

MANAGEMENT OF PRETERM CASES WITH CLINICAL DECISION ANALYSIS

Burcu DİNÇGEZ

0000-0002-2697-7501

BURSA ULUDAĞ UNIVERSITY
GRADUATE SCHOOL OF HEALTH SCIENCES
BIostatISTICS DEPARTMENT
MSc

GRADUATION DATE:05.07.2023

SUPERVISOR

PROF.DR.İLKER ERCAN
0000-0002-2382-290X
BURSA ULUDAĞ UNIVERSITY
GRADUATE SCHOOL OF HEALTH SCIENCES
BIostatISTICS DEPARTMENT
BURSA – TÜRKİYE



KEY WORDS

- ✓ Early preterm
- ✓ Late preterm
- ✓ Decision tree
- ✓ Clinical decision analysis
- ✓ Preterm

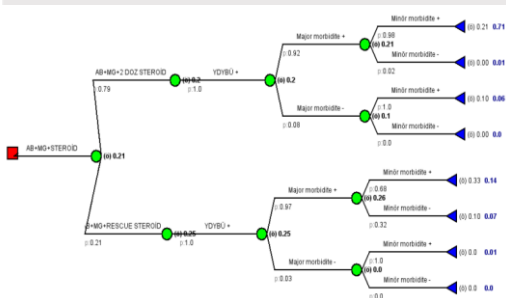
CONTACT

E-MAIL:
burcumavis@gmail.com

THESIS SUPERVISOR

TELEPHONE:
0224 2950082

E-MAIL:
iercan@msn.com



THESIS ABSTRACT

In our study, the highest probability of death in preterm and late preterm cases was delivery; showed that the lowest probability of death was in the antibiotic arm. It was observed that the probability of death was highest in the delivery arm in early preterm cases and the lowest in the arm in which antibiotics and steroids were administered together. In subgroup analyzes, it was found that the probability of death was the lowest in patients who received neuroprotective magnesium and steroids between 24-28 weeks, and those who received antibiotics, neuroprotective magnesium and steroids between 28-34 weeks; it was found that the probability of death in the birth arm was highest in both groups. In conclusion, our study is important in that it shows that clinical decision analysis is extremely important for the clinician in the decision-making process in the management of preterm cases, where the evidence data is limited.

APPLICATION AREAS OF THE THESIS RESULTS

Decision analysis methods have been developed to improve the decision-making process, which is difficult due to insufficient evidence in many areas in the health system, the subjectivity of the physician or the patient, or the unrepeatability of the event.

In our study, the effects of delivery, only antibiotics, only steroids, tocolytics and steroids, antibiotics and steroids, neuroprotective magnesium and steroids, and antibiotic, neuroprotective magnesium and steroid strategies on neonatal outcomes were investigated in preterm cases where an individualized approach was recommended.

ACADEMIC ACTIVITIES