Abstract 1694 Table 2 Assessment scores pre- and during COVID-19 pandemic

		Pre-COVID-19 (n=34)	COVID-19 (n=15)
Cognition	Standardized score, mean	101.0 (12.3)	-
	(SD)	92.9 (18.0)	89.2 (14.9)
	Bayley-III		
	PARCA-R		
	Scores <85, n (%)	2 (5.9)	-
	Bayley-III	8 (23.5)	4 (26.7)
Language	Standardized score, mean	98.3 (16.3)	-
	(SD)	94.4 (12.9)	89.8 (17.0)
	Bayley-III		
	PARCA-R		
	Scores <85, n (%)	7 (20.6)	-
	Bayley-III	10 (29.4)	7 (46.7)
	PARCA-R		

PARCA-R scores showed good concordance although more children received scores below 85 with PARCA-R than Bayley-III, particularly in cognition (tables).

COVID-19 (April 2020 – January 2021)

22/27 (81.5%) eligible children had a video consultation. PARCA-R scores were available on 15 (55.6%). Compared with pre-COVID-19, a larger proportion of children had language development standardised scores below 85 during the pandemic (table 2). We did not have sufficient power in our sample size to perform formal statistical testing.

Conclusions Pre-COVID-19, PARCA-R was concordant with Bayley-III scores and was considered a valid alternative assessment. During the pandemic, questionnaire completion rates fell and lower standardised scores were achieved. Our cohort is small and the reasons for this require further investigation.

RCPCH Trainees Committee

1695

A TRAINEE-LED INITIATIVE TO IMPROVE ENGAGEMENT WITH DEANERY WIDE TEACHING AND THE DEVELOPMENT OF A LEARNING PLATFORM FOR NORTH WEST PAEDIATRIC TRAINEES

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Background Deanery teaching for Greater Manchester and Lancashire (GML) Paediatric Trainees previously occurred monthly in Central Manchester. This was poorly attended as our deanery covers a wide geographical area so trainees did not have the option to drop by for part sessions if they were on call, those on nights and leave would miss it completely and rota pressures meant some trainees were left holding the fort on the ward resulting in missed and unequal learning opportunities. Covid brought further challenges of shielding trainees who could not safely attend and restrictions on face to face teaching.

Our aim was to overcome these challenges by developing an online learning platform for GML paediatric trainees where deanery teaching can be accessed virtually and provide an online home for trainees to encourage engagement with other learning opportunities.

Objectives

- Develop a GML Paediatric website to act as an online home for trainees
- Reduce barriers that prohibits attendance at deanery teaching
- Build an archive of secure teaching videos for education that can be accessed remotely 24/7
- Provide flexibility so trainees can engage with learning around their home and work life
- Improve engagement with learning by promoting the website and educational opportunities on our new social media page
- Developing a GML logo bringing together trainees all across our region

Methods

- Trainee led committee
- Launch of an online advanced learning platform allowing recording capabilities and secure storage of deanery teaching allowing sessions to be watched live from home, work or stored to watch later
- Acquired funding for recording equipment
- Develop a GML trainee website acting as an online home for trainees, promoting all regional education opportunities
- Devise a webinar series as a resource for trainees on core subjects and career advice
- A diary of all study leave opportunities available to trainees on the website
- 'Communicating the vision' to trainees via Twitter and a new online education newsletter

Results

- Pre project only 13% of trainees attended deanery teaching
- Post project attendance at deanery teaching has increased by 96.6%
- There have been 317 visits to our new GML Paediatric website in 3 months- this is at least 3 views per day
- Increased social media presence directing trainees to visit the website

Conclusions We have demonstrated how a dedicated committee of trainees has significantly increased the number of attendees at deanery teaching and increased trainee engagement with learning opportunities through the development of an online learning platform despite being in the mists of a pandemic.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1696

RISK OF CONGENITAL DIAPHRAGMATIC HERNIA AT EARLY AND ADVANCED MATERNAL AGE: RESULTS FROM A POPULATION-BASED COHORT STUDY IN ENGLAND

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Background Despite advances in clinical management, congenital diaphragmatic hernia (CDH) is still associated with high rates of mortality and morbidity in the UK. Population-based studies examining the epidemiology of CDH in the UK are needed to understand which factors are associated with the condition and to inform preventative interventions. A major determinant of outcomes among infants with CDH is the presence of associated anomalies. Although maternal age is a known proxy of sociodemographic, behavioural and biological risk factors for adverse pregnancy outcomes, its relationship with CDH in the UK and how this might vary among those with additional anomalies is not known.

Objectives To examine the relationship between maternal age and CDH, including in the absence and presence of additional anomalies which may suggest syndromic conditions.

