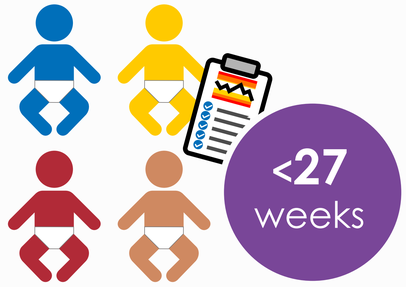
PRETERM PERINATAL PACKAGE

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.

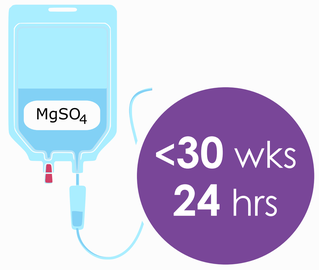
Antenatal Steroids

- 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.

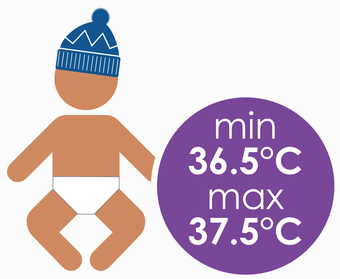
Deferred Cord Clamping

- 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

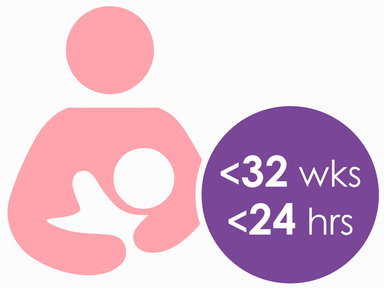


- Early hypothermia (<36.5°C) increases mortality and risk of brain haemorrhage, NEC and sepsis
- Emerging evidence links early hyperthermia (>38°C) to adverse outcomes

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.

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