G199(P) COMPARING THE ACCURACY OF DELIVERY OF A SUSTAINED INFLATION TO INFLATION BREATHS ON A NEONATAL MANNEQUIN

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Aims The Neonatal Life Support (NLS) guidelines currently recommend delivery of five inflation breaths (IB) each lasting two to three seconds.¹ In practise, however, doctors often fail to deliver the recommended duration.² There has been increasing interest in delivery of a sustained inflation (SI=15 s) as initial resuscitation of prematurely-born infants. Our aim was to investigate how accurately neonatal doctors could deliver an SI compared to IB using a resuscitation mannequin.

Methods Doctors were invited to deliver five IB (each five seconds in duration) and a fifteen second SI to a neonatal mannequin. A respiratory function monitor was used to assess the duration of the inflations. Recordings were made after the doctors had the opportunity to practise using the equipment and delivering an SI. All were trained in NLS.

Results Twenty four doctors took part in the study.

Abstract G199(P) Table 1

Median (range) duration of IB (seconds)	Median (range) duration of SI (seconds)
2.2 (1.1–3.8)	15.3 (11.5–22.0)

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

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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.

G201(P) EXPLORING NEW WAYS OF WORKING IN THE NEONATAL UNIT

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Aim This project has been commissioned by the London School of Paediatrics/Health Education England to explore new ways of working within neonatal units across London with an aim to provide collaborative recommendations on ways to reduce the dependence of service delivery on the paediatric medical workforce by providing a more stable, mixed, neonatal workforce. Workforce issues are not limited to medical rotas; review of national and local data has found that there is a considerable vacancy across the different professional groups nationally and within London. There is a paucity of qualified in speciality (QIS) nurses and a wide variability in the availability of enhanced and advanced roles in neonatal nursing.

Method Common workforce and service delivery issues already acknowledged by professional bodies were identified during site visits and semi-structured interviews with over half of the London neonatal teams.

Results Units spoke of developing different roles which may support the workforce and these have been explored further. It was clear to see a variance in how units have developed operationally to deliver care. Factors have been identified which have a direct impact on the workforce such as: medical and nursing vacancies, culture, transitional care, admission