EOLD. In the presented case scenario intensivists would wait with the EOLD until the morning meeting and continue full treatment in contrast to specialists and residents.

Conclusions No major differences were found among paediatricians on attitudes about EOLD, while in case scenario intensivists were found to be more cautious in EOLD.

Enteral Nutrition

O-041 INTESTINAL MICROBIOTA DIVERSITY IN PREMATURE NEONATES AFTER SUPPLEMENTATION WITH PROBIOTIC LACTOBACILLUS AND BIFIDOBACTERIUM

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Purpose Routine probiotic supplementation with Bifiborm® (*Lactobacillus rhamnosus* and *Bifidobacterium lactis*) in infants with gestational age below 30 weeks was introduced in April 2010 at the Department of Neonatology, Rigshospitalet to reduce the risk of NEC. We aimed to investigate the presence of the probiotic agents as well as potential changes in the total microbiota in the stools collected in two cohorts of infants, before and after the introduction of routine probiotics.

Methods The first cohort ("control cohort") was recruited from September 2006 to January 2009; the second cohort ("probiotic cohort") was recruited from May 2010 to October 2011. Stool samples were collected by nurses as part of routine care at postnatal day 0–5 (sample 1), day 10 (sample 2) and day 30 (sample 3). The total number of samples was 446 in the control cohort and 225 in the probiotic cohort. All the stool samples were examined by conventional culture, tested by PCR for the 16S DNA of the two probiotic agents, as well as denaturing gel gradient electrophoresis (DGGE). The band patterns from DGGE were subjected to principal component analysis (PCA).

Results In the probiotic cohort 82% was PCR positive for *L. rhamnosus*, 34% was positive for *B. lactis* in contrast to 6% and 3% in the control cohort. The PCA from the DGGE results did discriminate the two groups with a $p < 1^{-70}$. This was dominantly caused by a strong first component representing mainly the total of number of bands, with no dominant pattern. Culture showed also a higher number of organisms (pp $< 1^{-22}$) with no specific bacteria.

Conclusion *L. rhamnosus* and *B. lactis* are not naturally present in the stool of neonates. Administration of probiotics resulted in the presence of the probiotic organisms in the stools and more importantly a profound increase in diversity of the intestinal microbiota. No specific bacteria were seen to be favoured by the probiotic supplementation.

O-042 GASTRIC RESIDUALS IN PRETERM INFANTS AS PREDICTOR OF TOLERANCE TO EARLY ENTERAL FEEDS (GRIP TRIAL)

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Background Evidence is inconsistent to support checking gastric residual volumes (GRv) in predicting feeding intolerance in preterm infants. GRv remains standard practice in guiding feeding advancement in several neonatal centres. We hypothesises that this practice delays establishment of full enteral feeding with associated complications.

Aims The effect on time to reach full feeds (120 ml/k/day) with not checking GRv in advancing feeds in preterm infants.

Methods

Design Single Centre, unmasked, parallel armed RCT

Inclusion criteria Infants recruited within 48hrs of birth with birth weight (BW) ≥1500 grams ≤ 2000 grams.

Exclusion criteria Major congenital malformations, asphyxia and BW ≤3rd percentile

Randomization Variable number blocks stratified by BW

Study intervention GRv assessed only with bloody aspirates or with vomiting and abnormal abdominal examination.

Control GR volume assessed routinely with feeding advancement

Results 86 infants with BW 1750 ± 140 g and gestational age 32.1 ± 1.5 weeks were enrolled. There was no difference in time to reach full feeds with both groups. Enteral feeds 120 mL/kg/d were achieved at DOL 5.9 ± 1.7 and 5.7 ± 1.8 in study and control group respectively. There was no difference in episodes of feeding interruptions, incidence of sepsis, reaching BW, and 120% of BW between two groups. However, two infants in the control group developed NEC.

Conclusions Not checking GRv while advancing feeds in late preterm infants did not statistically reduce the time to achieve full enteral feeds however there were no adverse events noted with this practice. This study should be done in VLBW babies where GRv is a major hurdle to feeding advancement.

Gastroenterology I

O-043 HELPING BABIES BREATHE (HBB) TRAINING IN REMOTE AREAS OF CHINA: EDUCATIONAL IMPACT OF A PILOT TRAINING WORKESHOP

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Background and aims Helping Babies Breathe (HBB) is an evidence-basededucational program which teaches the simple and essential steps thateffectively resuscitate the majority of infants not breathing at birth. Thisstudy aims to evaluate the training effectiveness of HBB program in remoteareas of China.

Methods Based on the HBB educational materials of AmericanAcademy of Paediatrics (APP), a two-day intensive training workshop was carriedout by sufficient master trainers among 73 healthcare providers from countylevel hospitals of Tibet and Sichuan province in 2013. The neonatalresuscitation (NR) knowledge of trainees and their self-confidence to completeNR were evaluated and compared before and after training. Bag and maskventilation skills (BMVS) and objective structured clinical