case notes. Documentation was unclear in 8% (N=4) of Eclipse notes and 11% (N=4) of Obstetric notes (figure 2). Duration of DCC was documented in only 13% (N=4) of all known DCC cases.

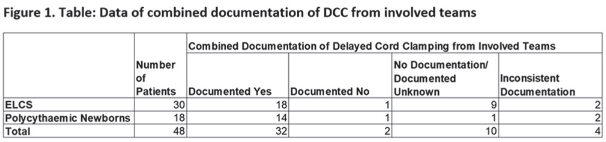

Figure 1. Table: Data of combined documentation of DCC from involved teams

	Number of Patients	Combined Documentation of Delayed Cord Clamping from Involved Teams			
		Documented Yes	Documented No	No Documentation/ Documented Unknown	Inconsistent Documentation
ELCS	30	18	1	9	2
Polycythaemic Newborns	18	14	1	1	2
Total	48	32	2	10	4

Abstract 712 Figure 1 Data of combined documentation of DCC from involved teams

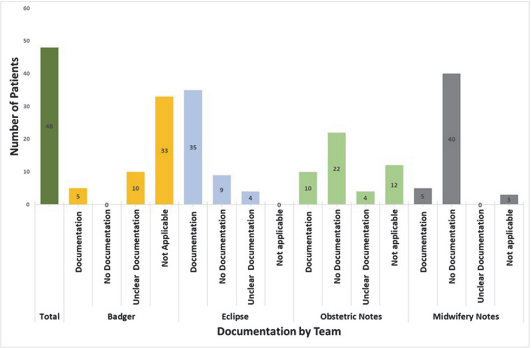

Fig 2. Bar diagram showing total cohort, the number with documentation, the number with no documentation & the number with unclear documentation by team.

Abstract 712 Figure 2 Bar diagram showing total cohort, the number with documentation, the number with no documentation & the number with nuclear documentation by team

Conclusion 1. Considering that DCC is now routine practice, documentation of DCC had significant variation and hence standards need to be developed.

2. New standards should incorporate duration of DCC and clearly specify where documentation should occur in both maternity and neonatal paper & electronic patient records.

3. Team to review DCC documentation in 6 months.

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732 FOSTERING IMPROVEMENT OF THE NEONATAL ENVIRONMENT FOR SUPPORT STAFF (FINESS) PROGRAMME: ASSESSING THE IMPACT OF DEVELOPMENTAL CARE TRAINING FOR NON-CLINICAL SUPPORT WORKERS

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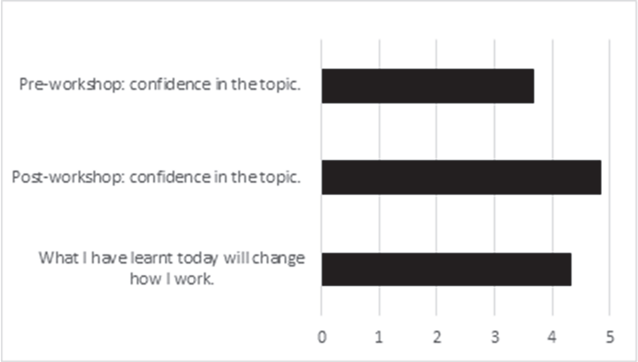
Aims

Objectives The 'healing environment' is a core concept of the developmental care approach which aims to reduce the negative impact of a highly stressful sensory neonatal environment on preterm babies. Despite the daily interactions of support staff in the neonatal intensive care unit (NICU), little is offered for those working in support roles. Additionally, in-service training is well-recognised as building a sense of shared purpose and instilling feelings of being valued. We aimed to explore the impact of a new educational programme offering developmental care training for non- clinical support staff (housekeepers, ward clerks, and domestic assistants).

