

Förtidsbörd – neonatologens aspekter



Why?

- Urinary tract infections / Sexually transmitted infections / Vaginal infections
- High blood pressure
- Bleeding from the vagina
- Certain developmental abnormalities in the fetus
- Pregnancy resulting from in vitro fertilization
- Being underweight or obese before pregnancy
- Short time period between pregnancies (less than 6 months between a birth and the beginning of the next pregnancy)
- Placenta previa
- Being at risk for rupture of the uterus
- Diabetes and gestational diabetes
- Blood clotting problems
- Ethnicity. Preterm labor and birth occur more often among certain racial and ethnic groups. Infants of African American mothers are 50% more likely to be born preterm than are infants of white mothers.
- Age of the mother.
 - Women younger than age 18 are more likely to have a preterm delivery.
 - Women older than age 35 are also at risk of having preterm infants because they are more likely to have other conditions that can cause complications requiring preterm delivery.
- Certain lifestyle and environmental factors, including:
 - Late or no health care during pregnancy
 - Smoking / Drinking alcohol / Using illegal drugs
 - Domestic violence, including physical, sexual, or emotional abuse
 - Lack of social support
 - Stress
 - Long working hours with long periods of standing

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How little is too little?

Sammanfattning av konsensusgruppens rekommendationer

Vid hotande förtidsbörd:

Rekommenderas **transport** av den gravida kvinnan så hon befinner sig vid högspecialiserat centrum från vecka 22+0.

Föreslås att antenatal **steroidbehandling** övervägs från vecka 22+0 och rekommenderas att behandlingen ges senast från vecka 23+0.

Föreslås att **kejsarsnitt på fetal indikation** (hotande asfyxi eller sätesbjudning/tvårläge) övervägs från vecka 23+0 och rekommenderas att fosterövervakning och kejsarsnitt på fetal indikation utförs från vecka 24+0.

Betonas vikten av **adekvat information till familjen**. Informationen ska vara baserad på nationella och lokala riktlinjer.

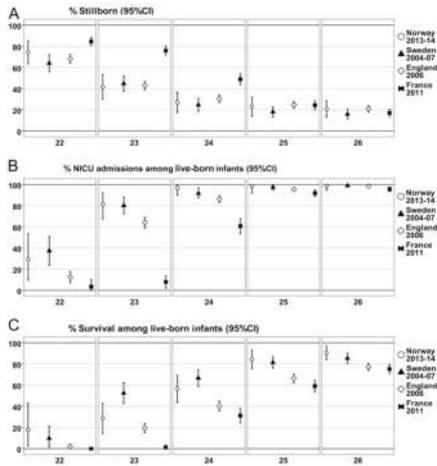
Vid förlösningen:

Rekommenderas att **neonatalog ska vara närvarande** vid alla förlösningar från vecka 22+0.

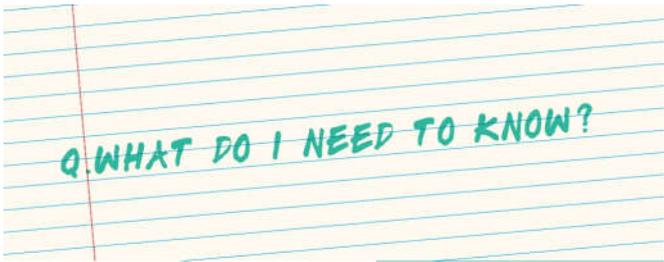
Föreslås att **initiering av HLR** övervägs för alla nyfödda från vecka 22+0 och rekommenderas för alla nyfödda från vecka 23+0.

Poängteras vikten av att alla levande födda från vecka 22+0 **registreras i Svenskt Neonatalt Kvalitetsregister (SNQ)**, även om de avlidit på förlösningsavdelningen innan inskrivning på neonatalavdelningen.

Handläggning av hotande förtidsbörd och nyfödda barn vid gränsen för viabilitet
Neonatalförening och SFOG 2016

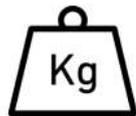


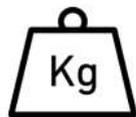
Stensvold et al. Neonatal Morbidity and 1-Year Survival of Extremely Preterm Infants. Pediatrics 2017.

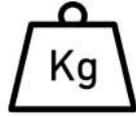












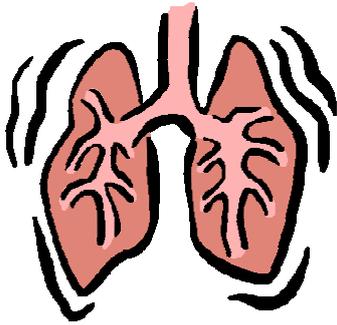
Problems in preterm infants

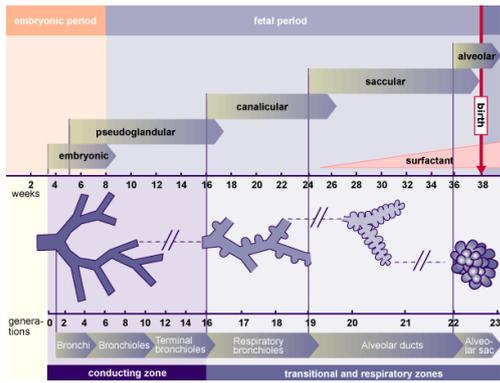




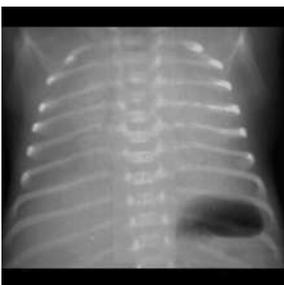
Postnatal transition



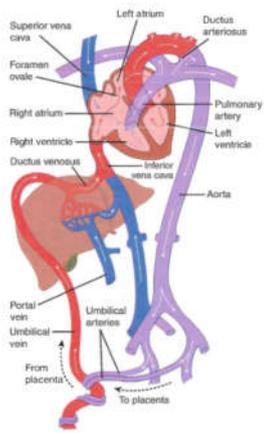




From IRDS to CLD (BPD)









