Aims It is widely evidenced that neonates born with a cord pH < 7.0 are at increased risk of adverse neurological outcomes. Neonates born with cord pH 7.26-7.31 have the lowest risk of such outcomes; the ideal pH. There is little research on outcomes of neonates born with a cord pH of 7.0-7.1. As such, we aimed to compare short- and long-term outcomes between term neonates born with cord pH 7.0-7.1 and neonates born with the ideal pH.

Methods A retrospective cohort study was completed on neonates born at the Great Western Hospital between 01/01/2016 and 31/12/2017 (N=8994, after exclusion criteria N=8383).

Neonates were split into the exposure group (pH 7.0-7.1) and control group (pH 7.26-7.31). 175 infants were randomly chosen from each group. Demographics of infants in each group are described in table 1.

Short- and long-term outcomes (table 2) were collected by retrospective review of the medical records. For every outcome, the risk ratio, 95% confidence intervals and P values were calculated, with P<0.05 deemed statistically significant.

Aims WHO defines normothermia in the newborn as a temperature of between 36.5 and 37.5 °C. Hypothermia has a major impact on neonatal morbidity and mortality. Neonatal hypothermia may cause lethargy, poor feeding, bradycardia, respiratory distress, hypoglycemia and may end by metabolic acidosis and eventually death if not properly managed.1 Royal Jubilee Maternity Hospital is the tertiary neonatal unit in Belfast and an admission temperature project was carried out to audit the local practice of maintaining normal neonatal temperature from birth till admission to the unit.

Methods Data were collected from 1st of September 2021 to mid-October 2021 from Badger Net for all deliveries admitted to NICU, (time and place of delivery, gestation at birth, the need of extensive resuscitation and the admission temperature).

Results 55 cases were admitted to the unit and 8 of them had admission temperature less than 36.5 °C (14.5%) (figure 1). 3 of the hypothermic babies were born in operating theaters (OR), 2 of them were born at home, 2 admitted from delivery suite and 1 baby was admitted from postnatal ward (PNW) (figure 2). 5 admissions were for babies born of gestation less than 28 weeks. Half of the hypothermic admissions needed extensive resuscitation after delivery. There were no cases of hyperthermia on admission to NICU during the study time.