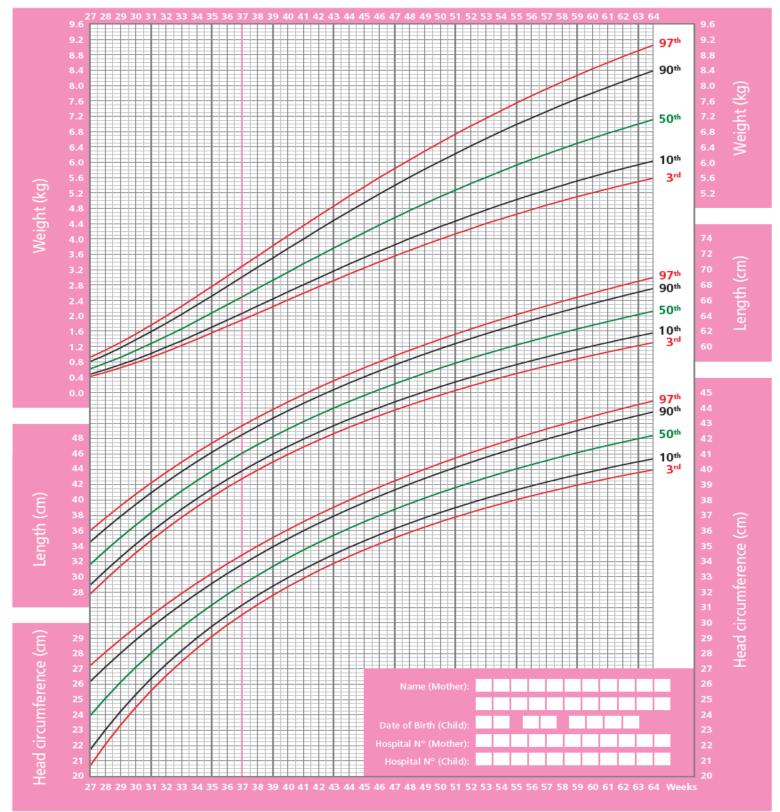


## International Postnatal Growth Standards for Preterm Infants (Girls)





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Ref: Villar et al Lancet Glob Heath 2015;3:e681-91.

## A. Assess and classify at birth:

- 1. Assess gestational age at birth( Use Ballard score sheet) & plot length, weight & COH against correct week.
- 2. Asses growth: Appropriate (AGA)-Between 10<sup>th</sup> and 90<sup>th</sup> percentile; Small (SGA)-Below 10<sup>th</sup> percentile; Large (LGA)-Above 90<sup>th</sup> percentile.
- 3. Assess Symmetry: Symmetrical- All 3 assessments on the same percentile; Asymmetrical 1 or 2 assessments on different percentiles.

## B. Assess growth weekly

- 4. Plot the length, weight and COH weekly it should follow the 50th percentile.
- 5. Term babies lose 5- 10% and prems 10-15% of their body weight within the first 3 days of life.
- 6. Preterm babies should start to gain weight from day 5-7 and then gain 1% per kg body weight per day (eg 10g per day for 1000g baby) and should regain birthweight by 14 days at the latest.
- C. Report/Act-Refer to MO and dietician if weight falls below 3<sup>rd</sup> percentile and/or if growth is not as described above.



## PRETERM FOLLOW UP

Name:						
Date of Birth:			Date of Disc	harge:		
Birth weight:			Weight on Discharge:			
Birth Gestational age:			Gestational age on Disch.			
Gestational age on Disch.						
Preterm follow up requirements:						
<ol> <li>Follow up on Day 3 &amp; 7 pos</li> <li>Plot weight on the Intergrousing chronological age.</li> <li>Copy this chart if more spa</li> </ol>	st discharge at <b>KMO</b> owth Preterm Grow	th Chart until 6		-		_
Refer for Readmission if:						
1. Baby's temperature is less than 36 <sup>5</sup> °C or more than 37 <sup>5</sup> °C despite effective skin to skin position						
2. Baby is not gaining at least	3. Baby is not sucking or feeding well. (At least 8 feeds in 24hrs)					
4. Baby is lethargic or pale or blue 5. Excessive vomiting or loose stools						
6. Baby has fast/noisy breathing, rib/chest in drawing or nasal flaring.						
Re-counsel & monitor closely if: Baby did not arrive in KMC position / received less than 20hrs skin to skin position in 24hrs						
Assessments Day 3 and 7 Post Discharge KMC clinic / POPD (Hospital)						
Data			Day 3		Day 7	
Date: Weight: (Gain at least 15-20 gr						
No. of breastfeeds in last 24 hr						
Did baby come in skin-to-skin						
Duration of skin-to-skin in last						
Is baby warm?						
Is baby pink, active & responsi						
Fast, noisy breathing, chest inc						
Skin rash, eye discharge, umbi						
Education given:						
Other Comments/findings/actions:						
Next review date:						
Print & sign name:						
	<b>ekly -PHC.</b> Com	plete below if I	FU in POPD. U	se IMCI- 0-2n	nonths assessr	nent form if FU in PHC
Date:						
Weight: (Gain at least 15-20 gr						
No. of breastfeeds in last 24 hi						
Head circumference & Length						
Did baby come in skin-to-skin						
Duration of skin-to-skin in last						
Is baby warm?						
Is baby pink, active & responsi						
Fast, noisy breathing, chest inc						
Skin rash, eye discharge and cord dry?						
Other Comments/findings/actions:						
Next review date:						
Print & sign name:						
If baby needs readmissio	n·					
Date: Reasons:						
	, neast	· · · • •				
Graduated from KMC:	Date:		Gestation:		Weig	tht:

Abbreviations: KMC=Kangaroo mother care; POPD=Paediatric outpatients department; PHC= Primary healthcare clinic; hrs=hours; FU=Follow up