saccades >100 deg/s, and head movements. MRI examinations were performed at 2.5–3 years of age, including ADC measurements at multiple locations.

Results There were significant univariate correlations between some gaze parameters, MR abnormalities and asymmetries in ADC values. Moreover, there was a correlation between the number of observed perivascular spaces and SP (r_s = -0.407 p = 0.025).

Conclusion This is the first study to examine the relationship between young infants’ visual tracking abilities and later MRI. Poorer tracking for gaze and saccades correlated with white matter damage, while SP correlated with ADC values for thepons.

Background and aims In Switzerland, survival of extremely preterm infants (gestational age (GA) <26 weeks) improved following the publication of the 2002 Swiss Guidelines for the care of infants born at the limit of viability, and remained stable thereafter. We compared the 2-year-outcome of survivors of cohorts born before and after the publication of the Guidelines.

Methods 2-year-outcome of surviving preterm infants (GA 22–25 weeks) born in 2000–2001 (pre-Guideline), 2003–2004 (post-Guideline), and 2005–2009 (long-term) were compared. Neurodevelopment was assessed using the BSID-II or the Griffiths Mental Development Scales. Moderate neurodevelopmental impairment (NDI) was defined as index below mean of -3/-2SD from the norm, or mild cerebral palsy (GMFCS level II). Severe NDI was defined as developmental index of -3/-2SD of the norm.

Results Of 342 survivors, follow-up data was available for 294 (86%), 29 (8%) infants were lost to follow-up, and 19 (6%) infants died before discharge. Normal development was observed in 48%, 47% and 54%, moderate NDI in 25, 30 and 26%, and severe NDI in 19%, 10% and 15% of the cases in the pre-Guideline cohort, the post-Guideline cohort and the long-term cohort, respectively. None of these differences over time were significant ($\chi^2$, p > 0.1).

Conclusion 2-year-outcome in survivors after extremely preterm birth remained stable despite improved survival rates following the publication of the Guidelines for the care of infants born at the limit of viability.