Abstract PO-0663 Table 1  Incidence of congenital anomalies based on race, birth weight, and antenatal detection

<table>
<thead>
<tr>
<th>Anomalies</th>
<th>Ethnicity</th>
<th>Low birth weight (LBW)</th>
<th>Antenatal detection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hispanics</td>
<td>&lt;2.5 kg</td>
<td>&gt;2.5 kg</td>
</tr>
<tr>
<td>Major</td>
<td>279</td>
<td>96</td>
<td>302</td>
</tr>
<tr>
<td>Minor</td>
<td>1444</td>
<td>148</td>
<td>1802</td>
</tr>
</tbody>
</table>

**Introduction**
Transfer of behavioural skills learnt in the simulation room to the delivery room setting has not been well addressed.

**Methodology**
We queried the physicians and nurses who participated in resuscitation in an actual delivery room setting. Their training included simulation based training for previous 4 years with emphasis on behavioural skills. Open ended questions included: (1) What went well?, (2) What did not go well?, (3) What would you do differently?, (4) Other comments.

**Results**
32 events attended by teams of nurses and physicians were the focus of analysis. There was overlapping of physicians and nurses attending different events. 74 nurses and 33 physicians completed questionnaires that formed the database. Teamwork and communication (2 hallmarks of behavioural skills) were analysed. 40/74 (54.05%) of nurses and 13/35 (37.14%) of physicians responded that teamwork was good. 11/74 (14.86%) of nurses and 12/35 (34.28%) physicians responded that communication was good. None of the nurses commented negatively about the teamwork but 2/35 (5.71%) physicians mentioned that teamwork did not go well. 10/74 (13.51%) of nurses and 6/35 (17.24%) of physicians mentioned that communication was not good. Thus, 68.91% of nurse responses and 71.42% of physician responses were favourable for teamwork and communication. Calling for help and delegating responsibility were also noted on the responses.

**Discussion**
Based on our open ended questionnaire, we conclude that physicians and nurses consider teamwork and communication to be important and these skills are being utilised in the delivery room setting. These results encourage us to continue our study.

**PO-0662**
**UMBILICAL CORD BLOOD GASES ANALYSIS IN PREGNANCIES COMPLICATED BY NUCHAL CORD**

**Introduction**
Cardio-pulmonary compromise in fetus and newborn secondary to loose or tight nuchal cord at or prior to delivery is an important area for research. Our aim in this study is to evaluate umbilical arterial (UA) and venous (UV) pH, pO2, pCO2, base deficit and the umbilical veno-arterial difference (UV-a) in these parameters in newborns born following nuchal cord.

**Methodology**
UA and UV pH, pO2, pCO2, and base deficit of 47 newborns born following tight nuchal cord, 44 newborns born following single loose nuchal cord and 44 newborns born without nuchal cord were compared across.

**Results**
Mean UA pH (7.25 vs. 7.28) was lower in the nuchal cord group and mean UA pCO2 (58.11 vs. 54.38) was higher in the nuchal cord group; however the difference was not statistically significant. No difference was found in pO2 or base deficit across groups. However, nuchal cord to control group comparisons of UV-a pH and UV-a pCO2 change were both significant (p < 0.05). No UV-a pH and pCO2 differences between control and tight nuchal cord were observed. UV-a pO2 difference and UV-a base deficit difference was also non-significant across groups.

**Discussion**
UA acidosis was observed in group with nuchal cord, as seen by lower mean UA pH and elevated UA pCO2 (statistical non-significance could be due to low power) and UV-a difference in pH and pCO2 (statistically significant). Large prospective studies would be needed to clearly understand the pathophysiology of acidosis in newborns born following nuchal cord.