Review

243 Neonatal Hemolytic Jaundice: Morphologic Features of Erythrocytes That Will Help You Diagnose the Underlying Condition
Christensen, R.D.; Yaish, H.M.; Lemons, R.S.
(Salt Lake City, Utah)

Sources of Neonatal Medicine

267 Pap, Gruel, and Panada: Early Approaches to Artificial Infant Feeding
Obladen, M. (Berlin)

Original Papers

250 Impact of Physician Awareness on Diagnosis of Fetomaternal Hemorrhage
Stroustrup, A.; Plafkin, C. (New York, N.Y.); Savitz, D.A.
(Providence, R.I.)

256 Early Detection of Prenatal Cardiocirculatory Compromise in Small for Gestational Age Infants
Vijlbrief, D.C.; van Bel, F.; Molenschot, M.C.; Benders, M.J.N.L.; Pistorius, L.R.; Kemperman, H.; de Vries, W.B. (Utrecht)

290 A Double-Blind Randomised Controlled Trial of Fish Oil-Based versus Soy-Based Lipid Preparations in the Treatment of Infants with Parenteral Nutrition-Associated Cholestasis
Lam, H.S.; Tam, Y.H.; Poon, T.C.W.; Cheung, H.M.; Yu, X.; Chan, B.P.L.; Lee, K.H.; Lee, B.S.C.; Ng, P.C. (Sha Tin)

297 The Effect of Blood Glucose and pCO₂ on Spectral EEG of Premature Infants during the First Three Days of Life
Schumacher, E.M.; Larsson, P.G.; Pripp, A.H.; Stiris, T.A.
(Oslo)

306 Plotting Transcutaneous Bilirubin Measurements on Specific Transcutaneous Nomogram Results in Better Prediction of Significant Hyperbilirubinemia in Healthy Term and Near-Term Newborns: A Pilot Study
Mohamed, I.; Blanchard, A.C.; Delvin, E.; Cousineau, J.; Carcelier, A. (Montreal, Qué.)

312 Relationship of Salivary and Plasma Cortisol Levels in Preterm Infants: Results of a Prospective Observational Study and Systematic Review of the Literature

Novel Insights from Clinical Practice

263 Pyloric Exclusion for Treatment of Complicated Duodenal Atresia
Balakumar, V.; DeRoss, A.L.; Kouretas, P.C.; Boulanger, S.C.; Barksdale, E.M. (Cleveland, Ohio)

(Continued on inside front cover)

Includes Proceedings of the 29th International Workshop on Surfactant Replacement
Research Briefings

275 Management of Hypotension in Preterm Infants (The HIP Trial): A Randomised Controlled Trial of Hypotension Management in Extremely Low Gestational Age Newborns
Dempsey, E.M. (Wilton); Barrington, K.J. (Montreal, Que.); Marlow, N. (London); O’Donnell, C.P.; Miletin, J. (Dublin); Naulaers, G. (Leuven); Cheung, P.Y. (Edmonton, Alta.); Corcoran, D. (Dublin); Pons, G. (Paris); Stranak, Z. (Prague); Van Laere, D. (Edegem) on behalf of the HIP Consortium

282 A Summary of the Iodine Supplementation Study Protocol (I2S2): A UK Multicentre Randomised Controlled Trial in Preterm Infants
Williams, F.; Hume, R.; Ogston, S. (Dundee); Brocklehurst, P. (London); Morgan, K.; Juszczak, E. (Oxford) on behalf of the I2S2 team

More about Surfactant, Oxygen, Caffeine and Chronic Lung Disease

Preface

320 More about Surfactant, Oxygen, Caffeine and Chronic Lung Disease
Vento, M. (Valencia); Curstedt, T. (Stockholm); Halliday, H.L. (Belfast); Hallman, M. (Oulu); Saugstad, O.D. (Oslo); Speer, C.P. (Würzburg)

6th Bengt Robertson Memorial Lecture

323 Oxygen Supplementation in the Neonatal Period: Changing the Paradigm
Vento, M. (Valencia)

Reviews

332 Caffeine for Apnea of Prematurity: A Neonatal Success Story
Kreutzer, K. (Tübingen); Bassler, D. (Tübingen/Zürich)

337 The Molecular Era of Surfactant Biology
Whitsett, J.A. (Cincinnati, Ohio)

344 Clinical Pharmacology in Neonates: Small Size, Huge Variability
Allegaert, K. (Leuven); van den Anker, J.N. (Washington, D.C./Rotterdam/Basel)

Extended Abstract

350 Ethical Pitfalls in Neonatal Comparative Effectiveness Trials
Modi, N. (London)

Review

352 Chronic Lung Disease of Prematurity: Long-Term Respiratory Outcome

357 Abstracts

364 Author Index Vol. 105, 2014
after 366 Contents Vol. 105, 2014
Neonatology

Fetal and Neonatal Research


Incorporating 'Developmental Pharmacology and Therapeutics', founded by J.V. Aranda, Montreal.

