Complications were recorded until the 30 th postoperative day.

Minor complications, defined as any deviations from normal postoperative course with or without administration of pharmacological treatment, are the most common (infections, metabolic, hematological disturbances).

About a quarter of patients had severe complications, defined with uni or multiorgan dysfunction, need for reoperation and death, which is still high.

Predictor factors for severe postoperative complications were very low birth weight (BW<1500 g), GA < 32 weeks and abdominal operations.

This single centre retrospective analyses show that very low gestation age, very low birth weight and abdominal surgery present risk factors for severe postoperative complications in our NICU patients.

120 TIME TO FIRST PASSAGE OF MECONIUM IN 316 IRISH-BORN TERM INFANTS

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Study Background Delayed or absent passage of meconium can suggest an underlying medical condition in a neonate, including Hirschprung Disease, metabolic and congenital abnormalities. Kramer et. Al in 1995 found that 94% of infants passed first meconium within 24 hours. More recently, Ezomike et. al in 2019 demonstrated that 56% of Nigerian infants passed their first meconium within 24 hours. With a discrepancy in the current literature, and recent changes in lifestyle and perinatal factors, it is of interest to detect the average time of first meconium in infants in the developed world, and to assess if this has changed.

Objective To develop a validated reference for average time to passage of meconium in healthy term infants in the developed world, with a higher rate of c-section ($\geq 30\%$) and breastfeeding rate of 60% on discharge. A prospective assessment of time to first meconium passage including the maternal, perinatal and neonatal factors which may influence it.

This prospective cross-sectional study was performed in a tertiary referral center in Ireland. Mothers of term infants in the post-natal ward were interviewed, regarding the timing of first meconium passage, and time of first feed. Any remaining data relating to maternal and infant factors were collected from the medical chart. A questionnaire form was completed by trained data collectors.

Preliminary results include 102 neonates with a mean gestation age of 40 weeks. There is a 55% rate of vaginal delivery and 45% rate of C-section.

The average time to passage of first meconium is 9.3 hours since delivery, with the range between 0 and 83 hours. 93% pass meconium within the first 24 hours. Mothers typically first feed infants within the first half an hour post-delivery, with the first feed consisting of 63% breastfeeding, 33% formula feeding and 4% mixed feeding. Data collection and analysis is still underway.

Preliminary results indicate a vast majority of neonates in the developed world pass meconium in the first 24 hours. Analysis of the maternal and perinatal factors influencing this is underway.

121 BENIGN SERIAL RIB FRACTURE IN A TERM NEONATE

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Aim The aim of the following paper is to present the case of term neonate with serial rib fractures as an isolated finding after birth.

Methods In the medical literature there have been reported some sporadic cases indicating rib fractures in neonates. All of those include fracture of clavícula in complicated labour or other bone affection in bone mineralisation disorder.

Main Finding Most common factors that can lead to rib fractures are birth trauma, cardiopulmonary resuscitation, and metabolic bone disorder which is mostly seen as osteogenesis imperfecta and osteodystrophy of premature babies.

Presented patient had a brief tactile stimulation with no need for excessive reanimation or even mask ventilation. There was no sign of other bone fracture, other systems were not involved but the newborn had bluish discoloration of whites of the eyes.

Conclusion Isolated form of rib fracture without any other affected bone, including intact clavículas, should be considered as benign sign of birth trauma when there is no pneumothorax involved. Even bluish sclera is not predictive sign of a potential syndrome if there are no other multiple fracture of long bone or malformed bones presented at the time of birth (due to intrauterine old fracture)

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Isolated form of rib fracture without any other affected bone, including intact clavículas, should be considered as benign sign of birth trauma when there is no pneumothorax involved. Even bluish sclera is not predictive sign of a potential syndrome if there are no other multiple fracture of long bone or malformed bones presented at the time of birth (due to intrauterine old fracture)

122 MULTIPLE INTESTINAL ATRESIA WITH COMBINED IMMUNODEFICIENCY DUE TO TTC7A GENE MUTATION – CASE REPORT

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