**Poster abstracts**

**PO-0665**  
**THE RELATIONSHIPS BETWEEN RISK FACTORS FOR HEARING IMPAIRMENT AND THE RESULTS OF NEWBORN HEARING SCREENING**  
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**Background and aims** Normal hearing in early infancy is essential for speech, language, and social and emotional development of human beings. Congenital hearing loss has an impact on normal speech and language. Newborn hearing screenings has been proposed for the early diagnosis and treatment of infants with hearing loss, and thereby improve language outcomes in these babies. Our aim was to evaluate the relationships between risk factors for hearing impairment and auto acoustic emission (OAE) and auditory brainstem responses (ABR) results in patient’s follow-up at Neonatal Clinic.

**Material and methods** OAE and ABR measurements were performed to identify infants with hearing loss. Thoseenewborns who did not pass OAE test or passed the OAE test but had risk factors for hearing impairment were screened by an ABR. The risk factors for hearingloss have been evaluated according to the Joint Committee on Infant Hearing (JCIH), 2007.

**Results** 17 of 100 neonates in the group with risk factors failed OAE tests, of which 5 were also failed ABR test. 3 of 100 neonates in the group without risk factors failed OAE tests, of which 1 was also failed ABR test. When the test fails compared with the number of risk factors: 1% in neonates with no risk factors, 3.2% in neonates with 1 risk factor, 25% in the group with two risk factors, 100% of neonates with 3 risk factors were failed the screening.

**Conclusions** The increase in the number of risk factors significantly increases the failure rate of the ABR test.

**PO-0666**  
**ACUPRESSURE FOR PRETERM INFANTS IN PAIN RELIEF**  
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**Background and aims** Recent studies have shown that newborns remember and perceive the pain, and they have been shown to feel pain from intrauterine life. To avoid adverse effects of pharmacologic analgesic agents, non pharmacologic strategies to minimise neonatal procedural pain have been proposed. Acupuncture is a complementary treatment that uses fingers and applies pressure to stimulate acupoints of the human body. We studied the analgesic effect of acupressure in preterm infants during heel prick blood draw.

**Methods** This study was carried out in a tertiary care neonatal unit at the Baskent University in Turkey. 32 infants born before the age of 37 weeks, and who did not have sepsis, any metabolic or genetic disease, and did not receive any medication for sedation or analgesia were included. The experimental group was given both routine care and acupressure. The control group only underwent routine care. Kunlun point (EX-HN3) and Taixi point (K3) was knaded for 3 min before the procedure. All babies were scored according to the Premature Infant Pain Profile (PIPP) by a second researcher.

**Results** In both groups of infants enrolled in the study; gestational age, birth weight, postnatal day, the actual weights were similar (p > 0.05). The procedure time and crying time in the acupressure group was significantly lower than other group (p = 0.00). PIPP scores were not found different (p = 0.046).

**Conclusions** In this study, applying acupressure did not change the PIPP score in preterm infants. More research should be done in different acupressure points for analgesic effect for preterm infants.

**PO-0667**  
**RECOGNITION OF BILE COLOUR IN NEONATAL VOMIT**  
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**Introduction** Neonatal bilious vomiting is a surgical emergency until proved otherwise, and requires prompt investigation. Health workers who are unfamiliar with the colour of bile may over or under-diagnose the presence of bile in vomit or gastric aspirates.

**Objective** The aim of this study was to assess whether the nursing staff, midwives and doctors at a district general hospital, where the exposure to newborns with bilious vomiting is less common than in tertiary hospitals, are able to identify the colour of bile accurately.

**Design** A total of 163 participants of both parents and health workers were asked to identify bile colour from a colour-chart of 8 green/yellow colour options.

**Setting** Paediatric Department in Yeovil District Hospital from the first of April, 2013 to August, 2013.

**The results** Chi-Square goodness-of-fit tests and Kolmogorov-Smirnov two-sample tests were conducted to compare different groups and answers.

Showed that the colour of bile was correctly identified by 95.5% of medical staff, 91% of nurses, midwives 72% and only 16.5% of parents. Whereas 16% of doctors, 30.5% of nurses, midwives 28% and 34% of parents wrongly identified the
yellow colours as being that of bile. Our results are not signifi-
cantly different from reports of similar studies done in tertiary
neonatal units.

