practice which allows infants with cord gases between pH 7.00–7.05 to be monitored in transitional care, rather than being admitted to NICU, has been made. This represents an effective trade-off between clinical safety and promotion of neonatal-maternal bonding.

British Association of Child and Adolescent Public Health

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PROVAC MOVEMENT-PROMOTING CONVERSATIONS ON VACCINE SAFETY

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Background Despite the overwhelming health benefits of vaccination some choose not to vaccinate due to concerns about their safety. Vaccine acceptance is a spectrum from complete acceptance to complete rejection with varying levels of hesitancy in between. While most people in United Kingdom have high level of confidence in vaccines and immunisation, there is a small population of families who are vaccine hesitant. Vaccine hesitancy has been described among the top 10 Global Health Care threats in 2019. Effective interactions between Health Care Professionals (HCP) can increase vaccine confidence and uptake.

Objectives What is the prevalence of vaccine related concerns in mothers attending antenatal clinics within our hospital?

Can education and awareness sessions for families improve their confidence in vaccine safety?

Can bespoke training and awareness sessions for HCP improve their confidence in having conversations on vaccine safety with vaccine hesitant families?

Methods

- 147 questionnaires filled by antenatal mothers asking them about vaccine confidence and specific vaccine related concerns were analysed
- 11 Bespoke 'vaccine safety' sessions for both HCP and families were undertaken. Vaccine confidence pre & post sessions were analysed.
- Following positive results of the above sessions we are broadening our scope further with help from the Regulation and Quality Improvement Authority and Public Health Agency Northern Ireland through creation of education resources.

Results

- Majority of mothers had no concerns about vaccines (86%) with commonest concerns being 'fever and allergic response' and 'link between MMR and autism'
- 11 'Vaccine safety & having conversation' sessions attended by 113 multidisciplinary HCP and 32 families significantly increased their confidence in the above area with greatest increase in post score confidence in Nursing & Medical students. Highest post score confidence was among General Practitioners

Conclusions Majority of families are confident about vaccine safety.

Educational sessions for families and HCP increased confidence in vaccine safety with greatest increase in confidence in Medical and Nursing students.

Funding has been obtained from the Regulation and Quality Improvement Authority in Northern Ireland to create educational resources including training videos for HCP offering top tips on having conversations with vaccine hesitant families.

Posters and infographics with sound bite information are created and disseminated through our core team and identified Champions within 2 further Health and Care Trusts in Northern Ireland.

Following the success of the above information sessions, we are collaborating with The Regulation and Quality Improvement Authority and Public Health Agency Northern Ireland to increase our scope and have identified champions within 2 other Health Trusts in Northern Ireland.

Our ultimate aim is to make 'Provac movement' a national initiative focused on promoting conversation on vaccine safety in a non-judgemental and respectful manner.

British Society for the History of Paediatrics and Child Health (ePoster presentations only)

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FOSTER CARE AT THE NURSERY AND CHILD'S HOSPITAL 1869–1934

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Background In 1854, a group of women established The Nursery and Child's Hospital (NCH) in New York City.

Given the slower progress of advances in treatment offered at the time, focus within the hospital turned instead to preventative action. Paediatricians and public health reformers united in opposition to institutionalised childcare. Instead, they encouraged maternal education surrounding infant feeding and childhood development norms.

Eventually, emphasis shifted to securing a 'home-life' for every child, resulting in a national investment in foster-care. Several organisations set up their own systems of placing children in homes. These were both praised and condemned by contemporary examination. More recent criticism of the larger organisations, through the perspectives of the children themselves, has revealed hundreds of incidences of neglect and abuse in these foster-homes.

Objectives

- To situate the NCH's history within the wider American child welfare movement
- To examine the role of overlooked institutions in the Western foster-care movement
- To evaluate the NCH's Boarding-Out Department at the NCH in comparison with other foster-care systems

Methods First, I researched the American child welfare and Western foster-care movement by reading relevant secondary literature to gain an overview whilst also looking for gaps regarding the role of institutions.

Next, I examined the material at the New York Historical Society and Weill-Cornell archives to gain an understanding of the NCH, whilst contextualising its decisions using the secondary literature and discriminating material relevant to foster-care for inclusion.

Finally, I compared the NCH's approach to foster-care with the wider movement. Using contemporary criticisms, I made

value judgements on the institution's work in this field by comparing it to successes and failures of other systems.

Results Following considerable lobbying against institutionalised childcare, the NCH retreated to a temporary refuge, rather than a permanent residence for children. A new national emphasis on 'home-life' caused the NCH to expand its community work, particularly with regards to placing children in foster-homes using its Boarding-Out Department.

