infants was highly disparate and frequently very limited.

Conclusion: SUPC is rare event in any one centre and there is no standard approach to investigation. In those cases where collapse is not due to an underlying abnormality, breast-feeding and prone position are important associations. Guidelines for safe postnatal care of infants should include appropriate vigilance of infants particularly where mothers are primigravid or where ability to assess the baby may be impaired.

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HYPERBILIRUBINEMIA IN A COHORT OF INFANTS IN A NORMAL NEWBORN NURSERY (NNN)

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Background and aims: Jaundice is one of the most frequent indications for diagnostic and therapeutic intervention in otherwise normal newborns. The aim of the study was to analyse the frequency, severity and treatment of hyperbilirubinemia in relation to national guidelines in infants cared for in NNN.

Methods: All infants cared for in NNN in 2008 with a measurement of serum bilirubin were included in the study. Patient data was gathered retrospectively from patient records.

Results: Bilirubin was measured in 593 jaundiced infants (16.3 % of cohort) with an average of 4.9 analyses/infant (median 4, range 1 - 25). Maximum bilirubin (TsB) was increased in moderately premature infants compared to term and post-term infants. TsB $\geq$ 300 μ mol/L and $\geq$ 350 μ mol/L was seen in 35.2 and 14.5 % of jaundiced infants, respectively. Six infants were diagnosed with TsB $\geq$ 400 μ mol/L, only one had blood group immunization (AB0). TsB was significantly related to older mothers and higher parity and in infants with greater weight loss. Infants born after c-section had significantly lower TsB, and no effect of gender, Apgar score, or season was found. Phototherapy (PT) was given to 50.3 % of jaundiced infants, i.e. 7.3 % of NNN cohort. 109 infants (20.3 % of jaundiced infants) were readmitted for PT, 75 of these had been discharged with increasing TsB.

Conclusions: Hyperbilirubinemia is a major problem in NNN. Early discharge and significant weight loss is a risk factor for severe hyperbilirubinemia, as well as being discharged with increasing jaundice.

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USING PLASTIC BAGS AT RESUSCITATION IMPROVES THERMOREGULATION IN BABIES BORN IN ROMANIA?

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Background and aims: A previous audit undertaken in November 2007 showed that babies born by Caesarean Section (LSCS) in Salaj were frequently hypothermic with a temperature of $< 36^{\circ}\text{C}$ when admitted to the neonatal unit. We postulated that delivering babies into plastic bags, would improve their temperature control and potentially other outcomes in the immediate post delivery period.

Methods: We collected data prospectively in Salaj hospital in Romania between November 2009 and January 2010. Temperature on admission to the neonatal unit, duration of hospital stay and type of feeding at discharge were recorded. The frequency of other complications including hypoglycaemia, seizures and respiratory distress were noted.

Results: Over this period there were 423 births, 144 babies were born by LSCS with paediatricians in attendance, these babies were electively placed in to a polythene bag and not initially dried. The median temperature of these study babies on admission was 36°C compared to 35.8°C for babies born during the same time period in 2007. The gestational ages and weight of babies were very similar. The duration of hospital stay remained same as in 2007, median 5 days. The breast feeding percent remained very high at 89% (97% in 2007).

Conclusion: The use of polythene bags in the routine resuscitation of babies born during the winter months has improved thermoregulation. We confirm that an inexpensive intervention improves neonatal care.