Appropriate and timely discussions with network cooling centre will be triggered with the use of the pathway and documentation of essential information, including a uniform neurological assessment, is ensured. Communication between local teams, cooling centres and with parents will also be clearly documented with the pathway.

This pathway has been accepted and rolled out for use within the London neonatal network and a post-implementation review will be carried out.

British Association of General Paediatrics

746

CONSEQUENCES OF DELAYED PRESENTATION OF IRON DEFICIENCY ANAEMIA DURING THE COVID PANDEMIC

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Background Anaemia affects roughly a third of the world's population; half the cases are due to iron deficiency. It is a major and global public health problem that affects child morbidity and mortality. Children aged 0–5 years are particularly at risk.

Treatment strategies include prevention, through food fortification and iron supplementation, and early detection.

Objectives We present two cases with an insidious presentation and complications of iron deficiency anaemia. We highlight a need to do more to educate parents and carers on the importance of not delaying in seeking medical care, during the current pandemic, as in both cases parents did not feel safe to contact services sooner.

Results

	Case 1	Case 2
Age	29 months	14 months
Sex	female	female
Ethnicity	Asian	Asian
Weight (centile)	11 kg (9th–25th percentile)	9.6 kg (50th percentile)
Symptoms	Pallor, fatigue and hypoactivity	Pallor, fatigue and hypoactivity
Haemoglobin (gram/l)	25	15
Haematocrit	0.122	0.065
MCV	49	49
Red cell count (*10 ¹² /L)	2.21	1.34
White cell count	11	9.7
Platelet count	843	214
Reticulocyte count	30	29
Ferritin (microgram/l)	< 2	< 2
VitaminB12 (nanogram/L)	947	912
Folate (microgram/L)	15.9	14.8
Chest X-ray	cardiomegaly	cardiomegaly
Echo cardiogram	normal	normal
Celiac antibody	negative	negative
Haemoglobin A2	1.4%	1.3%
Haemoglobin F	0.9%	1.1%

Methods Two cases aged 14- and 29-months-old Asian (Indian) girls who presented to the Emergency Department, with severe pallor, tiredness and lack of activity/energy. History revealed that both had been pale for several months; however, parents were hesitant to seek medical advice because of the fear of exposure to corona virus infection.

Full blood count (FBC) showed haemoglobin levels of 16 and 29 g/l respectively.

Other causes like haemoglobinopathy, malignancy and infection were excluded, and the diagnosis of Iron deficiency anaemia was confirmed.

They both had received blood transfusion which was easily avoidable. Fortunately, they were not showing any signs of high output cardiac failure and after four days they were discharged home safely.

Results

Conclusions Delayed presentation of easily preventable health issues is clearly still a problem, during the current pandemic, despite efforts made by health organisations. The message needs to be reiterated and further steps need to be taken towards health education and public orientation through different multimedia messaging to encourage people to seek medical advice early when needed. Due to the long-lasting nature of this pandemic, minor problems that may not have been concerning a year ago may now manifest, if left untreated, as serious, or critical illness. It is our collective role as paediatricians and health care professionals to help prevent this occurring.

British Association of Perinatal Medicine and Neonatal Society

747

REVIEW OF PRACTICES AROUND PERINATAL SENTINEL EVENTS OF PRETERM BABIES WITH SEVERE NEUROLOGICAL INJURY IN A SINGLE TERTIARY CARE CENTRE IN CANADA

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Background Preterm infants born <33 weeks gestational age (GA) are at risk of intraventricular hemorrhage (IVH) and periventricular leukomalacia (PVL) in the early perinatal period. Grades 3 and 4 IVH and PVL are considered severe neurological injury (SNI) and the prevalence of neurodevelopmental disability in survivors is high.

Objectives This project aims to analyze practices and trends over a 10 years span, around major sentinel events, which are known to have contributory role in causality of SNI in preterm babies, in a single tertiary care, level 3 NICU with a higher rate of SNI compared to the national annual rates according to the Canadian Neonatal Network (CNN).

Methods The nation-wide Evidence Based Practice for Improving Quality (EPIQ) Guidelines have an enlisted set of sentinel events with levels of recommendations spanning multiple disciplines, to reduce the SNI in this population. We assessed practices around each antenatal, intrapartum and early postnatal sentinel event. A total of 42 sentinel