congenital heart disease has a low recurrence risk. However, left sided obstructive lesions, e.g., critical AS, have a greater recurrence risk and specific gene abnormalities are well documented. Furthermore, these lesions are more likely to be clinically silent with acute, severe presentation at the time of closure of the ductus. Our experience has demonstrated that the pick-up rate for all infants with a family history of CHD is relatively low and our survey demonstrated that many clinicians are not reviewing patients in a timely manner. We recommend selective screening by postnatal echo of patients with a family history of congenital heart disease in the context of a normal detailed fetal anomaly scan and a normal NIPE examination to include only those infants with a family history of CHD with a high recurrence risk.

### G417(P) OUTCOMES OF POSTNATAL WARD HEART MURMURS AT A TERTIARY NEONATAL UNIT WITH A PAEDIATRICIAN WITH EXPERTISE IN CARDIOLOGY

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Background Heart murmurs are commonly detected at the Newborn Infant Physical Examination (NIPE). Routine use of antenatal and pulse oximetry screening means isolated murmurs are unlikely to be due to missed critical Congenital Heart Disease (CHD). We have developed a local guideline for assessment and follow up of these babies and share our experience of this service.

Aim To assess the outcomes of neonatal heart murmurs detected on routine NIPE and review utilisation of neonatal and PEC (Paediatrician with Expertise in Cardiology) clinics.

Methods All babies with murmurs on NIPE over one year (July 2015–June 2016) were retrospectively identified from the NIPE Smart system. Data was gathered from electronic and paper hospital records. All babies had follow-up outcomes for minimum 6 months. Babies with antenatal CHD diagnosis or having NICU admission were excluded.

Results Out of about 6000 deliveries, 139 patients had murmurs detected (50.4% Male). 96 murmurs were noted at <24 hours of life. 132 babies (95%) had pulse oximetry, of which 3 were abnormal. 134 (96%) had inpatient middle-grade/consultant review. All ECG (5 patients) and CXR (2 patients) were normal. Five patients had in-patient echocardiograms (three normal and two showed Ventricular Septal Defects (VSD)). 53 patients (41%) had murmur at discharge, of which 51 were referred to neonatal clinic, seen at average 5.5 weeks from discharge. Of these 51 patients, 13 still had murmur in clinic; Five had murmur resolution under neonatal follow-up, three are under neonatal follow-up with persisting murmurs (two had echocardiogram showing small muscular VSDs) and five were referred to PEC clinic. These five patients were seen in PEC clinic on average 11 weeks from referral. Three were discharged following normal echocardiograms, one referred to paediatric cardiology and the 5th remains under PEC follow-up.

Conclusion Most murmurs in neonates with normal pulse-oximetry are innocent, only 4% diagnosed with underlying CHD.

CXR and ECGs have little role in the routine investigation of isolated neonatal murmurs. The current department referral pathway is working well with only 10% of referrals to neonatal clinic requiring PEC clinic referral, thus optimising PEC clinic utilisation.

### G418(P) AN AUDIT EXAMINING PATIENT FLOW AND THE CURRENT DEMAND PLACED ON A JOINT PAEDIATRIC CARDIOVASCULAR CLINIC

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Background and Aims With a 51% increase in demand for paediatric cardiology services from 1989 to 1994 [Arch Dis Child 2006;91:11 892–895], a major recommendation of the Paediatric Congenital Cardiac Service review was that a cardiologist from the tertiary centre and the local clinical lead should join to hold outreach clinics, reducing the major strain on tertiary treatment providers. As such, a 61% increase in outpatient clinics over 5 years was reported by Wagstaff et al. [Heart 1998;79:223–224]. It is key that these joint clinics provide the same high standard of care as otherwise provided; thus, the aim of this audit was to ensure that this bi-monthly joint-consult provides that, and to study the demand currently placed on it.

Methodology 238 patients scheduled to attend the clinic over 4 months from December 2015 to March 2016 were studied retrospectively from patient records, using a pro forma to examine ‘Did not attend’ (DNA) rates, referral routes, requested outcomes vs actual outcome, investigations undertaken etc.

Results 36 patients were overbooked, with a higher-than-average DNA rate of 25.63%. 212 patients attended for routine follow-up appointments, with 40.66% of patients being seen by a Paediatrician with expertise in cardiology (PEC), and 43.96% seen by a cardiologist. 29% of patients attended had a simple congenital defect, while 17% had a complex congenital defect. 70% of patients were requested to follow-up in the same clinic; 25 fewer patients than requested returned to the clinic between 1–12 months, while 3 patients more than requested returned to clinic >24 months later than their previous appointment. 42.94% of patients seen had an ECG, and 75.71% an Echocardiogram.

Conclusions Although there is a sufficient level of care with a high number of investigations being carried out, this clinic is highly overbooked, predominantly due to the excessive DNA rates and the fact that few patients are discharged back to the PEC. There is an urgent need for more joint-clinics.

### G419(P) PARENTAL AWARENESS OF RECURRENT RISK FOR CONGENITAL HEART DISEASE

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Background and aims The purpose of this study was to assess parental awareness of increased risk for congenital heart disease (CHD) in future pregnancies having had a child with CHD.

Methods Using a questionnaire, parents of 21 consecutive children with an antenatal diagnosis of CHD were asked whether they knew that they had an increased risk in future pregnancies; those who were aware were asked how they had heard about this.

Results The parents of 12 patients (57%) had been informed about the increased risk, mostly at their Paediatric Cardiology appointment. The percentage of positive replies was higher after the age of 1 year (77% vs 25%).