Methods Ethics approval was obtained from the National Healthcare Group Domain Specific Review Board (NHG DSRB). Convenience sampling was done to recruit mothers of premature babies hospitalised in the level II or level III Neonatal Intensive Care Unit, who had received donor human milk. In-depth semi structured Interviews were audio-recorded and transcribed verbatim. Transcripts were analysed using Braun and Clarke's six-step process of thematic analysis.

Results Seventeen mothers participated in this study. Many participants described their experience with DHM as a 'journey of acceptance'. Three supporting themes which illustrate this 'journey' include: (1) 'Resistance to receiving somebody else's milk,' (2) 'Recognising baby's needs and maternal limitations,' and (3) 'Embracing the benefits of donor milk'. Though not all mothers experienced the above in a chronological progression, many described a process of overcoming initial hesitation to eventual acceptance of feeding their child with another person's milk. Majority of mothers were initially unwilling to give DHM to their baby, citing concerns over the safety and quality of donor milk, as well as an innate responsibility to feed their own child. Feelings of sadness, disappointment, helplessness, guilt and self-blame set in when many realised that they were unable to meet their baby's demand for milk. For some Muslim mothers, such negative emotions were further aggravated as they considered their baby's health needs against implications of receiving DHM due to their Islamic faith. Nevertheless, all participants appreciated the benefits of donor human milk, often crediting their baby's growth and development to the combined effect of their own breast milk and DHM. Mothers who readily accepted DHM for their infants tended to be more open-minded and had greater self-awareness of their own limitations and their infant's needs.

Conclusions The experiences of these mothers reflect the spectrum of complex emotions faced when accepting an alternative source of human milk for their prematurely born infants. Healthcare practitioners should acknowledge such emotions in a culturally sensitive manner when sharing information or seeking parental consent to utilise donor milk for premature and sick babies.

British Association of General Paediatrics

519

REVIEW OF A VIRTUAL WORK EXPERIENCE, USED TO SUPPORT SCHOOL-AGED STUDENTS DURING THE COVID-19 PANDEMIC

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Background The COVID-19 pandemic has had a huge impact on education, mental health and morale of school-aged students. Schools have been closed for months on end, meaning many have been left to ponder future careers with little or no help. Additionally, those considering a career within the NHS have been presented with press reports revealing how difficult working within this area can sometimes be but had little or no opportunity to visit or speak to professionals working in the roles. Thus, by holding a Virtual Work Experience for

students who are interested in a career within the NHS we aimed to reduce anxieties and boost knowledge.

Objectives Our aims were to improve students' knowledge of what it is like to work within the NHS, as well as give insights into the multiple different career options that are available. In addition, we hoped the session would give students information to help them to go on and be successful in their applications and interviews.

In the long term, we hope this project will help the NHS and its' patients as we will have more informed young people joining the different professions.

Methods In partnership with the School Volunteering Team at Bedfordshire Hospitals NHS Foundation Trust, we invited school-aged students who were interested in exploring a career within the NHS to attend the session. We invited representatives from the Clinical (Doctor/Nursing student/Paramedic/GP nurse etc), Administrative and Management team along with Allied health professionals from both the Hospital and Community set-up to give presentations or video insights into their roles. Students were asked to complete a questionnaire pre and post-attending to help us evaluate what was useful and the effect the session had.

Results In total 26 students attended the day, 15 filled in the questionnaire pre-attending, and 14 post. 57% of students had done no medical work experience prior to this session, and of those who had, a third had only done virtual sessions.

From the questionnaires we found 12/14 students felt more confident in their decision to work in the NHS following the session, with the remaining 2/14 feeling no different. Additionally, we found 92% of students planned to use this event in their UCAS, personal statement and/or interview questions.

Conclusions Young people have been hugely affected by the COVID-19 pandemic; they've been kept away from school, their peers and also missed opportunities for learning about future careers. Additionally, the current COVID-19 pandemic has placed the NHS in prime public view, revealing the hardships that often go along with the work.

Thus, by holding this event we hoped to allay fears, provide information and allow students to ask questions about entering into a profession within the NHS. The event's feedback was very positive, so we are now going on to hold a larger event in March 2021; inviting more students to attend and including more specialties

Therefore, by helping these young people at a time when access to services is so limited, we can help to continue to encourage them into careers within the NHS.

George Still Forum: ADHD Disorders (ePoster presentations only)

521

QUALITY OF LIFE IN CHILDREN WITH ADHD – A LOCAL REVIEW

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Background Quality of life (QoL) is an important consideration for children with long-term neurodevelopmental

conditions. The WHO define QoL as 'the individual's perception of their position in life, in the context of culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns'. In attention-deficit hyperactivity disorder (ADHD), there may be some difficulties in self-reporting outcomes due to the children's concentration difficulties. However, the impressions of parents can also be used to reflect changes in a child's quality of life over time. QoL outcomes are not routinely measured, but one could argue that such subjective results can be used to demonstrate the effectiveness of our medical interventions better than an observational assessment of symptomatology.

