WORLD PREMATURITY AWARENESS MONTH

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY AND DEPARTMENT OF PEDIATRICS

Department of Obstetrics & Gynaecology &
Department of Pediatrics

Sri Siddhartha Medical College & Hospital,
(A Constituent College of Sri Siddhartha Academy of Higher Education,
Deemed to be University U/s 3 of the UGC, Act, 1956, Tumkur, Karnataka)

On
Thursday, 25th November 2020

Report of CME conducted on occasion of world Prematurity Awareness month 2020.

REPORT OF CME CONDUCTED REGARDING WORLD PREMATURITY DAY

World Prematurity Day is observed every year on November 17, our CME was conducted on November 25.

The Department of Obstetrics & Gynaecology and Department of Pediatrics, SSMC, Tumkur in association with Academic and Scientific Committee celebrated World Prematurity Day on 25.11.2020.

The topics discussed were:

1. Prediction and Prevention of Pre-term labour by Dr.Hema K R
2. Complications of preterm babies by Dr. Rangaswamy K B
3. Interaction session and questions was held for 30 minutes.

CME was well attended by around 50 Postgraduates, Medical students and staffs from various departments, SSMC.

SRI SIDDHARTHA MEDICAL COLLEGE & RESEARCH CENTER

ACADEMIC AND SCIENTIFIC COMMITTEE

DATE:20/11/2020

CIRCULAR

A CME IS ORGANISED BY THE DEPARTMENT OF OBSTETIICS AND GYNAECOLOGY AND THE DEPARTMENT OF PAEDIATRICS-AN OBSERVATION ON WORLD PREMATURITY DAY.

DATE-25.11.2020(wednesday)

TIME-10.30am-1pm

VENUE-NAGARJUNA HALL

S.NO	PRESENTER	TOPIC	TIME
1.	DR.HEMA K.R	PREDICTION AND PREVENTION OF PRETERM LABOUR	10.30-11.15AM
2.	DR.RANGASWAMY K.B	COMPLICATIONS OF PRETERM BABIES	11.30-12.15PM

3. INTERACTION SESSION AND QUESTIONS 12.30-1PM

ALL ARE CORDIALLY INVITED

PRINCIPAL
(Sri Siddhartha medical college,Tumkur)

