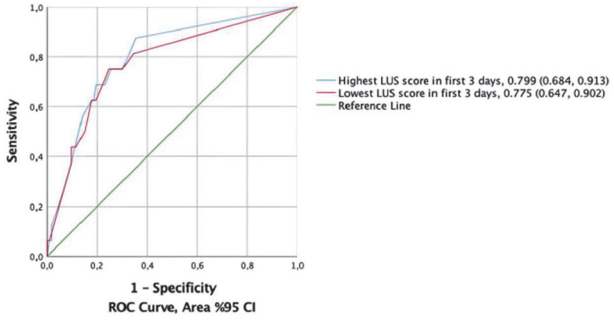
mechanical ventilation, and development of bronchopulmonary dysplasia (BPD).

Material and Method It was a retrospective observational study. Preterm infants younger than 32 weeks were included at an academic tertiary NICU between 2018–2023. Lung ultrasound was performed within the first 3 days. LUS scores were noted in two groups as the highest and lowest scores. Statistical analyses were done to predict respiratory outcomes.

Results Total 218 patients were enrolled; 40, 17, and 18 infants had mild, moderate, and severe BPD, respectively. BPD did not develop in 143 patients. Within the first 3 days, the highest and lowest LUS scores significantly predicted moderate-to-severe BPD (P<0.001) (area under ROC curve, 0.684–0.913; area under ROC curve 0.647–0.902; respectively) (figure 1). High LUS scores were also related with the need of mechanical ventilation (P<0.001). We explored cut-off values with respect to gestational age, revealing that the cut-off score was 11 for infants born between 26 weeks 0/7 and 28 weeks 6/7 of gestational age and 12 for those born after 29 weeks 0/7. This observation suggests that as gestational age increases, the corresponding cut-off levels tend to rise as well (table 1). Regression analysis revealed that the highest LUS scores within the first 3 days of life, sepsis, and the presence of hemodynamically significant patent ductus arteriosus (hsPDA) were significantly associated with the severity of BPD.

Conclusions In preterm babies, the LUS scores were useful to predict bronchopulmonary dysplasia. Notably, highest LUS scores within 3 days of life appear to be more reliable indicators, with the understanding that the cutoff LUS scores may vary with gestational age.



Abstract OP-032 Figure 1 ROC analysis for predicting the development of moderate-to-severe bronchopulmonary dysplasia. CI, confidence interval; LUS, lung ultrasound; ROC, receiver operating characteristic.

Abstract OP-032 Table 1 LUS score predictive ability by gestational age stratification (Boldface values indicate the optimal cutoff point)

Gestation age 26 weeks 0/7– 28 weeks 6/7				
Lowest LUS scores in first 3	Cutoff point	Sensitivity	Specificity	AUC (95% CI)
days	8	50.00	73.33	
	9	**50.00**	**80.00**	**0,657**
	10	40.00	80.00	
Highest LUS scores in first 3	Cutoff point	Sensitivity	Specificity	AUC (95% CI)
days	9	66.67	50.00	
	11	**66.67**	**62.50**	**0,635**
	12	58.33	62.50	
Gestation age ≥ 29 weeks 0/7 weeks				
Lowest LUS scores in first 3	Cutoff point	Sensitivity	Specificity	AUC (95% CI)
days	7	66.67	69.23	
	8	**66.67**	**76.92**	**0.654**
	11	33.33	92.31	
Highest LUS scores in first 3	Cutoff point	Sensitivity	Specificity	AUC (95% CI)
days	10	60.00	60.00	
	12	**60.00**	**73.33**	**0.660**
	14	40.00	86.67	

AUC=area under the receiver operating characteristic curve; LUS=lung ultrasound score.

