

Abstract 14 Table 1 Variables

		Compliance, Pre-QIP, n(%)	Compliance, Post QIP, n(%)
Pre-operative	Blood investigations	26(100)	22(100)
	Cross match & arranging blood products	26(100)	22(100)
	Consent	26(100)	22(100)
	Starvation	26(100)	22(100)
	IV access & IV fluids	26(100)	22(100)
	ITU cot	26(100)	22(100)
	Cranial scan	26(100)	22(100)
Post-operative	Operative notes review	26(100)	22(100)
	Anaesthetic notes review	26(100)	22(100)
	Ventilation plan	9(34.6)	20(91)
	Imaging	26(100)	22(100)
	IV access	26(100)	22(100)
	Fluid prescription	11(42.3)	18(81.8)
	Blood investigations	25(96.1)	22(100)
	Cranial scan	26(100)	22(100)
	Updating parents	21(80.7)	22(100)
	Analgesia	26(100)	22(100)

Abstract 14 Table 2

PRE-OPERATIVE PREPARATION					
CLINICAL			COMMUNICATION		
	YES	NO	N/A	YES	NO
CROSS MATCH				BLOOD PRODUCTS ARRANGED	
PRE-OPERATIVE BLOODS (FBC, U&E, COAGULATION)				SURGICAL CONSENT	
IV ACCESS				ANAESTHETIC REVIEW	
NBM				IV ANTIBIOTICS	
IV FLUIDS				ITU COT	
CRANIAL USS				ID BAND	
COVID SWAB (<24 hrs)					
POST-OPERATIVE CARE					
CLINICAL			COMMUNICATION		
	YES	NO	N/A	YES	NO
VENTILATION PLAN				ANAESTHETIC NOTES REVIEWED	
ANALGESIA PLAN				OPERATIVE NOTES REVIEWED	
IMAGING				PARENTS UPDATE (MEDICAL)	
CRANIAL USS				PARENTS UPDATE (SURGICAL)	
FLUIDS PRESCRIPTION					
FLUIDS LOSSES					
POST-OPERATIVE BLOODS (FBC, U&E, COAGULATION)					
POST OPERATIVE EXAMINATION					
IV ANTIBIOTICS					

Conclusions Introduction of a structured peri-operative checklist as a standard practice, significantly improved the compliance with most protocol recommendations and optimized safety during surgical care of infants.

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DOES FAMILY INVOLVEMENT WITH SOCIAL CARE INCREASE THE DISCRIMINATORY POWER OF THE SHEFFIELD BIRTH SCORE FOR SUDDEN UNEXPECTED INFANT DEATH?

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10.1136/bmjpo-2021-RCPC.13

Background There is a lack of effective scoring systems to identify populations at risk of Sudden Infant Death Syndrome (SIDS) with the published scoring systems limited by the infrequency of SIDS and reliance on retrospective data. The Sheffield Birth Score (SBS) is a risk-based score previously calculated at birth using 8 factors (such as birth weight and maternal smoking) which allocated targeted Health Visiting if the numerical total score was over 500. With SIDS rates in Sheffield above the national rate, can the SBS be expanded to improve identification of possibly preventable deaths and therefore focus intervention programmes?

Objectives The objective of the study is to assess whether the inclusion of active social care involvement as a factor can improve the predictive power of the current SBS model to better identify populations at risk of SIDS.

Methods Firstly data on birth scores from 7,321 births in Sheffield was matched with social care involvement 9 months before the birth to 6 months after. The data was then ranked in quintiles to assess summary data on the high risk vs. the low risk groups.

Secondly birth score data on a cohort of deaths classed as SIDS over a 10 year period was matched to social care involvement (n=44). The risk for SIDS was modelled using logistical regression.

Results The overall picture of births showed that 8.4% of births scored 500 or above. When matched to social care data, 51.3% of social care contacts were in the top quintile.

Looking at the cohort of 44 SIDS cases the average birth score was 485 - higher than over 80% of the total births, and 30 of the 44 cases were in quintile 5. A cut off of 500 would identify 52% of these cases. Using a lower cut off birth score of over 347 would have identified an additional 12 deaths, 5 of whom had social care involvement (41%). Using a score of over 452 (highest quintile) would have identified 30 deaths, 17 of whom had social care involvement (56%). All babies with social care involvement are 11.4 times more likely to die of SIDS compared to those with no social care involvement. A baby scoring in the lower four quintiles with social care involvement is 27.6 times more likely to die than a baby in the lower four quintiles with no social care involvement.

Conclusions The study presented confirms the higher the birth score the greater the likelihood of social care involvement. Social care as a factor is a useful predictor of SIDS, and may actually be more useful in the lower quintile birth score groups – previously thought to be low risk. The link of social care to high SBS and SIDS suggests the SBS does identify families where there is greater risk by encompassing multiple

factors within that particular home and dynamic. However, due to the small numbers of cases of SIDS in the time frame reviewed it was impossible to determine whether the inclusion of social care involvement to the SBS would improve the statistical model overall.