Editors-in-Chief
H.L. Halliday, Belfast
C.P. Speer, Würzburg

Editorial Board
K. Allegaert, Leuven
S. Andersson, Helsinki
E. Bancalari, Miami, Fla.
D. Bassler, Zürich
J. Bhatia, Augusta, Ga.
C. Bührer, Berlin
W. Carlo, Birmingham, Ala.
R. Christensen, Ogden, Utah
T. Curstedt, Stockholm
C. Dani, Florence
B. Darlow, Christchurch
M. Hallman, Oulu
W.W. Hay, Jr., Aurora, Colo.
S.E. Juul, Seattle, Wash.
M. Kaplan, Jerusalem
B. Kramer, Maastricht
R.J. Martin, Cleveland, Ohio
C.J. Morley, Cambridge
J. Neu, Gainesville, Fla.
P.C. Ng, Hong Kong
M.W. Obladen, Berlin
W.S. Park, Seoul

A.G.S. Philip, Sebastopol, Calif.
M. Roth-Kleiner, Lausanne
E. Saliba, Tours
O.D. Saugstad, Oslo
M.S. Schimmel, Jerusalem
M.P. Sherman, Columbia, Mo.
E.S. Shinwell, Rehovot
K. Simmer, Perth, W.A.
J. Smith, Tygerberg

(Cochrane Review Updates)
B. Sun, Shanghai
N. Takahashi, Tokyo
N. Vain, Buenos Aires
F. van Bel, Utrecht
J.N. van den Anker, Washington, D.C.
M. Vento Torres, Valencia
F.J. Walther, Leiden
M. Weindling, Liverpool
J.A. Widness, Iowa City, Iowa
T.F. Yeh, Taipei

KARGER

Printed in Germany on acid-free and non-aging paper (ISO 9706) by Stückle Druck, Ettenheim
Aims and Scope
This highly respected and frequently cited journal is a prime source of information in the area of fetal and neonatal medicine. Original papers present research on all aspects of neonatology, fetal medicine and developmental biology. These papers encompass both basic science and clinical research including randomised trials, observational studies and epidemiology. Basic science research covers molecular biology, molecular genetics, physiology, biochemistry and pharmacology in fetal and neonatal life. Papers reporting results of animal studies should be based upon hypotheses that relate to developmental processes or disorders in the human fetus or neonate.

Submission
Manuscripts written in English should be submitted using the online submission website at:
www.karger.com/neo
Should you experience any problems with your submission, please contact:
neo@karger.com
S. Karger AG
Editorial Office ‘Neonatology’
P.O. Box
CH–4009 Basel (Switzerland)
All manuscripts must be accompanied by a cover letter and a statement with all authors’ signatures (handwritten) saying that they agree with the publication of the paper. Names, postal and e-mail addresses of four international experts in the appropriate area of research should accompany each manuscript. Selected scientists (s) will be invited to act as referee(s). Referees suggested should not be from the same institution as the author and should have expert knowledge of the subject.
Manuscripts may be submitted to the following sections:
• Editorials
• Reviews
• Original Papers
• Consensus Statements
• Short Communications
• Novel Insights from Clinical Practice
• Commentaries
• Research Briefings
• Sources of Neonatal Medicine
• Letters to the Editor

Reviews
Most reviews are submitted upon invitation. However, the editors are open to unsolicited reviews. Authors planning such a review are requested to contact the Editorial Office with a one page outline of the intended review. All reviews are subject to peer review. Systematic reviews should be reported using the format of the Cochrane Neonatal Review Group (www.neonatal.cochrane.org/welcome).

Original Papers
Original articles should not exceed a printed length of two pages, i.e., generally not more than 1,400 words of text accompanied by 2 figures or tables and be from 5 to 10 references.

Novel Insights from Clinical Practice
(formerly Case Reports)
The publication space available for case reports is very limited. The journal only considers case reports with significant new insights or with an extremely unusual and memorable course. Highlighted boxes containing one or two bullet points on ‘Established Facts’ (what is already known) and ‘Novel Insights’ (what new information has been gained) are required and should be placed on the first page of the report. These should be selected so as to reinforce the novelty of the clinical observation. The manuscript should be presented with an abstract (unstructured, max. 150 words), followed by introduction, case report and discussion. Maximum 2 figures or 2 tables or 1 figure and 1 table.

Conditions
All manuscripts are subject to editorial review. Manuscripts are received with the explicit understanding that they are not under simultaneous consideration by any other publisher. Submission of an article for publication implies the transfer of the copyright from the author to the publisher upon acceptance. Accepted papers become the permanent property of Neonatology and may not be reproduced by any means, in whole or in part, without the written consent of the publisher. It is the author’s responsibility to obtain permission to reproduce illustrations, tables, etc. from other publications.

