Reunión Bibliográfica 26-08-21

Sergio Ambiado

INDISA
CLINICA DE FAMILIA

INDISA - NEORED
Un Nuevo Concepto en Medicina Perinatal

Neo Red

To-Be or Not Tu-be?. Is routine endotracheal intubation necessay for succesful bedside reduction and primary closure of gastroschisis Miyata . J Ped Surg 2021 Agosto

- Variaciones en método de reducción y cierre
- Cierre sin intubación al nacer

- Estudio de cohorte multicéntrico
- Objetivo: Tasa éxito cierre primario con y sin intubación
- Estudio de no inferioridad
- Canada . Gastrosquisis CAPS Net Database 2005-2017 Total: 1318
- Se excluyen :
- - Necrosis o perforación 97
- - No hay información de necrosis o perforación : 44
- - No hay información de intubación: 13
- -

To-Be or Not Tu-be?. Is routine endotracheal intubation necessay for succesful bedside reduction and primary closure of gastroschisis Miyata . J Ped Surg 2021 Agosto

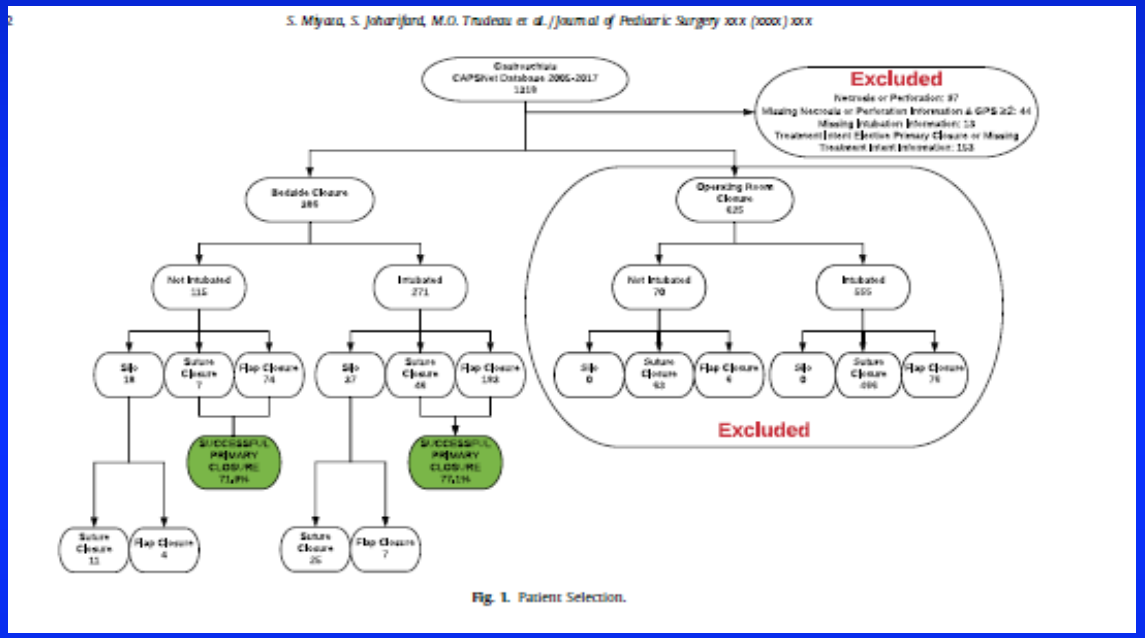

Fig. 1. Patient Selection.

