Aims Emergency medicine (EM) is a new specialty in Uganda and there is currently no formal EM undergraduate curriculum. The Mbarara University of Science and Technology Emergency Medicine Interest Group (MUST-EMIG) was established to bridge this gap. The creation of a link between MUST-EMIG and the paediatric education group ‘Don’t Forget the Bubbles’ (DFTB) allowed the expansion of our programme to include emergency paediatric teaching from a variety of international sources. This survey was done to assess the impact of the paediatric emergencies teaching programme, and explore strengths and limitations of this innovative international teaching programme.

Objectives

1. To elicit feedback from students on their experiences with MUST-EMIG paediatric teachings.

2. To explore whether international teaching via online platforms was accessible and applicable to our student population.

Methods

The MUST-EMIG executive committee developed a membership survey on paediatrics teachings offered by MUST-EMIG. Members of MUST-EMIG were voluntarily asked to participate in the online survey. Results of the survey were summarised using descriptive statistics and thematic analysis. 9 paediatrics teachings have been freely provided to students including 3 DFTB courses, 1 DFTB conference, 4 webinars from 5 DFTB facilitators, and 1 in-person adolescent paediatrics workshop. On average we have 25-35 EMIG students who attend our activities (virtual or in-person).

Results

27 responses were collected and analysed, with students from every year of medical school responding, 21 (77.8%) male and 6 (22.2%) female medical students. Students aged <20 years (14, 51.9%), and those in their fifth- and second-year of medical school had the highest preponderance of participation. All students believed the paediatrics teachings have been overwhelmingly valuable to them as future emergency doctors. All students also believed teachings from international facilitating Emergency paediatricians apply to their settings. 19 (70.4%) preferred a combination of hands-on and didactic/theory modes of teaching, DFTB’s Paediatrics trauma 2021 course was the most attended event followed by the paediatrics basic airway management webinar and workshop.

Abstract 1105 Figure 1 Word salad for other paediatrics topics that students would like to be covered in the future.

Conclusion

MUST-EMIG has greatly helped medical students acquire paediatrics emergency care skills and knowledge. The use of online platforms has allowed MUST-EMIG to access teaching from a wide variety of international speakers. Feedback from students suggests that this is relevant to their practice and felt to be of value in complementing practical teaching. In the future, MUST-EMIG hopes to expand its paediatric teaching programme and avail of opportunities to gain valuable insights from more lecturers across the globe.
Improving Postnatal Breastfeeding Support for Mothers of Low-Birth-Weight Infants in Rural Kenyan Hospitals: A Feasibility Study

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Aims To assess the feasibility and acceptability of using trained peer mothers to deliver breastfeeding support to mothers of low-birth-weight (LBW, <2500g) infants in healthcare facilities in rural, western Kenya.

Methods The study was conducted in Homa Bay County. Seventeen peer mothers attended a 4-day training programme that focussed on communication skills, breastfeeding support, Kangaroo Mother Care, hygiene and identification of danger signs. Competency-based scenarios were used to select the 10 (59%) peer mothers, who delivered the interventions to the mother-LBW infant pairs (<28 post-delivery) across 8 health-care facilities in Homa Bay County. A mixed methods approach was employed using structured observations and post-intervention semi-structured interviews with mothers, healthcare providers and peer mothers. Descriptive statistics were used to analyse the quantitative data. A thematic framework was used to analyse the qualitative data.

Results From September-November 2021, 23 mother-LBW infant pairs (3 sets of twins so 26 infants) were recruited and received the intervention. The median maternal age was 25 years (Interquartile range, IQR 22, 29) and all infants were born in hospital. The median age of the infants was 1 day (IQR 1, 3), median birth weight 2100g (IQR 1900, 2260) and median gestation was 34 weeks (IQR 34, 36). Although all the mothers who received the intervention looked well, worryingly 4 (17%) showed no signs for bonding with the infant. Peer mothers consistently explored mothers’ wellbeing (25, 100%), positioning on the breast (21, 87%) and supported mothers with expressing breast milk but were less consistent with supporting and observing infant breast attachment (15, 63%) and suckling (13, 54%) during feeds. Only one infant was noted to be too weak to suckle and was referred to the health care providers. Key themes from the interviews were the promotion of resilience in infant feeding decision making among mothers, against community misconceptions of practices such as expressing breast milk; and the enhancement of positive interactions between mothers, peer mothers and health care providers in the context of healthcare facility restrictions on visitors due to COVID-19 and staff shortages. Insufficient breastmilk was a recurrent theme sometimes attributed to poor maternal diet.

Conclusion Facility-based breastfeeding peer support for mothers of LBW infants has the potential to improve uptake of appropriate infant feeding practices and their post-discharge survival and growth outcomes in rural communities in Kenya. These preliminary data, including the observed implementation challenges will be used to inform the design of a future trial to rigorously evaluate this potentially sustainable approach to addressing adverse post discharge outcomes of these vulnerable infants.

Moving Together Towards a New Revision of the Griffiths Scales of Child Development

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Aims Community-based collaborative systems are demonstrated as being as important as child health professionals in providing the early identification of, and intervention for children, especially those with developmental challenges. One of the clinician’s core responsibility areas is to assess children using psychometrically sound measures and to ensure that the findings are interpreted and used in a fair and ethical way. The Griffiths Scales of Child Development – 3rd Edition (Griffiths III) was published in 2016 and is used internationally by practitioners. The Griffiths III is used to improve childhood development outcomes, one of the millennium development goals. This places it firmly on the global health agenda. The Association for Research in Infant and Child Development (ARICD) is currently planning and reviewing, refining, and improving the next version of this assessment tool. Part of this process is to obtain ongoing feedback from all the key role players in the Griffiths III. The purpose of the present study was to explore and describe how practitioners using the Griffiths III around the world experienced the measure 18 months after its 2016 publication.

Methods A qualitative methodology with an exploratory-descriptive design was employed. A questionnaire was created by the ARICD and distributed to the 217 registered practitioners of the Griffiths III at that time. 175 questionnaires were returned to the ARICD from 12 countries. The 72 questionnaires from practitioners actively using the Griffiths III were evaluated using thematic analysis to extract themes.