- The guidelines are being followed à Most of the JAR meetings, CDRM/M&M are being conducted in time.
- CDOP meetings are getting delayed due to delays in legal process and getting the Post-mortems done.
- Some areas on eCDOP data base lack good documentation which needs improvement.
- During this process, many areas of good practice (clinical & non clinical) and for improvement are identified. This helps in improving the system.
- Shared learning of innovative and excellence of practice leads to improved quality of care provided to all children across the country.

RCPCH Trainees Committee

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CREATING NATIONAL TRAINEE-LED RESOURCES FOR SHIELDING TRAINEES DURING COVID – A COLLABORATIVE MODEL FOR THE FUTURE

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Background The SARS-Cov2 pandemic impacts postgraduate medical training in all specialties, including paediatrics. However, those advised to 'shield' or stringently socially distance have been particularly affected personally and professionally. Despite the emerging situation, trainee voices must be heard to provide valuable contributions to local and national processes affecting them.

Objectives We describe the model used and outcomes from the Supported Return to Training programme (SuppoRTT) Shielding Trainee Advisory Group (S-STAG) in collaboration with Health Education England (HEE) to design and implement pathways and resources for these trainees.

Methods Led by HEE fellows, the group was recruited from varied specialties, providing broad representation of community and hospital-based, medical and craft specialties, including paediatrics. The group met virtually fortnightly during the first wave of the pandemic. Collaborative work was completed using shared documents online.

Trainee challenges and experiences raised within the group and via wider trainee networks allowed a targeted approach to providing resources and guidance. Good practice from different regions, Royal College guidance and advocacy of displaced trainees was shared across multiple platforms.

Results 272 live attendees of four webinar episodes represented all HEE regions and Northern Ireland. 96% found the series 'useful' with 86% rating the psychological support sessions as 'useful' or 'very useful'. Recorded sessions continue to be viewed.

Resources

A pathway was designed to help trainees and supervisors navigate their new circumstances and identify learning contributing to training progression despite significant changes to clinical roles. We designed a nationally available toolkit, freely

available via the national/regional HEE SuppoRTT websites including: suggested activities, resource signposting, peer-support models, trainers guidance and advice on returning to face-to-face working.

Four recorded webinars were delivered with country-wide involvement of professionals including a clinical psychologist, exploring the impact of shielding on identity and purpose. Bringing people experiencing similar challenges together developed support and a framework to understand the emotional impact of shielding and negotiate the challenges of abrupt changes. Peer-support groups were set up in many regions.

Collaboration continues to inform further guidance as the situation evolves.

Information Dissemination

Strong connections developed with SuppoRTT Regional offices and HEE national communication teams assisted in identifying, receiving feedback from and disseminating information to affected trainees whilst maintaining confidentiality. Utilising social media, formal publication in journals and digital media facilitated rapid dissemination of resources.

Challenges

The pandemic presents unique challenges: Trainee occupational health is provided by the employer, not HEE or a training body, resulting in potential disconnect and lack of institutional awareness. Each trainee has individual circumstances requiring a bespoke approach. Formal national guidance and resources were not immediately available, constantly changing case rates in different geographies impaired making guidance universally available and appropriate. S-STAG is aware that for some, these resources were not prompt enough, despite best efforts. In future, these resources could be adapted and earlier advocacy initiated.

Conclusions Our group has successfully demonstrated a collaborative approach between trainees from a broad range of specialties and educational leaders with an interest in welfare and trainee support, working in a rapidly changing environment to produce a range of relevant resources.

International Child Health Group

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CONSEQUENCES OF THE COVID-19 PANDEMIC ON ROUTINE CHILDHOOD IMMUNIZATION IN INDIA: A CROSS-SECTIONAL STUDY

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Background The COVID-19 pandemic has had profound repercussions on primary health care, including routine childhood immunization. In India, public health interventions have been primarily focused on controlling COVID-19, while other preventive health measures have received low priority. This study was conducted in a semi-urban locality in Mumbai in India.

Objectives

- To assess the perception of parents towards childhood immunization during the COVID-19 pandemic.
- To identify the delays and barriers to vaccination during the city lockdown.

