



Sociedad Argentina de
Pediatría

Por un niño sano
en un mundo mejor



**12 ° CONGRESO ARGENTINO DE PEDIATRÍA SOCIAL
7 ° CONGRESO ARGENTINO DE LACTANCIA MATERNA
Corrientes - 6, 7 y 8 de Septiembre 2012**

MESA REDONDA: Lactancia en los servicios de Neonatología

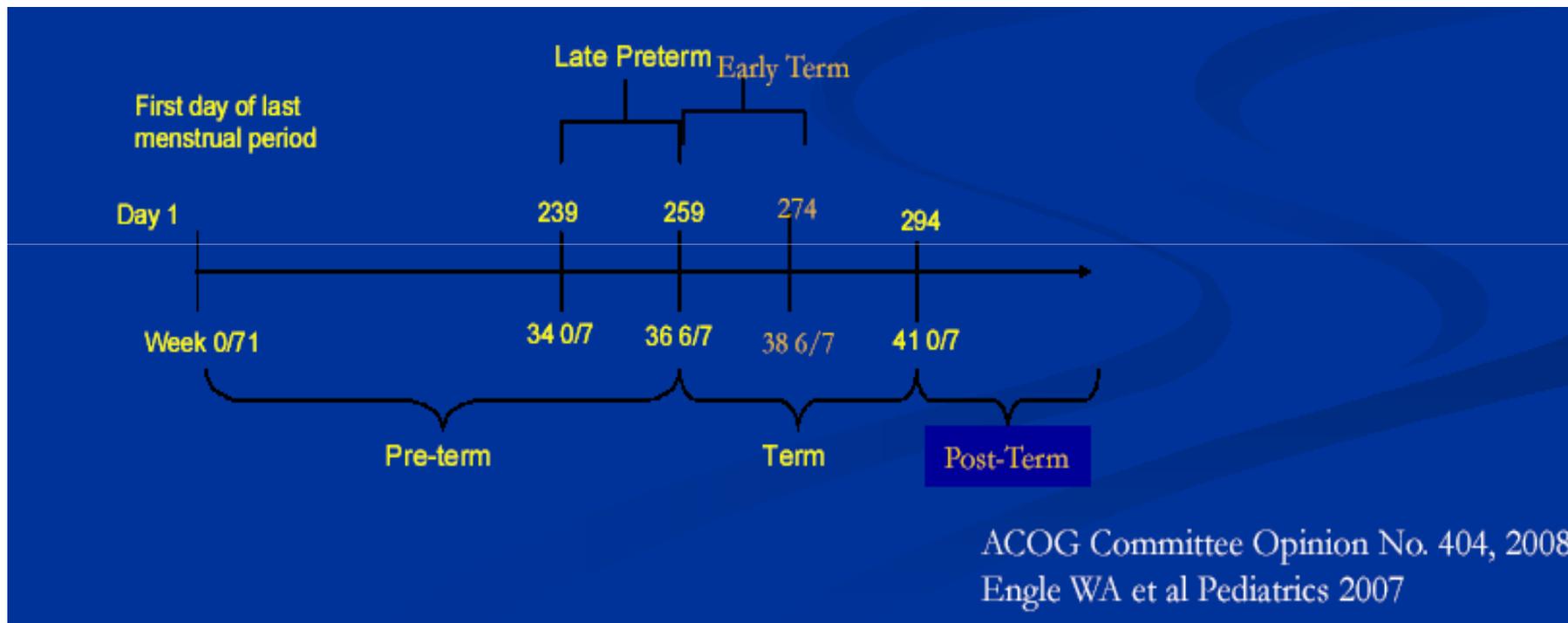
La Lactancia en el Prematuro Tardío

***Maria del Carmen Covas
Medica neonatóloga
Hospital Privado del Sur (HPS) Bahia Blanca
Hospital Amigo de la Madre y el Niño***

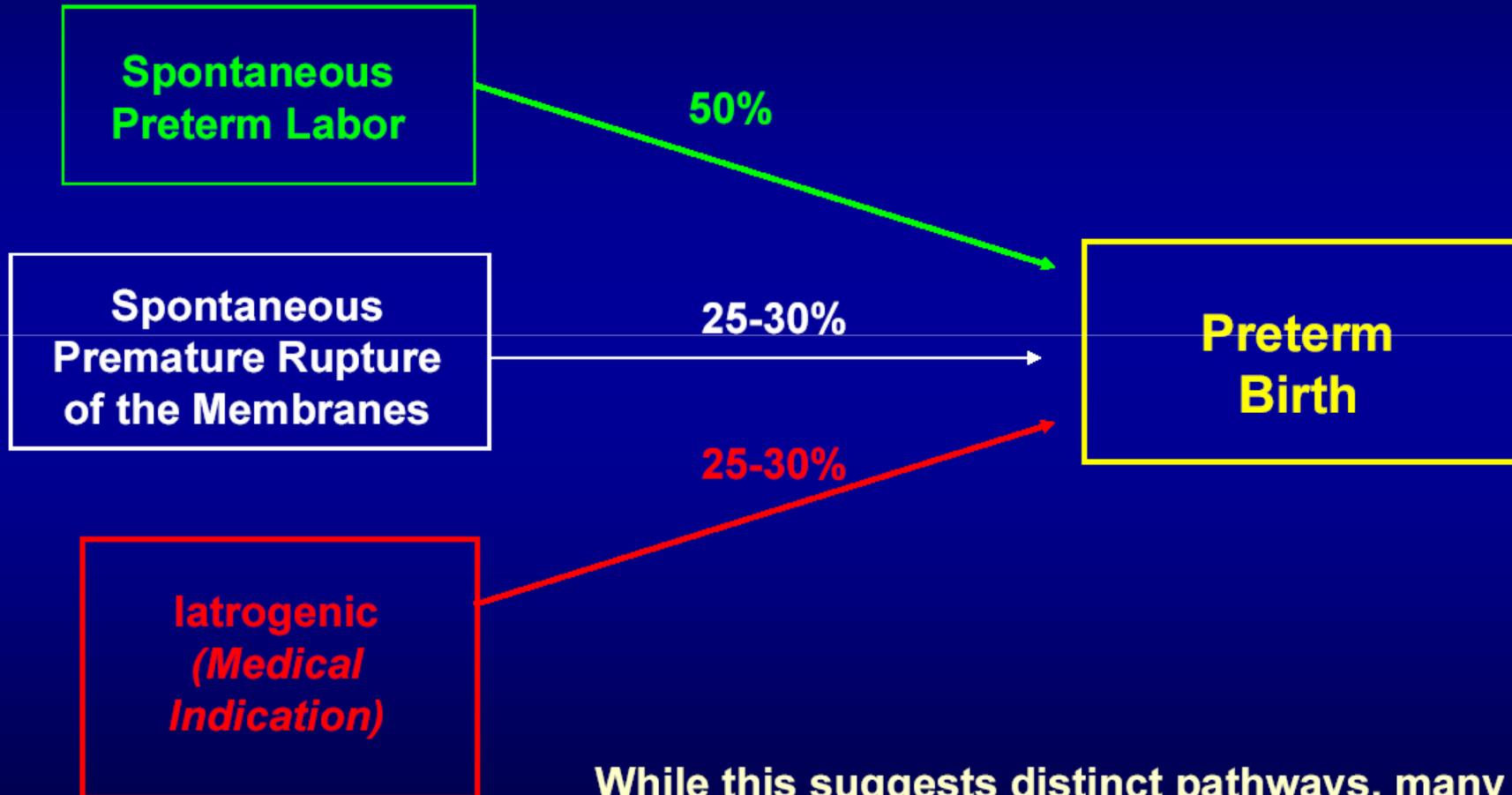
Prematuro tardío - late preterm definición

