

Transportation of children born with severe asphyxia from medical institutions of the first and second level of the Perm region to a specialized center

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Objective. To evaluate the results of early transportation to a specialized center of children born with severe asphyxia in level I and II medical institutions.

Methods. The medical histories and transport maps of 20 children born with severe asphyxia in medical institutions of the first and second level of the Perm Region and transported to the neonatal intensive care unit of the GDKB PR number 13 in 2020 were analyzed. Transportation was carried out by the resuscitation team of the department of emergency advisory medical care of the Perm regional children clinic hospital.

Results. 19 (95% of children) were full — term, 1 — premature (at 35 weeks) — 1 (5%); the average body weight was 3363.9 ± 15.6 g. All patients were on a mechanical ventilation of lungs from the birth. Taking into account the severity of the condition and the need for specialized care, these patients required emergency transportation to a specialized center in Perm. In the first day of life, 16 (80%) children

were taken out; 3 (15%) were consulted on the spot due to their non-transportable condition, and later 2 children were transported when their condition was stabilized on the 2nd and 3rd days of life. The fatal outcome occurred in 2 (10%) children, 1 patient died an hour after birth, 1-on the 3rd day. Thus, 18 patients (90%) were transported within the first 3 days. Transportation was carried out after the assessment of the child's condition by the transporting resuscitation team after the necessary preparation and correction of treatment, mechanical ventilation of lungs, inotropic support, infusion therapy with elements of parenteral nutrition. There was no deterioration in the condition of the children during transportation. When studying the catamnesis, it was revealed that among the transported children, the mortality rate was 5.5%.

Conclusion. Transportation to a specialized center of children born with severe asphyxia in level I and II medical institutions in the first day of life improves the prognosis and helps to reduce neonatal mortality.