of pregnancies, abortions, stillbirth, & 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 neonatal 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.

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**THE RELATIONSHIP BETWEEN MOTHER’S CONDITION AND NEWBORN BIRTH WEIGHT**

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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 anemia. Birth weight was determined at birth with same scale and categorized in to some categories. Statistical analyses used: X2 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 .03–0.61) p=0.09, and gestational age has (OR 21.76, 95% CI .36–129) p=0.001, age has (OR 0.90, 95% CI .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.

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**PERINATAL RISK FACTORS OF INTRAUTERINE GROWTH RETARDATION**

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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 pre-eclampsia, 30.30% in women with different grade of anemia. Highest frequency (66.66%) of this syndrome was diagnosed in infants whose mothers suffered from both pre-eclampsia 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 it associates with anemia in pregnancy.