



Problems associated with BPD

BPD is a disease that can affect many organs and body systems beyond the lungs. Because it is a disease that most often happens in preterm babies weeks after being born, some of the medical problems are also common in premature infants without BPD.

Even though some of these health problems are more common than others, it can be very difficult to tell which baby will develop them, or how severe a particular problem could become.

Some problems occur mostly during the NICU stay; others continue through infancy and early childhood.

Below is a list of possible problems associated with BPD. These are listed in no particular order, and have been put together to show you the different sub-specialties (or consulting services) that you may see working with your BPD team, or with your primary Neonatology team. A Neonatologist and a Nurse Practitioner from the NICU will be helping your baby with all the potential issues that may come up.



BPD Problems	Sub-Specialty Team(s)
Difficulties with nutrition and growth	Nutrition team/Dieticians
Poor bone health and risk of fractures	Nutrition team/Dieticians
Liver and intestinal problems	Gastroenterology and Gastrointestinal Rehabilitation teams, Pediatric Surgery
Developmental delays, mobility issues, sensory issues, cognitive issues	Therapy services (Physical, Occupational, Speech, Developmental therapists), Neurology, NICU Follow Up Clinic (after discharge)
Hearing difficulties	Audiology, Otolaryngology/ENT (Ear, Nose, and Throat) team
Vision problems	Ophthalmology
Dysphagia (difficulty drinking or eating by mouth) and the need for feeding tube support	Speech Therapy, Pediatric Surgery, ENT
Reflux	Speech Therapy



PATIENT AND FAMILY EDUCATION

BPD Problems	Sub-Specialty Team(s)
Pulmonary hypertension (high blood pressure in the lung's blood vessels)	Pulmonary Hypertension, Cardiology
High blood pressure	Kidney and/or Cardiology
Other heart problems, including a persistent PDA (patent ductus arteriosus, a blood vessel near the heart that typically closes shortly after birth but may stay open in preterm babies)	Cardiology, Cardiac Surgery, Interventional Cardiology
Overinflated lungs, "blebs"	Neonatology, Pulmonology
Airway problems – palate issues, vocal cord problems, trachea (windpipe) narrowing, malacia (floppy airways, large or small)	ENT
Need for tracheostomy and chronic ventilation	ENT, Pulmonary Habilitation Program, Pediatric ICU, Neonatology
Long-term use of medications for pain and sedation and risk of withdrawal from these medications; complex decisions	Palliative Care
Very long ICU stay	Complex Care Program, Case Management, Social Work
Blood clots	Hematology
More frequent or more severe colds and respiratory infections	Pediatricians, Pulmonology
Childhood asthma, wheezing	Pediatricians, Pulmonology