Results Of the 100 patients enrolled in the study, mean gestational age was 32.5 weeks in milking group compared to 32.3 in control group.

The mean airway pressure was measured and statistical differences between the two groups was found being lower in umbilical cord milking, mean 10 mmhg, compared to 17 mmhg in another group.

Conclusion Umbilical cord milking may help to improve the immediate transition of the preterm infants through improving heart rate and ventilation data, however the long-term effects remain an issue and needs to be addressed in further studies.

Abstract 1129 Figure 1

Abstract 1129 Figure 2

Conclusion Our findings suggest that the vaccine resulted in minimal disruption of lactation or adverse impact on the breastfed child in mothers receiving COVID-19 vaccination. Breastfeeding mothers may experience a change in breast milk supply when receiving COVID-19 vaccinations, which may be mitigated by proactive measures to ensure adequate rest and hydration. There is minimal severe reactogenicity with COVID-19 vaccination in lactating mother-child dyads.

1035 REACTOGENICITY AMONG LACTATING MOTHER AND BABY DYADS FOLLOWING COVID-19 VACCINES IN TWO MULTI-ETHNIC ASIAN COUNTRIES

Vasundhara Kandarpa, Beth Jacob-Chow, Hon Kit Cheang, Ye Lee, Ming Low, Zubair Amin, Yong Loo Lin School of Medicine; Department of Neonatology, Lam Wah Ee Hospital, Malaysia; Department of Neonatology, KTP-NUCMI, National University Health System, Singapore

Aims At the time of publication, there was limited evidence on outcomes of breastfeeding mother-child dyads on breastfeeding after COVID-19 vaccination. The aim of this study is to systematically quantify the incidence of local and systemic adverse events in lactating women and their children to allow clinicians to appropriately counsel lactating women on the risks-benefit ratio of WHO-approved COVID-19 vaccinations.

Methods A cross sectional survey was conducted from 14th August 2021 to 5th January 2022 in Singapore and Malaysia. Data including demographic information, maternal and child symptoms, and vaccine history were collected through an online questionnaire. The survey was distributed online through social media and advertisements. Women more than 21 years of age who received at least one dose of the WHO-approved COVID-19 vaccines Pfizer-BioNTech, Moderna, AstraZeneca, Sinovac while pregnant or lactating were eligible for the survey.

Results Responses of 2043 breastfeeding mothers were analysed. 1747 mothers received mRNA vaccines and 296 mothers received non-mRNA vaccines. Overall in terms of maternal reactogenicity, 79.3% and 79.5% of mothers reported any reactions to the first and second dose respectively, primarily local reactions (64.1% dose 1, 57.0% dose 2). 91.8% of mothers breastfed their child uninterrupted after receiving the COVID-19 vaccination. 89.2% of breastfed infants had no symptoms reported following maternal COVID-19 vaccination. More than half (54.8%) of lactating respondents reported no change in milk supply or production. Among those experiencing changes in lactation, symptoms lasted for an average of 4.2 +/- 6.9 days.

Conclusion Our findings suggest that the vaccine resulted in minimal disruption of lactation or adverse impact on the breastfed child in mothers receiving COVID-19 vaccination. Breastfeeding mothers may experience a change in breast milk supply when receiving COVID-19 vaccinations, which may be mitigated by proactive measures to ensure adequate rest and hydration. There is minimal severe reactogenicity with COVID-19 vaccination in lactating mother-child dyads.

1161 PARENTAL ENGAGEMENT AND FEEDBACK ON PARENT REPORT OF CHILDREN’S ABILITIES-REVISED QUESTIONNAIRE (PARCA-R-Q)- THE ONGOING QUALITY IMPROVEMENT PROJECT

Lipi Shekhar, Nazakat Merchant, Manika Lasokova, Angela Huertas-Ceballos, Emma Warren. Princess Alexandra Hospital; Consultant Neonatologist, Watford General Hospital; ST6 Paediatric Trainee; Consultant Neonatologist, University College London; Watford general Hospital

Aims Standardised neurodevelopmental questionnaires offer an alternative to formal resource-intensive, face-to-face assessment for high-risk NICU graduates. PARCA-R-Q is a validated tool for assessing children’s cognitive and language development at 24 months of age and is recommended by NICE, UK. Currently, there is no data on parental feedback on using this questionnaire. The aim is to gather service user feedback for PARCA-R-Q as a quality improvement and feasibility study.

Methods Formal multidisciplinary 2-year neurodevelopmental assessment clinic for infants at high risk for acquired brain injury currently runs in a hybrid model. All parents who completed PARCA-R-Q for this clinic were invited to participate in anonymised feedback. The survey consisted of open and closed-ended questions and explored parents’ knowledge,
language barriers, completion time and ease to complete the PARCA-R-Q. Parental views on the hybrid clinic model were explored. An electronic link to the feedback was sent after verbal consent. The survey was re-designed after a feasibility study done for the first 6 months

**Results** 31 parents completed the feedback, 14 in the feasibility study phase and 17 afterwards. 77% were preterm, 71% spoke English as their first language and 6.4% needed aid from healthcare professionals. 86% preferred face to face formal assessments. 84% thought the PARCA-R-Q was completed by mothers and 6.4% spoke English as their first language and 71% completed the study phase and 17 afterwards. 77% were preterm, 71% completed the PARCA-R-Q before attending the developmental clinic. 93% of the PARCA-R-Q was completed by mothers and 6.4% needed aid from healthcare professionals. 86% preferred face to face formal assessments. 84% thought the PARCA-R provided ideas encouraging their child’s developmental growth. However, 45% thought that the questionnaire needs improvement and is only somewhat useful.

