

13TH EUROPEAN

PEDIATRICS & PEDIATRIC NEUROLOGY CONFERENCE

August 31-September 02, 2017 | Prague, Czech Republic

To determine frequency and early complications (within 72 hrs) in late preterm neonates during their stay at secondary care hospital of Aga Khan University**Waqar Hussain Khawaja**
Aga Khan University Hospital, Pakistan

Background: The burden of prematurity comprises of 12.7% of the live births, where late preterm accounts for approximately three fourth (73%) of overall prematurity worldwide. Frequency of preterm birth are increasing worldwide and there is evidence that this increase is mostly due to "late preterm" births which is of all preterm births. As a consequence, they are at higher risk than are term infants of developing medical complication like respiratory distress (13.8%), hypothermia (10.0%), hypoglycemia (14.2%), hyperbilirubinemia (10.7%), neonatal sepsis (30.8%) that result in higher rates of mortality and morbidity during the birth hospitalization. In addition, late-preterm infants have higher rates of hospital readmission (17.9%) during the neonatal period than do term infants.

Study Design: A case series study was carried out in this set up.

Methodology: Newborns delivered during study period was included in study to determine frequency of late preterm neonate. Demographic features i.e., age, gender, gestational age, birth weight was recorded. All late preterm were observed for early complication within 72 hours of birth including signs of neonatal sepsis, respiratory distress syndrome, hypothermia, hypoglycemia and hyperbilirubinemia. Effect modifiers were calculated through stratification of age to see effect of these on outcome variable. Post stratification, the Chi-square test was performed and $P < 0.05$ as significant. .

Results: There were 1696 (86.7%) term and 217 (13.3%) preterm live singletons. There were 217 (12.7%) late preterm making the rate of late preterm at 225 (96.4%) of all preterm singletons. Among them respiratory morbidities were diagnosed in 24%, Hypoglycaemia was 13.8%, Evaluation for sepsis in 9.2%, phototherapy for jaundice was required in 17.5% and Hypothermia was diagnosed in 6.0% infants admitted in secondary care hospital.

Conclusion: Late preterm neonates are the major subgroup of preterm delivered at secondary care hospitals and are the higher risk of morbidity and birth hospitalization so treating late preterm as term infants should be avoided.

drwaqarkhowaja86@gmail.com

Notes: