re-intubation was not needed for at least 48h. Brain sonography was done before extubation and after 48h sample size was determined with 95% confidence and 90% power. Data was analyzed with spss 11.5 and Chi-square test.

**Results** There were no significant differences in clinical characteristics between the two groups at randomization.

Fifty-four percent (14/25) infants were successfully extubated to NSIMV compared with 52% (13/25) to NCPAP (p = 0.78). Infants assigned to NCPAP had higher arterial CO₂ pressure level than those assigned to NSIMV (p = 0.002).

Neither procedure induced major adverse effects despite more elevation in IVH grade during SIMV.

**Conclusions** NSIMV in the post-extubation period is safe, however it’s not more effective than NCPAP in preventing re-ventilation.

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**THE PREDICTIVE FACTORS IN THE PROGRESS OF TRANSIENT TACHYPIEANEA OF THE NEWBORN**

**Aim** To determine the clinical risk factors to predict the progress of TTN in late-preterm and term infants.

**Methods** The infants with the diagnosis of TTN were evaluated retrospectively. Patients were divided into two groups according to the intensity of respiratory support. Group-1 received any ventilatory support, where group-2 only oxygen. Clinical findings, Richardson and Silverman scores were compared.

**Results** One-hundred-six (19.1%) infants were evaluated (68 in group-1, 38 in group-2). Mean gestational age and birth weight were lower in group-2. The C/S and male gender rates were similar in both group-1, 38 in group-2). Mean gestational age and birth weight were 34.5±1.6 weeks and 2672±395g. Richardson and Silverman scores were compared.

**Conclusion** Adherence to guideline is associated with significant reduction in need for ETT repositioning. Publication of guideline has had limited effect. There is need for improving dissemination of evidence based guidelines to improve outcomes.


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**ENDOTRACHEAL TUBE POSITION IN VENTILATED NEONATES - DOES EVIDENCE INFLUENCE PRACTICE?**

**Aim** To assess adherence to guidelines and need for ETT repositioning.

**Methods** Ventilated neonates ≤ 24 hours of age, transferred by a regional transfer service during study periods of January to March (3-months) in the years 2008 (pre-publication) and 2011 (post-publication) were included. Demographic data, ETT size, length at upper-lip, position on chest X-ray and need for repositioning were collected.

**Results** Similar proportion of ETT’s were repositioned during 2008 and 2011 (30% vs 37%, p=0.59). During both periods the proportion of ETT’s repositioned were significantly higher (p<0.05 with greater deviation of ET length insertion from the guideline:

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**Conclusion** Adherence to guideline is associated with significant reduction in need for ETT repositioning. Publication of guideline has had limited effect. There is need for improving dissemination of evidence based guidelines to improve outcomes.


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**ENDOTRACHEAL TUBE REPOSITIONING IN VENTILATED NEONATES: DOES THE GUIDELINE INFLUENCE PRACTICE?**

**Aim** To assess adherence to guidelines and need for ETT repositioning.

**Methods** Ventilated neonates < 24 hours of age, transferred by a regional transfer service during study periods of January to March (3-months) in the years 2008 (pre-publication) and 2011 (post-publication) were included. Demographic data, ETT size, length at upper-lip, position on chest X-ray and need for repositioning were collected.

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**Conclusion** Adherence to guideline is associated with significant reduction in need for ETT repositioning. Publication of guideline has had limited effect. There is need for improving dissemination of evidence based guidelines to improve outcomes.


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**RESPIRATORY MORBIDITY IN TERM INFANTS DELIVERED BY ELECTIVE CAESAREAN SECTION: COHORT STUDY**

**Aim** To assess adherence to guidelines and need for ETT repositioning.

**Methods** Ventilated neonates ≤ 24 hours of age, transferred by a regional transfer service during study periods of January to March (3-months) in the years 2008 (pre-publication) and 2011 (post-publication) were included. Demographic data, ETT size, length at upper-lip, position on chest X-ray and need for repositioning were collected.

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**Conclusion** Adherence to guideline is associated with significant reduction in need for ETT repositioning. Publication of guideline has had limited effect. There is need for improving dissemination of evidence based guidelines to improve outcomes.

1. A Toshani, E Tushe, G Gora, E Vecevka. Obstetric-Gynecologic University Hospital Nr 1; 2Pediatric Department, Obstetric-Gynecologic University Hospital Nr 1, Tirana; 3Pediatric Department, University Hospital ’Mother Theresa’, Tirane, Albania.