presented with a fever. 10/21 (47.6%) had a CRP of less than 20 at presentation, 11/21 (52.3%) had a transaminitis. Disseminated disease was present in 4/5 (80%) babies born at <28 weeks and 11/39 (28%) >37 weeks gestation.

Aciclovir was commenced in 54/59 but in only 23/59 (39.0%) on the day of presentation. Overall mortality was 22% but 57% in those with disseminated disease. Mortality by gestation was 60% <28 weeks, 25% 28–36+6 weeks and 18% >37 weeks.

Conclusions Incidence of neonatal HSV has doubled since the 18% >37 weeks.

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MANAGEMENT OF BELL’S PALSY IN CHILDREN – A REVIEW OF CURRENT EVIDENCE

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Background There is strong evidence that oral steroids improve outcomes in adult patients with Bell’s palsy, but no consensus for paediatric patients. Different management approaches exist. All use eye drops, and then either expectant management, oral steroids, or steroids and antivirals.

Methods A mixed-methods evaluation was undertaken using qualitative interviews and semi-structured interviews with 101 QECH staff in Malawi and 18 BWC trainers to assess the impact of training interventions, as part of a formal evaluation of the Partnership.

Results Formal classroom and bedside training sessions in paediatric Neurology, Respiratory, Burns, Cardiology, Haematology, Nephrology, Safeguarding and Radiology have been delivered. Sessions were arranged based on identification of learning needs by QECH staff and availability of BWC trainees. Multi-professional sessions by specialist nurse/doctor/AHP teams as well as individual sessions were undertaken. Sessions were targeted for either inter-professional or single profession audience.

71% of doctors and 74% of QECH nurses were aware of the training sessions as part of the partnership. 29% of doctors and 22% of QECH nurses attended the sessions. 33% of attendees were from the acute care ward and 29% from A&E, with the remaining 8 paediatric clinical areas constituting 38% of attendees.

Conclusion The studies are of poor quality. None performed power calculations and they are all underpowered to detect the effect size found in larger adult studies. The retrospective cohort studies did not address important confounding factors, such as whether BP severity affected clinicians’ treatment choice.

Conclusions Paediatric studies fail to demonstrate the beneficial effects of oral steroids shown in adult studies but their designs are inadequate to detect potential benefits. The poor quality of existing research is an important limiting factor, and so high quality RCTs are indicated to investigate the effects of steroids alone and steroids with antivirals in paediatric BP patients.

International Child Health Group

EVALUATION OF A MULTI-PROFESSIONAL PAEDIATRIC TRAINING PROGRAMME IN A GLOBAL HEALTH PARTNERSHIP

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Background Birmingham Women’s and Children’s Hospital (BWC)–Malawi Partnership is a global health partnership created to improve the health of children through an education and training programme between paediatric departments at BWC and Queen Elizabeth Central Hospital, Malawi (QECH). A key component of the Partnership has been the delivery of paediatric training by multi-professional teams including nurses, doctors and allied health professionals (AHP).

Methods A mixed-methods evaluation was undertaken using a combination of case studies, semi-structured interviews, focus groups, and a survey of QECH staff.

Results The training programme has received positive feedback from both BWC and QECH staff. The majority of QECH staff indicated a willingness to adopt the delivered training approaches in their practice.

Conclusion The Partnership has successfully delivered high-quality training to QECH staff, with positive outcomes on both the delivery and impact of the programme.