

88.7% of cases were live births, 3.5% were still births and 7.8% were termination of pregnancy. Mean birth weight in the liveborn cases was 2462±766 grams and median gestational age was 38 (35-39) weeks.

The cases were classified in three groups: 44.7% had isolated esophageal malformation, 31.6% were multiple malformed, 23.7% had an association or syndrome.

During the study period the prenatal detection rates increased.

There are large regional differences in the prevalence and in the prenatal detection rate.

After diagnosis of EA, it is important to evaluate the infant for associated malformations or syndromes, as these are present in more than half of all cases.

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HIGHER RATES OF BIRTH DEFECTS IN NEWBORNS AFTER ICSI PREGNANCY

A.A. Zuppa, V. D'Andrea, V. Cardiello, A. Scorrano, P. Catenazzi, C. Romagnoli

Catholic University of the Sacred Heart, Roma, Italy

The Assisted Reproductive Techniques (ART) have become a routine infertility treatment. International data suggest the high rates of multiple pregnancies, prematurity, low birth-weight, neonatal morbidity/mortality in ART conceived births. Correlation between ART pregnancy and birth defects is not well established yet.

The aim of this study is to compare neonatal outcomes in ICSI-induced pregnancies vs IVF-induced pregnancies delivered at Rome's Gemelli Hospital.

We studied 322 infants conceived through assisted reproductive technology: 147 ICSI and 175 IVF. All newborns were evaluated for prenatal outcomes (maternal age, pregnancy complications) and neonatal outcomes (gestational age, birth-weight, major neonatal diseases, congenital malformations).

32.2% were singletons, 54.2% were twins and 14.6% were triplets.

No significant differences were observed in prenatal outcomes, gestational age (35±2 vs 34±3) birth-

weight (2325±668 vs 2318±759) and major neonatal diseases (34.01% vs 27.42%) compared ICSI/IVF groups. A significant higher rate of malformations in ICSI-group was observed (11.5% vs 5.1% $p < 0.03$): 7 cases of heart defects (4.7%), one case of SNC defect (anencephaly), three cases of clubfoot, three cases of urinogenital defects and three cases of syndrome (2 Down's syndrome and 1 Larsen's syndrome).

No differences were observed in singleton, twins and triplets comparing ICSI/IVF groups.

Our study suggests a significantly increased risk of congenital malformations in ART conceived births. The higher rate of adverse neonatal outcomes and malformations in ICSI-group may be due to micromanipulation of gametes or unknown characteristics in the couples who undergo ICSI-treatment.

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DEVELOPMENT, BEHAVIOR PROBLEMS, AND HEALTH-RELATED QUALITY OF LIFE IN EIGHT-YEAR-OLD CHILDREN WITH DOWN SYNDROME

H.B.M. van Gameren-Oosterom, M. Fekkes, J. Bruil, C.I. Lanting, S. Buitendijk, J.P. Van Wouwe

Netherlands Organisation for Applied Scientific Research, TNO, Leiden, The Netherlands

Objective: Children with Down syndrome (DS) have delayed psychomotor development. We investigated levels of development, problem behavior, and health-related quality of life (HRQoL) in Dutch eight-year-old children with DS. Developmental outcomes were compared with normative data of eight-year-old children from the general population.

Methods: We enrolled 337 (~40% of the total population of) children with DS born in the Netherlands between 1992 and 1994 with DS. Developmental skills were determined by means of the McCarthy Scales of Children's Ability. To measure emotional and behavioral problems we used the Child Behavior Checklist. The HRQoL was assessed with the TNO-AZL Children's Quality of Life (TACQOL) questionnaire. Students' T-tests were applied to compare groups.

Results: Mean developmental age in boys with DS was 3.6 years (SD 0.85), in girls 4.2 years (SD 0.82) ($p < 0.001$). Mean developmental age was substantially lower than the mean calendar age