Abstract 1680 Table 2  Feeding difficulties pre and post frenulectomy

<table>
<thead>
<tr>
<th>Feeding difficulties</th>
<th>Pre-frenulectomy n [%]</th>
<th>Post-frenulectomy n [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>3 (12%)</td>
<td>14 (54%)</td>
</tr>
<tr>
<td>Sore nipples/breast</td>
<td>13 (50%)</td>
<td>5 (19%)</td>
</tr>
<tr>
<td>Difficulty attaching/maintaining</td>
<td>16 (62%)</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>Prolonged feeding/unsatisfied</td>
<td>11 (42%)</td>
<td>9 (35%)</td>
</tr>
<tr>
<td>Poor weight gain</td>
<td>5 (19%)</td>
<td>1 (4%)</td>
</tr>
</tbody>
</table>

Conclusions  Frenulectomy has a positive impact on breastfeeding success. We recommend early treatment if feeding difficulties are observed combined with tongue tie.

Abstract 1680  AN AUDIT OF IMPACTS OF FRENUELECTOMY IN BREAST FEEDING

doi:10.1136/archdischild-2012-302724.1680

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Background and Aims  To review impact of frenulectomy on breast feeding success.

Methods  Prospective audit of babies undergoing frenulectomy from December 2010 to January 2012. A pre-procedure questionnaire was completed in all cases. Babies were assessed and procedure was carried out in the clinic under complete aseptic conditions. Babies were breastfed immediately after treatment and observed for 30 minutes. No further clinical review was conducted. A post-procedure questionnaire was returned within 3 weeks.

Results  50 babies underwent frenulectomy. Mean age at procedure was 6.6 weeks and range 1.1–22.3 weeks. Procedures were carried out by a single operator without complications. 26 post procedure questionnaires were returned. Pre and post feeding methods and difficulties are shown in the tables below.

Abstract 1680 Table 1  Breast feeding methods pre and post frenulectomy

<table>
<thead>
<tr>
<th>Feeding Method</th>
<th>Pre-frenulectomy n [%]</th>
<th>Post-frenulectomy n [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast feeding only</td>
<td>12 (46%)</td>
<td>16 (61%)</td>
</tr>
<tr>
<td>Artificial milk only</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Expressed breast milk only</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Breast feeding combined with</td>
<td>13 (50%)</td>
<td>8 (31%)</td>
</tr>
<tr>
<td>expressed and/or artificial milk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abstract 1681  LATE-PRETERM DELIVERY: PSYCHOLOGICAL DISTRESS AND LACTOGENESIS

doi:10.1136/archdischild-2012-302724.1681

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Late-preterm infants represent the most rapidly growing group of preterm births. The majority of these infants is treated as term neonates at the regular nursery.

It is noteworthy that late-preterm infants have a lower breastfeeding prevalence than term neonates.

It is not known whether psychological distress affects lactogenesis or the mother-to-infant bonding.

The study’s aim is to verify if late-preterm delivery is associated to psychological distress affecting Mother-to-Infant bonding and breastfeeding.

The study was performed at the Departament of Gynaecology and Human. Reproduction Science of Padua University, between June and October 2011.

The study group consisted of 75 mothers: 25 delivered late-preterm with caesarean section and 50 delivered with term vaginal birth.

The third day after birth, four psychological tests were administered to mothers: STAI, EPDS, MIBS, LüscherColorTest.

Baseline levels of prolactin and cortisol were controlled.

ANOVA shows significantly higher levels of trait anxiety and state anxiety in late-preterm infants’ mothers: the average trait anxiety is 46.0 (IQR 39.0–50.0) in late-preterm infants’ mothers and 40.5 (IQR 35.3–44.0) in term infants’ mothers (p=0.01); and the average state anxiety is 48.0 (IQR 42.0–56.0) in late-preterm infants’ mothers and 43.0 (IQR 39.0–48.8) in term infants’ mothers (p=0.03) respectively. There are significantly higher levels of depression in late-preterm infants’ mothers: in EPDS the average is 9 (IQR 8–13) in late-preterm infants’ mothers and 6 (IQR 4–9) in term infants’ mothers (p=0.001). In MIBS, joy is lower in late-preterm infants’ mothers.

In late preterm infants this is associated to reduced exclusive breastfeeding at discharge (20% vs 66%).

The LüscherColourTest is comparable for both groups.

Mothers who delivered late-preterm have negative emotional changes, without hormonal changes. The psychological distress is negatively associated to an altered Mother-to-Infant bonding and lactation performance.