



ORIGINAL ARTICLE

Late preterm infants in Spain: Experience of the 34–36 Neonatal Group[☆]

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Hypoglycaemia;
Jaundice

Abstract

Introduction: Late preterm (LP) infants (34–36 weeks of gestation) are the largest group of preterm infants and also the least studied so far. In order to improve their care and reduce the impact of their increased morbidity and mortality, it is essential to know the current situation in Spain.

Population and method: Clinical-epidemiological variables of the LP population of 34 participating hospitals were prospectively collected from April 1, 2011 to March 31, 2016, and were then compared with the Minimum Perinatal Data Set for term births in the database.

Results: Of the 9,121 LP studied, 21.7% of 34, 30.8% of 35, and 47.5% of 36 weeks of gestation. The mortality rate was 2.8%. More than one-quarter (27.7%) were multiple pregnancies. Maternal diseases were identified in 47.1% and 41.4% were pathological gestation. Just under half (47.9%) were by Caesarean section and 18.8% were of unknown origin or unjustified. No known cause of prematurity was found in 29%, and 3.1% were recognised as unjustified. Just under half (47%) of the LP were breastfed, and 58.6% required admission to neonatology, with 15.2% to Neonatal Intensive Care Unit. Coded diagnoses were recorded in 46.2%, with the most frequent being jaundice, 43.5%, hypoglycaemia, 30%, and respiratory disorders with 28.7%.

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PALABRAS CLAVE

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Patología gestacional;
Parto prematuro;
Hipoglucemia;
Ictericia

Conclusions: The large sample of LP studied helps us to highlight the higher neonatal mortality and morbidity that this population suffers and the unavoidable relationship of its incidence with multiparity, maternal ageing, and the still numerous inductions of labour and unjustified elective caesareans.

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Prematuro tardío en España: experiencia del Grupo SEN34-36**Resumen**

Introducción: Los prematuros tardíos (PT) (34-36 semanas de gestación) son el grupo más amplio de prematuros y menos estudiado hasta ahora. Para mejorar sus cuidados y disminuir el impacto de su mayor morbimortalidad, es primordial conocer su realidad en nuestro país.

Población y método: Se recogen prospectivamente variables clínico-epidemiológicas de la población de PT de 34 hospitales participantes, desde el 1 de abril del 2011 al 31 de marzo del 3-2016. Se comparan con las de la base de datos Conjunto Mínimo de Datos Perinatales para nacidos a término.

Resultados: Se estudia a 9.121 PT, el 21,7% de 34, el 30,8% de 35 y el 47,5% de 36 semanas de gestación. Falleció el 2,8%. El 27,7% fueron embarazos múltiples, el 47,1% identificó enfermedades maternas y el 41,4% patología gestacional. Nacieron por cesárea el 47,9%, el 18,8% de origen no conocido o injustificado. En un 29% no se encontró causa conocida de prematuridad y el 3,1% se reconoció como injustificada. Lactancia materna en el 47%. El 58,6% precisó ingreso en neonatología, el 15,2% en UCIN. El 46,2% codificó algún diagnóstico, los más frecuentes: ictericia (43,5%), hipoglucemia (30%) y trastornos respiratorios (28,7%).

Conclusiones: La numerosa muestra de PT estudiada nos ayuda a poner en relieve la mayor morbimortalidad neonatal que presenta esta población y la ineludible relación de su incidencia con la multiparidad, el envejecimiento materno y las aún numerosas inducciones de parto y cesáreas electivas no justificadas.

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Introduction

According to the report of the *Born Too Soon* preterm prevention analysis group published in 2013,¹ "every year, 1.1 million babies die from prematurity, and many survivors are disabled. Worldwide, 15 million babies are born preterm (<37 weeks' gestation). The understanding of drivers and potential benefit of preventive interventions for preterm births is poor. We examined trends and estimate the potential reduction in preterm births for countries with very high human development index (VHDI) if present evidence-based interventions were widely implemented." In essence, this is the main objective for which the SEN34-36/ACUNA working group of the Sociedad Española de Neonatología (Spanish Society of Neonatology [SENeo]) was created.

Late preterm (LPT) births, that is, births between 34 and 36 weeks' gestation, account almost entirely for the increase in the rate of preterm birth observed in recent years. In 2005, during an international workshop, a consensus panel acknowledged the vulnerability of LPT infants and decided to discontinue the use of the former phrase "near-term", which could lead to an underestimation of the actual risk in this population.^{2,3} There is ample evidence in the literature of the greater morbidity and mortality in LPT infants

compared to full term (FT) infants,⁴⁻⁶ and of the impact of LPT birth on psychomotor development.⁷⁻⁹

The SEN34-36 group was constituted in September 2011 with the aim of gaining knowledge on the situation of this population in Spain, for which the SENEo established a register of basic data on perinatal variables, neonatal morbidity and mortality and follow-up through age 2 years using the software Neosoft® 2013 (Hospital La Fe Valencia, Hospital Clínic de Barcelona, Sociedad Española de Neonatología, Abbott Laboratories, Alce Ingeniería) as well as the Proyecto Acuna platform [www.proyectoacuna.es], which is also useful for the followup of these patients, as it provides a standardised method for continuous assessment. The primary objective of the SEN34-36 group is to improve the care provided to LPT infants and their families to decrease neonatal mortality and morbidity and associated sequelae to the extent possible. Among its specific objectives are to establish the incidence of LPT birth, identify the most frequent causes of preterm birth and inpatient morbidity and mortality, and to develop a standardised approach for the followup of these infants in order to identify the sequelae of LPT birth and promote preventive strategies.

The aim of the study was to determine the incidence of late preterm birth and analyse the perinatal data of the

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