
VERY LOW-BIRTH-WEIGHT BABIES – PHILOSOPHY OF CARE

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The majority of a very low-birth-weight (VLBW) babies (<1500 g) due to their immaturity need special support and often intensive care. The main problems of the VLBW babies are primarily related to the varying degree of physiological immaturity of several organ functions. These premature infants may be particularly vulnerable to stressful effects of the Neonatal Intensive Care Unit (NICU) environment. In addition, acutely ill premature infants have a little ability to cope with stressful experiences because of their immaturity and lack of physiological reserves.

Ideally every VLBW baby should be born in a tertiary perinatal center with well-equipped NICU. Best transportation of these babies – in uterus of their mother. If it is not possible, excellent neonatal transport facilities should be available.

Well-trained and skilled medical staff should provide care of VLBW infants at NICU. The key idea of the philosophy of care is to minimize treatment as much as possible and to ensure individualized and gentle care of the baby, i.e.:

- *Avoid aggressive treatment;*
 - *Try to use noninvasive monitoring;*
 - *Minimize the number of procedures (no routine sucking, routine postural drainage, routine blood gases, and etc.), always use pain relievers;*
 - *Strictly follow general and personal hygiene precautions (hand washing and disinfection!);*
 - *Deliberate variations of antibiotics;*
 - *Protect from light (cover incubator with blanket, use spot lights) and noise (don't speak loudly, close incubator door gently, and etc.);*
 - *Allow "time out" between procedures, examinations and feeding of the baby;*
 - *Position the baby in prone or side-lying with boundaries to maintain flexion;*
 - *Try to avoid skin injury by thermal, chemical (disinfectants), and mechanical (plasters) agents;*
 - *Start enteral feeding as soon as possible using minimal amounts of fresh breast milk;*
- Involve parents in daily care of the baby (treat parents as a partners).*

PECULIARITIES OF NEWBORN ADAPTATION AFTER EXTRAPERITONEAL CESAREAN SECTION DEPENDING ON FETUS CONDITION AND ARID PERIOD DURATION

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Extraperitoneal cesarean section (ECS) is an operation with a high infectious risk case. The important characteristic of ECS outcome is the child's health and adaptation in early neonatal period. We have analyzed the features of adaptation for 56 newborn: 15 - after urgent and 41 - after planned ECS. The X-square statistical criterion was used.

Results. *Fetus with intrauterine disorders (IUD) demonstrate the newborn asphyxia in 73 % cases compared to 33 % without it ($P < 0.04$). The cerebral disorders (CD) meet in children with IUD in 91 % cases against 58 % without it ($P < 0.05$). The 73 % of newborn with IUD need for prolonged nursering, against 20 %, without it ($P < 0.003$). The children without IUD have comparatively short adaptation period in 53 % cases ($P < 0.02$) (in three days they achieved satisfactory condition). The children with IUD need for a rather long adaptation time. The newborn after arid period more than 18 hours have the frequency of asphyxia 77 % compared to 42 % without it ($P < 0.03$), ICD frequency - 84 % against 45 % ($P < 0.02$), FA frequency - 19 % against 59 % ($P < 0.01$). We conclude that, for better fetus health the ECS is selected after arid period less then 18 hours.*