Methods The Fostering Improvement of the Neonatal Environment for Support Staff (FINESS) programme was developed and delivered by the neonatal occupational therapist. This involved a one-hour interactive developmental care workshop focussed on light and noise stressors in the NICU environment. The workshop was run twice, a week apart, to facilitate covid safe face to face training. After each workshop, participants were invited to complete a short questionnaire, either independently or dictate their responses to the response coordinator who completed the questionnaire verbatim. Analysis of quantitative responses concentrated on determining the relative frequency of the Likert scale ratings out of 5. All qualitative responses were transcribed and independently analysed by one of the researchers using open coding.

Results Six non-clinical staff participated (3 domestic assistants, a domestic supervisor, a ward clerk and a housekeeper). None of those who participated had previously received any training related to developmental care on the neonatal unit. Ratings of confidence in knowledge improved from mean of 3.67 to 4.83 (rating out of 5) after the workshop. 4 participants strongly agreed (5/5; mean 4.33) that they will change the way they practice following the workshop (figure 1). One respondent noted that she had '*[learnt] how my performance would affect babies*' and explained her change would be '*to open and change bins without noises*'.

Following the workshop, 100% of participants reported increased feelings of being valued and appreciation of the importance of their role in looking after sick babies. One respondent explained she felt this way *'because the neonatal team trained us to make difference in work'*. 80% described the workshop as informative and interactive and were keen to receive more ' training *to support other staff to keep babies safe*'.



Abstract 732 Figure 1 Rating of confidence pre-& post-workshop (mean)

Conclusion Developmental care training should be offered to all staff working on the neonatal unit across all roles. This is the first study describing the impact of developmental care training for non-clinical support staff on a neonatal unit. Clear benefits in terms of change in practice together with improved sense of belonging and feeling valued as part of the neonatal team are described. A focus group is being organised to gain a deeper understanding of the impact on teamwork and explore other training needs for these hitherto' invisible' members of the neonatal team.

745 THE CONTRIBUTION OF NEWBORN HEALTH TO CHILD MORTALITY ACROSS ENGLAND

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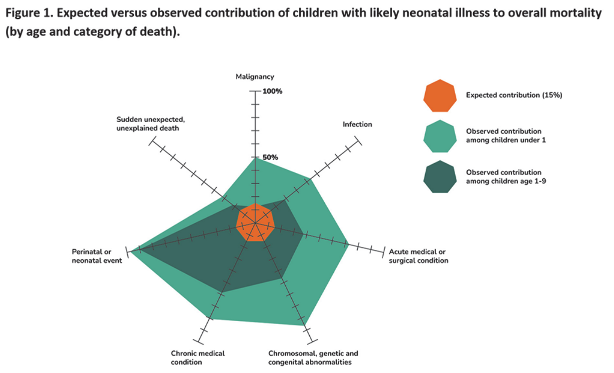
Aims The aim of this work was to investigate how many deaths in the 1st10 years of childhood are associated with neonatal illness, as well as the specific neonatal conditions involved, and the reasons the children died.

Methods All deaths between the 1st April 2019 to the 31st March 2021 (24 months), reported to the National Child Mortality Database (NCMD) were identified. Child death review data was matched with Neonatal records on BadgerNet. Neonatal care was defined by identifying all children who had received care in a neonatal unit after birth, in addition to those who died in the first day of life prior to admission ('Likely neonatal illness'). Evidence of specific neonatal conditions were identified from text in the BadgerNet or NCMD record. We identified the characteristics of the population, and then using a Poisson model, we estimated the relative risk of dying in three age categories (under 1 year, 1-4 years and 5-9 years age), stratified by likely neonatal illness, and by specific neonatal conditions. Populations at risk were estimated from published data (ONS).

