007; Yeargin-Allsopp, Van Naarden Braun, Doernberg, et al, 2008).

One systematic review and meta-analysis indicated a prevalence of 2.11 per 1000 live births, with the highest prevalence among infants born weighing 1000 grams to 1499 grams at birth; the prevalence of CP was higher among infants born prior to completion of 28 weeks' gestation (Oskoui, Coutinho, Dykeman, et al, 2013). Since the 1960s, the prevalence of CP has risen approximately 20%, which most likely reflects the improved survival of extremely low birth weight (ELBW) and very low birth weight (VLBW) infants.

However, in the past two decades, there has been a decrease in the incidence of CP among ELBW and VLBW infants (Hack and Costello, 2008). The incidence is higher in males than females and more likely to occur in African Americans than in Caucasian or Hispanic children (Centers for Disease Control and Prevention, 2013).

Although the prevalent traditional hypothesis has been that CP results from perinatal problems, especially birth asphyxia, it is now believed that CP results more often from existing prenatal brain abnormalities; the exact cause of these abnormalities remains elusive but may include genetic factors, including clotting disorders as well as brain malformations. It has been estimated that as many as 70% to 80% of the cases of CP are caused by unknown prenatal factors (Johnston, 2016; Krigger, 2006). Intrauterine exposure to maternal chorioamnionitis is associated with an increased risk of