

P 12 CLINICAL COURSE AND PROGNOSIS AT ONE YEAR OF 827 COLOMBIAN INFANTS BORN BEFORE 31 WEEKS AND DISCHARGED HOME IN KANGAROO POSITION.

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Background: Kangaroo Mother Care (KMC) is an evidence-based technology that has been useful for ameliorating Low Birth Weight mortality and morbidity in developing countries. In Bogota, there is a recent increase in the survival of the more immature infants who are discharged home in Kangaroo position. No local data on their follow up are available.

Objective: To evaluate the clinical course and prognosis at one year of a cohort of 827 preterm infants ≤ 30 weeks of gestational age at birth, cared for in our KMC program between 2003 and 2008. **Design:** A prospective cohort of 827 preterm infants (gestational age at birth ≤ 30 weeks) discharged home in KP was followed periodically up to 12 months corrected age to determine survival, growth, development and morbidity. **Setting:** An outpatient-based KMC program affiliated to a teaching hospital in Bogotá, Colombia. **Interventions:** The KMC intervention consist on: 1) Early discharge with close monitoring and follow-up 2) continuous skin-to-skin contact and 3) Exclusive breastfeeding whenever possible **Main Outcomes:** Compliance with KMC components, monitoring and health maintenance visits, overall 1 year mortality, growth and development indices. **Results:** Between 2003 and 2008, 5051 eligible infants (37 of gestational age or weight 2000 at birth) were admitted in the KMC program, of them 827 were less than 31 weeks of gestational age at birth with an average gestational age and weight at birth of 28,9weeks and 1152 g respectively. Mean postnatal age at entry into the KMC program was 45,2 days (Min-Max:6-165) and mean weight at entry was 1.758g. Of included infants, 70.1% were NICU graduates, and 69,2% of them had been ventilated. 84.6% of the cohort still had oxygen at home discharge. Compliance with monitoring visits up to term was excellent in 94%. Cumulative mortality was 0.7% up to term and 2.4% up to one year of corrected age, and 55% of infants had to be hospitalized at least once; 28.3% received exclusive breast feeding up to term, and 14,4% of infants were still breastfed at one year. Average weight, length and head circumference were 2767g, 45.7cm, 34.1cm at term and 8.155g, 70.7 and 44.9cm at one year of corrected age; retinopathy of prematurity was detected in 32.5% of cases and intracranial hemorrhage in 22.7% of the cases. 13.7% of the infants presented any degree of psychomotor delay and cerebral palsy was diagnosed in 6.0%

Conclusion: Although demanding to both families and health care providers, compliance with KMC is high and observed results are rewarding even in these more fragile infants but close monitoring of compliance with evidence-based procedures, and frequent feed back are needed to better the prognosis in these fragile infants.