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 to 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.

Abstract PO-0724 Table 1

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before</th>
<th>During</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCR/sec</td>
<td>0.06(± 0.05)</td>
<td>0.13(± 0.07)</td>
<td>0.000</td>
</tr>
<tr>
<td>RR</td>
<td>49.8(± 14.9)</td>
<td>75.7(± 13.0)</td>
<td>0.000</td>
</tr>
<tr>
<td>HR</td>
<td>151.6(± 10.1)</td>
<td>173.6(± 11.3)</td>
<td>0.000</td>
</tr>
<tr>
<td>NIDCAP® behaviours</td>
<td>24.08(± 12.64)</td>
<td>50.63(± 21.5)</td>
<td>0.002</td>
</tr>
<tr>
<td>- Facial cues</td>
<td>1.0(± 1.54)</td>
<td>2.13(± 3.5)</td>
<td>NS</td>
</tr>
<tr>
<td>- Visceral cues</td>
<td>1.17(± 1.95)</td>
<td>3.27(± 4.51)</td>
<td>NS</td>
</tr>
<tr>
<td>- Motor cues</td>
<td>19.0(± 11.72)</td>
<td>34.97(± 14.62)</td>
<td>0.002</td>
</tr>
<tr>
<td>- Attentional cues</td>
<td>2.92(± 3.61)</td>
<td>10.27(± 9.32)</td>
<td>0.007</td>
</tr>
<tr>
<td>- Self-consoling</td>
<td>3.17(± 3.83)</td>
<td>12.39(± 9.91)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

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.
to their age, whereas the delay of psychological development rates was noted in 76.5% (2012), 81.1% (2011) and 84.0% (2010) of extremely premature babies. Cerebral palsy developed in 3.7% (2011), 4.2% (2012) and 12.0% (2010). Blindness was observed in 2.1% (2012), 3.7% (2011), 8.0% (2010) of extremely premature babies. Deafness developed in 2.1% (2012), 3.7% (2011) and 8.0% (2010) of extremely premature babies. Epileptiform spasms were observed in 6.3% (2012), 7.5% (2011), 12.0% (2010) of prematurely born babies. Decompenated hydrocephalus developed in 4.2% (2012), 7.5% (2011), 16.0% (2010) of extremely premature babies.

Conclusion Thus, the researches conducted by us show that prematurity is one of risk factors of emergence of neurologic and mental disorders and their prophylaxis, in the first place, is prevention of habitual miscarriage.

Neonatal others

**PO-0725a** NEONATAL SCREENING OF AMINOGLYCOSIDE FLACC IS A VALID AND RELIABLE TOOL AS COMPARED TO REFERENCE RANGES OF LIVER AND SPLEEN

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Hearing loss is one of the commonest genetic disease which impact human health. There are about 60% hearing loss patient because of the genetic factors. result of the overlapping factors of genetic predisposition and environmental impact.

Mutations in the mitochondrial 12S rRNA gene, particularly the m.1555A>G have been repeatedly associated with increased susceptibility to the ototoxic effect of aminoglycoside antibiotics such as gentamycin, tobramycin, amikacin, kanamycin, or streptomycin. The Chinese government suggest the children blow 12-years old do not to use the aminoglycosides. But the aminoglycoside antimicrobials is the first-line Antimicrobial agents. Aminoglycosides,typically tobramycin, in conjuction with a β-lactam are the preferred treatment, because there is some evidens indicating that 20% of Pseudomonas infections are resistant to quinolones (e.g., ciprofloxacin), whereas 4% are resistant to tobramycin. The mt.1555A>G mutation is reported to have 100% penetrance when patients are exposed to aminoglycosides.

We screened the total 17097 neonatal children were included in this study,who were mainly Beijing register and all born in Beijing. 810(4.73%) children showed the mutation, 51(0.29%) showed the mutation in mitochondrial 12S rRNA. Among them, 47(0.27%) showed the A1555G mutation and 36/47 appeared to be homoplasmic for this mutation; 3 showed the C1494T mutation and all of them appeared homogenous mutation. In conclusion, by neonatal screening we considered that screening deafness gene mutations for neonatal before using the aminoglycoside antibiotics is very necessary, that not only avoid the otoxic, but also make the aminoglycoside antibiotics play a vital role in the clinic.

Background Neonates are able to detect and process painful stimuli but are unable to mount a complete response, posing a clinical challenge. Repeated exposure to pain may result in long-term neurodevelopmental sequelae. There is no uniformly agreed method of assessing neonatal pain. Although the “PainFree Infants Pain Profile” (PIPP) score is the commonest used worldwide, the “Face, Legs, Activity, Cry and Consolability” (FLACC) score is also often utilised. However, FLACC score has not been validated for infants younger than 2 months old.

**Method** A prospective observational study of infants receiving neonatal care in Singapore General Hospital was performed. Painful responses to common procedures were evaluated. Infants were assessed 5 min before, during and 5 min after the procedure by 2 independent observers (researcher and nurse), who simultaneously scored the infant using both FLACC and PIPP. User feedback was collected.

**Results** A total of 53 observations of 30 infants were obtained. FLACC meets criterion validity with a correlation coefficient of 0.641 (p-value < 0.01) and construct validity in 1 known group. FLACC has better inter-rater reliability with kappa value of 0.422 as compared to PIPP, kappa value: 0.221. FLACC received better feedback from nurses, with 89% preference over PIPP.

**Conclusion** FLACC is a valid and reliable tool as compared to the PIPP. FLACC received greater clinical acceptance from the nurses, being less cumbersome and not requiring continuous physiologic parameter monitoring.

**PO-0725c** REFERENCE RANGES OF LIVER AND SPLEEN DIMENSIONS IN TERM INFANTS: SONOGRAPHIC MEASUREMENTS

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10.1136/archdischild-2014-307384.1363

**Background and aims** To determine reference values of ultrasonographic measurements of the liver and spleen in newborns and to provide a reference chart to use easily in daily practice.

**Methods** In this prospective study, spleen and liver dimensions were evaluated in 384 healthy newborns with a gestation age ≥37 weeks in obstetrics clinic and neonatal intensive care unit with sonography within the first week of life. Relationships of all dimensions with sex, gestational age, height and weight were statistically analysed.

**Results** No statistically significant differences were found between the two sexes in all dimensions of liver and spleen (p >