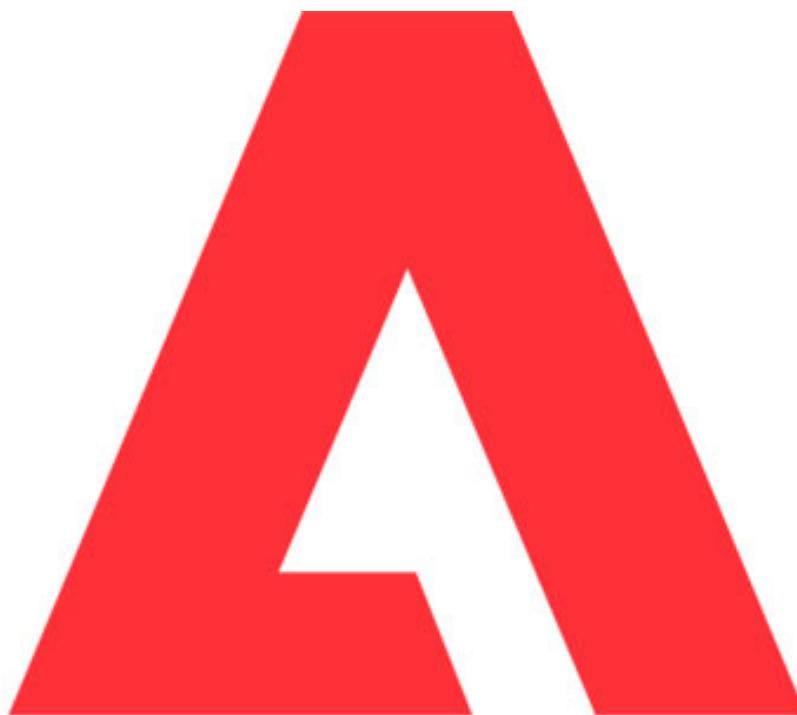

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consider is that the GA at birth and the time between the first and second measurement of birth size are associated with the amount of body growth and maturation at birth, which is influenced by environmental factors [CR37]. For example, preterm infants typically have a lower mean GA and a higher rate of growth and maturity, so the time interval between measurements is shorter in this group than in full-term infants [CR31]. Furthermore, since the first measurements of birth size are taken around the time of birth, the infants' GA may differ from the GA at birth. The previous literature has indicated that GA at birth did not have a substantial impact on body size at school age. As mentioned above, most children's growth stops at the end of the first year of life. Therefore, in order to evaluate the effects of preterm birth on body size at later ages, additional studies are required. The strength of the present study is that both the physical development of preterm infants and their long-term physical development were simultaneously evaluated. A weakness is the relatively low participation rate, despite the fact that our study was performed in the largest maternity hospital in Finland. This is not surprising since it is unlikely that the hospital discharge form completed by the parents is accurate. Furthermore, preterm infants in Finland are admitted to neonatal units at least during the first few months after birth. If these infants are sent home without a proper assessment of their physical development and need for follow-up care, they would be missed in the register of the study. Another drawback is that we did not consider the potential effect of socioeconomic factors on the physical development of the infants and their parents. There is evidence that this kind of bias can be successfully adjusted for using the Family Affluence Scale, which takes into account the parental socioeconomic status [CR38]. However, the main goal of the present study was to evaluate the effects of 82157476af

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