remaining children were too young. Postoperative highest and lowest glucose levels within 24 hours after bypass surgery were prospectively collected. Neurodevelopmental outcome at one year of age was assessed with the Bayley Scales of Infant Development II (Mental Developmental Index-MDI, Psychomotor Developmental Index-PDI) in 160 children and at four years with the WPPSI.

Results: Mean age at surgery was 2.9 months (0.1-10.7 months). Mean highest postoperative glucose values were 12.76 (SD 4.9), mean lowest were 6.82 (SD 1.9). Glucose values normalized in all children within 48 hours, seven children (4%) received insulin infusions. Postoperative highest and lowest glucose levels were not associated with neurodevelopmental outcome at one year or at four years, whereas more abnormal preoperative neurological findings were associated with poorer one-year outcome (MDI p< 0.001, PDI=0.03).

Conclusion: In our population glucose values normalized within 48 hours and had no adverse effect on neurodevelopmental outcome.

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GROWTH FAILURE AT 3 YEARS OF CORRECT AGE IN CHILDREN BORN BELOW 31 WEEKS GESTATION: PREVALENCE AND RISK FACTORS

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Background and aims: Early growth failure in extremely preterm infants is associated with negative long term outcomes. The aim of this study was to report the prevalence and postnatal risk factors of growth failure at 3 years correct age (c.a.) among children born below 31 wks GA

Methods: Anthropometric measures and background information of 133 AGA infants with GA ≤30 weeks were collected during their stay in NICU and then in a follow up program planned until 3 years c.a. Growth failure (GF) at 3 years was defined as a z score < -1.28.

Results: At 3 years c.a the GF prevalence was 45.9% for weight, 34.6% for height and 30.3% for head circumference. Infants with weight growth failure (WGF) were similar to controls (C) for GA (27,7 ± 1.4 vs 27,8 ± 1,6 wks), BW (1026 ± 200 vs 1006 ± 219 g), nutritional intakes, main clinical and growth outcomes during the NICU stay. Multiple logisitic regression analysis showed that Zscore variation from birth to discharge was independently associated to WGF (OR 0.30, 95%CI 0.16-0.56) and HC GF (OR 0.29, 95%CI 0.14-0.56).

Conclusions: These data suggest that, in our population of ELBW infants, the early postnatal growth is an important prognostic factor of growth at least up to 36 months c.a.

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MOTHER-CHILD ROOMING-IN FOR PRETERM AND LOW BIRTH WEIGHT NEONATE AT OUR MATERNITY WARD

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Backgroud and aims: The goodness of rooming-in for term baby has already been considered to promote breastfeeding and the mother and child relationship. However, not many reports have been published about from how much birth weight or how low gestational ages we should start rooming-in just after birth. We evaluated the possibility and efficacy of mother and child rooming-in together soon after birth for near term or low birth weight (LBW) neonate.

Methods: The healthy inborn preterm and LBW neonates were enrolled and divided into three groups, namely Group A (13 cases), Group B (42 cases) and Group C (99 cases). The birth weights (BWs) of Group A and B were larger than 2kg and their gestational ages (GAs) were 35 and 36weeks, respectively. Group C consisted of term and LBW neonates heavier than 2kg of BW.

Results: The number of infants from Group A, B and C that discharged from hospital through rooming-in were 9/13(69%), 36/42(86%) and 96/99(97%), respectively. The exclusive breastfeeding rates of Group A, B and C at the time of hospital discharge were 56%, 69% and 85%, respectively, and also they had good weight gains at one month of age.

Conclusions: This study showed that the rooming-in for both near term (35 and 36weeks of GA) and term, LBW neonates over 2kg of BW seems to be