

born after 1982 were included. Growth data were retrospectively collected from their medical records, as were data on concomitant medical conditions and treatments administered. The LMS method was applied to fit the growth references.

Results: We enrolled 1,596 Dutch children with Trisomy 21 (56% boys). Children with DS without concomitant disorders and children with DS who suffer from only mild CHD showed similar growth patterns. Reference growth curves were therefore fitted from all measurements (n=3,728) of these subgroups. Mean final height was determined at 163 and 152 cm, respectively in boys and girls with DS. On the reference growth curves of the general Dutch population, the DS curves roughly follow the -2 SDS line with a deflection to the -2.8 SDS line after the age of 12 years.

Conclusions: Children with DS without concomitant disorders and those with only a mild CHD show similar growth patterns of height. As compared to the general Dutch population, they are of short stature with an increasing height difference at older ages.

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CHANGING PATTERN OF NEONATAL MORTALITY OF VLBW INFANTS IN CROATIA IN 1998-99 AND TEN YEARS LATER - POPULATION SURVEY

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Aim: Analysis of VLBW newborns' mortality and comparison over ten-year period.

Methods: Data were collected from nurseries and NICUs, embracing all VLBW newborns in Croatia.

Results: Total of 663 VLBW newborns born in 1998-99, and 345 who were born in 2008, are analyzed. Early neonatal mortality (ENM) and mortality to discharge from hospital (MDH) are shown in the table.

| birth weight (g) | early neonatal mortality | | later mortality | | mortality to discharge from hospital | |
|------------------|--------------------------|-----------|-----------------|-----------|--------------------------------------|-----------|
| | 1998-99 year | 2008 year | 1998-99 year | 2008 year | 1998-99 year | 2008 year |
| 500-599 | 92,3% | 72,2% | 7,7% | 22,2% | 100,0% | 94,4% |
| 600-699 | 87,5% | 77,8% | 12,5% | 0,0% | 100,0% | 77,8% |
| 700-799 | 87,5% | 46,4% | 2,4% | 10,7% | 90,2% | 57,1% |
| 800-899 | 60,0% | 20,0% | 26,0% | 22,8% | 86,0% | 42,9% |
| 900-999 | 46,8% | 16,2% | 15,2% | 5,4% | 62,0% | 21,6% |
| 1000-1249 | 37,0% | 9,6% | 10,6% | 2,4% | 47,6% | 12,0% |
| 1250-1499 | 20,0% | 2,4% | 6,2% | 0,0% | 26,2% | 2,4% |

[VLBW newborns' mortality]

Conclusions: ENM and MDH are reduced over the time.

Efforts of neonatal services to reduce neonatal mortality could be realized as excess of "later mortality", neonatal services in BW groups of 500-599 g, 700-899 g reduced ENM substantially more than MDH.

Apart of increased knowledge and experience in intensive care of newborns, as well as better equipment in maternities and NICUs, important increase in proportion of VLBW newborns who were born in maternities with NICU occurred, from 61% in 1998-99 to 81% in 2008. Extent of contribution of increased regionalization of perinatal care to reduction of neonatal mortality is unknown.