

age and birth weight between the subgroups. 167 (77.7%) deliveries was by Caesarean section. Premature rupture of membrane was found in 59 cases (27,4%) with mean latency period 28 hours (range 2-624hrs). Placental and membranes inflammation was found in 40 (18,6%) placental samples. The incidence of BPD2 was significantly elevated in the subgroup with chorioamnionitis compared to the subgroup without chorioamnionitis (OR= 3,9652, CI 95% 1,8251-8,6149). There were no significant differences regarding brain injury, gastrointestinal complications and death between the subgroups.

Conclusion: This study adds further evidence that choriomnionitis may lead to higher incidence of BPD2 in preterm VLBW infants.

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COMPARABLE BREASTFEEDING RATES ARE ACHIEVABLE IN A HIGH RISK POPULATION

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Background: Although breastfeeding has many benefits the incidence and duration of breastfeeding in preterm infants admitted to neonatal intensive care is less than that of full-term infants (32-46% of premature infants discharged home fully or partly breastfeeding compared to 71% of term infants in the UK). Many parents do not wish their infants to have exposure to alternative methods of feeding as they fear this may affect rates of breastfeeding.

Aim: To assess breastfeeding rates and to establish if there is a link with alternative feeding methods used within neonatal services and poor breastfeeding outcomes.

Method: Prospective study of infants requiring admission to neonatal services. Data were collected on gestation, birth weight, diagnosis, intravenous fluids, enteral nutrition and feeding method 6 weeks post discharge.

Results: 100 infants were included: 64 preterm and 36 term, 54% < 2.5 kg and 24% < 1.5 kg. 52% of infants had received bottle feeds. Bottle feeding did not affect success of breastfeeding. Breastfeeding was fully established in 48% of infants at discharge. 61% of infants were fully or partially breastfed at 6 weeks of age. Lack of advice/ support was implicated in 11-12% of breastfeeding discontinuation.

Conclusions: Breastfeeding rates are low but comparable to hospital overall rates despite initial respiratory distress in 45%, hypoglycaemia in 34% and requirement for intravenous fluids in 65%. Early bottle feeding to wean from intravenous fluids did not decrease the incidence of breastfeeding at discharge or 6 weeks of age.

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PHOTOTHERAPY (PT) IN THE NEAR-TERM NEWBORN (NB): ARE THE GUIDELINES SUFFICIENT? CURRENT PRACTICE IN SWITZERLAND

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Background: PT for hyperbilirubinemia in the NB is well established. Guidelines (GL) are based on the updated latest AAP guidelines. This is a 1st step to evaluate current ICU practice

Method: A survey of cardiopulmonary side-effects (CPSE) and -monitoring (CPM), nutritional management and duration was sent to all Swiss neonatal and pediatric ICUs. Statistics are descriptive and results confronted to the literature.

Results: Of 32 surveys, 27 were returned (incl. all level III units). 26 units had GL for all ages and 25 followed the updated GL. Of 25 that admitted NB born ≤ 35 0/7 weeks of gestation (WG), 22 had specific GL for this group. Top 4 PT side-effects were: hyper-/ hypothermia, irritability, poor weight gain/ feeding issues. Tachy-, bradycardia, tachypnea and apnea were less frequent. 4 units require ECG and SpO2 monitoring, 4 monitor by SpO2 only while 19 do not require either. 1 unit always adds fluids, breastfeeding is continued.

70% do not apply any CPM during PT despite evidence for CPSE. Reports on cardiopulmonary changes secondary to PT exist but clinical relevance is unclear. Additional fluids remain controversial as they are not recommended, despite reports of shorter PT and ICU stays. Further reports claim that breastfeeding is enough in this context.

Conclusion: Current GL state TSB levels for PT start. Duration, CPM and fluid management aren't addressed. Current Swiss practice does not warrant CPM, a standard duration or supplemental fluids.