

عنوان مقاله:

Morbidity and Mortality in Late Preterm Newborns Followed in a Neonatal Intensive Care Unit

محل انتشار:

مجله علمی ناباروری ایران، دوره 13، شماره 1 (سال: 1401)

تعداد صفحات اصل مقاله: 6

نویسنده:

Fatma Cakmak Celik - Department of Pediatrics, Neonatology Division, Faculty of Medicine, Bahcesehir University, Istanbul, Turkey

خلاصه مقاله:

Background: Neonates born between ۳۴۰/۷-۳۶۶/۷ gestational weeks are considered late preterms with fewer risks, compared to smaller babies and more risks for morbidity and mortality than their term peers. The present study aimed to analyze maternal problems, as well as morbidity and mortality of late preterms followed in the Neonatal Intensive Care Unit. Methods: A total of ۲۳۰ neonates' files were analyzed, and demographic characteristics, respiratory, as well as metabolic and maternal problems, were recorded in this study. Results: Out of ۲۳۰ neonates, ۱۶۶ (۷۲، ۲%) and ۱۲۹ (۵۶، ۱%) newborns were inborn and male, respectively. Moreover, ۲۳ (۱۰%) neonates were born through vaginal delivery. The mean birth weight of the neonates was estimated at ۲۵۳۲.۱ ± ۵۴۰.۳ gr. In total, ۶۶، ۷۱، and ۹۳ infants were ۳۴ ۰/۷ and ۳۴ ۶/۷، ۳۵ ۰/۷-۳۵۶/۷، as well as ۳۶ ۰/۷-۳۶ ۶/۷، respectively. The premature rupture of membranes, placenta previa, ablatio placenta were obtained at ۹.۱% (n=۲۱)، ۲.۲% (n=۵)، and ۳.۵% (n=۸)، respectively. In addition, preeclampsia (n=۲۴؛ ۱۰.۴%)، cholestasis of pregnancy (n=۷؛ ۳%)، oligohydramnios (n=۲۶؛ ۱۱.۳%)، and gestational diabetes mellitus (n=۲۷؛ ۱۱.۷%) were observed in this study. The rates of transient tachypnea of the newborn، respiratory distress syndrome، polycythemia، hypoglycemia، indirect hyperbilirubinemia with intensive phototherapy، and feeding intolerance was estimated at ۷۲.۲% (n=۱۶۶)، ۷.۸% (n=۱۸)، ۵.۶% (n=۱۳)، ۶.۱% (n=۱۴)، ۴.۳% (n=۱۰)، and ۸.۷% (n=۲۰)، respectively. Any maternal problems and cholestasis of pregnancy were significantly more likely in ۳۴۰/۷ and ۳۴۶/۷ gestational weeks، compared to others (for any maternal problem and cholestasis of pregnancy: $P=۰.۰۰۹$ and $P=۰.۰۱۲$ ، respectively). Conclusion: Evaluation of the late preterms as terms may lead to neglecting some problems. Therefore، late preterms should be closely monitored، especially for respiratory problems in terms of intensive care requirements.

کلمات کلیدی:

Late preterm، Maternal problems، Morbidity، Mortality، Newborn

لینک ثابت مقاله در پایگاه سیویلیکا:

<https://civilica.com/doc/1389853>

