to 2 groups: the first, those born to mothers with mild thrombocytopenia (100,000-150,000), and the second the ones that were born to mothers with severe thrombocytopenia ($< 100,000$).

Patients and Methods: During the study period we collected samples from 284 healthy term newborns, born at Assaf Harofeh Medical Center in Israel. 22 infants born to severe thrombocytopenic mothers and 176 to mothers with mild thrombocytopenia. All samples were collected within 2 hours after birth.

Results: The 2 groups did not differ regarding clinical and demographic data. Neonatal thrombocytopenia was noted among 27.3% in the severe maternal thrombocytopenia group, compared to 3.4% in the mild group ($p < 0.0001$).

Conclusion: Newborns born to severe thrombocytopenic mothers had a higher incidence of thrombocytopenia compared to the one born to mild thrombocytopenia mothers. The pathogenesis of this finding may be of immunologic origin. We recommend that in every case of maternal thrombocytopenia a CBC should be obtained from the offspring in order to identify this high risk population, especially if the mother has severe thrombocytopenia and should be treated accordingly.

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IRON DEFICIENCY ANEMIA IN CHILDREN WITH CONGENITAL HEART DISEASE

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Introduction: Anemia resulting from lack of sufficient iron for synthesis of hemoglobin is the most common hematological disease of infancy and childhood. The frequency of iron-deficiency anemia is related to certain basic aspects of iron metabolism and nutrition. Iron deficiency anemia (IDA) is especially often present in children with congenital heart disease (CHD) caused by many different factors. This is a reason for frequent hematological examinations and iron supporting in children in need, especially in children with central cyanosis manifestation.

Aim: Is presenting children with CHD associated with IDA.

Methods: Laboratory analyses (hematocrit, serum iron level, hemoglobin, RBC).

Results: During the period 2009 in Children's Clinic in Pristina were analyzed 114 children with CHD where 32 of them had complex CHD. Hematological analyzes were done in admission, after 3 and 6 months. All children in admission had low level of hematological results, where 98 of them had indication for iron supplement. After 3 months of treatment 103 had normal hematological results excluding low iron serum level. After 6 months 76 children had normal hematological data while other had hematological disturbances especially low iron serum level despite nutrition advice for age. 4 children had high level of hematological data where hemodilution was done. At 8 children despite iron supplementation all hematological were low and needed RBC transfusion.

Conclusion: Children with CHD need continually hematological examination and in most cases iron supplement is indicated

Key words: congenital heart disease, malnutrition, iron-deficiency anemia.

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THE PREVALENCE AND PATTERN OF NEONATAL BLEEDING: VALIDATION OF A NOVEL BLEEDING ASSESSMENT TOOL (BAT)

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Background and Aims: The objective was to develop and pilot a bleeding assessment tool (BAT) for use in a neonatal setting, to standardise recording of bleeding in a high risk population.

Methods: Measurement theory was used to develop the BAT in three steps: identify patient population; item generation and reduction; item review and tool formatting. Items were generated by: literature review; review of existing bleeding scales; expert opinion. The BAT was reviewed and modified by local neonatal/haematology focus groups. The tool was used to assess daily bleeding prospectively in all neonates requiring high dependency or intensive care in a single tertiary NICU over a 4 week period. A number of assessments were repeated by a second independent assessor. Inter-rater reliability was calculated as percentage of matching records.