UASC health should be prioritised, guidelines must include mental and social wellbeing parallel to communicable disease assessment. The UN Convention on the Rights of the Child recognises children’s right to the highest attainable standard of health. Voluntary comprehensive health assessments could ensure no child is deprived of their rights.

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1485 RETINOPATHY OF PREMATURITY – A REALITY OR RARITY? A DESCRIPTIVE COHORT STUDY IN SOUTHEAST NIGERIA

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Background Retinopathy of prematurity (ROP) is an emerging disease in developing countries. It results in abnormal development of retinal blood vessels in the preterm, eventually leading to retinal detachment and visual loss. In recent years, there is increased ROP reports in developing countries due to improved survival of small babies, a paucity of sophisticated neonatal and ophthalmic care and a lack of awareness. Important risk factors of ROP include prematurity and oxygen therapy, which are prominent in the Nigerian neonatal practice. Despite the high prematurity birth rate in Nigeria, screening exercises are not widespread, and there is insufficient local data to inform a national screening guideline.

Objectives To determine the incidence of ROP among preterms in Alex Ekwueme Federal University Teaching Hospital (AEFUTHA), Nigeria.

Methods A descriptive cohort study was carried out in the neonatal unit of AEFUTHA between July 2017 and September 2018. All neonates ≤34 weeks or ≤2 kg and those between 34 weeks and 37 completed weeks who were considered high risk of developing ROP like babies requiring cardio-respiratory support were eligible for screening. Preterms who met the eligibility criteria were consecutively recruited and followed up for four weeks. An eye examination was performed within the first four weeks of life by a paediatric ophthalmologist and a paediatrician using a binocular indirect ophthalmoscope and a 20 dioptre lens. The primary outcome was the presence of any stage of ROP using the International Classification of ROP.

Results Out of 32 preterms examined, 21 (65.6%) were males, while 11 (34.4%) were females. The majority (71.9%) of the babies were preterm (28–32 weeks), 8 (25.0%) moderate preterm (32–37 weeks) and 1 (3.1%) extreme preterm (≤28 weeks). The mean birth weight and gestational age of the babies were 1.56±0.39 kg and 31±2.29 weeks, respectively. The median age at first eye examination after birth was 14.0 (IQR 10.5 to 23) days.

Four babies were identified with ROP, giving a cumulative incidence of 12.5% (95% CI: 1.1%–24.0%). One (25%) had ROP on both eyes while the other three (75%) had ROP on one eye. The male to female ratio of affected infants was one, and their mean birth weight was 1.66±0.20 kg. All the babies with ROP received oxygen therapy; half were of multiple pregnancies and unsupervised pregnancies, respectively. Neonatal jaundice was present in three-quarters of the babies with ROP, while half received blood transfusion.

Conclusions The evidence from this study shows that ROP was seen in greater than one in ten preterm infants and occurred in heavier babies. A larger study is required to obtain a more precise incidence and associated risk factors. Although there was no loss to follow up during the four weeks, this study could not make statistical inferences on some findings noted due to the study’s relatively short duration.