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Survival status and predictor of mortality among premature neonate admitted to neonatal intensive care unit from 2013-2017 in Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia

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Background: Premature neonatal death is a global burden both in developed and developing countries. Despite, different strategies and interventions were implemented to reduced premature neonatal complications including death, the rate of neonatal mortality in Ethiopia are too far from the targets. Even though published research in developing countries are increasing, scarcity of data regarding the survival status and predictor of premature neonatal mortality is still observed. Therefore, it was aimed to provide data about the magnitude and predictors of time to death among premature neonate which serve as an input for planners and decision makers for neonatal care.

Objective: To determine survival status and predictor of mortality among premature neonate admitted to neonatal intensive care unit from 2013-2017 at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia.

Methods: An institution based retrospective follow up study was conducted among 604 premature neonates who were admitted in the last five years at TASH, Addis Ababa, Ethiopia. Data were collected by reviewing patients chart using systematic sampling with pretested data extraction tool; entered using Epi-data 3.1 and analyzed using STATA 14. A Kaplan-Meier curve and long rank test were used to estimate the survival time and compare survival curves between variables. Cox proportional hazard model were fitted to identify significant predictors.

Results: In this study, total of 604 patients card were review; of them 571 cards that fulfill inclusion criteria were considered. A total of 170 (29.7%) neonates were died during the follow up period with incidence rate of 39.1 (95% CI: 33.59, 45.38) per 1000-person a day with overall median survival time of 21 days. Rural residency (AHR: 0.67 (95% CI: 0.49, 0.98), maternal diabetic mellitus (AHR: 2.29 (95% CI: 1.43, 3.65), neonatal sepsis (AHR: 1.62 (95% CI: 1.11, 2.37), respiratory distress (AHR: 1.54 (95% CI=1.03, 2.31), extremely prematurity (AHR: 2.87 (95% CI: 1.61, 5.11), low APGAR score with (AHR: 3.11 (95% CI: 1.79, 5.05) and was found to be predictors of mortality, breast feed (AHR: 2.87 (95% CI: 0.29, 0.58) was also found to be a protective effect on premature neonatal mortality.

Conclusion: The incidence of death was found to be high. Being male, living in rural, maternal diabetic mellitus, sepsis, respiratory distress, extremely prematurity and low APGAR score were found to be a predictor for time to death of neonates. Therefore, it will be better to give special attention during management for neonates with the identified factors.

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