

income level (61.8%). The prevalence of galactagogue use was 40.7% and reported inadequate milk perception rate was 61.8% among mothers. The PIMQ mean score of mothers who reported inadequate milk perception was significantly lower ( $p < 0.001$ ). The rate of galactagogue use was significantly higher in those who had inadequate milk perception ( $p < 0.001$ ). Twenty percent of mothers who had the feeling of milk adequacy were also using galactagogues. No significant difference was found in PIMQ scores between mothers who used galactagogues and those who did not use. The PIMQ mean score of mothers who reported inadequate milk perception was significantly lower ( $p < 0.001$ ).

**Conclusions** Galactagogue use is common in breastfeeding mothers. The perception of inadequate milk is related to galactagogue use. PIMQ scores are not significant in determining the use of galactagogue. More studies are needed in order to provide guidance for galactagogue use in mothers with perceived inadequate milk.

**OP-085 NEONATAL INTENSIVE CARE HEALTH SERVICE-ASSOCIATED INFECTION SURVEILLANCE CENTRAL VENOUS CATHETER-ASSOCIATED BLOODSTREAM INFECTION**

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**Aim** The survival of low birth weight premature infants and their prolonged follow-up in Neonatal Intensive Care Units (NICUs) pose various risks. The use of invasive devices and the prevalence of hospital-acquired infections requiring broad-spectrum antibiotics in neonatal intensive care units range from 9.3% to 25%. It is essential to identify infectious agents through surveillance studies conducted by the Hospital Infection Control Committee (HICC).

**Material and Method** The Hospital Infection Control Committee (HICC) conducted Healthcare-Associated Infection (HAI) surveillance in the Neonatal Intensive Care Unit (NICU) from 2021 to 2023. Using the 'Ministry of Health National Healthcare-Associated Infections Surveillance Guide (2017),' data for 2021–2022 was presented in four periods, and 2023 data in the 1st and 2nd periods, classified by incidence density, infection rates, invasive device-associated infections, device usage rates, and causative agent distribution.

**Results** In 2021, with 250 patient admissions and an infection rate of 19%, the incidence density was 12.2. Infants weighing less than 750 grams had a 24% Central Venous Catheter-Associated Bloodstream Infection rate, decreasing with weight. Despite a high density of 18.6 in the 1st period, with introducing a checklist created by the HICC team to ensure adherence to infection control measures during the placement of CVC/PICC/SVC it significantly decreased in the 2nd period to 8.5. In 2022, adherence to protocols led to a 25% decrease. In 2023, improvements in protocols led to decreased CVC infections, aligning with national averages, especially for infants weighing under 1000 grams.

**Conclusions** SVC-Related Bloodstream Infection density for all weight categories decreased from 12.1 in 2021 to 6.1 in 2022 and further to 6.2 in the first 6 months of 2023. This decline indicates a reduction in infection density compared to the

previous period. Implementing a Active surveillance system is key to achieving a significant reduction or complete prevention of hospital infections.

**OP-086 EVALUATION OF PAIN AWARENESS OF HEALTHCARE PROFESSIONALS WORKING IN THE NEWBORN CLINIC**

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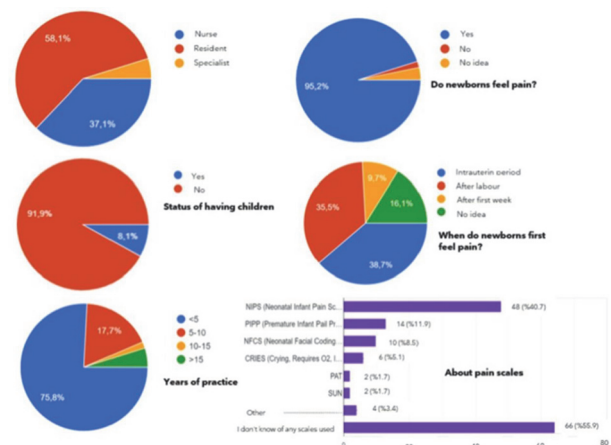
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**Aim** Pain awareness in the neonatal clinic is a medical and ethical problem that has become increasingly important in recent years. Exposure to repetitive painful procedures in the newborn, during the period when the brain develops rapidly and stress perception systems are organized, causes excessive neural activity and somatosensory changes. This situation can cause neurodevelopmental and behavioral problems in the long term. Objective scoring systems such as PIPP, N-PASS, COMFORTneo, CRIES are used in the evaluation of pain in newborns. In this study, we aimed primarily to evaluate pain awareness in healthcare professionals working in the neonatal clinic, and secondarily to determine the trainings to be provided and the precautions to be taken on this subject.

**Material and Method** Our study was planned as single-centered and prospective. The questions used in the evaluation were created according to pain guidelines. It was conducted with 40 questions in 3 categories: demographic data, pain awareness and precautions. Surveys were created via Google forms. Our study was approved by the Sisli Hamidiye Etfal Clinical Research Ethics Commission.

**Results** 124 healthcare professionals participated in our study. 102 (84%) of the participants were women, 78 (63%) were doctors and 46 (37%) were nurses. When the answers were assessed, 95% of the participants stated that they knew that the newborn feels pain, 96% of them evaluated vascular access procedures as a painful procedure, 56% did not know how to use pain scales, and 14% stated that they were inadequate regarding pain-related measures (figure 1).

**Conclusions** In the neonatal unit, although there is pain awareness through the patients treated, all employees should



**Abstract OP-086 Figure 1** Sharing some data through the pain awareness assessment survey.