only provided risk factors leading to SIDS. Though avoidance of these risk factors has led to substantial reduction (80%) in the rate of SIDS over last 2 decades, it is still the leading cause of death in infants between four weeks and 6 months of age. The most recent data provided by Irish central statistics office reports 14 deaths (0.21 deaths per 1000 live births) in year 2014. We aimed to find out the awareness of the risk factors leading to SIDS amongst mothers who delivered at Mullingar Regional Hospital.

Methods A prospective assessment was performed by distributing multidimensional questionnaire to the women admitted in postnatal ward following birth of their baby in Mullingar Regional Hospital, Ireland. Anonymously collected data was analysed using SPSS2 software. Regional hospital ethical committee approved the study.

Results One hundred two participants were included in analysis. 9.6 percent (n=9) participants had never heard of SIDS. Of those who had, 46% (43/93) and 54% (53/93) have heard it from healthcare providers and media respectively. Major risk factors identified by number of participants were; prone sleeping position (80%, 75/93), overheating of the baby (91%, 85/93), Soft bedding (90%, 84/93), bed sharing of infants (69%, 65/93), Maternal smoking during pregnancy (60%, 56/93), Smoking around babies environment (58%, 54/93) and maternal alcohol intake during pregnancy (56%, 53/93). 20% participants failed to identify prone sleeping position as the risk factor. A significant number of participants were unaware of other major risk factors such as smoking during pregnancy, smoking around baby and bed sharing with baby.100% of the participants wanted more information about SIDS. Televised campaign (68%, 70/102) and reading materials (56%, 58/102) were the 2 most preferred method of delivering SIDS information to the participants. 66% (68/102) participants wanted the information delivered as part of prenatal education and further 29% (30/ 102) wanted it before discharge from the post-natal ward. 53.9% (55/102) and 31% (32/102) participants opted midwife/maternity nurses and paediatrician respectively as the person to deliver information about SIDS.

Conclusions This study concludes that there is a wide gap in knowledge about risk factors for SIDS and almost all participants felt they need more information. We hope implementing methods to narrow this knowledge gap would further reduce the incidence of SIDS.
percentage was calculated 1) using the IMPAX measurement tools 2) by using the ‘Hip Screen’ phone application and 3) using the radiology report. The three methods were compared.

Results The technical quality of most of the hip radiographs was clinically acceptable. There was a lower percentage of radiographs with adequate pelvic inclination than those with adequate pelvic rotation. There was good agreement between measurements taken with the app, measurements taken directly on IMPAX and the radiology report.

Conclusions Technical quality of the hip radiographs evaluated is generally sufficient to assess hip migration. The ‘Hip Screen’ phone application can be considered a reliable method of hip surveillance.

Discussion Using the ‘Hip Screen’ phone application may be more acceptable to future clinicians as may be readily accessed and may be a useful tool for educating families of children with cerebral palsy.

Background and Aim Childhood obesity poses a serious threat for the development of metabolic syndrome, diabetes and cardiovascular diseases (CVD) later in life. Nowadays we are able to recognize metabolic and vascular pathology at a discrete, completely curable stage and long before clinical signs of metabolic syndrome and CVD. Increased arterial stiffness is a good indicator of initial intimal atherosclerotic lesions, easily detected with measuring of pulse wave velocity (PWv) and augmentation index (AIx). Atherosclerosis is initiated and promoted by disturbed lipid metabolism. The increased level of serum free fatty acids (FFA) is supposed to be an early sign of imminent metabolic disturbance. The aim of our study was to assess and compare the metabolic and arterial health in a sample of normal weight, overweight and obese school children from north-west Slovenia.

Materials and Methods 81 healthy, metabolic syndrome free school children aged 11–16 years participated in our study. According to the standard deviation score of body mass index (SDS BMI), the underweight represented 1 (1.2%), the overweight 22 (27.2%) and the obese 38 (46.9%). The overweight children were significantly higher PWV (p<0.01), triglycerides (TRG) (p<0.01), the ratio between TRG and high density lipoproteins (HDL) (p<0.01), FFA (p<0.05) and lower HDL (p<0.01) than in normal weight were found.

Conclusion Despite the detected increased arterial stiffness of aorta and signs of metabolic disturbance, the obese children were still free of clinical signs of metabolic syndrome. Our results could be important for planning of preventive and therapeutic measures of overweight and obese children. According to this study, preventive activities should be provided to the overweight children, to maintain their arterial and metabolic health, while obesity has to be cured promptly to recover the metabolic stability and to cure initial atherosclerotic changes.

Background and aims In infants with UTI, practice previously was to commence prophylaxis and investigate for underlying renal pathology. DMSA and MCUG scans have associated risks, and along with urgent inpatient ultrasound, they represent a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

The current NICE guideline on UTIs in children sets clearer indications for investigation, recommending that only infants with atypical features or recurrence should undergo DMSA and MCUG. Are these recommendations being followed in the youngest infants (0–3 months) diagnosed with UTI?

Methods A retrospective NIЕCR (Northern Ireland Electronic Care Record) audit was performed on all infants under 3 months diagnosed with UTI in Craigavon Hospital from January – December 2017. Data compared to NICE recommendations and analysed.

Results Data collected for 31 admissions, representing 29 patients: 66% male, 34% female. 55% classified ‘typical’, 45% ‘atypical’, though 68% of all cases underwent DMSA/MCUG.

