

Comparison the Outcomes Between Normal Discharge and Early Discharge of Newborns in Tehran Najmieh Hospital for Five Years (2010-2015)

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Abstract

According to the any neonatal care centers, discharge the neonates before 48 hour of birth time is early discharge and after this time is normal discharge of course by consideration rules of normal Neonatal discharge. Early discharges increase re-admitted for: hyperbilirubinemia, sepsis, dehydration F.T.T, forgotten congenital anomalia in neonates. We decided to study about this matter in our babies

Method: Our study was retrospective researching on records of our patients. According to the definition of Normal and early discharge, we collected 2531 cases. We used from SPSS&SAS info-2000 for analysis of datas.

Results: 1331 cases were Males&1200cases were Females (no differentiation between them, $P>0.001$). 1271 cases were normal discharges&1260cases were early discharges (no diff between them, $P>0.001$). The common complications for readmitted by sequences were: 1-Hyperbilirubinemia 2-Dehydration, 3-Sepsis, 4-forgotten congenital anomalia, 5-F.T.T in two groups and no differentiation Between them $P>0.001$)

Conclusion: According to the our study, when we have considered rule of standard discharges Then no differentiation between two groups of normal discharges & early discharges for outcomes. However we careful attention to them at near visits (After 48 hour, next week, two next weeks and monthly for one year).

Introduction

The neonatal period is defined as less than 28 days of life and may be further subdivided into the very early (birth to less than 24 hr), early (birth to less than 7 days), and late neonatal periods (7 days To less than 28 days) [1-2]. The neonatal period is a highly vulnerable time for an infant, who is completing many of the physiologic adjustments required for extra uterine existence [3]. The high neonatal mortality & morbidity rates arrest to the fragility of life during this period, in the USA of all deaths occurring in 1st year, two thirds are in the neonatal period [3,4]. The annual rate of deaths during the 1st year is unequaled until the 7th decade [4]. An infant s transition from intrauterine to extra uterine life requires many biochemical and physiologic changes. Many of newborns special problems are related to poor adaptation because of asphyxia, premature birth, life-threatening congenital anomalies, or the adverse effects of delivery [3, 4]. Non-high risk healthy infants may be to the regular newborn nursery or be placed in the mother s room if the hospital has rooming in [4-5]. Early discharge (<48 hr) or very early discharge (<24 hr) may increase the risk of hospitalization for some complications for example: Icter, Dehydration, F.T.T, Sepsis, Missed congenital anomalia [5]. Early discharge needs careful ambulatory follow-up at home (visiting

nurse) or in the office within 48 hr. Additional criteria for early discharge of term neonates have been developed by the American Academy of pediatrics and American College of Obstetrics and Gynecology (**Table-1**) [6,7].

Table 1: Recommendations for Early Discharge from the Normal Newborn Nursery:

1. Uncomplicated antepartum, intrapartum, postpartum courses
2. Normal vaginal delivery
3. Singleton at 38-42 wk AGA
4. Normal vital signs (RR<60 min, auxiliary T 36.1-37 C)
5. Physical Examinations Normal
6. Evidence of parental knowledge, ability, and confidence to care for the baby at home
7. Avalilability of family and physician support (physician follow up)
8. Laboratory evaluations (VDRL, HBV, State screening, coombs test)
9. No social risks (History of child abuse, Domestic violence, Mental illness, Teen Mother, Homeles)

Method

Our study was retrospective (observational) on records of our patients. We collected 2531 Cases. We analyzed our data by Spss and SAS INFO-2000 ($P > 0.001$).

Results

1331 cases were Males & 1200 cases were Females. ($P > 0.001$, No diff between them). Our normal discharges were 1271 and early discharges were 1260 ($P > 0.001$, No diff between them). 2032 cases were term neonates and 499 cases were pre-term neonates. ($P > 0.001$, significant diff between them). The common causes of re-admitted in two groups by sequences were: 1-Hyperbilirubinemia (1236 cases), 2-Dehydration (801 cases), 3-Sepsis (400 cases), 4-Forgotten congenital anomalies (5 cases), 5-F.T.T (4 cases), 6-Overlap (89 cases). ($P > 0.001$ significant diff between them).

Conclusion

Normal discharge is discharge of neonates after 48 hr of birth and early discharge is Discharge before 48 hr of birth. Denote in any textbooks that early discharges caused re-admitted them for some complications, for example: hyperbilirubinemia, Sepsis, Dehydration, F.T.T, Congenital anomalies. But according to the study, showed that no differentiation between these two groups.

About complications and causes re-admitted particularly when we have considered to standard rule of neonatal discharge.

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