S.T.A.B.L.E. Instructors: The following articles may impact the next edition of The S.T.A.B.L.E. Program

Articles related to Neonatal Hypoglycemia and Dextrose Gel


Issues Related to Maternal Obesity


**RESULTS:** Thirty eight studies (44 publications) with more than 10,147 fetal deaths, more than 16,274 stillbirths, more than 4311 perinatal deaths, 11,294 neonatal deaths, and 4983 infant deaths were included. The summary RR per 5-unit increase in maternal BMI for fetal death was 1.21 (95% CI, 1.09-1.35; I² = 77.6%; n = 7 studies); for stillbirth, 1.24 (95% CI, 1.18-1.30; I² = 80%; n = 18 studies); for perinatal death, 1.16 (95% CI, 1.00-1.35; I² = 93.7%; n = 11 studies); for neonatal death, 1.15 (95% CI, 1.07-1.23; I² = 78.5%; n = 12 studies); and for infant death, 1.18 (95% CI, 1.09-1.28; I² = 79%; n = 4 studies). The test for nonlinearity was significant in all analyses but was most pronounced for fetal death. For women with a BMI of 20 (reference standard for all outcomes), 25, and 30, absolute risks per 10,000 pregnancies for fetal death were 76, 82 (95% CI, 76-88), and 102 (95% CI, 93-112); for stillbirth, 40, 48 (95% CI, 46-51), and 59 (95% CI, 55-63); for perinatal death, 66, 73 (95% CI, 67-81), and 86 (95% CI, 76-98); for neonatal death, 20, 21 (95% CI, 19-23), and 24 (95% CI, 22-27); and for infant death, 33, 37 (95% CI, 34-39), and 43 (95% CI, 40-47), respectively.

**CONCLUSIONS AND RELEVANCE:** Even modest increases in maternal BMI were associated with increased risk of fetal death, stillbirth, and neonatal, perinatal, and infant death. Weight management guidelines for women who plan pregnancies should take these findings into consideration to reduce the burden of fetal death, stillbirth, and infant death.


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Issues Related to Neuroprotective Therapeutic Hypothermia


**CONCLUSIONS AND RELEVANCE:** Among neonates who were full-term with moderate or severe hypoxic ischemic encephalopathy, longer cooling, deeper cooling, or both compared with hypothermia at 33.5 degrees C for 72 hours did not reduce NICU death. These results have implications for patient care and design of future trials.

**Page 2635:** Longer duration of cooling was associated with more arrhythmia and anuria and longer hospital days, whereas deeper cooling was associated with higher use of inhaled nitric oxide, ECMO, more days of oxygen, and higher incidence of bradycardia. **TRIAL REGISTRATION:** clinicaltrials.gov Identifier: NCT01192776.