

**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

doi:10.1136/archdischild-2012-302724.1361

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**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

doi:10.1136/archdischild-2012-302724.1362

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**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 1<sup>st</sup> 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  $\leq 30$  weeks (21/25 versus 5/49 for gestational age  $\leq 30$  weeks and  $>30$  weeks respectively,  $p=0.000$ ) and birth weight < 1000g for live births (8/56 versus 10/10 for birth weight  $\geq 1000$ gm 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

doi:10.1136/archdischild-2012-302724.1363

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**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

doi:10.1136/archdischild-2012-302724.1364

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**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

of pregnancies, abortions, still birth, & intrauterine fetal death, multiple pregnancies, neonatal deaths, infant deaths, & low birth weight babies.

**Results** The study included 190 mothers of consanguinous marriage and 320 non consanguinous. there was no statistically significant relation between consanguinity and no of pregnancies, abortions, stillbirths or multiple pregnancies. however there was a statistically significant relation between consanguinity and nneonatal deaths, infant deaths and low birth weight babies.

**Conclusion** Consanguinity has an adverse effect on pregnancy and neonatal outcome and should be considered as a factor in high risk pregnancy, the neonatologist and obstetrician should be alerted to.

### 1365 THE RELATIONSHIP BETWEEN MOTHER'S CONDITION AND NEWBORN BIRTH WEIGHT

doi:10.1136/archdischild-2012-302724.1365

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**Background** Birth weight is a powerful predictor of infant growth, intra uterine welfare and survival. The outcome of birth weight is a reasonable well-defined problem caused by factors that are potentially modifiable. Mother's condition were important risk factor for determining the outcome of birth weight.

**Objective** To determine the relationship between mother's condition and newborn birth weight

**Methods/design** Case control study in Dr. Kariadi Hospital Semarang, Indonesia. Data were taken from medical records of babies who fulfilled inclusion criteria and admitted from January 2011 until December 2011. The mother's condition included age, education, parity, nutritional status from Mid Upper Arm Circumference (MUAC), gestational age, antenatal care, (ANC), hypertension, and anaemia. Birth weight was determined at birth with same scale and categorized in to some categories. Statistical analyses used:  $X^2$  and logistic regression.

**Results** We obtained 30 mother of babies with low birth weight as a Case Group and 30 mother of babies/with appropriate birthweight as the control group. We found between groups: MUAC has (OR 0.10; 95% CI:0.01–0.6)  $p=0.01$ , anaemia has (OR 0.13; 95% CI :0.03–0.61)  $p=0.09$ , and gestational age has (OR 21.76; 95% CI :3.6–129)  $p=0.001$ , age has (OR 0.90; 95% CI :0.19–4.15)  $p=0.89$ , Hypertension has (OR 0.44; 95% CI:0.73–2.69)  $p=0.37$ , parity has (OR 0.36; 95% CI:0.11–1.20)  $p=0.09$ , education has (OR 0.12; 95% CI :0.10–1.60)  $p=0.11$ , ANC has (OR 0.01; 95% CI :0.02–0.6)  $p=0.99$ .

**Conclusion** MUAC, anaemia and gestational age as risk factor of LBW. Gestational age was the most important one.

### 1366 PERINATAL RISK FACTORS OF INTRAUTERINE GROWTH RETARDATION

doi:10.1136/archdischild-2012-302724.1366

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**Background and Aim** Intrauterine growth retardation (IUGR) is a serious health condition that causes significant morbidity and serious developmental problems in children. The aim of this study was the identification of the role of pregnancy complications in the development of growth retardation.

**Study Design** 210 women with complicated pregnancy and their newborn infants were included in study. Pregnant women were classified depending on different pathologies such as preeclampsia, anemia, somatic diseases and their combinations. IUGR identified

in infants whose estimated anthropometrical measurements was below the 10th percentile for its gestational age, and also confirmed using the Dubowitz/Ballard scale.

**Results** The IUGR was detected in 38.46% in women with different somatic diseases of pregnancy, in 50% in women with preeclampsia, 30.30% in women with different grade of anemia. Highest frequency (66.66%) of this syndrom was diagnosed in infants whose mothers suffered from both preeclampsia and anemia during pregnancy, and in 33.3% of these infants determined symmetrical type growth restriction.

**Conclusion** Preeclampsia is one of the main factor affecting maternal-placental-fetal interactions and it may be accepted as more serious risk factor when associates with anemia in pregnancy.

### 1367 NEONATAL MORTALITY AND MOBILITY RATES WHO WERE ADMITTED TO THE NEONATAL ICU OF KONYA IN TWO YEARS

doi:10.1136/archdischild-2012-302724.1367

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**Objective** Our purpose was to determine mortality and morbidity rates and selected outcome variables for infants especially weighing less than 1500 grams, who were admitted to the neonatal intensive care unit of our hospital from January 2007 to December 2008.

**Material and Methods** We evaluated infants who were admitted to the neonatal intensive care unit of our hospital (Konya University, Meram Medical Faculty) from January 2007 to December 2008.

**Results** The percent of VLBW admissions to the our NICU was 14.3% in 2007 and 17.4% in 2008. The mean birth weight and gestational age of the infants were  $1027 \pm 308$  grams (min-max: 400–1470gr),  $28.3 \pm 3.8$  weeks (min-max: 22–36 weeks) in 2007,  $998 \pm 309$  grams (min-max: 400–1490gr),  $28.4 \pm 3.4$  weeks (min-max: 22–36 weeks) in 2008, respectively. Overall survival rate was 50% during two years. Respiratory support were given to 65% and 69.4% VLBW newborns, in 2007 and 2008, respectively. Among selected outcomes, bronchopulmonary dysplasia, retinopathy of prematurity (ROP), severe intraventricular hemorrhage (IVH), nosocomial infection, necrotizing enterocolitis (NEC), respiratory distress syndrome (RDS) were encountered in 1.66%, 4.6%, 1.9%, 10.8%, 1.2%, 16.3% of the premature infants during two years, respectively.

**Conclusion** As a result the majority of neonatal deaths were due to complications of premature labor. Scientific and technological advances in Neonatology have led to increased rates of survival and long term morbidities in very low birth weight infants. Prevention of premature labor, sufficient antenatal maternal care and establishment of good delivery conditions to decrease neonatal infections and medical care after delivery could help to decrease neonatal mortality rates.

### 1368 PERINATAL MORTALITY RATE OF SELÇUK ÜNİVERSİTESİ FACULTY OF MEDICIN IN YEAR OF 2008

doi:10.1136/archdischild-2012-302724.1368

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**Objective** Our purpose was to determine the perinatal mortality rate of our hospital in 2008.