Abstract 316 Table 1 Emerging themes from interviews

Strengths and enabling factors	Limitations/challenges	Recommendations for improvement
Better monitoring of preterm baby growth Involvement of paediatricians as local leads	Continuous on-site supportive monitoring Data sharing	Staff motivation through supportive supervision Data management: <ul style="list-style-type: none"> • Data quality improvement including providing feedback to facilities • Involving nurses to coordinate data monitoring • Enrolling health information officers to support doctors to manage data • Publication is an incentive for doctors • A harmonised records book to include preterm growth charts and indicators
Supportive supervision Communication	Impact of Covid-19 Attitudes and priorities: more focus on mother than preterm baby	Embedding sustainable funding model before scale-up Active involvement of parents, caregivers and community
Management support Quality Improvement as a service-wide culture Staff commitment Parent involvement		Identifying strategic alliances for local and global partnerships

3. Partner consultations.

We present the results of the qualitative component of an evaluation study, conducted after the 15 month pilot phase, to inform future [3]spread and [4]scale-up of interventions.

[1] <https://www.nchs.org.gh>

[2] <https://intergrowth21.tghn.org/interpractice-21st/>

[3] Spread definition: <https://qi.elft.nhs.uk/collection/scale-up-and-spread/>

[4] Scale-up definition: <https://qi.elft.nhs.uk/collection/scale-up-and-spread/>

Objectives

- To describe stakeholder views and perspectives regarding the introduction of a novel public health intervention aimed at improving care for preterm babies in a low-resource setting.
- To compile lessons learned for national scale-up of preterm interventions.

Methods A questionnaire was developed based on the literature relating to implementation science. In-depth interviews were conducted with eight key stakeholders who were purposively sampled because of their prior knowledge of the INTERPRACTICE-21st Study and/or preterm care in Ghana. Eligible stakeholders were invited via email to participate. Interviewees included officials at the Ministry of Health and NCHS, and other stakeholders in the field of paediatrics and public health.

Due to COVID-19 restrictions, interviews were conducted virtually (via a video call). Verbal consent was obtained prior to the interviews. Recorded audio files were transcribed and thematic content analysis was performed using [5]Pope's Approach to extract emerging themes from the interviews. The Oxford Tropical Research Ethics Committee approved the study (no. 536–20).

[5] <https://www.bmj.com/content/320/7227/114>

Results Emerging themes from the interviews are presented in table 1 below:

Conclusions

- Stakeholder responses show positive feedback to the pilot phase of the project.

- The study emphasises the need to seek the views of stakeholders in a pilot phase before embarking on nationwide scale-up of a preterm intervention in a low-resource setting.

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COMMON DIAGNOSES AMONG PEDIATRIC ATTENDANCES AT EMERGENCY DEPARTMENTS

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Background Pediatric patients present to Emergency Departments (EDs) with a variety of medical conditions. An appreciation of the common presenting conditions can aid EDs in the provision of pediatric emergency care.

Objectives We aimed to determine the common pediatric diagnoses seen, and how they differed between pediatric-only and general EDs.

Methods A retrospective review of medical records was performed for patients less than 16 years old at a pediatric ED and three general EDs from 1 January to 31 December 2018. Information including patient demographics, triage category, case type and diagnoses were collected.

Results There were 161,375 pediatric attendances, of which 155,563 (96.4%) were seen at the pediatric ED. Non-traumatic conditions were most prevalent in both pediatric (N=128,415, 82.5%) and general EDs (N=3,506, 60.3%). Trauma related conditions were more commonly seen in general EDs (N=2,306, 39.7%) compared to the pediatric ED (N=27,148, 17.5%; $p<0.01$). Across all EDs, fracture, wound and head injury were the three most common trauma related diagnoses, while upper respiratory tract infection, unspecified fever and gastroenteritis were the three most common non-trauma related diagnoses. There was a greater proportion of emergent (P1) cases seen in general EDs (N=277, 4.8%) than the pediatric ED (N=3,821, 2.5%; $p<0.01$). Respiratory conditions including bronchiolitis, asthma and bronchitis were the most common emergent (P1) diagnoses.

Conclusions Understanding the common pediatric diagnoses presenting at EDs can facilitate clinical guidelines implementation, resource allocation and staff training. By focusing efforts on emergent (P1) diagnoses, general EDs can enhance their preparedness and quality of pediatric emergency care to critically ill patients.