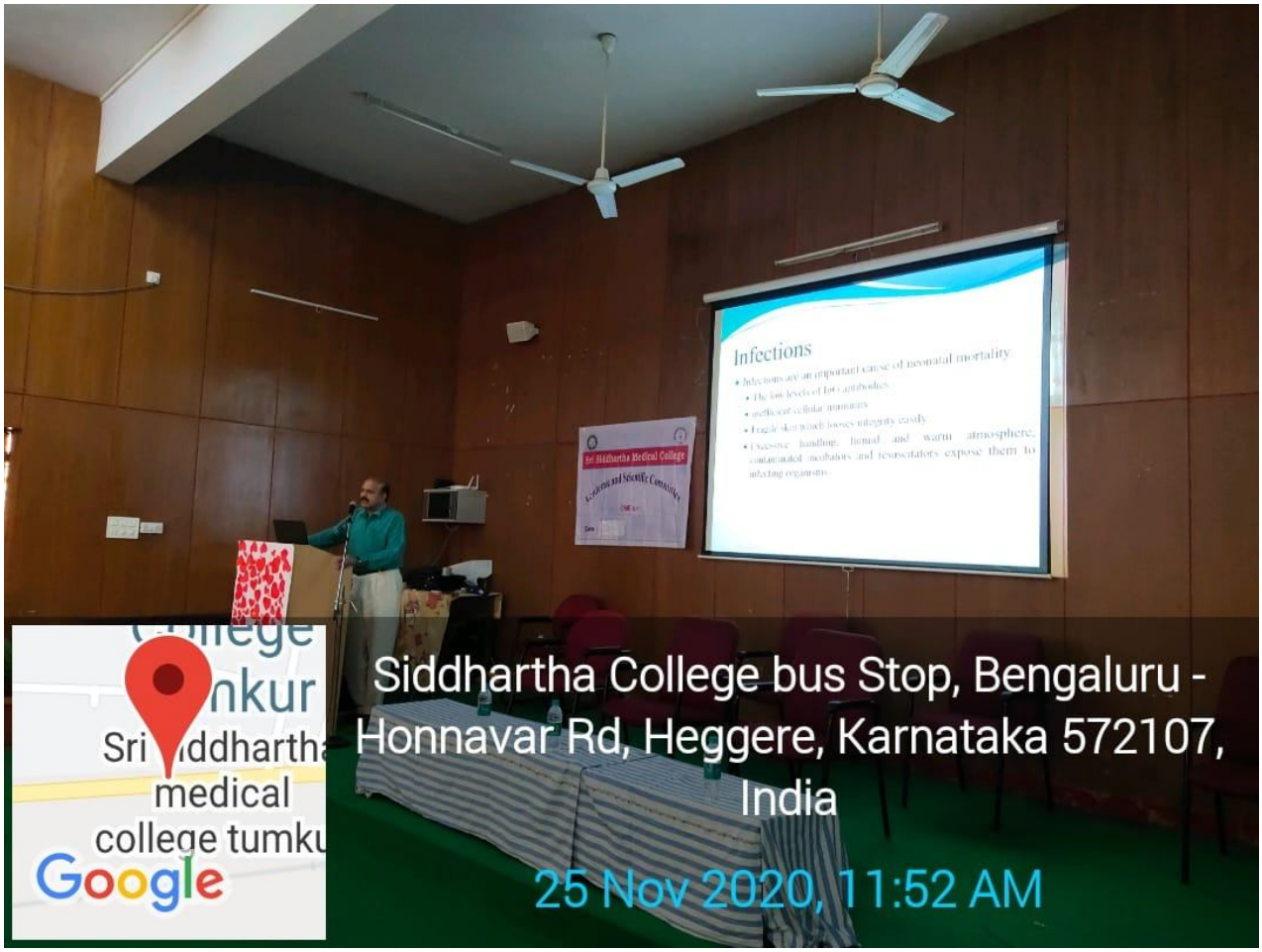
CO-ORDINATORS

ACADEMIC AND SCIENTIFIC COMMITTEE

COPY TO

1.HONOURABLE CHANCELLOR
2. CEO,SSMCH,TUMKUR
3. THE PRINCIPAL,SSMC,TUMKUR
4.MEDICAL SUPERINTENDENT,TUMKUR
5. HOD'S OF ALL DEPARTMENT
6. OFFICE COPY


Sri Siddhartha Medical College
Agalakote, B.H. Road, Tumkur
ವಿಶ್ವ ಅವಧಿಪೂರ್ವ ದಿನ
17 NOV
World
PREMATURITY DAY


Infections
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Thermoregulation
Sri Siddhartha Medical College
Academic and Scientific Committee
CME on :
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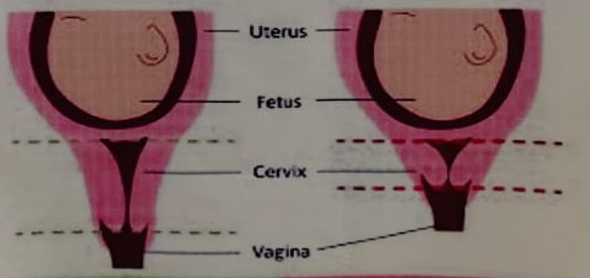
Sri Siddhartha Medical College
Academic and Scientific Committee
CME on :
Date :
HIGH RISK FACTORS
(A) History
1. Previous history of induced o
preterm delivery

CLEOPATRA SCORING SYSTEM

	PREDICTOR	
CLEOPATRA I	i)	Cervical length (≤ 2.5 cm)
	ii)	Previous preterm delivery
CLEOPATRA II	i)	Fetal fibronectin
	ii)	Previous preterm delivery

OTHER METHODS TO IDENTIFY WOMEN AT HIGH RISK FOR PRETERM DELIVERY :

1. HOME UTERINE FETAL MONITORING.
2. SCREENING FOR BACTERIAL VAGINOSIS.
3. SALIVARY ESTRIOL .
4. CERVICAL LENGTH MEASUREMENT BY SONOGRAPHY BETWEEN 16 -24 WEEKS



