

than 1 ml volume of saline solution leads to negative consequences for the patient.

**PO-0685** **OUTCOME OF THYROID FUNCTION SCREENING IN BABIES BORN TO MOTHERS WITH AUTOIMMUNE HYPOTHYROID DISEASE**

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**Background and aims** Autoimmune problems in mums are known to affect the newborn due to transplacental passage of antibodies. It is reported that maternal autoimmune hypothyroidism can lead to transient but potentially serious effects in newborn babies warranting treatment. This has led to the practice of screening babies to help in early diagnosis and treatment. Unfortunately clinical practice in this area still suffers from conflicting evidence.

We carried out this retrospective review of our practice of assessing neonatal thyroid function in maternal autoimmune hyperthyroidism to help inform our practice locally whilst contributing to the discussion towards building a consensus nationally and internationally.

**Methods** Newborn babies born between January 2012 to March 2014 to mothers with autoimmune hypothyroid problems had their thyroid functions checked on day 3 and 10 respectively. They were also monitored clinically for signs and symptoms of hypo/ hyperthyroidism.

**Results** Overall 31 babies were screened in the study period, of which none warranted treatment for transient or permanent hypo/hyperthyroidism. The review also highlighted difficulties in implementing this guidance, as majority of the babies did not get investigated as per schedule.

**Conclusion** In our experience, babies born to mothers with auto-immune hypothyroidism did not develop transient hypothyroidism. There is a need for a larger scale study to look at the possible adverse effects of maternal autoimmune thyroid problems in the newborn.

**PO-0686** **THE IMPACT OF VISCERAL OSTEOPATHIC TREATMENT ON THE MECONIUM EVACUATION IN VERY LOW BIRTH WEIGHT INFANTS**

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**Objective** To determine whether the complementary approach of manipulative osteopathic treatment accelerates complete meconium excretion and improves feeding tolerance in very low birth weight infants.

**Methods** This study was a prospective, randomised, controlled trial in premature infants with a birth weight 1500 g and a gestational age 32 weeks who received a visceral osteopathic treatment algorithm 3 times during their first week of life or no treatment.

**Results** Passage of last meconium occurred after a median of 7.5 days (95% confidence interval: 6–9 days, n = 20) in the intervention group and after 6 days (95% confidence interval: 5–9 days, n = 21) in the control group (p = 0.11). However, osteopathic treatment was associated with a 12 day longer time to full

enteral feedings (p = 0.02), and a longer hospital stay (44 days longer in the intervention group; n.s). Osteopathic treatment was tolerated well and no adverse events were observed.

**Conclusions** Visceral osteopathic treatment of the abdomen did not accelerate meconium excretion in VLBW-infants. However infants in the osteopathic group had a longer time to full enteral feedings and a longer hospital stay what must be interpreted as negative side effect. Further investigations are needed with modified protocols focussed on cranial osteopathy in this vulnerable group of patients. Currently the application of visceral osteopathic techniques cannot be recommended in VLBW-infants without further clinical trials.

**PO-0687** **ALCOHOL USE IN PREGNANCY: GUIDELINES ON PRENATAL ARE SUFFICIENT?**

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**Background** Alcohol use during pregnancy and the effects of exposure to the fetus have been described. The effects occur independent of the quantity consumed. Objective is identify alcohol use during pregnancy and check the orientation being given about the risk of alcohol use during prenatal care.

**Design/methods** 302 postpartum women were interviewed in the University Hospital ULBRA/Mãe de Deus from March to August 2012. We used the validated questionnaire T – ACE (Tolerance, Annoyed, Cut down, and Eye-opener) on the postnatal room pairs, featuring a random sample. The women were also asked about the performance of pre-natal and present guidelines on the use of alcohol.

**Results** Alcohol use during pregnancy was reported by 24%. When used T – ACE was positive in 33.1% of subjects. During prenatal care, 219 women were instructed in prenatal and of these 72 (33%) had positive T – ACE. Since the 68 women who were not oriented, 26 (35%) are positive T-ACE group. No significance was found to have been targeted during the prenatal or not. Significant difference between the means of alcohol abuse (T – ACE) and the reported use during pregnancy (p < 0.001), being higher in the instrument.

**Conclusion** It can be concluded that alcohol abuse found through validated instrument is high among pregnant women at the ULBRA/SSMD University Hospital. There was no difference in alcohol abuse among mothers counselled on the risk of alcohol use during pregnancy and not targeted during the prenatal period.

**PO-0688** **ESTABLISHING PARENTHOOD IN THE BORDERLAND OF NORMALCY AFTER MODERATE OR LATE PRETERM BIRTH**

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**Aim** To investigate the process of establishing parenthood after birth of moderate or late preterm infant (GW 32–37).

