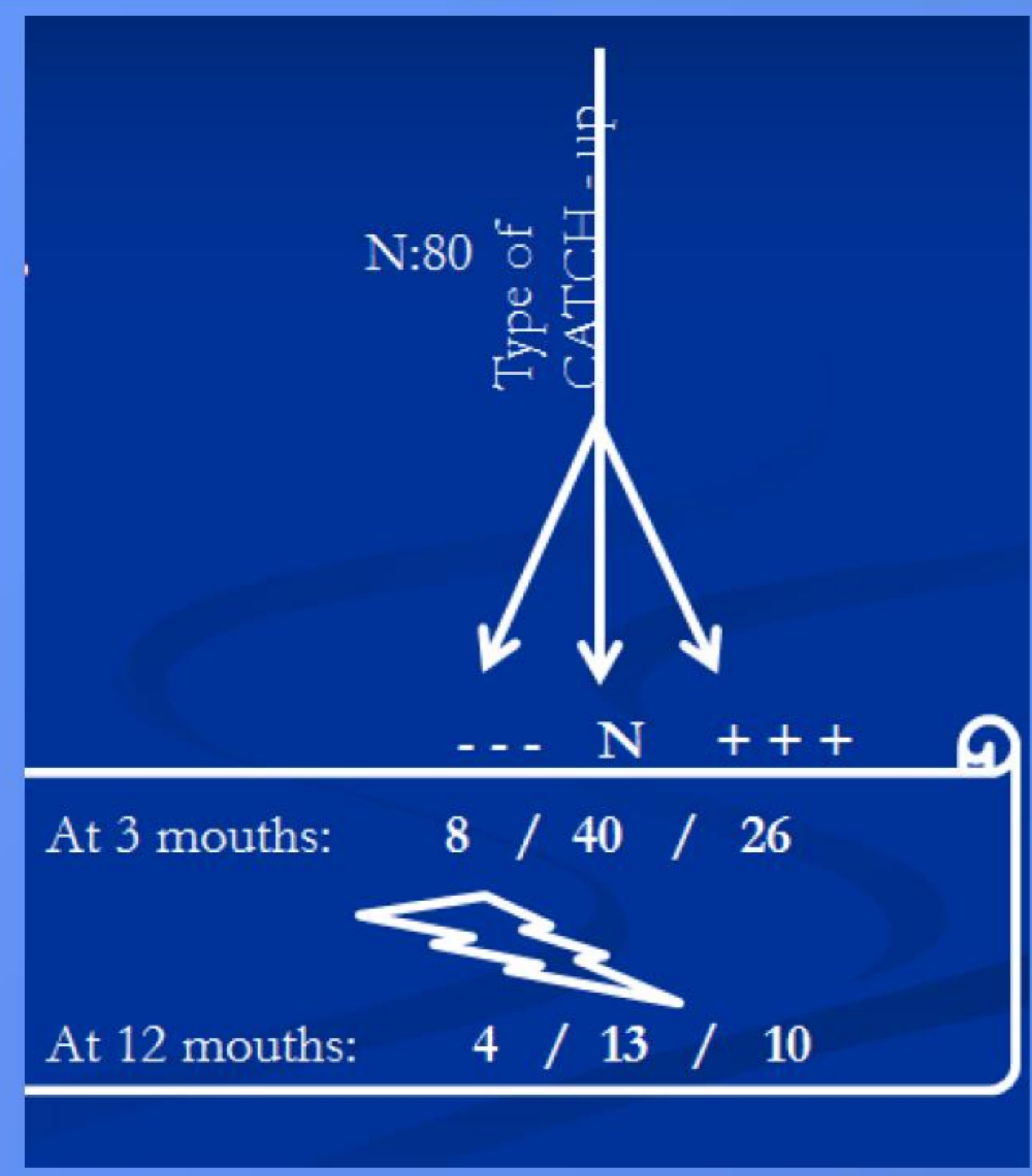


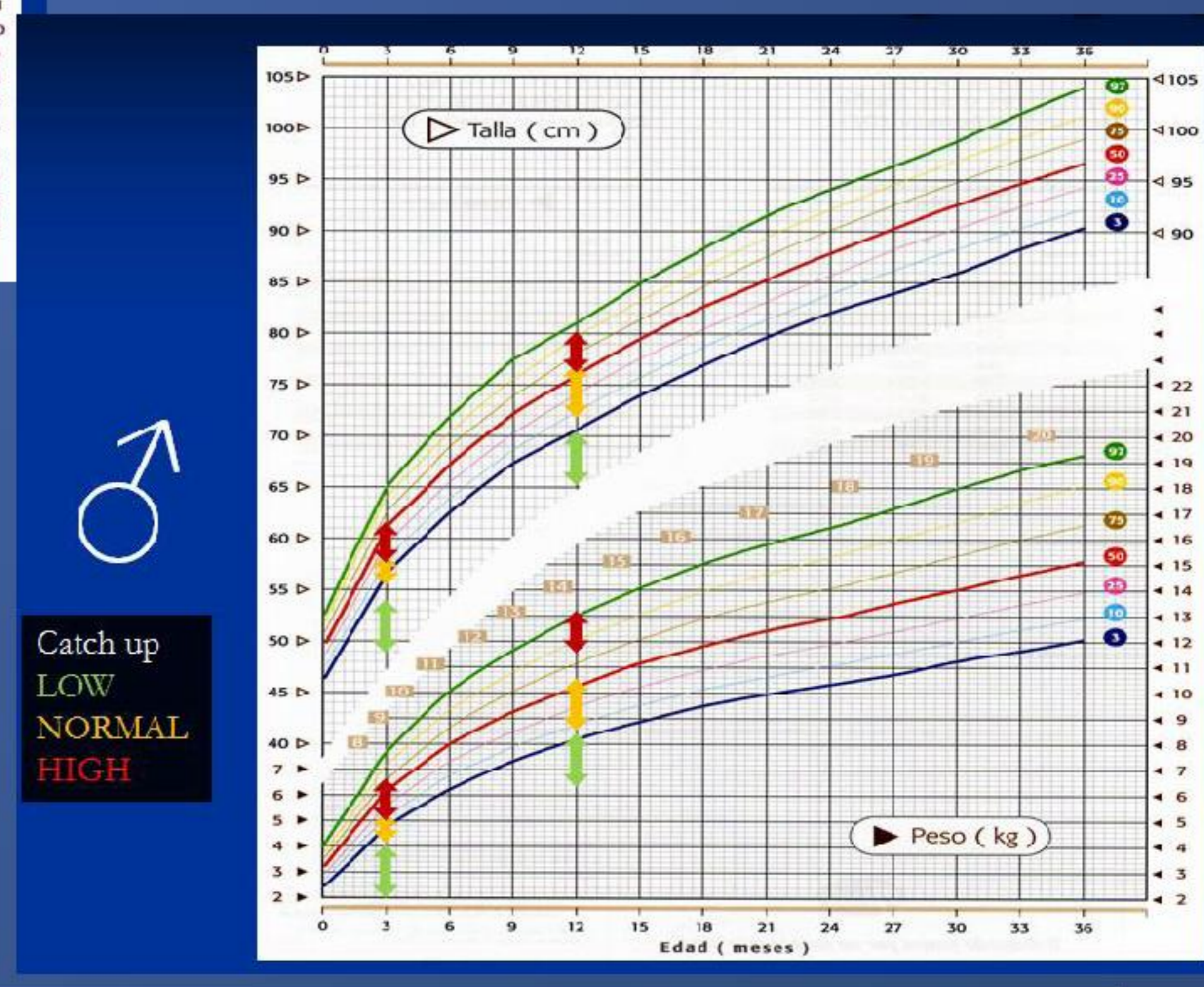
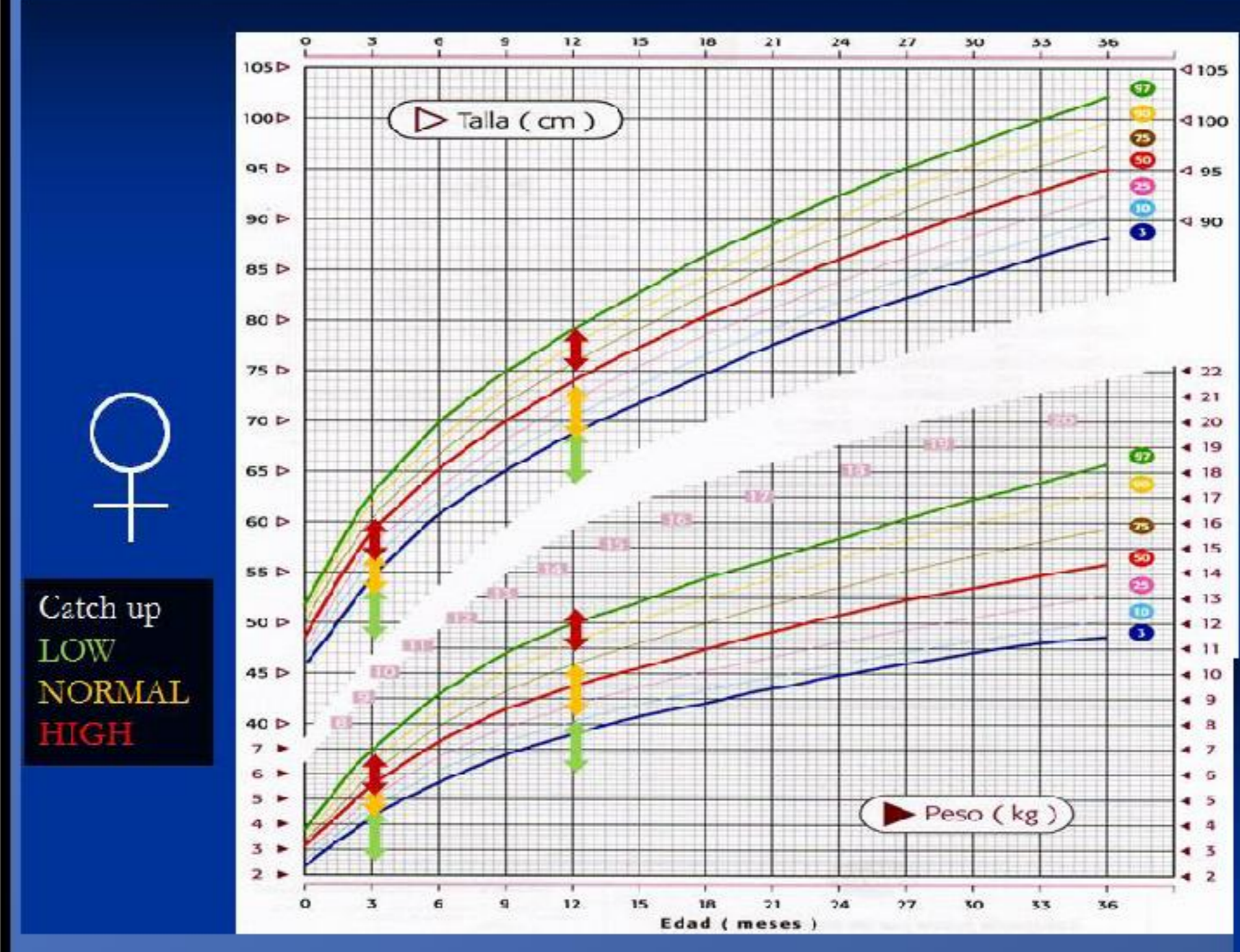
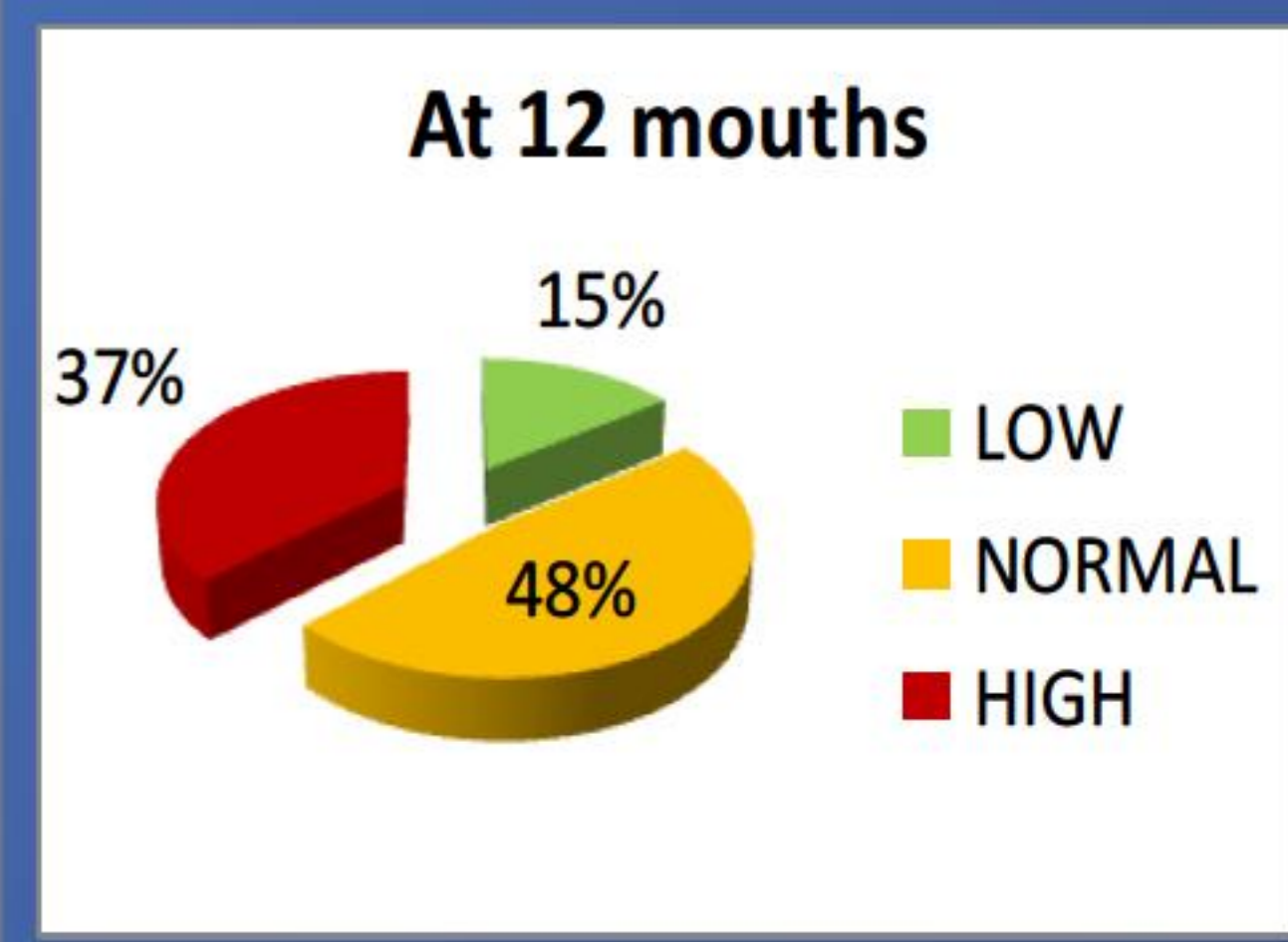
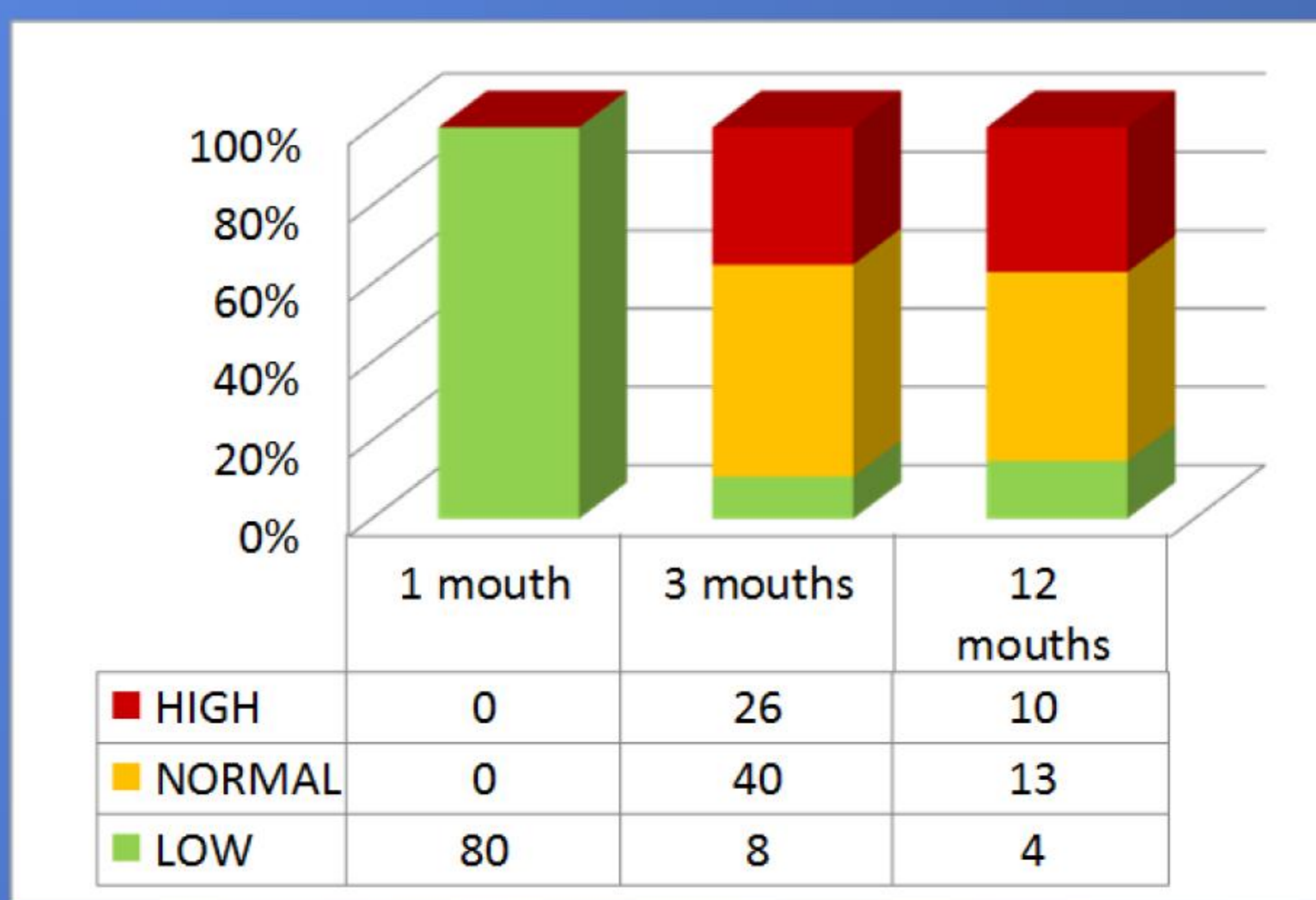
INTRODUCTION: different features of a cohort of children born SGA



OBJECTIVE: study the social/enviromental factors and different catch-up in a cohort of SGA

