

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





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شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

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Evaluation of Motor & Cognitive Milestones in Preterm and Full Term Neonates with Hyperbilirubinemia (Follow up study)

Thesis

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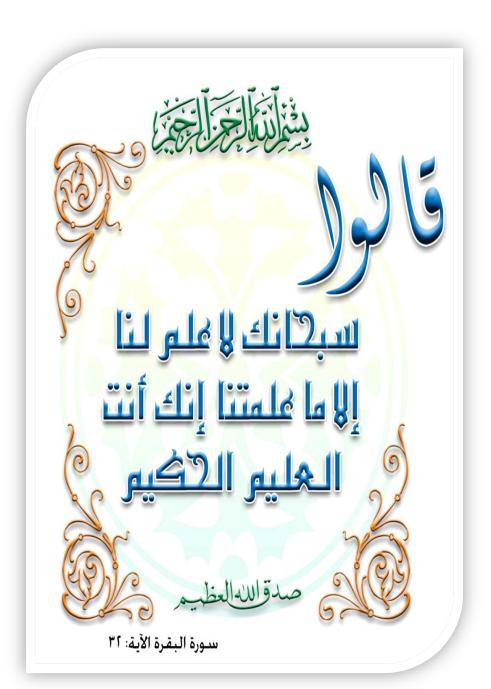
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List of Abbreviations

Abbr.	Full-term
AAP	: American Academy of Pediatrics
ABE	: Acute bilirubin encephalopathy
ABO	: Blood group
ASQ	: Ages and Stages Questionnaire
ASQ:SE	: Ages and Stages Questionnaires: Social-Emotional
ATNR	: Asymmetric Tonic Neck Reflex
BABES	: Behavioral Assessment of Baby's Emotional Social
BAER	: Brainstem Evoked Response Audiometry
BDIST	: Battelle Developmental Inventory Screening Test
BIND	: bilirubin-induced neurologic dysfunction
BINS	: Bayley Infant Neurodevelopmental Screener
BITSEA	: Brief Infant/Toddler Social Emotional Assessment
BSID-II	: Bayley Scales of Infant Development 2nd edition
BSID-III	: Bayley Scales of Infant and Toddler Development III
BTAIS	: Birth to Three Assessment and Intervention System
CBC	: Complete Blood Count
CBE	: Chronic bilirubin encephalopathy
CDC	: Centers for Disease Control and Prevention
CDI	: Development Inventories
CP	: Cerebral palsy
DDST-II	: Denver Developmental Screening Test II
DIAL	: Developmental Indicators for the Assessment of earning
DP-3	: Developmental Profile 3
ECI-4	: Early Childhood Inventory-4
ESI-R	: Early Screening Inventory – Revised
ESP	: Early Screening Profiles
g/dl.	: Gramm per deciliter
G-6-PD	: Glucose-6-phosphatase dehydrogenase

GDD : Global Developmental Delay

GI : Gastrointestinal

IDM: Infant of Diabetic Mother

IgG: Immunoglobulin G

IL: Interleukine

ITFI : Infant-Toddler and Family Instrument

IVIG: Intravenous immunoglobulins

KIDS: Kent Inventory of Developmental Skills – 3rd Edition

MCHCs : Maternal Child Health Centers

Mmol/l: Micromole Per Litter

NDT : Neuro-developmental therapy
NICUs : Neonatal Intensive Care Units

PCV: Packed cell volume

PEDS: Parents' Evaluations of Developmental Status

RBC : Red Blood CellRh : Rheuses factor

RHDN: Rhesus hemolytic disease of the newborns

SnMP : Synthetic metalloporphyrins

TcB: Transcutaneous Bilirubinometer.

TORCH: Toxoplasmosis, otheriruses, rubella, cytomegalovirus, and

herpes

TSB: Total Serum Bilirubin

UDPGT : uridine diphosphoglucuronyltransferase enzyme

USA : United States of AmericaWHO : World Health Organization

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Abstract

BACKGROUND:

Neonatal jaundice is one of the main causes of the patient's admission in the neonatal period and is potentially linked to morbidity & developmental delay in infancy& childhood.

<u>AIM:</u> This study aimed to detect the possible occurrence of motor & cognitive delay in infants as a complication of neonatal hyperbilirubinemia.

METHODS:

A prospective longitudinal case control study was conducted from 1/2/2015 to 1/10/2018 by using Bailey scale III to evaluate and follow up motor & mental developmental parameters in cases and control groups, The sample pool of cases (group I) represented by 109 neonates which were subdivided into [group Ia to included 55 full-term neonates with jaundice and group Ib which represented by 54 preterm jaundiced neonates], this sample pool of cases was admitted in Neonatal Intensive Care Unit in New Cairo Hospital, and the control group represented by 52 non jaundiced neonates attended Health Center of The Ministry of Health in New Cairo as (control group), motor and mental developmental parameters by using Bayley scale III were followed up during 1st. eighteen months of life, all variables in this study were analyzed using SPSS software.

RESULTS:

In this study, about 161 neonates were followed up, cases group divided into 2 groups (group Ia) including 55 Full term neonates with hyperbilirubinemia, (group Ib) including 54 Premature neonates with hyperbilirubinemia & control (group II) represented by 52 Full term, clinically normal neonates, .

Findings of this study depicted that there was significant relationship between neonatal hyperbilirubinemia and further developmental delay (motor and mental) in infancy (P < 0.05), therefore, identification of developmental delay can facilitate catching up of these infants to normal development, and reduce subsequent complications.

CONCLUSION:

Neonatal jaundice should be considered and followed up for development of motor and mental skills during infancy, as an early identification of developmental delay. It can be effective in preventing susceptible developmental problems later on through interventional programs.

Keywords: Neonatal Jaundice, developmental delay, Bayley III scale.

Introduction

There are various definitions of periods in a child's development, since each period is a continuum with individual differences regarding starting and ending. Some age-related development periods and examples of defined intervals include: newborn (ages 0–28 days); infant (28days – 1 year); toddler (ages 12 months-24 months); preschooler (ages 2–5 years); school-aged child (ages 6–12 years); adolescent (ages 13–19) (*Kail & Robert, 2011*).

The neonatal period (birth to 28 days) is a time of extensive and ongoing system transition from uterine environment to external world, this includes the initial period after birth which is referred to as the perinatal period (*Fatima et al.*, 2019), the term applies to premature, full term, and postmature newborn infants (*Escobar et al.*, 2010).

An infantile developmental history is usually organized by domains of development, areas to be included are gross motor skills, fine motor skills, social interaction, language and behavioral development (*Escobar et al.*, 2010).

Early recognition of infants at risk of developmental disability is important, so early complete head-to-toe examination is important to identify abnormalities that may have an impact on a child's development. The examination begins