**Conclusion** The implementation of the PARCA-R questionnaire has been a positive change, empowering parents/guardians in the assessment of their child and providing them with ideas to boost the child’s development. However, a significant number preferred face to face formal assessments. This is the first pilot data on parental feedback on the PARCA-R-Q. Further data with a larger cohort is needed to quantify the results.

**1157 A CASE REPORT OF A NEONATE WITH SEVERE COVID PNEUMONITIS**

Sophie Hodgson, Sumaya Mohamed Cassim. University Hospital Wigan, NHS Lanarkshire

10.1136/archdischild-2022-rcpch.294

**Aims** Literature describes that most neonates with SARS-CoV-2 infection are asymptomatic or present with mild symptoms. We describe an ex-preterm twin infant, born at 31+5 with birthweight 1600g, who deteriorated with COVID pneumonitis at 34 weeks corrected gestational age. They were an inpatient in a level 3 neonatal centre, with an uncomplicated stay prior to discharge and neonatal health.

**Methods** They acquired postnatal covid on day 24 of life, and deteriorated over the next 72 hours, escalating from high flow to CPAP then BiPAP, and finally requiring intubation. They were empirically commenced on antibiotics and required sedation and muscle relaxation to manage their worsening respiratory failure. Given their acute respiratory decompensation in the context of COVID, and with negative extended virology and bacterial testing otherwise, they were managed on a presumptive diagnosis of COVID pneumonitis. CXRs were consistent with this diagnosis.

Despite further escalation in their ventilation strategies, including high frequency oscillatory ventilation and inhaled nitric oxide, they continued to deteriorate with severe hypoxic respiratory failure. Inotropic support was required to maintain cardiac stability. There was extensive MDT discussion between NICU, PICU and the Infectious Diseases team. Due to the severity of their condition, Remdesivir was commenced and the parents were fully informed of the trial nature of the drug and the guarded prognosis. Hydrocortisone was also commenced.

**Results** Due to ongoing deterioration, the patient was transferred to PICU for ongoing care and consideration of ECMO. However, the infant stabilised and the hydrocortisone that had been commenced was switched to methylprednisolone. The Remdesivir was discontinued after 2 doses due to a worsening in LFTs.

The situation was further complicated by COVID isolation guidelines while keeping family centred care at the heart of our approach, working within infection control policies and managing a relatively unfamiliar pathology in the neonatal population.

**Conclusion** The infant progressed well and was extubated onto nasal cannula oxygen on day 40 of life and repatriated to our neonatal unit on day 41 at 37+4 corrected gestational age. They had an uneventful stay in our SCBU, establishing feeding, until discharge with home oxygen at 41+1 weeks corrected gestational age.

**1195 REDUCING TERM ADMISSIONS TO A LEVEL 2 NEONATAL UNIT WITH THE INTRODUCTION OF A PATHWAY FOR RESPIRATORY MANAGEMENT IN THE FIRST HOUR AFTER BIRTH**

Nathan Collicott, Joanne Collier, Anna Maître. Neonatal Unit, Gloucester Royal Hospital

10.1136/archdischild-2022-rcpch.295

**Aims** Reducing term admissions to neonatal units is an NHS Improvement priority. Separation of mother and baby may interrupt the bonding process with consequences for maternal and neonatal health.

Respiratory problems are the commonest reason for term admission. Many require only a short period of CPAP but are routinely commenced on IV antibiotics and fluids, necessitating a period of establishing enteral feeds, further prolonging separation, as well as exposure to broad spectrum antibiotics.

**Aims** • Evaluate whether a respiratory management pathway reduces term admissions for respiratory support and any adverse consequences of its introduction

**Methods** Figure 1 demonstrates the pathway.

Data for all term admissions including admission reason, sex, gestation, birth weight and delivery mode were collected for both the pre (February-April 2021) and post-implementation (June 2021-January 2022) by retrospective review of Badger data.

For the pre- and post-implementation period, admission rates were calculated for total term and respiratory admissions.

During the post-implementation period, further information was prospectively collected for neonates managed according to the pathway, including duration and location of CPAP, requirement for admission, requirement for and timing of a septic screen, and its outcome.

**Results** Total term admission rate during pre-implementation period was 6.8%, with 3.9% of all term babies being admitted for respiratory reasons. Post-implementation, these fell to 4.3% and 2.4% respectively. Month-by-month rates are shown in figure 2.

On average, 66% of the first hour of CPAP occurred on delivery suite, with the remainder on the neonatal unit.

Of infants managed via the pathway, 36% could not stop CPAP at 1 hour and were therefore admitted, commenced on antibiotics and fluids.

The remainder stopped CPAP by 1 hour, returning to normal post-natal care, with none requiring later admission. 33% of these infants underwent septic screens, with all bar one of these being undertaken within 3 hours of birth. This infant...