Methods We analysed all live-born singletons delivered in NHS England hospitals between 2002 and 2018. De-identified hospital admission and mortality data were searched up until the first birthday to identify infants with a CDH diagnosis, related repair or related death. CDH was further classified as isolated (no additional malformations) or complex (additional malformations beyond the digestive or respiratory systems). The association between maternal age (categorized as <20, 20–24, 25–29, 30–34 and ≥40 years) and any CDH, isolated CDH and complex CDH was estimated using logistic regression that also included birth period, ethnicity, deprivation, and region of maternal residence at delivery.

Results We identified 2,289 infants with CDH among 7.7 million live-births (3.0/10,000 live-births; 95% CI, 2.8–3.1); 49% were complex cases. Maternal ages of 35–39 and ≥40 years were associated with a 17% and 36% increased risk of any CDH, respectively, compared to the reference age of 25–29 years. There was weak evidence of increased risk for mothers <20 years. Isolated CDH was not associated with any age group. The estimated risk of complex CDH was increased for mothers aged <20, 35–39 and ≥40 years, by 33%, 26% and 63%, respectively, compared to the reference age of 25–29 years.

Conclusions Early and advanced maternal age were associated with complex CDH even after adjustment for other

demographic factors, but these associations were not replicated for isolated CDH. While further work is needed to understand the underlying mechanisms, this study suggests that maternal age could be a useful indicator of increased risk of complex CDH.

British Association of General Paediatrics

1697 FIVE YEARS OF THINKING KIDNEYS: REVIEWING PAEDIATRIC AKI SERVICES

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Background It has been five years since the ‘Think Kidney’s’ campaign to improve recognition and management of acute kidney injury (AKI). Whilst there have been rapid advances in AKI services in adult medicine, the progress in paediatric has been much slower and there continue to be shortcomings despite pre-existing electronic AKI alerts. Population disease burden from paediatric AKI is difficult to quantify but patients do experience morbidity from nephrological and cardiological disease.

Objectives We reviewed paediatric AKI practice in a tertiary hospital catchment area and surveyed trainee awareness of AKI.

Methods We surveyed paediatric trainees in a large tertiary centre to assess awareness of the AKI guidance and practices. We also undertook a retrospective review of all patients admitted to paediatric intensive care unit (PICU) with AKI between February 2019 and February 2020. A further AKI survey was sent to nephrology-link paediatricians (NLP’s) at district general hospitals (DGH’s) in our region.

Results 29 paediatric trainees from eleven subspecialties were surveyed. 35% were unaware of the hospital AKI guideline. 83% reported that a care bundle for AKI management is not used in their department. 66% reported that AKI was discussed at ward round and huddle’s and 93% reported that AKI was highlighted on discharge summaries. 39% reported that patients experiencing AKI 3 are not routinely discussed with nephrology and 62% reported that patients with AKI are not routinely referred to nephrology for follow-up. 93% of trainees were unsure if patients with proteinuria or persistently reduced renal function 3 months after AKI were referred to nephrology for follow-up.

LCH PICU data revealed 96 patient episodes of AKI over the year. The majority of AKI followed cardiac surgery and sepsis. 46% had AKI stage 3 and 31% received peritoneal dialysis or haemofiltration. 10% were discussed with nephrology and 3% were referred to nephrology for follow-up at discharge.

8 DGH’s responded to our survey. 87.5% do not have a local guideline for the management of paediatric AKI and 75% do not specifically highlight AKI at ward round or hand-over. All centres discuss patients with AKI stage 2 and 3 with NLP’s or tertiary nephrologists, and 50% of centres refer patients for follow-up upon discharge. 65% of centres record AKI on the patient discharge summary.

Conclusions Our findings have demonstrated deficiencies in awareness and delivery of AKI services across the catchment area of a large tertiary hospital in England. Children with

Abstract 1696 Table 1 Risk of CDH by maternal age after adjustment for other demographic factors

Maternal Age (Years)	Any (N=2,289)		Isolated (N=1,173)		Complex (N=1,116)	
	n	Risk ratio (95% CI)	n	Risk ratio (95% CI)	n	Risk ratio (95% CI)
<20	137	1.20 (0.99–1.45)	68	1.09 (0.84–1.43)	69	1.33 (1.02–1.73)
20–24	410	1.04 (0.92–1.18)	209	1.01 (0.85–1.20)	201	1.08 (0.90–1.29)
25–29	599	1.00 (Ref.)	312	1.00 (Ref.)	287	1.00 (Ref.)
30–34	650	1.05 (0.94–1.18)	342	1.04 (0.89–1.21)	308	1.06 (0.90–1.25)
35–39	391	1.17 (1.03–1.34)	197	1.10 (0.92–1.31)	194	1.26 (1.05–1.51)
≥40	102	1.36 (1.10–1.68)	45	1.12 (0.82–1.53)	57	1.63 (1.23–2.17)