Results A total of 4829 children died before their 10th birthday, with half (n=2406) occurring within the first 4 weeks of life. Overall, 71.6% of deaths had evidence of likely neonatal illness; 82.7% of those who died under 1 year of age, 38.4% between 1 and 4 years, and 27.3% for deaths between 5 and 9 years. In the oldest age group (5-9 years old), 13.9% of deaths were of children born preterm, and 3.2% were of children who developed Hypoxic-Ischaemic Encephalopathy after birth (table 1). Figure 1 shows the proportion of deaths with previous likely neonatal illness, split by the category and age of death; compared to the expected proportion in the community.[1] Children who died after neonatal illness had a higher proportion of learning difficulties than other children ($p<0.001$).

Children with neonatal illness were 16 times (RR 16.73 (95% CI 15.68-17.87)) more likely to die before their 10th birthday than those with no evidence of neonatal illness; and an increased risk was seen in all age groups, (under 1 year; RR 37.71 (95% CI 34.23-41.55), between 1 and 4 years; RR 3.70 (95% CI 3.12-4.38), between 5 and 9 years RR 2.08 (95% CI 1.73-2.52).



Abstract 745 Figure 1 Expected vs observed contribution of children with likely nenonatal illness to overall mortality (by age and category of death)

Abstract 745 Table 1 Neonatal conditions of all deaths of children aged less than 10 years in England, April 2019 to March 2021; Split by their age at death

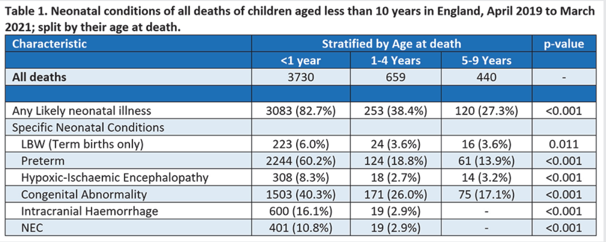


Table 1. Neonatal conditions of all deaths of children aged less than 10 years in England, April 2019 to March 2021; split by their age at death.

Characteristic	Stratified by Age at death			p-value
	<1 year	1-4 Years	5-9 Years	
All deaths	3730	659	440	-
Any Likely neonatal illness	3083 (82.7%)	253 (38.4%)	120 (27.3%)	<0.001
Specific Neonatal Conditions				
LBW (Term births only)	223 (6.0%)	24 (3.6%)	16 (3.6%)	0.011
Preterm	2244 (60.2%)	124 (18.8%)	61 (13.9%)	<0.001
Hypoxic-Ischaemic Encephalopathy	308 (8.3%)	18 (2.7%)	14 (3.2%)	<0.001
Congenital Abnormality	1503 (40.3%)	171 (26.0%)	75 (17.1%)	<0.001
Intracranial Haemorrhage	600 (16.1%)	19 (2.9%)	-	<0.001
NEC	401 (10.8%)	19 (2.9%)	-	<0.001

Conclusion For children who died after birth at 22 weeks of gestational age and before the age of 10, between April 2019 and March 2021, the majority of deaths under 10 years of age occurred in the first year of life. However, a third of deaths in the next 4 years, and a quarter of deaths in children between 5 and 9 years of age were also linkable to neonatal health probleOver half of all children with learning difficulties who died had received additional neonatal care.

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1. Gale C, Statnikov Y, Jawad S, Uthaya SN, Modi N. Neonatal brain injuries in England: population-based incidence derived from routinely recorded clinical data held in the National Neonatal Research Database. *Arch Dis Child Fetal Neonatal Ed*. 2018;**103**(4):F301-F306.

753 GUIDELINE FOR THE CARE AND MANAGEMENT OF CHILDREN WITH TRISOMY 18

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Aims Trisomy 18 results in a range of congenital abnormalities. Although the majority of affected children will die before birth or in the first year of life, the term 'universally lethal' is misleading and out-dated: recent studies have shown that 5-8% of live-born children live to their 1st birthday without special care, and that a child who lives to 1 year has a 60% chance of reaching 5 years (Barnes and Carey, 2018). Furthermore, both 1 year and 5 year survival increases with intensive medical intervention (Kosho and Carey, 2016).

A published survey of parents in an online support group revealed that parents cope well, value the lives of their