

Respiratory Morbidity in Late Preterm

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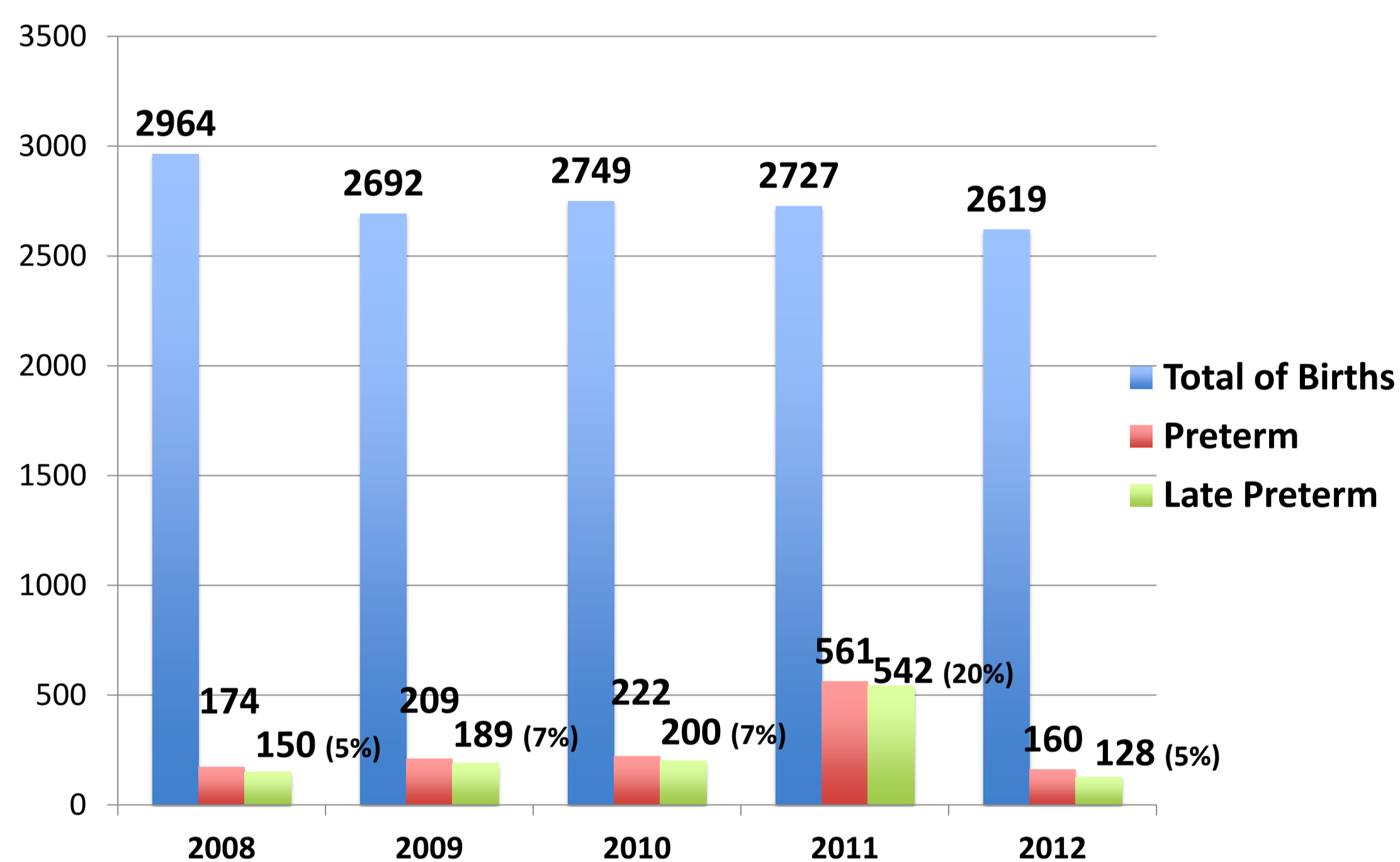
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Introduction: Late preterm infants (LPT) are born at a gestacional age between 34 and 36 weeks. They have greater vulnerability and morbidity compared with term newborn, particularly respiratory pathology.

