metabolite) and pulmonary morbidities in early neonatal period in premature infants.

**Method** This study was conducted in Hacettepe University Children's Hospital Neonatology Unit. Cord blood samples were obtained at birth from premature infants (gestational age < 37 wk) and theophylline levels were measured. Cord blood theophylline levels of infants with and without respiratory morbidities were compared.

**Results** A total of 60 infants were enrolled in the study. Early respiratory morbidities developed in 37 infants (Group 1, 61.6%) while no respiratory morbidities were observed in 23 infants (Group 2, 38.3%). Although mean cord blood theophylline levels were lower in Group 1 (0.21±0.18 µg/ml) than Group 2 (0.33±0.29 µg/ml), this difference was not statistically significant (p=0.186).

**Conclusion** Preterm infants with and without respiratory morbidities have similar cord blood theophylline levels. Prenatal exposure to theophylline does not seem to affect respiratory status in the early neonatal period. However cord blood theophylline levels were much lower than therapeutic serum levels in neonates. The effects of prenatal caffeine on neonatal respiratory status should be investigated in animal models.

**Abstracts**

**A Randomized Clinical Trial of the Use of Oral Glucose for Pain Relief During Retinopathy of Prematurity Examination (ROP)**

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**Predictive Value of Umbilical Cord Blood Bilirubin Level for Subsequent Hyperbilirubinemia in ABO Incompatibility**

**Results** Out of 100 cases in study group 55(55%) developed hyperbilirubinemia whereas only one (3.5%) out of 30 cases in control group developed hyperbilirubinemia. Majority of cases with hyperbilirubinemia i.e. 20 (60.6%) out of 33 cases, had cord bilirubin values between 2.5 to 2.99 mg/dl. Mean cord bilirubin values were significantly higher (2.27±0.76) in study group as compared to control group (1.55±0.33).

**Conclusion** It is concluded that in ABO incompatibility the cord bilirubin value ≥ 2.5 mg/dl can serve as a useful cutoff limit for the later development of hyperbilirubinemia.

**Are We Undertreating Hyperbilirubinemia in Preterm Infants?**

**Results** No infant received exchange transfusion. When the levels were plotted on standard guideline charts, there were 8 infants who should have received exchange transfusion based on birth weight and 16 infants who should have received exchange transfusion based on gestation.

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**Conclusion** It is concluded that in ABO incompatibility the cord bilirubin value ≥ 2.5 mg/dl can serve as a useful cutoff limit for the later development of hyperbilirubinemia.
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 35 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.

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

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 <1500 gr were included the study. Infants with intracranial hemorrhage (≥grade II), PDA, major congenital anomalies, major heart disease, infection, anemia, thyroid disease, acicosis, 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, 59 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 60.6±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.

**EVIDENCE OF LATE PRETERM INFANTS (LPI): SAUDI TERTIARY CARE FACILITIES EXPERIENCE**

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&RI-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 was 5/230 (2.2%). PROM is 3/230 (1.3%), no choorioamionnionitis 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 gravidity the maternal age and gravida showed no difference; morbidity in LPI, respiratory distress syndrome 92/230 (40%) hyperbilirubinemia required treatment 13/230 (5.7%), apnea 11/230 (4.8%), sepsis 21/230(9.5%), feeding problems 25/230 (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.