No intubado: Cierre primario 72%
Intubado : Cierre primario 77%

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- EG 36.2 sem (1.4)
- EG < 36 % 25
- Peso 2522 g (519)
- Estomago dilatado prenatal 29%
- Malformaciones asociadas 10%
- Cierre < 6 h 45%
- Cierre > 24 h 45%
- Diámetro defecto en cm 2,9 (1,1)
- Diámetro defecto > 3 cm 14%

To-Be or Not Tu-be?. Is routine endotracheal intubation necessay for succesful bedside reduction and primary closure of gastroschisis Miyata . J Ped Surg 2021 Agosto

- Los resultados en tasa de éxito en cierre no intubado vs intubado son similares

- Conclusión: Es razonable que primera opción en rn saludable sea un cierre primario en la cuna del paciente sin intubar

Contents lists available at ScienceDirect

Journal of Pediatric Surgery

journal homepage: www.elsevier.com/locate/jpedsurg.org

Correspondence

A novel technique for NGT fixation: Secure, simple, and safe

Rand Abdulrahman[a,*], Mohammed Awadhi[b,c], Hesham Hasan[c,d,m,n], Raghu Shankar[e,f,g,h], Hussain Ahmed[i], Abeer Farhan[j], Martin Corbally[c,k,l]

[a] King Hamad University Hospital, Building 2435, Road 2835, Block 228, P.O Box 24343 Busaiteen, Bahrain

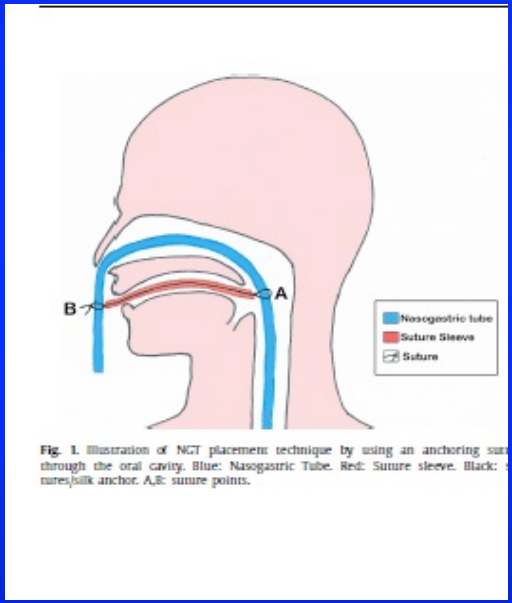

Fig. 1. Illustration of NGT placement technique by using an anchoring sut through the oral cavity. Blue: Nasogastric Tube. Red: Suture sleeve. Black: tures/silk anchor. A,B: suture points.

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JPEG 2021; 73:274

Nutritional Management of the Critically Ill Neonate: A Position Paper of the ESPGHAN Committee on Nutrition

*Sissel Jennifer Moltu, †Jiri Bronsky, ‡Nicholas Embleton, §Konstantinos Gerasimidis, ||Flavia Indrio, ¶Jutta Köglmeier, #Barbara de Koning, **Alexandre Lapillonne, ††Lorenzo Norsa, ‡‡Elvira Verduci, and §§Magnus Domellöf, ESPGHAN Committee on Nutrition

Breastfeeding rate comparison by parity and delivery age in Japan
(Running Title: Breastfeeding comparison by parity and age)

Shigeru Nishimaki, PhD, MD,[1,6] Manabu Yamada, MD,[2,6] Takahiro Okutani, MD,[3,6] Madoka Hirabayashi, MD,[4,6] Satoshi Tanimura, MD, [5,6]

- 12 hospitales amigos del niño en Japón
- Enero-2018 a Diciembre 2019 8336 partos 100% Japoneses
- Se excluyen: < 37 sem, múltiples, RN enfermos, cesáreas
- Sólo incluye partos vaginales
- Primípara: 2605 Multípara: 3262
- Edad materna: 16- 45
- EG: 37-42 sem
- Objetivo
- Tasa lactancia exclusiva 1 semana y 1 mes

Breastfeeding rate comparison by parity and delivery age in Japan
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Shigeru Nishimaki, PhD, MD,[1,6] Manabu Yamada, MD,[2,6] Takahiro Okutani, MD,[3,6] Madoka Hirabayashi, MD,[4,6] Satoshi Tanimura, MD, [5,6]

