of sampling were 1500 (370-3660) g, 30 (25-40) wks, 6/91, 54/91 and 3 (2-23) days respectively. Significant correlations between 17-OHP and BW ($r = -0.69$, $p < 0.001$) and GA ($r = -0.67$, $p < 0.001$) were observed. Median 17-OHP was higher in cases treated with betamethason (85.5 vs 57 $\mu\text{mol/L}$, $p < 0.0001$). In a multiple regression model, GA remained the only independent variable. To further elaborate the association between betamethason and 17OHP, a case-control (GA) study was performed. No significant difference (paired) in incidence of betamethasone administration was observed (54/91 vs 37/91, $p=0.2$).

Conclusions: Maternal betamethasone administration is associated with raised 17-OHP at screening, but can be explained by the lower gestational age. Gestational age is the only independent variable associated with further raised 17OHP in a cohort of false positive screening samples.

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KETANSERIN: USE FOR THE TREATMENT OF HYPERTENSIVE DISORDERS DURING PREGNANCY AND THE EFFECT ON THE CIRCULATION OF THE INFANT

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Background: Ketanserin, a selective serotonin₂-receptor antagonist, is used for the treatment of severe hypertensive disorders during pregnancy. High concentrations are found in umbilical cord after maternal treatment. However, the effect on the circulation of the infant has not been investigated.

Methods: From May 2007 through December 2009, we prospectively studied 58 infants who in utero were exposed to ketanserin, by monitoring heart rate and blood pressure during the first 24 hours of life. We analyzed the effect of infant-related, medication-related (cumulative dosage, therapy duration and last dosage rate) and maternal factors. The primary outcome was hypotension.

Results: Eight infants (13.8%) became hypotensive during the first eight hours of life with need for treatment. Last dosage rate ($p=.005$) as well

as mean dosage rate of ketanserin (cumulative dosage divided by therapy duration, $p=.002$) were significantly higher in the group with hypotension. Every hypotensive infant was exposed to a last dosage rate of at least 8mg/hour. Maternal HELLP-syndrome was diagnosed more often in hypotensive compared to normotensive infants ($p=.048$).

Discussion: This study provides evidence that maternal ketanserin use has a blood pressure lowering effect in the infant. The risk of hypotension is determined by the last dosage rate of ketanserin and the co-existence of maternal HELLP-syndrome.

Monitoring of blood pressure after delivery only seems necessary when an infant is exposed to a dosage rate of at least 8mg/hour. Observation of the infant during the first 12 hours of life seems to be sufficient to detect problems in blood pressure regulation.

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IS DESMOPRESSIN EFFECTIVE IN THE LONG-TERM AS A TREATMENT FOR NOCTURNAL ENURESIS IN CHILDREN WHO ARE DRY DURING THE DAY?

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Background and aims: Nocturnal enuresis is psychosocially detrimental to children affected by it. First-line treatment involves offering emotional support and promoting appropriate voiding patterns. If this fails, alarm or pharmacological therapy may be used. Desmopressin is the preferred pharmacological agent. We aimed to assess the long-term outcomes of desmopressin therapy for nocturnal enuresis by analysing current experimental literature. Assessed outcomes included frequency of bed-wetting during treatment, percentage of responding children, relapse rates, and comparison with alarm therapy and other medications.

Methods: Cochrane library - searched with terms 'desmopressin' and 'enuresis', PubMed - searched with MeSH terms 'desmopressin' and 'enuresis, drug therapy'.

Results: Desmopressin reduces the frequency of nocturnal enuresis by 1.34 wet nights per week (95% CI: 1.11 to 1.57) while treatment is ongoing.

Schulman, Stokes and Salzman (2001) found that a significant proportion of children respond to desmopressin (52% achieve $\geq 50\%$ reduction from baseline bed-wetting rates over 2 weeks). Desmopressin can be used safely in the long-term and response rates increase as dose and duration of treatment increase.

Relapse rates are high (80-100%) compared to those for alarm therapy. The number of children who demonstrate a full response and do not relapse over a 28-day treatment-free period increases over 12 months (5.8% to 37.5%).

Conclusion: Desmopressin is highly effective at treating nocturnal enuresis symptomatically but cannot be considered a curative therapy. Further investigation into the structured withdrawal method, or long-term treatment and regular weaning, may yield results which can be used to extend the short-term benefits of desmopressin.

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PERINEAL BLOCK WITH PRILOCAINE DURING LABOUR: EFFECT ON NEWBORNS

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Background: Prilocaine is a local anaesthetic of the amide type. Compared to other local anaesthetics of this group it has less cardiovascular and neurological side effects. However, the use of Prilocaine during labour has been associated with the occurrence of methemoglobinemia in newborns. Furthermore newborns seem to be at a higher risk of developing methemoglobinemia due to a lower level of methemoglobin reductase and the fact that foetal haemoglobin is more easily oxidized.

Aim of the study:

1. To compare methemoglobin percentages in, during labour, prilocaine exposed and non-exposed newborns.
2. To study the incidence of methemoglobinemia in newborns.

Study design and results: 19 women who received 10ml prilocaine 1% as perineal block and their newborns were compared with 45 women and their newborns that were not exposed to prilocaine during labour. Of all the 64 newborns included, none had a methemoglobin percentage higher than 3%. There were no statistically significant differences between the methemoglobin percentages in both groups.

A retrospective study including 355 newborns of which 136 were exposed to prilocaine was also carried out. The results of the retrospective study support those found in the prospective study.

Implications of the study: Although newborns are at a higher risk of developing methemoglobinemia, this seems an infrequent problem in this age group. Furthermore, our data suggests that methemoglobinemia in newborns is a rare complication of prilocaine use. The occurrence of methemoglobinemia must be, therefore, weighed against the occurrence of cardiovascular and neurological side-effects of other local anaesthetics for perineal block.

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THE AVAILABILITY AND AGE-APPROPRIATENESS OF PAEDIATRIC MEDICINES

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Background: Optimal paediatric pharmacotherapy requires licensed, commercially available and age-appropriate medicines. In lack of these, health care professionals need to resort to extemporaneous preparations or off-label prescriptions. The EU Paediatric Regulation aims to improve this situation by incentives to increase the number of medicines approved for children. The aim of this study was to provide baseline information to evaluate the effect of the Paediatric Regulation by reviewing the availability and age-appropriateness of licensed, paediatric medicines in the Netherlands.

Methods: The availability of licensed, paediatric medicines was studied with help of the Z-index, the *Informatorium Medicamentorum* and the