Aims Vitamin D deficiency in infancy can have significant consequences including rickets, hypocalcaemic seizures and cardiomyopathy. Such complications can be prevented by Vitamin D supplementation during pregnancy, lactation and infancy. Recommendations about Vitamin D supplementation in this population are available within public and health domains—incorporating guidance from Department of health1, NICE2,3 and RCPCH4. Despite this, in paediatric practice, we continue to identify a crucial knowledge gap in Postnatal women about the importance of Vitamin D supplementation during pregnancy, lactation and there was lack of appropriate advice on Vitamin D supplementation in babies.95.65% of women did not have any underlying medical conditions, and 80% were discharged from a postnatal ward. No supplements were administered in 50% of babies. Reasons varied from personal choice, personal beliefs regarding adverse effects of extremely low vitamin D levels in babies. The source of information varied and could be optimized with information provision for pregnant and postnatal women at various levels.48% of women had >4 health care contacts and such contacts could serve as key source for increasing awareness.

REFERENCES
2. NICE: Antenatal care for uncomplicated pregnancies; last updated Feb 2019 https://www.nice.org.uk/guidance/cg62
3. NICE: Vitamin D supplement use in specific population groups; last updated Aug 2017 https://www.nice.org.uk/guidance/qs656

Conclusion A crucial knowledge gap existed in Postnatal women about the importance of Vitamin D supplementation during pregnancy, lactation and there was lack of appropriate knowledge of supplementation in babies. Majority were not aware of other serious and potentially lifethreatening effects of extremely low vitamin D levels in babies. The source of information varied and could be optimized with information provision for pregnant and postnatal women at various levels. 48% of women had >4 health care contacts and such contacts could serve as key source for increasing awareness.
trusts providing a weight management service and to determine whether there were any geographical disparities in the distribution of these services. The secondary objective was to understand the format of services provided. Our final objective was to explore whether the catchment population for acute NHS trusts providing a service differed in terms of ethnicity and deprivation, compared to those that did not provide a service.

Methods A survey was sent to each acute NHS trust in England (n=148) through a Freedom of Information (FOI) request. The survey comprised eight questions seeking to collect data on: the proportion of NHS trusts providing weight management services for children living with obesity, service’s eligibility criteria, source of funding, key personnel involved, number of new patients seen per year, intervention duration, length of follow up and the outcomes collected.

Results The survey response rate was 94% (n=139/148). Thirty-two (23%) acute NHS trusts provided a weight management service for children living with obesity. The proportion of NHS trusts providing a child weight management service was greatest in London (36%, n=9/32) and the North-East and Yorkshire (32%, n=7/32) and lowest within the Midlands (4% n=1/32). There were inconsistencies in eligibility criteria and characteristics of weight management services as demonstrated in figure 1. 61% of existing services saw fewer than 100 new patients per year and there was no standardisation of intervention duration, follow-up period or outcome measures as demonstrated in figure 2.

Conclusion There are inequalities in the geographical distribution of child weight management services across England, provided by acute NHS trusts. The NHS long term plan for tackling the current inequalities in service provision aims to treat a further 1000 children per year with severe complications of obesity through the ‘complication of excess weight’ (CEW) clinics.