haemorrhage. Adverse outcomes have also been reported in New Zealand and in the United Kingdom among predominantly breast-fed infants whose parents refuse Vitamin K.

Conclusion IMI injection remains the most reliable and recommended mode of administering vitamin K to newborns, however, some parents refuse to consent to Vitamin K prophylaxis, even in recent years. A broad awareness and education campaign is needed to prevent infant deaths due to VKDB.

I12 USING A SURVEILLANCE METHODOLOGY TO ESTIMATE THE INCIDENCE OF TRANSITION FOR YOUNG PEOPLE WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) REQUIRING ONGOING SUPPORT FROM CHILD TO ADULT SERVICES

[1]H Eke, [1]A Janssens, [2]RM Lynn, [1]T Ford. *[1]University of Exeter Medical School, Exeter, UK; [2]British Paediatric Surveillance Unit*

10.1136/archdischild-2018-rcpch.480

Aims The surveillance study is one stream of the ADHD in transition between children's services and adult services (CATCh-Us) study and is run in collaboration with the British Paediatric Surveillance Unit (BPSU) and the Child and Adolescent Psychiatry Surveillance System (CAPSS) across the United Kingdom. It aims to quantify the need for young people with ADHD to transition from children's to adult services, describe this group of young people, estimate the proportion that successfully transition and describe the proportion experiencing optimal transition.

Methods Starting in November 2015 for 13 months, paediatricians and psychiatrists registered with BPSU/CAPSS (n=4500) reported monthly any patients seen with a diagnosis of ADHD, within 6 months of the age boundary of the service, requiring transition to an adult service to continue their ADHD treatment and supervision. All clinicians reporting a case received a questionnaire to confirm eligibility and to gather further information. A follow up questionnaire was sent nine months after notification of an eligible case to establish the details and outcome of the transition.

Results 228 eligible cases were reported via BPSU and 138 via CAPSS, with initial questionnaire response rates of 91% and 67% respectively. Follow up questionnaire response rates were 67% and 60% respectively. There were no duplicate cases reported across both systems. Preliminary results indicate poor transition processes with less than 25% of clinicians holding a transition planning meeting, only 25% having a handover period and less than 50% having the referral to an adult service accepted; 50% were referred to a specialist adult ADHD service and 12% to primary care.

Conclusion Results indicate that patients requiring transition are not experiencing a smooth or successful process. The effectiveness of using a surveillance study methodology to estimate the incidence of transition is reported, as well as study findings. It is likely that results are an underestimate of the incidence of cases requiring transition to an adult service; it relies on clinicians reporting regularly and accurately, not all clinicians treating ADHD patients are registered with BPSU or CAPSS, and patients can be seen by other professionals not reporting via these systems.

Funding acknowledgement This project was funded by the National Institute for Health Research – Health Services and Delivery Research programme (project ref: 14/21/52)

I13 FEMALE GENITAL MUTILATION (FGM) SURVEILLANCE IN UNDER 16 YEARS OLDS IN THE UK AND IRELAND

[1]N Ayadi O'Donnell, [2]K Pall, [2]M Leoni, [3]G Debelle, [4]RM Lynn, [5]A Armitage, [5]SM Creighton, [6]R Viner, [5]D Hodes. *[1]Department of Paediatrics, Whittington Hospital NHS Trust, London, UK; [2]Research and Policy Division, Royal College of Paediatrics and Child Health, London, UK; [3]Dept of Paediatrics, Birmingham Women and Children's Hospital NHS Foundation Trust, Birmingham, UK; [4]British Paediatric Surveillance Unit, Royal College of Paediatrics and Child Health, London, UK; [5]Department of Paediatrics, University College London Hospitals NHS Foundation Trust, London, UK; [6]Institute of Child Health, University College London, London UK*

10.1136/archdischild-2018-rcpch.481

Aims Female genital mutilation (FGM) is the name given to procedures that involve partial or total removal or other injury to the female genitalia for nonmedical reasons. This study describes the presentation, incidence and clinical management of children with FGM in the UK and Republic of Ireland (ROI).

Methods Cases of FGM were reported using the established national British Paediatric Surveillance Unit (BPSU) reporting system. The data period is from November 2015-November 2017 with a 12 month follow up.

Results These interim results are from 120 cases reported (November 2015-September 2017). 61 (51%) had confirmed FGM, 18 cases were reported in error or were duplicates, 36 questionnaires were incomplete [5 did not meet case definition]. 48% (n=29) of the 61 confirmed cases were classified as type 2.

In over 72% of the 61 cases, the parent disclosed child's history of FGM. At the time of diagnosis, 80% of children (n=49) were four years or older (11 cases not recorded). Most children were diagnosed between 5 years and 10 years 11 months (n=27) or 11 years and 15 years 11 months (n=20) with 3 cases diagnosed between 0 and 4 years 11 months. In 51% of cases FGM was said to have been performed when the child was between 0 and 3 years (n=31). 93% (n=57) were performed before arrival to the UK.

13% (n=8) of children had medical symptoms attributed to FGM, with 7% (n=4) of children identified to have mental health symptoms relating to FGM. No children presented with a history of labiaplasty or genital piercing.

Conclusion Numbers reported were lower than expected for UK estimated prevalence with fewer physical and mental health symptoms than anticipated. Further information is needed to determine illegality under UK law. These findings should be used to educate health, social care, police and education on prevention programmes to influence national policies.

Funding Department of Health England.