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EFFECTS OF ELECTIVE CESAREAN SECTION ON LACTOGENESIS

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Background and aim: Elective cesarean section incidence is rising worldwide. The current study examined elective cesarean section (ECS) influences on maternal anxiety, hormones levels and breastfeeding in the first six months after birth, comparing with emergency cesarean section and vaginal delivery (VD).

Methods: We contacted 106 consecutive mothers, included in the study according to specific criteria.

The mother anxiety levels were evaluated according to the State-Trait Anxiety Inventory-Y (STAI-Y) questionnaire. We tested stresses hormones (prolactin, TSH, cortisole) immediately after delivery and after three days. We assessed the newborn baby nutrition pattern in the delivery room, after one week from the birth and after 30 days, 3 and 6 months (WHO).

Results: ECS represents a negative factor for earlier breastfeeding, compared to VD ($p=0.02$), with anxiety levels ($p=0.15$), hormones levels (prolactin $p=0.05$) and lack of breastfeeding in delivery room ($p < 0.05$).

The caesarean section ($p=0.005$), early breastfeeding in the delivery room ($p=0.0009$) and type of delivery ($p < 0.05$) are determinants in breastfeeding after 7 days, 3 and 6 months. Breastfeeding mothers have lowest state anxiety levels ($p=0.04$).

Stress hormones levels change in connection with the type of delivery, but only prolactin result to be significant for earlier breastfeeding ($p=0.05$).

The type of delivery influences breastfeeding in the third month ($p=0.005$). **Conclusions:** ECS influences negatively breastfeeding in early life, conditioning it in the delivery room, after three and six months, the hormones and the anxiety levels, with consequences on baby growth and development influencing the relationship with his mother.

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USE OF AMPLITUDE INTEGRATED ELECTROENCEPHALOGRAPHY (AEEG) IN PATIENTS WITH INBORN ERRORS OF METABOLISM - A REVIEW OF 29 CASES

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Background: Amplitude integrated EEG (aEEG) has been established in neonatal care as tool to monitor encephalopathy after asphyxia and seizures due to various aetiologies. Patterns representing seizures and different degrees of encephalopathy have been defined. Patients with inborn errors of metabolism often present with encephalopathy/seizures but published knowledge regarding aEEG use in metabolic patients remains limited as disease frequencies are low.

Aims: Review aEEG tracings of patients with inborn errors of metabolism to evaluate the potential role of this technique in evaluation/treatment of this patient group.

Methods: Through an international collaboration, 29 aEEG tracings of patients with inborn errors of metabolism were collected and reviewed.

Results: Diagnoses were: disorders of energy metabolism ($n=10$), disorders of amino or organic acid metabolism and urea cycle defects ($n=14$), peroxisomal disorders ($n=5$). Encephalopathic changes were seen in 18/29 patients (62%); ictal discharges were noted in 19/29 patients (66%). In all diagnostic groups, with the exception of peroxisomal disorders, both encephalopathic changes and seizures usually coincided; in peroxisomal disorders, seizures were seen without encephalopathic background patterns. 4/29 patients (14%) showed unusual upward shifts of the lower aEEG margins. Five patients, some clinically symptomatic, had