rapport with paediatricians and that the programme would improve overall NICU patient care.

Conclusions The *Neonatal Nurse Shadowing* pilot programme has shown that nurse shadowing on an ICU can have promising impacts on paediatric education, as well as team cohesion and patient care, based on our staff's experiences. There has been interest from our local neonatal network to trial the programme elsewhere, with an ambition to expand it to paediatric/cardiac ICUs and Emergency Departments going forward.

British Association of Perinatal Medicine and Neonatal Society

1553

INTRODUCTION OF VIDEO MESSAGING TO A TERTIARY NEONATAL UNIT DURING COVID-19: THE STAFF AND PARENT EXPERIENCE

Rachael Fleming, Jennifer Hendry, Vix Monnelly. *NHS Lothian*

10.1136/archdischild-2021-rcpch.714

Background Family integrated care (FiCare) advocates parents as primary caregivers. There is growing evidence demonstrating its associated improved outcomes for babies and it forms an integral part of the Bliss baby charter, BAPM national service quality indicators and Best Start in Scotland.

Covid-19 has presented new challenges in delivery of FiCare with restrictions on entry to the neonatal unit resulting in family separation being a more pertinent issue than ever. Benefits of asynchronous video messaging have been documented by Patel et al. and in April 2020, during the peak of the first wave of Covid-19 in the UK, a new, secure video messaging service – vCreate – was introduced to our unit. It has become an integral part of FiCare and we report here the staff and parent experience.

Objectives To evaluate the neonatal unit staff and parent experience of introduction of a secure, video messaging service (vCreate) to a tertiary neonatal unit during the Covid-19 pandemic.

Methods Neonatal unit nursing staff were asked to complete a free text response to the question 'What do you think about vCreate?'

Parents were asked to provide free text responses about their thoughts on vCreate, any negative experiences they have had and how they felt use of vCreate could be improved. In addition, parents were asked if they would recommend vCreate to other parents.

Anonymous free text responses underwent qualitative content analysis to identify common themes.

Results Survey responses were obtained from fifty staff members and thirty set of parents.

Among staff, common themes identified were how quick and easy the equipment and application are to use and how much family appreciate the videos. The few negative comments pertained to staff wishing for further education on vCreate account set up.

Themes throughout parent responses were reduced anxiety and worry, less feeling of separation, positive effects on breast milk expression, particularly overnight and a sense of inclusion, feeling that they were not missing out on any significant moments in their baby's journey. The small number of negative responses alluded to families wishing to receive more videos.

All parents who completed a questionnaire would recommend vCreate to other parents.

Conclusions Initial responses from staff and parents have been very positive and emphasise the important role vCreate plays in FiCare delivery. They provide an invaluable insight into the staff and parent vCreate experience to date and will help direct future use of the messaging service in our unit.

Planned next steps include aiming for every baby on our unit to have a vCreate account and video within 24 hours of admission and to expand use of the vCreate platform to provide parent education resources.

British Association of Perinatal Medicine and Neonatal Society

1554

WALKING IN THEIR SHOES: SUPPORTING THE UNIQUE JOURNEYS OF NICU PARENTS

¹Akudo Okerefor, ²Jade Umeh, ³June Burrows, ⁴Chinazam Anyaebosim. ¹North Middlesex Hospital; ²Parent Peer Supporter; ³Bliss Charity Volunteer; ⁴North Middlesex University Hospital NHS Trust

10.1136/archdischild-2021-rcpch.715

Background 'His tiny body wired to machines broke our hearts. We felt scared, helpless, exhausted and alone. Born 12 weeks early, weighing just 2.4lbs (1.1kg), the emotional turmoil of ventilators, surgery, feeding tubes and his daily fight to grow was unbearable. The psychotherapy we received was essential but when our boy was ready for home, we certainly were not' – former NICU parent.

Parents whose babies require hospitalisation due to prematurity, illness or congenital abnormalities experience an emotional journey which can increase the risk of anxiety, depression and post-traumatic stress. Mothers of premature babies are 40% more likely to suffer with postnatal depression than full-term babies.¹ Perinatal ill-health has a lasting impact on parental relationships, children's wellbeing, employment and social integration. Parents on neonatal intensive care units (NICU) exhibit effects of being separated, difficulty bonding, feelings of inadequacy and guilt which many feel unable to verbalise or feel misunderstood by their usual family/friends network.² Peer support from other NICU parents who have struggled and survived similar challenges, was an area of family-centred care we were keen to explore.

Objectives

1. Facilitate weekly in-hospital peer support groups for current and discharged NICU parents.
2. Develop an online support network for local parents to build friendships, grow in confidence and share resources.
3. Co-produce basic life support training and parent education to help empower parents and increase child health knowledge.
4. Collaborate with parents to improve our holistic care, listening to their needs and learning from their feedback.

Methods Parents were invited to a community outreach session every Thursday for 16 weeks on NICU. Parents 'On NICU' and 'Discharged' had refreshments together with a neonatal nurse, Bliss Volunteer, Community Sister, Paediatric Registrar and/or trainee psychotherapist. BLS training and an education programme were developed. Parents were encouraged to join a Whatsapp group and share experiences/advice using social media.

