British Association of Perinatal Medicine and Neonatal Society

624 THE UNEXPECTED EFFECTS OF THE COVID-19 VISITING RESTRICTIONS ON THE POSTNATAL JOURNEY: AN INDIRECT PRESSURE ON THE NEONATAL UNIT RESOURCE

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Background Our tertiary level neonatal unit has well-established transitional care facilities (TCU), which are co-located on the post-natal ward (PNW). As part of the ATAIN process, we noted an increase in term admission from TCU to the neonatal unit (NNU) between the first and second quarter of 2020. It was postulated such an effect, at least in part, could be an indirect consequence of stringent government mandated restrictions on hospital visiting, in line with COVID-19 policies.^{1 2} On TCU, where mothers are resident, restrictions were such that women may have chosen to return home, leaving their baby on NNU instead, due to diminished access to familial support and/or isolation. On the NNU, we value our parents as partners in care, rather than visitors, and did not implement any such restrictions.

Objectives To compare trends in TCU to NNU admissions prior to and during the COVID-19 pandemic and evaluate the presence of maternal request as a factor for deciding ultimate place of care rather than the classical resource dependant allocation and individual care requirements.

Methods All admission from TCU in 2019 (Pre-COVID-19) and 2020 (COVID-19) were identified using the NNU admissions book. Patient characteristics were recorded, including gestation, birth weight, mode of delivery, reasons for admission to TCU, length of stay, seniority of review and ultimate decision to move patient to NNU. Data on these patients was collated from the electronic patient record, Badger software and patient hand-written notes. Patients were excluded if their trajectory between wards was incorrectly coded.

Results More than double the number of patients were admitted to the NNU from TCU in 2020 compared to 2019 (table 1), yet overall demographics of gestation and birth weight remained very similar.

When comparing the admission rates exclusively to coincide with the start of the UK lockdown, (April – December) there were 7 cases in 2019 compared to 22 in 2020.

In 2019, there was a single case of a baby being admitted to NNU from TCU due to maternal choice. However, the circumstances are mitigating as the baby was a planned removal to social services. In 2020, 5 of the 24 NNU admission from TCU were due to maternal choice (21% vs. 9% in 2019). All cases occurred between June-October 2020 at the

time of easing of lockdown measures for the first time since March [4].

Conclusions Decisions regarding admissions to NNU from TCU are often multifactorial and not always easy to determine in notes. More babies were admitted to the NNU from TCU during the COVID-19 pandemic, as hypothesised, given restrictions brought in due to the COVID-19 pandemic, a significant proportion of these were due to maternal choice.

RCPCH Trainees Committee

626 TIPS AND TRICKS OF BECOMING A JUNIOR LEADER

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Background We are two junior doctor leaders at our trust and want to share our journey.

Objectives We want to share our experience of junior leadership roles within our Trust. We discuss our successes and frustrations during a challenging year. We hope this will resonate with future leaders; and we offer recommendations to colleagues taking on these roles, and their organisations supporting them.

Methods To identify recommendations, we reviewed our work since 2019, breaking this down into the core needs initially identified, workstreams to achieve this and challenges faced.

Core Needs and their workstreams:

- Improve Facilities
 - Mess Redevelopment
 - Mini mess creation near clinical workplace
 - 24/7 Hot food provision
- Wellbeing
 - Improving life at work
- Working lives in leadership roles
 - Work life balance
 - Developing leadership skills independently

Results Achieving continuity within the role has been the single biggest contributing factor to our success and enjoyment. Sharing these roles has enabled this despite the many pulls on our time that every trainee feels in their work and personal life.

Having a formal handover would have improved our starting point and pre-empted many of our stumbling blocks. Patience and local knowledge are needed to find the right people and forum to progress each workstream. Meeting the right people within the right forum has allowed us to push through projects which had stalled; we will embed this institutional knowledge within our handover, ideally with a period of parallel working with the next junior leaders.

A valuable lesson is the importance of persistence. Recognition and acceptance of the frustrations and inefficiencies you will encounter will help you thrive in your leadership role and maintain your motivation. Taking on these roles without the support of a formal leadership program has made this journey more challenging.

The emergence of virtual working environments is a common stream we identified. Positively boosting our flexibility

Abstract 624 Table 1 Admission trends over the study period

	2019 (Pre-COVID)	2020 (COVID)
Admissions to NNU from TCU	11	24
Total TCU admission (% transferred to NNU)	290 (3.79%)	333 (7.21%)
Total NNU admissions (% admitted from TCU)	424 (2.59%)	501 (4.79%)