

Mode of delivery and antenatal steroids and their association with survival and severe intraventricular hemorrhage in very low birth weight infants

Por: Hubner, ME (Hubner, M. E.); Ramirez, R (Ramirez, R.); Burgos, J (Burgos, J.); Dominguez, A (Dominguez, A.); Tapia, JL (Tapia, J. L.)

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Resumen

OBJECTIVE: To determine whether CS delivery and receipt of antenatal steroids (ANS) in vertex-presenting singletons with a gestational age (GA) between 24 and 30 weeks is associated with improved survival and improved severe intraventricular hemorrhage (sIVH)-free survival.

STUDY DESIGN: Multicenter cohort, retrospective analysis of prospectively collected data. Vertex-presenting singletons newborns with GA 24 to 30 weeks, birth weight between 500 and 1500 g, without major congenital malformations, born between 2001 and 2011 at Neocosur centers were included.

RESULTS: Four thousand three hundred and eighty-six infants fulfilled inclusion criteria: 45.8% were delivered vaginally and 54.2% by cesarean section (CS). Newborns delivered vaginally received less ANS, had lower GA, Apgar scores and a lower incidence of survival and sIVH-free survival ($P < 0.001$). Newborns with better survival were those with ANS, independent of mode of delivery. At 24 to 25 weeks GA, increased survival and sIVH-free survival were associated with ANS and CS delivery, compared with those who received ANS and delivered vaginally.

CONCLUSIONS: Among vertex-presenting singletons with GA 24 to 30 weeks, better survival and sIVH-free survival were associated with ANS, independent of mode of delivery. In infants at 24 to 25 weeks gestation the combination of ANS/CS was associated with improvement in both outcomes.

Palabras clave

KeyWords Plus: [CESAREAN DELIVERY](#); [NEONATAL-MORTALITY](#); [PRETERM INFANTS](#); [OUTCOMES](#); [SECTION](#); [IMPACT](#); [TRIAL](#)

Información del autor

Dirección para petición de copias: Hubner, ME (autor para petición de copias)

+ Hosp Clin Univ Chile, Los Monjes 12172, Santiago 7610548, Chile.

Dirección para petición de copias: Hubner, ME (autor para petición de copias)

Clin Alemana Stgo U Desarrollo, Neonatol, Los Monjes 12172, Santiago 7610548, Chile.

Direcciones de correo electrónico: mehubner@gmail.com

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NATURE PUBLISHING GROUP, 75 VARICK ST, 9TH FLR, NEW YORK, NY 10013-1917 USA

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