Prematuro tardío \neq Casi al Termino
(Late Preterm) \neq (Near Term)

Pretérmino tardío



TYPE of Preterm Birth



While this suggests distinct pathways, many of the risk factors for all 3 are similar

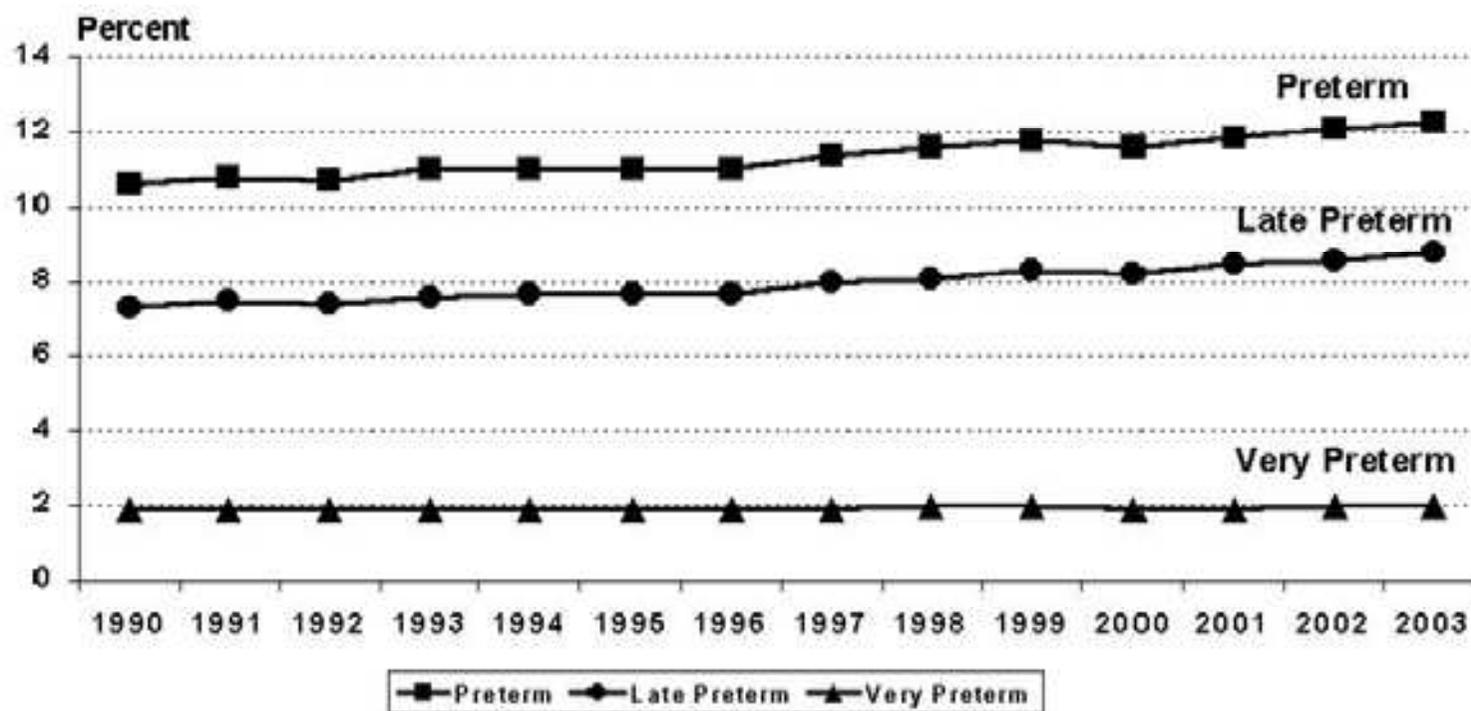
PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

"Late-Preterm" Infants: A Population at Risk
William A. Engle, Kay M. Tomashek and Carol Wallman
Pediatrics 2007;120;1390
DOI: 10.1542/peds.2007-2952

Fisiológica y metabólicamente inmaduro
La maduración no es lineal en todos los sistemas

