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%)

and vastly improving the engagement of the group we represent.

Conclusions Individual:

- Patience and persistence are vital to having a rewarding leadership experience.
- Continuity is key: development of a documented strategic plan allows a streamlined approach to long term ideas and minimises the stop-start nature seen with many junior doctor projects.
- A role shared is a role halved. Seek flexible working.

Organisational:

- Develop structures to support junior doctors in leadership roles outside of formal leadership pathways. Potentially pair roles with consultant leaders to provide mentorship.
- Develop a culture where leadership roles are valued and incorporated into training.
- Support virtual environments.

British Society of Paediatric Endocrinology and Diabetes

627

ARE GREATER NUMBERS OF CHILDREN WITH NEWLY DIAGNOSED TYPE 2 DIABETES MELLITUS A FURTHER EXAMPLE OF COLLATERAL DAMAGE FROM THE COVID-19 PANDEMIC?

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Background The 2019 novel SARS-CoV-2 coronavirus infection (COVID-19) pandemic has led to a number of changes to the daily routine for school aged children. Specifically, remote learning due to school closure, increased screen time for virtual learning, greater sedentary exposure, less exercise and potential changes to diet. These risk factors pose a potential threat for significant increase in weight gain leading to further increase in obesity among children and young people (CYP). This might eventually translate to the increased incidence of complications due to obesity including type 2 diabetes mellitus (T2DM).

Objectives A case series to find the incidence of T2DM in children and young people in a large UK teaching hospital during the COVID-19 related lockdown period.

Methods We prospectively collected data on children aged <17 years admitted to a large UK teaching hospital with newly diagnosed T2DM. Data was collected between May 2020 and November 2020 during the COVID-19 pandemic. We examined demographic, clinical and biochemical data.

Results Six newly diagnosed children (five males, one female), four from minority ethnic backgrounds, mean (SD) age 14.4 (2.2) years, weight 84 (27) kg and BMI 32 (6) kg/m² (BMI Z score +1.92 (0.5)). 3 (50%) children had learning difficulties and all presented with classic features across the spectrum of severity from osmotic symptoms to one child with diabetic ketoacidosis (DKA). 50% had acanthosis nigricans at presentation and a mean (SD) blood glucose of 18.38 (4.5) mmol/L. Mean (SD) HbA1c was 89.5 (23.8)

mmol/mol. All six children had negative diabetes antibodies. All of them tested negative for COVID-19. Most parents reported that their children gained weight during lockdown. For comparison, in the preceding years, on average two children (age <17 years) per year are diagnosed with T2DM in the same centre.

Conclusions We are seeing an increased incidence of T2DM in children and young people (CYP) in a large UK teaching hospital during the ongoing UK 'lockdown'. This was reflected by a significant threefold increase in children with newly diagnosed T2DM. We draw attention to whether environmental and societal changes during lockdown have conferred an increased risk of obesity among CYP which have led to this significant increase in the incidence of T2DM. Alternatively this could be an indirect effect of the current pandemic. Both highlight the importance of adequate measures to be implemented to restore the physical and mental health of these CYP. In light of this we propose that parents, children and school authorities should work together to motivate CYP to participate in regular physical activities that are practically feasible during lockdown. Furthermore, there may be a delay in accessing healthcare services due to various psychosocial factors as seen in children with type 1 diabetes resulting in delayed diagnosis. All these highlight the importance of increased awareness among the public and healthcare professionals to diagnose these children early and initiate treatment.

Association of Paediatric Emergency Medicine

628

COVID IS NOT ALL BAD. SERVICE IMPROVEMENT TO FRACTURE MANIPULATION IN THE CHILDREN'S EMERGENCY DEPARTMENT

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Background As part of a QI project looking at forearm fractures, a retrospective audit was performed looking at a 1-year period of wrist and forearm fractures up to March 2018. Over this period 98 patients had fractures that required intervention and 34% of these had a manipulation in CED. Reasons for not having a manipulation were cited a possibility child would not tolerate procedure under entonox and intranasal diamorphine and not having a sedation trained practitioner free to administer intravenous sedation instead. This resulted in the remainder requiring admission for manipulation under anaesthetic.

Given the concerns re noscomial COVID 19 transmission as well as lack of theatre capacity in the first wave of the pandemic, a change was made to our forearm fracture guideline in partnership with the Orthopaedic team with emphasis on attempt at manipulation in the emergency department with entonox and intranasal diamorphine prior to admission to actively avoid as many admissions as possible.

Given this change in practice we wanted to ascertain parent/patient satisfaction with this and see if this reduced hospital admission.

Objectives

- Ascertain if promoting manipulation of forearm fracture as first line treatment is effective at avoiding hospital admission