However, it has been suggested that neonates exposed to hypoxic injury are at increased risk of developing necrotizing enterocolitis (NEC) and so feeds should be withheld until re-warming.¹

A national survey was performed to gain insight into current approaches towards enteral feeding during therapeutic cooling. **Methods** Hospitals were contacted by telephone and asked standardised questions about nutritional practice during cooling. 42 of the 47 units to provide cooling in the UK supplied information. **Results** 67% of hospitals had no guidelines or had guidelines that failed to provide information with regards to starting enteral feeds during cooling. 79% do not give enteral nutrition during cooling. Of these, 24% of guidelines cited risk of NEC/GI complications as justification. 70% offered no reasoning for the recommendation. In these units, 45% began patients on TPN (± lipids), while 55% provide only IV fluids. No units give full enteral nutrition, however 21% of units provide trophic feeds, preferentially using expressed breast milk most frequently at a rate of 1 mL 1–4 hly, with supplemental IV fluids and no adjunctive TPN. **Conclusion** This survey concludes that there is no uniform approach to nutrition during therapeutic cooling in neonates within the UK.

Further research and subsequent guideline development is essential to ensure optimal treatment is given to this patient group.

**REFERENCES**

1 FE Canpolat, 1S Oguz, 1NU r a s ,2UD i l m e n .


**PO-0582 FEEDING DIFFICULTY IN LATE PRETERM INFANTS**

1S Araci, 1G Kadогlugu Simsek, 1E Alyamcz Dedar, 1F Sari, 1G Kannaz Kutman, 2G Campolat, 1S Oguz, 1N Urs, 2Dilmun. *Neonatology*, Zekai Tahir Burak Maternity Teaching Hospital, Ankara, Turkey; 1*Neonatology*, Yildirim Beyazit University School of Medicine, Ankara, Turkey

**Background and aims** Compared with term infants, late preterm infants have higher risks for morbidities such as respiratory distress, hypothermia, hypoglycemia, hyperbilirubinemia and feeding difficulty. The aim of this study to investigate incidence and clinical characteristics of feeding difficulty in late preterm infants. **Methods** A total of 426 infants were enrolled. We evaluated the clinical and demographic characteristics and feeding difficulty of late preterm infants. **Results** 34 infants had feeding difficulty. There were no differences in gestational age and birth weight among the groups. Mean intolerance day was 2.3 ± 1.2 days. Compared infants with feeding intolerance and non-feeding intolerance full enteral feeding time 8 ± 2.3 days and 5.2 ± 1.7 days, respectively (p < 0.001). Feeding with breast milk rates was similar between the groups. Prokinetic use in the feeding intolerance group was 46% (n = 25). Subgroup analysis between prokinetic users and non-users there were no differences in full enteral feeding time and duration of parenteral nutrition. **Conclusions** Late preterm infants should be followed closely for the complications such as feeding difficulty.
Background Donor human milk (HM) was associated with slower growth in the early postnatal period. The macronutrient concentrations of HM could be influenced by the various processes used in human milk bank. The LTLT pasteurisation was known to slightly decrease protein and fat content of HMB. But the effect of the lyophilization was not described.

Aims To Compare the lipids compositions between raw/LTLT/lyophylized HM.

Methods This is a monocentric of 22 batches independent prospective study on HM. After Folch extraction, Total fat was determined gravimetrically. The fatty acid (FA), after direct transesterification, were separated by capillary gas chromatography with BPX 70 column. Statistical analysis were: apparied t test and/or T of Wilcoxon.

Results Conclusion Decrease of the fats was mainly observed after pasteurization; difference (d=0.86 g/l) (p = 0.05, after Bonferroni correction it is non significant); the lyophylization preserved almost total lipids after LTLT (d=0.26 g/l NS). But the total effect of LTLT then lyophylization was a loss of 1.10 g/l of total lipids and significant. There was no significant difference between each of the fatty acids with both processes. LTLT Pasteurisation is not an optimal decontaminating HM process and we have to develop new techniques.