Very and Late Preterm Birth Rates - United States, 1990–2003

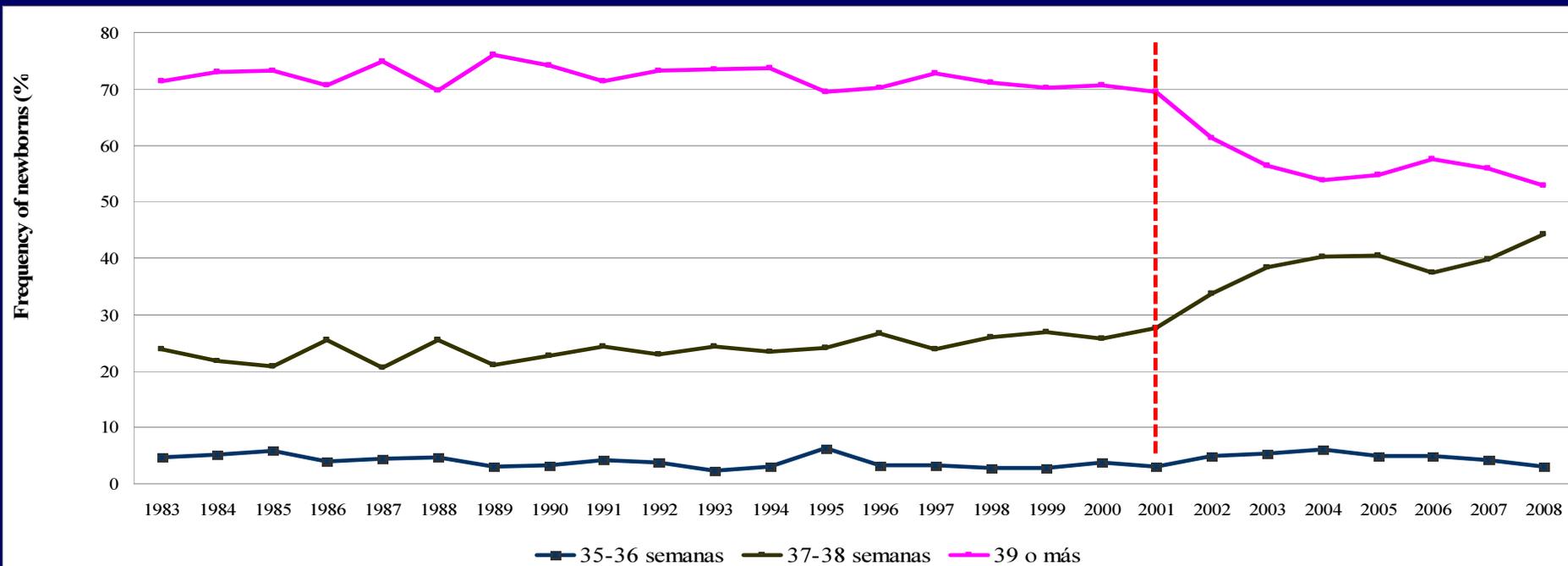




Recién nacidos ≥ 35 semanas de gestación

PERÍODO 1983-2008

n=36.200



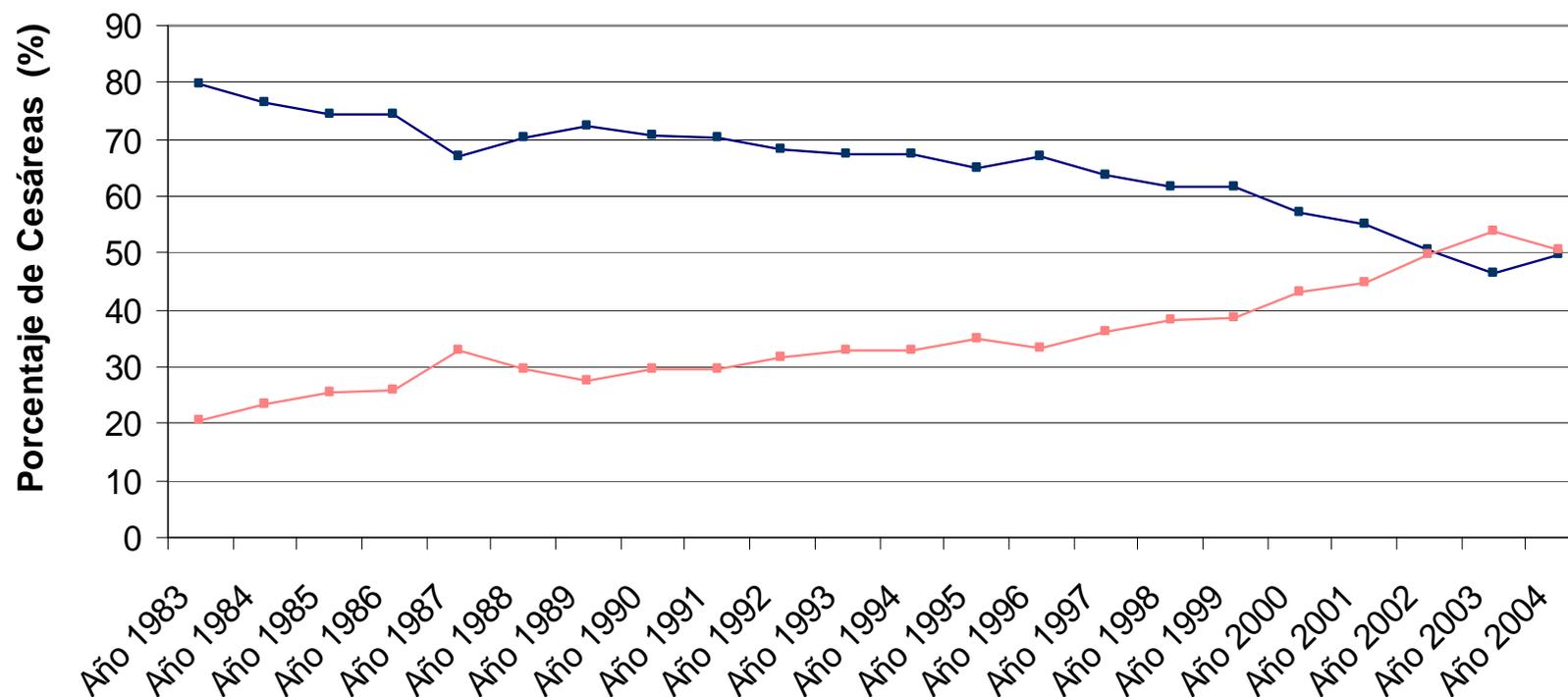
Alda, E; Esandi, M.