OP-033

PREDICTION OF ELEVATED INDIRECT HYPERBILIRUBINEMIA AND NEED FOR PHOTOTHERAPY USING CARBOXYHEMOGLOBIN LEVELS IN THE PRETERM NEONATE: A CROSS SECTIONAL ANALYTICAL STUDY

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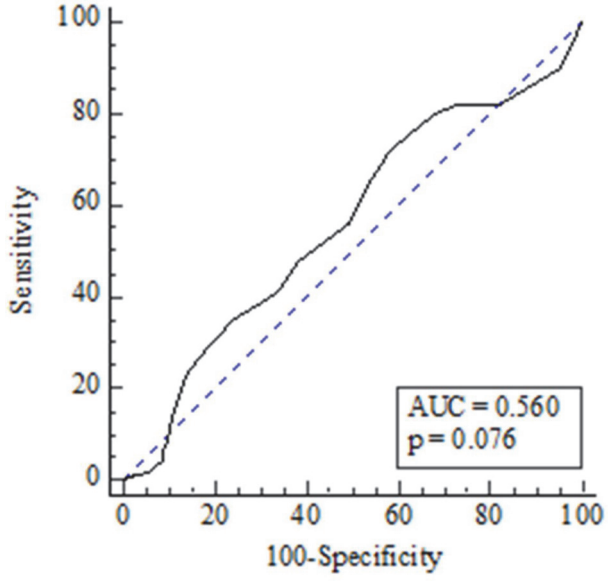
10.1136/bmjpo-2024-EPAC.33

Aim To investigate the strength of COHb values in the first days of life to predict elevated indirect hyperbilluribinaemia in preterm deliveries.

Material and Method A cross-sectional analytical study was conducted in preterm deliveries born <37 gestational weeks at NICU of Akdeniz University Faculty of Medicine. Demographic characteristics (pre-antenatal-postnatal data, preterm morbidities, and phototherapy requirement (if any) were recorded. Carboxy-hemoglobine (COHb), blood gas pH, pCO2, serum hemoglobin, albumin, total and direct bilirubin, reticulocyte(%), and direct coombs were obtained in the first 6th-24th and 48–96th hours. Group categorization was performed upon birthweight. Statistical analysis performed by SPSS 23.0 program included Chi-square/Fischer exact test for categorical variables, Mann Whitney-U test for continuous variables, Spearman correlation test to determine correlations within data measured at different time-periods. ROC analysis, followed by logistic regression model were used to determine



Abstract OP-033 Figure 1 ROC analysis of COHb to determine the need for phototherapy in the preterm neonate.

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COHb threshold values and independent risk factor for phototherapy requirements respectively.

Results A total of 297 preterm neonates were included in the study. The rate of phototherapy was 50.8%. Blood-type incompatibility was present in 6.7% for ABO incompatibility and 4.7% for Rh incompatibility. Only three patients presented signs of hemolysis. Approximately 49.9% of neonates delivered phototherapy at the postnatal 2nd day. COHb levels at the 6th and 24th hours were not statistically significant in neonates who delivered phototherapy (p=0.075, p=0.099). ROC analysis determined the threshold level of COHb > 0.6 in the first 6 hours to predict the need for phototherapy with 72.19% sensitivity and 41.78% specificity (positive-predictive value: 56.2%, negative predictive value: 59.2%) (figure 1). COHb levels at 6th hours or 24th hours were not identified as independent risk factors in logistic regression models.

Conclusions COHb values obtained in the first day of life were correlated with elevated indirect bilirubin in neonates born <37 weeks; however the performance of COHb in distinguishing the need for phototherapy was low.

OP-034 META-ANALYSIS AND SYSTEMATIC REVIEW OF NASAL HFOV IN PRETERM INFANTS

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10.1136/bmjpo-2024-EPAC.34

Aim Nasal high frequency oscillatory ventilation (NHFOV) has emerged as a novel ventilation mode for primary support in preterm infants with respiratory distress syndrome (RDS). This study aims to evaluate whether NHFOV can diminish the need for intubation in the treatment of preterm infants with RDS, thereby establishing itself as a primary respiratory support modality.

Material and Method A comprehensive literature search spanning from 2013 to 2023 was conducted across various databases, including PubMed, Google Scholar, Science Direct, Ebsco, Proquest, Wiley Online, the Cochrane Library, Scopus, supplemented by hand searches. The primary outcome measured was the intubation rate, with secondary outcomes encompassing mortality rate, duration of non-invasive ventilation (NIV), intraventricular haemorrhage (IVH), retinopathy of prematurity (ROP), bronchopulmonary dysplasia (BPD), air leaks, and necrotizing enterocolitis (NEC). Meta-analyses were performed using calculation sheets from Meta-Essentials, developed by the Erasmus Research Institute of Management.

