

Recommendations Consensus on bilirubin chart to be used.

National survey to find out the number of exchange transfusions done in preterm infants.

1300 FETAL ANALGESIA AND BRAIN DAMAGE

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Aim Fetal surgery is increasingly performed in many centers. Nevertheless, in most cases, analgesic treatment is still absent with the risk of brain damage in the newborn, due to the sudden rise in blood pressure and intracranial pressure due to pain. We performed a review on the present state of direct fetal analgesia, to show the importance to prevent pain and consequently newborns' brain damage in these cases.

Methods We performed a pubmed search to retrieve the research papers that reported studies of fetal surgery in the last 10 years, and in which a careful description of the type of analgesic treatment is reported.

Results We retrieved 38 papers, 3 of which did not sensibly hurt the fetus, being performed on fetal annexes, and 2 performed in the first trimester, when fetal pain is negligible. Of the 33 remaining papers, only 14 were performed using a direct fetal analgesia. No drawbacks were reported.

Conclusion Fetal direct analgesia though safe, is still performed only in less than half of cases. An implementation of its use is needed, to prevent brain damages in the newborns.

1301 EFFECT OF MYDRIATIC EYE DROPS ON CEREBRAL AND MESENTERIC TISSUE OXYGENATION IN VERY LOW BIRTH WEIGHT INFANTS; PRELIMINARY REPORT

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Preterm infants weighing less than 1500 g routinely undergo a series of eye examinations to screen for retinopathy of prematurity (ROP). Mydriatic eye drops used for pupil dilatation while these examinations may be absorbed by nasopharyngeal mucosa and gastrointestinal system that may cause neurological and gastrointestinal side effects rarely. We aimed to evaluate the effect of mydriatic eye drops on cerebral and mesenteric tissue oxygenation by near infrared spectroscopy (NIRS), in very low birth weight (VLBW) infants. Eleven preterm infants with a gestational age of < 32 weeks and/or birth weight < 1500g were included the study. Infants with intracranial hemorrhage (>grade II), PDA, major congenital anomalies, major heart disease, infection, anemia, thyroid disease, acidosis, history of perinatal asphyxia and surgery, not feeding orally, were excluded the study. Cerebral and mesenteric tissue oxygenation were measured by NIRS probes that located forehead and umbilical region before and after the mydriatic eye drops. Eleven (6 female, 5 male) infants were included the study. The median gestational age, birth weight, postnatal age and body weight during examination were 29 weeks, 1190g, 39 days and 1700g, respectively. Before the mydriatic eye drops mean cerebral and mesenteric rSO₂ were 63.0±7.6 and 54.9±10.1, respectively. After the eye drops mean cerebral and mesenteric SO₂ were 60.0±10 and 51.7±9.9, respectively. Although the slightly decrease in oxygenation after mydriatic eye drops there were no statistically significant differences (p=0.6 and p=0.1). We believe that this difference may reach statistically significant levels in large study population.

1302 EPIDEMIOLOGY OF LATE PRETERM INFANTS (LPI): SAUDI TERTIARY CARE FACILITIES EXPERIENCE

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Introduction and Background Late preterm infants (LPI) are born at a gestational age between 34 weeks and 36 weeks and 6 days. They have higher morbidity and mortality than term infants due to their relative physiologic and metabolic immaturity.

Method Infants born between July 2008 and July 2010 are identified using NICU and Labor and delivery registry of King Faisal Specialist Hospital-Jeddah. The deliveries are around 1100 births per year. The pertinent data of all mothers and neonates delivered at KFSH&RC-J abstracted from medical records.

Results 230 infants' enrolled; incidence rate of LPI in the year 2008 was 6.7%, 2009 was 5.7% and 12.07% in 2012, 101 female and 128 male, 167 (72.6) had no maternal risk factors, artificial reproductive technology 55/230 (23%), maternal hypertension is 5/230 (2.2%). PROM is 3/230 (1.3%), no chorioamnionitis or diabetes mellitus.

Cesarean sections 121/202(59%) in LPI, vs 200/392 (51%) in full term babies ventous delivery 2/202(1%) vs 7/392(1.8%).

Singleton vs. twin or triplet 59.7% vs. 28.7% or 11.6%; the gravida the maternal age and gravida showed no difference; morbidity in LPI, respiratory distress syndrome 92/230 (40%) hyperbilirubinaemia required treatment 13/230 (5.7%), apnea 11/230 (4.8%), sepsis 21/230(9.5%), feeding problems 23/230 (10%), hospital readmission 8/230 (3.5%). Admission to NICU was 116/229 (50%).

Conclusion Our result is very comparable with previous other studies, however the mortality rate in our series is negligible, perhaps related to our aggressive management and early admission to NICU for 48 hours observation.

1303 EVOLUTION OF NEONATAL MORTALITY IN THE NEONATAL DEPARTMENT - IN KOUBA HOSPITAL - ALGIERS

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Introduction Neonatal deaths account for a large proportion of child deaths.mortality during neonatal period (2/3–3/4 our country)considered a good indicator of both maternal and newborn health and care.

Perinatal mortality:defined as nombre of stillbirths and deaths in the first weekof lif per 1000 births.

Objective To study evolutionof the rate of perinatal mortality, and to analyze the causes of this mortality.

Aims and methods: Data sources:

Registry of delivery room and registry of neonatal department.

Descriptive retrospective study on file of the newborn hospitalized in the department of neonatology during 11 years(1/1/2001 to31/12 2011).

In (2004–2005): adaptation of the infrastucture, equipment by materiels, recruitment, stability of the medical personnel.

Results In 11years 77099 births were recorded, among them 1569 stillbirths, a rate of global mortinatality of 20.35%0 in 2001 to 18%0 in 2006 to 15.2%0 in 2011, the early neonatal mortalitywas 20.2%0 in 2001 to 13.6%0 in 2006 to 10.25%0 in 2011. The perinatal mortality diminished from 50.6%0 in 2001 to 30.7%0 in 2006 to25.3%0 in 2011.

The intra-hospital mortality lowered of 50%, from 6.6% in 2001 to 3.48 in 2011. She remained stable since 2007.

The causes of mortinatality by gravidic toxemia and its complications. The neonatal causes of deaths are dominated by extreme prematurity, DRS, asphyxia. The causes are often multiple and been interlinked.