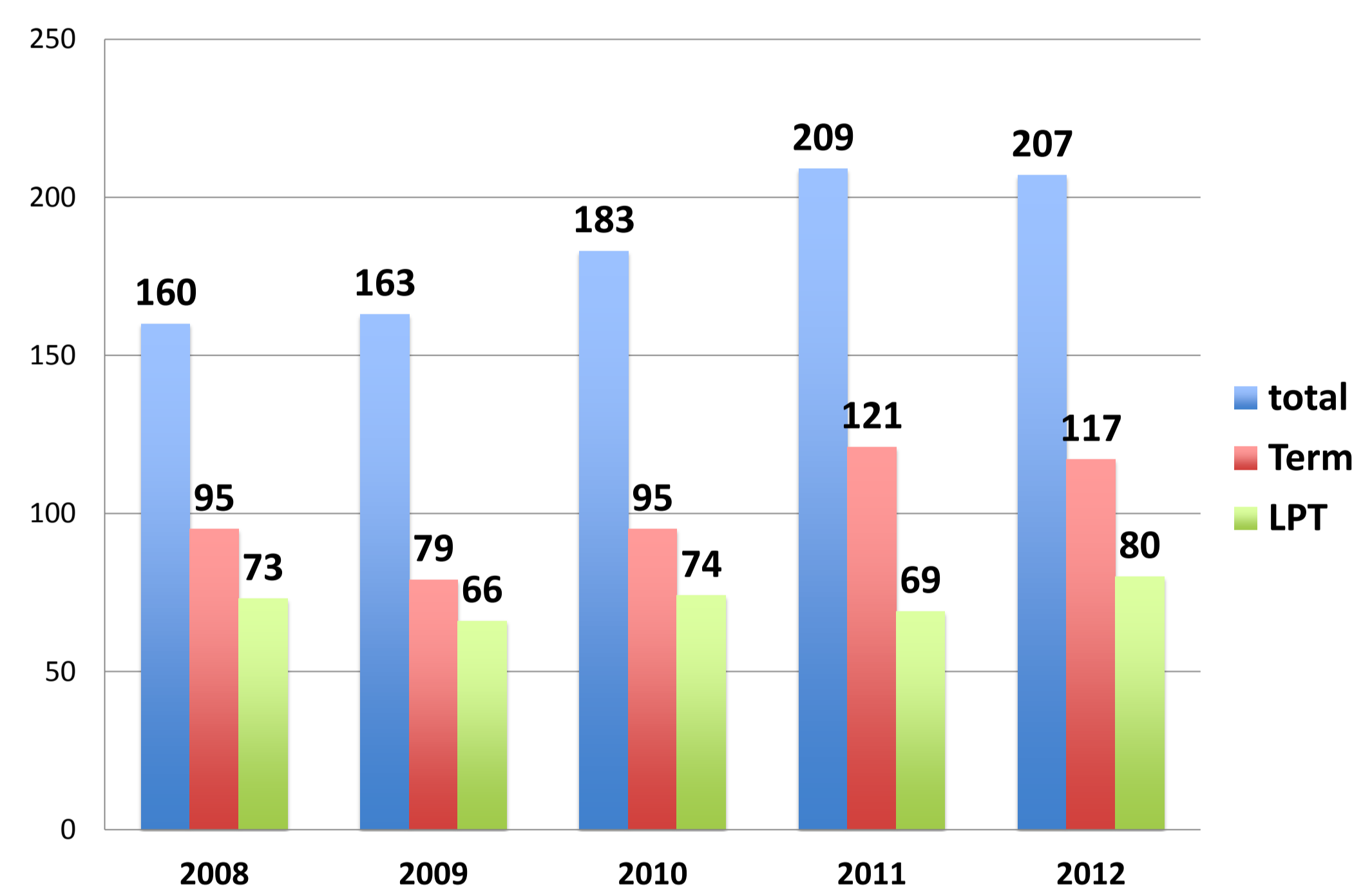
Objective: Evaluate the respiratory morbidity of late preterm infants in hospital Cuf Descobertas (HCD) between 2008 and 2012.

Methods: Review of all medical records of late preterm births, analysing particularly the respiratory complications requiring hospitalization to the Special Care Unit.