- Lactancia exclusiva 1 sem : 73,9%
- **Primípara: 64,7%**
- **Multípara: 81,2%**

- **Primípara 20-21 años : > 80%**
- Primípara 25 años : > 60%
- Primípara 35-39 años: < 60%
- **Primípara > 40 años : < 50%**
-
- **Multípara 25 años : > 90%**
- Multípara 35- 39 años: > 80%
- **Multípara > 40 años : > 70%**

Breastfeeding rate comparison by parity and delivery age in Japan
(Running Title: Breastfeeding comparison by parity and age)

Shigeru Nishimaki, PhD, MD,[1,6] Manabu Yamada, MD,[2,6] Takahiro Okutani, MD,[3,6] Madoka Hirabayashi, MD,[4,6] Satoshi Tanimura, MD, [5,6]

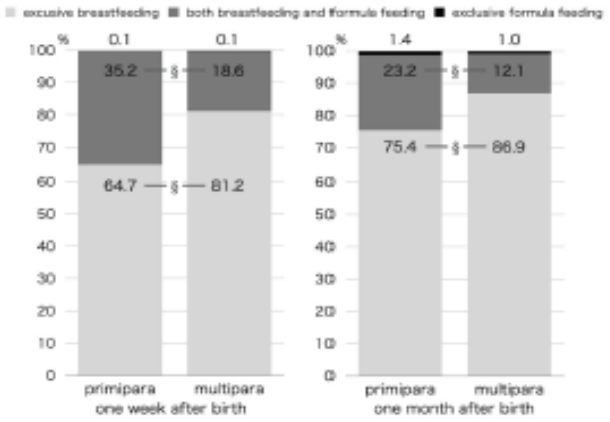
- Lactancia exclusiva 1 mes : 81,8%
- **Primípara: 86,9 %**
- **Multípara: 75,4 %**

- **Primípara 20-21 años : < 80%**
- Primípara 25 años : < 70%
- Primípara 35-39 años: < 60%
- **Primípara > 40 años : < 50%**

- **Multípara 25 años : > 80%**
- Multípara 35- 39 años: > 80%
- **Multípara > 40 años : > 70%**
-

Breastfeeding rate comparison by parity and delivery age in Japan
(Running Title: Breastfeeding comparison by parity and age)

Shigeru Nishimaki, PhD, MD,[1,6] Manabu Yamada, MD,[2,6] Takahiro Okutani, MD,[3,6] Madoka Hirabayashi, MD,[4,6] Satoshi Tanimura, MD, [5,6]



ped_14943_f2.jpeg

Evidence-Based Updates on the First Week of Exclusive Breastfeeding Among Infants ≥ 35 sem
STATE OF THE ART REVIEW ARTICLE Pediatrics 2020; 145(4), abril

Las políticas de estimular lactancia exclusiva se mantienen en USA pero el optimismo acerca del potencial de éxito ha declinado

La revisión entrega nueva evidencia de los últimos 10 años ´respecto a:

- **Producción y transferencia de leche**
- **Baja de peso RN y evaluación de producción de leche**
- **Suplementación**
- Estabilización de glucosa . Hiperbilirrubinemia
- Desarrollo inmune y microbiota
- Intervenciones en sistemas de salud