**Background** Moderate or late preterm counts 80% of the premature population. In spite of known morbidity they are discharged without specialised health care services. Parents can

modify child's effects of prematurity. Studies lack on the processes for establishing parenthood.

**Methods** PhD project. Using anthropological multisite fieldwork with participant observations in Danish families in and around their homes (1 year up to 2, 5 years) including peer groups for premature parents, regular "mother-groups", health care visits and facebook. Qualitative semi structured research interviews were conducted.

**Results** Premature birth and hospitalisation is a disruption regarding cultural ideals about being natural, in control, agency, readiness and planning. Hospitalisation influences parental care ex on feeding procedures and causes a medicalized gaze upon the child. Hospitalisation is like a bell-jar, intense around the baby – eliminated from the world. Parents try to heal prematurity as disruption searching for normalcy in the context of the Danish welfare state. Parenthood tends to become a professionalised and moral practice. Uncertainty is accentuated by prematurity as ambiguous category. Peergroups often contribute to feelings of difference instead of normalcy in the parent-hood-community.

**Conclusion and implication for practice** Construction of parenthood is complicated and challenged by prematurity as experience and category. Content and application of prematurity as category is unclear and is constantly "flashing in the wings". Knowledge on these parents should be integrated in developing care services in and outside hospitals.

#### PO-0689 ASSESSMENT OF VISUAL FUNCTION IN PRETERM INFANTS: COMPARATIVE STUDY ABOUT 68 CASES

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**Background** The ophthalmic risk is more important in premature infants. Both frequency and severity are inversely proportional to the term of birth.

**Purpose** To evaluate the impact of prematurity on the anatomical development of the eye and visual function in preschoolers.

**Patients and methods** It is a descriptive and comparative study of sensory-motor assessment in 68 preschool children divided in 2 groups:

- 34 preterm infants without retinopathy

- 34 term infants, without any systemic or ocular pathology randomly selected from kindergartens after parental consent.

**Results** We observed a similar rate of myopia and hyperopia respectively 8.82% and 20.76% among former preterm versus 7.35% and 25% in children born at term. However, astigmatism was statistically more frequent in the group of former premature (22.06% vs. 16.17%).

There was no significant difference in the visual acuity and spherical equivalent. Amblyopia was significantly more frequent in the group of former premature (11.76% vs. 5.88%). There were shorter axial length and significantly more curved cornea with a greater refractive power in the group of former premature infant.

The sensory and motor assessments were significantly altered in former preterm (19.18% vs. 11.76% for the sensory assessment and 36.76% vs. 17.65% for the motor evaluation).

**Conclusion** The premature infant has an increased risk of refractive errors, strabismus and amblyopia. Our study showed other more frequent abnormalities.

The early management of these problems may limit their impact on the development of visual function.

#### PO-0690 TEACHING PROJECT IN NEONATOLOGY USING SIMULATION-BASED MEDICAL EDUCATION IN LAOS

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**Background** Neonatal mortality in Laos is high at currently 50–70/1000 live births according to WHO sources.

**Aim** To reduce neonatal mortality and comply with the Millennium Development Goals (MDG) 2015 of reduced child mortality.

**Methods** Two level teaching has been introduced at the university level ("teach the teachers") and at the provincial hospital level. Simulation-based medical education was used at the university level, whereas practical teaching at the provincial hospital level was performed by the use of conventional mannequins. Additionally health care personnel involved in the care of newborn babies has been invited from the district hospitals. The five province hospitals have been chosen due to their high rates of neonatal mortality. These provinces are: Luangnamtha, Oudomxay, Houaphan, Xiengkhoang and Borikhamxay. Teaching is currently planned for a three year period and takes place once or twice a year at each provincial hospital. Participants are from all professional groups involved in the care of the newborn infant, i.e. paediatricians, obstetricians, midwives, skilled birth attendants, paediatric and obstetric nurses. Teaching itself consists of theoretical lessons and very practical exercises related to the immediate perinatal scenario. In addition, barriers to implementation and the use of available knowledge and technical equipment were analysed during clinical ward rounds.

**Perspective** Teaching started in May 2013 with an opening workshop 'Update in Neonatology', which was held in Vientiane, Laos from May 13–17. Simulation-based medical education was newly introduced within this project to medical professionals in Laos. Loss of face and other features of Southeast Asian mentality need to be taken into account during debriefing. Training sessions will extend well into 2016 and are currently performed by a group of dedicated German neonatologists. Impact on hospital mortality rates will be evaluated.

#### PO-0691 CONGENITAL MALFORMATIONS – INCIDENCE AND DISTRIBUTION AMONG ORGAN SYSTEMS (COMPARISON OF THE INCIDENCE IN THE PERIOD 2000–2004 AND 2005–2009)

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