TO THE EDITORS: We read with interest the thought provoking editorial written by Dr Taylor1 outlining that late preterm (LP) birth, considered as delivery at 32 to 36 6/7 weeks’ gestational age, carries risks for adverse effects on those infants’ future learning abilities. Dr Taylor confirmed that more information on perinatal factors will increase the precision of estimates of individual risk and listed the potential predictors, which, in addition to neonatal complications, are related to poor outcomes: maternal risks and the reasons for early delivery; inflammatory biomarkers, neural abnormalities, intrauterine growth retardation; and postnatal medical problems, neurodevelopmental impairments, and environmental influences.

We have an important concern with regard to the methodologies utilized in the studies cited by Dr Taylor. A comparative analysis of intensive care practices and equipment needs to be made between LP and full-term infants admitted to the neonatal intensive care unit or a regular nursery. In reading the editorial, the report seems to indicate that there is an increasing tendency to manage moderately preterm neonates in regular nursery environments. This is perhaps an advantage for some mothers and neonates but no longer equates to good children’s learning abilities or academic success in comparison with term infants. LP infants are generally considered functionally full term and management decisions are made accordingly. This may not be appropriate in approximately one third of those infants manifesting signs of physiologic immaturity and delayed birth transition at a time critical for bonding and breast-feeding initiation.

We have been following the American Academy of Pediatrics and American College of Obstetricians and Gynecologists definition of late preterm birth as delivery between 34 weeks and 36 weeks 6 days of gestation. If the definition of late term infants includes not only those born at 34-36 weeks but also those with a gestational age between 32 and 33 weeks, it will be possible to underline differences in their neurological outcome. Fetal brain development patterns in these infants are largely unknown. The brain displays an accelerating growth pattern until 35 weeks of gestation and then appears to slow down. It should also be remembered that the majority of late-preterm infants (43.6%) are born at 36 weeks, followed by 29.2% born at 35 weeks and 27.2% born at 34 weeks.

REFERENCES

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NOTES
1. Not all the preterm infants have, in fact, learning difficulties and Einstein is a perfect example. Once again we thank the editor for bringing these considerations to the forefront.

I appreciate the response by Zanardo et al1 to the editorial and the opportunity to correct the definition of late preterm (LP) birth provided there. As they appropriately point out, LP infants are typically defined as those delivered between 34 and 36 6/7 weeks’ gestational age and thus exclude infants with a gestational age of 32 to 33 6/7 weeks.

Zanardo et al1 also identified 2 important directions for future research. Consistent with the study design employed by Lipkind et al,3 the authors highlighted the benefits of examining outcomes for infants with gestational ages across the continuum from moderate preterm to LP birth (ie, 32 to 36 6/7 weeks). Although the majority of LP children are born at the upper end of this spectrum, samples that include infants delivered at 32 to 33 6/7 weeks’ gestational age provide an opportunity to learn more about out-

REFERENCES

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