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 increase 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 increase 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 depend on a surveillance plan that maximises gestational age with minimising the risks of neonatal adverse outcome, avoiding iatrogenic prematurity. Immediate management in delivery room should be focus on adequate resuscitation of a depressed newborn, insuring normal physiologic transition, and preventing acute neonatal adaptive problems.

PO-0702 WITHDRAWN

PO-0703 WITHDRAWN

PO-0704 WITHDRAWN

PO-0705 UMBILICAL ARTERY BLOOD GLUCOSE AND ACIDEMIA LEVELS IN AT TERM NEONATES

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

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, Italy) from January to June 2013.

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 Badger electronic records were interrogated for babies born less than 26^{+0} weeks gestation, if they received CPR ± drugs 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.

Abstract PO-0706 Table 1

Gestation	23 weeks	24 weeks	25 weeks
N	18	59	45
n with no CPR at delivery	17	53	39
n CPR alone at delivery	1	2	4
IVH (Grade 3/4) in babies with CPR alone	1:1 (100%)	1:2 (50%)	2:4 (50%)
n with CPR and drugs at delivery	0	4	2
IVH (Grade 3/4) in babies with CPR and drugs	0:0	3:4 (75%)	2:2 (100%)
CPR alone in outborn babies	1 (100%)	1 (50%)	2 (50%)
CPR and drugs in outborn babies	0	4 (100%)	1 (50%)
Died	14	25	12
n Survived	4 (22%)	34 (57%)	33 (73%)
Survival Inborn:Outborn	3:1 (75%)	24:10 (70%)	22:11 (66%)

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