

Introduction The use of drugs of abuse during pregnancy is a public health problem, with deleterious consequences for the mother, her son, family and society effects. The seriousness of the problem and the lack of data concerning the use of drugs by pregnant women in our maternity motivated us to design this study.

Objectives To identify among pregnant women admitted to the maternity HEAC users of licit and illicit drugs through self-declaration.

Method A descriptive, cross-sectional study period August 1, 2013 a January 3, 2014. Questionnaire was applied during the hospital postpartum women, after signing an informed consent.

Results 1055 women were studied, of these 266 (25.21%) were users of drugs of abuse. Among the women who reported using any drugs, were identified: tobacco (36.46%), alcohol (27.81%), cocaine (5.6%) and marijuana (2.2%). The average age of the group of drug users was 25.49 years, while the non-users was 24.81 years. The prevalence of drug use among adolescents was 18.04%. The children of drug users 7.5% had required neonatal intensive care. There was no statistical difference in relation to perinatal asphyxia among a group of users and non- drug users.

Conclusion Considering that the identification of these women was only through self declaration of the use of licit and illicit drugs, it becomes even more concerning the current situation with regard to drug use by pregnant women, since this is probably just the tip of a large iceberg, we need to know so we can meet.

PO-0723 THE OUTCOMES OF TRIPLETS AND QUADRUPLETS BORN IN A SINGLE LEVEL III CENTRE OVER A 10 YEAR PERIOD

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10.1136/archdischild-2014-307384.1358

Background Multiple pregnancies are an increasing entity worldwide. This is associated with an increase in the number of pregnancies complicated by preterm birth and intrauterine growth restriction, which in turn results in higher infant mortality and morbidity rates. An increased risk of cerebral palsy in multiples has been reported, being higher the higher the number of foetuses.

Aims and methods The primary aim of our retrospective study was to determine two year outcomes of triplets and quadruplets born in the Coombe Women and Infants University hospital (CWIUH) over a ten year period and in particular the need for early intervention services. A retrospective chart review of all triplets and quadruplets born between January 2002 and December 2011 was performed.

Results 125 infants from triplet pregnancies and eight infants from quadruplet pregnancies were live born in CWIUH during this period. One chart was unavailable for analysis. Therefore 132 infants were included in the study. Median gestational age was 33+2 (26+2 to 36+2) weeks. Median birth weight was 1800 (620 to 2960) g. The median length of stay in our neonatal unit was 23 (0 to 91) days. Two babies died at two months of age. Four (3%) were referred to early intervention services, one with spastic quadriplegia and three with mild left hemiplegia. Eleven (8%) were followed up by a community paediatrician following discharge from the neonatal clinic at two years of age.

Conclusion To our knowledge this is the first study to look at the outcomes of triplets and quadruplets in Ireland. Our

outcomes are similar to those reported in the international literature which quotes an incidence of cerebral palsy in triplets of approximately 4%.

PO-0724 AUTONOMIC AND BEHAVIOURAL STRESS RESPONSES IN LOW WEIGHT PRETERM INFANTS DURING NURSE HANDLING IN THE NICU

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10.1136/archdischild-2014-307384.1359

Background and aims Preterm infants should avoid stressful events, due to their immature brain and vascular structures. The purpose of this observational study was to investigate stress responses to nurse handling in the NICU.

Methods Fifteen male and fifteen female infants, gestational age 32,7 (\pm 1, 48) weeks and birth weight 1880 (\pm 409) grams, at postnatal day 5–7 were observed during nursing care and diaper change. Standard physiological measurements; heart rate (HR), respiratory rate (RR), and skin conductance response frequency (SCR/sec), and NIDCAP® behavioural stress cues; facial, visceral, motor, attentional, and self-consoling were recorded before and during care. Non-parametric Wilcoxon was used.

Results There were statistical differences for physiological and behavioural measures from before to during the care:

Abstract PO-0724 Table 1

Parameter	Before	During	p-value
SCR/sec	0,06(\pm 0,05)	0,13(\pm 0,07)	0,000
RR	49,8(\pm 14,9)	75,7(\pm 13,0)	0,000
HR	151,8(\pm 10,1)	173,9(\pm 11,3)	0,000
NIDCAP® behaviours	24,08(\pm 12,64)	50,63(\pm 21,5)	0,002
- Facial cues	1,0(\pm 1,54)	2,13(\pm 3,5)	NS
- Visceral cues	1,17(\pm 1,95)	3,27(\pm 4,51)	NS
- Motor cues	19,0(\pm 11,72)	34,97(\pm 14,62)	0,002
- Attentional cues	2,92(\pm 3,61)	10,27(\pm 9,32)	0,007
- Self-consoling	3,17(\pm 3,83)	12,39(\pm 9,91)	0,01

Conclusion SCR/sec, RR, HR and NIDCAP® stress behaviours all significantly increased during the care. Further analyses of the NIDCAP® subgroups identified motor and attentional cues, and ability to self-console as significant.

PO-0725 PSYCHONEUROLOGICAL DEVELOPMENT OF EXTREMELY PREMATURE BABIES

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10.1136/archdischild-2014-307384.1360

Objective Outcomes of psychoneurological and sensory impairments in extremely premature babies aged less than one year.

Materials The analysis of 125 cards of in-patient and out-patient observation of extremely premature babies under specifically designed questionnaires with use of the main indexes of psychological development of premature babies aged less than one year for years 2010, 2011, 2012.

Results and discussion According to our data, only in 16,0% (2010), 18,8% (2011) and 23,4% (2012) of extremely premature babies by one year psychological development corresponded