

3<sup>rd</sup> World Congress on

# MIDWIFERY AND NEONATAL NURSING

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### **Early postnatal weight loss in extremely low birth weight infants (ELBW): Clinical determinants and implications in neonatal morbidities**

We investigated early postnatal weight changes (EPWC) and their clinical implications in morbidities related to fluid metabolism in ELBW infants. As maximum weight loss (MWL) and daily body weight changes from birth weight ( $\Delta\Delta$  bw) during the first 15 days of life, The mothers' and infants' demographic and clinical variables relevant to body fluid balance were correlated with MWL and  $\Delta\Delta$  bw via Pearson's correlation coefficient and Pearson's partial correlation tests. We further assessed effects of MWL graded as low (5-12%) moderate (18.1-12%) and high (18-25%) on these variables. MWL in the cohort (n=102) was 14.2+5.4%. MWL correlated negatively with GA, ANS and pregnancy-associated hypertension (PAH), and positively with BPD28, total days on oxygen, fluid intake, urinary output and the day of life when birth weight was surpassed. All these correlations were lost after controlling for GA except for the day of life when birth weight was surpassed.  $\Delta\Delta$  bw correlated inversely with GA and was associated with lower risks for BPD28, PDA, and IVH, which persisted after controlling for GA. ANS decreased the volume of  $\Delta\Delta$  bw. Maternal diabetes mellitus (GDM) and PAH were not noted in mothers in high MWL group, whereas 38% of mothers in low MWL group suffered from the latter.

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