

## Conclusion

- Isolated polyhydramnios ± absent/small stomach is very poor at predicting diagnosis of OA-TOF
- Postnatal NGT+Xray are not indicated in isolated polyhydramnios ± small/absent stomach.

Separating these babies from their mothers is not warranted.

PO-0677 WITHDRAWN

PO-0678 SATISFACTION QUESTIONNAIRE IN A NEONATAL INTENSIVE CARE UNIT: OUR 5 YEARS' EXPERIENCE

<sup>1</sup>N Erez, <sup>2</sup>V Nir, <sup>1</sup>S Foldi, <sup>1</sup>A Hochberg, <sup>1</sup>M Feldman. <sup>1</sup>Neonatology, Hillel Yaffe Medical Center, Hadera, Israel; <sup>2</sup>Pediatrics, Hillel Yaffe Medical Center, Hadera, Israel

10.1136/archdischild-2014-307384.1318

**Objective** To compile and analyse the replies to questionnaires on patient satisfaction as a major parameter of quality assessment in the setting of a single neonatal intensive care unit (NICU) over a 5-year period.

**Methods** The NICU of Hillel Yaffe Medical Centre (Hadera, Israel) has utilised the ISO 9001:2008 standard for quality management system since 2007. The responses of the neonates' parents to a satisfaction questionnaire throughout a 5-year period were retrieved and analysed.

**Results** The responses to a total of 1223 satisfaction questionnaire were available for analysis. Most of the parents were satisfied with the service, and some of them suggested improvements in features whose shortcomings were unknown to us and could easily be remedied for the most part.

**Conclusions** The replies to the questionnaire identified components of care that parents found to be satisfactory and others that they wished could be changed. A satisfaction questionnaire is an easy tool for the improvement of service, and the use of the one we constructed and describe is recommended to guide the enhancement of quality medical care in an NICU.

PO-0679 NEONATAL ADAPTATION IN INFANTS PRENATALLY EXPOSED TO ANTIDEPRESSANTS; CLINICAL MONITORING USING NEONATAL ABSTINENCE SCORE

<sup>1</sup>L Forsberg, <sup>1</sup>L Navér, <sup>2</sup>LL Gustafsson, <sup>1</sup>K Wide. <sup>1</sup>Department of Clinical Science Intervention and Technology (CLINTEC), Karolinska Institutet, Stockholm, Sweden; <sup>2</sup>Department of Laboratory Medicine, Karolinska Institutet, Stockholm, Sweden

10.1136/archdischild-2014-307384.1319

**Background** Intrauterine exposure to antidepressants may lead to neonatal symptoms from the central nervous, respiratory and gastrointestinal system. Neonatal Abstinence Score, NAS, has routinely been used to assess infants exposed to antidepressants *in utero*.

**Aim** To study neonatal maladaptation syndrome in infants exposed to selective serotonin reuptake inhibitors (SSRI) or serotonin norepinephrine reuptake inhibitors (SNRI) *in utero*.

**Method** Retrospective cohort study of women delivering at Karolinska University Hospital Huddinge between January 2007 and June 2009, who were using antidepressants during pregnancy, and their infants. Information was collected on maternal

and infant health, social factors and pregnancy. NAS sheets were scrutinised.

**Results** Two hundred and twenty women with reported 3rd trimester exposure to SSRI/SNRI were included. Seventy-seven women (35%) used citalopram, 76 (35%) sertraline, 34 (15%) fluoxetine, 33 (15%) other SSRI/SNRI. Twenty nine infants (13%) were admitted to the neonatal ward, 19 were born prematurely. Hypoglycemia (plasma glucose <2.6 mmol/L) was found in 42 infants (19%). NAS was analysed in 205 patients. Severe abstinence was defined as eight points or higher (scale with maximum 41 points), mild abstinence as 4–7 points, on at least two occasions. Seven infants (3%) had signs of severe abstinence and 46 (22%) mild abstinence symptoms.

**Conclusions** Severe abstinence was rare in this cohort of infants exposed to SSRI/SNRI and the majority of all scored infants had no signs of neonatal maladaptation. Hypoglycemia was detected in one out of five infants and might be overrepresented in SSRI/SNRI exposed infants.

PO-0680 TEMPERATURE ON ADMISSION AND RELATED MORBIDITY AND MORTALITY IN NEONATES WITH 26 WEEKS GESTATIONAL AGE OR LESS

<sup>1</sup>F García-Muñoz Rodrigo, <sup>2</sup>A García-Alix Pérez, <sup>3</sup>JA García Hernández, <sup>2</sup>JA Figueras Aloy. <sup>1</sup>Neonatology, Spanish SEN1500 Network, Las Palmas de Gran Canaria, Spain; <sup>2</sup>Neonatology, Spanish SEN1500 Network, Barcelona, Spain; <sup>3</sup>Obstetrics, Complejo Hospitalario Universitario Insular- Materno Infantil de Canarias, Las Palmas de Gran Canaria, Spain

10.1136/archdischild-2014-307384.1320

**Background and aims** The perinatal factors associated with hypothermia at admission and its relation with morbidity and mortality during the neonatal period has not been systematically studied in our area. We aimed to know the temperature on admission of infants ≤26 weeks GA and to determine whether it was associated with perinatal variables and with selected morbidities and mortality.

**Methods** We included inborn infants ≤26 weeks GA without major congenital anomalies, admitted to the NICUs participating in the Spanish SEN1500 network, during the period 2006–2010. We used multivariable linear or logistic regressions to detect independent associations.

**Results** 1,749 inborn infants were included. The mean admission temperature was 35.5 ± 0.9°C (range: 33.1–39.0°C). The proportion of infants with a temperature <36.5°C was 85.8%. The association between perinatal variables with admission temperature was:

**Conclusions** Hypothermia on admission is frequent among infants ≤26 weeks GA, and is associated with lack of antenatal steroid, lower birth weight, vaginal delivery, multiplicity and neonatal depression. A low temperature on admission is related to an increased risk of BPD, IVH and mortality. After adjusting for potential confounders, temperature on admission was related

Abstract PO-0680 Table 1

Variable	Parameter Estimate, °C	95% CI	p
Birth weight (per 100 g increase).	0.173	0.146 to 0.201	<0.001
Antenatal steroids	0.184	0.068 to 0.300	0.002
Caesarean section	0.236	0.150 to 0.322	<0.001
Multiplicity	-0.157	-0.253 to -0.062	0.001
5 min Apgar score ≤3	-0.058	-0.088 to -0.028	<0.001