Abstract 1291 Table 1

April-Aug 2020			Oct 2020-Feb 2021		
Admission Temperatures:			Admission Temperatures:		
Hypothermic (< 36.5°C)	20.0%	2/10	Hypothermic (< 36.5 °C)	0.0%	0/11
Hyperthermic (> 37.5°C)	20.0%	2/10	Hyperthermic (> 37.5°C)	18.0%	2/11
Normothermic	60.0%	6/10	Normothermic	82.0%	9/11
Delayed cord clamping ≥1 minute:			Delayed cord clamping ≥1 minute:		
Yes	30.0%	3/10	Yes	45.5%	5/11
No	50.0%	5/10	No	55.0%	6/11
Unknown	20.0%	2/10	Unknown	0.0%	0/11

educational videos circulated to all key stakeholders. These encompassed the theory behind maintaining normothermia and performing DCC, implementing use of sterile plastic bags to allow for DCC without compromising temperature, using the OmniBed incubator for transporting infants to NNU and continuous temperature probe monitoring. Presentations were given at maternity, paediatric and obstetric governance meetings to raise awareness regarding the importance of maintaining normothermia and performing DCC.

Data was then analysed using the same method for a further 5 months from October 2020 - February 2021 (post-intervention).

Results A total of 10 infants ≤ 32 weeks were admitted to NNU between April and August 2020 and 11 between September and February 2021. 82% of infants post-intervention were normothermic on admission compared to 60% pre-intervention. 0% of admissions were hypothermic compared to 20% previously (table 1). Post-intervention, cord clamping time was recorded for 100% of admissions. In infants who did not receive DCC, 4/6 were appropriately due to poor condition at birth.

Conclusions Data analysis showed an improvement in preterm admission temperatures and improved documentation regarding cord clamping post intervention, following increased awareness and education amongst staff. Ongoing education and additional interventions are now required to reduce admission hyperthermia and further improve rates of delayed cord clamping when appropriate.

RCPCH Trainees Committee

1292 AN ST1 INDUCTION EVENT IN THE ERA OF COVID-19: LESSONS LEARNT

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Background Paediatric trainees organise an annual induction day to welcome new ST1 trainees across multiple sectors of the deanery. This event aims to prepare trainees not only to survive, but also to thrive, encouraging them to feel inspired and enthusiastic about their training journey. It is always well attended and has received consistently excellent feedback. Other deaneries have found it to be a key means of disseminating information not provided through other sources. Since

up to 100 trainees were predicted to attend the 2020 event, the COVID-19 pandemic presented a challenge.

Objectives To design and run a virtual induction event for new ST1 trainees, whilst maintaining the success and positivity of previous face-to-face events.

Methods Attendees were surveyed in advance to allow the organisers to tailor the event to their needs, worries and interests. The event was discussed with key stakeholders within the relevant deaneries. In accordance with the feedback received, the event was tailored to suit a virtual platform.

The induction 'day' was shortened to half a day and individual sessions were limited to maintain momentum and engagement. In light of the current events surrounding Black, Asian and minority ethnic groups, it was deemed important to include a new session focused on this topic. Traditionally, the chance to meet other trainees starting at the same Trust was a highlight of the event. Breakout groups were designed to facilitate this virtual meeting. A handbook and YouTube channel were created to complement the day, covering content which could not be included in the live event, and as an additional resource for the year ahead.

Results The virtual event received extremely positive feedback. Of 107 new ST1 trainees in the region, approximately 95 (88.8%) attended, and 68 (71.5% attendees) provided feedback. 92.6% of trainees felt more prepared to start training following the event. Trainees scored how prepared they felt before and after the event using a five-point Likert scale, with a mean increase in their score of 1.12 following the event ($p < 0.01$).

83.8% felt that the event worked well virtually, particularly highlighting the value of the breakout session, live chat and dedicated Q&A session. They rated the opportunity for networking as the most useful aspect of the event, and fed back that the enthusiasm and preparation by the team facilitated a smooth event. The newly-created resources were also considered relevant and useful.

76.5% attendees said they would prefer a face-to-face event. They felt that opportunities for networking were more limited with fewer opportunities for questions.

Conclusions The COVID-19 pandemic necessitated the transformation of the annual ST1 induction event to a virtual platform. A pre-questionnaire was crucial in identifying needs and concerns of trainees, enabling the event to be tailored accordingly. The networking element was retained through the use of breakout groups, and the enthusiasm of organisers and speakers continued to shine through. An overall positive atmosphere and engaging event was commended in feedback from trainees, proving the event to be successful in overcoming challenges presented by the current climate.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1293 THE ADDITIONAL BURDEN OF COGNITIVE IMPAIRMENT IN CHILDREN WITH CONSTIPATION AND FAECAL INCONTINENCE

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Background An association between constipation and faecal incontinence (CC/FI) and cognitive impairment (CI) (such as learning difficulties, autism spectrum disorders, attention deficit hyperactivity disorder), has been frequently reported in the paediatric population. The pathophysiology of patients with both CI and CC/FI and the impact of such phenomenon on their wellbeing remain scarce.

