Conclusions In this cohort, the frequency of high caffeine consumption was low; however, it was independently associated with LBW, but not with preterm birth.

Supported: FAPESP, FAEPA.

PS-312 WITHDRAWN

PS-313 AN INQUIRY INTO ALCOHOL CONSUMPTION DURING PREGNANCY IN THE NETHERLANDS (2007–2010)

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Background and aims Alcohol consumption during pregnancy is associated with several adverse outcomes for the developing child, of which fetal alcohol syndrome (FAS) is the most well-known. In The Netherlands it is recommended not to drink any alcohol while pregnant. Our objective was to describe the prevalence and pattern of alcohol consumption during pregnancy in the Netherlands.

Methods In 2007 and 2010 we undertook two nation-wide surveys amongst mothers who brought their infant aged ≤6 months to a well-baby clinic. Survey-data were weighted for educational attainments to represent national figures.

Results In 2007 data were obtained from 2768 and in 2010 from 1448 women. Between 2007 and 2010, the frequency of drinking did not increase, but the amount per occasion did. Overall, 21% of women reported that they had drunk alcohol during pregnancy. Of women who drank alcohol during the first 3 months, 25% reported 1–3 drinking occasions per month; 7% reported weekly intake, and 0.5% reported daily intake of alcohol. Binge drinking (≥6 drinks/occasion) while pregnant was reported by 8%. In 2007, 53% had <1, 40% had 1–3, and 7% had ≥3 drinks/occasion. In 2010 this was respectively 4%, 83%, and 13%. As compared to the first three months, in the last six months of pregnancy alcohol intake was somewhat less.

Alcohol consumption in pregnancy was more prevalent amongst older (≥35 years of age), higher educated women, and amongst women who reported that they had smoked tobacco products while pregnant (adj. OR 2.06; 95% CI 1.51–2.73).

Conclusions Despite current recommendations, in 2007 and 2010, 21% of Dutch women drank alcohol while pregnant.

PS-314 THE RISK OF MACROSOMIA LINKED TO DIABETES IN PREGNANCY: DATA FROM THE FRENCH POPULATION IN 2011

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We evaluated the risk of macrosomia according to the type of maternal diabetes from the French birth cohort in 2011.

Method Data were obtained from the PMSI (medical Information system program) and the SNIIRAM (inter-regimens national system of information) of the French health insurance. All the childbirths and the terminations of pregnancy (TOP) after 22 weeks were selected. The mother's diabetic status was determined by an algorithm based on the consumption of antidiabetics and hospitalisation diagnoses before and during the pregnancy. An identifier in the PMSI links mothers and children. Macrosomia was defined as a birth weight (BW) > 4 kg or > 90th percentile for gestational age.

Results 806 579 childbirths /TOP > 22 weeks were identified in the PMSI. The motherchild chaining was obtained for 474 614 births. 16.7% of the newborn had BW >4 kg in type 1 diabetes (T1D), 13.4% in type 2 diabetes (T2D), 9.0% in GD, and 6.6% in the normal population. 42.5% (n = 354) of the newborn had a BW >90th percentile in T1D, 30.4% (n = 348) in T2D, 15.7% (n = 5096) in GD and 9.4% in the absence of diabetes. The OR compared with the absence of diabetes were respectively 7.0 [6.1–8.0], 3.9 [3.4–4.4] and 1.7 [1.6–1.8]. The median BW was significantly higher whatever the term of birth in cases of GD compared to the normal population.

Conclusion the risk of macrosomia is the highest in case of T1D, but it remains in case of GD, although it is lower.

PS-315 NEONATAL ADRENAL SUPPRESSION AFTER MATERNAL CORTICOSTEROID USE? A SINGLE-CENTRE CASE-STUDY

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Background The use of supra-physiological exogenous corticosteroids in pregnancy can lead to neonatal adrenal suppression causing life-threatening disease. However, evidence on the occurrence of neonatal adrenal suppression after maternal steroid use, is lacking.

Objective Examining the occurrence of adrenal suppression in newborns after maternal steroid use during pregnancy.

Methods Single-centre case series including all newborns (n = 18) between October 1st, 2006 and February 1st, 2014 of mothers using prednisolone, more than 10 mg/ day. Newborns were routinely assessed by physical examination, blood glucose concentrations, serum cortisol, adrenocorticotropic hormone concentration and urinary steroid profiles within 48 h after birth. Hypoglycemia was defined as blood glucose below 2,6 mmol/L (46 mg/dl). Abnormal serum cortisol was defined as twice below 100 nmol/L. An abnormal urinary steroid profile was defined as absence of fetal metabolites.

Results Six newborns suffered from hypoglycemia, responding well to oral feedings or intravenous glucose administration. All had additional risk factors for hypoglycemia; none had abnormal serum cortisol concentrations or urinary steroid profiles. In two newborns abnormalities in urinary steroid profiles were suggestive for adrenal suppression, although both had adequate serum cortisol concentrations. In both cases, the infants were born prematurely and placenta bed pathology was suspected. After four weeks, urinary steroid profiles of both neonates showed fetal metabolites.

Conclusion No clinically relevant adrenal suppression was found in eighteen newborns of mothers using corticosteroids during

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