ECMO, both of whom survived to discharge as did all babies who underwent surgical repair of the CDH. **Conclusion** There was an 11.1% mortality rate increase amongst the cohort studied when compared with the preceding 5 year block. A notably lower termination rate (28% vs. 50%) could possibly account for this, in addition to associated anomalies as above. Variations in management approach within the team was observed leading to the subsequent formulation of an evidence based protocol to improve care quality and future outcomes as current evidence suggests.

**Perinatal Infection**

**PS-298 RANDOMISED CONTROLLED TRIAL TO COMPARE EFFICACY OF DIFFERENT TIMING OF ANTIBIOTICS AT CAESAREAN SECTION AND THEIR EFFECT ON MOTHER AND NEWBORN**

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**Background** During caesarean section, prophylactic antibiotics are usually given after cord clamping (instead of prior to skin incision) for fear of antibiotics having adverse effects on the newborn and promoting resistant strains.

**Objective** To compare efficacy of intravenous cefazoline administered during caesarean section either before skin incision or after cord clamping, on mother and newborn.

**Setting** Tertiary care perinatal centre in south India.

**Methods** Term gestation mothers posted for caesarean section were randomised to receive two medicines (V cefazoline/ placebo) prior to skin incision, one after cord clamping. Mothers and babies were monitored for evidence of infection or adverse events during hospital stay. They were reviewed at 45 days to look for complications.

**Results** 1106 mothers were recruited. At baseline, mothers and babies in both groups were similar. The mean (SD) duration of hospital stay for mothers in both groups was 5.3 (1.5) days. Mothers who received antibiotics prior to skin incision had less post operative complications compared to mothers who received antibiotics after cord clamping (p = 0.000). Mothers who received antibiotics after cord clamping stayed longer in hospital (p = 0.008). Babies in both groups had similar rates of nursery admissions, sepsis, NEC and hospital readmission following discharge.

**Conclusions** IV antibiotics can be safely administered to mothers prior to skin incision which decreases postoperative infectious morbidity without adverse effects in babies.

**PS-299 HAEMATOLOGICAL MARKERS OF VERTICAL TRANSMISSION OF GENITAL MYCOPLASMAS IN PREMATURE INFANTS**

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**Background** Genital mycoplasmas (Ureaplasma urealyticum-Uu or Mycoplasma hominis – Mh) are low grade pathogens associated with complications of pregnancy (chorioamnionitis and preterm labour); but their role as neonatal pathogens is controversial.

**Aim** To identify haematological markers of vertical transmission of genital mycoplasma in premature newborn infants.

**Methods** A retrospective cohort study done at University of Connecticut Health Centre NICU with admissions from 2003–2010. Intubated infants in the NICU had tracheal cultures sent