Conclusion

- Isolated polyhydramnios $\pm$ absent/small stomach is very poor at predicting diagnosis of OA-TOF
- Postnatal NGT+Xray are not indicated in isolated polyhydramnios $\pm$ 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PO-0677 WITHDRAWN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

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

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

¹F García-Muñoz Rodrigo, ²A García-Alix Pérez, ³JA García Hernández, ²JA Figueras Aloy. ¹Neonatology, Spanish SEN1500 Network, Las Palmas de Gran Canaria, Spain; ²Neonatology, Spanish SEN1500 Network, Barcelona, Spain; ³Obstetrics, 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 $35.5 \pm 0.9^\circ\text{C}$ (range: 33.1 – 39.0°C). The proportion of infants with a temperature $<36.5^\circ\text{C}$ 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, $^\circ\text{C}$	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

with a reduction in BPD (OR 0.797; 95% CI 0.666–0.954; $p = 0.013$), severe HIV (OR 0.844; 95% CI 0.734–0.970; $p = 0.017$), and an increase in survival (OR 1.384; 95% CI 1.213–1.580; $p < 0.001$).

PO-0681 EFFECTS OF EDUCATION NURSE PROGRAM IN IMPROVING FEEDING PATTERN IN PREMATURE INFANTS

¹A Beissel, ¹KA Nguyen, ¹F Pillet, ¹F Doiret, ¹F Plaisant, ¹H Gauthier-Moulinier, ¹AS Magrou, ¹H Tarifa-Buisson, ¹F Deruy, ¹AS Goyet, ¹I Conti, ¹C Keita, ¹C Duhamel, ²S Hommey, ²SDA Hommey, ²S Touzet, ¹O Claris. ¹69, Hôpital Femme Mère Enfant, Lyon, France; ²69, Pole Information Medicale Evaluation Recherche, Lyon, France

10.1136/archdischild-2014-307384.1321

Background and aim Poor oral motor development in premature infants is common. These feeding problems lead to longer hospital stay and higher hospital cost. Different interventions have shown their efficacy to accelerate transition and move faster to full oral feeding autonomy. Our study aimed to evaluate the impact of a two year education nurse program on feeding pattern and hospital stay of premature neonates.

Method We conducted a prospective, interventional study during 3-years (2013–2015) in an NICU of a University hospital in Lyon, France. After a pre-interventional six-months period, nurses received a two-days theoretical session coupled to three practical workshops. This training focused on early oral feeding, oral motor re-education and non-nutritive suction. During this two-years study period, nurses are coached in routine practice by speech therapist, physiotherapist, and psychologist. A satisfaction inquiry is conducted at the end of the theoretical session. Finally, we will evaluate the impact on the age of full oral feeding autonomy and hospital stay in a 6 month post-intervention period compared to a pre-intervention period.

Primary results Three day sessions have been organised in 2014 as well as nine workshops with 55 health professionals participating (46% of the total nurse health staff). Hundred percent of the nurses were satisfied and thought that this formation was helpful and could change their practice.

Benefits This would be the first study in France evaluating an educational intervention to improve oral feeding problems in premature neonates.

PO-0682 WITHDRAWN

PO-0683 COMPARISON OF CLINICAL CONDITIONS OF VLBW (VERY LOW BIRTH WEIGHT INFANTS) AND BODY TEMPERATURE AT ADMISSION IN THE NICU

WAG Ferri, FE Martinez. *Pediatrics, Faculdade de Medicina de Ribeirão Preto, Ribeirão Preto, Brazil*

10.1136/archdischild-2014-307384.1322

Abstract In Neonatal Intensive Care Units (NICU) the estimative of risk of morbidity and mortality in preterm infants is important for clinical decisions and management. The temperature at ward admission is known as an important factor to predict outcome. VLBW infants have lower temperatures at NICU admission many times due to their need of resuscitation measures at birth. The lower their temperature at admission the higher the

Abstract PO-0683 Table 1

	Temperature $\geq 95^{\circ}\text{F}$	Temperature $< 95^{\circ}\text{F}$	p
APGAR ≤ 5	7,2%	20%	0,0001
Resuscitation	81,7%	89,5%	0,37
Cardiac massage	1,9%	8,69%	0,019
Epinephrine	1,1%	3,4%	0,0001
Gestacional age	29,5%	27,6%	0,0001
SNAP-PE 2	23,2%	50,5%	$< 0,001$
N	263	115	

SNAP-PE II score, that has a good predictive value in NICUs. Many clinical decisions, as early enteral feeding, assess these scores, often alone.

Objectives Evaluate the accuracy of the body temperature as an outcome predictor for VLBW infants in NICU.

Methods A retrospective study was carried out, using database. We evaluated 378 patients, VLBW infants born in our service, during the period January 2008 to December 2012. The exclusion criteria was major malformations. For analysis were performed "chi-square test" and Student's t-test.

Results and conclusions The results, after we analysed 378 patients, demonstrated the lower the temperature at the admission at NICU the worst outcome. The group with lower temperatures had lower birth weight and gestacional age and need of intensive neonatal resuscitation at birth.

PO-0684 EFFECTS OF ENDOTRACHEAL SUCTIONING IN NEWBORN PRETERM INFANTS WEIGHING BETWEEN 500 AND 1500 G

ACE Pirone, W Gonçalves-Ferri, FE Martinez. *Pediatrics, University of São Paulo, Ribeirão Preto, Brazil*

10.1136/archdischild-2014-307384.1323

Objective To observe different ways of implementing the techniques of aspiration of preterm infants and verify factors associated with changes in oxygen saturation and contamination of equipment.

Methods An observational, prospective, descriptive study. The aspirations of the endotracheal tube in infants with birth weights between 500 and 1500 g were observed during two procedures; morning and evening.

Results We evaluated 32 infants with a mean weight of 942 g and a mean gestational age of 28 weeks (64 aspiration procedures). During aspiration 61% of children had hypoxemia. The saturation drops were more related to the aspiration held by a single professional, also when they were made more than three disconnections of the fan and when disconnections occurred beyond fifteen seconds. The pre – oxygenation did not decrease significantly during the procedure hypoxia and preterm – oxygen showed hyperoxia from third minute of recovery. The aspiration held by two professionals joined the adequate pre – oxygenation, decreased number and duration of disconnections ventilation, and less contamination of materials. The use of saline during suctioning in less than 1 ml volume was associated with significant decreases saturation.

Conclusions The aspiration of the endotracheal tube can lead to hypoxemia. To minimise episodes is important that it be performed by two professionals that meet the care disconnecting the system less than 3 times and use less than 15 seconds. Also pre-oxygenation should be done with caution and the use of less