PS-267  
**CHANGES IN NUTRITIONAL MANAGEMENT AMONG VERY LOW BIRTH WEIGHT INFANTS BETWEEN 2010 AND 2013 — WHAT WE WERE ABLE TO IMPROVE**

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**Background**  The feeding scheme of premature newborns changed in recent years. The latest recommendations emphasise the intensification both of parenteral and enteral nutrition from the first days of life.

**Methods**  We compared two groups of VLBW newborns born in our institution in 2010 and 2013. We analysed how the changes of our nutritional treatment influenced chosen parameters in both groups of newborns. Changes included: more intensive full TPN from first hours of life, earlier enteral nutrition (EN), faster increasing of EN, less restrictive fluid policy during first week of life, supplementation of proteins during EN and more exact growth charts.

**Results**  The demographic parameters of both groups were very similar. In 2013 compared to 2010 we found smaller average weight loss after birth (6.4% vs 9.7%; p < 0.05), faster return to birth weight (8 vs 12.5 days; p < 0.01) and higher average daily weight gain (21.5 vs 19.6 g/day; p < 0.05). The mean duration of TPN use was slightly shorter (18 vs 20 days; NS). Extra uterine growth restriction at the time of discharge decreased significantly but still was 43.3% in 2013. Improvement was mainly in the subgroup of ELBW infants. The incidence of severe NEC declined from 10% in 2010 to 6.4% in 2013.

**Conclusions**  We revealed that our changes caused improvement of nutrition and brought beneficial effect on the growing parameters of our premature newborns without increasing the incidence of NEC.

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PS-268  
**STOOL CHARACTERISTICS AND GASTROINTESTINAL TOLERANCE OF CHINESE INFANTS FED TERM FORMULA CONTAINING INCREASED SN-2 PALMITATE AND OLIGOFRUCTOSE: AN OBSERVATIONAL STUDY**

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**Background and aims**  Formula containing increased sn-2 palmitate (sn-2+OF) may improve stool consistency. We hypothesised that hard and watery stool incidence among infants fed α-lactalbumin-enriched formula with sn-2 +OF would be ≤2.5% (upper limit of 80% CI < 5.0%).

**Methods**  Healthy term infants (n = 440) aged ~42 days were enrolled in this 48-day study on their current feeding regimens: formula-fed (n = 142), HM-fed (n = 143), or mixed-fed (n = 155). Stool consistency was assessed at 4 visits using a 3-day diary with validated 5-point scale (1 = watery, 5 = hard). Gastrointestinal (GI) tolerance was assessed using a validated questionnaire (score range = 13–65; lower values indicate better tolerance).

**Results**  Incidence of hard stools across visits ranged from 0.7% [80% CI: 0.1–2.7] to 2.1% [0.8–4.6] for formula-fed infants, with incidence rates ≤0.8% in mixed-fed, and no hard stools reported in HM-fed groups. Incidence of watery stools ranged from 2.8% [1.2–5.4] to 5.0% [2.8–8.3] for formula-fed infants, which was lower than the incidence rates for mixed-fed (≤8.2%) and HM-fed (≤16.3%) groups. Stool consistency score (2 = runny, 3 = mushy soft) of formula-fed infants (2.9) was higher than HM-fed infants (2.4–2.5; p < 0.0001)

**Conclusions**  Formula with sn-2+OF fed to Chinese infants results in soft stools and low incidence of hard and watery stools. Low GI tolerance scores indicate the formula is well tolerated.