

SHORT AND MID-TERM NEONATAL OUTCOMES IN HIGH-RISK PRETERM AND TERM INFANTS UNDERGOING FICARE: A CASE CONTROL STUDY.

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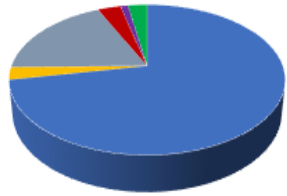
Background and aims

- FICare model reports mainly on stable preterm infants.
- We explored the feasibility of scaling up the model to two implementation levels (basic and advanced), making it suitable to the whole spectrum of care of high-risk neonates regardless severity or maturity.
- We report on the short- (at hospital discharge) and mid-term (first 6 months) outcomes of infants enrolled in a pilot on FICare implementation at our Level IIIC-NICU.

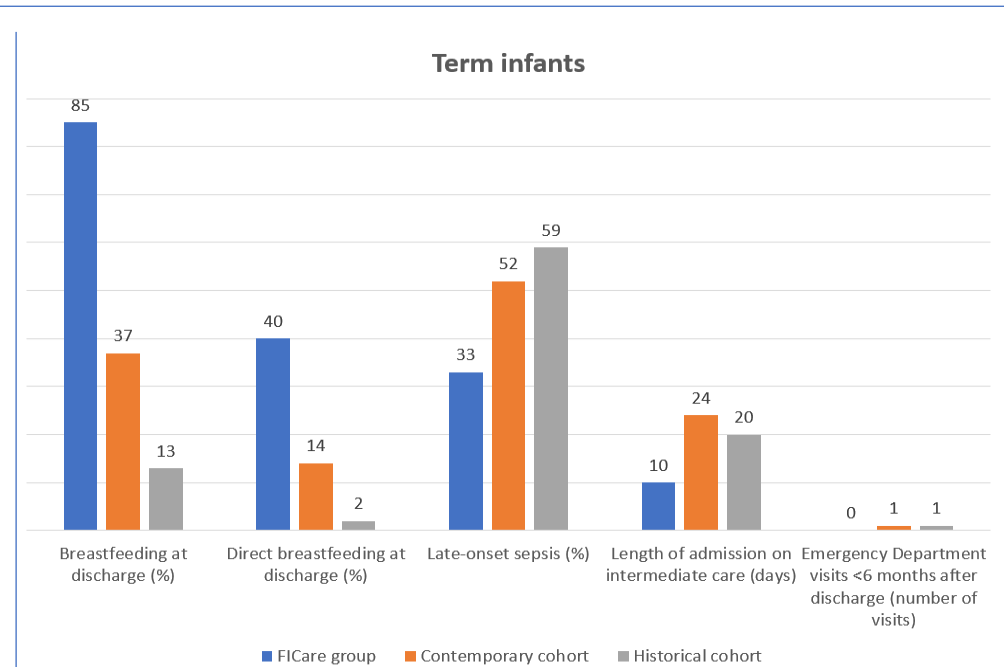
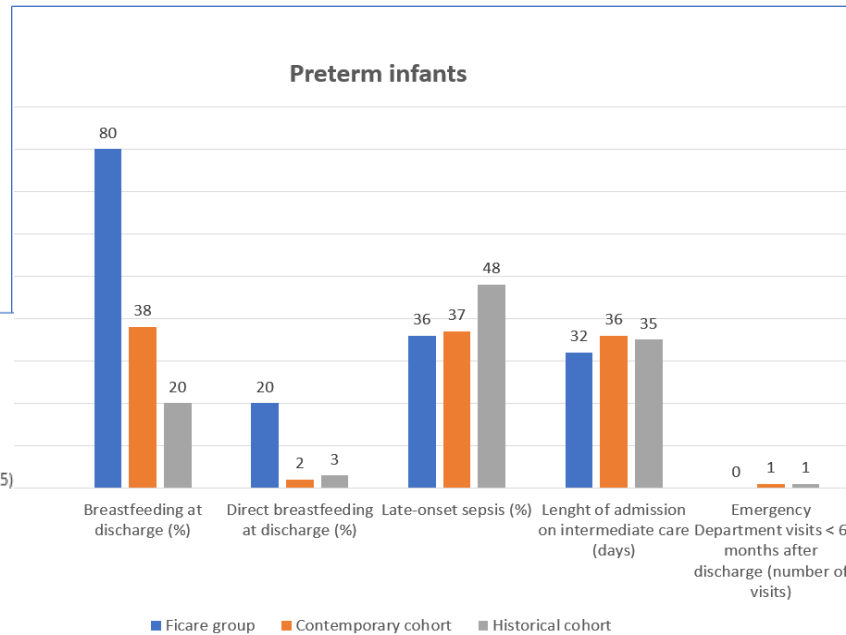
Methods

- Enrolment: July 2018 – October 2022
- Design: Matched FICare-contemporary cohort (standard care admitted at the same time)(1:1); and FICare-historical cohort (infants born within 3 years prior to FICare implementation at site)(1:2).

Results



- Preterm infants (n=134)
- Congenital diaphragmatic hernia (n=5)
- Congenital heart diseases (n=34)
- Gastrointestinal atresia (n=6)
- Gastroschisis (n=2)
- Genetic syndrome (n=5)



Conclusions

- This is the first report on the mid-term impact of FICare implementation on health outcomes and family empowerment in a broader highly-vulnerable neonatal population.
- Parental involvement has been shown to improve newborn health outcomes.
- The positive results apply to both the high-risk preterm but also to the sick full-term newborn, reflecting the strengths and feasibility of the model in more complex healthcare neonatal services.