

**RISK-SCORE COLOUR-
CODING INDEX

PERINATOLOGY
WITH SPECIAL REFERENCE
TO ETHNICITY**

Dr. Grace Lalana Christopher

DR.GRACE LALANA PUBLICATIONS

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ETHNICITY**

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Email: info@newgenparenting.com
drlalana@gmail.com

Order Hard copy or E-Book @ www.newgenparenting.com

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PREFACE

The high prevailing perinatal mortality in most Asian countries, has thrown light on the increased vulnerability of the small Asian newborns steps are needed to improve survival to reduce neonatal mortality and hence infant and under five child mortality rates. The implementation of new definitions of term and preterm in Asian ethnics and new Asian Due Date for delivery (ADD) at peak births during 38 weeks gestation into clinical practice taking into consideration will allow for improved outcome as opposed to delivery at 40 weeks gestation associated with increased morbidity and mortality without resort to costly hi-tech, sophisticated technology with scarce resources in most developing low income countries.

The quick identification of risk newborn and their anticipated complications for institution of early therapy is based on risk score 1 to 10 with associated color code, green indicating good prognosis while orange to red with poorer outcome by taking into consideration birth weight,

gestation and intrauterine growth pattern will allow clinicians to improve care of the newborns by early diagnosis.

I hope the application of risk score applied to each newborn will facilitate improved outcome for the wellbeing of neonates by early identification of 'at risk' and 'high risk' newborns for institution of treatment reducing both morbidity and mortality.

Dr. Grace Lalana Christopher
M.B., B. S. (Vellore), D.C.H, (Vellore), (D.N.B.)
Consultant Pediatrician "GRACE SPECIALIST CLINIC"
President & Founder CEO "NEW GEN PARENTING"
WEBSITE: www.newgenparenting.com
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INTRODUCTION

Growth patterns vary according to ethnicity, whether Asian, Caucasian or Eurasian of mixed ancestry. Ethnic Asian newborns have low intrauterine growth potential with lower mean birth weight of around 2500g to 3000g and are born after a shorter period of gestation of about 38 weeks or so and are clinically mature at an earlier gestation, in contrast Caucasian newborns have higher mean birth weight varying between 3500g to 4000g and are usually born after a longer gestation of 40-41 weeks.

Thus regional ethnic specific intrauterine growth charts are mandated to identify at risk and high risk newborns based on birth weight and gestation requiring observation or management of any complications that may be anticipated with early diagnosis and treatment.

This book contains ethnic specific Asian, Caucasian and Eurasian intrauterine growth charts with risk scores attributed to the newborn based on birth weight and

gestation. The appropriate risk score should be affixed to each newborn chart giving at a glance the clinical status of the newborn will be a boon in the early identification of attendant complications, however any complications present at birth needs immediate treatment.

Dr. Grace Lalana Christopher
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Consultant Pediatrician “GRACE SPECIALIST CLINIC”
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