

Results A total of 1,095 newborns were included. Within the first 24 h, 99.2% and 90.4% of the newborns passed their first meconium/stool and first urine, respectively. The number of meconium/stool and voidings was higher in the CS group. The number of meconium/stools within the first 24 h was higher in exclusively breast-fed newborns. Combination-fed newborns and newborns with a lower birth weight had a higher number of voidings. The number of meconium/stools in the first 24 h was significantly lower in newborns weighing < 2,500 g. Furthermore, breast feeding frequency correlated with the number of meconium/stools and voidings at all time points.

Conclusions The results of this study show that the mode of delivery, birth weight and feeding method and frequency may influence meconium/stool and urinary patterns in newborns.

1361 PERINATAL AND NEONATAL OUTCOMES IN MULTIPLE PREGNANCIES: ASSISTED REPRODUCTION VERSUS SPONTANEOUS CONCEPTION

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B Mutlu, HG Kanmaz, SS Oguz, O Erdevi, N Uras, U Dilmen. *Neonatal Intensive Care Unit, Zekai Tahir Burak Maternity Teaching Hospital, Ankara, Turkey*

Background Studies comparing perinatal outcomes in multiples conceived following the use of artificial reproductive technologies (ART) vs. spontaneous conception (SC) have reported conflicting results in terms of mortality and morbidity. The objective of our study was to compare perinatal and neonatal outcomes of multiples born after artificial reproductive technology (ART) and spontaneous conception (SC).

Methods Three hundred and sixty seven neonates born after SC and 596 after ART were studied. Maternal characteristics, neonatal characteristics, neonatal morbidities and mortality were assessed between two groups.

Results The duration of pregnancy was significantly shorter in ART group (32.6±4.0 vs 34.2±3.2, p<0.001). The mean birth weight in the ART group was significantly lower when compared with control group (1892±690 vs 2112±602, p<0.001). The number of perinatal and neonatal deaths (9.5 vs 2.7%, p<0.001 and 1.7 vs 1%, p<0.001) were significantly higher in the ART group. The incidence of intraventricular hemorrhage (63.7 vs 52.8%, p<0.05), anemia (26.6 vs 16.5%, p<0.05), sepsis (22.3 vs 14.6%, p<0.05), bronchopulmonary dysplasia (7.1 vs 1.8%, p<0.05), retinopathy of prematurity (24 vs 16.1 %, p<0.05) were significantly higher in the study group.

Conclusion Multiple pregnancies achieved with ART are at greater risk for obstetric complications and adverse neonatal outcome in comparison with naturally conceived multiple pregnancies.

1362 PREVALENCE AND OUTCOME OF HIGHER ORDER MULTIPLE PREGNANCIES IN LAGOS, NIGERIA

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IB Fajolu, VC Ezeaka, EO Iroha, MTC Egri-Okwaji. *Paediatrics, College of Medicine University of Lagos, Lagos, Nigeria*

Background and Aims Higher order multiple (HOM) pregnancies are associated with higher risk of complications for both mother and babies with resultant increase in financial and psychological strain on the families. Data on outcome is essential for adequate counseling of families and positive interventions.

Aim To determine the prevalence and outcome of HOM pregnancies in a tertiary hospital in Lagos, Nigeria.

Methodology Data on the mode of delivery, gestational age, pregnancy and neonatal outcome of babies delivered from HOM pregnancies obtained from the labor ward and theatre registers and neonatal unit records over a 3year period (April 2009–March 2012) were reviewed retrospectively.

Results Seventy-four babies (45, 24 and 5 triplets, quadruplets and quintuplets respectively) were delivered from 22 HOM pregnancies out of 6521 deliveries giving a prevalence of 3.37/1000 total births. All deliveries were preterm and all the babies except 2 sets of triplets, 1 set and the 1st 2 of another set of quadruplets were delivered by caesarean section. The perinatal mortality rate was 243/1000 total births. Mortality was significantly increased with no antenatal booking (21/29 versus 5/45 for unbooked and booked pregnancies respectively, p=0.000), gestational age ≤30weeks (21/25 versus 5/49 for gestational age ≤30 weeks and >30weeks respectively, p=0.000) and birth weight < 1000g for live births (8/56 versus 10/10 for birth weight ≥1000gm and <1000gm respectively, p=0.000).

Conclusion Proper antenatal care and close fetomaternal monitoring of HOM pregnancies will significantly reduce early preterm births and the resultant immediate poor outcomes for these pregnancies.

1363 THE INFLUENCE OF GESTATIONAL AGE ON THE EARLY MORBIDITY OF PRETERM INFANTS OF 32 TO 36 COMPLETED WEEKS OF GESTATION

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¹AB Scheuchenecker, ²E Lechner, ³G Wiesinger-Eidenberger, ⁴M Weissensteiner, ⁵O Wagner, ^{1,3}B Resch. ¹Research Unit for Neonatal Infectious Diseases and Epidemiology Medical University of Graz, Graz; ²Children's and Maternity Hospital Linz; ³Division of Neonatology, Department of Paediatrics, Medical University of Graz, Graz, Austria

Context Moderately preterm infants (32+0 to 36+6 gestational weeks [GW]) account for an increasing proportion of prematurity-associated short-term morbidities; yet there is a relative paucity of data regarding neonatal outcome in this cohort.

Objective To determine the association between neonatal morbidity and gestational age and also maternal and perinatal complications with an adverse impact on the neonatal outcome.

Methods In this retrospective cohort study, preterm infants (32+0 to 36+6 GW) without congenital anomalies, born in the Children's and Maternity Hospital Linz between 2007 and June 2010, were included (n=870). Data about all morbidities (respiratory and gastrointestinal problems, hypoglycemia, hyperbilirubinemia with phototherapy, length of stay in intensive care unit, other relevant problems) during their hospital stay. Stepwise regression analysis was used to determine significant associations between morbidity and the gestational age.

Results Overall, the incidence of morbidities increased from 24% at 36 weeks to 43%, 55%, 75% and 93% at 35, 34, 33 and 32 weeks, respectively. The most frequent morbidities were hyperbilirubinemia requiring a treatment (29%) followed by respiratory (14%) and gastrointestinal (14%) problems. Less than 10% of the children had hypoglycemia; cerebral complications were rare. Lower gestational age was an independent risk factor for increased neonatal morbidity and longer hospital and NICU stays (p<0,001).

Conclusion Moderately preterm infants (32+0–36+6 GW) are at higher risks for neonatal morbidities, and the lower the gestational age at birth is the higher is the risk for neonatal morbidities.

1364 CONSANGUINITY AND PREGNANCY OUTCOME

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BR Qandalji. *Pediatrics, Ministry of Health, Amman, Jordan*

Background and Aim Consanguineous marriage is common in Jordan and in middle east in general. the aim of the study was to see the effect of consanguinity on pregnancy outcome in east Amman. (capital).

Patients and Methods Mothers in the post natal ward were interviewed and a special questionnaire was filled. they were asked whether marriage was consanguineous or not, data was collected regarding no