

EARLY NEONATAL MANAGEMENT OF THE GROWTH RESTRICTED INFANT

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BACKGROUND: Neonatal management requires special attention to a number of significant morbidities that growth restriction infants are more prone to develop compared with normally grown infants. They have high rates of intrapartum distress and perinatal asphyxia at the time of birth because they do not tolerate the stress of delivery as well as normally grown infants.

METHODS: In a period of 3 years, early neonatal management of 160 pregnancies associated with growth restriction were studied at our Clinic. We used SPSS 1.1 and Statgraf for Win 2.1 statistical programs. Results were compared by Pearson Chi-Square ($p < 0.05$) and logistic regression analysis. **RESULTS:** Compared with normally grown infants, those who were growth restricted had increased risk for: fetal distress (OR 16.47; 95% CI 6.86-39.55), resuscitation (OR 2.81; 95% CI 1.84-4.32), transfer in NICU (OR 2.38; 95% CI 1.56-3.65), perinatal asphyxia (OR 3.26 95% CI 1.96-5.43) and hypoxic ischemic encephalopathy like its complication (OR 4.29; 95% CI 1.18-15.57).

CONCLUSIONS: Close collaboration between obstetricians and neonatologist is essential for proper care of the growth restricted infant. A neonatal resuscitative team should be available at delivery to improve neonatal outcome.

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