Conflict of Interest:
All forms of support, including that of drug companies, and any potential source of conflict of interest should be acknowledged in the cover letter to the editor when applicable. The statement will be printed at the end of the article.

Ethics:
Published research must comply with the guidelines for human studies and animal welfare regulations. Authors should state that subjects have given their informed consent and that the study protocol has been approved by the institution's committee on human research. Further, they should also state that animal experiments conform to institutional standards.

Arrangement
Title page: The first page of each paper should indicate the title, the authors' names, the institute where the work was conducted, and a short title for use as running head.

Line numbering:
Lines should be numbered (1, 2, 3, etc.) and displayed in the left margin of the manuscript (line numbering should be continuous throughout the entire manuscript i.e., do not begin numbering from 1 again at the top of each page).

Full address:
The exact postal address of the corresponding author complete with postal code must be given at the bottom of the title page. Please also supply phone and fax numbers, as well as e-mail address.

Key words:
Please supply 3–10 key words in English that reflect the content of the paper.

Abstract:
Each paper needs an abstract of up to 250 words. It should be structured as follows:

Background: What is the major motive that prompted this study?

Objectives: What is the purpose of the study?

Methods: How was the study done?

Results: Most important findings

Conclusions: Most important conclusions

Footnotes:
Avoid footnotes.

Tables and illustrations:
Tables and illustrations (both numbered in Arabic numerals) should be prepared on separate pages. Tables require a heading and figure legends should be supplied on a separate page. For technical reasons, figures with a screen background should not be submitted. When possible, group several illustrations on one block for reproduction (max. size 180 × 223 mm) or provide crop marks. Electronically submitted b/w halftone and color illustrations must have a final resolution of 300 dpi after scaling, line drawings one of 800–1200 dpi. Figure files must not be embedded in a document file but submitted separately.

Color illustrations:
Online edition: Color illustrations are reproduced free of charge. In the print version, the illustrations are reproduced in black and white. Please avoid referring to the colors in the text and figure legends.

Print edition: Up to 6 color illustrations per page can be integrated within the text at CHF 800.– per page.

References:
In the text identify references by Arabic numerals [square brackets]. Material submitted for publication but not yet accepted should be noted as [unpublished data] and not be included in the reference list. The list of references should include only those publications which are cited in the text. Do not alphabetize; number references in the order in which they are first mentioned in the text. The surnames of the authors followed by initials should be given. There should be no punctuation other than a comma to separate the authors. Preferably, please cite all authors. Abbreviate journal names according to the Index Medicus system. Also see International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals (www.icmje.org).

Examples
(b) Papers published only with DOI numbers: AlFalak K, Anabrees J, Bassler D: Probiotics reduce the risk of necrotizing enterocolitis in preterm infants: a meta-analysis. Neonatology DOI: 10.1159/000253684.

SI Units
SI units should be used. Listings of SI units may be found in the following publications:

S. Karger AG, Basel
E-Mail karger@karger.com
www.karger.com
The Guidelines for Authors are available at: www.karger.com/neo_Guidelines

© 2014 S. Karger AG, Basel


Digital Object Identifier (DOI)

S. Karger Publishers supports DOIs as unique identifiers for articles. A DOI number will be printed on the title page of each article. DOIs can be useful in the future for identifying and citing articles published online without volume or issue information. More information can be found at www.doi.org.

Supplementary Material

Supplementary material is restricted to additional data that are not necessary for the scientific integrity and conclusions of the paper. Please note that all supplementary files will undergo editorial review and should be submitted together with the original manuscript. The Editors reserve the right to limit the scope and length of the supplementary material. Supplementary material must meet production quality standards for Web publication without the need for any modification or editing. In general, supplementary files should not exceed 10 MB in size. All figures and tables should have titles and legends and all files should be supplied separately and named clearly. Acceptable files and formats are: Word or PDF files, Excel spreadsheets (only if the data cannot be converted properly to a PDF file), and video files (.mov, .avi, .mpeg).

Author's Choice™

Karger's Author's Choice™ service broadens the reach of your article and gives all users worldwide free and full access for reading, downloading and printing at www.karger.com. The option is available for a one-time fee of CHF 3000.–, which is a permissible cost in grant allocation. More information can be found at www.karger.com/authors_choice.

