6. AMBULATORY MANAGEMENT AND OUTCOMES AT ONE YEAR OF 2092 PRETERM/LBW INFANTS DISCHARGED HOME WHILE RECEIVING OXYGEN. THE EXPERIENCE OF THE KANGAROO FOUNDATION IN BOGOTA, 2003-2008

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Background: Recently there has been in Bogotá a marked increase in the number of preterm and /or low birth weight infants who are discharged home while receiving supplementary oxygen. Previous research showed that their clinical course was better when followed up in a structured program as a Kangaroo Mother Care Program (KMCP). During 5 years, the Kangaroo Foundation (KF) developed oxygen management protocols to complement KMC protocol; clinical outcomes in such structured clinic have not been evaluated yet. Objective: The main goal of the study was to document the clinical course and prognosis of a cohort of oxygen-dependent preterm or LBW infants in Bogota discharged home in kangaroo position while receiving oxygen and followed in their first year of life at the KMC program of the KF. Method: A prospective cohort of 2092 infants graduated from any neonatal units in Bogotá, and discharged home while receiving oxygen was followed periodically up to 12 months corrected age. Consultation is done on a daily basis until obtaining an adequate somatic growth (15g/Kg/day) with adequate saturation (90-94%) and heart rate in accordance with the infant's activity (at rest, suckling or sleeping). Results: There were 40 deaths (1,9 %), 2 % infants were lost to follow-up at 40 weeks' post-conceptional age, and 10,9% at 12 months. Exclusive breastfeeding at term was successful in 44,8 % infants. The growth indices at 1 year were appropriate. At 40 weeks only 4,4% of the cohort still had home oxygen. At least one readmission was recorded for 48% of the infants, and 31,4% of the readmissions were due to respiratory conditions. In 12,1% of the cases, anemia was detected during the readmission in the first 3 month of life. 1923 of the infants underwent ophthalmologic screening, and retinopathy of prematurity was detected in 15,5% of cases, laser surgery was performed in 2,6%. Neuro-psychomotor screening test at 12 months were already performed in 41% of the infants and showed 10.2% psychomotor delay at 12 months, cerebral palsy was present in 3% of the cases, Conclusion: The outcomes of infants followed-up in the KMCP were much better than those in the previous study. We can conclude that the management of the oxygendependency, infant, particularly in the ambulatory scenario is complex and the panorama we imagine through this study suggests the benefits of normalization and rationalization of this follow up. The struggle, in a country like Colombia must not be limited to infant survival and must be projected to quality of life in the children's first year.