

PO-0594 WHO IS THE RECEPTOR OF DONOR MILK FROM A HOSPITAL MILK BANK?

¹MV Jiménez Cabanillas, ¹L Serrano López, ¹L Zamorano Bonilla, ²E Martín Álvarez, ²M Peña Caballero, ²JA Hurtado Suazo. ¹Paediatrics, Hospital Virgen de Las Nieves, Granada, Spain; ²Neonatology, Hospital Virgen de Las Nieves, Granada, Spain

10.1136/archdischild-2014-307384.1235

Objective To analyse if the recipients profile has changed since the implementation of a human milk bank (HMB) in the Neonatal Unit of a tertiary hospital, as well as the clinical indications of donor milk (DM).

Material and methods A descriptive research has been carried out by revising the HMB database from June 2010 to December 2013. The following variables were taken into account: gestational age (GA), birth weight (BW), time of DM reception and reasons for the DM administration.

Results During the researched period, 255 newborn received DM in our centre: 29 (2010), 75 (2011), 84 (2012), 67 (2013). The average GA was 31. BW was 1575 g. Average duration of intake was 17 days.

Annual stratified analysis: In 2010, the average GA is 31 and the average BW is 1335 g. In 2011, 31 weeks and 1657 g. In 2012, 31 weeks and 1657 g. In 2013, 31 weeks and 1688 g.

Prematurity was the main indication for dispensing DM and enteral feeding intolerance is becoming an important indication for DM. In 15% of recipients in 2013, this was the reason for prescription.

Conclusions According to the present information the main reasons for giving DM have been prematurity and low birth weight (63% of all recipients were premature babies born before 32 weeks).

The number of children who take advantage of donor milk has increased as the human milk bank has provided higher amounts of DM in our centre. The administering indications for DM have been also increased, outlining the enteral feeding difficulties.

PO-0595 WITHDRAWN**PO-0596 NEONUTRINET – INTERNATIONAL DATABASE ON NEONATAL NUTRITION IN VERY LOW BIRTH WEIGHT INFANTS**

¹Y Li, ²M de Waard, ³Y Zhu, ¹A Erichsen, ¹B Andersen, ⁴J Mei, ⁵G Greisen, ¹P Sangild, ⁶J van Goudoever, ⁶NeoNutriNet Study Group. ¹Department of Nutrition Exercise and Sports, University of Copenhagen, Frederiksberg C, Denmark; ²Dutch Human Milk Bank, VU University Medical Center, Amsterdam, Netherlands; ³Department of Maternal and Child Health, Sun Yat-Sen University, Guangzhou, China; ⁴Department of Neonatology, Shenzhen Women and Children's Hospital, Shenzhen, China; ⁵Department of Neonatology, Copenhagen University Hospital, Copenhagen, Denmark; ⁶Department of Pediatrics, VU University Medical Center, Amsterdam, Netherlands

10.1136/archdischild-2014-307384.1236

Background and aims Nutrition for VLBW infants varies widely among countries. To better understand differences in nutritional practices internationally, we compare data from fourteen hospitals from eight countries (Guangzhou, Shenzhen, Foshan, Amsterdam, Auckland, Copenhagen, Chennai, Chicago, Perth, Newcastle).

Methods Infants with birth weights <1500 g are included and data include time, type, and amount of (par)enteral nutrition, anti-/pro-biotics, anthropometrics and clinical complications from birth to 37 w corrected gestational age, or discharge.

Results Data collection is ongoing, here preliminary data are reported for two selected hospitals (2011–2012, n = 96 +107=203) with similar demographic data (e.g. birth weight, median 1335 g; gestational age, median 30.1 w; gender, 59% boys). In hospital A, the growth velocity and proportion of infants reaching 120 mL/kg/d enteral feeding at 5 weeks was higher (median 14.5 vs. 9.1 g/kg/d and 84 vs. 69%, P < 0.05), and the decrease in weight Z-score was lower vs. B (median -0.55 vs. -0.94, P < 0.05). Neither of the units reached the protein intake recommended by ESPGHAN (3.5 g/kg/d, JPGN, 50, 89–95, 2010) within the first month although the average daily deficit was less in hospital A vs. B (median -0.8 vs. -1.2 g/kg/d, P < 0.05). NEC incidence was lower in hospital A vs. B (1 vs. 9%, P < 0.05). There was no difference in the time on antibiotics (~50% of hospitalisation days).

Conclusion Large differences in nutrition and growth outcomes were evident between the two units. The NeoNutriNet cohort will show how differences in nutrition may relate to feeding guidelines, clinical traditions, and use of anti-/pro-biotics around the world.

PO-0597 A NATIONWIDE SURVEY OF NEONATAL COW'S MILK ALLERGY IN THE UK

J Mahadevan, A Gupta, C Harikumar, S Gupta, S Janakiraman. Neonates, University Hospital of North Tees, Stockton – On- Tees, UK

10.1136/archdischild-2014-307384.1237

Background and aims Cow's Milk Allergy (CMA) is one of the most common food allergies in children. It can affect any age including the neonate. There is paucity of literature about its presentation in the newborn period and its management.

The primary objective of this survey was to understand the level of awareness about CMA in Newborns in neonatal units in the UK. Our secondary objective was to estimate the incidence of Cow's Milk Allergy in newborns in the UK.

Methods This was an online survey of neonatologists identified through the BAPM and the Neonatal Networks.

Results 64 responses were received from consultant neonatologists. 42 out of 63 (66.7%) level 3 units responded.

78% of the respondents believed that CMA exists in newborn. The number of newborns with CMA diagnosed in the last 2 years was more than 152. 50% of these babies were born preterm and at the time of diagnosis, 33% were still < 37 weeks. 26% babies with CMA had birth weight <1.5 kg.

The most common symptoms of CMA were blood in stool, abdominal distension and diarrhoea. 84% were diagnosed on clinical features only. Equal proportions of babies were on breast milk and preterm formula at the time of diagnosis.

Conclusions This survey demonstrates a high level of awareness in an otherwise poorly studied area in newborns. It highlights the need for systematic studies to facilitate decision making among clinicians.

PO-0598 THE ECONOMIC IMPACT OF LOW PROTEIN FORMULA FOR THE CHILDREN OF OVERWEIGHT AND OBESE MOTHERS

¹K Marsh, ¹P Orfanos, ¹N Revankar, ¹J Moller, ²P Detzel. ¹Health Economics and Epidemiology (Modelling and Simulation), Evidera, London, UK; ²Health Economics and Medical Affairs, Nestlé Nutrition Institute, Geneva, Switzerland

10.1136/archdischild-2014-307384.1238