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

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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

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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 peri-natal 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

events were analyzed in a retrospective cohort of babies who were born <33 weeks and went on to have SNI. These babies were born between January 1, 2010 to December 31, 2019. Antenatal events reviewed were steroids, presence of chorioamnionitis or abruption; intrapartum events like MgSO₄, mode of delivery, fetal bradycardia. Postnatal events looked into were resuscitation, intubation, pain and temperature management, hemodynamic and ventilation strategies and hematological parameters like platelet count and sodium levels, till 72 hours of life. Babies with major congenital anomalies, antenatally diagnosed brain injury, and infants transferred after 72 hours of life were excluded.

Results Of the cohort of 134 babies that met inclusion criteria, 31.1% are outborn and 50% are ≤26 weeks. The median SNAP II score was 21. Through the 10 years, outborn babies were consistently seen to have significantly low incidence of antenatal steroids (p 0.001) and MgSO₄ (p 0.001) and were more likely to become hypothermic (p 0.017) or need multiple intubation attempts at delivery (p 0.009). The ≤26 weeks cohort who went on to incur a SNI, were significantly more likely to be hypernatremic (p 0.001), hypercarbic (p 0.010) with acidosis (p 0.013) requiring bi-carbonate infusion (p 0.002) and inotropic support (p 0.015). The rates of delayed cord clamping (DCC) could not be commented on as the documentation was variable with different definition of 'delayed' being used throughout the province.

Conclusions This study sheds light on practices carried out in a particularly populated province in Canada and highlights potential areas requiring focus so as to improve rates of SNI in this unit. It also aims to address areas to improve documentation like DCC in the CNN database. Timely maternal transfer to tertiary care and enhancing perinatal care in referral centers, specifically increasing use of MgSO₄ and reducing hypothermia, remain a priority in this province. Among infants <26 weeks higher rates of hypernatremia and hypercapnia were identified as somewhat modifiable risk factors associated with SNI. Considering half the cohort was >26 weeks, it is crucial to improve adoption of evidence-based neuroprotective strategies for all infants <33 weeks GA.

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NICU ADMISSIONS FOR HYPOGLYCAEMIA DURING THE COVID-19 PANDEMIC AFTER CHANGES TO PRACTICE IN DIAGNOSIS OF GESTATIONAL DIABETES

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Background Hypoglycaemia is a leading cause of admissions to neonatal units. A major risk factor for neonatal hypoglycaemia

is maternal gestational diabetes mellitus (GDM). Since 2013, diagnosis of GDM in the UK has relied upon the oral glucose tolerance test (OGTT) at 28 weeks of pregnancy. In response to the COVID-19 pandemic, however, guidance released by the Royal College of Obstetricians and Gynaecologists [RCOG] (2020) advised replacing OGTT with alternative measures such as HbA1C and random blood glucose (RBG) measurement.

Objectives 1. Compare the number of neonatal admissions for hypoglycaemia to a level two unit before and during the COVID-19 pandemic.

2. Detect differences in diagnostic modalities used for gestational diabetes in mothers of newborns admitted with hypoglycaemia before and during COVID-19.

3. Compare outcomes of neonates admitted with hypoglycaemia before and during COVID-19.

Methods Neonates admitted with hypoglycaemia to our unit during two time periods - April to August 2019 and April to August 2020 - were identified using an online portal and formed the two groups for auditing. Maternal and neonatal health records were then retrospectively reviewed to determine: (1) the presence of risk factors for GDM during pregnancy among mothers of neonates in both groups, and (2) the diagnostic methods for GDM performed in mothers of neonates in each group. We further collected data on selected outcomes for neonates, including length of stay, IV glucose delivery, umbilical venous cannulation (UVC) and parenteral feeding, in both groups.

Results The number of neonatal admissions with hypoglycaemia to the unit doubled during the COVID-19 pandemic (group 2 [n=32] vs group 1 [n=17]). Fewer newborns admitted during COVID-19 had a mother with a diagnosis of GDM (group 2 [15.6%] vs group 1 [23.5%]) despite mothers of newborns in this group being more likely to be at risk for GDM (group 2 [69.6%] vs group 1 [64.3%]). In all, less OGTTs were performed in mothers of neonates admitted with hypoglycaemia during COVID-19 than before (group 2 [31.3%] vs group 1 [35.3%]) and HbA1C and RBG measurements were more likely to be performed (group 2 [25%] vs group 1 [0%] and group 2 [15.6%] vs group 1 [11.8%], respectively). Nevertheless, median length of admission for newborns was shorter during the COVID-19 pandemic (group 2 [4 days; IQR 2–16] vs group 1 [7 days; IQR 3–11.5]) and the proportion receiving treatments such as intravenous glucose did not increase [53.1% vs 58.8%]).

Conclusions The number of admissions to NICU of newborns with hypoglycaemia increased considerably during the COVID-19 pandemic. This rise is likely, at least in part, to reflect missed diagnoses of GDM in pregnancy, resulting in less access to treatment for mothers and delays in identification of newborns at risk for hypoglycaemia. As there exists some overlap among our COVID-19 group as to when changes to maternal screening for GDM were introduced and when OGTT was still in use, we have extended this study and further data collection is underway which may reveal greater differences between our groups.