normal aEEGs. Background patterns changed in 8/29 (28%) tracings during the recording. Details of individual recordings will be presented.

Conclusions: The majority of patients with metabolic disorders had abnormal aEEG tracings, some with marked and/or unusual changes. As aEEG monitoring allows for ongoing assessment of patients, it may aid in evaluation, monitoring of treatment responses and counseling in this patient group.

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PRENATAL MATERNAL STEROID TREATMENT - EFFECT ON MORTALITY AND BRONCHOPULMONARY DYSPLASIA (BPD) IN EXTREMELY PREMATURE INFANTS

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Background and aims: Prenatal steroids (PS) are considered important in the treatment of extremely premature infants. The study was undertaken to evaluate the impact of PS on mortality and BPD in a national cohort with a high rate of prenatal steroid tretment.

Methods: All 452 admitted infants with GA ≤ 30 weeks from a national cohort of infants with gestational age (GA) of 22^0 to 27^6 weeks and/or birth weight (BW) of 500 to 999 g were studied. 83 infants died and 376 infants who survived past day 28 were evaluated for development of BPD.

Results: Although infants with or without PS had similar GA and BW, no significant differences in mortality or development of BPD could be seen (Table 1).

		PS+	PS-	p
Entire cohort	452	381*	54	
GA (wks)	26.2±1.7	26,1±1.7	26,3±1.5	0.398
BW (g)	832±180	829±182	842±156	0.596
Died	83 (18.4%)	68 (17.8%)	13 (24.1%)	0.311
BPD cohort	376	322#	41	
GA (wks)	26.4±1.5	26.4±1.6	26,7±1.6	0.257
BW (g)	853±176	845±175	904±174	0.040
BPD	170	148 (45,9%)	19 (46.3%)	0.963

[Table 1]

* data missing for 17 infants # data missing for 13 infants

Conclusions: The study indicates that treatment with prenatal steroids have only minor effects on mortality and development of BPD in extremely premature infants.

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NEONATAL MORBIDITY IN MODERATELY PRETERM INFANTS. A SWEDISH NATIONAL POPULATION-BASED STUDY

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Objective: To determine the gestational age specific risks for neonatal morbidity, interventions and treatments in infants born at the crossroads between very and moderately preterm.

Study design: A population-based Swedish study including 6,674 infants born at 30 to 34 weeks of gestational age (GA) during 2004-2008. Risks for neonatal morbidity and use of interventions were investigated with respect to GA and birth weight standard deviation scores.

Results: Acute lung disorder was diagnosed in 28%, hypoglycemia in 16%, bacterial infection in 15% and hyperbilirubinemia in 59% of the moderately to very preterm infants. Thirty-eight percent were exposed to antenatal steroid therapy, 43% received nCPAP, 5.5% required mechanical ventilation, 5.2%