Servicio de Neonatología

Hospital Privado del Sur – Bahía Blanca

Resultados

Evolución temporal del porcentaje de cesáreas y partos

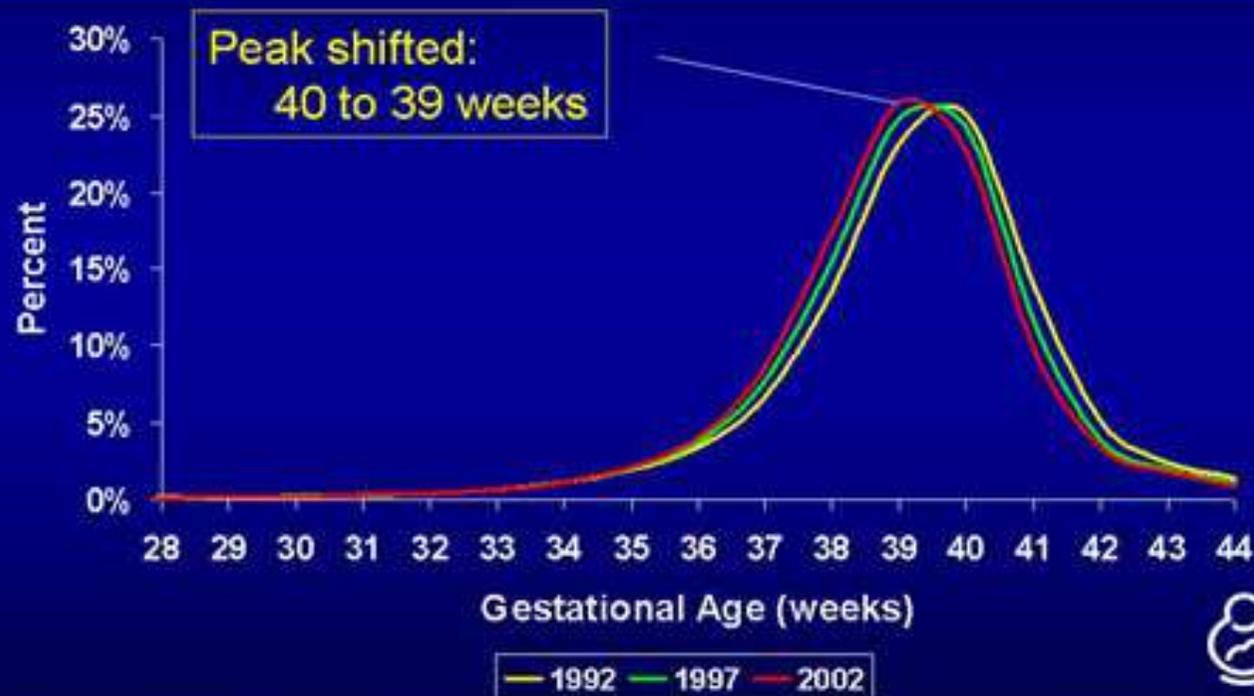


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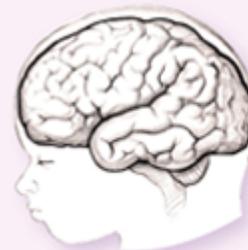


Published with permission, March of Dimes. Adapted from Davidoff MJ, Dias T, Demus K, et al. Changes in the gestational age distribution among U.S. singleton births: impact on rates of late preterm birth, 1992 to 2002. *Semin Perinatol* 2006 Feb; 30 (1): 8-15.

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.

