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| **ISA ISPID  Abstract Submission  Nº: 275**   |  | | --- | | Topics: **Implementing best practices** | | Type: **Oral** | | **Conformation of network of neuroprotection and therapeutic hypothermia in the City of Bogota DC, Colombia** | | **Arce, Patricia**1; **Gracia, Gloria M**1; **Adolphs, Gerardo**1; **Peña, Consuelo**1 *1 - Secretaria Distrital de Salud.* | | **Introduction** Perinatal asphyxia represented in 2014 in Bogota DC the 6.4% of early neonatal mortality, becoming the fourth leading cause of death before seven days of life. Current evidence shows that the use of therapeutic hypothermia within the first six hours after asphyxia event, resulting in a statistically significant and clinically significant reduction in the combined outcome of mortality or disabilities. This result is increased up to 18 months and has not shown increased risk of disability among survivors what remains to childhood.  **Objectives:** Reduce the incidence of perinatal asphyxia in Bogota to decreasing mortality and secondary disability in surviving patients. Specific objectives: (1) Design and implement the Capital District network to neuroprotection in perinatal asphyxia (2) Improve monitoring of fetal well-being during labor, reducing the occurrence of perinatal asphyxia. (3) Strengthen the quality of care of newborns through training in adaptation and neonatal resuscitation. (4) To establish effective resuscitation equipment and implement the strategy code blue drills in all health institutions in Bogota, D.C. attending deliveries. (5) To promote risk management through the implementation of a self-quality of the active obstetric intervention.  **Material and Methods** Analysis of perinatal and neonatal mortality was conducted between 2010 – 2014. We identified the leading causes of death and we study that in the Capital District Surveillance Committees (COVES) for the systematic analysis of deaths were developed by perinatal asphyxia to identify the critical points. Committees of experts identified the risk, analyzed it and defined lines of work. We designed a route of care for patients who require therapeutic hypothermia and whit the production of clinical practice guidelines for the management of perinatal asphyxia as a public politics, and hospitals and insurance companies are encouraged to adopt and implement it to reduce the incidence of perinatal asphyxia in the city.  **Results** We implemented networks throughout the city with participation of insurance companies and centers of therapeutic hypothermia. We did monitor and evaluate the network through epidemiological surveillance of perinatal mortality and neonatal morbidity extreme. It was possible to increase the coverage of therapeutic hypothermia with five centers in different areas of the city.  **Conclusions** The articulated between the health authority, the hospitals and the insurance companies, based on the analysis of morbidity and mortality in newborns, revealed the need in the city to have a network of neuroprotection to responds to critical points where causes perinatal asphyxia and reduce its consequences. Funding source: District Department of Health of Bogota, D.C. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Patricia** | | Lastname: | **Arce** | | E-mail: | **parce@saludcapital.gov.co** | | Country: | **Colombia** | | Institution | **Secretaria Distrital de Salud** | | Cellphone: | **57 3002716911** | | City: | **Bogota** | |