

doses of surfactant was more and the mortality rate was higher in infants who received beractant as opposed to those who received proctant alfa (p 0.024; 0.032, respectively). Infants who were referred from other centres had higher mortality and intra-ventricular haemorrhage (IVH) rates (p 0.011; 0.016, respectively).

**Conclusions** We found that sepsis and ICH were the leading causes of mortality in ELBW infants. We also found that the type of surfactant administered to ELBW infants could influence the rate of mortality. Finally, the transport of ELBW infants from one centre to another may increase the rate of IVH and mortality and hence necessitates extreme caution.

**PO-0658 'WARM' TO PREVENT HYPOTHERMIA**

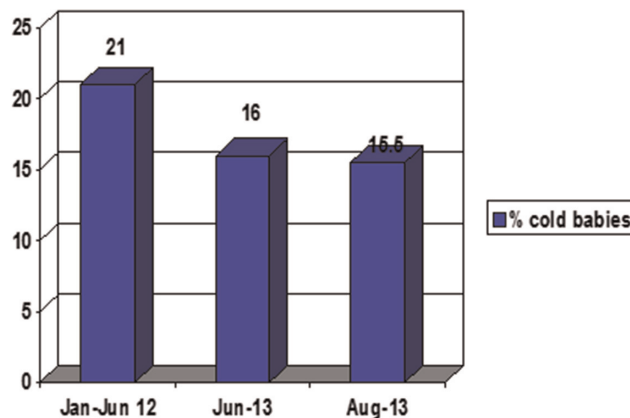
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**Background** Hypothermia of new born babies occurs throughout the world and in all climates. Low birth weight and sick neonates are most vulnerable. The Epicure study showed that premature neonates who were 26 weeks gestation or less with a temperature lower than 35°C on admission to neonatal unit were independently associated with mortality. Heat loss resulting in hypothermia is a significant problem during neonatal resuscitation.

**Objectives** Re-auditing of the practice and establish incidence of hypothermia following implementation of 'WARM' concept (Incidence of hypothermia 21% Jan-June 2012) in neonatal admissions to the neonatal unit at L&D Hospital.

**Methodology** Prospective re-audit of all neonatal admissions recorded on pre-designed pro-forma in which temperature at source of referral and at admission along with interventions in place to prevent hypothermia are recorded. Any admission temp



**Abstract PO-0658 Figure 2**

<36.5°C will be defined as hypothermia (based on WHO definition and local guideline).

Concept of WARM based on WHO recommendations and rising awareness of parents and professionals about prevention of hypothermia.

Mandatory documentation of temperature and measures already put in place (eg. Hats, clothes etc) from source of admission and again at NICU which acted as a prompt for the professionals.

All professionals involved in new-born care were regularly given teaching session on importance of prevention of hypothermia (Exclusion of cooling babies).

Trainees were educated about importance of monitoring temperature at resuscitation scenario and emphasising importance in simulation scenarios.

**Result** Ourre-audit has shown a significant reduction in incidence from 21 to 15.5%.

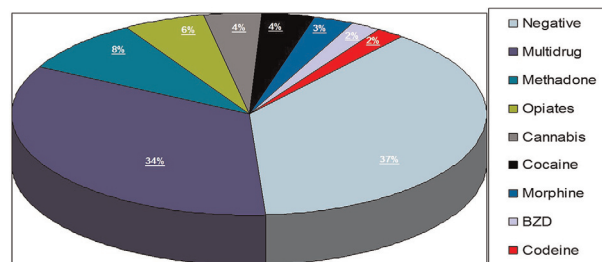
**PO-0659 ROLE OF URINE TOXICOLOGY AS AN ADJUNCT IN MANAGEMENT OF BABIES BORN TO SUSPECTED DRUG USERS AT L&D HOSPITAL**

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**Background** Anecdotally there is increasing trend of drug usage in pregnancy and hence neonatal withdrawal (NAS).

There are difficulties in early detection because of a) Reluctance of expectant mothers, late booking and poor attendance at antenatal follow up due to fear of social services.



**Abstract PO-0659 Figure 1 Urine toxicology outcomes**



- W** Warm environment (Delivery suite temperature of 25°C)
- A** Appropriate bedding & clothing- Hats, clothes
- R** Remove wet clothes, Record temperature & documentation
- M** Mother & baby together- skin to skin contact, breast feeding

**Abstract PO-0658 Figure 1**