



Trends in
Medical Research

ISSN 1819-3587



Academic
Journals Inc.

www.academicjournals.com

Care of Late-Preterm Premies May Be Insufficient

In the last 15 years, the U.S has seen a sharp increase in the number of babies born as late-preterm infants, between 34 and 37 weeks' gestation. This is approximately 400,000 children each year, comprising over 70 percent of all preterm births. Often, late-preterm infants are treated the same as full-term infants since they are commonly a similar size and weight. But more research is showing that this can be detrimental to a late-preterm infant's health and frequently results in hospital readmission within the first month of life.

"Late-preterm infants are often treated as though they are developmentally mature when in fact they are physiologically and metabolically immature. This makes them more susceptible to developing medical complications, such as respiratory problems, hypothermia, low blood sugar, jaundice and poor feeding," said Ramzan Shahid, M.D., Medical Director of the newborn nursery at Loyola University Medical Center.

A review of the medical charts of late-preterm infants born at Loyola University Hospital revealed that those who were delivered at 36 weeks were almost twice as likely as infants born at 34 or 35 weeks to have an emergency room visit in the first month of life.

"This leads us to believe that health-care providers may have a false sense of security when treating late-preterm infants the same as full-term infants," Shahid said.

The review also found that late-preterm infants who were sent home less than 48 hours after birth also were twice as likely to have repeat hospital visits while those who only stayed in the newborn nursery or with their mother were three times more likely to be readmitted to the hospital than those who spent time in the Neonatal Intensive Care Unit.

"These findings show that late-preterm infants need specialized care. They should not be released in less than 48 hours after birth and need to be in a NICU or monitored closely in a Level 1 Newborn Nursery. Closely monitoring these babies will help to identify potential complications

early on and may prevent subsequent readmission," Shahid said.

In response to these findings, Loyola University Hospital's Birth Center has created a protocol for the management and care of late-preterm infants. All infants born at less than 35 weeks' gestation are monitored in the NICU. Clinically stable infants between 35 and 37 weeks' gestation are admitted to the newborn nursery where they are closely monitored for respiratory distress, hypothermia, low blood sugar, jaundice and feeding difficulties. The new protocol includes:

- Nurses checking vital signs at hour one, two and four immediately after birth and then every four hours for the first 24 hours.

- The volume and duration of feedings also are closely monitored. Lactation consultants assist in monitoring mothers who wish to breastfeed. The infant's weight is taken daily to help track feeding changes. If weight loss is greater than 7 percent from birth weight, a change will be made to feeding.

- Late-preterm infants will remain in the hospital for at least 48 hours and until the following criteria are met:

 - Good temperature regulation

 - Stable blood sugar

 - Adequate feeding for 24 hours

 - Stable vital signs for 12 hours preceding discharge

 - Weight loss of no more than 7 percent of birth weight

 - A follow-up visit with a physician will be scheduled for 24-48 hours after hospital discharge.

"It is imperative for us to recognize the complications and risks to these special patients and do all we can to ensure they are safe and healthy when they go home," Shahid said.

The pediatric and obstetric staffs work closely together to ensure parents are aware of the unique care their children will receive once they are born. Parents will meet with the obstetrician and be given written information about the care that infants receive in the newborn nursery.

"Parents are happy to know their child is receiving the specialized care he or she needs and relieved and comforted to know that when it is time to go home their baby will be healthy and there is a lower chance of readmission," Shahid said. "This is a patient population that has been overlooked in the past, but we want to give them the specialized care they need. We work with the parents to make sure their baby has a healthy transition home and they can rejoice in this amazing new life."

Source:
(The above story is reprinted from materials provided by Loyola University Health System).