Objectives To review the quality of life for patients prescribed medication for the management of attention deficit hyperactivity disorder (ADHD) initiated by the community paediatric team, using the PaedsQL™ Paediatric Quality of Life inventory 'core scales'.

Methods Suitable patients were selected by treating clinicians over a 6 month period from May 2019. Children with a diagnosis of ADHD who were started on stimulant medications were identified by each prescribing clinician and approached for inclusion in the study. Parents were asked to complete an age-appropriate PaedsQL™ questionnaire during the appointment when the child was first prescribed stimulant medications. The questionnaire was repeated after 6 weeks of continued medical therapy. The PaedsQL™ ratings were compared for each child before and after medical treatment.

Results A total of 19 parents completed questionnaires over the 6 month study period. Of these 1 questionnaire was excluded as less than half of the questions were completed. For one questionnaire less than 50% of questions in the physical functioning section were completed, so this section was excluded.

Scores were stratified in accordance with PaedsQL™ guidance, with a maximum of 100. Scores were divided into four QoL subgroups: physical functioning; emotional functioning; social functioning and school functioning.

QoL subgroup	Mean score pre-treatment	Mean score post-treatment	Difference
Physical	53.93	54.91	+0.97
Emotional	40.55	48.61	+8.06
Social	45.27	56.38	+11.11
School	48.33	51.38	+3.09
TOTAL	46.88	51.32	+4.44

The total QoL score improved by an average of 4.44 points after starting medical treatment for ADHD. An improvement was seen across all subgroups, with the greatest increase seen in the social subgroup (+11.11).

Conclusions Our study found there was an improvement in QoL scores for children diagnosed with ADHD following initiation of medical management. The greatest improvement was seen for social functioning. Unfortunately there was no statistically significant difference in these results, due to the small number of cases included. Further follow-up of these children would be useful to assess if the QoL improvements are maintained over time.

Down Syndrome Medical Interest Group

523

AUDIT OF MEDICAL SURVEILLANCE FOR THE CHILDREN WITH DOWN SYNDROME AGAINST DMSIG GUIDELINES

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Background Down syndrome (DS) is one of the commonest chromosomal abnormalities, overall prevalence 10/10,000 live births. Down Syndrome Medical Surveillance guidelines (DSMIG) are designed for optimal care for this group of children.

Objectives We audited our clinical practice in line with the guidelines. We also looked at the prevalence of co-morbidities and other important issues in this group in order to develop a locally agreed revised guideline.

Methods Children with DS were identified from Electronic records. Study period: January 2018-January 2019. Last two clinic letters (or one if new) were reviewed. Audit components: surveillance of cardiac disease, thyroid disorders, hearing, vision, cervical spine, growth, sleep, coeliac screen. We also looked at the prevalence of co-morbidities, educational placement and acute paediatric input.

Results 54 children were identified. Surveillance of *Cardiac*: Echocardiogram 100%, CVS examination in clinic: 55%. Prevalence of cardiac disorders: 44%; *Thyroid*: 100% of children < 2 years old vs 89% in > 2 years. 33% had thyroid disorders; *Hearing*: 100%, prevalence of hearing impairment: 33%; *Vision*: <4 years: 100%, > 4 years: 90%, prevalence of visual impairment: 81%; *Cervical spine*: 31% had evidence of discussion of warning signs; *Growth*: 88% had documented height and weight, 65% were plotted in the DS growth charts. 29% were documented underweight or overweight; *Sleep*: 70% had documented sleep history, 24% had confirmed obstructive sleep apnoea; *Gastrointestinal*: 63% had coeliac screen, 1 had a confirmed diagnosis. 11% had congenital GI anomalies; *Neurodevelopmental*: ADHD (n=1), ASD (n=4), Tic disorder (n=1). *Educational placement*: School aged children n=80%, 67% at special school.

Conclusions In addition to improving our own practice with the DSMIG, we made additional recommendations on surveillance of sleep: complete sleep questionnaire at 3-4 years of age; coeliac screen as per BSPGHAN recommendation; hip X rays if not weight bearing by 2 years of age.

British Association for Community Child Health

525

AUDIT OF MEDICAL SURVEILLANCE FOR THE CHILDREN WITH DOWN SYNDROME AGAINST DSMIG (DOWN SYNDROME MEDICAL INTEREST GROUP) GUIDELINE

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