

MEETING ABSTRACT

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# Rooming-in organization to prevent neonatal mortality and morbidity in late preterm infants

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Despite most infants born at 34+0 through 36+7 weeks' gestation are thought to be at low risk during the birth hospitalization and have a neonatal course with no significant complications, they are physiologically and metabolically immature with an higher rates of morbidity and mortality than term infants [1].

Most common medical condition associated with late-preterm births are respiratory distress, apnea, temperature instability, hypoglycemia, hypocalcemia, jaundice, poor feeding, sepsis and finally an higher rates of the hospital readmissions during the neonatal period. These morbidities result in workup for sepsis evaluations, antibiotic therapy, intravenous fluid administration, ventilatory support and increased length of stay with higher hospital costs [2].

Rooming-in organization of late preterms births aims to assess and identify risk factors, prevent and manage potential medical complications during hospitalization. Interventions and practices recommended are illustrated in table 1.

Evidence of physiologic maturity, feeding competency, thermoregulation and absence of medical of medical illness are minimum discharge criteria for late-preterm newborns. Furthermore it's of great importance to assess educational programs with special instruction and guidance to parents, engaging families in providing appropriate home care after hospital discharge. A long term follow-up arrangements is also recommended to assess and plan early interventions in case of neurodevelopment delay [4].

We conclude that, based on the significant morbidity and mortality of late preterm births, the health care focus on prematurity should be expanded to include the late preterm period.

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#### Table 1 Assessment and care of the late preterm infant [3].

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Assess gestational age of neonate
Assess and monitor respiratory status
Appropriate respiratory interventions
Assess for risk factors and symptoms of heat loss and/or cold stress
Interventions to maintain a neutral thermal environment
Interventions and assessment of hypoglycemia including transfer to higher acuity unit or facility if indicated
Assess for maternal and neonatal risk factors for sepsis
Antibiotic therapy and diagnostic evaluation if sepsis is suspected
Assess for presence of jaundice and hyperbilirubinemia
Phototherapy as indicated
Parent education regarding signs and symptoms of jaundice and hyperbilirubinemia
Breastfeeding, and support for breastfeeding mothers including observation, education and validation
Discharge planning including parent education, counseling, and validation of knowledge about recognizing and acting on risk factors

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