

SHORT TERM NEONATAL OUTCOME OF PRETERM INFANTS IN DE SOYSA HOSPITAL FOR WOMEN

Dias T.D¹, Nishantha L.M.C², Kaluarachchi A³

- 1) Senior registrar, University Obstetric Unit, De Soysa Hospital for Women (DSHW)
- 2) Research assistant, Department of Obstetric & Gynaecology, Faculty of Medicine, University of Colombo.
- 3) Senior lecturer, Department of Obstetric & Gynaecology, Faculty of Medicine, University of Colombo

Introduction

With improved survival of preterm infants, questions have been raised about the limit of viability. To provide better information and counselling of parents of infants about to be delivered before 37 weeks of gestation, we evaluated the mortality and neonatal morbidity pattern of preterm infants. On the basis of etiology and outcome, preterm deliveries can be subdivided into three gestational sections, mildly preterm births 32⁺⁰ to 36⁺⁶, moderately preterm births at 28⁺⁰ to 31⁺⁶ weeks and extremely preterm births 24⁺⁰ to 27⁺⁶ weeks.

Methods

We have studied retrospectively 39 infants born at 24 to 37 weeks gestation (as judged by best obstetrical estimate) from September 2006 to February 2007 in University Obstetric

unit of DSHW. Sample was sub divided further into two main groups according to POA (24⁺⁰ to 31⁺⁶ weeks vs 32⁺⁰ to 36⁺⁶ weeks) and birth weight (<1500g vs >1500g). Mortality and morbidity during their hospital stay, including neonatal seizures, jaundice, sepsis, IRDS etc were analyzed.

Results

In the first sub group 20 babies (51.3%) were extremely and moderately premature and 19 babies (48.7%) were mildly premature. Neonatal morbidities comparatively higher among extreme and moderate preterm babies compared with mildly preterm babies, IRDS (65.0% vs 31.57%), sepsis (30.0% vs 15.78%), jaundice (60.0% vs 52.63%), and neonatal convulsions (25.0% vs 5.26%). Extreme and moderate preterm babies had significantly higher incidence of IRDS and deaths than the mildly preterm babies ($p=0.037$ and $p=0.000$ respectively).

In the second subgroup 22 babies (56.41%) were very low birth weight and 17 babies (43.58%) were birth weight more than 1500g. Very low birth weight infants have shown higher morbidity compared to babies born >1500g, IRDS (72.22% vs 17.64%), sepsis (31.81% vs 11.76%), jaundice (63.63% vs 47.05%), neonatal convulsions (22.72% vs 5.88%), hypoglycemia (59.09% vs 52.94%). Very low birth weight babies have shown very high statistically significant incidence of IRDS and deaths ($p=0.001$)

Conclusion

The survival rate was high (94.73%) and the morbidity rate at discharge was low in the mildly premature infants compared with the extreme and moderate preterm groups (40%). At the same time it has been shown that survival rate of 94.11% and 45.45% among babies weighing >1500g and babies weighing <1500 respectively. These data may be useful in decision-making and in counseling patients at risk for preterm delivery.