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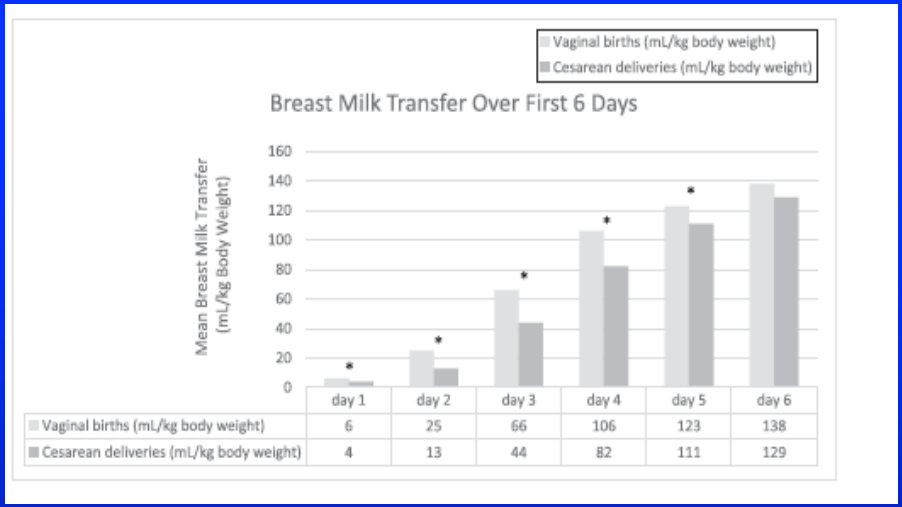
Producción y Transferencia de leche: Factores que afectan Lactogenesis II

Retraso lactogénesis
-Multípara: 19%
-Nulípara : 35%
Sin lactogénesis II: 5-8%



Factores que retrasan lactogénesis II

- Nulípara
- Cesárea
- Obesidad: IMC > 27
- Edad avanzada

- Retraso en lactogénesis II se asocia con pérdida de peso RN > 10%
- Las estrategias para aumentar lactogénesis no son efectivas en algunos casos y la suplementación es necesaria

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Evidence-Based Updates on the First Week of Exclusive Breastfeeding Among Infants ≥ 35 sem
STATE OF THE ART REVIEW ARTICLE Pediatrics 2020

Signos de insuficiente de leche y potencial indicación médica de suplementación

- 75% pérdida de peso usando NEWT curves
  - Newborn Early WeightTool (NEWT) (https://www.newbornweight.org).
- > 10% pérdida de peso
- < 4 deposiciones /día después de día 3 y retraso en lactogénesis

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Evidence-Based Updates on the First Week of Exclusive Breastfeeding Among Infants ≥ 35 sem
STATE OF THE ART REVIEW ARTICLE Pediatrics 2020

Factores materno de riesgo de retraso lactogénesis

- Cesárea
- Obesidad IMC > 27
- Primípara
- Embarazo con tratamiento de infertilidad
- Poco crecimiento de mamá durante embarazo

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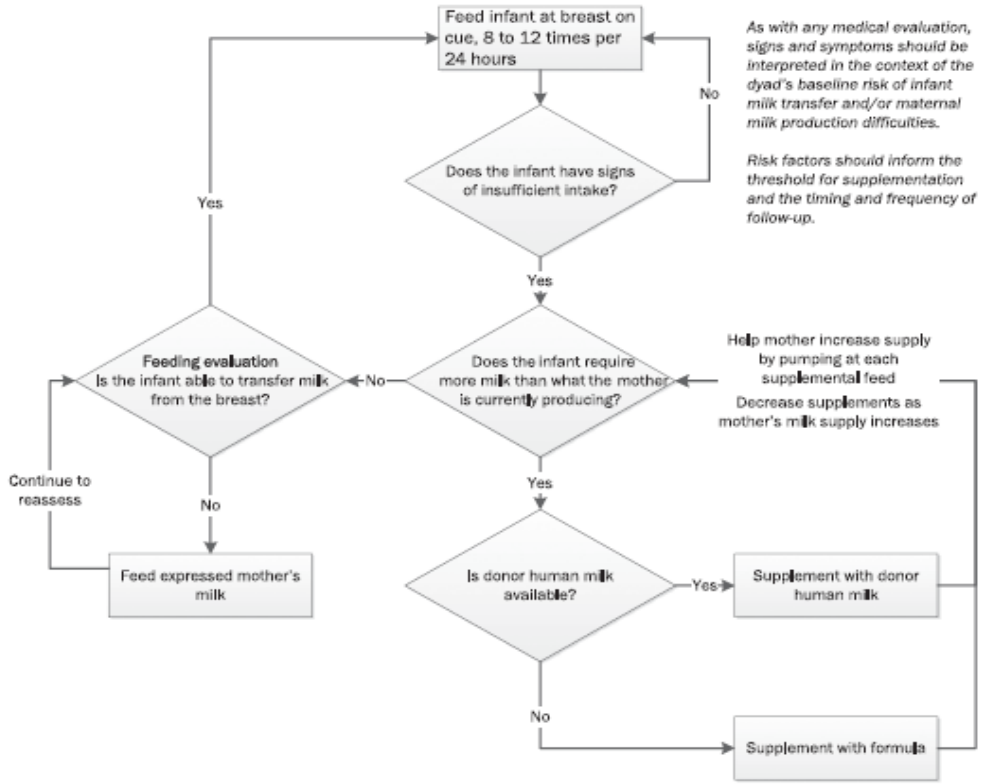
Evidence-Based Updates on the First Week of Exclusive Breastfeeding Among Infants ≥ 35 sem

