Abstract G199(P) Table 1

<table>
<thead>
<tr>
<th>Median (range) duration of IB (seconds)</th>
<th>Median (range) duration of SI (seconds)</th>
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<td>2.2 (1.3-3.8)</td>
<td>15.3 (11.5-22.0)</td>
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The median error for IB was -0.8 s, that is, on average, each inflation was 0.8 s too short and for SI the median error was +0.34 s, that is, on average, each inflation was 0.34 s too long. The magnitude of error was significantly higher for IB than SI (26% versus 5.7% respectively, p=0.001).

To further compare the variability in the two techniques the IB results were divided by three and the SI results by 15. The interquartile range for IB was 0.59 s and for SI was 0.25 s, demonstrating much closer clustering of results around the median for the SIs (Table 1).

Conclusions A fifteen second SI was delivered more accurately than three second inflation breaths by neonatal doctors using a mannequin. Studies of neonatal resuscitation should examine the accuracy with which the techniques are applied.

REFERENCES
1. (UK) RC. NLS Guidelines (Resuscitation Council). resus.org.uk

G200(P) PARENTAL VIEWS ON ATTENDING WARD ROUNDS IN A NEONATAL INTENSIVE CARE UNIT

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Aim The National Neonatal Audit Project will collect data on whether a parent attended a ward round during their baby’s admission to a neonatal unit. The aim of the current study was to explore whether parents wished to attend ward rounds and if they did attend had they found it useful.

Method One interviewer approached parents of babies who were current inpatients in our NICU during June-August 2017. Questions included basic demographic data, the time and cost incurred in travelling to the unit, what information parents received about the ward rounds, had they attended ward rounds and what was their experience. In addition, they were asked if they wanted more or less access to ward rounds, were there issues of confidentiality and what other sources of information they had accessed. There was also an opportunity for parents to offer any other comments.

Results Twenty of 21 parents approached agreed to be interviewed. The median (range) age of their babies was 14 (3–123) days, and median (range) length of stay was 10 (3–123) days. Seventeen were able to identify a nursing handover or doctors’ ward round. Fifteen had attended at least one ward round; the mean score was 4.5 out of 5 in terms of usefulness. Thirteen of fifteen described the experience positively. Eighteen said they would like to attend at least one ward round per day, but one commented that the nursing updates were sufficient. Regarding confidentiality, seventeen were ‘not bothered’ if other people overheard information about their baby, however some mentioned that if the news was bad, they would not want other people to overhear it. Other sources of information were the internet (n=14) and talking to other parents on the unit (n=18), often in the expressing room.

Conclusion Parents recognise the importance of the ward round in making a treatment plan for the day and are keen to hear this at the time it is made. A minority, however, preferred to have an update from the nursing staff.