The final sample included 1125 newborns. The newborns were separated by groups based on the CDC recommendations. In 21 cases with a negative GBS screening (n=814), the approach differed from the recommended and 10 cases needed admission in a Neonatal Intensive Care Unit (NICU).

In the group where GBS screening was not performed/unknown, the recommended approach was performed in 41.9% and 3 cases needed admission in a NICU (1 for respiratory distress syndrome, 1 due to risk for infection and 1 for fetal growth restriction). When GBS screening was positive with a correct intrapartum prophylaxis, 96% followed the recommendations. In the suspicion of chorioamnionitis all newborns were screened accordingly to the recommendations.

No cases of GBS early onset sepsis were found during the studied period.

Conclusion The rate of mothers tested for GBS colonization (96.9%) was high, compared to similar studies, which could justify the absence of GBS related sepsis.

The group which led to a greater disagreement between the recommendation and the approach was the one with no/unknown screening test. Results from this screening program should be analyzed frequently to verify its efficiency and the main difficulties in the approach.

GP268

IMPACT OF THE USE OF ORAL DEXTROSE GEL FOR NEONATAL HYPOGLYCAEMIA AND ADMISSION RATES TO NEONATAL UNITS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Neonatal hypoglycaemia (NH) is a leading cause of admission to neonatal units. It affects 15% of newborn infants and 50% have risk factors. Dextrose gel (40%), often described as oral gel, can be administered to buccal mucosa and lingual surfaces of infant's mouth resulting in a rapid absorption into the circulation. Rawat *et al.* (2016) recommended that treatment with dextrose gel is noninvasive, inexpensive and easy to administer.

Objective To ascertain the impact of 40% dextrose oral gel on documented neonatal hypoglycaemia in the postnatal wards to prevent neonatal admission rates.

Method A systematic review (SR) of quantitative studies in medical databases including; Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase and SCOPUS were searched in February 2018. Grey literature was searched for full-text conference papers in Irish Health Repository (LENUS) and the National Institute for Health and Care Excellence (NICE) inclusions. Using combinations of the relevant key words incorporating the PICO model ('dextrose gel', 'glucose gel', 'neonate', 'newborn', 'hypoglycaemia' and 'admission'), review was performed and English language limitation was applied. Quantitative studies that did not measure neonatal admission rates were excluded. Search results were reported following the PRISMA guidelines. Data from eligible studies were synthesized for a meta-analysis. A dichotomous analysis was

performed through Review Manager 5 software (RevMan® 5.3) to give a forest plot and funnel plot on the primary outcome as admission rates to a neonatal unit.

Results The search yielded 130 papers, including 128 from database search and two from grey literature. 21 duplicates were removed leaving 109 papers for screening and of these 19 full text articles were eligible for initial review. Five studies were identified fulfilling the predetermined criteria and included for analysis. Two randomised control trials (RCT's) were analysed and the meta-analysis shows that the use of 40% dextrose gel for neonatal hypoglycaemia decreases admission rates for at risk infants. Three quantitative studies of other designs also reported a decrease in admission rates for hypoglycaemia. Increased rate of exclusive breastfeeding was also consistently linked to the use of oral application of dextrose gel across the five studies.

Conclusion Dextrose gel (40%) as an oral mucosal application can be safely and effectively used as a method of treating neonatal hypoglycaemia in at risk infants in the postnatal wards, thus reducing admission to the neonatal unit. Secondary benefits of reduced mother-infant separation and improved breastfeeding also were noted.

GP269

ARE READMISSIONS FROM HOME POTENTIALLY PREVENTABLE?

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Background There is a national strategy ATAIN aimed at reducing term admissions to the neonatal unit. Whilst this is aimed at looking at potentially preventable term admissions to the neonatal unit, it does not address the issue of re-admission following discharge from the postnatal ward or neonatal unit. Given the limited midwifery resources in the community, we believe some of the re-admissions are potentially preventable if there were adequate resources to support the mother and baby at home.

Aims To review the reasons for readmissions from home and identify potentially avoidable causes.

Methods We retrospectively reviewed the BadgerNet neonatal electronic patient record to identify readmissions over the last financial year between 01/04/2017 and 31/03/2018. A standard excel proforma was used to collect and analyse the data. The reason for admission, interventions carried out and outcome was reviewed including the length of stay.

Results In the last financial year there were 142 babies resulting in 143 readmissions to the postnatal or transitional care ward. Of these 120 babies were re-admitted for jaundice as a primary cause of admission. Of these jaundiced babies, 31 also had associated weight loss noted on admission. One baby had two episodes of re-admission for jaundice. Five of these babies had an infection screen, which were negative and antibiotics were discontinued by 48hrs. The median length of stay was 4 days and the range was between 3 and 11 days. Only one had admission to the neonatal unit with bronchiolitis. The total length of stay for the 120 babies was 446 days.

Another 22 babies were readmitted because of weight loss. The median length of stay was 3 days and the range was between 1-4 days. The total length of stay for the 22 babies