321 ANTENATALLY DIAGNOSED RENAL ANOMALIES AND THE SIX-MONTH POST-NATAL OUTCOME OF RENAL PELVIC DILATATION AT A DISTRICT GENERAL HOSPITAL IN SOUTH EAST ENGLAND

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Background Congenital anomalies of kidney and renal tract (CAKUT) constitute 20–30% of all anomalies identified perinatally. CAKUT play causative role in 30–50% chronic kidney disease requiring renal replacement treatment in children. Majority of these anomalies are not life threatening. It is important to diagnose and initiate treatment early to prevent progression to end stage renal disease

Objectives

- To collect data on antenatally diagnosed renal anomalies and their demographics at our centre.
- To study the six-month outcome of fetuses identified with renal pelvic dilatation (RPD).
- To identify areas of improvement and implement changes.

Methods We identified cases from records of prenatal multi-disciplinary team (MDT) meetings from January to December 2019. Data was retrospectively collected from our hospital database, maternal and neonatal records, laboratory and radiology results and clinic letters.

Results 46 fetuses with renal anomalies were discussed in the MDT, 11 discharged antenatally, 1 moved home. 34 were included in the study (n=34).

Fetuses with bilateral(B/L) RPD:

9 fetuses were diagnosed with B/L RPD, 8 were male and 1 female.

5 needed urgent renal ultrasound – 100% done within 24–48 hrs, 4 needed routine scans, all done between 1–4 weeks.

8 were started on antibiotic prophylaxis.

First postnatal scan showed B/L RPD in 2, U/L RPD in 4 and normal in 3.

Further investigations done included MCUG in 5, MAG3 scans in 3 and DMSA in 1.

Abstract 321 Table 1 Antenatally diagnosed anomalies

Antenatally diagnosed anomalies	Number
Bilateral RPD	9
Unilateral RPD only	6
Unilateral RPD with calyceal/ureteric involvement	6
Unilateral Multi cystic dysplastic kidney (MCKD)	4
Duplex kidney	4
Unilateral renal agenesis	2
Unilateral MCKD + other side duplex	1
Echogenic kidneys	1
Supra renal cyst	1

At 6 months, antibiotic prophylaxis was stopped in 5 and discharged from care, 1 had planned follow up with paediatrician at 1 year and 3 had ongoing care under urology.

Fetuses with unilateral(U/L) RPD

12 fetuses with U/L RPD± Calyceal/ureteral involvement.

10 were male, 2 females.

11 had routine renal US. First ultrasound findings were normal in 5, unilateral RPD in 3, duplex kidney in 1, hydro-nephrosis in 2.

1 had urgent scan on day 1, which revealed mild calyceal fullness in absence of RPD.

10 were started on trimethoprim prophylaxis. At six months, prophylaxis was stopped in 7, continued in 1 and not specified in 2.

Conclusions In B/L RPD, targets for prophylaxis were met in 96.4%, and in 100% patients for urgent scans. No cases on posterior urethral valves were diagnosed in the study period.

In U/L RPD, targets for scan were met in 100% and 91.6% for antibiotic prophylaxis.

To improve compliance with prophylactic antibiotics, our Trust patient information leaflet on RPD is modified to add information on antibiotic prophylaxis and more stringent measures are taken to update the neonatal team about antenatal diagnoses.

325 ASSESSING THE IMPACT OF BLENDED OUTREACH AND TELEMEDICINE PAEDIATRIC NEUROLOGY SPECIALIST SERVICES IN MYANMAR

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Background Myanmar has an improving health picture with significant reductions in neonatal and paediatric mortality. However, there remain significant regional variations in specialist expertise and care. Regarding the paediatric neurology services, there are only 11 paediatric neurologists for a paediatric population of about 14 million children (26% of the total population). Children in Myanmar's rural communities, 70% of the total population, live in conditions which both drive the neurological burden and limit access to effective treatment.

Recognising the burden and barriers to specialist services, we present evidence from an expanding programme of blended outreach and telemedicine with the overall aim of increasing the number of children in remote areas who gain access to specialist neurological assessment and treatment.

Objectives This study aimed to assess the scope and impact of those outreach and telemedicine paediatric neurology specialist services.

Methods The outreach clinics were of a two-stream model with face-to-face consultations by up to three paediatric neurologists from Yangon. This service was supplemented using telemedicine clinics and mobile instant messaging applications for follow up and any emergency problems between individual outreach clinics.

Whilst most children were seen on an outpatient basis, the visiting specialist also saw admitted children with neurological problems during outreach clinic visits providing an expert opinion. Continued medical education activities were also conducted for local doctors and nurses. Data including patient