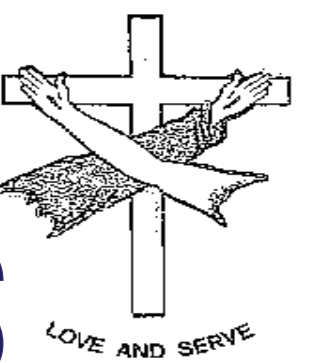


IMPROVING SURVIVAL AMONG PRETERMS: NSAMBYA HOSPITAL EXPERIENCE 10 YEARS



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HIGHLIGHTS

- Complications of Prematurity are the leading global causes of deaths among under five with over one million deaths.
- Improved health facility care through scaling up of secondary and tertiary level interventions 70, - 80% Of preterm deaths would also be averted
- The goal of this study was to describe the changes in neonatal outcomes after implementation of secondary and Tertiary level interventions at Nsambya Hospital

ABSTRACT

Background: Complications of Prematurity are the leading global causes of deaths among under five with over one million deaths.

- Improved health facility care through scaling up of secondary and tertiary level interventions 70, - 80% Of preterm deaths would be averted.

Objective: To describe the changes in neonatal outcomes after implementation of secondary and Tertiary level interventions at Nsambya Hospital among preterms at Nsambya Hospital.

Methods: Using perinatal death audits, gaps in care of preterms were identified and secondary and tertiary level interventions were implemented over a period of 10 years. The interventions included: Neonatal resuscitation, Kangaroo mother care, Use of continuous positive air way pressure, Use of surfactant, use of human milk only for feeding preterms, use of Bubble CPAP and warm Transport in the delivery room. Data on Case fatalities for prematurity, proportion of preterms with Necrotizing enterocolitis (NEC) and overall neonatal mortality was collected from 2008 to 2018. Comparisons were done before and after introduction of secondary and tertiary levels interventions

Results: The case fatality rates of prematurity were 6.8% (2008)compared to 16.9% (2018). The Survival Rates Improved for Extreme Preterms (< 1000 g) from 28% to 57%, Very low birth weight (1000 – 1499) from 80% to 95% and Late preterm 1500 to 2499 from 96 % to 100%. The proportion of babies dying due to NEC reduced from 10 to 0.

Conclusion: Implementation of phased secondary and tertiary level interventions is feasible and greatly improves survival of preterms in a low resource limited setting.

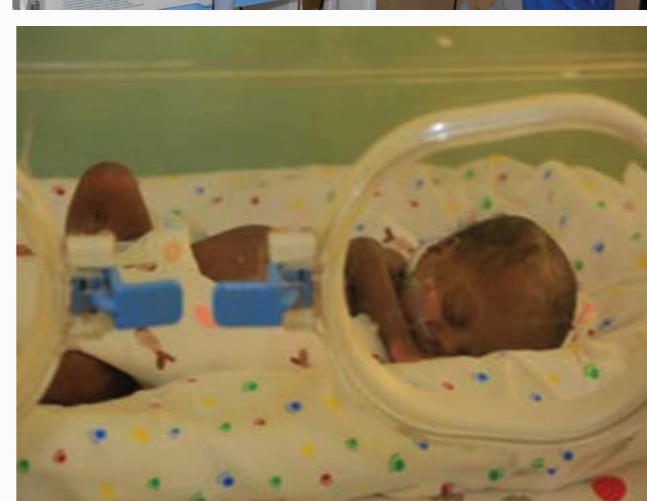
BACKGROUND

- Complications of Prematurity are the leading global causes of deaths among under five with over one million deaths.
- Nsambya hospital has an average of 500 preterms admitted annually of which 55% are very low birth weight and the median length of stay was 30 days
- Improved health facility care through scaling up of secondary and tertiary level interventions to coverage of almost 90 %, would avert 70 - 80% of the deaths.

STUDY DESIGN & METHODS

Study design: This study is a retrospective study for all preterms admitted between 2008 to 2018.

