improvement 24 hours after administration. At subsequent follow-up with the multidisciplinary team, he had no residual neuromuscular deficit.

Conclusions The non-specific presentation in our patient confounded the diagnosis of IB. Of note, the patient's initial symptoms were felt to be suggestive of bronchiolitis and suspected sepsis. While various case reports have shown that infantile botulism comprises a wide-ranging clinical spectrum from non-specific symptoms to cranial neuropathies, performing an adequate neurologic exam in young infants is challenging, further compounding the problem of diagnosis.

Environmental contamination and ingestion of honey are believed to be the most common source of exposure albeit none was reported in our patient.

Mainstays of treatment for infantile botulism remain mainly supportive but the use of botulinum immunoglobulin (*Baby-BIG* - a human-derived botulism antitoxin that neutralizes botulism toxin) is an effective treatment in early disease course.

This case brings up three unique points that are worth considering. One is the rapid course of development of this disease. Second is the unknown exposure to *C. botulinum* in this patient injecting to the fact that identifiable environmental exposure or ingestion of honey may not be possible in all cases of infantile botulism. And third is the difficulty in making a diagnosis of IB.

Like a needle in a haystack, IB can get missed. Therefore, it is always good to have a broad list of differential diagnoses especially in patients with non-specific presentations.

RCPCH Trainees Committee

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PROVIDING SUPPORT TO TRAINEES AT TIMES OF TRANSITION: A PEER MENTORING SCHEME IN PAEDIATRICS

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Background Mentoring – a confidential relationship, whereby an experienced individual (mentor) supports another (mentee) through personal and professional development – is associated with positive outcomes including improved staff retention. As well as being supported by the BMA and GMC, mentoring is in line with current RCPCH focus on retention and wellbeing. Times of transition, such as return from maternity leave, are associated with self-reported under-confidence in paediatric trainees.

Objectives This paper describes a mentoring programme that aims to provide practical and pastoral support to paediatric trainees at times of transition.

Methods The South-East Scotland Paediatric Mentoring Programme was established in 2017. Currently, the programme has two components: formal mentoring after time out of programme (OOP), and peer support via a buddy system for trainees who are new to the region. Mentors are required to undertake formal mentoring training. All participants must adhere to doctrines of confidentiality and good practice. Regular feedback is gathered from participants using anonymous surveys.

Results To date, 23 mentors have been recruited and 38 trainees have been offered mentors following OOP; the majority

have taken maternity leave (23/38), with others returning from research/education/bereavement/sickness. Twenty-four (63%) trainees have accepted and been paired with trained mentors. Uptake was highest amongst those returning from first maternity leave (9/10), with 7/13 requesting support after second/subsequent maternity leaves. Four trainees accepted following research, one on transition to consultant post, and three for other reasons.

Through the buddy scheme, 43 trainees have been offered buddies and 36 (84%) accepted. This encompasses newly starting ST1s and more senior trainees who have transferred to the region.

Feedback obtained through anonymous surveys found 71% of trainees described their buddy as a 'significant source of support.' Trainees specifically highlighted the induction and associated social event as positive. All mentees found the programme very or extremely valuable. Two mentees have subsequently undergone training to become mentors. Mentors reported enjoying their role, acquiring skills useful in other areas of life, and being keen to engage with further training.

Conclusions Peer mentoring can provide valuable support at times of transition. In this cohort, paediatric trainees returning from time OOP are keen for support, particularly when returning from a first maternity leave. Future aims of the programme are to widen access to mentors for additional points of transition, such as moving onto middle grade rota. We hope to be able to offer initial training and regular updates for mentors as the programme develops. We also aspire to build links across Scotland and seek endorsement from NHS Education for Scotland and RCPCH, so that trainees across the deanery can access support at times of transition.

British Association of Perinatal Medicine and Neonatal Society

1745

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 post-natal 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 Utilising quality improvement (QI) methodology, the primary aim of our project was to effectively implement a Routine Pulse Oximetry programme at a large, tertiary London maternity trust, which delivers approximately 9000 babies per year, such that every baby born across the two maternity units would have pre-ductal and post-ductal oxygen saturations