

**Objective** Neonatal recommendations include medical follow-up, metabolic screening, vitamin K, eye drops/ointment, and vaccinations. Most but not all parents follow these recommendations. This study aimed to characterise the non-compliant mothers in order to understand the reasons behind that non-compliance.

**Study design** All mothers who refused any routine treatment of their infant or who asked for early discharge of their infant were included. They filled-in a questionnaire on socioeconomic items, previous births and those children's health status, current pregnancy and delivery, and their beliefs.

**Result** Three non-compliant subgroups emerged according to the responses: Muslim mothers requesting early discharge to care for children at home, Jewish mothers requesting early discharge because they disliked hospital environment, Sabbath/holiday, and children at home, and Jewish mothers who rejected guidelines because they believed the treatments were unnecessary or possibly harmful to their infants.

**Conclusion** Several interventions to enhance maternal compliance to medical recommendations are proposed, including more education, better quality of patient-staff interaction, understanding and encouraging social support, and awareness of patient's beliefs and attitudes, as well as renovation of the maternity department's physical structure, to make the stay more pleasant (quieter, more privacy), and to also make it possible to properly celebrate the Sabbath as well as holidays on the ward itself. Regarding the Islamic and Jewish mothers who asked for early discharge because of the other children at home, maybe we should try to understand the exact reason for this – perhaps the father works far away from home and there is nobody else to guard these children; and then we may be able to help these families find a better solution.

**PO-0623 NEONATAL DISCHARGE PLANNING: CAN WE REDUCE UNSCHEDULED REVIEWS IN THE FIRST 6 WEEKS OF LIFE?**

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Discharge planning for the well newborn is often overlooked and is increasingly recognised as an important function of any neonatal unit. We analysed factors associated with presentation of a newborn (<6 weeks) to a local PED, GP practice and maternity hospital over a 3 week period.

**Aim** The aim was to gather data that could inform policy on discharge planning. This includes education for parents on the services available to them and on normal newborn care.

**Methods** Data was collected from an electronic database in the case of the PED and the local GP. It was collected prospectively manually in the maternity hospital.

**Results** In total 276 patients under 6 weeks of age presented to the three services over the three week period. Almost half of these visits were unscheduled (137/49%). Of those that were unscheduled, 29% were felt to represent benign neonatal variants whilst 20% were simple feeding problems. Discharge rates did not vary hugely between referrals made from GPs (56%), Nurses (57%) or the parents themselves (67%).

**Discussion** A proportion of reviews were felt to be inappropriate and could have been prevented with parental education. The similar rates of discharge between the three sources of referral also

suggests that both GPs and nurses in the community are not comfortable with caring for newborns. There is room for cost saving and quality improvement of the service through education.

**PO-0624 THE COST OF DISABILITY AND IMPROVING THE CONDITION OF NEONATES WITH HYPOXIC AND ISCHAEMIC IMPAIRMENT OF THE CENTRAL NERVOUS SYSTEM**

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**Background and aims** Caring for a child with disability can be expensive not only for the family itself but also to society. Premature neonates are more likely to be re-hospitalised than babies born at full term and the healthcare costs in the first year are significantly higher for premature babies.

The cost of caring for a disabled child is clearly immense. As a result it is important to try to find ways to prevent disabilities or improve the condition of neonates who are at a risk of developing disabilities. For this reason the Intensive Neonatal care unit at the regional hospital of Ruse has focused on an early physiotherapy intervention (EPI) program on neonates with hypoxic and ischaemic impairment of the central nervous system (CNS).

**Methods** The study covers a period of 4 years and includes 172 randomised premature infants of different sexes who were placed in 2 groups (control and experimental). The placement in one of the two groups takes place after a conversation with the parents and informing them about the risk for motor impairments.

**Results** Hammersmith neurodevelopment and motor development test that was performed to both groups of preterm neonates shows considerable improvement in the motor development to those neonates with EPI immediately after birth.

**Conclusion** Neonate's brain has a high plasticity after birth and great opportunities for recovery. As the EPI improves the condition of neonates at risk of development motor disabilities it can help reduce the cost of disability in the long run.

**PO-0625 EFFECTS OF PHOTOTHERAPY ON ANTIOXIDANT STATUS OF PRETERM AND TERM NEONATES WITH JAUNDICE**

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**Background and aim** Phototherapy is generally considered as a safe and well-tolerated therapy in neonatal jaundice. Recently phototherapy has been shown to be related to oxidative stress. In this study we aimed to investigate the effects of phototherapy on antioxidant status of neonates with jaundice.

**Methods** We conducted a control-grouped pre-test, post-test quasi-experimental design at the newborn unit of a university hospital in Turkey from December 2012 to 2013. Term, very preterm (28 to <32 weeks), and late preterm (32 to <37 weeks) newborns hospitalised for significant jaundice requiring phototherapy in the 1–9 days of life were enrolled. A total of 56 newborns were included in this study. The study was approved by