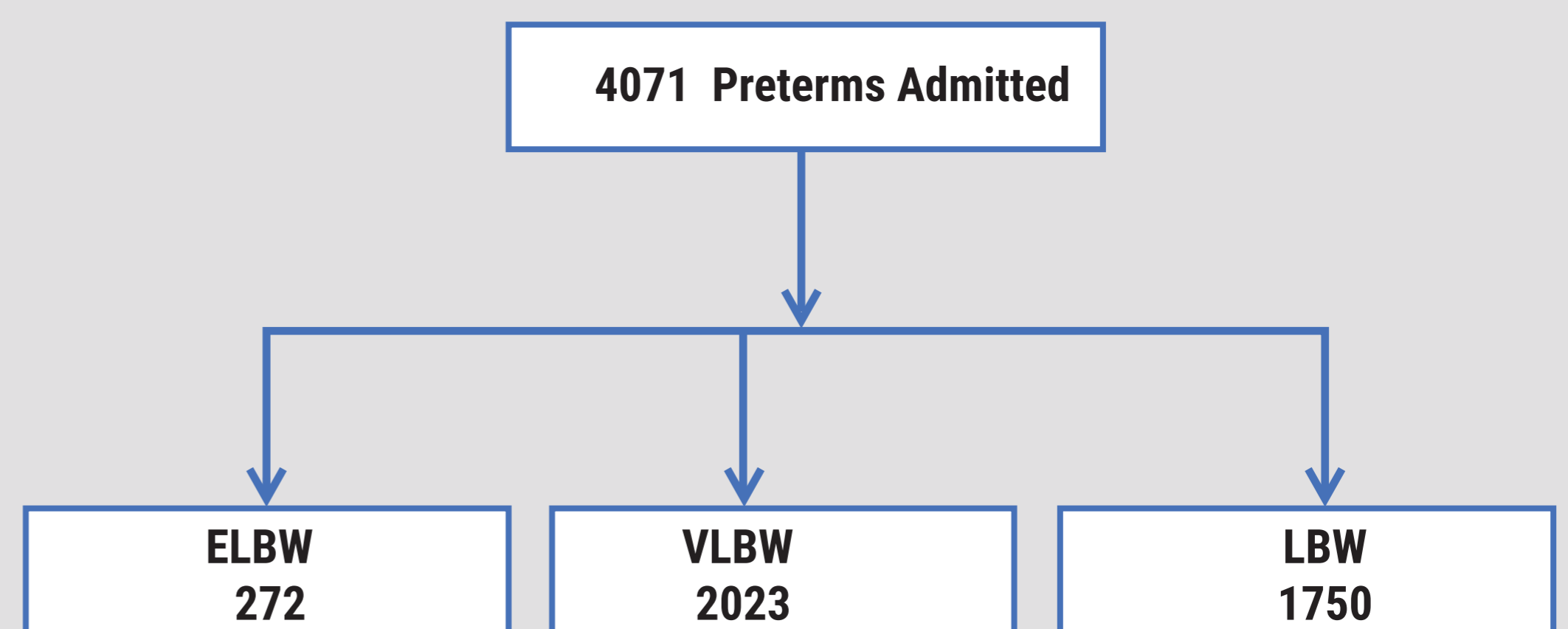
Study location: Nsambya Hospital is a tertiary hospital located in Kampala with 6000 annual deliveries. In 2016, 15% of births were preterms.



STUDY OBJECTIVES

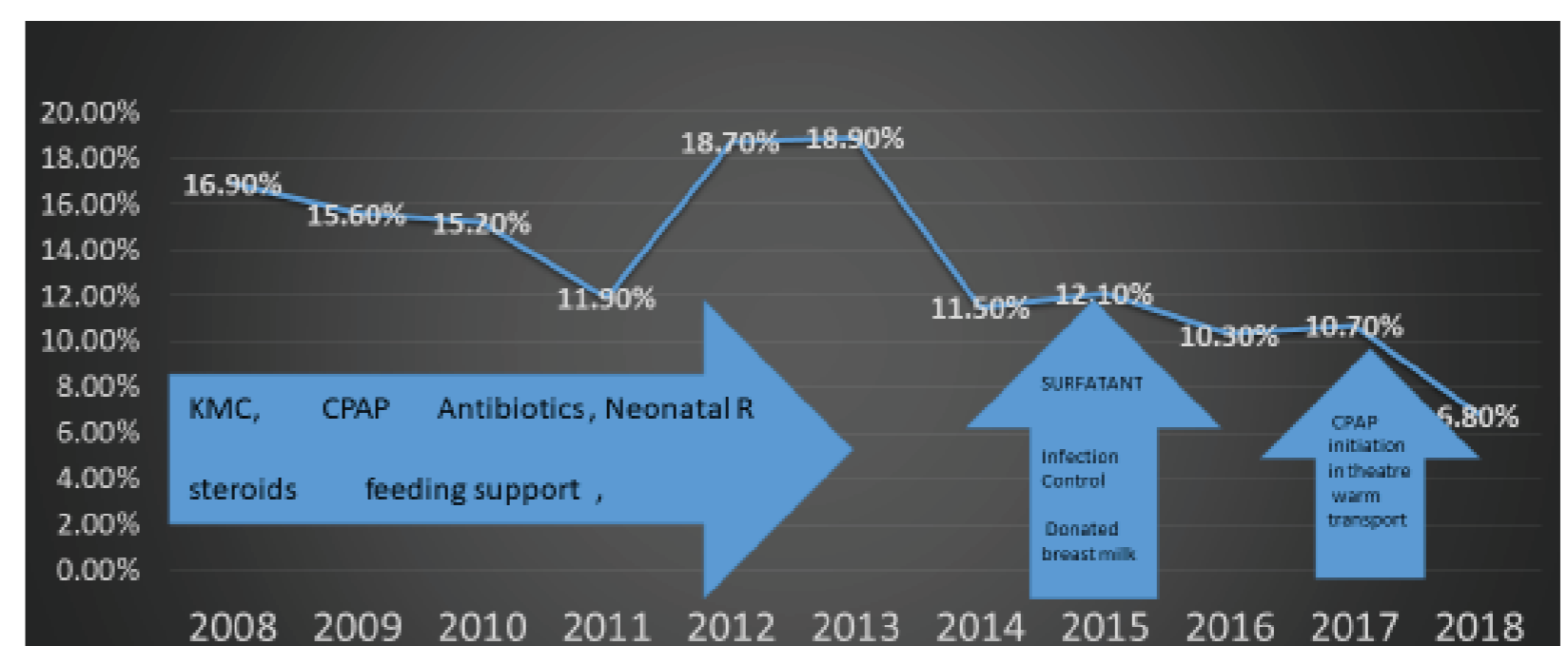
1. To describe the changes in neonatal outcomes after implementation of secondary and Tertiary level interventions at Nsambya Hospital
2. To explore the trends in case fatalities of prematurity from 2008 to 2018 after implementation of secondary and tertiary level intervention

