Conclusion Patients with PID had a high rate of PICU admission. Multi-organ failure was associated with mortality. Despite adequate support mortality rates were around 50%.

PULMONARY HAEMORRHAGE IN VERY LOW BIRTH WEIGHT INFANTS: 10 YEARS EXPERIENCE IN TERTIARY NICU

Aim To describe the early neonatal outcome in newborns exposed to chemotherapy during pregnancy.

Methods Clinical data of inborn babies, born between 2005 and 2011, from mother treated with chemotherapy, were retrospectively collected from clinical notes.

Results In our population of neonates exposed to chemotherapy during pregnancy 18% (4/22) were born between 25 and 33 weeks of GA and 75% (16/22) between 34 and 36 wks, 9% at term, (2/22). The 70% was admitted to post-natal ward and the 55% was AGA, while only 5% SGA. Neonatal complications observed were: respiratory distress syndrome 32% (7/22; 3/7 CPAP, 3/7 mechanical ventilation), hypoglycemia 25% (5/22) and jaundice 25% (5/22). Two very preterm babies (< 27 wks) developed intraventricular haemorrhage. Not cardiac complications and not significant hematological abnormalities (neutropenia, severe acute anemia and low platelet count) were observed in the neonatal period.

Conclusions According to our data chemotherapy during pregnancy doesn’t seem to influence early neonatal outcome. Otherwise more studies are needed to confirm the safety of cancer treatment during pregnancy in terms of long-term cognitive and neurobehavioural outcomes in order to define treatment strategies aimed to reduce iatrogenic preterm birth.

EARLY NEONATAL OUTCOME IN NEWBORNS EXPOSED TO CHEMOTHERAPY DURING FETAL PERIOD

Aim To describe LOS for common surgical procedures in a single centre tertiary referral neonatal unit.

Methods Data were collected for a 5-year period. If babies were transferred to another unit following surgery, these units were contacted to determine total LOS. We included babies that had surgery during their first admission to our unit and who survived to discharge.

Results

Abstract 818 Table 1 All data as Median (Range)

<table>
<thead>
<tr>
<th>Surgical Condition</th>
<th>Hirschsprung’s Disease</th>
<th>Exomphalos</th>
<th>Myelomeningocele</th>
<th>Anorectal Malformation</th>
<th>Sacrococcygeal Atresia (Intestinal)</th>
<th>Congenital Diaphragmatic Hernia</th>
<th>Gastrochisis</th>
<th>Oesophageal Atresia</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>7</td>
<td>12</td>
<td>14</td>
<td>25</td>
<td>7</td>
<td>42</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>Total LOS in days</td>
<td>21 (15–36)</td>
<td>12 (3–228)</td>
<td>15.5 (8–24)</td>
<td>15 (6–19)</td>
<td>17 (12–55)</td>
<td>24 (6–269)</td>
<td>28 (7–99)</td>
<td>35 (19–154)</td>
</tr>
<tr>
<td>Days on our unit</td>
<td>16 (8–32)</td>
<td>7 (2–227)</td>
<td>14 (2–23)</td>
<td>10 (3–89)</td>
<td>16 (6–29)</td>
<td>19 (5–120)</td>
<td>22 (5–61)</td>
<td>30 (17–153)</td>
</tr>
</tbody>
</table>

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Background and Aims Detailed length of stay (LOS) data for infants following surgical procedures are important for prediction of neonatal resources and helpful when counselling parents following a new diagnosis. There are few recent data available on LOS for different surgical conditions in the literature, and none describing a range of procedures from one centre.

Objective To describe LOS for common surgical procedures in a single centre tertiary referral neonatal unit.

Methods Data were collected for a 5-year period. If babies were transferred to another unit following surgery, these units were contacted to determine total LOS. We included babies that had surgery during their first admission to our unit and who survived to discharge.

Results