NORMAL LENGTH CERVIX | SHORT CERVIX

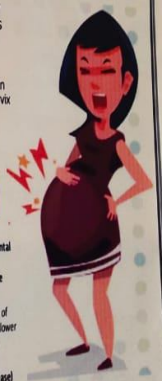
Dr. Kiran Kumari,
Dr. Lulu Ameena
(IIIrd Yr PG, 2018-19)

Diagnosis of Preterm Labor

LEARN THE SIGNS AND SYMPTOMS OF PRETERM LABOR:

- Regular or frequent contractions that may or may not be painful
- Constant low, dull backache
- Belly cramps with or without diarrhea
- The feeling that your baby is pushing down
- Change in your vaginal discharge or more vaginal discharge than usual

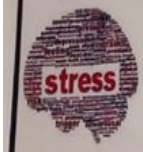
- Regular contractions accompanied by cervical change at less than 37 weeks
- ACOG 1997 criteria preterm labor:
  - Contractions of four in 20 min. or eight in 60 min. + progressive change in the cervix
  - Cervical dilatation ≥ 1 cm
  - Effacement ≥ 80%.



Risk Factors for Preterm Birth

- Previous preterm labor or premature birth risk 20- 40% the most significant risk factor
- Uterine overdistension (Polyhydramnios- multiple pregnancy): risk >50%
- Uterus, cervix or placental anomalies (Cervical incompetence- Uterine anomalies)
- Infections, particularly of the amniotic fluid and lower genital tract Bacterial Vaginosis (even periodontal disease)

Risk Factors For Prematurity



Maternal stress
ಮಾನಸಿಕ ಒತ್ತಡ

Increasing maternal age
ತಾಯಿಯ ವಯಸ್ಸು

Multiple pregnancy
ಟ್ವಿನ್ಸ್

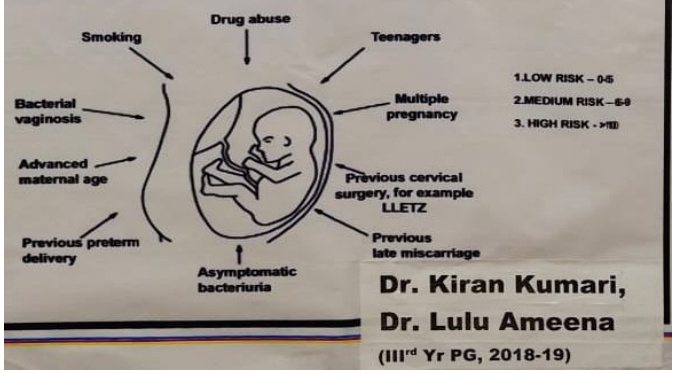
Uterine anomalies
ಗರ್ಭಕೋಶದ ತೊಂದರೆ

Previous premature birth

Family history

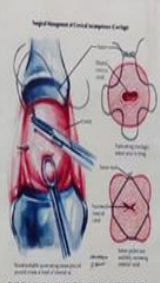
SCORING SYSTEM OF PRETERM LABOUR GONIK CREASY'S RISK SCORING SYSTEM

POINTS	SOCIOECONOMIC STATUS	PAST HISTORY	DAILY HABITS	CURRENT PREGNANCY
1	i) 2 Children at home . ii) Low socioeconomic status	i) One abortion ii) <1 yr since last birth	Work outside home	Unusual fatigue
2	i) Younger than 20 yrs ii) Older than 40 yrs	i) 2Abortions	>10cigarettes per day	i) pweight gain < 5kg by 32weeks by 32 week of gestation ii)HTN iii) Bacteriuria iv)Albuminuria
3	i) Very low socioeconomic status ii) Shorter than 150cm . iii) Lighter than 45 kg	i)3 Abortion	i)Heavy work ii)Long tiring trip.	i)Breech at 32weeks . ii)Head engaged at 32weeks iii)Febrile illness .
4	i)Younger than 18 years	Pyelonephritis	-	i) Bleeding after 12 weeks gestation . ii)Changes in cervix Effacement and dilatation . iii)Uterine irritability .
5	NIL	i)Uterine Anomaly ii)2nd trimester abortion iii)DES Exposure		i)Placenta praevia ii)Hydramnios
10	NIL	i)Premature delivery ii)Repeated 2nd trimester abortion		i)Twins ii) Abdominal Surgery .



