

POTENTIAL PERINATAL EXPOSURES TO ACUTE KIDNEY INJURY (AKI) IN PREMATURE INFANTS

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Because perinatal risk factors of AKI are unknown, we describe potential exposures

A nested case-control study using prospectively collected data on 74 consecutive infants (birthweight <1500g) admitted to a large regional neonatal intensive care unit is planned. Presence of AKI will be determined using changes in serum creatinine from birth.

Maternal Demographic	Infant Demographics
Age = 25.5 ± 5.9	Post-Conc. wks = 27.7 ± 2.6
Prenatal care = 91%	Birthweight = 958.0 ± 280.8
Diabetes = 8%	Cord pH = 7.27 ± 0.77
Hypertension = 39%	Apgar 1 min= 4.0 SE 0.3
Indomethacin 5% Cigarette	Apgar 5 min= 6.7 SE 0.2
smoke = 7% Pre-eclampsia	Umbilical Catheter = 41%
= 28% Multiple births =	Aminoglycocides = 92%
19% Cocaine = 3%	Indomethacin = 38%
Chorioamnionitis 5%	Vancomycin = 65%
Aminoglycoside 5%	Birthweight = 958.0 ± 280.9 g

We herein describe the frequency of potential exposures that could lead to AKI. Risk factor analysis is underway.