Conclusion Using bile colour posters and charts might be of
value in recognising the bile colour accurately. We suggest check-
ing the colour by 2 professionals to reduce the possibility of
incorrect recognition of bile.

PO-0669 RECOGNITION OF BILIOUS VOMITING OR ASPIRATE AT
DISTRICT HOSPITAL
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10.1136/archdischild-2014-307384.1309

Introduction Neonatal bilious vomiting is a surgical emergency
until proved otherwise, and requires prompt investigation.
Health workers who are unfamiliar with the colour of bile may
over or under-diagnose the presence of bile in vomit or gastric
aspirates.

Aim The aim of this study was to assess whether the nursing
staff, midwives and doctors at a district general hospital were
able to identify the colour of bile accurately.

Method A total of 163 participants of both parents and health
workers were asked to identify bile colour from a colour-chart
of 8 green/yellow colour options.

Results The results showed that the colour of bile was correctly
identified by 95.5% of medical staff, 91% of nurses, midwives
72% and only 16.5% of parents. Whereas 16% of doctors,
30.5% of nurses, midwives 28% and 34% of parents wrongly
identified the yellow colours as being that of bile.

Conclusion Using bile colour posters and charts might be of
value in recognising the bile colour accurately. Further education
and training is needed with the involvement of nurses and mid-
wives. Checking the colour by 2 professionals reduce the possi-
bility of incorrect recognition of bile due to colour blindness.

PO-0670 IS PERINATAL ASPHYXIA A SIGNIFICANT RISK FACTOR
FOR CEREBRAL PALSY? ASSESSING PERINATAL
FACTORS FOR CEREBRAL PALSY IN TERM BORN
CHILDREN ON FOLLOW UP
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Background Cerebral palsy is one of the main causes of neuro-
logic dysfunction in term born children. Unlike that of the devel-
oped countries, most cases of cerebral palsy are due to perinatal
asphyxia which is potentially preventable.

Aims This study Conducted to assess the perinatal risk factors
for cerebral palsy in Tikur Anbessa Specialised hospital and to
identify the possible clinical predictors of adverse neurologic
outcome in asphyxiated children.

Methods A case -control study which is done by review of a
four year (Jul 1, 2009 to Jul 1, 2013) patient’s medical record
from a registry document whose current age is greater than 8
mos.

Result The result shows that 60.9%(28/46) of patients with CP
had PNA in the earlier hours of neonatal life (OR: 4.95; P value
0.000) and 56% children who had had PNA have CP. The mean
duration of hospital stay in patients with birth asphyxia 10 days
in patients with CP as compared with control group which is 6
days and found to be a significant prognostic factor (OR= 0.411, CI: 0.11- 3.13 and P-value of 0.003. Severity of PNA at
presentation is a poor prognostic factor (OR= 3.6, CI 1.7- 7.1
and P-value of 0.001). Spastic quadriplegic type of CP was found
in 67.4% (31/46) children with CP.

Conclusion and recommendations Based on this study there is a
significant contribution of PNA for cerebral palsy in term born
normal weight children. Further research is recommended to
find out possible preventable risk factors for PNA.

PO-0671 THE USE OF SUSTAINED INFLATIONS IN THE
RESUSCITATION OF PRETERM INFANTS IN THE
DELIVERY ROOM – A SYSTEMATIC REVIEW AND
META-ANALYSIS
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Background Use of early warning system scores and track and
trigger charts is widespread in adult and paediatric hospitalised
patients. Its use in neonatal group is not well recognised. Lack
of well established normal ranges for biophysical variables in
preterm/term neonates illustrate difficulties in establishing a scor-
ing system that can potentially be used on the neonatal units
(NNU) and postnatal wards (PNW). We have recently developed
NOTT chart for use in newborn babies on PNW.

Aim To validate NOTT chart in order to enable early identifica-
tion of neonates in need of urgent medical assessment and
intervention.

Methods A service evaluation was carried out to evaluate the
efficacy of NOTT chart. All admissions from PNW to NNU
(Febr–Aug 2013) were evaluated. Notes of all babies on PNW (2
weeks duration in Nov 2013) were also reviewed.

Results There were 24 NNU admissions from PNW between
Febr–Aug 2013. Sensitivity of NOTT chart’s ‘medium’ and ‘high’
score was 96% (22/23). Charts of 42 babies on PNW were