murmur clinic appointment or after discharge from the murmur clinic.

**Conclusions** The provision of a registrar-led murmur clinic is a safe and effective screening tool for babies with a murmur. Following senior review all babies with murmur on the postnatal ward can therefore be safely discharged home in the first 24 hours after birth. In the absence of registrar availability, this screening clinic could be led by a general paediatrician or neonatologist. We have shown that this model can lead to a reduction in the number of babies requiring an echo by over two thirds. The introduction of echocardiography performed by the echo technician can further improve the waiting time for an echo.

We aim to improve neonatal trainee awareness of details of the pathway to ensure babies are discharged early from the postnatal ward with murmur clinic follow up, and that the echo technician appointments are utilised appropriately.

## British Association of General Paediatrics


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**Objectives**

We retrospectively reviewed anonymised electronic historical years (2015–2019) of Oxfordshire ED attendances and inpatient diagnoses across two Oxfordshire hospitals during the first COVID-19 lockdown, lasting 7-weeks in 2020, compared to five historically years. We categorised diagnostic codes significantly reduced during lockdown (‘missing’) compared to 2015–2019: 80% were infectious diseases or their sequelae; non-specific pains/aches/malaise (11%) and accidental injury/poisonings (9%) accounted for the remaining 20%. Categories with increased diagnoses (24% of lockdown diagnoses) were ‘related to pandemic screening’, ‘incident finding/co-morbidity’ and ‘other diagnoses’. We also found significantly greater numbers of neoplasms (benign and malignant) diagnosed during lockdown (p=0.0123).

**Conclusions** Pandemic measures and messaging are altering paediatric disease presentation. Our study confirms large reductions in paediatric ED attendances and inpatient admissions during the first national lockdown, raising concerns of vulnerable children ‘lost’ to secondary care.

Our assessment of ‘missing’ paediatric diagnoses uses internationally comparable ICD-10 codes. We therefore postulate that the 80% of infection-related diagnoses ‘missing’ during the lockdown period are driven by a combination of stringent infection-control measures, parents/carers management of mild/self-limiting disease at home, and/or increased anxiety surrounding hospital attendance. As 20% were non-specific or accidental injuries, we remain concerned about significant disease with late presentations or patients with safeguarding concerns who may not be brought to hospital, amongst these patients.

Prospective studies are necessary to establish whether parents/carers are adequately supported, have adequate contact with health professionals and feel empowered to use referral pathways for hospital review.

## British Association of Perinatal Medicine and Neonatal Society

### DOES THE HOSPITAL OUTCOME OF BABIES (≥30 WEEKS) BETWEEN INBORN AND OUT BORN DIFFER? A SERVICE EVALUATION

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**Background** There has been less research into neonatal outcomes of those ≥30 weeks gestation, who could be cared for in a Level-1 unit. Additionally, the Northern Neonatal Network is unique due to the fact it does not contain Level-2 units.

**Objectives** Describe the characteristics and outcomes of babies (≥30 weeks) born in Level-1 transferred out for intensive care (out-born) compared with babies born at similar gestation born in level-3 (inborn).

**Methods** This retrospective study was conducted in a regional level-3 unit, with nine Level-1 units in the region. Using the