inappropriate stimuli. This study aimed to determine and compare the mean of rate and oxygen saturation of premature infants before and during a designed program in NICU.

Methods: In a clinical trial study of before and after intervention on a single group, 31 hospitalized premature newborn in NICU of Hospital in Isfahan were selected by simple continuous sampling method. Data were collected through interview, observation and records of a checklist. The data was analyzed using SPSS and descriptive and inferential statistics.

Results: Out of 31 premature infants in the study, 60% were boys and 35% were girls. The mean of arterial oxygen before and during the designed program were 92.80 ± 2.54 and 94.22 ± 2.59 , respectively. The results of paired t test showed a significant difference between the mean of arterial oxygen saturation of the infants before and during the program ($p=0.048$), but there was no significant difference between the mean of the infants' heart beat before and during the intervention.

Conclusions: The findings showed that applying daily silence periods can greatly help to increase oxygen saturation and can improve the growth of premature infants. Therefore, by programs to reduce light and noise in these wards would be possible.

Keywords: Programmed instruction, prematurity, neonatal, pulse oximetry, noise, light.

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IMMEDIATE MANAGEMENT OF GROWTH RESTRICTED INFANT

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Background and aims: Intrauterine growth restriction (IUGR) is characterized by fetal growth less than normal for the population and growth potential of a given infant. The decreased fetal growth rate in IUGR is an adaptation to an unfavourable intrauterine environment and may result in permanent alterations in metabolism, growth, and development. The acute neonatal consequences of IUGR are perinatal asphyxia and neonatal adaptive problems.

Methods: During the period of 3 years, immediate management of 160 infants from fetal growth restricted pregnancies were studied. We used SPSS 1.1 and Statgraf for Win 2.1 statistical programs. Results were compared by Person Chi-Square (< 0.05) and logistic regression analyses.

Results: Compared with normally grown infants, those who were growth restricted had increased risk for fetal distress (OR 16.47; 95%CI 6.86-39.55), operative way of delivery (OR 4.25; 95%CI 2.72-6.64), perinatal asphyxia (OR 3.26; 95%CI 1.96-5.43), need for resuscitation (OR 2.81; 95%CI 1.83-4.32) and transfer to NICU (OR 2.38; 95%CI 1.56-3.65).

Conclusions: Perinatal asphyxia is the initial concern in the IUGR fetus. Careful obstetric surveillance and timely delivery can prevent perinatal asphyxia and its clinical consequences. A neonatal resuscitative team should be available at delivery to improve neonatal outcome. Immediate management in delivery room should focus on the anticipation of a depressed infant, adequate resuscitation and insuring a normal physiologic transition.

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NEONATAL MORTALITY HISTORICAL SERIES AT A HOSPITAL IN THE SOUTH AREA OF THE SÃO PAULO CITY

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Objective: To achieve the neonatal mortality coefficient (NMC) from 2005 to 2009 at the referred facilities and compare it to the 2002 data, when this hospital was not regarded yet as a risk maternity.

Method: A retrospective cross study based on the patients' records data for all live births (NB) during the 2005-2009 period ($N=9,966$) and compared by weight mortality specific coefficients to 2002 data, applying the specific coefficients for 2005 to 2009 using the Chi-Square test tool.

Results: There were 2,694 live births in 2002, out of which 32 NB had died ($NMC = 1.1.8\%$). For the period 2005 to 2009 these rates were 15.7% ; 19.55% ; 17.67% ; 17.0% and 14.2% , respectively.