The NCH emphasised the importance of rural environments, a concept rooted in the miasmatic theory of disease, ('bad air' caused illness) and eugenic theories (that physical and moral degeneration was caused by urban filth). By sending children away from the city to rural homes, they would grow up morally and physically superior.

To distance itself from the charges of neglect against some foster-care organisations, the NCH devised measures which would ensure continuity of care. After children were placed in homes, nurses made regular visits, inspecting the environment, as well as examining children for signs of neglect or abuse.

Conclusions The role of institutions in the foster-care movement is an underexplored chapter in the evolution of social services. Future research is still needed and would ideally be achieved through accounts of the boarded-out children to reveal possible stories of neglect and abuse.

The NCH recognised foster-care as a replacement for institutional care and a weapon against infant mortality. It reacted specifically to contemporary criticism of other foster-care systems, creating a novel model which saw thorough follow-up of each child by a team of nurses conducting inspections and examinations regularly.

Quality Improvement and Patient Safety

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IMPLEMENTING A TEMPORARY DOCTOR DELIVERED BLOOD CLINIC

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Background In November 2020 the paediatric outpatient department saw a large increase in the waiting time for a blood clinic appointment from a previous 2 weeks to approximately 6 weeks. This resulted in patients being inappropriately booked for bloods onto one of the children's wards and numerous complaints from families. Therefore, it was deemed necessary to quickly find a solution to the backlog.

Objectives To implement a temporary doctor delivered blood clinic to increase training opportunities and confidence in paediatric venepuncture, whilst meeting demand for a clinic appointment and reducing waiting times during COVID-19 by creating 56 extra slots within a 7 week period.

Methods Firstly, we collected data for the number of GP referrals between November 2019 to January 2020, and compared it to the number of GP referrals between November 2020 to January 2021 to see whether there had been a substantial increase likely attributable to COVID-19. When starting the quality improvement project we also answered the question: 'What are we trying to accomplish?', and looked at the five key areas we wanted to achieve. This formed the basis of a questionnaire that was circulated to the trainees after each clinic they had attended. The questionnaire included the key areas identified such as confidence in venepuncture

both before and after the clinic, how often the trainees required additional help, and whether they felt supported throughout the clinic.

Results Although there was felt to be a perceived increase in GP referrals to blood clinics within the department, our results did not support this conclusion. The number of referrals before and during COVID remained almost the same. The trainees who undertook this clinic ranged from F1s to ST1s and GP trainees. Two-thirds of the trainees felt their venepuncture had improved after the clinic, and all felt this clinic was a good training opportunity and should be continued in future. On average, the trainees asked for assistance with one to two patients and we received very useful feedback in the comments section on the questionnaire. Furthermore, we discovered a few issues which arose throughout the clinic. This primarily involved the IT system and difficult patients being inappropriately booked into this junior-led clinic. This was addressed in a half-way meeting and measures put in place to resolve those issues. This included the creation of a booking guide for the outpatient department and a handbook for the doctors undertaking the clinic.

Conclusions Overall our results showed an overwhelming positive response to implementing this clinic. It allowed the doctors to improve on their venepuncture skills, but also ensured there were appropriate staff available should they require help. As it was set out to do, it reduced our waiting times from 6 weeks to 3 weeks, and therefore helped to clear a backlog that had been developing before its introduction.

British Association of Perinatal Medicine and Neonatal Society

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'HOSPITAL AT HOME' ANTIBIOTIC TREATMENT FOR EARLY ONSET NEONATAL SEPSIS

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Background Early onset neonatal sepsis (EONS) is defined as a culture-proven bacteraemia within 72 hours of delivery and is a significant cause of morbidity and mortality in newborn babies. The incidence of EONS in the UK is 0.7–1.0/1000 live births, but many more babies are screened and treated with intravenous antibiotics based upon antenatal risk factors. These babies can remain in hospital for antibiotic treatment lasting five days or more due to raised serum inflammatory markers. The majority of these babies remain clinically well. The Covid-19 pandemic has unfortunately resulted in the forced distancing and separation of families at such a crucial time for bonding. A 'Hospital at Home' service could provide a safe and effective means of delivering antibiotic treatment in the community setting thereby reducing inpatient stay and reuniting families together sooner.

Objectives We present a prospective service evaluation of a newly established *Hospital at Home* service for newborn babies undergoing treatment for EONS in the postnatal department of a large tertiary teaching hospital. We evaluate the demographics of the babies referred to the service including treatment parameters, the number of inpatient treatment days saved and qualitative measures of parental experiences.