Conclusion A retrospective audit from our hospital demonstrated a high proportion of infants with atypical UTI. NICE guidelines recommended a more appropriate screening strategy for infants under 3 months to provide a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

Background and aims In infants with UTI, practice previously was to commence prophylaxis and investigate for underlying renal pathology. DMSA and MCUG scans have associated risks, and along with urgent inpatient ultrasound, they represent a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

The current NICE guideline on UTIs in children sets clearer indications for investigation, recommending that only infants with atypical features or recurrence should undergo DMSA and MCUG. Are these recommendations being followed in the youngest infants (0–3 months) diagnosed with UTI?

Methods A retrospective NIЕCR (Northern Ireland Electronic Care Record) audit was performed on all infants under 3 months diagnosed with UTI in Craigavon Hospital from January – December 2017. Data compared to NICE recommendations and analysed.

Results Data collected for 31 admissions, representing 29 patients: 66% male, 34% female. 55% classified ‘typical’, 45% ‘atypical’, though 68% of all cases underwent DMSA/MCUG.

Conclusion A retrospective audit from our hospital demonstrated a high proportion of infants with atypical UTI. NICE guidelines recommended a more appropriate screening strategy for infants under 3 months to provide a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

Background and aims In infants with UTI, practice previously was to commence prophylaxis and investigate for underlying renal pathology. DMSA and MCUG scans have associated risks, and along with urgent inpatient ultrasound, they represent a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

The current NICE guideline on UTIs in children sets clearer indications for investigation, recommending that only infants with atypical features or recurrence should undergo DMSA and MCUG. Are these recommendations being followed in the youngest infants (0–3 months) diagnosed with UTI?

Methods A retrospective NIЕCR (Northern Ireland Electronic Care Record) audit was performed on all infants under 3 months diagnosed with UTI in Craigavon Hospital from January – December 2017. Data compared to NICE recommendations and analysed.

Results Data collected for 31 admissions, representing 29 patients: 66% male, 34% female. 55% classified ‘typical’, 45% ‘atypical’, though 68% of all cases underwent DMSA/MCUG.

Conclusion A retrospective audit from our hospital demonstrated a high proportion of infants with atypical UTI. NICE guidelines recommended a more appropriate screening strategy for infants under 3 months to provide a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

Background and aims In infants with UTI, practice previously was to commence prophylaxis and investigate for underlying renal pathology. DMSA and MCUG scans have associated risks, and along with urgent inpatient ultrasound, they represent a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

The current NICE guideline on UTIs in children sets clearer indications for investigation, recommending that only infants with atypical features or recurrence should undergo DMSA and MCUG. Are these recommendations being followed in the youngest infants (0–3 months) diagnosed with UTI?

Methods A retrospective NIЕCR (Northern Ireland Electronic Care Record) audit was performed on all infants under 3 months diagnosed with UTI in Craigavon Hospital from January – December 2017. Data compared to NICE recommendations and analysed.

Results Data collected for 31 admissions, representing 29 patients: 66% male, 34% female. 55% classified ‘typical’, 45% ‘atypical’, though 68% of all cases underwent DMSA/MCUG.

Conclusion A retrospective audit from our hospital demonstrated a high proportion of infants with atypical UTI. NICE guidelines recommended a more appropriate screening strategy for infants under 3 months to provide a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

Background and aims In infants with UTI, practice previously was to commence prophylaxis and investigate for underlying renal pathology. DMSA and MCUG scans have associated risks, and along with urgent inpatient ultrasound, they represent a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

The current NICE guideline on UTIs in children sets clearer indications for investigation, recommending that only infants with atypical features or recurrence should undergo DMSA and MCUG. Are these recommendations being followed in the youngest infants (0–3 months) diagnosed with UTI?

Methods A retrospective NIЕCR (Northern Ireland Electronic Care Record) audit was performed on all infants under 3 months diagnosed with UTI in Craigavon Hospital from January – December 2017. Data compared to NICE recommendations and analysed.

Results Data collected for 31 admissions, representing 29 patients: 66% male, 34% female. 55% classified ‘typical’, 45% ‘atypical’, though 68% of all cases underwent DMSA/MCUG.

Conclusion A retrospective audit from our hospital demonstrated a high proportion of infants with atypical UTI. NICE guidelines recommended a more appropriate screening strategy for infants under 3 months to provide a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

Background and aims In infants with UTI, practice previously was to commence prophylaxis and investigate for underlying renal pathology. DMSA and MCUG scans have associated risks, and along with urgent inpatient ultrasound, they represent a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.

The current NICE guideline on UTIs in children sets clearer indications for investigation, recommending that only infants with atypical features or recurrence should undergo DMSA and MCUG. Are these recommendations being followed in the youngest infants (0–3 months) diagnosed with UTI?

Methods A retrospective NIЕCR (Northern Ireland Electronic Care Record) audit was performed on all infants under 3 months diagnosed with UTI in Craigavon Hospital from January – December 2017. Data compared to NICE recommendations and analysed.

Results Data collected for 31 admissions, representing 29 patients: 66% male, 34% female. 55% classified ‘typical’, 45% ‘atypical’, though 68% of all cases underwent DMSA/MCUG.

Conclusion A retrospective audit from our hospital demonstrated a high proportion of infants with atypical UTI. NICE guidelines recommended a more appropriate screening strategy for infants under 3 months to provide a burden on radiology services. Antibiotic prophylaxis has been linked with rising bacterial resistance.