Dr. Kiran Kumari,
Dr. Lulu Ameena
(IIIrd Yr PG, 2018-19)

SECONDARY PREVENTION : EARLY IDENTIFICATION OF PREGNANT WOMEN AT A RISK OF PRETERM LABOUR AND HELP THEM TO CARRY THEIR PREGNANCIES TO TERM.

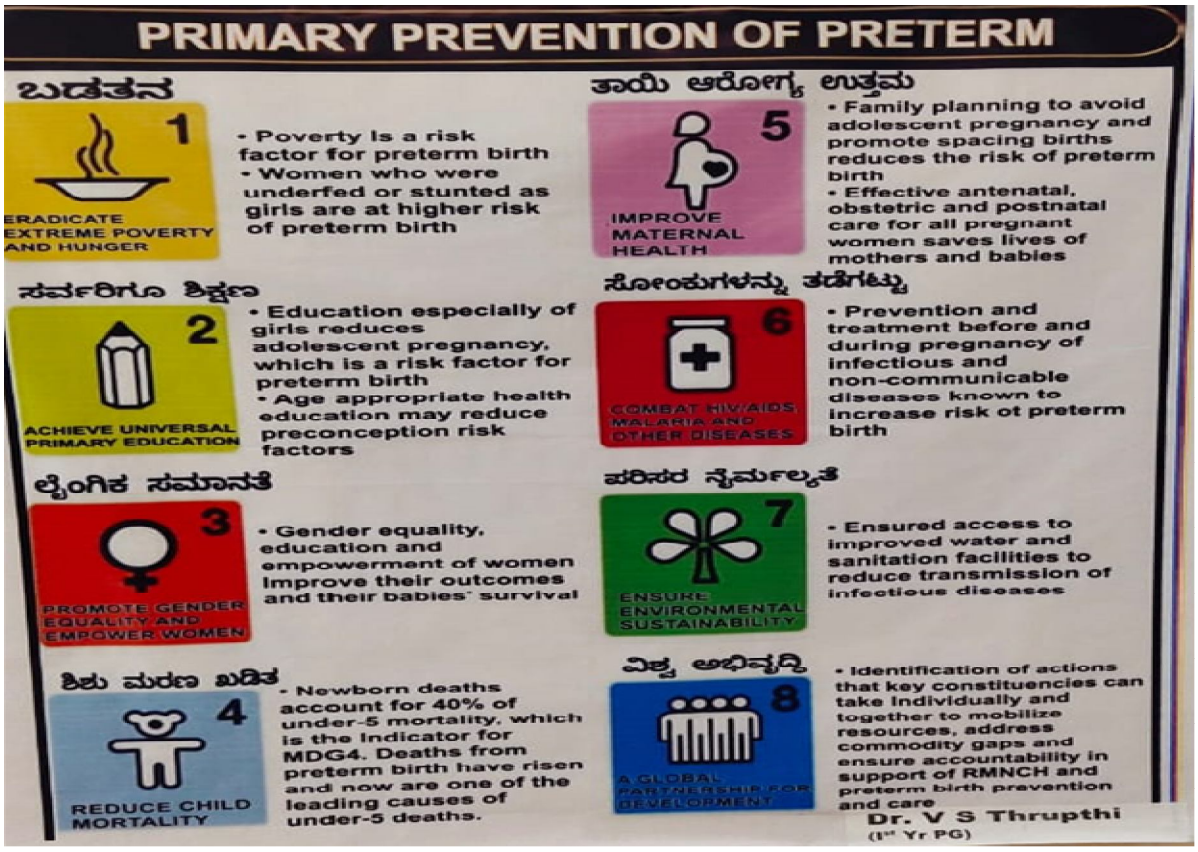


CERVICAL CERCLAGE FOR CERVICAL SHORTENING

ANTIBIOTICS FOR INFECTIONS

TOCOLYTICS TO DELAY LABOUR

TERTIARY PREVENTION : AIMED TO REDUCE PERINATAL MORBIDITY AND MORTALITY AFTER DIAGNOSIS OF PRETERM.


