Follow-up of Preterm and Term Infants up to Two Years in Kharkiv Regional Perinatal Center

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**Background.** The neurological complication and delay of development occur in 15-52% of preterm infants, and term infants with severe hypoxic ischemic injury. The follow-up system helps to determinate of early child delay development. **Objective** of study was a monitoring of development from birth to 24 month of high risk group. **Methods.** During 2012-2013 yrs the developmental assessment was performed in 112 infants (78 preterm and 34 term). There were used Albert scale AIIMS (gross motor) in infants to 12 mo old and and KID - RSDI scale (cognitive, fine motor, speech and language, social and adaptive development) in older. The medical problems have been estimated also. **Results.** The comorbidity of premature were following: retinopathy of newborn (6,4%); neurosensory deafness (3.8%), bronchopulmonary dysplasia with medical treatment requirement (5.1%). To 12 mo physical delay and motor delay of development had 29.4% of preterm and only 5.8% of term infants (p<0,05). There was significant delay of motor development (-3-6 mo) in third preterm infants compare in term (-3 mo, 11.7%, p=0.0442). To 24 mo 23% preterm infants had delay of development and 17.6% of term infants at that in cognitive, social-emotional development. Mean cognitive delay in preterm was 3,1 mo; in term – 3,9 mo one (p>0,05) by KID-RSDI. To 12 mo 5,1% of preterm infant had hemiplegic and tetraplegic cerebral palsy. The follow-up was perform only in 37.3% preterm and term needs infants from high risk group. The redirection to early interventional program was only in 19.6% high risk group infants.

**Conclusions.** About third preterm infants, that had follow-up monitoring demonstrated delay of motor development at first year. The follow-up program involved only third needs infants and helps to make an early cerebral palsy diagnosis and cognitive delay in order to redirect to early interventional service.