## Respiratory support practices in premature infants: Experience of a intensive care unit

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This study aims to describe longitudinally the current invasive and non-invasive ventilation practices in premature infants in a single NICU. It´s a retrospective chart review including 682 babies born at gestational age ≤35 weeks, admitted to the NICU at Erasme Hospital, between 1st of January 2001 and 31st of December 2011, the different ventilatory support used were analyzed.

This population was stratified depending on gestational age and the recruitment period on 3 groups. All infants born <28 weeks of GA (group 1) needed some kind of respiratory support of which 22% non-invasive. Among babies born after 28 to 31 weeks (group 2) 10.2% didn´t need any ventilatory support and 42% needed a non-invasive respiratory support. In neonates from 32 to 35 weeks of GA (group 3) respiratory support was needed in 34.9%, 65% of which was non-invasive. The median duration of endotracheal ventilation was: 6, 1 and 2 days and of non-invasive support: 41, 17 and 2 days in group 1, 2 and 3 respectively. One single premature baby could pass along the first weeks through all modes. In premature infants whose respiratory support was needed, the median age at the end of support was remarkably constant at 33 - 34 weeks of corrected age.

We conclude that is an important diversity and a significant complementarity between modes of respiratory support for premature infants. Invasive ventilation decreased significantly for group 2, but is still remarkably long for group 1.

### Biography

Kaoutar Khabbache is Professor at Neonatal Intensive Care, Hôpital Erasme, Université Libre de Bruxelles, Brussels, Belgium. His research interest is Medical Science, Neonatology, Neonatal Resuscitation, Neonatal Medicine, Infant Nutrition.

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