STATE OF THE ART REVIEW ARTICLE Pediatrics 2020; 145(4), abril



Infant signs of insufficient milk intake and potential medical indications for supplementation

- Persistent asymptomatic hypoglycemia despite skin-to-skin care and support for breastfeeding
- Symptomatic hypoglycemia
- Weight loss >10% with delayed lactogenesis II (>72 hours)
- >75% weight loss by using NEWT curves
- Decreased stooling (<4 stools after day 3) with delayed lactogenesis II
- Clinical or biochemical signs of inadequate intake (such as decreased skin turgor, dry mucous membranes, high serum sodium levels, and no stool color change to yellow by day 5)
- Hyperbilirubinemia approaching exchange transfusion levels, risk factors for neurotoxicity, or rising bilirubin levels despite lactation management

Infant risk factors for low milk transfer

- Anomaly or other reason preventing direct breastfeeding and expressed milk insufficient for infant feeds
- Anomalies suggestive of persistent hypoglycemia (eg, Beckwith-Wiedemann syndrome)

Maternal risk factors for low milk production

- Glandular insufficiency with low milk production
- Medical conditions associated with delay or lack of lactogenesis II (may occur with cesarean delivery, primiparity, obesity (BMI > 27), pregnancies conceived via infertility treatments, lack of perceived increased breast size during pregnancy, history of polycystic ovarian syndrome, or other hormonal condition affecting lactogenesis)
- Breast pathology or previous breast surgery resulting in insufficient milk production

LIMITATIONS AND IMPLICATIONS FOR FUTURE RESEARCH

- Given the importance of exclusive breastfeeding for maternal and child health, both intent and initiation are increasing. However, maternal conditions linked with **delayed lactogenesis**, such as :
- Advanced maternal age
- obesity
- and fertility treatment, are increasingly comm

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CONCLUSIONS

Health care professionals' support is critical for families to meet their infant feeding goals and achieve optimal health outcomes.

All physicians who care for new mothers and infants need skills to

- **evaluate early breastfeeding,**
- **perform maternal and infant risk stratification,**
- **understand the range of potential interventions in the context of the**

risk/benefit ratio of supplementation,

and ensure appropriate follow-up

- Most mothers can produce adequate colostrum and mature milk, and most newborns are able to breastfeed exclusively.
- Nevertheless, conditions that require medical supplementation are common and important to recognize.
- The decision to supplement with infant formula requires thoughtful analysis of the
- risks and benefits, with consideration of the family's informed choice.
- Early term and late-preterm newborns are at a higher risk of complications.
- Research is needed to identify the best methods to support exclusive breastfeeding in high-risk populations.

