problems including jaundice and feeding problems account for the majority of hospital readmissions among new-borns within 28 days after discharge. Numerous studies have reported that the length of stay (LOS) for childbirth has been steadily decreasing in recent decades, in an effort to decrease costs and de medicalise pregnancy. The medical necessity of hospitalisation for and after childbirth is influenced by a variety of factors.

Aim To assess the preventable causes of neonatal readmission to Paediatric unit in and find a link with current practice of discharge from postnatal ward by comparing with practice followed at tertiary care maternity hospital across Ireland in one year.

Standard Protocols followed at three tertiary care maternity hospitals at Dublin Ireland

Nice guidelines of postnatal care

European Standards of New born care

Methodology Retrospective review of admission notes of neonates who were less than two weeks old admitted to WGH in 2018 from January to December, excluding babies transferred from other hospital.

Results A total of 24 babies less than two weeks of age were readmitted to Paediatric unit WGH which makes 1.4% of the total babies who were discharged from the postnatal unit. Among the 24 readmitted babies 37.5% were readmitted with Jaundice, while feeding issues and to out rule sepsis consisted of 20% each. The rest were minor causes like delayed passage of meconium, BRUE, transfer from SCBU.

Conclusion Jaundice and feeding issues are the two most important reason for the babies readmitted to Paediatric unit at Wexford general Hospital. In our audit it was found that all those babies who were readmitted from postnatal ward had no documented weight and bilirubin level check at the discharge.

Recommendations All those babies from postnatal ward should who serum bilirubin checked by transcutaneous billimeter and their weight measured at discharged especially the breast fed babies.

Loop audit After a period of 1 year following these recommendations.

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CONGENITAL EPILUS OF ANTENATAL DIAGNOSIS: A CASE REPORT

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10.1136/archdischild-2019-epa.977

Background Congenital epulis is a rare benign oral cavity tumor that usually arises from the maxillary alveolar mucosa. It is also known as congenital gingival granular cell tumor. This tumor can interfere with respiration and feeding. Prenatal diagnosis is uncommon and mostly confined to the third trimester.

Case report A 30-year-old woman, gravida 5, para 3, had an ultrasound examination at 30 weeks of gestation. A intraoral mass was noted to fill the fetus's oral cavity. Therefore, the woman was referred to our departement of neonatology, but she refused the complement of th explorations and the transfer. At 37 weeks of gestation, an elective cesarean section was performed. The newborn female child weighed 3 kg

who had a large mass occupying the oral cavity. The mass prevented normal closure of the mouth and interfered with breastfeeding, but did not pose an immediate airway concern. She was referred to our departement immediately after birth. On clinical examination, a pedunculated mass, exhibiting a grey ulcerated surface was located on the left side of the maxillary alveolar ridge. This mass measured 6 cm × 4.5 cm × 3 cm and prevented normal closure of the mouth and interfered with breast or bottle-feeding, but did not cause airway obstruction or respiratory distress. Examination of other systems was normal. A surgical excision of the mass was performed on the second day of neonatal life confirmed the presence of a tumor resembling epulis. The correctness of this diagnosis was subsequently confirmed by histogenesis. The intraoperative and postoperative courses were uneventful. The newborn recovered with no complications, and breastfeeding was initiated on the subsequent day of operation.

Conclusion Early diagnosis of CE in a newborn is of paramount importance in the successful management of these rare cases.

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NEONATAL BRADYCARDIA AS PRESENTING SIGN OF CONGENITAL HYPOTHYROIDISM. CASE REPORT

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10.1136/archdischild-2019-epa.978

Introduction The incidence of congenital hypothyroidism is approximately 1:3500 babies worldwide, its more common in the Irish population (1:2300). Primary congenital hypothyroidism is the most common treatable cause of developmental delay, prompt diagnosis is important to prevent abnormal brain development and intellectual disability. Signs and symptoms of congenital hypothyroidism are rarely seen due to an early detection by the newborn bloodspot screening programme. Bradycardia is a very rare presentation of congenital hypothyroidism.

Case report A term male infant born by elective c-section was admitted to the neonatal unit from theatre following a dusky episode and respiratory distress. He required respiratory support with high flow nasal canula due to Transient Tachypnoea of the Newborn. During his admission a low baseline heart rate was noted around 100/min which became most pronounced on day 4 (HR: 65–80/min). Both ECHO and ECG revealed no cause of his bradycardia. He required phototherapy for DCT negative jaundice and nasogastric feeds for slow feeding. Hypothyroidism was suspected, both thyroid function tests and newborn bloodspot screening revealed severe congenital hypothyroidism (THS > 150 mU/L, free T4: 4.6 pmol/L). Technetium-99m pertechnetate thyroid scan confirmed agenesis of the thyroid gland. He was commenced on L-thyroxine therapy. His heart rate normalised and he established oral feeding within 48 hours of initiating treatment and he was discharged home well.

Conclusion Congenital hypothyroidism is mainly diagnosed by the newborn bloodspot screening programme. However, clinicians must keep an index of suspicion to the rare presentation of hypothyroidism in newborn babies to reach diagnosis as early as possible.