Background Picky eating is usually classified as part of a spectrum of feeding difficulties. It is characterized by an unwillingness to eat familiar foods or to try new foods, as well as strong food preferences. The consequences may include poor dietary variety during early childhood. This, in turn, can lead to concern about the nutrient composition of the diet and thus possible adverse health-related outcomes.

Picky-eating habits in preschool children may detriment additionally development quality, physical activity level. Reported prevalence rates are mainly from developed countries and vary widely because of the diversity of assessment methods and definitions. Mothers' intervention strategies are presumably related to their perceptions of picky eating.

Objectives This Study aims were to determine the frequency of occurrence of picky eating behaviour among preschool children and its impact on growth and health, identifying the effects of the child's picky eating on the family and to describe the attitude adopted by the family to manage the issue of picky eating behaviour and the factors associated with the picky eating behaviour among study population.

Methods This study is a descriptive cross-sectional facility-based study in selected four primary health care centres to determine the frequency of occurrence of picky eating behaviour among preschool children and its impact on growth and health status at Khartoum state 2020. Ethical consent obtained. Data was collected by interview questionnaire and anthropometric measurement taken at time of the interview. Data entered, cleaned, and analysed using SPSS version 21.0.

Results This study involved 222 participants. Definition used to diagnose picky eating among participant was combination of poor appetite, food neophobia (always) and food rejection (always). About half of children reported to have poor appetite ($n=109$, 49.1%) and more than half of children reported to have food neophobia ($n=140$, 63.1%) and food rejection ($n=140$, 63.1%) sometimes. Children who met the above definition were about twenty one children (9%), their mean weight was lower compared to non-PE group ($p=0.001$). BMIs in majority of PE were underweight (80.9%) compared to non-PE group were 59% of them were having normal BMI. Also, higher rate of constipation (P value 0.00), iron deficiency anaemia (p value 0.00) and increased risk of acute illnesses (P value 0.039) amongst the picky eater group. Being female, first order in family, maternal age within 20s and presence of similar cases in the family had strong association with picky eating behaviour. While gestational age and family income were not different among both PE and non-PE groups.

Conclusions Picky eating is quite common behaviour in children with different age groups and have its consequences on both children and their families. Further studies need to be done in developing countries to explore different aspects of picky eating like micronutrient deficiencies and development. Also, as picky eating behaviour represents a prevalent problem with impact on children. Hence, it necessitates recommendation and education of paediatrician and general practitioner to have the knowledge to detect early during acute or routine clinic visit for other

health issue and to provide the appropriate management for its complication.

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USE OF NON INVASIVE VENTILATION (NIV) DELIVERED THROUGH VENTILATOR FOR IMPROVING EXTUBATION SUCCESS RATES IN PRETERM INFANTS

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Background Early extubation to non-invasive ventilation (NIV) has been conclusively related to reduced Bronchopulmonary dysplasia (BPD) rates in preterm infants. Reported extubation failure rates vary from 10%-70%. 2017 Cochrane review concluded that Non-Invasive positive pressure ventilation (NIPPV) improves extubation success rates compared to continuous positive airway pressure (CPAP)/high flow nasal cannula (HFNC). In principle, NIV delivered through an auto-flow device with a higher maximum flow of 30 l/min (ventilator) would provide more consistent pressures compared to a bias flow device (IFD/HFNC-10 l/min).

Objectives To compare rates of extubation failures when using NIV delivered through ventilator as a modality compared to IFD/HFNC.

Methods At our center, no standard practice existed regarding extubation and usage of CPAP/Biphasic positive airway pressure (Bi-PAP) delivered through Infant Flow driver (IFD) or HFNC. Extubation failure was defined as re-intubation <72 hours due to presumed respiratory cause excluding NEC/Sepsis, drug overdose. All infants <30 weeks from January 2019 extubated to CPAP/NIPPV delivered through Draeger ventilator at pre-specified settings were compared to a demographically matched retrospective cohort from (2017–2018) who were extubated to NIV delivered through IFD/HFNC (pre-intervention epoch).

Results Among the preterm infants extubated to CPAP/NIPPV delivered through Draeger ventilator, 56% failed extubation, which was a reduction compared to 72% in the pre-intervention epoch (although statistically not significant, ($p>0.05$). However, early extubation (14 days of life) failure rates were significantly less in the study group 28% compared to 46% in the pre-intervention EPOCH group ($p<0.05$). No significant difference was noted in incidence rates of BPD.

Conclusions The use of ventilator-driven NIV leads to reduced extubation failures, more significantly in the first 14 days of life in the extreme preterm (<28 weeks) cohort. Hence early extubation among the preterm cohort could be more effectively achieved with the use of NIPPV or NIV delivered through the ventilator. This could also lead to higher success rates for procedures like LISA.