- Only 53% of the babies had feeding commenced within one hour after birth
- 50% of the babies did not receive 200mg/kg of 40% Dextrose gel
- 25% of the babies in blood glucose 1–1.9 mmol/L group and 50% in severe hypoglycaemia group (blood glucose <1 mmol/L) were not screened for hypoglycaemia
- Sepsis was not considered in 37% of the cases
- Documentation (feeding regime, indication for blood glucose monitoring) needs improvement
- Hyperinsulinism was considered in 100% of the cases
- 100% of the severe hypoglycaemia group had blood glucose checked within 30min

Conclusions Overall there was good adherence to the guideline

Areas of improvement were identified in particular relating to starting feeds within an hour after birth for high risk cases and the use of 40% dextrose gel. These issues are dealt in the postnatal ward. So, we presented the data to the Maternity governance team for the education of midwives.

Hypoglycaemia screening and sepsis was not considered in few cases so we have put the guideline as the lesson of the week with reminders at the safety huddle. We are planning to re-audit in 6–12 months

British Association of Perinatal Medicine and Neonatal Society

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INVASIVE FUNGAL INFECTION AMONG OUTBORN BABIES ADMITTED TO A TERTIARY CARE NEONATAL UNIT IN KOLKATA – A CASE SERIES

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Background Invasive fungal infections are a major cause of morbidity & mortality in neonatal intensive care units. Invasive fungal infection can have catastrophic consequences especially in the premature and extremely low birth weight babies. Candida species are mostly incriminated and some times difficult to treat with conventional antifungals even in presence of in-vitro sensitivity. Candidemia carries a mortality rate exceeding 25% in most of the studies.

Objectives To describe a series of invasive fungal sepsis, we encountered at our NICU in June 2019 and their epidemiology, clinical pattern, management difficulties, short term complications and outcome.

Methods Type of study: Retrospective hospital based case series.

Period of study: One month (June 2019)

Total no of cases: 6

Results

Clinical & laboratory features:

Out of 40 cases of neonatal admission, invasive fungal infection were present in 6 (15%), all caused by Candida tropicalis. Most of the babies had late onset sepsis except one who had early onset fungal sepsis. Among them preterm were 4 (66.7%), Low birth weight were 4 (66.7%) and 4 (66.7%) were male.

Mode of delivery – normal delivery in 4 (66.7%) & LSCS in 2 (33.3%)

3 babies were born vaginally following premature rupture of membrane & history of birth asphyxia were present in 2 babies

Clinical features documented were abdominal distension-4 (66.7%), sclerema -2 (33.3%) bilious vomiting -4 (66.7%), hepatosplenomegaly-2 (33.3%), shock - 3 (33.3%), gastro intestinal bleeding -2 (33.3%), hematuria -1 (16.7%), meningitis -1 (16.7%) and neonatal jaundice in all the cases.

Laboratory features showed sepsis screen with blood culture positivity, conjugated hyperbilirubinemia and thrombocytopenia in all cases. Hyperglycemia in 4 (66.7%) and recurrent hypoglycaemia in 1 (16.7%). Urine showed budding yeast in 2 (33.3%) and ultrasound confirmed renal involvement in 1 (16.7%).

Treatment & outcome:

All the babies received supportive treatment. All except 2 received broad spectrum antibiotics for more than 7 days. We have treated 4 babies successfully with liposomal amphotericin B. Antifungals were given for 3 weeks. Most of them except one received blood product transfusion.

One baby developed drug induced hepatitis which resolved spontaneously after withdrawal of the drug and some developed mild fall in hemoglobin, none had derangement of kidney function.

In our study, 2 babies died [mortality rate- 33%] within 48 hours of NICU admission despite our best effort and they had received Fluconazole empirically. Their blood culture later grew Candida tropicalis sensitive to both Fluconazole and Amphotericin B.

Conclusions Babies with fungal sepsis are difficult to manage. Treatment is mostly delayed as the definite diagnosis is most often difficult to establish and the drug is very toxic precluding its empirical use. We present six cases which highlight our own observation in clinical practice including four babies who were treated successfully with liposomal amphotericin B. Invasive candidiasis can be detrimental in neonates. Clinical suspicion, early diagnosis and prompt and complete treatment is the key to success.

Paediatric Educators' Special Interest Group

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PAEDIATRIC TRAINEES' TRAINING EXPERIENCES DURING THE COVID-19 PANDEMIC: A NATIONAL SURVEY

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Background There is a paucity of published data exploring the opinions of UK paediatric trainees as to the impact of COVID-19 on their training and education.

Objectives This study aims to explore paediatric trainees' education and training experiences during this period.

Methods An online survey open to all UK paediatric trainees between May and August 2020 captured quantitative data alongside qualitative data by critical incident technique open questioning. Positive and negative training experiences related to