

**Definition of PTB: < 37<sup>+0</sup> wks**

Late preterm: 34<sup>+0</sup> – 36<sup>+6</sup> wks

Extremely preterm: < 28<sup>+0</sup> wks

## INITIAL ASSESSMENT

Does the baby...

1. appear full term? ([Ballard Scale](#))
2. have good muscle tone?
3. appear to be breathing or crying?

If **no** to any  stimulate, position airway, suction, and provide ventilatory support as needed.

## ETIOLOGY

Maternal factors	Placental/Uterine factors	Fetal factors
<ul style="list-style-type: none"> <li>History of prior preterm delivery</li> <li>Extremes of age (&lt; 17 y.o., &gt;35 y.o.)</li> <li>Medical conditions (hypertension, diabetes)</li> <li>Substance use/smoking</li> </ul>	<ul style="list-style-type: none"> <li>Intrauterine stretch (i.e. multiple gestation)</li> <li>Infection (i.e. chorioamnionitis, bacterial vaginosis)</li> <li>Placental insufficiency</li> <li>Uterine anomalies</li> </ul>	<ul style="list-style-type: none"> <li>Congenital anomalies (i.e. CNS defects)</li> <li>Intrauterine growth restriction</li> <li>Fetal distress</li> </ul>

SYSTEM	PRESENTATION	MANAGEMENT
<p>Respiratory</p>	<p><b>Respiratory Distress Syndrome:</b> lack of surfactant <input type="checkbox"/> atelectasis</p> <p><b>Apnea of Prematurity:</b> episodes of apnea &gt; 20s or shorter if associated with change in vitals due to immature respiratory control</p>	<p>Antenatal corticosteroids as prophylaxis. Surfactant and respiratory support.</p> <p>Caffeine maintenance. Stimulation/Respiratory support during episodes. Self-resolving by 37 weeks.</p>
<p>Cardiac</p>	<p><b>Patent Ductus Arteriosus:</b> Delayed closure of fetal shunt, leads to systemic hypoperfusion</p>	<p>Ibuprofen/acetaminophen/indomethacin to induce closure. Fluid restriction. Surgical ligation if needed.</p>
<p>GI</p>	<p><b>Necrotizing Enterocolitis:</b> Necrosis of intestinal mucosa due to infection. Presents with feeding intolerance, bloody stool, obstruction and/or perforation</p>	<p>NPO, Gastric decompression, IV Fluids, IV antibiotics, surgery if evidence of perforation.</p>
<p>Brain</p>	<p><b>Intraventricular Hemorrhage:</b> Intracranial bleeding, multifactorial causes</p>	<p>U/S screening if &lt;32 wks, serial monitoring. Neurosurgical consult if abnormal.</p>
<p>Eye</p>	<p><b>Retinopathy of Prematurity:</b> proliferation of retinal blood vessels. If untreated, can cause blindness</p>	<p>Screening if ≤ 30 wks GA. Laser photocoagulation and anti-VEGF (vascular endothelial growth factor).</p>
<p>Immune</p>	<p><b>Sepsis:</b> Most commonly due to Group B Strep and E. Coli</p>	<p>IV antibiotics; supportive care</p>
<p>Blood Tests</p>	<p><b>Hypoglycemia</b> <b>Anemia</b> <b>Hyperbilirubinemia</b></p>	<p><b>Hypoglycemia:</b> Increase feeds, IVF, TPN <b>Anemia:</b> Iron supplements, transfusions <b>Hyperbilirubinemia:</b> Phototherapy</p>

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