

Improving outcome of preterm births as regards morbidity and mortality in secondary level care setup with protocol based minimal interventions

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We made a research with the Preterm Infant mortality and morbidity at Mukand Lal District Civil Hospital from 2011. Till date 4867 number of newborn has been admitted in this secondary care level newborn unit. Out of these 3412 were treated and discharged from hospital, 1247 were referred to tertiary care centers and 208 newborn expired during treatment. It was observed that one important cause of neonatal mortality and referral to tertiary care centre was premature or preterm birth of newborn. As out of 208 deaths 129 were preterm babies. Preterm birth, defined as birth before 37 weeks of gestation is an important cause of neonatal deaths and ultimately a major contributor to overall infant and child mortality. So, it is important to address the determinants of poor outcomes related to preterm birth to achieve further reductions in infant and child mortality. Infant mortality and morbidity due to premature birth can be reduced through interventions delivered to the mother before or during pregnancy and during labor, and to the preterm infant after birth. Interventions can be directed to all women for primary prevention and reduction of the risk of preterm birth (e.g. smoking cessation programme) or aimed at minimizing the risk in women with known risk factors (e.g. progesterational agents, cervical cerclage). However, the most beneficial set of maternal interventions are those that are aimed at improving outcomes for preterm infants when preterm birth is inevitable (e.g. antenatal corticosteroids, magnesium sulfate and antibiotic prophylaxis). It also need certain guidelines to provide evidence-based recommendations for interventions during pregnancy, labour and during the newborn period that are aimed at improving outcomes for preterm infants. These guidelines are mandatory for health-care professionals responsible for developing national and local health-care protocols and policies, as well as managers of maternal and child health programmes and public health policy-makers in all settings. This guideline focuses on improving maternal and neonatal outcomes associated with preterm birth, and specifically includes both the care of pregnant women at imminent risk of preterm birth (birth < 37 weeks of gestation) and the care of preterm babies immediately after birth in all settings. Women at imminent risk of preterm birth are the pregnant women who are likely to deliver a preterm baby either as a result of onset of spontaneous preterm labour, preterm premature rupture of membranes or elective (or indicated) preterm birth.

Biography

Vijay Kumar Dahiya has passed his MD Pediatrics from PGIMS Rohtak in 2004 as in Service Candidate. He is having experience of 15 Years in Pediatrics. He worked as a Medical Superintendent, as a Deputy Civil Surgeon and now he is a Civil Surgeon at Mukand Lal Civil hospital. He did many research works and attended many International, National Conferences all around the world.

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