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早产儿早产原因及并发症分析(PDF)

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Title: Analysis of Premature Delivery Reasons and Complications of Premature Infants

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摘要: 目的 分析早产儿早产原因及常见并发症发生率, 提出预防早产的措施, 并为早产儿管理提供理论依据。 方法 选择2008年11月至2011年2月在昆明医科大学第二附属医院新生儿科住院及产科出生的共计439例早产儿为研究对象, 按胎龄大小将其分为28~31+6孕周组(60例)和32~36+6孕周组(379例); 按出生体质量将其分为出生体质量<1 500 g组(51例)和出生体质量≥1 500 g组(388例)。回顾性分析其早产原因, 并比较不同胎龄及出生体质量下并发症发生率及不同胎龄早产儿各并发症发生率差异。本研究遵循的程序符合昆明医科大学第二附属医院人体试验委员会制定的伦理学标准, 得到该委员会批准, 分组征得受试对象监护人知情同意, 并与监护人签署临床研究知情同意书。 结果 孕母既往终止妊娠术史、胎膜早破及不明原因是导致早产的主要原因, 其比例分别为44.6%, 44.2%及21.0%(同1例早产儿可能存在2种或2种以上原因, 如双胎合并胎膜早破)。28~31+6孕周组并发症发生率高于32~36+6孕周组, 其差异有统计学意义($\chi^2=5.90$, $P<0.05$); 出生体质量<1 500 g组并发症发生率高于出生体质量≥1 500 g组, 其差异有统计学意义($\chi^2=8.05$, $P<0.05$)。早产儿并发症主要有高胆红素血症、新生儿肺炎、酸中毒、低钙血症、呼吸暂停及新生儿硬肿症等。28~31+6孕周早产儿并发症以高胆红素血症、酸中毒、新生儿贫血为主, 32~36+6孕周早产儿并发症以高胆红素血症、新生儿肺炎、酸中毒为主。28~31+6孕周组各并发症发生率均高于32~36+6孕周组, 且差异均有统计学意义($P<0.05$)。 结论 孕母既往终止妊娠术史及胎膜早破易导致早产。对胎龄<32孕周及出生体质量<1 500 g早产儿更应密切观察其并发症的发生, 积极救治以提高早产儿存活率。

Abstract: Objective To analyze the reasons of premature delivery and incidence of

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common complications of premature infants, take measures to prevent premature delivery and provide a theoretical basis for premature infant management.

Methods A retrospective investigation was carried out in 439 cases of premature infants' clinical information during November 2008 to February 2011 in neonatal ward and born in obstetrics department of Second Affiliated Hospital of Kunming Medical University. According to gestational age, they were divided into 28-31+6 gestational week group (60 cases) and 32-36+6 gestational week group (379 cases); According to birth weight, they were divided into birth weight <1500 g group (51 cases) and birth weight \geq 1500 g group (388 cases). The causes of premature delivery and incidence of complications between different gestational age groups or different birth weight groups were analyzed. The incidence of different complications between different gestational age groups were compared. The study protocol was approved by the Ethical Review Board of Investigation in Human Beings of Second Affiliated Hospital of Kunming Medical University. Informed consent was obtained from the parents of each participating patient.

Results Mother's pregnancy termination history (44.6%), premature rupture of membrane (44.2%) and unknown reasons (21.0%) were the main causes of premature delivery. Two or more causes maybe exist in one premature, for instance, twins complicated with premature rupture of membrane. The incidence of complications in 28-31+6 gestational week group was statistically higher than that of 32-36+6 gestational week group ($\chi^2=5.902$, $P<0.05$); The incidence of complications in birth weight <1500 g group was statistically higher than that of birth weight \geq 1500 g group ($\chi^2=8.052$, $P<0.05$). The main complication of premature infant were hyperbilirubinemia, neonatal pneumonia, acidosis, low blood calcium, apnea and neonatal scleredema. Premature infants in 28-31+6 gestational week group complicated mainly with hyperbilirubinemia, acidosis and neonatal anemia, and in 32-36+6 gestational week group complicated mainly with hyperbilirubinemia, neonatal pneumonia and acidosis. The incidence of complications in 28-31+6 gestational week group was statistically higher than those in 32-36+6 gestational week group ($P<0.05$).

Conclusions The pregnant women with the history of pregnancy termination and premature rupture of membranes may more easily cause premature delivery. For gestational age <32 weeks and birth weight <1500 g premature infants should be closely observed of complications and take active treatment to improve the survival rate of premature infants.

参考文献/REFERENCES

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