

RISK FACTORS RELATED TO THE DROP-OUT DURING THE FIRST YEAR OF THE PREMATURE BABY, IN AN AMBULATORY KANGAROO MOTHER PROGRAM (KMP), BOGOTÁ, COLOMBIA

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Objectives: 1. Build and apply two predictor models that identify the family drop-out risk factors to KMP; at 40 weeks of gestational age and 12 months of corrected age of the baby. 2. Test the drop-out predictor models in a new cohort. **Method:** Analytical and observational study with two sample cohorts and two analysis phases. **Design:** For Phase 1 of the research, we used case-control study based on the historical cohort that produced the first drop-out risk factor model. During Phase 2 of the research, such model was applied for one year after the construction of the model to a sample of mothers who started the KMP. **Setting:** Ambulatory KMCP implemented in San Ignacio University Hospital (HUSI) and San Jose Children's Hospital (HISJ) in Bogota, Colombia. **Subjects:** Phase 1. 5,070 premature or low-birth-weight babies were included in cohort one, as reported until October, 2009. Phase 2. In cohort 2, 917 premature or low-birth-weight babies were included in the KMP between 2009 and 2010 **Results:** Phase 1 The analysis of the data collected in the clinical history of the KMP, resulted in a first model that explains 58% of the drop-out behavior in the follow-up until completion, i.e. while the baby reaches 40 weeks of gestational age, named "kangaroo follow-up". The variables that best explain the drop-out behavior were the mother age (between 13 and 23 years old) and the age of the baby at starting the KMP (older than 30 days). Data also produced a second model that explains 63% of the drop-out behavior of the families being followed-up until the baby was one year of corrected age, named "high risk follow-up". The variables that best explain the drop-out behavior were: the necessity and amount of re-hospitalization of the baby until reaching 40 weeks of GA (he/she was not re-hospitalized), the amount of medical appointments until the baby reached 40 weeks of GA (less than 6), the duration of neo-natal hospitalization (more than one week), mother's age (between 13 and 23 years old), the mother's parity (first delivery) and poverty condition (extreme poverty). Phase 2. The results of the new cohort could not be replied (there was no external validation). However, internal validation was executed and results produced clues on the factors determining drop-out behavior. **Conclusion:** The predictor models constituted a first step in the search of clinical variables that can explain the drop-out behavior. It is necessary to research more in order to create and validate a new predictor model, where other socio-demographic, psychological and nutritional variables are included and better explain this behavior. We hope this new model will allow us developing an intervention plan to avoid the drop-out from the KMP and ensure a better life quality for the preterm or low-birth-weight infants.

