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Neonatal sepsis

Neonatal sepsis is life threatening organ dysfunction caused by a dysregulated host response to infection in newborn infants in first 90-120 days of life. The incidence of neonatal sepsis varies from 1-21 cases per 1000 live births worldwide. In VLBW newborns with prolonged hospitalization the incidence increases to 10-32%. Early-onset neonatal Sepsis (EOS) is systemic infection in first 48-72 h of and is caused by bacterial pathogens transmitted vertically from mother to newborn before or during delivery. Late-onset Sepsis (LOS) is sepsis occurring after 72 h and may be caused by vertically or horizontally acquired pathogens. Neonatal sepsis is a leading cause of neonatal morbidity and mortality and also leading cause of mortality in children younger than 5 years. Mortality rates for neonatal sepsis can be as high as 30% to 60%. Prompt diagnosis and treatment of neonatal early-onset sepsis are crucial to prevent severe morbidity and mortality. The diagnosis of neonatal sepsis is based on a combination of perinatal history, clinical presentation and laboratory tests with the best sensitivity, specificity and predictive value and cultures. Newborn infants with clinical signs indicative of sepsis should be treated with broad spectrum antibiotics after appropriate cultures are taken. Well-appearing, at-risk infants should not be treated more than 48 h if the blood culture is negative, and the infant remains well.

Biography

Brankica Vasiljevic is currently the Head of Maternity and Child Health Services in NMC Royal Hospital DIP in Dubai, UAE. She had completed her clinical Post-graduation Education and Academic Post-graduation education (MSc in pediatric and ultrasonography field and PhD in neonatology field) at Belgrade University School of Medicine in Belgrade, Serbia. She has published more than 35 international publications in international indexed journals (100 citations), 5 chapters in various fields of neonatal medicine.