	Perinatal Mortality %	Survival %		
		501-1500.. grams	500-1000.. grams	1001-1500.. grams
2007	4,53	90,63	75	95,9
2008	3,39	88,60	77	95,5
2009	4,43	88,00	73	93,4

Table 1, Perinatal mortality (%) and neonatal survival (%) with BW ≤ 1500grams.

[Table 1]

Conclusions: The survival of VLBW neonates is considered to be equal to other European Union countries.

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THE IMPACT UPON PAEDIATRIC INTENSIVE CARE OF PREVIOUS ADMISSION TO THE NEONATAL INTENSIVE CARE UNIT - A 9 YEAR STUDY

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Background and aims: Premature infants have more hospital admissions and stay longer on PICU^{1,2}. As little is known about these PICU admissions, the aim of this study was to investigate the impact NICU infants have upon PICU.

Method: A retrospective cohort analysis was performed of 8791 NICU admissions and 3307 PICU admissions at a University Hospital from April 2000-September 2009. NICU and PICU patients were compared to control groups to analyse: gestational age; sex; length of stay; diagnosis, survival and readmission rates.

Results: In the study period, 159 infants were admitted to both NICU and PICU. These infants had

longer lengths of stay on NICU (Readmitted infants (R) (mean±sem): 35 days (± 3.2); Controls (C): 21 days (± 1.9) $P < 0.001$) and stayed longer on PICU (R: 8 (± 2.2); C: 4 (± 0.6) days $P < 0.01$). Long NICU stay predicted readmission to PICU. Premature infants (< 33 weeks gestation) had a 20% greater risk of later being admitted to PICU than infants born in the hospital catchment area who were not premature. Although 4% of premature infants were later admitted to PICU, they did not have increased mortality on PICU.

Conclusion: NICU infants have increased length of stay on PICU, with a resultant cost impact, but not increased mortality. These data may be used to inform health professionals and parents of the subsequent risks of PICU admission in babies discharged from NICU.

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SURVIVAL AFTER FETOSCOPIC GUIDED LASER OCCLUSION (FLOC) OF TWIN-TO-TWIN TRANSFUSION SYNDROME

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Background and aim: Untreated twin-to-twin transfusion syndrome (TTTS) carries a mortality rate of approximately 80%. To improve survival, fetoscopic laser occlusion (FLOC) treatment of placental anastomoses has been introduced during the last decade in Sweden. We aimed to determine survival after introduction of this intervention.

Methods: Data from all TTTS pregnancies (n=67) treated with FLOC from 2001-09 was assessed. In Sweden, FLOC is carried out at one center i.e. at Karolinska University Hospital, Stockholm. Rates of survival and intra-pair differences were analyzed, as well as maternal risk factors. The severity of TTTS in the cohort was graded according to Quintero (stage I n=2, stage II n=30, stage III n=29, stage IV