Effect of caesarean section on breast milk transfer to the normal term newborn over the first week of life K C

Evans, R Arch Dis Child Fetal Neonatal Ed 2003;88:F380–F382

Table 2 Breast milk transfer (ml/kg body weight) for days 1–6

Group	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Total days 1–6
NVD							
Mean (SE)	6 (1.4)	25 (2.2)	66 (3.6)	106 (3.9)	123 (4.5)	138 (3.9)	450 (30.4)
Number	26	88	88	88	88	88	26
CS							
Mean (SE)	4 (0.6)	13 (1.1)	44 (2)	82 (3.5)	111 (3.5)	129 (3.2)	358 (22.1)
Number	23	97	97	97	97	97	23
Unadjusted significance	0.151	<0.001	<0.001	<0.001	0.033	0.079	0.020
Adjusted significance	0.031	<0.001	0.001	<0.001	0.046	0.118	0.001

BMJ Global Health

Trends and projections of caesarean section rates: global and regional estimates

Ana Pilar Betran ,[1] Jiangfeng Ye,[2] Ann-Beth Moller,[1] João Paulo Souza,[3] Jun Zhang[2]

BMJ Global Health

Table 1 Caesarean section (CS) rates in countries categorised according to United Nations geographical grouping in 2018*

Region/subregion	Estimated CS rate (%, 95% CI)	Range (min-max, %)	Coverage of estimates (%)
Africa (n=44)	9.2 (5.2 to 13.2)	1.4–51.8	89.9
Northern Africa (n=5)	32.0 (5.9 to 58.2)	9.1–51.8	97.8
Sub-Saharan Africa (n=39)	5.0 (3.5 to 6.6)	1.4–50.7	88.6
Asia (n=40)	23.1 (19.9 to 26.3)	3.5–55.3	96.7
Central Asia (n=5)	12.5 (6.5 to 18.4)	5.3–18	100
Eastern Asia (n=5)	33.7 (27.3 to 40.1)	12.9–39.1	100
South-eastern Asia (n=8)	15.9 (9.6 to 22.3)	3.5–32.7	95.1
Southern Asia (n=7)	19.0 (13.7 to 24.3)	6.6–40	96.3
Western Asia (n=15)	31.7 (22.7 to 40.6)	4.8–55.3	91.0
Europe (n=38)	25.7 (23.4 to 28.0)	14.9–46.9	98.8
Eastern Europe (n=10)	25.0 (18.7 to 31.3)	17.9–46.9	100
Northern Europe (n=10)	25.3 (21.5 to 29.1)	15.9–32.6	100
Southern Europe (n=11)	30.1 (27.5 to 32.7)	21.2–34.1	93.0
Western Europe (n=7)	24.2 (18.3 to 30.2)	14.9–32.7	100
Americas (n=25)	39.3 (34.6 to 44.0)	5.4–58.1	93.7
Latin America and the Caribbean (n=23)	42.8 (37.6 to 48.0)	5.4–58.1	91.2
Northern America (n=2)	31.6 (20.5 to 42.8)	28.8–31.9	100
Oceania (n=7)	21.4 (6.6 to 36.2)	3.0–34.6	96.4
Australia and New Zealand (n=2)	33.5 (1.9 to 65.1)	27.9–34.6	100
Melanesia, Micronesia, and Polynesia (n=5)	3.6 (0.7 to 6.6)	3.0–17.4	91.6
World total (n=154)	21.1 (18.8 to 23.3)	1.4–58.1	94.5
More developed countries (n=45)	27.2 (25.2 to 29.2)	14.9–55.3	99.3
Less developed countries (n=70)	24.2 (20.9 to 27.5)	2.4–58.1	94.6
Least developed countries (n=39)	8.2 (5.2 to 11.2)	1.4–32.7	92.0

*Countries with the latest CS rate record available in 2010 or late were included.

