

NEONATAL INTENSIVE CARE UNIT ADMISSION AND INFECTIVE MORBIDITY OF LATE PRETERM INFANTS

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ABSTRACT

Objective: Late preterm(LP) infants are those born between 34 0/7 and 36 6/7 weeks of gestation. They are physiologically and metabolically immature, and have higher risk for overall morbidity and especially infective morbidity. The objective of this study is to analyze the incidence of LP infective morbidity, and their Neonatal Intensive Care Unit (NICU) admission in a tertiary hospital.

Methods: This is a prospective study of infants born LP, their NICU admission and infective morbidity in a 2 year period in the Tertiary hospital "Koço Gliozheni" in Tirana. We compared their NICU admission and infective morbidity with those born in term as a control group who entered the NICU with an infective diagnosis. OR and the CI 95% is calculated and the p value significant <0.05.

Results: In a 2 year period 2014 and 2015 there were 8843 births and 555 infants born Late Preterm(LP). Of the 555 infants 336 LP were admitted to the NICU and 597 term newborns entered the NICU. LP have a significant NICU admission compared to term infants OR 19.4 (16.1-23.5) and higher morbidity for sepsis OR 23 (7.7-73), sepsis workup OR 51.24 (32-82) and pneumonia OR 16.7 (6.4-43.6) and the difference was significant. Only for meningitis the difference was not significant OR 7.35 (0.66-81.3) p=0.25.

Conclusion: LP are at higher risk for NICU admission and infective morbidity compared to those born 37 0/7 -41 6/7 weeks of gestation. Predicting and treating the problems that lead to preterm birth will be a challenge in the future for lowering the LP morbidity.

Keywords: Late preterm, infective morbidity, sepsis, NICU.