CLINICAL COURSE AND PROGNOSIS AT ONE YEAR OF A COHORT OF LOW BIRTH WEIGHT INFANTS (LBWI) DISCHARGED HOME IN KANGAROO POSITION, ACCORDING TO HEALTH CARE INSURANCE IN COLOMBIA.

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Objective: clinical course and prognosis at one year of corrected age of a cohort of LBWI cared in an ambulatory KMC program between 2002 and 2012, according to 3 types of health care insurance in Colombia: Private prepaid plan (high income-HI) Contributive plan (middle and low income-MLI) and subsidized plan (very low income-VLI).

Patients and design: Prospective cohort of 12564 LBWI discharged home in kangaroo position (KP) with periodical follow-up until 12 months of corrected age to determine survival, growth, development and morbidity.

Intervention: 1) Continuous KP (skin-to-skin contact 24 hours), 2) Exclusive breastfeeding whenever possible and 3) Early discharge in KP with close monitoring and follow-up. Same KMC guidelines were implemented independently of the health care insurance

Result: eligible infants (≤37 weeks of gestational age or weight ≤ 2000 at birth) were admitted in the ambulatory KMC program, 7.3% from HI, 77.8% from MLI and 14.9% from VLI plans. Birthweight ≤1000g was 8.3%-4.4%-4.7% according to health plans (HI-MLI-VLI) and gestational age ≤ 32 weeks 39.3%-26.5%-27.5%. Post-natal age at entry was in average between 8-30 days for the three groups. NICU graduates were 44.2%-42.1-33.1% and 18%- 14.0%-23% have been ventilated. History of nosocomial infection at entry was 8.8%-7.3%-8.6. In average, mortality during the follow up was 1.1% for the three groups, mainly between discharge and 3 months. Death occurred during readmittion was 42.9%-53.7%-73.9. Main causes of readmittion before 40 weeks GA were anemia and jaundice and respiratory diseases. 53.5% VLI, 58.1% of MLI and 42.4% of HI plan received exclusive breastfeeding up to term. Weight, length and head circumference at birth didn’t show great variation between groups neither at one year of corrected age: 8657g, 71.6cm and 46cm for HI, 8655g, 71.6cm and 46cm for MLI and 8505g, 71.4cm and 45.2cm for VLI infants. Retinopathy was detected in 5,1% of infants in HI, 4,5% in MLI and 5,7% in VLI. Diagnosis of cerebral palsy at one year was markedly increased in VLI group with 6,7% vs. 1,8% in HI and 2.3% in MLI. Mean developmental coefficient at 12 months didn’t show great variation between groups.

Conclusion: It is interesting to see that the results in the implementation of KMC are nearly identical independently of the health care insurance; mortality rate during the first year of follow up was the same at expense of more morbidity but anthropometric indices were the same. KMC rules rigorously applied can give the same benefits to all the LBWI in Colombia independently of the socio economic level.

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