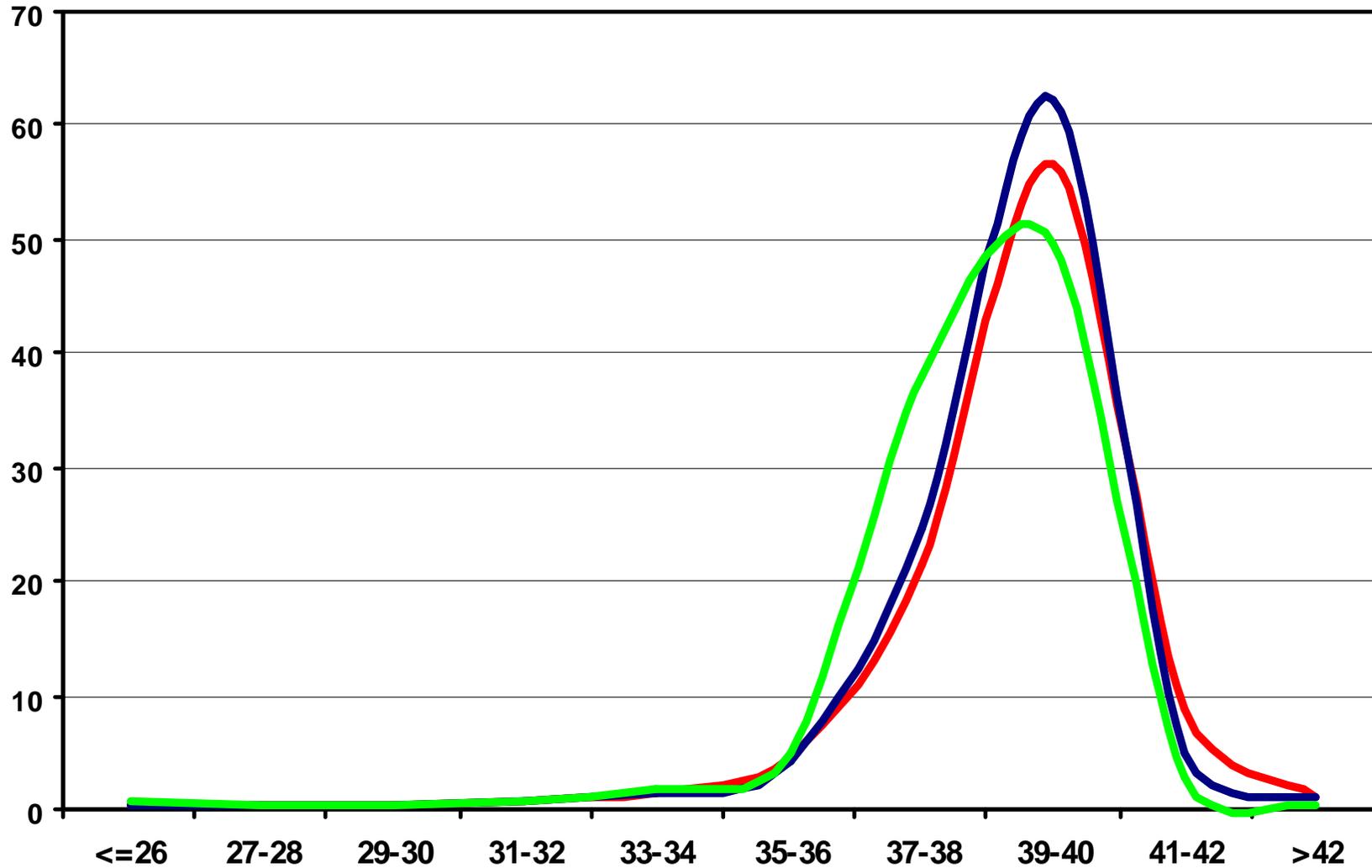


35 weeks



39-40 weeks

EDAD GESTACIONAL



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HPS – Bahía Blanca

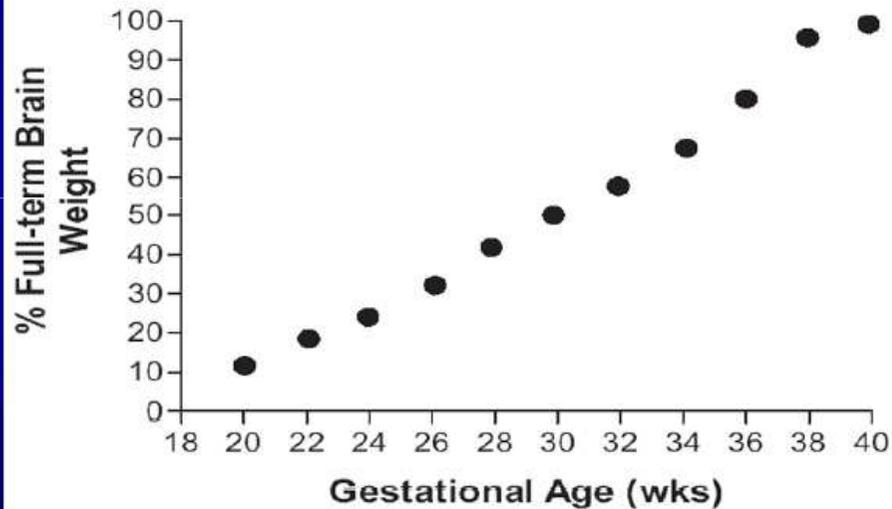
Rojo: 1983-1992

Azul: 1993-2002

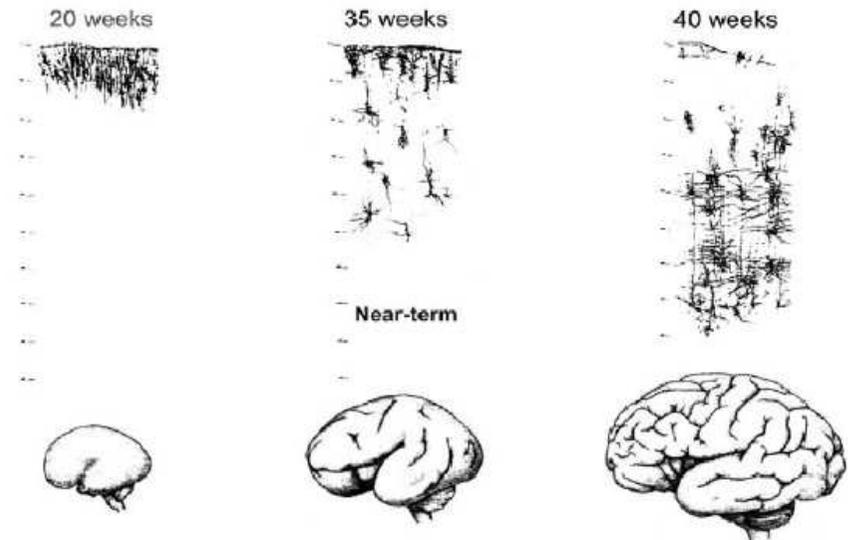
Verde: 2003-2011

Human Brain Growth in Gestation

Human Brain Growth



Development of the Human Cerebral Cortex



Kinney, 2006

TABLE 2 Late-Preterm Infants and the Most Frequent Complications of Prematurity During the Birth Hospitalization

