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PO-0677 WITHDRAWN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

N Erez, V Nk, S Fold, A Hochberg, M Feldman. Neonatology, Hillel Yaffe Medical Center, Hadera, Israel; Pediatrics, Hillel Yaffe Medical Center, Hadera, Israel

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 questionnaires 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

L Forsberg, L Navel, L Gustafsson, K Wide. Department of Clinical Science Intervention and Technology (CLINTEC), Karolinska Institutet, Stockholm, Sweden; Department of Laboratory Medicine, Karolinska Institutet, Stockholm, Sweden

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


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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Parameter Estimate, °C</th>
<th>95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth weight (per 100 g increase)</td>
<td>0.173</td>
<td>0.146 to 0.201</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Antenatal steroids</td>
<td>0.084</td>
<td>0.068 to 0.100</td>
<td>0.002</td>
</tr>
<tr>
<td>Cesarean section</td>
<td>0.236</td>
<td>0.150 to 0.322</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Multiplicity</td>
<td>−0.157</td>
<td>−0.253 to −0.062</td>
<td>0.001</td>
</tr>
<tr>
<td>5 min Apgar score ≤3</td>
<td>−0.058</td>
<td>−0.088 to −0.028</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
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, 1Y Pillet, 1F Doiret, 1F Plaisant, 1H Guadier-Moulinier, 1AS Magrou, 1h Tarifa-Buisson, 1F Deny, 1AS Goyet, 1i Conti, 1C Keita, 1C Dubanet, 1S Hommy, 2DA Hommy, 2S Touzet, 2Q Clais, 169, Hopital Femme Mere Enfant, Lyon, France; 269, Pole Information Medecale Evaluation Recherche, Lyon, France

**Abstract**

Three day sessions have been organised in 2014 period compared to a pre-intervention period. Finally, we will evaluate the impact on the age of full oral feeding autonomy inquiry is conducted at the end of the theoretical session. 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 gestational 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 Pierre, W Gonçalves-Ferri, FE Martinez, Pediatrics, University of São Paulo, Ribeirão Preto, Brazil

**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 hypoxia 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...