**ISA ISPID  
  
Abstract Submission  
  
Nº: 168**

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| Topics: **Implementing best practices** |
| Type: **Oral** |
| **Substandard care in term newborns with asphyxia-related severe morbidity and postnatal mortality** |
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| **Introduction** Perinatal asphyxia can lead to serious morbidity and mortality among newborns. Previous studies indicate that substandard medical care is present in a substantial amount of cases and contributes to an unfavorable outcome. Objective: To identify substandard factors in perinatal care among term neonates with perinatal asphyxia in our region.  **Material and Methods** All term neonates without congenital malformations who were referred during 2013 and 2014 to the neonatal intensive care unit (NICU) of the University Medical Center Groningen due to perinatal asphyxia within the first two days of life were included. The medical records of mother and child were retrospectively evaluated and relevant maternal-, obstetric- and neonatal data were collected. Presence of substandard care factors was assessed during regular audits by a multidisciplinary panel.  **Results** During 2013 and 2014,31.789 neonates were born alive in our catchment area, regardless of gestational age. In all, 80 term neonates without congenital malformations were referred to the NICU due to perinatal asphyxia within the first two days of live (2,5/1000 live births), of which nine infants died during subsequent admission. Information was sufficient to analyze in 66 cases. In 36 (54,5%) substandard care factors with a probable- (n=27, 40,9%) or certain (n=9, 13,6%) contribution to asphyxia were identified. Main substandard care factors in primary care were insufficient antenatal management, delay in referral or no referral to secondary care despite the presence of an emerging risk factor and inadequate fetal monitoring during labor. In secondary care, inadequate registration and interpretation of cardiotocography and failure to act adequately on recognized signs of fetal distress were the most common substandard care factors. Deficient documentation and insufficient resuscitation of the newborn were frequently seen in all levels of care.  **Conclusions** Substandard care with a probable- or certain contribution to asphyxia was present in more than half of the assessed cases with NICU admission due to perinatal asphyxia in term neonates. Improvements in perinatal care should reduce adverse outcomes and include optimizing fetal surveillance and acting more adequately to recognized signs of fetal distress. Funding: None. We thank all relevant care providers for their help in supplying the medical records. |
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