Results Eight randomized controlled trials involving 994 preterm infants demonstrated a reduced intubation rate with NHFOV compared to other NIV methods, including nasal continuous positive airway pressure (NCPAP), nasal intermittent positive pressure ventilation (NIPPV), and bilevel positive airway pressure (BiPAP), with a risk reduction (RR) of 0.59 (95% CI 0.29–0.92; I2 16.19%, p=0.04). Subgroup analysis highlighted NHFOV's superiority over NCPAP, exhibiting an RR of 0.47 (95% CI 0.32–0.70; I2 0%, p = 0.00). The NHFOV group also demonstrated a significantly shorter duration of NIV compared to other NIV methods, with a mean difference of 0.51 hours (95% CI 0.13–0.89 hours; I2 77%, p=0.00). However, rates of mortality, IVH, ROP, BPD, air leaks, and NEC did not significantly differ between the two groups.

Conclusions NHFOV effectively reduced the necessity for intubation and shortened the duration of NIV in preterm infants with RDS, without significantly altering the rates of complications when compared to other NIV methods

OP-035 PRETERM DELIVERY INFORMATION COMMUNICATION TOOL (PREDICT)

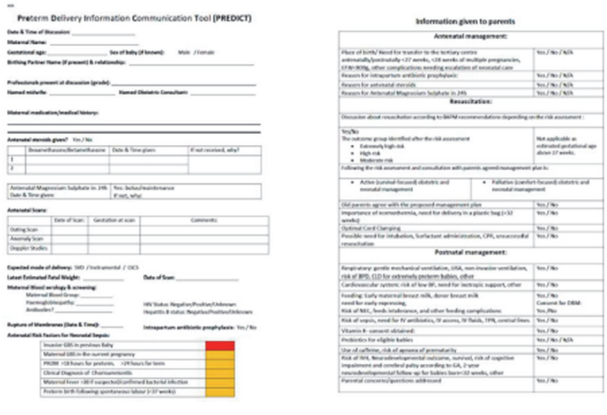
[1]Erva Nur Cinar*, [2]Marwa Rady, [3]Agnieszka Nowacka, [4]Robert Tuckwell, [2]Samudra Mukherjee, [2]Vineet Gupta, [2]Sofia T Belitsi. *[1]North West Anglia NHS Foundation Trust; [2]Mid and South Essex NHS Foundation Trust; [3]Southampton University; [4]Cambridge University Hospital NHS Foundation Trust*

10.1136/bmjpo-2024-EPAC.35

Aim Parents at risk of preterm delivery need access to appropriate information to make an informed decision in the best interest of their unborn baby. This is a challenging situation for parents and medical professionals, as they should be able to provide clear and objective information. A specific guidance was developed to improve the level of confidence of medical staff offering counselling for parents.

Material and Method A proforma, Preterm Delivery Information Communication Tool (PREDICT), was developed to enhance the quality of counselling at Mid and South Essex NHS Foundation Trust hospitals. This initiative followed a survey conducted among paediatric doctors that assessed their confidence, experience level, prior formal training, and utilisation of existing guidance. The insights gained informed the proforma development, ensuring it addressed the identified needs and gaps effectively.

Results Among 16 paediatric doctors surveyed, including 9 registrars and 4 consultants, 37.5% had not received formal counselling training, and 62.5% had never used a guideline. When rating their confidence in facilitating and documenting discussions on a 1–5 scale, 37.5% scored 1–3, with an average of 3.6. PREDICT, spanning four pages, initially covers maternal medical history, antenatal management (including steroids and magnesium sulphate use), antenatal scans, delivery mode, birth weight, and sepsis risk factors. The second page focuses on essential information for parents, categorised into antenatal management, resuscitation, and postnatal care (Image 1). The final two pages are designed for additional documentation and include the British Association of Perinatal



Abstract OP-035 Figure 1 First two pages of Preterm Delivery Information Communication Tool (PREDICT)

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