NIH-Funded Research

The U.S. National Institutes of Health (NIH) mandates under the NIH Public Access Policy that final, peer-reviewed manuscripts appear in its digital database within 12 months of the official publication date. As a service to authors, Karger submits the final version of your article on your behalf to PubMed Central. For those selecting our premium Author's Choice™ service, we will send your article immediately upon publishing, accelerating the accessibility of your work without the usual embargo. More details on NIH’s Public Access Policy are available at http://publicaccess.nih.gov/policy.htm

Self-Archiving

Karger permits authors to archive their pre-prints (i.e. pre-refereeing) or post-prints (i.e. final draft post-refereeing) on their personal or institution’s servers, provided the following conditions are met: Articles may not be used for commercial purposes, must be linked to the publisher’s version, and must acknowledge the publisher’s copyright. Authors selecting Karger's Author's Choice™ feature, however, are also permitted to archive the final, published version of their article, which includes copy-editing and design improvements as well as citation links.

Page Charges

A charge of CHF 60.– per page (except for invited reviews which are free) will be levied for the first 3 printed pages of an article. Each additional complete or partial page will be charged to the author at CHF 325.–. 3 printed pages are equal to approx. 9 manuscript pages (including tables, illustrations and references).

Proofs

Proofs are sent to the corresponding author and should be returned with the least possible delay. Alterations other than the correction of printer’s errors are charged to the author.

Reprints

Order form and price list is sent with the pdf proofs. Orders submitted after the issue is printed are subject to considerably higher prices.

For over 40 years the Karger Gazette has been distributed to a growing audience worldwide. Published once a year in newspaper format, it highlights advances in biomedicine and clinical practice, introduces personalities, portrays research institutes and chronicles milestones in the history of Karger Publishers in a lively and readable style. With invited contributions by experts from all over the world, each issue is devoted to a special topic of current interest.

In the latest issue, read free articles on the famous anatomist Andreas Vesalius, his times and his ground-breaking atlas ‘De humani corporis fabrica’, and more.

For your free print subscription — gazette@karger.com

Read it online — www.karger.com/gazette

S. Karger AG
Medical and Scientific Publishers
Karger Gazette
Allschwilerstrasse 10
CH–4009 Basel
Switzerland
www.karger.com
22nd Annual International Neonatal Conference and Ventilatory Workshop
Middlesbrough, UK
Thursday 12 to Saturday 14 June 2014
Durham University, Queen’s Campus, Stockton on Tees, Teesside, UK

Pre-conference “Advanced Ventilatory Workshop” Thursday 12 June 2014

Annual International Neonatal Conference – Friday 13 – Saturday 14 June 2014

Topics include:
- Advances in Neonatal Resuscitation
- Respiratory Support in the Newborn: The Myths and Realities
- Neonatal Pulmonary Function Assessment: From the Laboratory to the Bedside
- Neonatal Apnoea, Bradycardia and Desaturation: The Journey Never Ends
- Neonatal Neurology and Brain Protection: Current Concepts and Evolving Therapies
- Hypoxic Ischaemic Encephalopathy: Medico-legal Implications for the Professionals
- Neonatal Transport: How Can We Improve?
- Advances in Neonatal Nutrition and Evolving Trends
- Use of Advanced Technology to Improve Oxygen Therapy in Newborns
- Gastro Oesophageal Reflux in Newborns: Current Concepts and Controversies
- Neonatal Pharmacology and Drug Development
- Controversies, Conundrums and Pearls of Wisdom in Neonatal Medicine

Registration and fees:
Advanced Ventilatory Workshop & Annual Neonatal Conference £480 (3 days).
Annual Neonatal Conference £360 – 2 days, £180 1 day. Advanced Ventilatory Workshop £220 (1 day).

For an application form, please contact
Conferences and Courses Department, Academic Division, The James Cook University Hospital,
Marton Road, Middlesbrough, TS4 3BW
Telephone 01642 282534, Fax 01642 282535, Email nicky.robinson@stees.nhs.uk
Or apply online: www.neonatalconference.co.uk

F14449

2nd Berlin Neonatology Summer School
September 5–6, 2014
Berlin (Germany)
Eventpassage

Scientific Organization
Christoph Bührer
Charité University Medical Centre, Berlin

Legal Organizer & PCO
Congress, Exhibition and Sponsoring
MCI Deutschland GmbH
Markgrafenstr. 56
10117 Berlin, Germany
Phone: +49 (0)30 20 45 90 90
Fax: +49 (0)30 20 45 950
E-mail: neosummer@mci-group.com

http://neosummer2014.mci-berlin.de
110. Jahrestagung der Deutschen Gesellschaft für Kinder- und Jugendmedizin e.V. (DGKJ)

11. – 14. September 2014
CCL – Congress Center Leipzig

Abstractdeadline
30. April 2014

Gemeinsam mit der
66. Jahrestagung der Deutschen Gesellschaft für Sozialpädiatrie und Jugendmedizin (DGSPJ)

