

murmur clinic appointment or after discharge from the murmur clinic.

Conclusions The provision of a registrar-led murmur clinic is a safe and effective screening tool for babies with a murmur. Following senior review all babies with murmur on the postnatal ward can therefore be safely discharged home in the first 24 hours after birth. In the absence of registrar availability, this screening clinic could be led by a general paediatrician or neonatologist. We have shown that this model can lead to a reduction in the number of babies requiring an echo by over two thirds. The introduction of echocardiography performed by the echo technician can further improve the waiting time for an echo.

We aim to improve neonatal trainee awareness of details of the pathway to ensure babies are discharged early from the postnatal ward with murmur clinic follow up, and that the echo technician appointments are utilised appropriately.

British Association of General Paediatrics

661 IDENTIFYING CHILDREN 'MISSING' DURING UK COVID-19 LOCKDOWN: A RETROSPECTIVE COHORT STUDY (2015–2020) OF OXFORDSHIRE ED ATTENDANCES AND INPATIENT DIAGNOSES

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Background On 23rd March 2020, the UK 'stay at home' order heralded the first national lockdown, lasting 7-weeks. Dramatic reductions of paediatric attendances/admissions were noted nationally and internationally, with concerns surrounding diagnosis which may be missing from secondary care.

We conducted a systematic review on 9th January 2021, searching PubMed for 'COVID', AND 'lockdown', AND 'paediatric' OR 'children', AND 'attendance' OR 'admission', in all languages using MESH terms. This identified n=41 primary articles exploring paediatric healthcare usage during a lockdown period. These covered Europe, Brazil, USA, Canada, Iran, and India. 44% examined ED settings only; 49% reported on admissions for a single disease or specialty; only 2 examined all inpatients.

No previous study has explored the changing patterns of diagnoses amongst all paediatric inpatients during a lockdown period, compared to historical years.

Objectives To establish the changing patterns of ED attendance and inpatient diagnoses across two Oxfordshire hospitals during the first COVID-19 lockdown in 2020, compared to five historical years (2015–2019).

Methods We retrospectively reviewed anonymised electronic records for all ED attendances and inpatients aged 0–15 years, across two Oxfordshire hospitals providing secondary and tertiary care services. Discharge ICD-10 coding were analysed to identify significant differences in lockdown inpatient diagnoses, compared to a matched 7-weeks in 2015–2019 (Mann-Whitney U test, admissions-per-week).

Results During the first 2020 lockdown period, 2,843 diagnoses were associated with 1,416 admissions (mean 4.81 diagnoses/patient), compared with 12,458 admissions and 19,946 diagnoses across matched dates 2015–2019 (2.97 diagnoses/

patient). Lockdown ED attendances (n=4030) and admissions (n=1416) were reduced by 56.8% and 59.4%, respectively, compared to 2015–2019 (mean n=7446.8 and n=2491.6, respectively). Proportions of admissions from ED and patients' subsequent length of stay were similar across all years. Reductions in hospital admissions were highest in 1–5-year-old (age <1 =48.4%, 1–5 =67.2%, 6–10 =53.3% and 11–15 years =48.9%).

We categorised diagnostic codes significantly reduced during lockdown ('missing') compared to 2015–2019: 80% were infectious diseases or their sequelae; non-specific pains/aches/malaise (11%) and accidental injury/poisonings (9%) accounted for the remaining 20%. Categories with increased diagnoses (24% of lockdown diagnoses) were 'related to pandemic screening', 'incidental finding/co-morbidity' and 'other diagnoses'. We also found significantly greater numbers of neoplasms (benign and malignant) diagnosed during lockdown (p=0.0123).

Conclusions Pandemic measures and messaging are altering paediatric disease presentation. Our study confirms large reductions in paediatric ED attendances and inpatient admissions during the first national lockdown, raising concerns of vulnerable children 'lost' to secondary care.

Our assessment of 'missing' paediatric diagnoses uses internationally comparable ICD-10 codes. We therefore postulate that the 80% of infection-related diagnoses 'missing' during the lockdown period are driven by a combination of stringent infection-control measures, parents/carers management of mild/self-limiting disease at home, and/or increased anxiety surrounding hospital attendance. As 20% were non-specific or accidental injuries, we remain concerned about significant disease with late presentations or patients with safeguarding concerns who may not be brought to hospital, amongst these patients.

Prospective studies are necessary to establish whether parents/carers are adequately supported, have adequate contact with health professionals and feel empowered to use referral pathways for hospital review.

British Association of Perinatal Medicine and Neonatal Society

665 DOES THE HOSPITAL OUTCOME OF BABIES (≥30 WEEKS) BETWEEN INBORN AND OUT BORN DIFFER? A SERVICE EVALUATION

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Background There has been less research into neonatal outcomes of those ≥30 weeks gestation, who could be cared for in a Level-1 unit. Additionally, the Northern Neonatal Network is unique due to the fact it does not contain Level-2 units.

Objectives Describe the characteristics and outcomes of babies (≥30 weeks) born in Level-1 transferred out for intensive care (out-born) compared with babies born at similar gestation born in level-3 (inborn).

Methods This retrospective study was conducted in a regional level-3 unit, with nine Level-1 units in the region. Using the