Outcome During Initial Birth Hospitalization	Late-Preterm Morbidity		Term Morbidity		OR (95% CI)	P
	No.	%	No.	%		
Feeding difficulties						
Wang et al ² (35–36 ⁶ / ₇ wk)	29	32.2	7	7.4	—	—
Hypoglycemia						
Wang et al ² (35–36 ⁶ / ₇ wk)	14	15.6	5	5.3	3.30 (1.1–12.2)	.028
Jaundice						
Wang et al ² (35–36 ⁶ / ₇ wk)	49	54.4	36	37.9	1.95 (1.04–3.67)	.027
Temperature instability						
Wang et al ² (35–36 ⁶ / ₇ wk)	9	10.0	0	0.0	Infinite	.0012
Apnea						
Henderson-Smart ³⁸ (34–35 ⁶ / ₇ wk)	—	7.0	—	<0.1	—	—
Merchant et al ⁴² (35–36 ⁶ / ₇ wk)	6	12.0	0	0.0	12.0 (4.5–24.3)	.0267
Wang et al ² (35–36 ⁶ / ₇ wk)	4	4.0	0	0.0	—	.054
Respiratory distress						
Escobar et al ²⁴ (34–36 ⁶ / ₇ wk)	345	10.7	975	2.7	—	—
Gilbert et al ⁷⁰ (34–36 ⁶ / ₇ wk)	1167	3.6	843	0.8	—	—
Rubaltelli et al ³³ (34–36 ⁶ / ₇ wk)	314	9.6	359	0.6	—	—
Wang et al ² (35–36 ⁶ / ₇ wk)	26	28.9	4	4.2	9.14 (2.9–37.8)	.00001
Received intravenous infusion						
Wang et al ² (35–36 ⁶ / ₇ wk)	24	26.7	5	5.3	6.48 (2.3–22.9)	.0007
Underwent sepsis evaluation						
Wang et al ² (35–36 ⁶ / ₇ wk)	33	36.7	12	12.6	3.97 (1.8–9.2)	.00015
Received mechanical ventilation						
Gilbert et al ⁷⁰ (34–36 ⁶ / ₇ wk)	1103	3.4	950	0.9	—	—

OR indicates odds ratio; CI, confidence interval; —, data not reported.

Prematuro tardío

Hipotermia

Hipoglucemia

Excesivo descenso de peso

Deshidratación

Lenta curva de peso

Ictericia alta

Apnea

Sepsis

Re-hospitalización

Fracaso en la alimentación al pecho

Triage at birth

(selección y clasificación de los pacientes)

- ✓ Evaluación de edad gestacional
- ✓ Ambiente intrauterino
- ✓ Salud materna
- ✓ Medicación materna, nutrición, stress, adicciones, cigarrillos
- ✓ Múltiples, sexo, salud fetal







Henry Chong Lee, Sarah Martin-Anderson and R. Adams Dudley
Clinician Perspectives on Barriers to and Opportunities
for Skin-to-Skin Contact for Premature Infants
in Neonatal Intensive Care Units

BREASTFEEDING MEDICINE

Volume 7, Number 2, 2012

Skin-to-skin contact (STSC), also known as “kangaroo care,” is a beneficial intervention for premature infants.

Early STSC in the neonatal intensive care unit (NICU) increases maternal milk supply and guards against insufficient lactation.



contacto piel a piel al nacer



PRIMERO,
NO HACER
DANO

(primum non nocere)

El principio de Francisco Cornelio Verduyn

Lactancia en prematuro tardío

✓ **Habilidad para prenderse al pecho**

✓ **Frecuencia de mamadas en 24 hs.**

**Evaluation of Breastfeeding of Very Low Birth
Weight Infants:
Can We Use the Infant Breastfeeding Assessment
Tool?**

J Hum Lact May 2006 22: 175,

- Preparación para prenderse al pecho**
- Reflejo de búsqueda**
- Prenderse al pecho (prensión)**
- Succión**

Score 0-3 (IBFAT)

Lactancia en pretermino tardío

- ✓ **Comunicación optima entre médicos, enfermería, padres, puericultora**
- ✓ **Plan de alimentación (escrito) evaluando N° de tomas, complemento**
- ✓ **Adiestrar a los padres como despertarlos**
- ✓ **Extracción manual de leche de los pechos, masajes mientras el RN succiona**

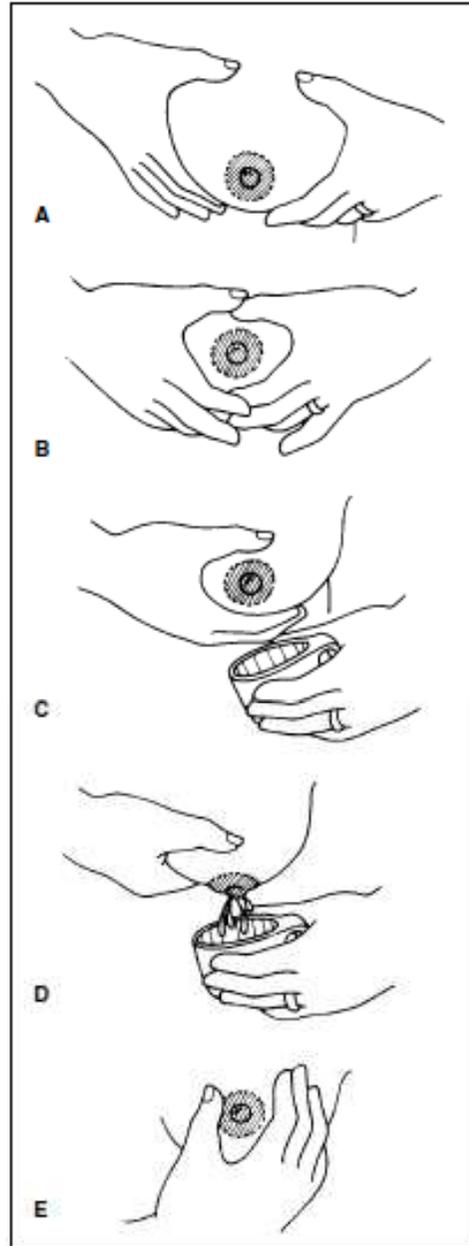


FIGURE 7-13. Hand expression.

(A) Wash hands and any collection equipment to be used. Sit comfortably, and place the collection cup under the breast. Apply warm, moist towel to enhance milk flow. Massage breasts and nipples to stimulate milk ejection reflex. Use gentle pressure using a circular motion, moving around the breast.