20 PREVALENCE AND CLINICAL PRESENTATION OF NEONATAL THROMBOCYTOPENIA IN NEONATAL INTENSIVE CARE UNIT, SUEZ CANAL UNIVERSITY HOSPITAL

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10.1136/bmjpo-2021-RCPC.14

Background Thrombocytopenia is the commonest haematological abnormality encountered in the neonatal intensive care unit (NICU). The incidence in neonates varies greatly, depending on the population studied.

Objectives The aim of the present study was to study the prevalence of thrombocytopenia in the neonates admitted to the NICU.

Methods The study was carried out in 97 consecutive eligible neonates; we collected data from neonates admitted in Neonatal intensive care units (NICUs), Suez Canal university hospital in the period from April 2019 to October 2018

Platelets counts were done twice to avoid sample errors

Results The prevalence of thrombocytopenia in the study group was 38.14% (37/97). The prevalence of Mild- moderate thrombocytopenia was 21.64% (21/97) cases and the prevalence of severe thrombocytopenia group was 16.49% (16/97). Factors associated with thrombocytopenia were sepsis (75.67%), pre-clampsia (8.1%) in mothers. The most common bleeding manifestation was Interventricular haemorrhage (16.2%). The overall mortality in babies with thrombocytopenia was 14.43%, 10 neonates (27.02%) with severe thrombocytopenia needed more than one time transfusion while 2 patients (5.40%) only with mild thrombocytopenia needed platelet transfusion

Conclusions It is concluded that thrombocytopenia is very common in the NICU and should be actively looked for so that it can be managed appropriately.

21 CONGENITAL SYPHILIS IN A 4-MONTH-OLD INFANT WITH LIMB WEAKNESS

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10.1136/bmjpo-2021-RCPC.15

Background Each year, syphilis complicates over 2 million pregnancies worldwide and continues to rise. Whilst still uncommon, rates of congenital syphilis have been rising in developed countries over recent years. In 2018 alone, 1,306 cases were reported in the United States; constituting a 185% increase since 2014.

This disease can lead to peri-/neonatal death, prematurity and low birth weight. Untreated, spontaneous abortion can occur in 40% cases. Affected individuals often suffer long-term sequelae such as visual loss, sensorineural hearing loss, bone/joint deformity and neurodevelopmental delay.

Cases of congenital syphilis are uncommon in the UK; with an estimate of 10 cases annually in 2015, meaning most

paediatricians will have little to no experience with the disease. Many affected individuals may be asymptomatic at birth and symptoms can often mimic other conditions. In this respect, and with rising incidence in adult disease over recent years, congenital syphilis poses a true diagnostic challenge for clinicians; as demonstrated in this case report.

Objectives In this report, we describe a rare case of a 4-month-old girl presenting with a several month history of reduced movement to the left arm accompanied by a maculopapular rash to the limbs. X-Ray findings included inflammatory periosteal changes to the radius and ulna. Blood test results included raised inflammatory markers (CRP and ESR) with a slight microcytic anaemia, raised ALP and suppressed TSH.

Methods

Results Treponema pallidum immunoglobulin M (IgM) was detected in both baby and mother and a diagnosis of congenital syphilis was made.

Conclusions This case is an interesting clinical picture with a variety of important differential diagnoses including non-accidental injury, malignancy, autoimmune disease and other congenital infections. With an increasing rate of congenital syphilis infection in the developed world, it is vital that clinicians are able to recognise symptoms to ensure prompt diagnosis and treatment. In this respect, we can attempt to avoid the chronic and potentially life-threatening complications of untreated infection.

23 PILOT STUDY DEMONSTRATES THAT PLACENTAL HISTOPATHOLOGY CAN BE A POTENTIAL ADDITIONAL TOOL FOR DIAGNOSING EARLY-ONSET NEONATAL SEPSIS

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10.1136/bmjpo-2021-RCPC.16

Background Early Onset Neonatal Sepsis (EONS) is one of the commonest and serious problem for newborn babies, incidence in India being 38 per 1000 intramural live births. Currently EONS diagnosis is mainly considered on maternal risk factors and non-specific neonatal symptoms. Also, initiating empirical antibiotics in timely fashion is critical in decreasing morbidity and mortality. But since a gold standard test is unavailable for EONS especially in the initial hours of life, number of neonates who require antibiotics is high. This intun results in increase in disadvantages related to the antibiotic use and prolonged hospital stay.

We tried to explore whether placental histology can be used as an additional tool in diagnosing EONS thereby avoid the unnecessary antibiotic usage and hospital stay for neonates.

Objectives To determine whether placental histology has good correlation with probable or proven early-onset neonatal sepsis (EONS), thereby help to diagnose EONS and guide in clinical decision-making.

Methods This retrospective observational study comprised 101 newborn babies, both term and preterm, who were admitted to the neonatal intensive care unit of Rajagiri Hospital, Aluva, Kochi, Kerala, India between June 2017 and June 2020. EONS was defined as maternal risk factors with clinical symptoms (Suspected EONS) plus raised serial C-reactive protein (CRP) >10 mg/L and a positive (Proven EONS) or a negative (Probable EONS) blood culture. Placentae were studied for a