

RANDOMISED CONTROL TRIAL OF RECTAL STIMULATION AND ENEMAS ON BOWEL HABIT IN EXTREMELY LOW GESTATIONAL AGE (ELGA) NEWBORNS

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Aim: More frequent rectal stimulation and enemas accelerate normalisation of bowel habit in ELGA newborns.

Methods: In a randomised controlled trial infants with a gestational age under 28+1 weeks received either enemas twice daily till elimination of meconium and three times daily rectal stimulation and/or enemas till bowel habit normalisation, or intervention with rectal stimulation and/or enemas only when no bowel habit has occurred in the last 24 hours.

Results:

	Control group N = 30	Intervention group N = 30
Gestational age, wk	27 ± 1	26 ± 1
Birth weight, g	923 ± 195	833 ± 167
Persistent ductus arteriosus, n (%)	14 (47)	22 (73)*
Age of complete meconium passage, days	9 ± 2	9 ± 2
Days to full feeds	15 ± 8	26 ± 22*
Days on TPN	15 ± 9	24 ± 21*

[Clinical Features And Outcomes Among Infants]

Intervention did not accelerate normalisation of bowel habit, 15 ± 7 d in control group and 20 ± 11 d in study group. In the whole population and in the study group, infants who suffered from persistent ductus arteriosus have longer duration of parenteral nutrition, worse feeding tolerance and more days to achieve normal bowel habit. In multivariable linear regression analysis ductus arteriosus, not intervention, remained significant on normalisation of bowel habit and feeding tolerance.

Conclusions: More frequent rectal stimulation and/or enemas had no effect on normalisation of bowel habit. Ductus arteriosus is an important determinant of acquisition of normal bowel habit and feeding tolerance of very immature newborns.