

Methods: Observational descriptive study approved by Local Ethical Committee. 27 women with term pregnancies were studied. All had singleton, healthy pregnancies and epidural analgesia was used. Newborns were vaginal delivered. Arterial cord blood samples were obtained immediately following the delivery. Newborns were excluded if 5min Apgar was < 9, if caesarean section was made after inclusion in the study (n=3), or newborn was admitted in NICU (n=2). Patients were asked to sign a letter of consent.

Results: Mean GA and birthweight was 39.5±1.3w and 3326.1±323.6g respectively. Mean oxytocin dose was 2326.9±1771.9 mUI. Mean cortisol in umbilical cord was 20±5.1 mcg/dl. In the whole group, no correlation was found between the amount of oxytocin infused during labour and cortisol in umbilical cord (r=0.35; p=0.11), but correlation was found in the eutocic group (r=0.7; p=0.005.)

Conclusions: Total dose of oxytocin infused during labour may affected fetal hormone status arising cortisol levels.

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AN ANALYSIS OF DIFFERENT TREATMENT STRATEGIES FOR CATHETER-RELATED SEPSIS IN NEONATES WITH PERCUTANEOUSLY INSERTED CENTRAL VENOUS CATHETER: REMOVAL OR NOT?

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Objectives: To determine if removal of percutaneously inserted central venous catheter (PICC) is compulsory in neonates with catheter-related sepsis (CRS) and the risk factors of infectious complications if the PICC is retained.

Method: A cohort study of neonates who had PICCs and developed CRS between 2001 and 2007 was conducted in our neonatal intensive care unit. CRS was defined as a positive blood-culture confirmed clinical sepsis.

Results: 99 cases had early removal of PICC (ER-PICC) within 3 days and 135 cases had retained

PICC (LR-PICC) for more than 3 days after onset of clinical sepsis. Resolution of clinical sepsis within 2 days was more frequent in the ER-PICC than LR-PICC group (80.8% vs. 57.8%, P< 0.001). Although there was no significant difference between these two groups in terms of infectious complications and cases fatalities, the LR-PICC group had significantly higher incidence of recurrence within one month after CRS (P=0.002). Inappropriate initial antibiotic treatment was the only variable independently associated with infectious complications (OR [95% CI]=11.4 [3.34~39.2], P=0.001)

Conclusions: PICCs should be removed in CRS because retention of PICCs for more than three days will delay resolution of clinical sepsis and lead to higher incidence of recurrence within one month.

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ASSOCIATED RISK FACTORS FOR CHOLESTASIS IN SURGICAL NEONATES

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Background: Prolonged parenteral nutrition (PN) is known as a contributory factor for cholestasis in surgical neonates, but additional risk factors should also be associated.

Objective: To describe the incidence and the characteristics of cholestasis in neonates requiring surgery and to analyse associated risk factors.

Methods: Monocentric prospective observational study between April 2008 and April 2009 including all neonates admitted for surgical thoracic or abdomino-pelvic pathologies. Biological hepatic screening was performed weekly during PN and when cholestasis persisted. Cholestasis was defined as: conjugated hyperbilirubinemia >17µmol/L or >20% of the total bilirubin >85µmol/L.

Results: During the study period 469 newborn were admitted in the unit and 56 neonates required thoracic or abdomino-pelvic surgery at median age of 1day [range: 0-55]. 19/56 (33.9%) developed cholestasis (median age: 11 days [range: 2-56]), 13/19 persisted over 14 days. Main surgical