Key literature was assessed around a number of themes:

- Alcohol concentration in breast milk and time to elimination
- Level of potential alcohol exposure in the breastfeeding infant
- Effects on infant feeding, sleep and neurodevelopment

Methods A research request was made through the HSE Library Service to source relevant literature. Keywords in the search strategy included 'breastfeeding', 'breast milk', 'alcohol', 'ethanol', 'infant', 'paediatric'. Multiple databases were searched: Scopus, Pubmed, Embase, Web of Science, Cochrane, Cinahl, PsycINFO, Science Direct, and Clinical Key.

Titles and abstracts were assessed against pre-specified inclusion criteria. Full-text articles for studies meeting the inclusion criteria were retrieved for in-depth review. CASP checklists were used to assess study quality.

Results 3 systematic reviews and 27 observational studies were identified.

Alcohol level peaks in breast milk about 30–60 minutes post-ingestion.

2 hours required, on average, to metabolise 1 standard drink. Breast milk will contain alcohol until this time has elapsed.

If an infant were fed at peak alcohol concentration it will receive only about 3% of the maternal 'dose'.

No significant effect on the amount the infant drinks at the breast. It may result in more interrupted infant sleep. No effect on neurodevelopment.

Key messages Avoid alcohol in the first month postpartum as feeding is very frequent and it takes time to establish a routine.

For women breastfeeding beyond 1 month:

- Continue to adhere to guidance on low-risk alcohol consumption.

- Feed your baby before having a drink.

- Express milk before drinking alcohol. This will allow you to feed your baby if they need feeding before you are ready.

Conclusion This review provides an important update to HSE advice on alcohol use and breastfeeding. Our findings have since been incorporated into new user-friendly guidance, available at askaboutalcohol.ie, breastfeeding.ie and the recently launched mychild.ie. The information presented is consistent throughout to ensure robust, clear and transparent advice.

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A MULTICENTRE HEALTH PROMOTION STUDY, EXAMINING PARENTAL KNOWLEDGE OF AND REDUCING EXPOSURE TO PASSIVE SMOKING (REPS)

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The harmful effects of environmental tobacco smoke on the paediatric population is well documented in the literature. The aim of this study is to examine the existing parental knowledge between passive smoking and increased rates of paediatric hospitalisation and to provide an intervention in the form of referral to a smoking cessation programme.

A pilot study was conducted in a tertiary paediatric centre. This prospective cohort study recruited thirty-six paediatric

patients presenting with respiratory tract infections. Consenting families were asked seven questions regarding their smoking habits. Following completion of the pilot study a further fifty patients from two level two paediatric centres were identified. In the level two centres focus was narrowed to children directly affected by passive smoking. Parents accepting referral to a twelve-week smoking cessation programme are currently being followed up over a six-month period. In the case of parents declining a referral to smoking cessation, a reason for refusal was also sought.

From the pilot, although most claimed a desire to quit smoking, acceptance of referral to the smoking cessation programme was poor. Results from the level two centres where the service is offered on site reflected better uptake with 52% (26/50) accepting a referral to smoking cessation services. Over the three centres only 69% of parents claimed an awareness of the harmful effects of environment tobacco smoke with a wide variation between different geographical areas. Results comparing the three centres are demonstrated in the table below.

Abstract P303 Table 1

	Site A Tertiary Centre	Site B Level two centre	Site C Level two centre
No. of patients	36	25	25
Smokers	14	25	25
Desire to quit	71% (10/14)	80% (20/25)	92% (23/25)
Referred	28% (4/14)	64% (16/25)	40% (10/25)
Awareness	86% (31/36)	44% (11/25)	68% (17/25)

Preliminary results from smoking cessation team showed that 50% (13/26) of those referred from the level two centres attended their cessation appointments. 11% (3/26) changed their minds once contacted by the smoking cessation team and the remainder were uncontactable or have not yet made an appointment. 23% (6/26) were smoke free for the last fourteen days at the time of follow up.

Our data suggests scope to improve education of parents on the harmful effects of environmental tobacco smoke. We also suggest that referral to smoking cessation services routinely be offered to parents of children exposed to environmental tobacco smoke as a cost-effective health promotion strategy. Recruitment is ongoing.

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THE CASE OF PERTUSSIS IN NEWBORNS AND INFANTS: THE EPIDEMIOLOGY THAT 'COUNTS' IN VACCINATION CHOICES

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From June to August 2018, 6 infants with pertussis aged between 1 and 9 months (4 were 3 months old, and the other two 1 month and 9 months old respectively) were admitted to a General Paediatrics Operating Unit. Their hospitalization period lasted between 3 and 11 days (mean 7.2 days). Three infants required oxygen therapy. No