Conclusion: A nurse-led referral system to a PEAU has proven successful and staff reported improved working conditions.

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ECHOCARDIOGRAPHY SERVICE PROVISION AND TRAINING OPPORTUNITY IN A TERTIARY NEONATAL UNIT

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Aim: To evaluate the echocardiography service provision and training opportunity in a tertiary neonatal unit.

Method: All echocardiograms performed on the neonatal unit are entered into an anonymous access database. Information regarding all echocardiograms performed over a period of two years (January 2008 to December 2009) was collected prospectively. The location of patients, designation of clinician performing the scan and echocardiography findings was determined.

Results: Over a period of two years, 918 echocardiograms were performed on 594 babies on the neonatal unit, postnatal wards and out-patient clinic. The commonest reason for referral across all locations was presence of a murmur on examination. 720 (78.4%) echocardiograms revealed a structural or functional cardiac abnormality needing appropriate treatment, referral to the paediatric cardiologist or follow up as necessary. The majority of scans (74.5%) were undertaken by trainees under supervision.

Conclusion: Our experience shows that provision of echocardiography service in a neonatal unit has a high yield for early diagnosis, referral and appropriate therapy. As most NICU's do not have bedside specialist cardiology service, there is an increasing demand and need to train neonatologists to develop echocardiographic skills in collaboration with their cardiology colleagues. We found that there is ample training opportunity for career trainee neonatologists to develop these skills under close supervision in tertiary centres that provide echocardiography. This will improve patient care as well as hopefully reduce the caseload on regional cardiac specialist services.

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BREAST MILK FEEDING AT DISCHARGE VARIES BY HOSPITAL AND LATITUDE IN VERY PRETERM INFANTS IN ITALY

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Aim: To study the mode of feeding at discharge in a cohort of very preterm infants in Italy, and investigate differences among hospitals.

Methods: We studied 6197 infants < 1500 g or < 30 weeks gestation, born in 2004-2008, and discharged home from 57 tertiary-care hospitals (about 2/3 of all Italian units) participating in the Italian Neonatal Network.

Feeding at discharge was coded as any breast milk (BM) versus formula.

Results: Overall, 59.8% were discharged home on BM.

Neonates discharged on BM had higher gestation (30.1 vs 29.2 weeks), higher birthweight, and higher weight for GA (Z-score). After adjusting for GA and birthweight, neonates on BM were discharged 5 days earlier and at a lower weight (218 g less).

Differences between hospitals were striking, with the proportion of BM at discharge ranging from 5.4 to 87.8% (interquartile range 47-70%).

In addition, there was a clear North-South gradient across Italy: the adjusted odds ratio of BM was 0.60 for Central Italy and 0.52 for Southern Italy, as compared to Northern Italy. Even after taking infant characteristics and latitude into consideration, differences between hospitals were highly significant ($P < 0.001$), and this explained 14% of variance.

Conclusion: This large cohort shows that most very preterm infants are discharged home on BM. This compares favourably to the Vermont-Oxford Network proportion (46.3%).

In addition to infant characteristics, hospital and region of birth are responsible for striking differences in feeding method at discharge.

An analysis of different "styles of care" of NICUs is needed.