Late Preterm Number



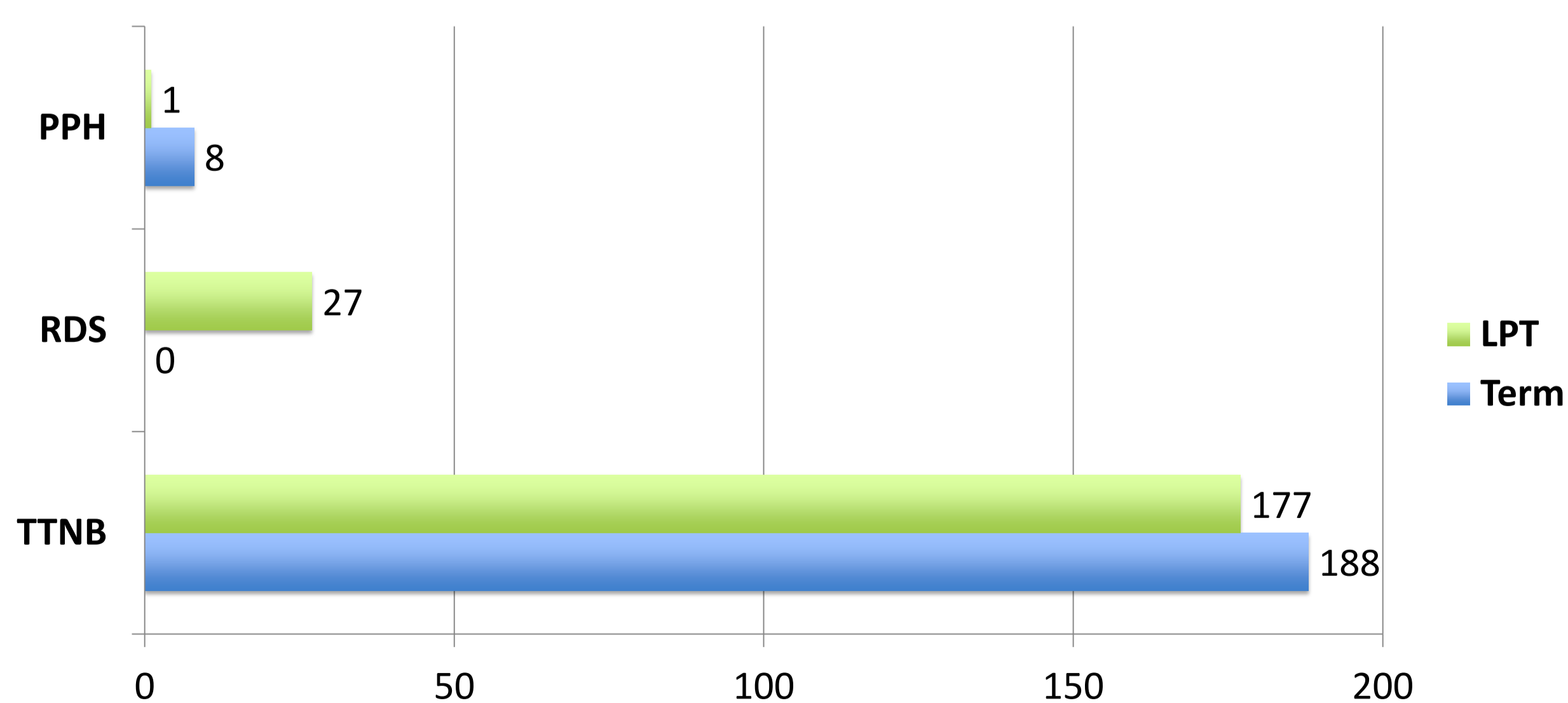
Admissions



Births	Total of Births	Late Preterm	Preterm	LPT/Preterm
Total	13719	1209 (8,8%)	1326 (9,7%)	91,2%

Hospitalization	Number	%	Days
Term	494/11184	4,4%	1422
Late Preterm	375/1209	31%	2075

Respiratory Morbidity



Ventilation	CPAP	Mechanical ventilation
Term (N=494)	19(3,8%) infants (30 days)	19 (3,8%) infants (49 days)
Late Preterm (N=375)	63 (17%) infants (96 days)	18 (4,8%) infants (72 days)

PPH - Persistent pulmonary Hypertension
 RDS - Respiratory distress syndrome
 TTNB - Transient Tachypnea of Newborn

Conclusion: Late preterm had higher morbidity than term infants. They were hospitalized in 31% of cases compared to 8,5% of all newborns. On admission, respiratory disease was the most prevalent, in 42% of cases. The disease was severe enough requiring ventilatory support in 22% of hospitalized LPT. One had a neuromuscular disease and died.