infants admitted to the unit on their first feed, during their admission, and on discharge.

We report the evolution of the type of feed received by the infants during their unit stay. Correlation between gestational age, birth weight, and type of feed on the first feed, and that on of discharge was also detailed.

Unit IT patient data revealed 150 cases. 37 of whom were re-admissions, 3 were kept NPO, leaving 110 patients in total.

Comparison of the type of first feed versus the type of feed on discharge, reveals a significant drop in the amount of exclusively formula fed infants going from 69% to 47%.

50% were discharged home on formula, 8% of those formula fed on discharge were fed some mother’s milk during their unit stay. 20% of infants who received formula on first feeds were receiving exclusive breastmilk on discharge. 25% infants were discharged on combined mother’s milk and formula feeding.

The amount of infants receiving mother’s milk exclusively remains consistent from the time of their first feed to when they are discharged from the unit (26% compared to 27%).

Of the 29 infants who were given mother’s milk on their first feed, 59% were fed exclusive mother’s milk on discharge. A relatively small (14%) number of these were receiving all exclusive mother’s milk feeds throughout their admission, and on discharge.

Infants who received breastmilk only or formula only as their first feed and were discharged on combined feed, the infants who were fed formula on their first feed make the bulk of that increase in the combined feed category on discharge.

Out of the 36 infants with a birth weight under 2000 g who received formula as their first feed, 3 infants received regular formula feeds thereafter. The other 33 infants (91.67) received preterm formula regardless of their gestational age. This compliance rate of the nutritional guideline needs further improvement.

Overall we see the benefits of the unit’s nutritional guideline to promote mothers expressing milk and establish direct breastfeeding in the moderate to late preterm infants. Antenatal lactation support is important in optimizing the breastfeeding rates further in this patient group.

**Introduction** In Temple Street Children’s University Hospital, we care for more than 150,000 Children per year, leading to numerous venepuncture and intravenous cannula insertion carried out by NCHDs in hospitals.

**Aim**
- To improve the work productivity by reducing errors and preparation time
- To evaluate how does a checklist affect current practice

**Methods**

This is a 2-week pilot study where all NCHDs are given an ID card size of venepuncture and intravenous cannula checklist. These cards are non tearable paper material and can be added on lanyards. At the end of the two weeks, NCHDs gave their feedback with the checklist. All data was anonymised, collated and analyzed.

**Result** Despite a small number of feedback of 10. All NCHDs feedback agreed that the card was useful. It was found that it makes the process less time consuming, eliminating errors and encourages safe practice. Further suggestions from the NCHDs include, having it available on a treatment tray, treatment room and having a PDF version available on a mobile phone.

**Conclusion** This study showed an initial positive feedback from all NCHDs. It shows simple measures help to eliminate errors and increase work productivity. Our next steps will hope to bring this forward to other hospitals.