(1.3%) and miscarriage data for 2964 (1.3%); 225650 children remained in analyses.

We utilised Cox regression for proportional hazards to analyse the effect of GA and history of miscarriages on sibling birth. **Results** A low GA at birth delayed subsequent sibling birth. The effect remained unchanged after introducing miscarriages in the model.

**Conclusions** Prematurity postponed subsequent sibling birth. Accounting for obstetric history left this effect unchanged.

**PO-0655** THE EFFICACY OF SNAPPE-II IN PREDICTING MORBIDITY AND MORTALITY IN EXTREMELY LOW BIRTH WEIGHT INFANTS  
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**Background and aims** Various scoring system are used to predict morbidity and mortality. Among these the “Score for Neonatal Acute Physiology-Perinatal Extension-II” (SNAPPE-II) predicts the risk of mortality based on data collected within the first day of the newborn. We aimed to determine the efficacy of SNAPPE-II in predicting mortality in extremely low birth weight infants (ELBW). We also assessed its efficacy in predicting the potential causes of neonatal morbidity.

**Methods** Data from infants admitted between June 2012 and June 2013 to the neonatal intensive care unit with a birth weight less than 1500 gr were collected in a retrospective manner. SNAPPE-II score was calculated for the first 24 h of each infant. The efficacy of SNAPPE-II score in predicting intra ventricular haemorrhage (IVH), necrotizing enterocolitis (NEC) and bronchopulmonary dysplasia (BPD) as well as mortality was evaluated.

**Results** A total of 182 infants (98 males and 84 females) were enrolled in the study. Mean birth weight was 1,134 ± 264 g. The most notable scores documented for SNAPPE-II were 33 for NEC (sensitivity 88.2%, specificity 64.6%), 39 for NEC (sensitivity 78.7%, specificity 72.6%) and 36 for BPD (sensitivity 87.8%, specificity 69.4%). Infants with a high SNAPPE-II score had significantly higher rates of IVH (p < 0.001), NEC (p = 0.014) and BPD (p = 0.003).

**Conclusions** We found that a high score of SNAPPE-II in premature infants was independently associated with neonatal mortality as well as with factors know to be associated with neonatal morbidity, such as IVH, NEC and BPD.