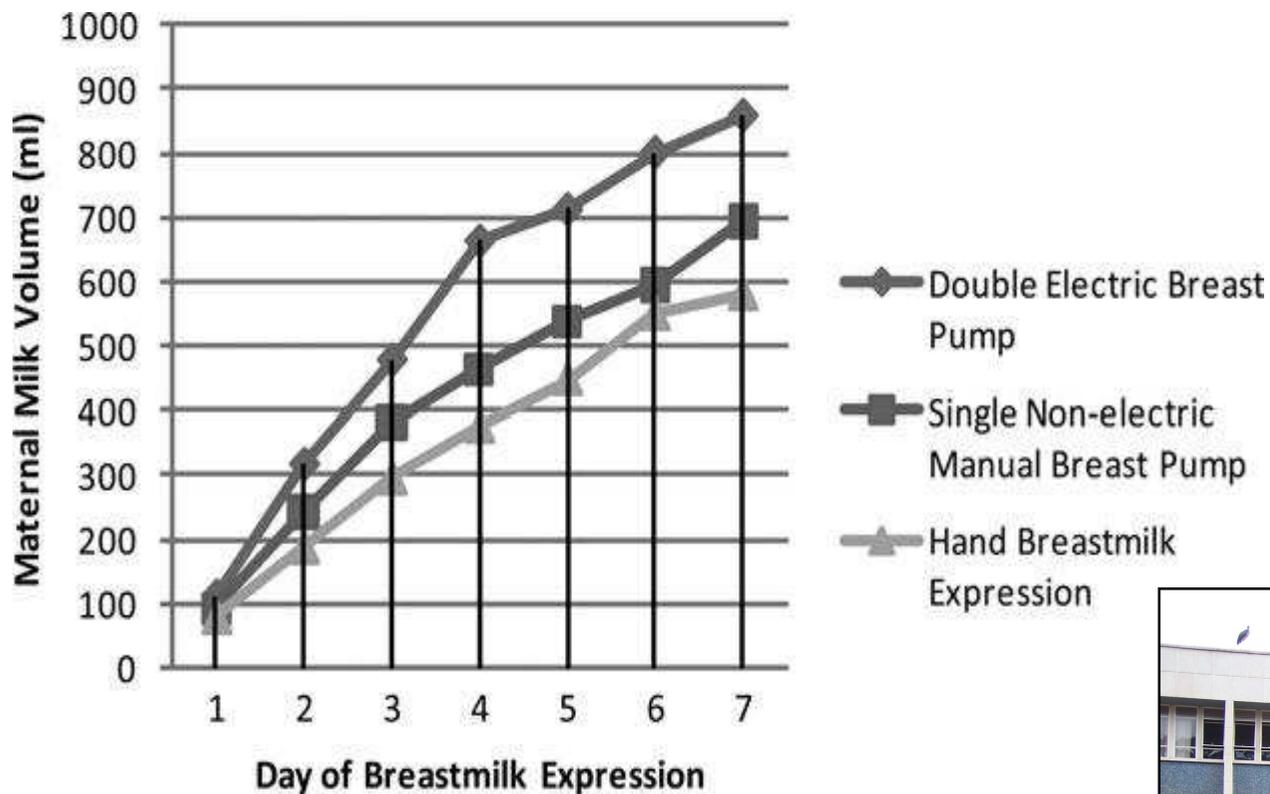
(B) Squeeze the breast gently, rolling the hands forward from the chest toward the nipple.

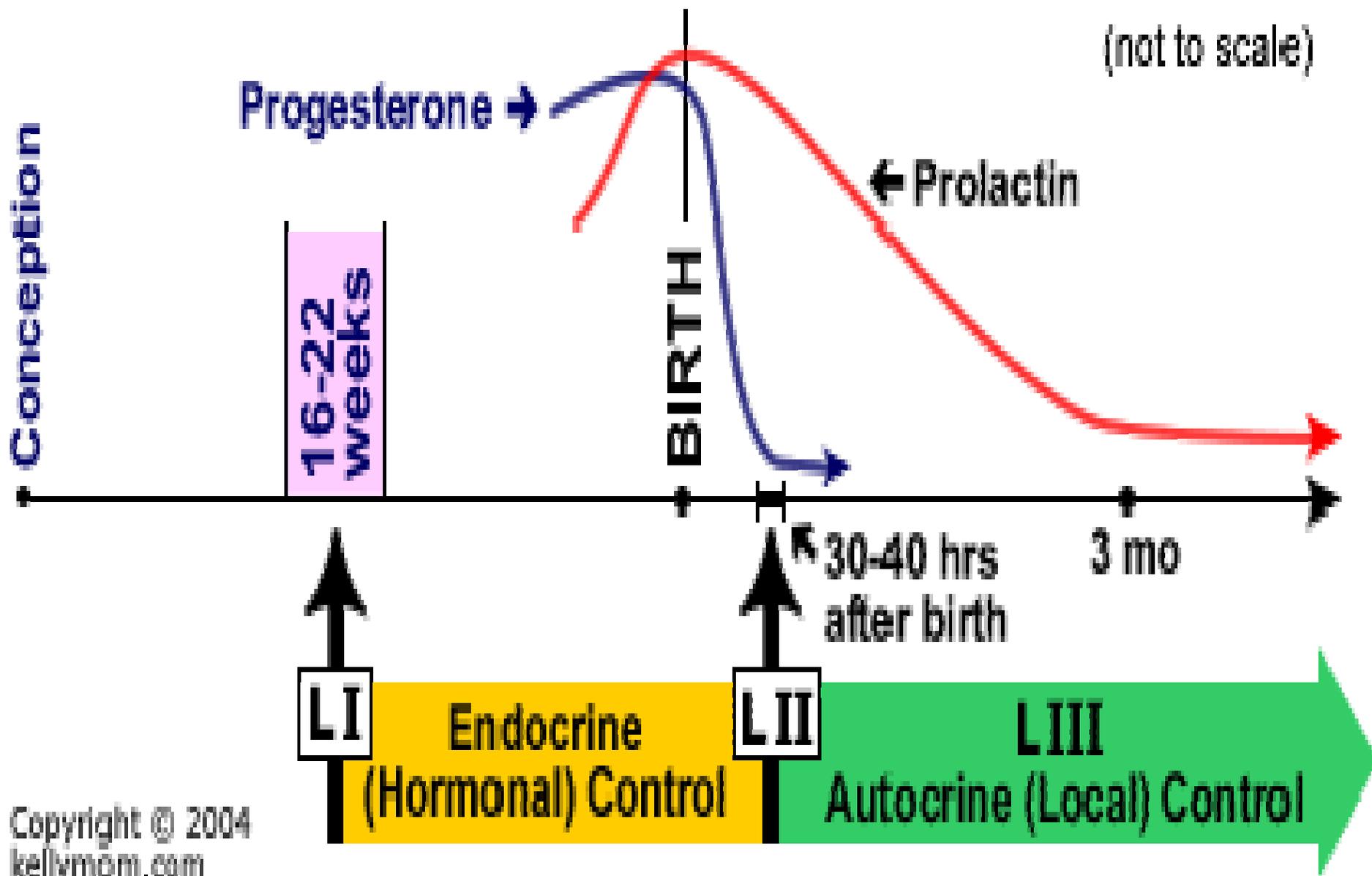
(C) Place thumb and forefingers approximately 2 to 3 cm (1 to 1 1/2 inches) behind the nipple and press into the breast.

