Abstract

In Latin America and Mexico, preterm births have about 1% of deaths from prematurity to determine the risk factors related to childbirth. Objective: To know the epidemiological profile of preterm delivery and its associated factors in a second level hospital.

Methods: Observational, retrospective, descriptive and cross-sectional study of 4,058 births, of which 260 were preterm births 20.1 to 36.6 weeks of gestation occurred between 2006 and 2008 in a secondary hospital. Results: The rate of preterm birth in a secondary hospital level was 6.4%, of which 34% had ruptured membranes and 66% intact membranes, regardless of membrane status a total of 150 cases (62%) had no disease at all. Of mothers with parity gilts and one to two births and age safely found the highest percentage of 19% and 46%, respectively in this group of preterm births for a total of 68%, which is confirmed when compared to those without history of preterm birth rate being 82%. The 54% of the sample was represented by infants weighing greater than or equal to 2500 grams, which reported 52% of cases with Apgar scores greater than 7. We found that anemia cervicovaginitis and maternal diseases were more frequently associated with preterm delivery for 105 cases and 100 cases, 44% to 42%, respectively. The main infectious disease of premature newborns in this study was represented by bronchopneumonia in 7% of cases, followed by generalized sepsis at 5%. Inductors using lung maturity is appreciated that the double dose was more effective than other treatment regimens, as 48% of premature babies developed no pathology. Conclusion: After analyzing the findings indicate that the prevalence of preterm delivery resulted from 6% against 94% at term, which denotes that it is a disease with low frequency but nevertheless a presence within the statistical second level analysis is important because the cost of a preterm infant and the consequences are high and treatment infrastructure is still lacking in our country.

Keywords

Keywords, Premature birth, risk factors, rupture of membranes, preterm infant, low birth weight, low Apgar.