Delayed onset of lactogenesis among first-time mothers is related to maternal obesity and factors associated with ineffective breastfeeding[1–4]

Laurie A Nommsen-Rivers, Caroline J Chantry, Janet M Peerson, Roberta J Cohen, and Kathryn G Dewey

TABLE 2
Logistic regression model (with BMI) estimating odds of delayed onset of lactogenesis[1]

Variable	Reference level	OR (95% CI)[2]	AOR (95% CI)[3]	AOR (95% CI)[4]	ARR (95% CI)[5]
Maternal age					
≥30 y	<30 y	2.19 (1.40, 3.42)	2.48 (1.54, 4.01)	2.83 (1.72, 4.66)	1.62 (1.30, 2.01)
Maternal BMI					
25.0–29.9 kg/m^2	<25.0 kg/m^2	1.69 (1.02, 2.80)	1.78 (1.04, 3.04)	1.84 (1.07, 3.16)	1.40 (1.05, 1.92)
≥30.0 kg/m^2	<25.0 kg/m^2	2.55 (1.52, 4.30)	2.07 (1.17, 3.66)	2.21 (1.24, 3.94)	1.52 (1.13, 2.11)
Birth weight					
>3600 g	≤3600 g	2.49 (1.59, 3.88)	2.27 (1.41, 3.65)	2.28 (1.42, 3.69)	1.49 (1.19, 1.85)
"Breastfed well" (0–24 h)[6]					
0 or 1 time	≥2 times	2.63 (1.44, 4.82)	2.14 (1.11, 4.12)	2.02 (1.04, 3.92)	1.37 (0.98, 1.82)
Peak nipple pain[7]					
None or mild	Moderate–severe	1.93 (1.22, 3.05)	1.82 (1.11, 2.99)	1.81 (1.10, 2.98)	1.32 (1.04, 1.66)
Overall model					
AIC value	—	—	501	501	—
LR chi-square	—	—	51.1	56.9	—
P value	—	—	<0.0001	<0.0001	—

[1] OR, odds ratio; AOR, adjusted OR; ARR, adjusted relative risk; AIC, Akaike Information Criterion; LR, likelihood ratio.

nutrients

MDPI

Article

Do a Few Weeks Matter? Late Preterm Infants and Breastfeeding Issues

Beatrice Letizia Crippa [1,2,*], Lorenzo Colombo [1,2], Daniela Morniroli [1,2], Dario Consonni [3],

Table 2. Follow-up findings.

Variable	Before discharge * (n = 149)	First visit after discharge (n = 138)	15 days of life (n = 134)	40 days of life (n = 127)	90 days of life (n = 119)
	n (%)	n (%)	n (%)	n (%)	n (%)
Lactation factors					
Latching difficulty	44 (29.5)	29 (21)	28 (20.9)	13 (10.2)	8 (6.7)
Pacifier	42 (28.1)	45 (32.6)	51 (38)	69 (54.3)	72 (60.5)
Feeling of reduced milk supply	5 (3.3)	6 (4.4)	10 (7.4)	12 (9.4)	5 (4.2)
Type of feeding					
Exclusive breastfeeding	25 (16.8)	53 (38.4)	54 (40.3)	43 (33.8)	37 (31.1)
Predominant breastfeeding	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.7)	6 (5.0)
Mixed feeding	113 (75.8)	71 (51.5)	64 (47.8)	46 (36.2)	25 (21.0)
Formula feeding	11 (7.4)	14 (10.1)	16 (11.9)	36 (28.3)	51 (42.9)
Lost to follow up	0	11(7.3)	15 (10)	22 (14.8)	30 (20)

* "Before discharge" refers to the 24 hour period before discharge.

nutrients

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Do a Few Weeks Matter? Late Preterm Infants and Breastfeeding Issues

Beatrice Letizia Crippa [1,2,*], Lorenzo Colombo [1,2], Daniela Morniroli [1,2], Dario Consonni [3],