(D) Press inward toward the chest wall squeezing gently with a slight rolling action toward the nipple. Release pressure and repeat as needed to obtain milk. If pain results, something is wrong and the mother should be observed in order to identify what may be causing the mother discomfort.

(E) Change position of the fingers around the areola to express milk from as many ducts as possible. Within 3 to 5 minutes, the milk flow may slow; this is a signal to express milk from the other breast. Both sides may be expressed as often as the mother wishes in a given session or until she tires. Particularly in the beginning, the mother should expect to spend 20 to 30 minutes expressing milk. As she becomes more adept at it, the time will decrease even as the amount of milk obtained increases.

Tina M. Slusher, Ida L. Slusher, Elizabeth M. Keating, Beverly A. Curtis, Eleanor A. Smith, Elizabeth Orodriyo, Sussane Awori, and Margaret K. Nakakeeto. Comparison of Maternal Milk (Breastmilk) Expression Methods in an African Nursery. BREASTFEEDING MEDICINE Volume 7, Number 2, 2012



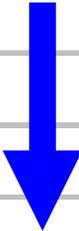


Recomendaciones y criterios para el alta: pretermino tardío

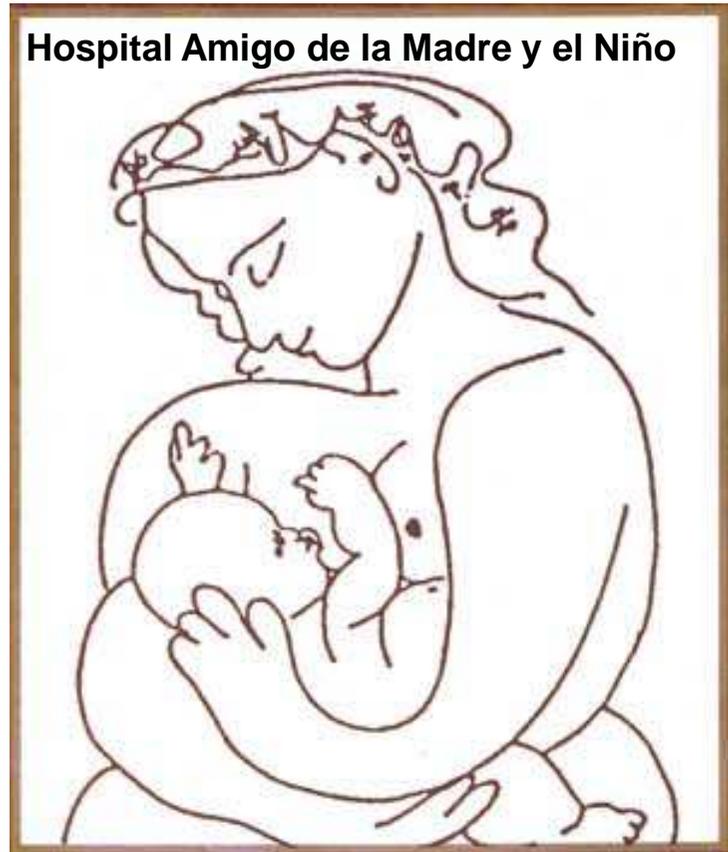
- ✓ Capacidad para alimentarse
- ✓ Termorregulación
- ✓ Estabilidad en signos vitales 12 hs. previas al alta
- ✓ Evaluación del descenso de peso del nacimiento
- ✓ Al menos 1 deposición espontánea
- ✓ Evaluar capacidad materna y apoyo paterno / familiar
- ✓ **Alta institucional: No antes de las 48 hs.**
- ✓ Planificar y acordar los controles



- **PREVALENCIA DE LACTANCIA MATERNA EN RECIEN NACIDOS <1750gr y/o <34 SEMANAS DE GESTACION A LOS TRES MESES POST ALTA.
(Informe preliminar de 52 niños)**
- COVAS, María; ALDA, Ernesto; ALVAREZ, Ariane; ALVAREZ Silvina; SUAREZ, Cinthia. Servicio de Neonatología. Hospital Privado del Sur (HPS). Bahía Blanca.

<i>Tipo de alimentación</i>	<i>Lactancia materna</i>	<i>Mixta</i>	<i>Fórmula</i>
Al alta	 56%	42%	 2%
Primer mes	40%	42%	18%
Segundo mes	29%	42%	29%
Tercer mes	23%	29%	48%





1997-2012 HPS



**Septimas JORNADAS
MULTIDISCIPLINARIAS DEL PREMATURO**

17-18 y 19 DE ABRIL DE 2013

COMPLEJO CRIBABB

BAHIA BLANCA