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Effect of maternal hypertensive disease on the outcome of low birth weight infants

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ypertension (HTN) disorders are the most common medical complication occurring in 12-22% of all Hypertension (1118) disorders are the most common mean and deaths in USA. We hypothesized that pregnancies. Preeclampsia is responsible for about 15.9% of maternal deaths in USA. We hypothesized that early onset pre-eclampsia has greater impact on morbidity and mortality. Electronic medical records from January 2014 to December 2015 of infants birth weight (BW)<1500g were reviewed. Patients with co-morbidities were excluded. We identified 20 cases with HTN and preeclampsia, 69 healthy controls. The demographics, mode of ventilation, length of stay (LOS), morbidity and mortality were analyzed with Chi-square test. The Mann Whitney test was used to analyze the duration on different modes of ventilation. A p-value < 0.05 was considered statistically significant. No difference was noted in the maternal demographic data or laboratory values. No significant difference was noted in mode and duration of respiratory support, mortality rates, LOS, vasoactive support, blood products, retinopathy and brain abnormalities. The results were stratified to compare BW<1000 g and 1000-1499 g and continued to show no statistical difference in any of the measured outcomes. Comparing cases with BW<1000 g vs. 1000-1499 g, the mode and duration of respiratory support was significantly longer in <1000 g. LOS, vasoactive support, blood products and brain abnormalities were all higher in the <1000 g group. Comparing the controls with BW<1000 g vs. 1000-1499 g, LOS and mortality rate were higher in the <1000 g group. No differences were noted in vasoactive support, blood products and brain abnormalities. We found no significant difference in adverse outcomes between the groups. Even after further sub-categorizing the subjects based on BW, there still was no statistical difference between the groups. Infants born at a lower BW are believed to have more adverse outcomes after birth. Very low BW has a greater chance of morbidity and mortality compared to low BW infants if born to mother with hypertension.

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