reached in a different number of patients at each study time point (table 1).

Conclusions JTF exposes patients to a relatively high risk of complications. At our institution, the vast majority were minor in nature (89.8%). The need for repeated admissions and the possibility of major complications should influence parental discussions and informed consent before the initiation of JTF. Significant improvement to weight Z-scores could be seen at 1 month after the initiation of transpyloric feeds and was maintained at 3 years. We conclude that this form of enteral nutrition can be a moderately safe and efficacious method of feed delivery.

### Paediatricians with Expertise in Cardiology Special Interest Group

#### 1548 IMPLEMENTATION OF ROUTINE NEWBORN PULSE OXIMETRY TO IMPROVE CONGENITAL HEART DISEASE DETECTION – A QUALITY IMPROVEMENT PROJECT

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Background Routine pulse oximetry screening for newborns is not currently recommended by the UK National Screening Committee (UKNSC), though the scheme is increasingly being adopted by maternity & neonatal units around the world. The antenatal detection rate of congenital heart disease (CHD) remains as low as 55% in the UK, with approximately 20–30% of CHD cases being undiagnosed at the time of postnatal discharge. Critical CHD affects 2 in 1000 births and accounts for 3–7.5% of infant mortality, with earlier diagnosis being associated with more-favourable outcomes. Furthermore, newborn pulse oximetry screening has been shown to detect cases of critical CHD, that would have otherwise been missed.

Objectives Using electronic systems (Cerner, Smart4NIPE, BadgerNet), data was prospectively analysed for all babies born at the trust in a 2-week study period in May 2020 (pre-intervention phase). Simultaneously, anonymised questionnaires were distributed to all staff trained in performing the NIPE, assessing their understanding and current practice of pulse oximetry (surveillance phase). A four-pronged intervention was subsequently carried out over a 1-month period (intervention phase). The results of the interventions were studied for all babies born in a 1-week period in August 2020, assessing the performance of pulse oximetry and its short-term outcomes (post-intervention phase).

### Background

Previous, now somewhat historic, data have indicated variation in clinical practice with respect to whether or not a neonatal death is referred to the Coroner or Procurator Fiscal (PF) and variation in how these referrals are managed. Previous now somewhat historic data have indicated variation in clinical practice with respect to whether or not a neonatal death is referred to the Coroner or Procurator Fiscal (PF) and variation in how these referrals are managed. From a legislative perspective the duty to refer cases is governed by the Notification of Deaths Regulation 2019. However, anecdotaly there remain concerns about on-going variation in practice. The implications of unnecessary referral include delays in funeral arrangements, family distress and increased workload to an already busy Coroners/PF service. Likewise, non-referral where necessary may have