52. Herbsttagung der Deutschen Gesellschaft für Kinderchirurgie (DGKCH)

36. Jahrestagung des Berufsverbandes Kinderkrankenpflege Deutschland (BeKD)

22. Jahrestagung der Deutschen Gesellschaft für Pädiatrische Infektiologie (DGPI)

24. Jahrestagung der Gesellschaft für Kinder- und Jugendrheumatologie (GKJR)

84. Wissenschaftlichen Halbjahrestagung der Gesellschaft für Pädiatrische Onkologie und Hämatologie (GPOH)

AG Pädiatrische Radiologie der Deutschen Röntgengesellschaft (DRG)

www.dgkj2014.de
**VI** RECENT ADVANCES IN NEONATAL MEDICINE

AN INTERNATIONAL SYMPOSIUM HONORING PROF. TORE CURSTEDT, STOCKHOLM

**WÜRZBURG, GERMANY, OCTOBER 5 - 7, 2014**

<table>
<thead>
<tr>
<th>FACULTY</th>
<th>C-SECTION, POSTNATAL STABILIZATION AND SURFACTANT</th>
<th>NECROTIZING ENTEROCOLITIS AND NUTRITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denis V. Azzopardi, London, UK</td>
<td>C-section and the preterm infant</td>
<td>NEC: The mystery goes on</td>
</tr>
<tr>
<td>Eduardo Bancalari, Miami, USA</td>
<td>Stabilization in the delivery room</td>
<td>NEC: Markers of early detection</td>
</tr>
<tr>
<td>Moataza Bashir, Cairo, Egypt</td>
<td>When and how to give surfactant?</td>
<td>Breast milk, probiotics and lactoferrin</td>
</tr>
<tr>
<td>Dirk Basler, Tübingen, Germany</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frank van Bel, Utrecht, NL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jacques Belik, Toronto, Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACULTY</td>
<td>MAIN</td>
<td>THERAPEUTIC INTERVENTIONS</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Vaneet Bhandari, New Haven, USA</td>
<td>THE FIRST MINUTES OF LIFE</td>
<td>How to diagnose and manage hypotension?</td>
</tr>
<tr>
<td>Giuseppe Buonocore, Siena, Italy</td>
<td>• How much oxygen is tolerable?</td>
<td>• Caffeine and inhaled steroids: Time for prophylaxis?</td>
</tr>
<tr>
<td>Carles Cartell, Barcelona, Spain</td>
<td>• Sustained inflations: What is the evidence?</td>
<td>• Useless and dangerous therapies in neonatology</td>
</tr>
<tr>
<td>Robert Carr, London, UK</td>
<td>• Face mask or nasal prong immediately after birth?</td>
<td></td>
</tr>
<tr>
<td>Yun-Sil Chang, Seoul, Korea</td>
<td>• Delayed cord clamping?</td>
<td></td>
</tr>
<tr>
<td>Jung-Hwan Choi, Seoul, Korea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert D. Christensen, Salt Lake City, USA</td>
<td>NON-INVASIVE VENTILATION AND OXYGEN TARGETS</td>
<td>BRAIN AND ROP</td>
</tr>
<tr>
<td>Eugene Dempsey, Cork, Ireland</td>
<td>• Nasal CPAP or high flow nasal canula?</td>
<td>• Brain cooling and Xenon</td>
</tr>
<tr>
<td>Vassilis Fanos, Cagliari, Italy</td>
<td>• Practical issues of targeting oxygen</td>
<td>• Intracerebral haemorrhage — what is new?</td>
</tr>
<tr>
<td>Joseph Hadad, Beirut, Lebanon</td>
<td>• Avoiding post-extubation failure</td>
<td>• IGF-1 and anti-VEGF in ROP?</td>
</tr>
<tr>
<td>Henry J. Halliday, Belfast, UK</td>
<td>BPD AND PDA</td>
<td>SEPSIS, PLATELETS AND ERYTHROCYTES</td>
</tr>
<tr>
<td>Mikko Hallman, Oulu, Finland</td>
<td>• BPD — Then and now</td>
<td>• Biomarkers in early onset sepsis</td>
</tr>
<tr>
<td></td>
<td>• Mesenchymal stem cells for BPD?</td>
<td>• Thrombocytopenia and platelet transfusion</td>
</tr>
<tr>
<td></td>
<td>• Controversies in the management of PDA</td>
<td>• Evidence-based transfusion practice</td>
</tr>
</tbody>
</table>

