

Background and aims

Great prematurity presents a risk in developmental outcome, therefore implementing a follow-up allows health care support. Study's aim is to evaluate compliance and factors leading to non-adherence to the follow-up.

Methods

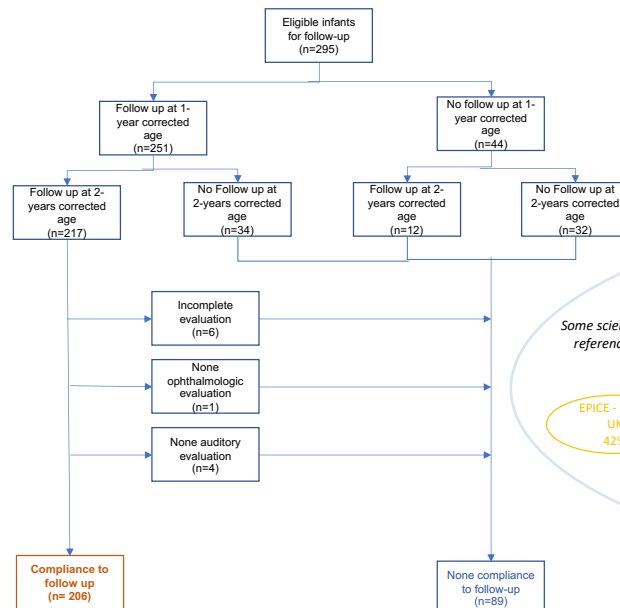
- Retrospective, single-center study, from January 2010 to December 2019, divided in two periods with different financial support to cover the evaluations (2010-2013 CAP 48 a nonprofit organization who collects funds to help with handicaps - 2014-2017 financial support through the national health care)
- 295 patients with less than 32 weeks of gestational age and/or a birth weight of less than 1500 grams for whom a follow-up schedule was established
- A complete follow-up was defined as a neurobehavioral evaluation at 12 and 24 months, and at least one hearing and ophthalmological exam
- Patient's medical and socio-demographic characteristics with a full assessment up to 24 months were compared with data of patients with low or no adherence to the program

Results

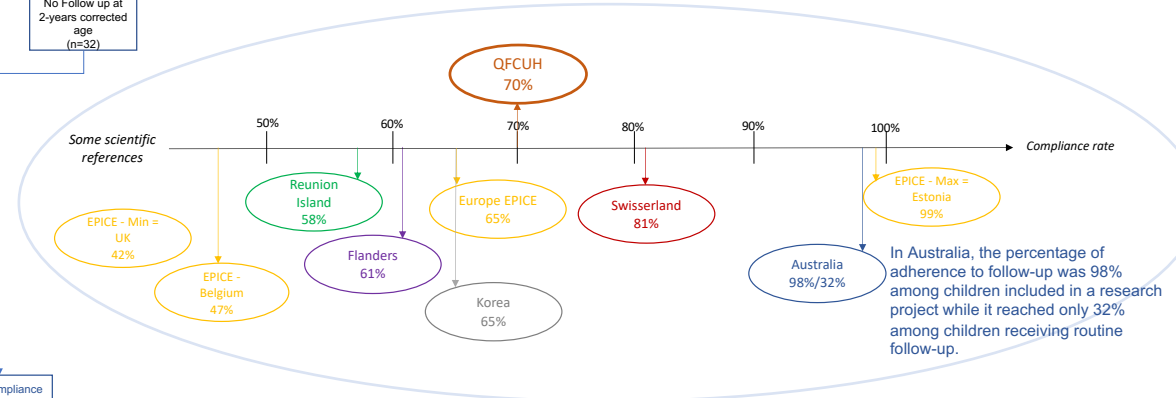
Differences in the cohort evolution between 2010-2013 and 2014-2017

- Increased rate of broncho-pulmonary dysplasia
- Lower proportion of infants with more than 2 comorbidities
- Higher proportion of mothers with a language barrier
- Higher proportion of post-partum depression

Study Population at QFCUH



A satisfactory compliance rate to follow-up, close to 70% and stable over time (p-value 0.482) thanks to the importance of maintaining contact with parents by establishing an appointment plan before the NICU discharge and by recontacting them when absent on scheduled consultations



INDEPENDENT PREDICTORS OF NON-COMPLIANCE

	OR	CI-95%	P
Maternal age	1.065	1.008-1.108	0.024
Pregnancy Hypertension	2.820	1.140-8.115	0.036
Lack of income	0.406	0.227-0.724	0.023

Conclusions

- This study, as part of an approach to assess quality of care, showed that there is a good overall compliance but a special attention must be taken for young mothers with low-income.

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