of pregnancies, abortions, stillbirth, and intrauterine fetal death, multiple pregnancies, neonatal deaths, infant deaths, and 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.

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

S Gatot-Irwana, A Sunardi, RP Rina-Pratiwi, A Agus-Fitrianto, MS Kosim. Department of Pediatrics, Faculty of Medicine Diponegoro University - Dr. Kariadi Hospital, Semarang, Indonesia

**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 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 = 0.57, 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.

**PERINATAL RISK FACTORS OF INTRAUTERINE GROWTH RETARDATION**

S Ali-Zade, S Husseynova, N Panakhova, S Hasanov, S Alaksarova, H Dunyamaliyeva. Odalar Yurdu; Neonatology, Azerbaijan Medical University, Baku, Azerbaijan

**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 syndrome 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.
Material and Methods  We evaluated newborns who were born alive or dead with a birth weight of more than 500 grams and a gestational age over 22 weeks between January 2008 and December 2008 in our hospital.

Results  In 2008, 3019 babies were born alive or dead with a birth weight of more than 500 grams and a gestational age over 22 weeks. Of these, 49 babies died in the perinatal period. Perinatal mortality rate was 36.7%, stillbirth rate was 20.5%, early neonatal mortality rate was 16.5%. The causes of deaths according to a modified Wigglesworth classification were stillbirths, congenital malformations and prematurity and its complications, respectively.

Conclusion  In our hospital, perinatal mortality rate has been declining in recent years. As a result, the some of neonatal deaths were due to complications of premature labor. 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.

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Background  Hypertension is registered in the 3–7% of pregnant women. The rate is varies from country to country. Mother’s condition remains high. As clinicians we strive to deliver high quality care and by reviewing the care in all neonatal deaths we hope to identify the avoidable risk factors, areas of good practice and areas for improving care and optimising future service delivery.

Methods  Patient notes of all neonates died over one year (1st Jan 2010–31st Dec 2010) period in a tertiary neonatal unit in UK were reviewed by members of a multidisciplinary team. Reviews were performed using a structured format assessing all areas of care including resuscitation, clinical management, transfer, communication and documentation.

Results  1018 infants were admitted to the neonatal unit, 578 infants were in-born and 140 infants were ex-utero transfers. Most deaths (14 infants (1.5%)) occurred within first seven days of life, 8 infants (0.7%) died in the late neonatal period and 5 infants (0.5%) died after 28 completed days.

Several areas of good practices were identified, including evidence of good multi-disciplinary team working. Key themes were identified as areas for improvement including documentation and continuity of care at consultant level for infants with complex needs and longer stay. An annual report summarising all cases and recommendations was produced.

Conclusion  Mortality case reviews are an important source of learning. In order to successfully influence the service development these reviews must be structured, include input from a multi-disciplinary team and result in specific and achievable recommendations.

Objective  The objective of this study was to analyze the main factors of perinatal mortality.