Aims Introduction: Human milk is the optimum form of nutrition for infants. If babies with neonatal jaundice can maintain adequate intake at the breast in the absence of clear medical indications, exclusive breastfeeding should continue while the infant receives phototherapy. The United Nations Baby Friendly Hospital’s Initiative (BFHI) is a 10-step plan to encourage health facilities in establishing successful breastfeeding practices.

Objectives: This clinical audit aims to detect the rates of exclusive breastfeeding among babies admitted with neonatal jaundice and identify potential risk-factors for breastfeeding practices in the pediatric department of the BFHI accredited Latifa Women and Children Hospital in Dubai, United Arab Emirates.

Methods

Methods The presented audit is a retrospective study of the electronic medical records of babies admitted to the pediatric department of Latifa Women and Children Hospital with a primary diagnosis of neonatal jaundice from 1st September 2020 till 30th September 2021. A total of 59 babies were included in the audit after accounting for the exclusion criteria; < 35 weeks gestation, prolonged jaundice (>3 weeks of age), bilirubin levels approaching exchange transfusion levels, hypoglycemia (blood glucose < 45 mg/dL), and hypernatremic dehydration (urea > 50 mg/dL+/Na > 150 mmol/L).

Results 48(81%) babies received exclusive breastfeeding during their hospital stay. Among the babies receiving formula feeds (11, 19%), 55% received formula feeds prior to admission to the pediatric ward. Rates of consults to International Board-Certified Lactation Consultant remained low in both exclusive breastmilk-fed and formula milk-fed cohorts (20% vs 36%). Among the underlying risk factors for breastfeeding practices, higher maternal age and formula milk supplements within 24 hours of birth remained significantly different between the two cohorts (figure 1).

Conclusion Conclusion: The breastfeeding practices of the pediatric department are compliant to the BFHI standards, however, there is room for further improvement via improving health professionals’ knowledge and perceptions.
**Results** At baseline (n=35), 37.1% (13/35) of staff felt confident in managing dystonia (either ‘agree’ or ‘strongly agree’). Only 2.9% (1/35) thought all patients had a personalised dystonia plan. Finally, 17.1% (6/35) of staff agreed or strongly agreed that they knew whom the patient’s named Consultant responsible for their dystonia management. After cycle two (n=24), 41.6% (10/24) of staff felt confident managing dystonia (4.5% improvement), 16.7% (4/24) felt that all patients with dystonia had a personalised plan (13.8% improvement) and 20.8% (5/24) typically knew the patient’s named Consultant (3.7% improvement). Re-auditing after six months (n=18) demonstrated that staff confidence had fallen, with 27.8% (5/18) feeling confident in managing dystonia, which may be contributed to by a lower proportion of responses from medical staff (38.9%, compared with 58.3% when confidence was highest, after cycle two), indicating a need to address confidence among nursing and allied health professional team members. The drop was also associated with the changeover of trainees suggesting the teaching needs to be regularly embedded into six monthly cycles to allow for the changeover. Clarity of the named Consultant for each patient had been maintained, with 22.2% (4/18) typically knowing the named Consultant. However, only 5.6% (1/18) of staff felt all patients with dystonia had personalised plans in place.

**Conclusion** By implementing personalised plans for dystonia management; educating staff on the use of a step-wise, systematic approach to management; and by minimising barriers to appropriate escalation by use of a Link Nurse and specific email address, staff who are not Neurology specialists can be supported to feel more confident in managing worsening dystonia in General Paediatric settings. Further work will focus on extending teaching sessions for nursing and allied health professionals, build in a repeat cycle of training to capture new staff and self-directed learning they can access to refresh knowledge. Ensuring individual management plans are accessible and linked to patients over subsequent inpatient admissions, ideally by being linked electronically rather than paper charts is also key.

**Aims** After the approval of the paediatric COVID-19 vaccines, the uptake was slower compared to the teenagers and adults in Singapore. Studies have shown that parents with higher social media usage are more hesitant to vaccinate their children. Our research aims to determine: (1) correlation between profile of parents in Singapore and source of information versus vaccine hesitancy, (2) their opinions towards paediatric COVID-19 vaccines.

**Methods** A prospective, anonymous, and voluntary electronic survey was performed in Singapore from 14/Nov/2021 for 12 weeks. Demographic data was obtained. Time spent on social media (Facebook, YouTube, Twitter, Weibo, Instagram) and total device usage per week were divided into high and low usage: high usage being more than 12 hours/week of social media and/or 6 hours/day of device usage. Vaccine hesitancy was a self-assessed variable by the participants. Results were analysed using Chi-square and Fisher’s exact tests with SPSS. Statistical significance was defined to be 2-sided p < .05.

**Results** We surveyed 628 parents (mean (SD) of 39.1(6.7) years old), with 69.1% being mothers, with a median of 2 children each. 90.1% had at least pre-university education. Majority (99.2%) had received at least 1 dose of the COVID-19 vaccine. 61.4% had at least 1 child eligible for paediatric COVID-19 vaccine and 27.6% had at least 1 teenager. Respondents spent a mode of 1 to 12 hours per week on social media and 1 to 6 hours per day on digital devices. 85.8% and 61.0% believed that mRNA COVID-19 vaccines were most effective, and safest against COVID-19, respectively. The most read source for health information was from print material such as health pamphlets (50.8%) rather than social media (35.7%).

Contrary to other studies, parents with high usage of digital devices were more willing to give mRNA vaccines to their teenagers (84.0% vs 16.0%, p < .001). COVID-19 unvaccinated parents were also more childhood vaccine hesitant (100% vs 18.3%, p < .001). Comparing to lower educated parents, parents with at least pre-university education were less vaccine hesitant (30.5% vs 56.5%, p < .001). They were more likely to receive COVID-19-related information via other print material (91.2% vs 8.8%, p = .010). Among parents with at least pre-university education, 53.0% obtained most of their COVID-19 related information from print material compared to social media (35.1%). Parents who personally knew someone with a bad reaction to the COVID-19 vaccine correlates to hesitancy towards childhood vaccines (18.9% vs 14.2%, p < .001).

**Conclusion** Vaccine hesitancy is correlated with low device and social media usage, parents’ unvaccinated status, low education status. Despite high usage of social media and digital devices, parents with a higher level of education were more likely to obtain information regarding COVID-19 vaccines from print material rather than social media. Health education regarding vaccine safety through print media may encourage more parents to vaccinate their children and may help to reassure them that benefits overweight the risks to increase uptake.