fetal (OR 2.49; 95% CI 1.33–4.65), placental (OR 2.83; 95% CI 1.52–5.29), and maternal prenatal conditions, such as hypertensive disorders (OR 3.05; 95% CI 1.69–5.52), addictions (OR 10.57; 95% CI 2.25–49.48), and prior complications of pregnancy (OR 2.61; 95% CI 1.18–5.76). GR newborns had increase risk of resuscitation (OR 2.81; 95% CI 2.83–4.32), immediate transfer to intensive care unit (OR 2.38; 95% CI 1.56–3.65), and were more prone to acute neonatal consequences, such as perinatal asphyxia (OR 3.26; 95% CI 1.96–5.43). Compared with normally grown, GR newborns had increase risk for neonatal adaptive problems, such as hypothermia (OR 2.02; 95% CI 1.11–3.68), hypoglycemia (OR 2.94; 1.85–4.68), and polycythemia (OR 5.09; 95% CI 2.25–11.52).

Conclusions The clinician’s challenge is to identify real, at-risk GR fetuses, because of a hostile intrauterine environment. Once FGR has been detected, the management of the pregnancy should depend on a surveillance plan that maximises gestational age with minimising the risks of neonatal adverse outcome, avoiding iatrogenic prematurity. Immediate management in delivery room should be focus on adequate resuscitation of a depressed newborn, insuring normal physiologic transition, and preventing acute neonatal adaptive problems.

**PO-0702** WITHDRAWN

**PO-0703** WITHDRAWN

**PO-0704** WITHDRAWN

**PO-0705** UMBILICAL ARTERY BLOOD GLUCOSE AND ACIDEMIA LEVELS IN AT TERM NEONATES

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Knowledge on umbilical artery blood at birth (CAB) glucose and acidemia levels in term newborns is limited. We examined these levels in term neonates who received CPR, were alive at discharge and had no congenital anomalies.

Methods Glucose and pH levels were measured in cord arterial blood of 101 neonates born at term between March and June 2013. The mean (±SD) average neonatal blood glucose at birth was 95.0 (±20.6) mg% in the spontaneous VD group, 101.4 (±30.6) mg% in the vacuum extractor VD group, 69.9 (±13.8) mg% in the elective CS group and 85.4 (±16.1) mg% in the emergency CS group. The VD by vacuum extractor group had significantly increased neonatal cord blood glucose values (p < 0.001) and a significantly lower cord blood pH than the other groups (p < 0.001). Conversely, the elective CS group showed significantly reduced neonatal cord blood glucose values (p = 0.004) and significantly higher cord blood pH than the other groups (p < 0.001). In addition, glucose levels in the total population and in the VD by vacuum extractor group were significantly negatively correlated with pH (r = -0.094, p = 0.036 and r = -0.594, p = 0.007, respectively).

Conclusion CPR± drugs was more likely in outborn babies. Grade 3 or 4 intraventricular haemorrhage (IVH) and mortality were significantly increased in these babies. This emphasises the importance of in-utero transfers of these babies to a tertiary neonatal intensive care unit.

**PO-0706** CARDIOPULMONARY RESUSCITATION AT BIRTH AND OUTCOMES IN EXTREMELY PRETERM BABIES LESS THAN 26+0 WEEKS GESTATION

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Background Cardiopulmonary resuscitation (CPR) at delivery is associated with poor outcome. The British Association of Perinatal Medicine (BAPM) guidelines do not advocate active CPR± drugs in babies at extremes of viability.

Aim To review the outcome of babies who received CPR± drugs at delivery and their subsequent outcomes.

Methods The Badger electronic records were interrogated for babies born less than 26+0 weeks gestation, if they received CPR± drugs at delivery and their subsequent outcomes.

Results 13 of the 122 babies born < 26+0 weeks gestation had CPR± drugs at delivery. Their outcomes are shown in the table below.

<table>
<thead>
<tr>
<th>Gestation</th>
<th>23 weeks</th>
<th>24 weeks</th>
<th>25 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>18</td>
<td>59</td>
<td>45</td>
</tr>
<tr>
<td>Died</td>
<td>14</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Survived</td>
<td>4 (22%)</td>
<td>34 (57%)</td>
<td>33 (73%)</td>
</tr>
<tr>
<td>Survival Inborn:Outborn</td>
<td>3:1 (25%)</td>
<td>24:10 (70%)</td>
<td>22:8 (86%)</td>
</tr>
</tbody>
</table>

Conclusion CPR± drugs in babies at extremes of viability were associated with poor outcome. CPR± drugs at delivery is associated with poor outcome. The British Association of Perinatal Medicine (BAPM) guidelines do not advocate active CPR± drugs in babies at extremes of viability.

**PO-0707** IDENTIFICATION OF HIGH RISK CLINICAL PARAMETERS FOR PREDICTING SURVIVAL OF HOSPITALISED NEONATES-AN OBSERVATIONAL STUDY

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Background and aims The early identification of severity of illness is important for prioritising treatment to reduce mortality and morbidity in neonates but it is sometimes difficult to assess. Most of the available neonatal scoring systems have certain limitations. None of the existing scoring systems can predict neonatal outcome by assessing only clinical parameters without
PO-0706 Cardiopulmonary Resuscitation At Birth And Outcomes In Extremely Preterm Babies Less Than 26+0 Weeks Gestation

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Arch Dis Child 2014 99: A484
doi: 10.1136/archdischild-2014-307384.1342

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