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Twenty three and twenty four weeks gestation. Mortality predictive risk factors of limits of viability preterm infants

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A population-based, retrospective cohort study of infants born at 23 and 24 weeks gestation age over two and half years period. A hundred and five preterm infants were investigated during the period of the study, 60 infants born at 23 weeks gestation and 45 infants born at 24 weeks gestation. Those admitted to the NICU were 79 infants (75%). Infants died within the first 2 weeks of life were 26 (32%), those died beyond 2 weeks of life were 12 (16%). Alive infants till discharge were 41 (53%) of the total NICU admitted infants. Deaths before discharge occurred in 48.1% (64% and 33%). The survival rate for infants admitted to the NICU was 35% and 62% in 23 and 24 weeks infants respectively.

For those infants died ≤ two weeks of life the most associated risk factors were; Lack of maternal antibiotics (OR=8.9 and 1.13), no antenatal steroids (OR=13 and 2), bruises (OR 7.7 and 1.5), gelatinous skin (OR=2.2 and 6), fused eyes (OR= 1.4 and 7).

Failure to extubate from respirator by 2 weeks of age while FIO2 requirement > 50% was a main risk factor associated with death beyond 2 weeks of life.

In comparison to mothers who did not receive antenatal steroids, incomplete course showed significant but lower risk of mortality. (OR=3 vs 13)

Conclusions: Antenatal steroids, the degree of immaturity, birth weight less than 750 grams, need for IPPV ventilation while require more than 50% FIO2 at 2 weeks of age were among the most events associated with death.

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