**WORKSHOPS**

<table>
<thead>
<tr>
<th>STABILIZATION IN THE DELIVERY ROOM</th>
<th>PRE- AND POSTNATAL INFECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latest guidelines, optimal saturations, devices for stabilization, respiratory care</td>
<td>Neonatal immune system, neonatal sepsis, invasive candidiasis, correction of immunodeficiencies?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>SURFACTANT, STEROIDS AND VENTILATION</td>
<td>NUTRITION, HEMATOLOGY</td>
</tr>
<tr>
<td>European guidelines, pre- and postnatal steroids, nasal IPPV, conventional versus HFO-ventilation</td>
<td>Optimal enteral feeding, parenteral nutrition, i.v. lipids, intestinal perfusion, hemolytic anemia and jaundice in the NICU</td>
</tr>
<tr>
<td>PRACTICE AND NEW TECHNIQUES</td>
<td>NEONATOLOGY IN DEVELOPING COUNTRIES</td>
</tr>
<tr>
<td>From evidence to practice in neonatal medicine, technology enhanced learning, oximetry, surfactant without ET tube</td>
<td>Intensive care: Is it a must? Optimal ventilation and surfactant strategies, devastating epidemic of ROP</td>
</tr>
<tr>
<td></td>
<td>YOUNG INVESTIGATOR'S CORNER</td>
</tr>
<tr>
<td>BRAIN INJURY</td>
<td>Urgent topics: Brain injury and inflammation, mesenchymal stem cells in neonatal organ injury, round table discussion</td>
</tr>
<tr>
<td>Neuroprotection, hypoxic ischemic encephalopathy, neonatal seizures, erythrocytes, platelets and brain injury?</td>
<td></td>
</tr>
</tbody>
</table>

**SCIENTIFIC CONGRESS ORGANIZATION: PROF. CHRISTIAN P. SPEER, MD, FRCPE**

www.recent-advances.com
EMPOWERING A GLOBAL PEDIATRIC COMMUNITY THROUGH NETWORKING AND MEDICAL EDUCATION

Join us for the sixth edition of Excellence in Pediatrics conference and benefit from:

- An outstanding international faculty featuring more than 70 distinguished names in modern pediatrics
- Bursaries offered for pediatric health care professionals from the developing world to attend special Schools and the conference
- Over 80 scientific sessions in an inspiring mix of interactive formats and group learning
- Access to the latest practice-changing advice that can instantly be leveraged in your clinical practice on “Monday morning” after the conference
- Continue your professional medical development and earn CME credits provided by UEMS/EACCME - EiP 2013 delegates had the chance to earn 17 credits through their attendance.
- A novel one-day EiP Congress on Women and Children’s Health focusing on important women’s health issues and connecting parents with the very best paediatric advice
- International multi-stakeholder policy summits - as part of Initiatives

SECURE YOUR PLACE NOW & DISCOVER THE MANY DIMENSIONS OF EiP 2014!

2014.ineip.org
eip@ineip.org
Contents

See the journal website for contents
GUEST SPEAKERS
Daniel Benjamin Jr., M.D., Ph.D.
Sudarshan R. Jadcherla, MD, FRCP (Irel), DCH, AGAF
Matthew M. Laughon, M.D.
Shoo K. Lee, MBBS, FRCP, Ph.D.
Neil Marlow, M.D.
Josef Neu, M.D.
Christian F. Poets, M.D.
Brenda Poindexter, MD, MS
Lois Smith, MD, PhD
Ricardo Uauy, M.D.
John N. van den Anker, MD, PhD

TOPICS
BPD-PDA
Family Integrated Care
Neonatal Infections: Bacterial and Fungal
Neonatal Pharmacology
Timing of Delivery in Fetal Growth Restriction
Apnea of Prematurity
Neonatal GI Problems: Feeding Intolerance, GERD
Oxygen Targets
Long-term Developmental Outcomes
Neonatal Epidemiology: Networks

http://www.miamineonatology.com
Fetal Cardiac Function

Editors
Fatima Crispi
Eduard Gratacós

Contents

Review
Myocardial Motion and Deformation: What Does It Tell Us and How Does It Relate to Function:
Bijnens, B.; Cikes, M.; ButskoI, C.; Sitges, M.; Crispi, F.

Mini-Review
Fetal Cardiac Function: M-Mode and 4D Spatio-temporal Image Correlation:
Godfrey, M.E.; Messing, B.; Valsky, D.V.; Cohen, S.M.; Yagel, S.

Reviews
Evaluation of Conventional Doppler Fetal Cardiac Function Parameters: E/A Ratios, Outflow Tracts, and Myocardial Performance Index:
Hernández-Andrade, E.; Benavides-Serralde, J.A.; Cruz-Martínez, R.; Welsh, A.; Mancilla-Ramírez, J.
Assessment of Fetal Cardiac Function Using Tissue Doppler Techniques:
Comas, M.; Crispi, F.
Assessment of Fetal Myocardial Deformation Using Speckle Tracking Techniques:
Germanakis, I.; Gardiner, H.
Fetal Cardiac Function: Technical Considerations and Potential Research and Clinical Applications:
Crispi, F.; Gratacós, E.

