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 were 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.

Conclusion Dextrose gel (40%) as an oral mucosal application can be safely and effectively used as a method of treating neonatal hypoglycaemia and improved breastfeeding also were noted.
was 70 days. Of all the re-admission, 99 were breastfeeding on re-admission, 24 were mixed feeds and 19 bottle fed.

Conclusions The two main reasons for readmissions were jaundice and weight loss. There was an overlap of this because a proportion of jaundiced babies were noted to have weight loss or poor feeding on readmission. We believe that these are potentially avoidable readmissions if there was sufficient feeding support for the mother and babies in the community. It would alleviate the additional emotional stress imposed on the mother and family by the readmission. It would also reduce the impact on the bed occupancy on an already stretched maternity and transitional care wards.

GP270 HEALTH PROBLEMS IN NEONATES WITH PERINATAL HIV EXPOSURE

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Introduction Antenatal and perinatal periods determine the potential of a child’s health for near and distant future. Considering the increasing number of HIV-exposed uninfected newborns (especially in areas of high risk of HIV infection), the aim of our study was to determine the prevalence of health problems of newborns who avoided perinatal HIV transmission.

Methods We conducted a cohort randomized study that included 177 children from birth to 18 months of life. The sample was divided in two groups, equivalent in sex: the main group (n = 87, random sample) comprised neonates with perinatal HIV exposure, the comparison group included children with no HIV exposure (matched sample). Exclusion criteria were confirmed HIV infection (n = 3), and parents’ refusal to participate (n = 0). We evaluated the frequency (Paw/P%) of seven signs (prematurity, intrauterine growth retardation, neonatal abstinence syndrome, abnormalities of postnatal adaptation, perinatal damage of CNS, congenital and perinatally-acquired infections, congenital malformations and/or minor developmental abnormality). A comparative analysis was performed using the χ2 criterion and its modifications (Yates corrected Chi-square, two-tailed Fisher exact p), relative risk index was calculated (RR [CI0.95]).

Results Health problems in neonates according to the analyzed signs were significantly more frequent in main group (76/87.6%) than in comparison group (28/31.1%) (RR = 2.8 [2.0–3.9]; χ2 = 57.75, p <0.0001).

In contrast with children, not exposed to HIV, children of HIV-infected mothers showed statistically significant incidence of the following signs: intrauterine growth retardation: 26/29.9% vs 5/5.5% (RR = 5.4 [2.2–13.4]; χ2 = 16.5, p <0.0001); abnormalities of postnatal adaptation: 14/16.1% vs 3/3.3% (RR = 4.8 [1.4–16.2]; χ2 = 4.6, p = 0.035); congenital and perinatally-acquired infections: 17/19.5% vs 7/7.8% (RR = 2.5 [1.1–5.7]; χ2 = 5.2, p = 0.022); neonatal abstinence syndrome 12/13.8% vs 0/0% (RR = 25.9 [1.6–430.1] - calculated by L.A. Pavlenskii’s method; χ2 < 0.0001); perinatal CNS damage: 30/34.5% vs 15/16.7% (RR = 2.1 [1.2–3.6]; χ2 = 7.4, p = 0.007).

The most severe problems (frequency of occurrence and the number of registered conditions) were found in HIV-exposed children in families with low income and families where adults had alcohol and/or drug dependence.

Conclusions Health problems, relating to disorders in intraterine growth and early postnatal period are registered mostly in HIV-exposed uninfected children, born to HIV-positive mothers. Increased incidence of health problems and their concentration in low-income families with deviant lifestyle requires careful approach by pediatricians.