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CONGENITAL DIAPHRAGMATIC HERNIA: FETAL AND POSTNATAL SURVIVAL

E.J. Molloy¹, J. Chukwu², J. Walsh³, F. Mac Auliffe³

¹National Maternity Hospital, ²Neonatology,
³Obstetrics, National Maternity Hospital Holles
Street, Dublin, Ireland

Background: Congenital diaphragmatic hernia (CDH) occurs in 1 in 3000 live births. A high incidence of termination of pregnancy (TOP) following antenatal diagnosis of CDH. Irish demographics may be different due to the national legislation against TOP.

Methods: Retrospective 14-year study of antenatal and postnatal CDH diagnosis

Results: 53 cases of CDH between 1995-2009. Data on 26 cases born at NMH were available for analysis. 19/26 cases were diagnosed antenatally at gestations ranging from 16-38 weeks and 7 were diagnosed postnatally. 7/26 had other significant congenital anomalies. 2/26 had abnormal karyotypes. 4/26 had right CDH and the remainder was left sided. The hernia contained stomach (8/26), bowel (11/26). 9/26 had mediastinal shift. 23/26 were transferred to a tertiary paediatric surgical centre and 3/26 died prior to transfer. Average LOS was 9.6 hours (range 2- 24 hours) prior to transfer. 3 were not ventilated prior to transfer and 9 needed HFOV with 12 on iNO. 2 patients were referred for ECMO one of whom survived and the other died prior to starting treatment. Survival data was available in 17/26 cases 10/17 (58%) were alive. 6/13 of those diagnosed antenatally and 4/4 of those diagnosed postnatally. 3/7 died prior to transfer. 4 died at the paediatric hospitals. 46% survival among those diagnosed antenatally but 100% if diagnosed postnatally.

Conclusion: Antenatal diagnosis of CDH and other abnormalities is increasing in Ireland due to improved antenatal surveillance. Planned delivery of CDH within routine working hours enables rapid planned transfer to paediatric intensive care.

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CLINICAL COURSE AND PROGNOSIS AT ONE YEAR OF 2800 COLOMBIAN OXYGENDEPENDENT INFANTS DISCHARGED HOME WITH OXYGEN IN KANGAROO POSITION

N. Charpak¹, S. Fernandez², Kangaroo Mother
Care Program Research Group

¹Kangaroo Foundation, ²Integral Kangaroo
Mother Care Program, San Jose Infantil Teaching
Hospital, FUCS, Bogota, Colombia

Objective: Evaluate clinical course and prognosis at one year of a cohort of oxygendependent (OD) preterm infants in our KMC program.

Methods: Prospective cohort of 2800 OD preterm infants discharged in kangaroo position with periodical follow-up until 12 months corrected age to determine survival, growth, development and morbidity.

Results: 6889 infants were admitted in ambulatory KMC program (2002-2009). 2800 were discharged with supplementary use of oxygen. 32% were < 30 weeks of GA, 56% were < 32 and 3% were born at term. 85,6% had completed follow up. Overall mortality was 1,6%, with 75% of deaths occurring between discharge and 3 months. 41,8% of infants were readmitted at least once. Main cause of readmission before 40 weeks GA was anemia (47,2%) and before 3 months was respiratory infection (91.4%). In average, oxygen was discontinued at 3431g. of weight. Breastfeeding was a success, with 41.2% receiving exclusive breastfeeding and 57.8% mixed feeding reaching term. Average weight, length and head circumference were 8557g, 71,4 and 45,4cm at one year of corrected age; Retinopathy was detected in 17,6% and blindness in 0,4%. Diagnosis of cerebral palsy at one year was 3%. Mean developmental coefficient at 12 months was 98,5.

Conclusions: Our experience shows that weight is a major indicator of oxygen discontinuation. Weaning in our cohort reached its peak at 3431g. There is an unacceptable rate of OD in infants > 32 weeks GA that may be explained by inappropriate ventilation practices, suboptimal oxygen delivery and factors that need to be further explored.