Intraventricular haemorrhage (IVH) is one of the most important of morbidity and mortality causes in preterm infants.

**Aim** To evaluate the incidence and risk factors for IVH in ≤32 weeks gestation preterm infants.

**Methods** The study was conducted in the Neonatology Dpt. of the Clinical Hospital Sibiu between 01.01.2010–31.12.2011. The study group comprised 139 preterm infants with a mean GA of 30.26 ± 2.95 weeks (24–32 weeks) and a mean BW of 1412.99 ± 367.389 g (600–2270 g). The prospectively collected data were analysed using IBM SPSS 19.0 and were considered significant at a p < 0.05.

**Results** The incidence of IVH in the study group was 50.35%, whilst grade 3 and 4 were encountered with an incidence of 5.03%. The preterm infants with IVH had significantly lower BW (p 0.000), GA (p 0.000), and Apgar score at 1 minute (p 0.023). The duration of oxygen therapy, the need for surfactant administration, oxygen duration on CPAP, mechanical ventilation length and the length of hospitalization were significantly greater for the infants with IVH compared with those with normal ultrasound scans. Apnoea of prematurity, PDA and ROP were significantly associated with the presence of IVH (0.001–0.030). Being born was also an important risk factor for IVH.

**Conclusion** The analysed data showed similar results - for the incidence and risk factors for IVH - as previously published data in the literature, revealing that between the analysed factors - the severity of the respiratory distress syndrome is one of the major risk factors for IVH in preterm infants.