
EDITORIAL

PREMATURITY

Few situations can make a family so uncomfortable and apprehensive as walking out of a hospital leaving their newborn baby behind in a neonatal ICU.

After months of planning and follow-up, a preterm birth can frustrate the expectations of both the family and the medical team, raising doubts about the child's chances of survival and, more importantly, about the possibilities of it living a sequelae-free life.

Around the world, approximately 10% of childbirths happen before term and 1.5% before the 32nd week, which is considered very premature. Premature neonates account for 35% of all childcare spending and 80% of neonatal mortality. Besides, one in five children with intellectual disability had a preterm birth, as well as one in three children with visual impairment and practically half of all children with cerebral palsy were delivered before the 37th week.

However, in recent years there have been many breakthroughs in the prevention of preterm birth and its complications. It is currently already possible to sort patients into low-risk and high-risk prematurity groups based on ultrasonography-measured cervical length. High-risk groups benefit from preventive actions such as the use of endovaginal progesterone, which has been shown in large randomized trials to reduce occurrences of childbirth before the 35th week by 40%. Other actions such as antenatal corticotherapy and neuroprotective measures minimize the much-feared sequelae of prematurity. Breakthroughs in care of extremely premature babies in neonatal facilities have also allowed for increased survival time for babies with very low birth weight (below 1,500 g), thereby reducing occurrences of short-term and long-term complications

The two articles published in the present issue of RMMG aim to bring to readers a succinct review of the main breakthroughs achieved in this field in recent years, thus showing that, in spite of how serious this problem may be, much can be done now to help families experiencing this complicated situation.

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