Maternal age		
Maternal age <30 years	1.0 (reference)	1.0 (reference)
Maternal age 30–34 years	1.5 (0.6–3.9)	0.8 (0.2–2.9)
Maternal age 35–39 years	0.5 (0.2–1.4)	0.3 (0.1–0.9)
Maternal age >40 years	0.3 (0.1–0.8)	0.2 (0.0–0.7)
Education		
High school diploma	1.0 (reference)	1.0 (reference)
Degree	1.2 (0.6–2.1)	2.2 (1.0–5.0)
Ethnicity		
Foreign mothers	1.0 (reference)	1.0 (reference)
Italian ethnicity	0.4 (0.2–0.7)	0.2 (0.0–0.7)
Previous experiences		
Prenatal classes		
No prenatal classes	1.0 (reference)	1.0 (reference)
Prenatal classes	1.5 (0.8–2.9)	1.5 (0.7–3.3)
Clinical history		
No breastfeeding experience	1.0 (reference)	1.0 (reference)
Previous negative experience with breastfeeding	0.7 (0.2–2.2)	0.9 (0.2–2.8)
Previous positive experience with breastfeeding	3.1 (1.4–7.0)	3.0 (1.0–8.5)
Delivery and peripartum experiences		
Mode of delivery		
Eutocic delivery	1.0 (reference)	1.0 (reference)
Vacuum assisted delivery	2.4 (0.5–11.5)	1.9 (0.4–10.9)
Emergency cesarean delivery	0.4 (0.2–0.9)	0.8 (0.3–2.5)
Elective cesarean delivery	0.3 (0.2–0.8)	0.5 (0.2–1.5)
Twins		
Singleton	1.0 (reference)	1.0 (reference)
Twins	0.2 (0.1–0.4)	0.2 (0.1–0.5)
Skin-to-skin contact		
No skin-to-skin contact	1.0 (reference)	1.0 (reference)
Skin to skin contact	3.2 (0.7–15.2)	9.9 (0.8–119.0)
Rooming-in		
No rooming-in	1.0 (reference)	1.0 (reference)
Rooming-in	1.1 (0.4–3.1)	0.7 (0.2–2.6)
Lactation Factors		
Type of breastfeeding		
Scheduled breastfeeding	1.0 (reference)	1.0 (reference)
On demand	1.8 (0.9–3.3)	1.4 (0.6–2.9)
Latching		
No difficulties	1.0 (reference)	1.0 (reference)
Attachment difficulties	0.8 (0.5–1.3)	0.8 (0.5–1.2)
Pacifier		
Use of pacifier	1.0 (reference)	1.0 (reference)
No use of pacifiers	1.3 (0.9–1.7)	1.2 (0.7–2.0)

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Original Research

international lactation consultant association

Journal of Human Lactation
2017, Vol. 33(4) 684–691

DOI: 10.1177/0890334417727716
journals.sagepub.com/home/jhl
SAGE

Obesity as a Predictor of Delayed Lactogenesis II

Irma Preusting, MD[1,2], Jessica Brumley, PhD, CNM[1], Linda Odibo[1], Diane L. Spatz, PhD, RN-BC, FAAN[3,4], and Judette M. Louis, MD, MPH[1]

Table 3. Logistic Regression of Factors Predicting Delayed Lactogenesis II.

Factor	*B*	Wald χ^2	*p*	Adjusted *OR*	95% CI
Age	.11	8.39	.004	1.11	[1.04, 1.20]
Prepregnancy BMI	.06	6.19	.013	1.07	[1.01, 1.12]
Weight gain	.04	8.57	.003	1.04	[1.01, 1.07]
Epidural	.95	4.42	.035	2.60	[1.07, 6.35]

Note. Model $\chi^2 = 26.519$, $p < .001$. *OR* = odds ratio; CI = confidence interval; BMI = body mass index.

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

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Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns

Lori Feldman-Winter, MD, MPH, FAAP, Jay P. Goldsmith, MD, FAAP, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

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