Methods

- I performed a descriptive, cross-sectional, population-based survey of 412 households from 20th August 2020 to 10th November 2020.
- I conducted a self-prepared, peer-reviewed, structured interview in the vernacular languages (Hindi and Marathi) of parents with children below 12 years.
- The interview covered four domains: demographics, perception towards immunization during COVID-19 mandated city-lockdown, vaccination delays, and associated barriers.
- The interviews and the tracking of relevant households were carried out with the assistance of the local social health workers.

Results

- Demography: Out of 412 responses -

Gender	Ø Father: 21.6% (n=89) Ø Mother: 78.4% (n=323)
Age group	Ø 18 to 30 years: 61.9% (n=255) Ø 31 to 40 years: 29.1% (n=120) Ø 41 to 50 years: 7.3% (n=30) Ø 51 to 60 years: 1.7% (n=7) Ø 61 years and above: 0
Monthly income in USD	Ø Below 100: 37.9% (n=156) Ø 100 to 200: 42.7% (n=176) Ø Above 200: 19.4% (n=80)
Where does your child receive the vaccination?	Ø Government Hospital: 90.8% (n=374) Ø Private hospital: 3.1% (n=13) Ø Both of the above: 6.1% (n=25)

- Perception towards immunization during Covid-19 mandated city lockdown: (N=412)

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Children should be vaccinated during the current pandemic.	17.5%	66.5%	3.4%	9.9%	2.7%
My child is at increased risk for getting infected with SARS-CoV-2 by the hospital visit for immunization.	72.3%	21.1%	1.2%	4.9%	0.5%
It is not a problem to delay the vaccination of children till after the pandemic.	11.2%	21.6%	4.1%	42.5%	20.6%

- Parents' reasons for delaying vaccination and associated barriers: (N=412)

1. Sick child or family member	19.9%
2. Lack of Transportation facilities	25.1%
3. Social workers are not reachable	53.7%
4. The hospital's vaccination centre is closed	64.3%
5. Fear of getting infected with SARS-CoV-2	82.6%

- Vaccination delays:

According to the National Immunization Schedule, vaccination delays in children below 12 years were present in 378 households (91.7%), ranging from 12 days to 132 days with a mean of 52 days.

Conclusions The disruption of childhood immunization in the Covid-19 pandemic has put children at risk for diseases like measles, rotavirus, diphtheria, etc. A rise in the incidence of these vaccine-preventable diseases will put additional stress on the healthcare system. The government should organize outreach immunization activities to bolster children's vaccination, especially those residing in the containment zones and buffer zones. If a child visits a health care facility for any reason, the authorities should ensure that he is directed to the vaccination centre. Besides, the policymakers should find a sustainable and safe way to restore immunization services to pre-Covid-19 levels.

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THE ROLE OF MATERNAL EDUCATION ON SMALL FOR GESTATIONAL AGE NEWBORN BABIES IN MEXICO: A DATA MINING APPROACH

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Background Low birth weight (LBW), preterm birth (PTB), and small for gestational age (SGA) are considered adverse neonatal outcomes because of their association with premature deaths and long-term complications in life. Their description are feasible by taking advantage of information routinely collected for administrative purposes. Data mining includes rapidly evolving techniques that have gained visibility because of their potential contribution to describe digital profiles of risks and advocate for more personalized approaches in clinical practice and public policy. However, these novel approaches have not been fully adopted in low and middle-income countries (LMICs), which experience the highest neonatal mortality rates. This research analyses sociodemographic, economic, and clinical factors influencing birth weight across limited-resource settings.

Objectives To investigate the hypothesis that babies of mothers illiterate or with lower years in school have a higher risk of having these adverse outcomes compared with those with more years in school.

Methods This ecological study analyses live births included in the National Registry of Live births in Mexico during 2017. After excluding missing and inconsistent values, data from 1,824,665 (89.1%) singletons were included. Quality assessment procedures were performed to describe and validate the dataset. The analysis used descriptive statistics, visualizations, logistic regression, and conditional inference tree models to establish the pathway within which maternal education influences SGA in Mexico.

Results This study found that 8% of neonates were born SGA. Small babies were more likely to be born in July and less likely to be born in January. Mothers with delayed education had a 41% (OR 1.41, 95%CI 1.38,1.44) increased chance of having a neonate SGA (versus non-SGA) than mothers attending the level of education expected for their age. This outcome was particularly likely among nulliparous