PRIMARY PREVENTION OF PRETERM
ಬಡತನ
1
ERADICATE EXTREME POVERTY AND HUNGER
• Poverty Is a risk factor for preterm birth
• Women who were underfed or stunted as girls are at higher risk of preterm birth
ತಾಯಿ ಆರೋಗ್ಯ ಉತ್ತಮ
5
IMPROVE MATERNAL HEALTH
• Family planning to avoid adolescent pregnancy and promote spacing births reduces the risk of preterm birth
• Effective antenatal, obstetric and postnatal care for all pregnant women saves lives of mothers and babies
ಸರ್ವರಿಗೂ ಶಿಕ್ಷಣ
2
ACHIEVE UNIVERSAL PRIMARY EDUCATION
• Education especially of girls reduces adolescent pregnancy, which is a risk factor for preterm birth
• Age appropriate health education may reduce preconception risk factors
ಸೋಂಕುಗಳನ್ನು ತಡೆಗಟ್ಟು
6
COMBAT HIV/AIDS MALARIA AND OTHER DISEASES
• Prevention and treatment before and during pregnancy of infectious and non-communicable diseases known to increase risk ot preterm birth
ಲೈಂಗಿಕ ಸಮಾನತೆ
3
PROMOTE GENDER EQUALITY AND EMPOWER WOMEN
• Gender equality, education and empowerment of women improve their outcomes and their babies' survival
ಪರಿಸರ ನೈರ್ಮಲ್ಯತೆ
7
ENSURE ENVIRONMENTAL SUSTAINABILITY
• Ensured access to improved water and sanitation facilities to reduce transmission of infectious diseases
ಶಿಶು ಮರಣ ಖಡಿತ
4
REDUCE CHILD MORTALITY
• Newborn deaths account for 40% of under-5 mortality, which is the Indicator for MDG4. Deaths from preterm birth have risen and now are one of the leading causes of under-5 deaths.
ವಿಶ್ವ ಅಭಿವೃದ್ಧಿ
8
A GLOBAL PARTNERSHIP FOR DEVELOPMENT
• Identification of actions that key constituencies can take individually and together to mobilize resources, address commodity gaps and ensure accountability in support of RMNCH and preterm birth prevention and care
Dr. V S Thrupthi
(I st Yr PG)


10 Reasons to Practice Kangaroo Care with your Preemie
Mimics the soothing environment of the womb
Regulates body temperature
Enhances lactation
Lessens crying
Enhances growth & weight gain
Leads to shorter hospital stays
Stabilizes heart rate
Assists in bonding process
Provides longer
CARE OF PRETERM BABIES
• Kangaroo mother care is a method of care of preterm or LBW neonates by placing them in skin to skin contact with mother or any care giver.
• Benefits of KMC: Based on cochrane review KMC benefits include
1. Improved exclusive breast feeding at dischrge.
2. Reduction in mortality risk.
3. Reduction in nosocomial infection or sepsis.
4. Reduction in hypothermia.
5. Reduction in length of hospital stay.
6. Increased weight gain.
7. Improve overall neurodevelopment of preterm infants.
Oxygen therapy
o Oxygen should be administered with a head box when SpO_2 falls below 85% and it should be gradually withdrawn when SpO_2 goes above 90%.
o The lowest ambient concentration and flow rates should be used to maintain SpO_2 between 85-95% and PaO_2 between 60-80 mm Hg.
Antenatal corticosteroids
CORTICOSTEROIDS!
Both Brand & Generics
o Inj.betamethasone 12mg IM every 24 hours –2 doses or dexamethasone 6mg IM every 12 hours for 4 doses.
o The optimal effect is seen if delivery occurs after 24 hours of the initiation of therapy and its therapeutic effect lasts for 7 days.
Vitamin k1 intramuscularly soon after delivery
RN
Vitamin K
Antifibrinolytic Agents
Optimal management at birth
o Delayed clamping of cord.
o Elective intubation of extremely LBW babies (<1000gs).
o Should be promptly dried, kept effectively covered and warm.
o Vitamin K 1mg (0.5mg in babies < 1500gs) should be given intra-muscularly.
o Transferred by the doctor or nurse to the NICU as soon as breathing is established.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