Original Papers: Techniques
Fetal Longitudinal Myocardial Function Assessment by Anatomic M-Mode:
Germanakis, I.; Pepes, S.; Sifakis, S.; Gardiner, H.
Comparison of Doppler-Based and Three-Dimensional Methods for Fetal Cardiac Output Measurement:
DeKoninck, P.; Steenhaut, P.; Van Mieghem, T.; Mhallem, M.; Richter, J.; Bernard, P.; De Catte, L.; Deprest, J.
Normal Reference Ranges from 11 to 41 Weeks’ Gestation of Fetal Left Modified Myocardial Performance Index by Conventional Doppler with the Use of Stingent Criteria for Delimitation of the Time Periods:
Development of Australian Reference Ranges for the Left Fetal Modified Myocardial Performance Index and the Influence of Caliper Location on Time Interval Measurement:
Meriki, N.; Welsh, A.W.
Feasibility and Reproducibility of a Standard Protocol for 2D Speckle Tracking and Tissue Doppler-Based Strain and Strain Rate Measurement:
Acosta-Rojas, R.; Figueras, F.; Parra-Cordero, M.; Deprest, J.; Gratacós, E.

Original papers: Clinical Applications
Comparison of PR Intervals Determined by Fetal Magnetocardiography and Pulsed Doppler Echocardiography:

Risk of Perinatal Death in Early-Onset Intrauterine Growth Restriction according to Gestational Age and Cardiovascular Doppler Indices: A Multicenter Study:
Myocardial Strain Abnormalities in Fetal Congenital Heart Disease Assessed by Speckle Tracking Echocardiography:
Germanakis, I.; Matsui, H.; Gardiner, H.M.
Speckle Tracking-Derived Myocardial Tissue Deformation Imaging in Twin-Twin Transfusion Syndrome: Differences in Strain and Strain Rate between Donor and Recipient Twins:
Is the Addition of the Ductus Venous Useful when Screening for Aneuploidy and Congenital Heart Disease in Fetuses with Normal Nuchal Translucency:
Prats, P.; Ferrer, Q.; Comas, C.; Rodriguez, I.

Author Index
Subject Index
Improved conditions of care for premature infants have led to markedly increased survival rates over the last few decades, particularly in very low and extremely low birth weight infants. Nutritional measures play a central role in the long-term outcome, health and quality of life of these premature infants. In this publication, leading experts from all 5 continents present the most recent evidence and critical analyses of nutrient requirements and the practice of nutritional care (with the focus on very low birth weight infants) to provide guidance for clinical application. After the introductory chapters, covering nutritional needs and research evidence in a more general manner, topics such as amino acids and proteins, lipids, microminerals and vitamins, parenteral and enteral nutrition as well as approaches to various disease conditions are addressed.

Due to its focus on critical appraisals and recommendations, this book is of interest not only for the researcher who wants to keep up to date, but also for the clinician faced with premature infants in his practice.

Contents

- Preface: Koletzko, B.; Poindexter, B.; Uauy, R.
- Historical Perspective: Tsang, R.C.
- Defining the Nutritional Needs of Preterm Infants: Uauy, R.; Koletzko, B.
- Nutrition, Growth and Clinical Outcomes: Ehrenkranz, R.A.
- Assessing the Evidence from Neonatal Nutrition Research: Szajewska, H.; Koletzko, B.; Mimouni, F.B.; Uauy, R.
- Enteral and Parenteral Lipid Requirements of Preterm Infants: Lapillonne, A.
- Water, Sodium, Potassium and Chloride: Fusch, C.; Jochum, F.
- Nutritional Care of Premature Infants: Microminerals: Domellöf, M.
- Calcium, Phosphorus, Magnesium and Vitamin D Requirements of the Preterm Infant: Mimouni, F.B.; Mandel, D.; Lubetzky, R.; Senterre, T.
- Vitamins – Conventional Uses and New Insights: Leaf, A.; Lansdowne, Z.
- The Developing Intestinal Microbiome: Probiotics and Prebiotics: Neu, J.
- Practice of Parenteral Nutrition in VLBW and ELBW Infants: Embleton, N.D.; Simmer, K.
- Preterm Nutrition and the Brain: Ramel, S.E.; Georgieff, M.K.
- Practice of Enteral Nutrition in Very Low Birth Weight and Extremely Low Birth Weight Infants: Senterre, T.
- Human Milk and Human Milk Fortifiers: Ziegler, E.E.
- Approaches to Growth Faltering: Poindexter, B.
- Preterm Nutrition and the Lung: Moya, F.
- Necrotizing Enterocolitis: Neu, J.
- Feeding the Preterm Infant after Discharge: Lapillonne, A.
- Meeting the Challenge of Providing Neonatal Nutritional Care to Very or Extremely Low Birth Weight Infants in Low-Resource Settings: Murguia-Peniche, T.; Kirsten, G.F.
- Recommended Nutrient Intake Levels for Stable, Fully Enteraly Fed Very Low Birth Weight Infants: Koletzko, B.; Poindexter, B.; Uauy, R.
An expertly written, practical handbook for the clinical assessment and management of children with inherited and acquired bleeding and clotting disorders

