

**EFFECT OF GASTRIC LAVAGE IN PREVENTING FEEDING PROBLEMS IN LATE PRETERM AND TERM NEONATES BORN WITH MECONIUM STAINED AMNIOTIC FLUID : A RANDOMIZED CONTROLLED TRIAL**

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**Background:** It is a routine practice in many hospitals to perform gastric lavage in babies born with meconium stained amniotic fluid. But there is no evidence supporting this practise.

**Aims:** To study if gastric lavage done in neonates with meconium stained amniotic fluid prevents retching, vomiting and secondary meconium aspiration syndrome.

**Methods:** Open label, randomized controlled trial in the labor room, postnatal and neonatal wards of a teaching hospital. Neonates more than 34 weeks with meconium staining of amniotic fluid were randomized into two groups. In one group elective gastric lavage was done in the labor room after initial stabilization . No gastric lavage was done in the other group. Babies were assessed for retching, vomiting and secondary meconium aspiration syndrome till the time they were discharged from the hospital.

**Results:** 267 babies were randomized to the gastric lavage group and 269 to the no gastric lavage group. There was no statistical difference in overall feeding problems in gastric lavage group as compared to no gastric lavage group (6.74% vs. 10.78%,  $p = 0.13$ , relative risk: 0.63, 95% confidence interval: 0.36 to 1.10). In 2 babies in the no lavage group due to vomiting feeds had to be omitted where as none of the babies in the lavage group required discontinuation of feeding ( $p$  value = 0.49 - statistically insignificant). None of the babies developed secondary meconium aspiration syndrome.

**Conclusions:** Gastric lavage done in babies born with meconium stained amniotic fluid does not prevent feeding problems or secondary meconium aspiration syndrome.