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## The Effect of IVF Pregnancies on Mortality and Morbidity in Tertiary Unit

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**Background:** There are several studies that have shown an increased risk of premature birth and developmental abnormalities with in vitro fertilization (IVF); however, the data on preterm mortality and morbidity are limited.

**Aim:** Investigate whether IVF had an effect on the mortality and morbidity in neonates admitted to the neonatal intensive care unit.

**Methods:** A total of 940 term and preterm babies who were admitted to the intensive care unit over a period of 2 years were enrolled. Of these, 121 babies were born after IVF and 810 were born after a natural conception and 9 were born after ovulation induction. Of these, 112 preterm babies were born after IVF and 405 preterm babies were born after a natural conception.

**Results:** In the IVF group, the gestational age and birth weight were significantly lower than in the non-IVF group. Additionally, in the IVF group, multiple births were significantly higher than in the non-IVF group. IVF pregnancies increase preterm delivery but did not increase preterm mortality, and preterm morbidity did not differ among groups, except for intraventricular hemorrhage (IVH). Gestational age was shown to be the primary risk factor for IVH using a logistic regression analysis. Also when newborns at gestational age <32 weeks were compared using regression analysis, gestational age was the major risk factor for IVH.

**Conclusion:** IVF appears to be associated with premature delivery and the known risks associated with prematurity.

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## The need of an action protocol in perinatal and infant death in Latin America

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From our experience accompanying parents around the world to go across their grief for the death of a child, arise the need to implement a protocol of medical action in perinatal and pediatric death in order to achieve an improvement in the care of grief and prevention of avoidable deaths. For this, it is essential to establish empathic communication tools possible to be applied in these cases. In Latin America there is not a protocol to inform health professionals how to act under these circumstances. Studies and our work shows that a poor doctor-patient relationship at the time of greatest vulnerability of parents that is when they know of the death of his son, is a basic problem when begins the road to a healthy grieving. We aim to the memory of this moment would be the less painful as it is possible, by training professionals on how to act, what to do and say for the grieving process can be better from the start. We are currently working on developing a bill that establishes a protocol that recommends 13 steps in these cases, accompanied by a specialized training to meet our goal of providing useful tools to health professionals involved. It is absolutely necessary and should be implemented as soon as possible in health centers throughout Latin America.

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