index) or z-score WFH (weight for height) from the time of admission to discharge. Logistic regression analysis was performed to determine risk factors of HAM.

Results We included 294 children in the study, with a mean age of 43.6 months. Conditions affecting upper and lower respiratory tract (32%) were the most common at admission followed by infectious diseases (21%) and gastrointestinal system conditions (10.5%). The prevalence of acute undernutrition (AUN) at admission was 25.5%. It was mild, moderate and severe respectively in 17%, 5% and 3.5% of cases. The prevalence of AUN at discharge was 34%. It was mild, moderate and severe respectively in 19%, 8% and 7% of cases. Duration of hospital stay ranged from 2 to 41 days with a median of 5 days. The prevalence of HAM was 28.6% (84/294) with a predominance in children aged <59 months (68/205) (33.2%). Weight loss was observed in 63.2% (186/294) of cases. The mean weight at admission was 15.7 ± 12.9 kgs [2.2–80]. At discharge, the mean weight dropped to 15.3 ± 12.8 kgs [1.6–77]. All age groups showed a reduction in weight during hospitalization; however, it was more common in children aged 12–24 months (61.8%). Weight loss was $\geq 5\%$ in 82/186 (44%) of cases. Risk factors of HAM were : separation from mother during hospitalization (Odds Ratio (OR) 3.44, 95%CI 1.13–10.48; $p=0.029$), fever during hospitalization (OR 8.94, CI 1.1–72.42; $p=0.04$), stop or decrease oral or enteral feeding during hospitalization (OR 1.47, CI 1.27–1.82; $p=0.008$). However, breastfeeding, absence of chronic disease and age over 15 months were protective factors against HAM.

Conclusion The prevalence of HAM in Tunisian children was high. Risk factors are multiple and their screening is essential for early and adequate management.

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LATCHON: A MULTI-CENTRE, RANDOMISED CONTROLLED TRIAL OF PERINATAL SUPPORT TO IMPROVE BREASTFEEDING OUTCOMES IN WOMEN WITH OVERWEIGHT AND OBESITY

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Background Breastfeeding rates in Ireland are among the lowest worldwide. At hospital discharge, 58% of infants are breastfed, with only 48% exclusively breastfed. At 3 months of age, 35% are fed any breastmilk. Women with a high BMI have lower initiation rates and duration of breastfeeding, which is a particular concern in Ireland given that 50% of women have a BMI of >25 kg/m² at their first antenatal appointment.

Objective The aim of the intervention is to improve breastfeeding rates using a previously-tested, multi-component intervention. The intervention will target attitudes toward breastfeeding, breastfeeding self-efficacy, and subjective norms around infant feeding with the aim of normalising the behaviour.

Methods This protocol is for a multi-centre, randomised controlled trial of perinatal breastfeeding support among

women with a BMI >25 kg/m². Hospital discharge data, validated questionnaires and qualitative interviews will be used to measure outcomes and intervention effectiveness. Ethical approval has been sought and recruitment will commence in early 2019. Patients: Primiparous women attending the study site hospitals with a singleton pregnancy and BMI >25 kg/m².

Intervention The intervention will target mothers and their support partners and will span the perinatal period from late pregnancy to six weeks postpartum. Intervention components include: group antenatal education for prospective mothers and their support partners; individual education in the immediate postnatal period; professional support to six weeks postpartum; and weekly phone calls in the postpartum period from an International Board-Certified Lactation Consultant. The primary outcome is prevalence of breastfeeding at 3 months.

Results We anticipate that the intervention will be well-accepted and feasible to carry out within an Irish cohort based on results from the pilot trial among 100 women. Furthermore, essential formative qualitative work has been conducted to inform the intervention design and to ensure that it is contextually appropriate.

Conclusions The proposed intervention will be invaluable to policy-makers as it will provide insights into the specific interventions (e.g. antenatal group education, antenatal individual education, postpartum support) that are effective in improving breastfeeding rates for women with a raised BMI and will highlight the measures that would be most cost-effective to implement nationally.

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THE POSITIVE CLINICAL CONSEQUENCE OF EARLY INTERVENTION OF COMBINED THERAPY (OMEGA 3 FATTY ACIDS AND B12 VITAMIN) ON CHILDREN UNDER 5 WITH VARIABLE FORMS OF CEREBRAL PALSY

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Background Cerebral palsy is a common pediatric problem encountered in about 1:3 per 1000 born children and causing variable mental, motor and behavioral dilemmas. Newly introduced trials of neurogenesis with different agents are now extensively evaluated.

Objective Our study was conducted to evaluate the neurotrophic response to B12 vitamin and omega-3 fatty acids in children diagnosed early with variable forms of cerebral palsy. The response was monitored both clinically and with C.T Scan as being a highly predictive tool for assessing cerebral palsy.

Design The study was carried out on 40 cerebral palsy patients; 26 (65%) out of them were girls, and 14 of them were boys, aged from 0 to 5 years old; from outpatient clinic at Zakho/Duhok General Hospital in Kurdistan Region-Iraq. Patients were treated and followed up for 6 month to one year. They were represented and adjusted by full history taking and clinical examination. Brain C.T scans was done for every patient to assess the degree of brain atrophy before starting this combined therapy, and every month for six months to one year.

Results The study revealed that early intervention of both omega 3 and B12 vitamin in children under 5 with cerebral palsy (cp) shows great response based on clinical examination