MATERIAL & METHODS: All the newborns during 2012-2014, were classified according gestational age (EG) and weight / height (Spanish Growth Study of 2008 tables). Following visits for children born SGA were at the age of 0,3,6,9,12 ,24 months. Measurement: Size, weight and different perimeters
Blood samples were obtained (3,12, 24 month)

RESULTS:
80 PEG were studied in 18 months(♂44, 55%).
Epidemiological data:
Mothers average age 32.2 years . Another offspring born SGA 11/80(14%). Maternal smoking during pregnancy 32/80 (40%), 4 [3-15] cigarettes / day; work during pregnancy 55/80(68%); medication during pregnancy 24/80(30%) (70% for asthma, 20% L-thyroxine ,10% others) .
Associated pathology:
41/80(53%) (gestosis, eclampsia, DM, thyroiditis, psychogenic stress). Gestational age, at term 52/80(67%); eutocic 68/80 (85%).
SGA children at birth: weight average DS -2.6[-3.5 to 2.0], size average DS-2.5[-3.2 to 2.1], for each sex and EG. Exclusive breast lactation: 60/80(75%) during the 1st month of life. Newborn pathology in the 1st month of life 20/80(25%).Hospitalization during this 12 months 2/48 (4%) (bronchiolitis).
At 12 months of follow up we have 48 cases.
7 of 48 cases (15%) did not had adequate catch up
28/48 cases (60%) had too fast catch up



CONCLUSIONS:
The age of the pregnant, their lifestyle (snuff, stress and work) and regular medications (asthma), is increasing the number of SGA. These children seem to require greater use of artificial feeding, and higher rate of hospital admissions at birth than children with adequate size at birth .
75% of the SGA newborn presents a inappropriate development in the first year of life, which may have future implications