**Predictability of Cerebral Palsy in a high-risk NICU population**

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**Methods**
During an 11-year period (1995-2005) 1021 consecutively NICU-admitted high-risk infants were assessed up to the corrected age of at least 2 years. CP was categorized relative to subtype, distribution and severity. Several perinatal characteristics and neonatal cerebral ultrasound images were used in the logistic regression model for the risk of CP and its characteristics.

**Results**

### Predicting CP:
- The risk of CP for an individual infant in a high risk NICU population can be calculated as:
  
  \[
  g(CP) = -5.33 + 0.06 \times GA + 0.16 \times \text{male} + 0.29 \times \text{MG} + 1.15 \times (\text{MV} > 7d) + 0.89 \times \text{PA} + 1.41 \times \text{DGM} + 2.22 \times \text{CI} + 2.08 \times \text{PVL1} + 2.39 \times \text{PVL2} + 4.29 \times (\text{PVL} = 3) + 3.19 \times \text{IVH3} + 4.06 \times \text{IVH4}
  \]

  - For a male infant, born singleton at NICU, with a gestational age of 28 weeks, IVH grade 3 but no other positive risk factors

  \[
  g(CP) = -5.33 + 0.06 \times 28 + 0.16 + 3.19 = -0.3
  \]

  \[
  \Rightarrow \quad \text{Indicating a 43% probability of developing CP}
  \]

**CONCLUSIONS**

The presented model provides a firmer basis in the prediction of the individual risk of development of CP in a large cohort of high-risk infants.