Results Prior to the pandemic, parents met weekly for 1.5 hours over 16 weeks. 63 recorded visits: 34 parents on NICU and 29 from home. The majority were mothers - three with triplets/twins; three fathers joined. Prematurity, surgery, breast-feeding, milk, sleep, siblings, medication, equipment, jobs, income and illness were the main topics of discussion. Anxiety, separation and loss of normality were all shared feelings with empathy, reassurance and coping strategies expressed. Psychotherapy was offered to several parents.

Senior staff presence enabled parents' problems to be raised with confidence and suggestions promptly implemented. Eight underwent practical resuscitation, choking, breastfeeding and cot death prevention training with great feedback. During lockdown, meetings continued virtually. Parents use WhatsApp and set up a closed Instagram group.

Conclusions Community outreach, peer support and meeting thriving NICU babies can offer unparalleled hope and inspiration to families thrust on a challenging journey.

Support groups can easily complement the formal psychological therapy that NICU parents receive and are an inexpensive way of providing truly family-centred care. Listening to parents and walking in their shoes, inspired us to build upon our ambitions for parent education. Engaging parent advocates has helped sustain peer support and strengthened our service improving the confidence and mental-wellbeing of future NICU families.

REFERENCES

1. Thomas C. The experience of parents within neonatal units. *MIDIRS Midwifery Digest* 2017;**27**:513.
2. Hall SL. Recommendations for peer-to-peer support for NICU parents. *J Perinatol* 2015;**35**:S9–S13.

Quality Improvement and Patient Safety

1555

TARGETED LEARNING THROUGH PAEDIATRIC SIMULATION

Emma Elizabeth Spencer, Jennifer Shepherd. *Sherwood Forest Hospitals NHS Trust*

10.1136/archdischild-2021-rcpch.716

Background Simulation is regularly run with the paediatric multi-disciplinary team at a district general hospital. This facilitates learning on an individual and team level, while improving processes of patient care in a safe environment. In this quality improvement project themes were noted in simulation involving paediatric resuscitation, therefore targeted interventions were put in place to make improvements.

Objectives Intervention One:

Covid-19 has altered healthcare professionals approach to patient contact through the use of personal protective equipment (PPE) to ensure infection control. The Advanced Life Support Group endorsed guidance that in emergencies the patient should be assumed to have Covid-19 and full PPE should be used by responders. In paediatrics breathing support is essential; therefore unplanned simulation was run with staff to practice this skill while maintaining the safe use of PPE.

Intervention Two:

In simulated cardiac arrest the time taken to administer the first Adrenaline dose was over 13 minutes. Delays in administering Adrenaline in paediatric, in-hospital cardiac arrest with a non-shockable rhythm is associated with decreased survival, ROSC and survival with a favourable neurological outcome.

'The Arrest to Adrenaline Race' was launched with the aim to decrease the time taken to administer Adrenaline; so that in a real life scenario the patient would have the best chance of survival.

Methods

Intervention One:

In simulation it took 156 seconds until the patient was first bagged after responders correctly donned PPE, which would have a detrimental impact to successful resuscitation. 'The Amber Bagging Race' was launched where teams of healthcare professionals practiced the procedure in a race scenario; from recognition of a deteriorated patient, to the correct use of PPE and then successful bagging.

Intervention Two:

Healthcare professionals engaged in race scenarios with a manikin, where they timed the process taken from recognition of an arrested patient, initiating resuscitation, obtaining interosseous access and administering Adrenaline at the correct prescribed dose for weight.

Results Intervention One:

Over two weeks thirteen teams participated and the average time to bag was reduced to 56 seconds in week one and 41 seconds in week two. In a second unplanned paediatric resuscitation following 'The Amber Bagging Race' the time taken to bag the patient was 46 seconds; a significant improvement in clinical practice.

Intervention Two:

Over two weeks fourteen teams participated and the average time taken to administer Adrenaline reduced to 324 seconds in week one and 138 seconds in week two. In further simulation scenarios following 'The Arrest to Adrenaline Race' the time taken to administer Adrenaline averaged 5 minutes and 23 seconds.

Conclusions Conclusion:

Simulation identified key areas for improvement in paediatric resuscitation and targeted interventions enabled specific practice of skills, with the aim to improve patient care in a real life scenario. Learning was disseminated to the wider team and processes were altered to further improvements in patient safety. The races brought an atmosphere of fun to the ward, improving engagement and morale. People are often fearful of simulation; an environment of fun rather than fear is conducive to more effective learning.

British Society for Paediatric Dermatology

1559

ROLES OF EARLY-LIFE SKIN MICROBIOTA ON NATURAL COURSE OF INFANTILE ECZEMA

¹Yehao Chen, ²Jennifer Wing-Ki Yau, ²Yuping Song, ²Kate Ching-Ching Chan, ²Agnes Sze-Yin Leung, ³Apple Chung-Man Yeung, ³Brian Hei-Long Tong, ⁴Wing Hung Tam, ³Zigui Chen, ³Paul Kay-Sheung Chan, ²Ting Fan Leung. ¹The Chinese University of Hong Kong; ²Department of Paediatrics, The Chinese University of Hong Kong; ³Department of Microbiology, The Chinese University of Hong Kong; ⁴Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong

10.1136/archdischild-2021-rcpch.717

Background Eczema is a common skin inflammatory disease during infancy. Most paediatric patients develop eczema within 6 months of age, but the severity and persistence vary. While infantile eczema in most cases could improve or get resolved with age, some children may follow a relapsing and persistent