

More can be done to prevent lung disease in Southeast-Asian babies

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A simple, effective and low-cost method of preventing lung disease – and therefore death – in newborn children is not being practiced widely enough in South-East Asian hospitals, according to a major international study involving the University of Adelaide, Australia.

The study – published in the international online journal *BMC Pregnancy and Childbirth* – highlights an important gap in South-East Asian hospitals in the practice of using antenatal corticosteroids prior to preterm birth.

"For infants born premature, there is a high risk of neonatal lung disease and associated complications," says one of the Chief Investigators of the study, Professor Caroline Crowther, Director of the Australian Research Centre for Health of Women and Babies at the University of Adelaide.

"Respiratory distress syndrome (RDS), a consequence of immature lung development, is the primary cause of early neonatal death and contributes to significant immediate and long-term disease in survivors.

"Antenatal corticosteroid treatment for women at risk of very preterm birth before 34 weeks gestation is one of the most effective treatments for the prevention of RDS, reducing child death and disease. This is of importance for developing countries where resources are scarce and it is often difficult to provide expensive treatments such as neonatal care," she says.

The findings have arisen from a major international research effort called SEA-ORCHID (South-East Asia Optimizing Reproductive and Child Health In Developing countries).

The SEA-ORCHID researchers in Australia and South-East Asia conducted an audit of medical records of 9550 women and their infants who were admitted to the labour wards of nine hospitals

across Indonesia, Malaysia, the Philippines and Thailand throughout 2005.

They found the use of antenatal corticosteroids to be one of the least performed beneficial interventions in the prenatal period, leading the research group to conduct an audit of the medical records of 290 women who gave birth at less than 34 weeks.

"The audit was important because there is limited information as to how well this practice has been implemented in developing countries," Professor Crowther says. "We found varying uptake of this practice both between the nine hospitals in the four countries that were audited, and between the countries themselves."

Source: University of Adelaide

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