San Paolo” Hospital, ITALY

Objective. To review literature about risk factors of neonatal hypoxic-ischemic encephalopathy (HIE).

Materials. Search in PubMed, MEDLINE, Embase, Clinicaltrials.gov and reference lists from 1999 to 2018. Study population was composed of neonates with diagnosed HIE within 28 days from delivery, data reported as proportional rate. Studies were excluded if they included preterm pregnancies, postnatal conditions leading to HIE and/or fetal malformations, focused on Á ÓÉÎÇÌÅ ÒÉÓË ÆÁÃÔÏÒ8 02)3- ! ÇÕÉÄÅÌÉÎÅÓ ×ÅÒÅ ÆÏÌÌÏ×ÅÄ8)ÎÔÅÒÓÔÕÄÉÅÓ ÈÅÔÅÒÏÇÅÎÅÉÔÙ ×ÁÓ ÁÓÓÅÓÓÅÄ ÁÎÄ ÁÒÁÎÄÏÍ ƵÆÉØÅÄ ÍÏÄÅÌÓ were generated as appropriate. Comparison between neonates with HIE vs. controls was performed by calculating odds ÒÁÔÉÏ ζωυ Þ ÃÏÎÆÉÄÅÎÃÅ ÉÎÔÅÒÖÁÌ ǂ / 2ζωυ Þ #)ǫ8 $ÉÆÆÅÒÅÎÃÅÓ ×ÅÒÅ ÓÉÇÎÉÆÉÃÁÎÔ ÉÆ ωυ Þ #) ÄÉÄ ÎÏÔ ÅÎÃÏÍÐÁÓÓ ρ8

Results.Twelve articles were included. Fetuses with growth restriction (OR: 2.87; 95% CI: 1.77-4.67), nonreassuring cardiotocography (OR: 6.38; 95% CI: 2.56-15.93), emergency cesarean section (OR: 3.69; 95% CI: 2.75-4.96), meconium (OR: 3.76; 95% CI: 2.58-5.46) and chorioamnionitis (OR: 3.46: 95% CI: 2.07-5.79) were at higher risk of developing HIE. Nulliparity, gestational diabetes, hypertension, oligohydramnios, polyhydramnios, male sex, induction of labor, labor ÁÕÇÍÅÎÔÁÔÉÏÎǶ ÐÒÅÍÁÔÕÒÅ ÒÕÐÔÕÒÅ ÏÆ ÍÅÍÂÒÁÎÅǶ ÁÎÄ ÖÁÃÕÕÍ ÄÅÌÉÖÅÒÙ ×ÅÒÅ ÎÏÔ ÓÉÇÎÉÆÉÃÁÎÔÌÙ ÄÉÆÆÅÒÅÎÔ8

Conclusion. Neonatal HIE has multifactorial origin and its cause is often undetermined and not preventable. (PROSPERO Registration number: CRD42018106563).

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