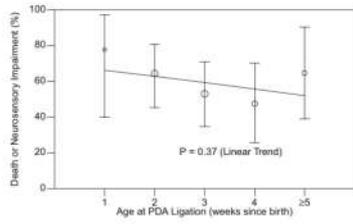


Figure 1. Outcome of death or neurosensory impairment and age since birth at time of PDA ligation.

Kabra et al. Neurosensory impairment after surgical closure of patent ductus arteriosus in extremely low birth weight infants: results from the Trial of Indomethacin Prophylaxis in Preterms. *J Pediatr* 2007



Necrotizing enterocolitis



Nutrition



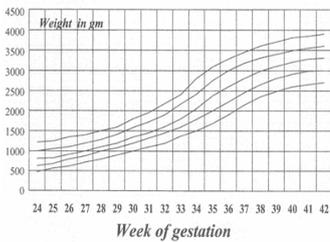


80 kg

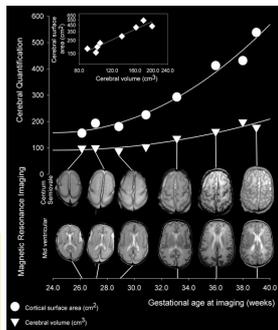
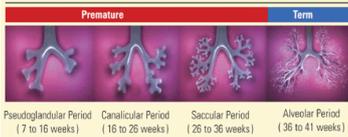


400 kg

What is the goal?



Normal lung development



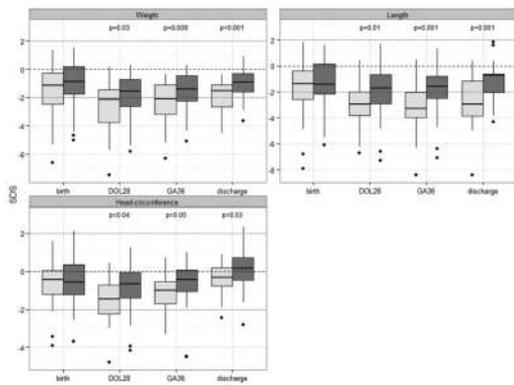


Fig. 2. Postnatal growth. Weight, length and head circumference in both groups (control group – light grey, intervention group – dark grey) shown as SDS. SDS was calculated using the growth charts by Niklasson et al. (DOL28 = day 28 of life, GA 36 = Post neonatal age of 36 = 0 weeks).

Wackernagel et al. Computer-aided nutrition – Effects on nutrition and growth in preterm infants <32 weeks of gestation. Clinical Nutrition ESPEN 2015

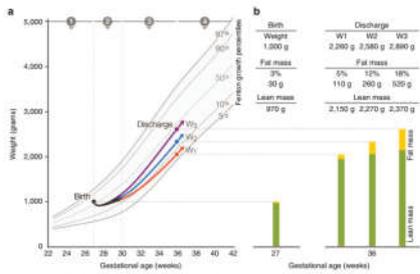
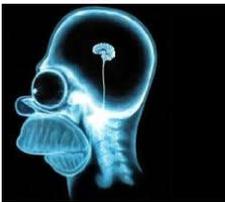


Figure 1. Growth trajectory (a) and body composition (b) of three extremely low-birth-weight infants. Early adjustment of postnatal growth trajectories affects weight and body composition at discharge. The infants transition to different hypothetical growth trajectories, but have similar growth rates after postnatal adaptation: (i) intrauterine growth, (ii) preterm birth and postnatal adjustment of growth trajectories, (iii) percentile-parallel growth (17 g/kg/d), and (iv) term age with different DOHA2 risk profiles due to different body compositions (2,24,32,33).

Rochow et al. Physiological adjustment to postnatal growth trajectories in healthy preterm infants. Pediatr Res 2016;



What's about the Parents?

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Results: The rates of PPD [postpartum depression] were as high as 40% in the early postpartum period among women with premature infants.

Sustained depression was associated with earlier gestational age, lower birth weight, ongoing infant illness/disability and perceived lack of social support.

Vigod et al. Prevalence and risk factors for postpartum depression among women with preterm and low-birth-weight infants: a systematic review. BJOG 2010

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Results: Parents of a VLBW infant have 2-fold higher odds of divorce/separation compared with parents of a child with a birth weight greater than 1500 grams.

Vigod et al. Prevalence and risk factors for postpartum depression among women with preterm and low-birth-weight infants: a systematic review. BJOG 2010
Swaminathan et al. Delivering a very low birth weight infant and the subsequent risk of divorce or separation Matern Child Health J 2006



Take-home message

- ✓ Perinatal rond
- ✓ Tillsammans behöver vi hitta/bestämma optimal tidpunkt för förlossningen ... ur moderns perspektiv ... ur barnets perspektiv

Tack för uppmärksamheten