48 h of antibiotics increased from 44% to 68%, due to our microbiology laboratory operating on a 48 h reporting system for specimen cultures as opposed to 36 h as suggested by NICE (Figure 3). More neonates with negative blood cultures but with elevated C-reactive protein (CRP) were receiving longer courses of antibiotics. Performing lumbar puncture if the CRP >10 mg/L resulted in a 16% increase in the number performed, with no significant clinical impact (Figure 4).

Conclusion
Implementation of NICE guidelines in our unit has resulted in increased cost due to more neonates receiving antibiotics for longer duration. In order to achieve NICE’s cost saving projections, further clarification on criteria for starting maternal intravenous antibiotics is needed, as is a clearer definition of ‘strong suspicion of sepsis’ in neonates with negative blood culture, and a change in hospital laboratory reporting protocol.

Abstract G133(P) Figure 1

Historically it has been understood that babies born after a prolonged period of oligohydramnios, secondary to PROM at an early gestation, have pulmonary hypoplasia which leads to severe respiratory failure. We present a case series of infants with a history of PROM who presented in the first few hours of life with severe respiratory failure and were treated with iNO. The clinical response to iNO suggests that the underlying cause of the respiratory failure is predominantly PPHN rather than pulmonary hypoplasia.

13 infants with Gestational age range 26–29 weeks had SROM ranging from 15–27 weeks gestation. Median duration of ROM was 39 days. In the nine cases in whom antenatal information was available, four had a history of oligohydramnios and four had anhydramnios. In five there was evidence of chorioamnionitis on placental pathology, of whom four had clinical chorioamnionitis prior to delivery.

Oxygenation index (OI) just prior to iNO ranged from 112–552 and the reduction in OI after starting iNO can be seen in Figure 1. There is no difference in days on ventilation when compared to gestation matched controls without PROM, but they appear to require supplementary oxygen for longer.

This case series demonstrates a marked improvement in hypoxic respiratory failure in babies with PROM and oligohydramnios (regardless of gestation), providing evidence that the
A 4 YEARS REVIEW OF CONJUGATED HYPERBILIRUBINAEMA IN A TERTIARY NEONATAL REFERRAL CENTRE


Aim To establish the incidence of conjugated hyperbilirubinaemia over a 4 years period in a tertiary neonatal unit and to review the demographic data, the investigations and treatments they received.

Method A retrospective observational study between 01/06/2010 and 28/02/2014. Data was retrieved from the neonatal database BADGER. Search term: conjugated hyperbilirubinaemia or ursodeoxycholic acid.

Result Less than 1% (40/5237) admissions to the neonatal unit had conjugated hyperbilirubinaemia. 70% were less than 33 weeks gestation. 60% weighed less than 1251g. 33 infants (82%) received total parenteral nutrition (TPN). Variable numbers of babies were investigated for different conditions (24 infants had...