RESULTS



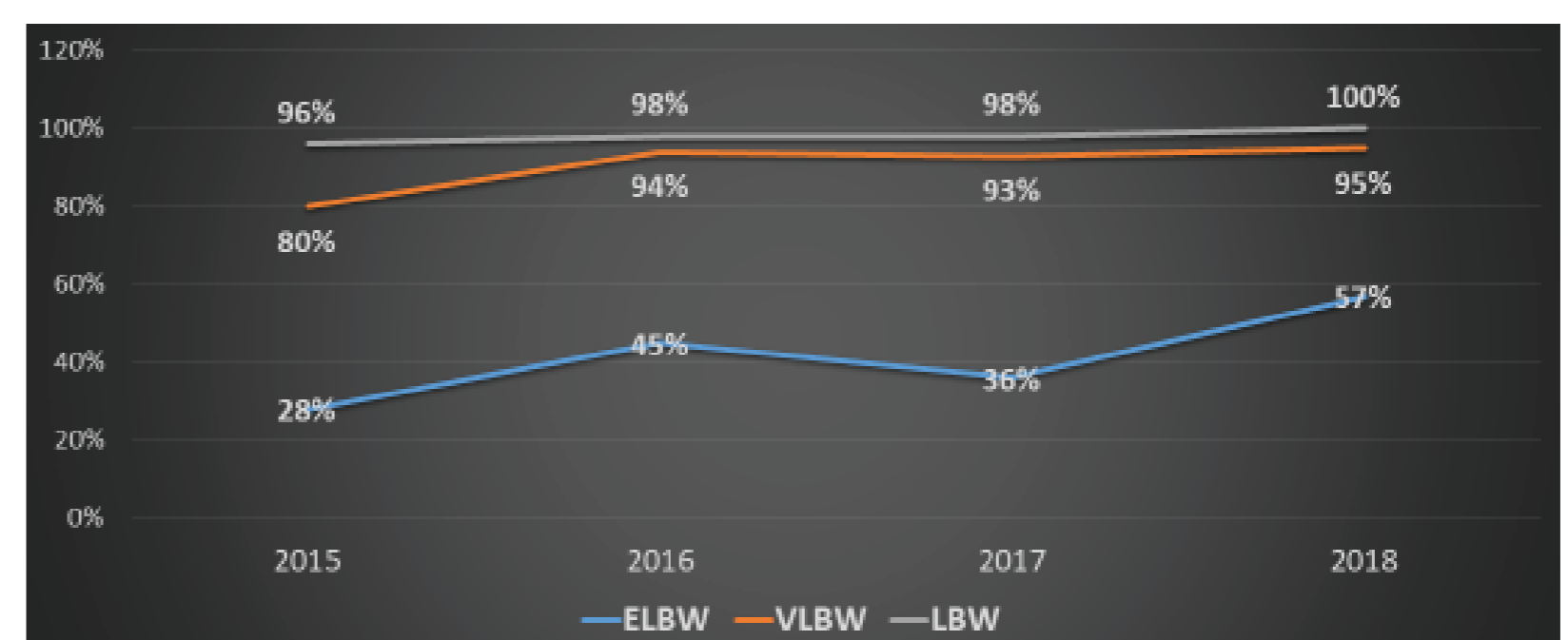
The case fatalities rates for Preterms over the last 10 years

Case fatality rates for Preterms over the 10 year period



The survival rates for preterms according to their weight categories from 2015- 2018

Survival rates for pre-terms according to the weight categories from 2015-2018



The case fatality rate for prematurity reduced from 16.9% (2008) to 6.8% (2018)

The survival rates for ELBW (< 1000g) Improved from 28% to 57%

The survival Rates for VLBW (1000 – 1449g) Improved from 80% to 95%

The survival Rates for LBW (1500 – 2,500g) improved from 96% to 100%

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