Are Late Preterm Infants at Increased Risk of Poor Health During Their First Year?

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“Yes,” say Lister Hill scholar Janet Bronstein and colleagues. “This study showed that late preterm infants (LPI) were at greater risk of a wide range of serious illnesses, as well as higher inpatient and outpatient costs, in the first year of life. Late preterm infants also had increased odds of poor outcomes during their birth hospitalization compared to term infants.”

The proportion of preterm births in the United States increased 20% during the years 1990 to 2005. Late preterm births, at 34 to 36 weeks of gestation, represent nearly 75% of all preterm births and make up about two-thirds of the recent rate increase. Many LPIs are similar in size to term infants and may be treated by caregivers and health care professionals as if they are developmentally similar to term infants even though they are physiologically immature. Many obstetric decisions during the final weeks of a pregnancy involve weighing the risks and benefits of delivering the infant prematurely against the risks and benefits of extending the pregnancy. An accurate understanding of the risks related to either choice is necessary for fully informed decision-making.

Previous studies often included infants with birth defects or multiple births so the researchers excluded these infants from analysis. Data came from Arkansas Medicaid claims data linked to state birth certificates for the years 2001 through 2005. After statistically matching more than 5,000 LPIs with more than 15,000 term infants, the LPIs had increased odds of mechanical ventilation, respiratory distress syndrome and hypoglycemia during their birth hospitalization. The LPIs also had modestly higher outpatient and inpatient Medicaid expenditures in their first year.

“Clinicians should consider attempting to prolong otherwise-uncomplicated pregnancies that threaten labor in the late preterm period,” say the researchers. “Future research should focus on describing other areas of potentially increased illnesses among LPIs, including long-term illness, death after the neonatal period, and long-term health care utilization, and comparing these risks with the benefits of early delivery.”

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