Objectives Investigate the characteristics of children with the co-existence of CC/FI and CI presenting to the service, based on pathophysiology, symptom severity, well-being and quality of life (QoL).

Methods Prospective data of 282 children attending the service were reviewed, including demographics, bowel assessments: St Mark's Incontinence Score (SMIS) and Cleveland Constipation Score (CCS), risk of distress (PI-ED) and QoL (PedsQL 4.0). The use of the Wong Baker Smile faces (scale of 0–10 [10 most severe]) assessed patient perspective on symptom severity. High resolution anorectal manometry (HRAM) and transit marker studies (TMS) were performed to assess pathophysiology. Data of 69 patients were identified with CC/FI and CI were analysed with χ^2 test and Pearson's r , both at significance levels of 0.05.

Results In total 69 (24.5%) patients with CC/FI and CI were identified with a male predominance (53 males; median 8 years; range birth–18 years). Patients presented with 11 (15.9%) organic pathologies: Hirschsprung disease in 8 (11.6%) and anorectal malformation in 3 (4.3%) and 58 (84.1%) with functional CC/FI. HRAM demonstrated abnormal physiology in 31/65 (47.7%) patients. TMS was abnormal in 27/63 (42.9%) patients: slow transit in 10 (15.9%) and rectal evacuatory disorder in 17 (27.0%). Symptom severity was a median of 10; (range 4–10). Abnormal SMIS scores in 52 (75.4%) and 58 (84.1%) CCS scores were found. Poor QoL was demonstrated in 42 patients (64.6%) and risk of distress in 25 (38.5%). There were no significant differences found between patients with and without CI regarding assessments and physiology. However, patients with CC/FI and CI demonstrated significantly lower QoL mean scores and higher symptom severity and risk of distress mean scores ($p < 0.05$) (table 1).

Abstract 1293 Table 1 Comparison of patients with CC/FI [only] and both CI and CC/FI [both].

(Note: total numbers are dependent on those patients who underwent the test/questionnaire).

NS: not significant

PI-ED	CC/FI	CC/FI	<i>p</i> value
Score: ≤ 19 no risk; 20 borderline; ≥ 21 risk of distress	[both]	[only]	
median total score	17.0	14.0	$p < 0.05$
PedsQL			
Score: ≤ 60 low; 61–80 good; ≥ 81 excellent QoL			
median total score	50	67	$p < 0.05$
Severity Symptom Score scale of 0–10 [10 most severe]			
median score	10	8	$p < 0.05$

Conclusions

- Develop a specialist interest in CI in patients with CC/FI.
- Improve working between community and tertiary services.

- Focus on these group of patients with CI as they are more complex to manage.

Case control studies may accurately identify the relative impact of CC/FI and CI on both QoL.

International Child Health Group

1294

SLEEP DISTURBANCES IN CHILD AND ADOLESCENT REFUGEES AND ASYLUM SEEKERS: A LITERATURE REVIEW

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Background The importance of sleep in childhood and adolescence is hard to overestimate. A lack of sleep in young people affects their attention and reaction times, stunts behavioural and intellectual growth and significantly increases psychological morbidity.

The UN Refugee Agency reported 70.9 million forcibly displaced people by the end of 2018, half of which were children. This represents a huge number of children who have experienced traumatic events. Hence, the relationship between these lived experiences and young people's sleep is important to understand.

Objectives The aim of this paper is to review the evidence concerning the prevalence, causality, and effects of sleep disturbances in refugee, asylum seeker and internally displaced children, with the objective of clarifying the factors contributing to sleep disturbances and its consequences.

Methods The review identified fifty-two papers that investigated sleep disturbances experienced by young people of refugee or asylum-seeking status. After the application of exclusion criteria, a total of fourteen papers were found to be relevant. Interviews and questionnaires of either parents and/or children make up the study data, with those under the age of twenty-five defined as young people.

Results All papers, bar one, acknowledged that there was a relationship between trauma and persecution and significant sleep disturbances. There was an increased Sleep Onset Latency and reduced Total Sleep Time, directly correlating with the existence of PTSD symptoms. Hence, those who had PTSD symptoms took longer to fall asleep than those without, and both groups took considerably longer than the (US) national average.

Several papers found that the welfare of the family network surrounding the child had the greatest bearing on their ability to sleep well. A protective factor was both parents having arrived with the child in the country of refuge. Another element thought to be related to the child's sleep disturbances is the loss of trust in the child concerning the ability of their parents to keep them safe.

The level of progress along the journey of leaving a place of war or system of oppression to arriving and being granted asylum in a new country had a strong bearing on the level of sleep disturbance experienced by a child. In particular, the traumatic experiences that occur in their home country is of greater importance than the displacement process on the psychological sequelae leading to sleep disturbances of the child.