fetal (OR 2.49; 95% CI 1.33–4.65), placental (OR 2.83; 95% CI 1.52–5.29), and maternal prenatal conditions, such as hypertensive disorders (OR 3.05; 95% CI 1.69–5.52), addictions (OR 10.57; 95% CI 2.25–49.48), and prior complications of pregnancy (OR 2.61; 95% CI 1.18–5.76). GR newborns had increased risk of resuscitation (OR 2.81; 95% CI 2.83–4.32), immediate transfer to intensive care unit (OR 2.38; 95% CI 1.56–3.65), and were more prone to acute neonatal consequences, such as perinatal asphyxia (OR 3.26; 95% CI 1.96–5.43). Compared with normally grown, GR newborns had increased risk for neonatal adaptive problems, such as hypothermia (OR 2.02; 95% CI 1.11–3.68), hypoglycemia (OR 2.94; 1.85–4.68), and polycythemia (OR 5.09; 95% CI 2.25–11.52).

Conclusions The clinician’s challenge is to identify real, at-risk GR fetuses, because of a hostile intrauterine environment. Once FGR has been detected, the management of the pregnancy should focus on adequate resuscitation of a fetus with minimising the risks of neonatal adverse outcome, such as preterm delivery, preventing acute neonatal adaptive problems, such as hypothermia. The clinician’s challenge is to identify real, at-risk GR fetuses, because of a hostile intrauterine environment.

Stress of delivery results in marked elevations of catecholamine levels and activates fetal glucoseconcentration.

We examined by ABL90 FLEX Radiometer analyzer (Copenhagen, Denmark) glucose and acidemia levels in umbilical artery blood at birth in 341 spontaneous and 25 vacuum extractor at term vaginal deliveries (VD) and in 85 elective and 49 emergency of term caesarean sections (CS), respectively performed at the Policlinico Abano Terme (Abano Terme, Padova) Italy.

The mean (±SD) average neonatal blood glucose at birth was 95.0 (±20.6) mg% in the spontaneous VD group, 101.4 (±30.6) mg% in the vacuum extractor VD group, 69.9 (±13.8) mg% in the elective CS group and 85.4 (±16.1) mg% in the emergency CS group. The VD by vacuum extractor group had significantly increased neonatal cord blood glucose values (p < 0.001) and a significantly lower cord blood pH than the other groups (p < 0.001). Conversely, the elective CS group showed significantly reduced neonatal cord blood glucose values (p = 0.004) and significantly higher cord blood pH than the other groups (p < 0.001). In addition, glucose levels in the total population and in the VD by vacuum extractor group were significantly negatively correlated with pH (r = -0.094, p = 0.036 and r = -0.594, p = 0.007, respectively).

In conclusion, the stress of labour increases both umbilical cord blood glucose and acidemia levels in term neonates.

**PO-0706** CARDIOPULMONARY RESUSCITATION AT BIRTH AND OUTCOMES IN EXTREMELY PRETERM BABIES LESS THAN 26+0 WEEKS GESTATION

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**Background** Cardiopulmonary resuscitation (CPR) at delivery is associated with poor outcome. The British Association of Perinatal Medicine (BAPM) guidelines do not advocate active CPR± drugs in babies at extremes of viability.

**Aim** To review the outcome of babies who received CPR± drugs at delivery and their subsequent outcomes.

**Methods** The Radger electronic records were interrogated for babies born less than 26+0 weeks gestation, if they received CPR± drugs at delivery and their subsequent outcomes.

**Results** 13 of the 122 babies born < 26+0 weeks gestation had CPR± drugs at delivery. Their outcomes are shown in the table below.

**Conclusion** CPR± drugs was more likely in outborn babies. Grade 3 or 4 intraventricular haemorrhage (IVH) and mortality were significantly increased in these babies. This emphasises the importance of in-utero transfers of these babies to a tertiary neonatal intensive care unit.

**PO-0707** IDENTIFICATION OF HIGH RISK CLINICAL PARAMETERS FOR PREDICTING SURVIVAL OF HOSPITALISED NEONATES: AN OBSERVATIONAL STUDY

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**Background and aims** The early identification of severity of illness is important for prioritising treatment to reduce mortality and morbidity in neonates but it is sometimes difficult to assess. Most of the available neonatal scoring systems have certain limitations. None of the existing scoring systems can predict neonatal outcome by assessing only clinical parameters without...