

**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.

### 1369 NEONATAL MORBIDITY IN HYPERTENSIVE PREGNANCY

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Research conducted at the Gynaecology-obstetrics and neonatology department of the Health Center Vranje in 2011./2012 included 80 mothers and 80 infants. The study included 40 mothers of patients with hypertensive syndrome in pregnancy and 40 mothers and infants in the control group.

Hypertension is registered in the 3–7% of pregnant women. The average age of pregnant women from the control group was 31 years and 26 years.

For mothers with hypertension, the labor was completed in 28 (70%) by caesarean section and only in 12 (30%) spontaneously, whereas in the control group leads spontaneously in 32 (80%) mothers.

The average body weight of infants of mothers suffering from hypertensive syndrome was 2970 grams in the control group was 3235 grams.

Average Apgar score (cumulative score of cardiorespiratory function of newborns and nerve function) in the study group in the first minute was 6.55, in the fifth 7.78, while in the control average Apgar score in the first minute is 7.67, and in the fifth minute 8.73.

Infants of mothers suffering from hypertensive syndrome in pregnancy have lower values of erythrocytes, pH, PO<sub>2</sub> and PCO<sub>2</sub> greater value.

Duration of hospitalization, mothers suffering from hypertension of the newborn is longer.

The observed groups There were no maternal or fetal mortality.

### 1370 THE RELATIONSHIP BETWEEN PREGNANT MOTHER'S CONDITION AND NEONATAL MORTALITY RATE

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**Background** Neonatal mortality is still a problem around the world. The rate is varies from country to country. Mother's condition was associated with the outcome of conception and mortality rate.

**Objective** To determine the relationship between mother's condition and neonatal mortality rate.

**Methods/design** Case control study. Case group was 40 mothers of neonates who died in high risk neonatal ward Dr. Kariadi Hospital Semarang Indonesia within period of January to December 2011

who fulfilled inclusion criteria. Control group was 40 mothers of neonates who survived. Mother's condition that was studied included mother's age, parity, gestational age, antenatal care, mother's infection, diabetic mother, severe anemia, preeclampsia, eclampsia, hypertension, heart disease, and antenatal bleeding. Data was taken from medical records. Statistical analyses used X<sup>2</sup> and logistic regression.

**Result** Between groups respectively: age >30-year old, has OR 0.70; 95% CI 0.27–1.82). multiparity (OR 1.22; 95% CI 0.51–2.96). preterm, (OR 2.78; 95% CI 1.12–6.89). ANC, (OR 0.87; 95% CI 0.31–2.44). Mother's infection, (OR 0.29; 95% CI 0.05–1.58). diabetic mother, (OR 4.33; 95% CI 0.46–40.61). severe anemic, d (OR 2.29; 95% CI 1.76–2.98). preeclampsia mothers, (OR 0.23; 95% CI 0.02–2.16). eclampsia mothers,(OR 2.71; 95% CI 0.49–14.90). hypertension mothers, (OR 4.33; 95% CI 0.46–40.60). heart disease (OR 2.02; 95% CI 1.62–2.53). antenatal bleeding (OR 2.33; 95% CI 1.78–3.05).

**Conclusion** Gestational age (preterm), severe anemia, and antenatal bleeding were associated with neonatal mortality, where gestational age as the major risk factor.

### 1371 NEONATAL MORTALITY REVIEWS IN A TERTIARY NEONATAL UNIT IN UK: AN USEFUL LEARNING EXPERIENCE

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**Background and Aims** Neonatal care has developed dramatically over the last few decades. In spite of this, the neonatal mortality 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 (1<sup>st</sup> Jan 2010–31<sup>st</sup> 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, 878 infants were in-born and 140 infants were ex-utero transfers. Most deaths (14 infants (1.3%)) 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.

### 1372 RISK FACTORS OF PERINATAL MORTALITY: MOROCCAN DATA

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