**PRETERM PERINATAL PACKAGE**

A group of multidisciplinary interventions clinically proven to reduce morbidity and mortality, resulting in significantly improved outcomes for preterm babies.

### NICU Delivery

- Extreme preterm birth in a tertiary unit setting significantly improves survival and neurodevelopmental outcomes

**AIM:**
Optimally timed in-utero transfers should ensure infants **<27 weeks** are delivered in specialist tertiary neonatal units.

### Antenatal Steroids

- Reduces mortality by **32%**
- Reduces preterm lung disease, brain haemorrhage, necrotising enterocolitis (NEC) and sepsis

**AIM:**
All mothers delivering **<34 weeks** should receive a full course of steroids, ideally in the **7 days before birth**, for maximum efficacy.

### Magnesium Sulphate

- Reduces risk of cerebral palsy by **30%**
- For every 37 women given magnesium sulphate, 1 less baby will develop cerebral palsy

**AIM:**
All mothers delivering **<30 weeks** should receive magnesium sulphate, ideally in the **24 hours before delivery** for maximum efficacy.

### Deferred Cord Clamping

- Reduces mortality by **32%**
- Reduces brain haemorrhage
- Reduces the need for blood transfusion

**AIM:**
To achieve these full benefits, all babies **<34 weeks** should receive deferred cord clamping of a **MINIMUM of 60 seconds**.

### Maintain Temperature

- Early hypothermia (<36.5°C) increases mortality and risk of brain haemorrhage, NEC and sepsis
- Emerging evidence links early hyperthermia (>38°C) to adverse outcomes

**AIM:**
Ensure strict thermoregulatory measures to achieve normothermia (36.5 - 37.5°C) within an hour of birth.

### Mum’s Breast Milk

- Safest milk for preterm babies
- Significantly reduces the risk of sepsis and NEC
- Reduces mortality & improves neurodevelopmental outcomes

**AIM:**
All infants **<32 weeks** should receive maternal milk, ideally within the **first 24 hours of life**.

### Early Caffeine

- Reduces apnoea, invasive ventilation and preterm lung disease
- Improves survival without neurodevelopmental disability

**AIM:**
All infants born **<30 weeks** should receive caffeine within 3 days, **ideally on admission** to NICU.