

parents did not regret the involvement. 85% said that they had no feelings of guilt. However, 45% felt overwhelmed by the decision.

No parent regretted the decision to be present during their child's death. All parents who had physical contact with their dying baby described this as a positive experience. The majority who had no physical contact later expressed regret for this missed opportunity. Most parents believed that their relationship became stronger after the death of their infant.

Conclusions: A study of grieving is feasible and acceptable to parents. Grief reactions vary considerably and individual differences should be taken into account through the counselling process.

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TOO LITTLE, TOO LATE: POLICY BENCHMARKING REPORT ON NEONATAL HEALTH AND SOCIAL POLICIES IN 13 EUROPEAN COUNTRIES

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The risk of dying is highest in the time around birth - a time when safe childbirth and effective

neonatal care are essential to the survival of the newborn baby. Four million neonatal deaths occur every year around the world - that is 450 every hour. Preterm birth is the major cause of infant mortality and morbidity in both developed and developing countries. In Europe, the prevalence rate of premature birth ranges from 5.5 to 11.4% - an average of 7.1% of all live births. In this report we compare the current health and social policies, as well as practices in 13 EU member states. Despite the growing prevalence and increasing costs, neonatal and preterm infant health rank low on the policy agendas of EU member states. Based on our findings we propose important issues to be considered for policies at EU and national levels.

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PARENTS PERCEPTION OF GIVING ANTENATAL CONSENT TO INCLUDE THEIR PRETERM INFANT INTO A RANDOMIZED CONTROLLED TRIAL (RCT)

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Background: RCT have shown that a slight delay in clamping the cord benefits preterm infants by reducing intraventricular hemorrhages and donor blood transfusion. One ethical problem with such study is obtaining informed consent from parents at a time when they are very vulnerable and stressed by expecting a preterm baby.

Aim: To evaluate parents' perception of including their unborn infant < 33 weeks' gestation into a RCT on a slight delay in clamping the cord or four times milking the cord.

Methods: Prospective, single centre study. Parents, whose infants had participated in the RCT, were offered to take part in a structured interview either performed at the hospital or at home. Recorded interviews were transcribed. The interview analysis was performed by a researcher, who was blinded to the infant's allocation, by using NVivo software. Analysis was then summarized by using systematic thematic analysis.

Results: 37 (31.9%) of 116 eligible parents agreed to take part in the interviews (22 female, mean age