b. Patients who underwent primary closure had significantly shorter times to first feed and a shorter duration of parenteral nutrition.

This study describes our practice and contributes to the growing pool of data regarding gastroschisis. In the absence of consensus, this may aid management decisions and reduce adverse outcomes.

### Child Protection Special Interest Group

**G142**  
**FEMALE GENITAL MUTILATION SURVEILLANCE IN UNDER 16 YEARS OLDS IN THE UK AND IRELAND**

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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 (n=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 help influence national policies.

### Head Trauma in Under 2’s – Accidental vs Inflicted?

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Aims: There are conflicting findings from outbreaks of child abuse in terms of age at presentation. It is known that younger children have a higher risk of inflicted injury. Aim: To establish whether cases of head trauma in under 2s in our unit were inflicted or accidental. Methods: All cases of head trauma in under 2s at our unit were reviewed from 2014 to 2017. These were compared with population demographics. A matched control group was used with the same age range and sex ratio. Results: There were 11 forensic cases of head trauma. 9 were inflicted and 2 accidental. 5 were associated with inflicted with one accidental. This was a significant finding (P<0.01). Conclusion: There is a significant difference between inflicted and accidental presentation in under 2s. Further research is needed to determine if a specific population is at higher risk of inflicted injury.