

HAH CARE AFTER EARLY NEONATOLOGY HOSPITAL DISCHARGE

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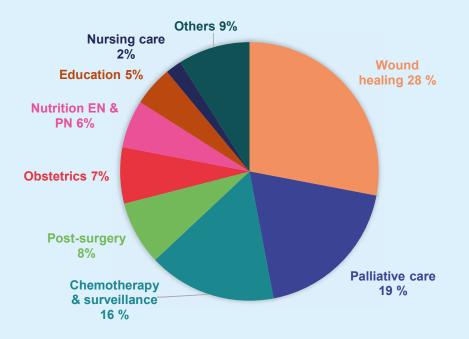
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Paris area : 12 millions inhabitants Fondation Santé Service : 15 800 patients admitted in 2022 650 000 days of HAH 1258 employees

FSS HAH Activity 2022 (days)



2022: 61892 days of Pediatric HAH,

Concerning 1598 children (1295 < one year old)

Background



NEONATOLOGY DISCHARGE

HAH discharge of premature babies : standard of care in northern Europeans countries for more than 10 years

- Reduce initial hospitalization length and family separation time
- Support discharge and diminish parental anxiety
- Foster breastfeeding and child development

International recommendations on preparation and facilitation on hospital discharge of vulnerable newborns:

- 2008 : American Academy of Pediatrics
- 2014 : Canadian Society of Pediatrics
- 2020 : French Society of Neonatology
 - Consider both point of view of parents and caregivers
 - Insist on alternative solutions to traditional hospitalization

Aims



HAH NEONATOLOGY DISCHARGE IN FRANCE

- No specific regulations for HAH team issued from the NICUs : babies are considered as "in-hospital"
- French regulations for discharge from neonatology in polyvalent HAH :
- Published in 2004
- Mention minimum corrected age of 36 weeks and 1800g
- No longer consistent with progress in neonatology and current demands for home care
- Our goal : experience early discharge from neonatology in our polyvalent HAH

Methods



2021 : COLLABORATION BETWEEN FONDATION SANTE SERVICE AND NICU OF PONTOISE

Experiment :

- Neonatology discharge from 35 weeks corrected age
- Meeting necessary conditions :
 - Medical criteria : cardio-respiratory autonomy, food autonomy
 - Parental criteria : childcare autonomy
 - Environmental criteria : safe, healthy housing
- Care in HAH :
- Coordination provided by a neonatologist pediatrician
- Daily home visits by pediatric nurses :
 - review of childcare (feeding, bathing, administering medications, sleeping guidance)
 - Weight and general state monitoring
- Data collection : retrospectively for a 12 months period (September 1st 2021 August 31th 2022)

Results



GA at	Babies	Sex		Discharge	HAH stay	In-patient Hospital
discharge		F	М	av. weight (g)	Lentgh (days)	Readmission
35 weeks	14	9 (64%)	5 (36%)	2198	16	1 (7%)
> 35 weeks	79	37 (47%)	42 (53%)	2511	20	8 (10%)
total	93	46 (49%)	47 (51%)	2464	20	9 (9,6%)

- No discharge at 35 WGA with oxygene (8 in > 35 WGA)
- Very good feedback from families and NICU professionals
 - Parents : happy going home earlier, and be able to ask questions every day
 - NICU professionals : happy to "let go babies" earlier, while being reassured that their patients are closely monitored

Discussion



- Confirms that with neonatology progress, more premature are autonomous and ready to go home from 35 weeks corrected age
- With the support of a specialized pediatric HAH team
- Limits:
 - Retrospective descriptive study
 - Viral respiratory tract infections greatly diminished by COVID measures during winter 2021-2022

Conclusions



- Consistent with existing literature : HAH is adapted for early NICU discharge, possible and safe
- Multicentric prospective study would be appropriate to confirm theses results
- Next project : discharge with nasogastric tube, end of food autonomy acquiring a home
- Hot topic in France :
 - « Assises de la Pédiatrie » are underway to update regulations and organization of the pediatric health system
 - "Neonatology Mobile Units" experimentation is taking place

Thank you for your attention

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