Background Hypertension in the neonatal period is uncommon with studies reporting an incidence of 0.2–3%. There is little data on the clinical course and outcome of these infants.

Objectives To evaluate the incidence and outcome of neonatal hypertension

Methods A retrospective observational study in newborn infants admitted to NICU over a 10 year period (January 2011 to December 2020). Hypertension was defined as systolic BP >95th centile for gestation and age for at least 3 consecutive readings measured using an indwelling arterial line or non-invasive devices such as Dinamap or manual measurement using a Doppler.

- Inclusion criteria – Coding of Neonatal hypertension in Badgernet neonatal database.
- Exclusion criteria – Early death in the perinatal period or in the first week of life

Demographic details of infants with neonatal hypertension were obtained. Case records were further interrogated to evaluate the management of neonatal hypertension, clinical course, and duration of medical treatment. Information on medical treatment at home and follow-up reviews were ascertained to determine the outcome.

Results 24 infants were found to have hypertension from a total of 11192 admissions to the NICU over the 10 year period, giving an incidence of 0.22%. Mean gestation at birth, birth weight and age at diagnosis were 35±2 weeks, 2.5± Kg respectively. The median age at diagnosis was 2 weeks (IQR 1–4 weeks). 14/24 (58%) infants were out-born. 13 (54%) were found to have a renal abnormality. 7 (29%) had an umbilical arterial line inserted. 5 (21%) had exposure to antenatal steroids. 1 (2.5%) of the infants were found to have a structural cardiac abnormality. Anti-hypertensive therapy was initiated in 12 (50%) and the rest were managed with fluid restriction. At the time of discharge, hypertension had resolved in 13 (54%). At the latest follow-up (mean 31 months), only 3 remained on anti-hypertensive treatment after one year of life with a structurally normal heart on echocardiography.

Conclusions Neonatal hypertension is rare and the most common aetiology is kidney disease. Hypertension resolves in the vast majority of infants in the first year of life.

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1504 NEONATAL HYPERTENSION: INCIDENCE AND OUTCOME FROM TEN YEARS’ EXPERIENCE OF A REGIONAL NICU

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Background Paediatric exposure during medical school is often limited to rotations that last a few weeks, and include multiple areas such as clinics, NICU, wards and the emergency department. Many students finish their placement with good theoretical knowledge of managing the critically unwell child but limited practical experience and application of such. Simulation is a growing part of the medical school curriculum however it mainly remains adult based. Simulation