

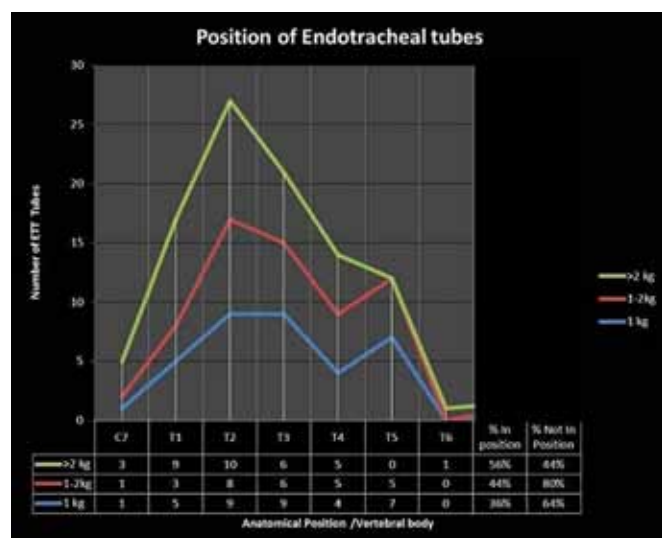
- All babies transferred in
- Inclusion criteria: Admission X-ray done within 12 hrs

## Results

- 148 babies were admitted for tertiary neonatal care of which 127 met inclusion criteria. Patients were stratified as < 1 kg, 1–2 kg and >2 kg.

Correctly positioned tubes were as follows:

- < 1 kg: 33% ETT, 81% NGT, 48% UAC
- 1–2 kg: 31% ETT, 100% NGT, 33% UAC
- >2kg: 54% ETT, 100% NGT, 31% UAC



Abstract 1311 Figure 1 Graph of Position of Endotracheal Tube.



Abstract 1311 Figure 2 Graphs of Position of UAC, UVC, LongLine, NGT

## Conclusion

- Infants less than 1 kg were at higher risk of suboptimally positioned tubes and lines.
- Position prior to transfer and on admission must be ascertained to minimise complications.

## 1312 STABILISING PRETERM INFANTS (< 32 WEEKS) IN THE DELIVERY SUITE: CURRENT CLINICAL PRACTICE IN THE UK

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**Background** Resuscitation guideline for preterm infants has evolved over the last two decades but this still lacks standardisation and clear recommendations. Clinical practice in stabilising preterm infants in the delivery suite may vary from unit to unit.

**Aims and objectives** To find out the current clinical practice in the UK in stabilising the preterm infants in the delivery suite.

**Study Design and methods** Questionnaire based study carried out via internet tool (SurveyMonkey) followed by telephone interview from non-responders. Questionnaire completed by consultants, registrars or senior neonatal sisters (Band 6 and above).

**Results** 100% responses from all the 222 units providing neonatal care. 96% units (113 of 222 units) use plastic bags for thermoregulation in preterm infants although clinical practice varies from 27–32 weeks of gestation under what they use plastic bags.

56% units (123 of 222 units) provide prophylactic CPAP in preterm infants to prevent or treat RDS. Face mask with adjustable positive end expiratory pressure (PEEP) valve was the commonest (50%; 111 of 222 units) means of providing prophylactic CPAP. But for ventilated babies 70% units (154 of 222 units) provide PEEP routinely.

42% units (93 of 222 units) use start resuscitation of preterm infants in bled oxygen, 33% in air, and 17% use 100% oxygen. 64% units (143 of 222 units) use oxygen saturation monitor in the delivery suite while 28% don't use it routinely.

**Conclusion** Current clinical practice in stabilising preterm infants in the delivery suite varies significantly from unit to unit in the UK.

## 1313 CAN PRE-PREGNANCY BODY MASS INDEX IN GESTATIONAL DIABETES PREDICT NEONATAL BIRTH WEIGHT?

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**Background and Aim** Gestational Diabetes Mellitus (GDM) is the glucose intolerance detected during pregnancy. The most common neonatal complication of these mothers is macrosomic or large for gestational age (LGA) babies. We evaluated the pre-pregnancy body mass index (PP-BMI) and the effects of glycemic control on the frequency of neonatal complications and macrosomia in GDM pregnancies.

**Methods** 87 GDM pregnancies were retrospectively enrolled in the study and divided into two groups: Group I, PP-BMI<25.0 kg/m<sup>2</sup> (normal, n=29), and Group II, PP-BMI≥25 kg/m<sup>2</sup> (overweight, n=58). Carpenter-Coustan criteria modified from Workshop-Conference on Gestational Diabetes were used for GDM diagnosis. Infants born from these mothers were also divided as appropriate for gestational age (AGA) and LGA.

**Results** There were no differences with respect to age, gestational age at admission, mean HbA1c levels, mode of delivery and perinatal mortality between groups. On the other hand, number of LGA infants were significantly higher in Group II [n=1 (3.4%) vs n=13 (22.4%); p=0.02]. There were no difference about neonatal complications between groups including; hypoglycemia, sepsis, polycythemia, respiratory distress and hospitalization during neonatal period.

**Conclusion** Good glycemic control in GDM patients was not seem to be enough in reducing the LGA babies. Overweight patients should be treated before pregnancy, and during pregnancy good glycemic control must be assured so that LGA babies and neonatal complications can be decreased.