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Prevention and Treatment of Early Anemia in Premature Infants

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Annotation: The main cause of iron deficiency anemia, according to the World Health Organization, is considered to be an unbalanced diet. Less often, the condition may occur with bleeding, congenital metabolic disorders and worm infestations. The main measure of pathology prevention is to provide the child with a proper balanced diet. To do this, parents should make sure that the children's diet contains a sufficient amount of foods with a high iron content.

Keywords: iron, anemia, child, hemoglobin, erythropoietin, vitamin.

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The purpose of the study. Since the problem of iron deficiency in the body is more of a nutrition problem, the main measure of pathology prevention is to ensure a balanced diet (regardless of a person's age).

Research materials and methods. Early anemia of premature infants is a hematological syndrome characterized by a decrease in hemoglobin and/or hematocrit by more than 2 standard deviations from the average values of hemoglobin and/or hematocrit for a given postnatal age in premature infants, developing at 3-10 weeks of life [1,2].

Early anemia of premature infants (WOUNDS) has a polyethological character and is associated with physiological factors due to prematurity and non-physiological factors, which include cardio-respiratory disorders after birth, infectious diseases and iatrogenic factors [3]. When we examined newborns, 50 of them were related to their mother, 40 had signs of premature birth for various reasons. Children born prematurely need special care. Their stage-by-stage care is carried out by neonatologists and pediatricians, first in a maternity hospital, then in a children's hospital and polyclinic. The main components of caring for premature babies are: ensuring optimal temperature and humidity conditions, rational oxygen therapy and dosed feeding. In premature infants, the electrolyte composition and blood CBS are constantly monitored, blood gas composition, pulse and blood pressure are monitored.

The results of the study are presented, which analyzed the health status of 90 children born with low body weight (NMT) at the age of 1 to 3 years.

The results of the study: 1. A high level of neurological and respiratory pathology of children was revealed, as well as a delay in physical development in the first year of life. 2. At 2-3 years of age, severe

neurological consequences persisted in 15% of children. 3. Frequent respiratory morbidity was observed in 20% of children. 4. A decrease in physical development was recorded in every second child.

The results obtained. After discharge, children born prematurely need constant supervision by a pediatrician during the first year of life. Examinations and anthropometry are carried out weekly in the first month, once every two weeks in the first half of the year, once a month in the second half of the year. In the first month of life, premature babies should be examined by a pediatric surgeon, a pediatric neurologist, a pediatric orthopedic traumatologist, a pediatric cardiologist, and a pediatric ophthalmologist. At the age of 1 year, children need to consult a speech therapist and a child psychiatrist. From the age of 2 weeks, premature infants need prevention of iron deficiency anemia and rickets. Preventive vaccinations for premature babies are carried out according to an individual schedule. In the first year of life, repeated courses of children's massage, gymnastics, individual wellness and tempering procedures are recommended.

Discussion of the results of the study. All the reasons leading to the birth of premature babies can be combined into several groups. The first group includes socio-biological factors, including too young or elderly parents (under 18 and over 40 years old), bad habits of a pregnant woman, insufficient nutrition and unsatisfactory living conditions, occupational hazards, unfavorable psycho-emotional background, etc. The risk of premature delivery and the birth of premature babies is higher in women who did not plan pregnancy and neglect medical support for pregnancy.

The second group of reasons is burdened with an obstetric and gynecological history and the pathological course of the present pregnancy in the expectant mother. Here, a history of abortions, multiple pregnancies, gestosis, fetal hemolytic disease, and premature placental abruption are of the greatest importance. The reason for the birth of premature babies may be short (less than 2 years) intervals between births. Premature babies are often born to women who resort to in vitro fertilization, but this is not due to the fact of using ART itself, but rather to a "female" factor that prevents fertilization in a natural way.

Gynecological factors adversely affect pregnancy diseases and malformations of the genitals: cervicitis, endometritis, oophoritis, fibroma, endometriosis, bicornular saddle uterus, uterine hypoplasia, etc. The third group of causes that disrupt the normal maturation of the fetus and cause an increased likelihood of premature birth include various extragenital diseases of the mother: diabetes mellitus, hypertension, heart defects, pyelonephritis, rheumatism, etc. Premature birth is often provoked by acute infectious diseases suffered by a woman in the late stages of gestation. Finally, the birth of premature babies may be associated with pathology and abnormal development of the fetus itself: chromosomal and genetic diseases, intrauterine infections, severe malformations.

Conclusions: The data obtained confirm the need for post-neonatal monitoring of premature infants in order to minimize the disabling effects through timely rehabilitation. After birth, the child is ready to receive his first drops of milk, and it is necessary to start feeding as early as possible, and you should not miss the opportunity to breastfeed if the baby's condition allows it. However, due to the immaturity of the nervous system, a sucking reflex may not be formed in a child, especially a deeply premature one, and then feeding through the mouth is not possible. In this case, doctors install a nasogastric probe to continue feeding the baby with breast milk and specialized milk mixtures through a special tube that delivers food directly to the stomach, bypassing the oral cavity and esophagus. And as soon as, over time, the baby is ready to take the mother's breast again or suck on the nipple of the bottle, the probe will be removed, and the newborn will be transferred to food "per os", i.e. through the mouth, so that he can enjoy the sweet taste of milk and feel even closer to the mother.

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