SickKids Handbook of Pediatric Thrombosis and Hemostasis

Editors
Victor S. Blanchette
Vicky R. Breakey
Shoshana Revel-Vilk

This handbook takes the reader through the entire field of pediatric thrombosis and hemostasis. An introductory section concisely explains the complex pathophysiology of hemostasis and thrombosis. The chapters that follow include practical, evidence-based information on the diagnosis and management of inherited and acquired bleeding disorders and thrombotic events of the venous, arterial, cardiac and central nervous systems that affect children. Special features include practical clinical algorithms and appendices that cite normal laboratory reference ranges, as well as recommended dosages of blood products and major hemostatic agents. A standalone chapter is dedicated to developmental hemostasis and bleeding in the neonate. A chapter on antithrombotic therapy in children gives succinct information on the old and new anticoagulants, antiplatelet drugs and thrombolytic agents.

Written and reviewed by international experts in the field, this handbook is intended for health care professionals involved in the assessment and care of children with inherited and acquired bleeding and clotting disorders, including general and specialist pediatricians (in particular intensivists, neonatologists, cardiologists/cardiac surgeons, rheumatologists and nephrologists), hematologists/oncologists (pediatric and adult), as well as medical trainees, nurses, nurse practitioners and pharmacists.

Contents

- Contributors
- Preface
- Pediatric Thrombosis and Hemostasis: A Historical Perspective: Breakey, V.R.; Blanchette, V.S.
- Bleeding in the Neonate: Avila, L.; Barnard, D.
- Platelet Disorders in Children: van Eimeren, V.; Kahr, W.H.A.
- Managing Hemophilia in Children and Adolescents: Robertson, J.D.; Curtin, J.A.; Blanchette, V.S.
- von Willebrand Disease in Children: Breakey, V.R.; Carcao, M.
- Rare Congenital Factor Deficiencies in Childhood: Xavier, F.; Blanchette, V.S.
- Acquired Bleeding Disorders in Children: Kumar, R.; Steele, M.
- A Diagnostic Approach to a Child with Thrombosis: Rizzi, M.; Barnes, C.
- Venous Thrombosis: Price, V.E.; Brandão, L.R.; Williams, S.
- Arterial Thrombosis: Revel-Vilk, S.; Albisetti, M.; Massicotte, M.P.
- Thromboembolic Events at Specific Organ Sites: Labarque, V.; Chan, A.K.C.; Williams, S.
- Pediatric Stroke: Andrade, A.; Ichord, R.; Dlamin, N.; Williams, S.; deVeber, G.
- Bleeding and Clotting in Children with Cardiac Disease: Diab, Y.; McCrindle, B.W.; Brandão, L.R.
- Antithrombotic Therapy in Children: Biss, T.; Monagle, P.
- Appendix I: Reference Ranges for Common Tests of Bleeding and Clotting: Breakey, V.R.
- Appendix II: Common Products Used to Manage Bleeding and Clotting: Simpson, E.; Liebman, M.
- Abbreviations
- Subject Index

The easiest way to order: www.karger.com/sickkids
Unlike adult gastroenterology, pediatric gastroenterology is characterized by developmental disorders; the approach to the same disease condition may therefore be widely different, and there is an increasing need from pediatric gastroenterologists and pediatricians for easy diagnostic tools. Algorithms provide a logical, concise and cost-effective approach to medical reasoning and help avoid excessive unnecessary procedures and testing. Practical Algorithms in Pediatric Gastroenterology is a simple, bedside pragmatic text which classifies common clinical symptoms and signs, laboratory abnormalities and issues of management in the expanding field of pediatric gastroenterology as presented in daily practice. Written by leading experts in the field of pediatric gastroenterology and surrounding fields, this book is aimed at an audience of general and family practitioners, pediatricians and trainees who are not exposed on a day-to-day basis to pediatric gastroenterology problems.

Contents – Main Headings
- Various gastrointestinal conditions
- Gastroesophageal reflux and vomiting
- Other motility disorders
- Stomach and intestine
- Inflammatory bowel disease
- Surgical conditions
- Liver
- Pancreas

www.karger.com/papg

Dear Librarian
I have reviewed this publication and would like to recommend it for our library.
Recommended by:

Department:

Date:

Signature:

Orders may be placed with any bookshop, subscription agency, directly with the publisher or through a Karger distributor.

Karger – Medical and Scientific Publishers
CH-4009 Basel, Switzerland
orders@karger.com, t +41 61 306 12 34
www.karger.com