10–14% and 10 had ≥ 15%. The median age at presentation was 5 days (2–12 days), median sodium level with >15% weight loss babies was 152 (143–162).

Conclusions A significant number of neonatal re-admissions were due to abnormal weight loss of ≥10% and majority were due to failure to establish breastfeeding. An earlier audit in 2009 had identified need for more breast feeding support. Although systems to support breast feeding mothers in community are in place, more support needs to be established including regular assessment of weight to avoid hospital re-admissions.

1761 PITFALLS OF THE NEONATAL SCREENING PROGRAM FOR CONGENITAL ADRENALECTAL HYPERPLASIA (CAH)

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Background Prompt diagnosis and treatment of CAH is essential to prevent mortality and morbidity. The incidence of CAH ranges from 1 in 21270 (New Zealand) to 1 in 5000 (Saudi Arabia).

Our Aim: Identify the incidence of CAH in our patient population. Appraise the CAH screening program.

Method Retrospective analysis of filter paper blood samples from infants aged 36 hours or more collected from November 2007 - Sept 2011. The 17-hydroxyprogesterone (17-OHP) tests were part of metabolic screening program at KFAFH. Abnormal values were re-called.

Results 22381 of 22428 (99.7%) births were screened for CAH. The turnaround time was 10 days. 124 infants [males 89 (72%) females 35 (28%)] had abnormal levels and were re-called (recall rate 0.5%). 76 infants had repeated serum 17-OHP concentration (response rate 61%). 7 infants had abnormal elevated levels, 4 had ambiguous genitalia (karyotype female), 3 male infants had symptoms of salt wasting at age of 9.10 and 37 days, turnaround time for the screening results was 11.9 and 16 days respectively. Delayed identification was due to failed contact and response in case 2 and 3 respectively. Recall failure was in 48/124 (39%) reasons were wrong contact numbers in 36 cases (75%) and no show in 10 cases (21%). Failure to repeat in 2 preterm infants died secondary to prematurity.

Conclusion The incidence of CAH is 1 in 3333 in our patient population. Barriers for timely intervention were due to prolonged turnaround time, lack of family education. Strategies to improve the process should be implemented.

1763 NEWBORN HEARING SCREENING: THE EXPERIENCE OF THE UNIVERSITY HOSPITAL OF MODENA

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Background and Aims Neonatal hearing screening programs allow to identify infants with bilateral permanent congenital hearing impairment and to facilitate early intervention to minimize the consequences on language development. In our country the concept of implementing universal newborn hearing screening protocols is still a topic of debate. Our aim was to analyze the first data collected in one year of experience since the adoption of the universal newborn hearing screening in Modena University Hospital.

Methods Data were collected during the period from 8th April 2011 to 31st March 2012. The screening was carried out by means of Transient Stimulus Evoked Otoacoustic Emissions, using, for well babies, a two-stage protocol: first screening stage on the second day after birth, followed by re-screening before discharge if a pass response was not obtained from both ears and a second stage follow up screening within 3 weeks later in case of failure. In case of a persistent failure response an audiologic evaluation was performed.

Results During the period of the study 3512 babies underwent newborn hearing screening, of these 208 presented increased risk factors. In well babies group, one child will undergo surgery for a cochlear implant, 3 children are receiving a prosthetic-rehabilitative treatment. The prevalence of permanent bilateral hearing loss resulted 1.2:1000.

Conclusion It is important to create an active collaboration between audiological/ENT specialists and paediatricians to reach the objective of identifying infants with hearing loss as early as possible in order to implement early interventions.

1764 INVESTIGATION OF SOME ASPECTS OF PERCEIVED SOCIAL SUPPORT IN MOTHERS OF HOSPITALIZED CHILDREN IN NEONATAL INTENSIVE CARE UNIT

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Purpose To identify the degree of perceived social support in mothers of hospitalized children in neonatal intensive care unit, and to assess in psychosocial aspects the relationship of the perceived social support with such variables as depression and anxiety level.