

maternal renal function. We therefore wanted to evaluate until when maternal creatinaemia still affects neonatal creatinaemia in ELBW infants.

**Methods:** Retrospective data analysis of maternal (within 24 h of delivery) creatinaemia (mg/dl) and neonatal creatinaemia in the first 8 postnatal days in ELBW infants (< 1 000 g). Postnatal data were compared with maternal creatinaemia (paired Wilcoxon, correlation, Bland-Altman).

**Results:** In an dataset of 155 neonates (weight = 810, 330-1000 g, age = 27, 23-33 weeks), 80 neonates were linked with maternal creatinaemia (median 0.8, range 0.41-1.6) at delivery. Median postnatal creatinaemia was not significantly different from maternal observations on day 1 (0.78) and displayed a progressive, significant (Wilcoxon) increase up to day 3 (1.085) with subsequent significant decrease from day 4 (1.075) until day 8 (0.81). Correlations between maternal and neonatal creatinaemia became weaker ( $r = 0.72, 0.37, 0.21$ ) with increasing age and were no longer significant after day 3. Bland-Altman fit was perfect (mean 0.02, SD 0.19) on day 1, with a subsequent weakening on day 2 and 3 (mean -0.23, SD 0.39, -0.28, SD 0.53).

**Conclusions:** Maternal creatinaemia is the most relevant covariate of neonatal creatinaemia in the first 3 days of life. In these first postnatal days, creatinaemia does not yet reflect neonatal renal function and therefore, cannot yet be used to assess glomerular filtration rate.

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#### PARTICIPANT FEEDBACK FROM THE JAPANESE VERSION OF THE NEONATAL RESUSCITATION PROGRAM (NEONATAL CARDIOPULMONARY RESUSCITATION: NCPR COURSE)

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**Background:** The Japanese version of the neonatal resuscitation program (Neonatal Cardiopulmonary Resuscitation: NCPR course) was implemented in July 2007 sponsored by the Japanese Society

of Perinatal and Neonatal Medicine (JSPNM). Although the number of participants is increasing, the effects and limitations of the NCPR course remain incompletely understood.

**Objective:** To ascertain the prevalence of the NCPR course in Japan and assess its effects and limitations.

**Methods:** The total number of NCPR courses and participants was compiled by the JSPNM from July 2007 to December 2009. Participant feedback after attendance of NCPR courses was obtained using a questionnaire at Shizuoka Saiseikai General Hospital, where most NCPR courses were held.

**Results:** A total of 814 NCPR courses were attended by 12,318 participants throughout Japan. Feedback from 276 participants in 42 NCPR courses held at Shizuoka Saiseikai General Hospital was obtained. Before the course, 59.4% indicated that they had no confidence in performing NCPR. After the course, this percentage dropped to 1.4%. The percentage of participants who indicated that they strongly recommend attending the course was 81.0%. The period allotted for the practical lesson was considered adequate by 78.1%, whereas 20.4% answered that the period was slightly short.

**Conclusions:** The total number of NCPR courses and participants has increased steadily in Japan. Participants appeared to gain sufficient confidence in performing NCPR after attending the NCPR course. The NCPR course period, especially the portion allotted for the practical lesson, might be short. In this regard, enhancement of the practical lesson would be beneficial.

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#### DOES INTERNATIONAL COLLABORATION IMPROVE NEONATAL SURVIVAL?

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**Aim:** Neonatal care was not well established or resourced in Romania in 1999. Through Medical Support in Romania (MSR), close links have been forged between clinicians from UK and Romania with frequent visits, sharing of guidelines and training on the use of CPAP (continuous positive airway pressure). Our aim was to see, if this collaboration