

Staff received multidisciplinary training utilising motivational interviewing techniques to have these crucial conversations with families. Staff feedback was collected through questionnaires, focus groups and semi-structured interviews.

Results BMI plotting was successfully introduced; going from a median of 0% to 100% for both OPC and RRU and increasing the recognition of overweight/obese children to 100%. 100% of staff who attended multidisciplinary training 'agreed'/'strongly agreed' that it improved their willingness, confidence and preparedness to address obesity with families. 100% of parents (27/27) who provided feedback were supportive of the project. 100% of parents stated that doctors have a duty to raise obesity with families.

Conclusions Routine BMI plotting has been successfully introduced to our outpatient department and spreading to other hospitals in Northern Ireland. We shared our innovative practice by hosting a regional paediatric obesity awareness day for all Northern Irish healthcare professionals. We are running a one-to-one health coaching pilot for families struggling with weight issues. We have applied for funding to expand this. Our vision is that all overweight/obese children are recognised and given support to achieve a healthier weight.

REFERENCES

1. Cabinet Office, Department of Health, HM Treasury, and Prime Minister's Office. *Childhood obesity: a plan for action*. <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action> (accessed 17 October 2017).

G350(P) VIOLATION OF THE INTERNATIONAL CODE OF MARKETING OF BREASTFEEDING SUBSTITUTES (WHO CODE) BY THE FORMULA COMPANIES VIA SOCIAL MEDIA

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10.1136/archdischild-2019-rcpch.338

Objective The WHO Code was adopted in 1981 by the World Health Assembly (WHA) to promote safe and adequate nutrition for infants, by protecting breastfeeding through ensuring ethical marketing of breastmilk substitutes. With the emerge of social media networking sites, infant formula companies started to use digital direct-to-consumer marketing to target parents with unique personalization and frequency. The primary objective of this study was to examine the presence of infant formula marketing on social media, using the WHO Code as a framework. To our knowledge, this is the first study that collected evidences on this issue from a European country and aims to be that can inform decisions about the regulation of the advertising of infant formulas.

Method This qualitative research examined the presence of 9 infant formula brand on popular social media platforms; Facebook, Twitter, Instagram, blogs, mobile applications and interactive websites that were used to promote breast milk substitute (BMS) and related content from December 2016 to January 2018. Then, their marketing activities were examined using the WHO Code as a basis for ethical marketing.

Results This study assessed 46 accounts, including both official and individual holders, to examine strategies of infant formula marketing in social media that are probable to be visited by

new and future parents and the findings disclose that the world leading breast milk substitute manufacturers make inappropriate promotions of their products in social media that are contrary to the WHO Code and relevant WHA resolutions. Of all the 9 BMS brands identified, 6 of them had at least one social media presence. Activities were carried mostly on Facebook and Instagram. Most violations were made through idealising the use of breastmilk substitutes with health or nutrition claims. These violations mainly made via having direct contact with mothers, establishing a financial relationship between manufacturers and bloggers, and creation of mobile apps for use of parents.

Conclusion Given the rising violations of WHO Code on social media and insufficient reporting, there is a necessity for effective legislation, training and new monitoring strategies to achieve full compliance with the WHO Code.

G351(P) EVALUATION OF TREATMENT AND OUTCOMES IN PAEDIATRIC PATIENTS WITH WHOOPING COUGH (BORDATELLA PERTUSSIS) AT A HOSPITAL TRUST FROM 2012–2017

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10.1136/archdischild-2019-rcpch.339

This retrospective study investigates the adherence to local guidelines during the treatment of paediatric patients with pertussis and follows their clinical outcome at a Hospital Trust between 1st January 2012 and 31st December 2017.

Forty-four *Bordatella pertussis* patients were identified through clinical coding or microbiological confirmation. Five patients were excluded due to insufficient clinical data, duplication or community treatment. The remaining thirty-nine patients were evaluated by systematically reviewing their clinical notes; recording whether the patients were correctly investigated, treated and notified to Public Health England (PHE), as well as the patient's clinical outcome. This information was corroborated with the PHE records of pertussis notifications over the same period.

Results demonstrated that 31 (84%, n=37) patients were correctly investigated with either pernasal swabs, nasopharyngeal aspirates (NPA) or serological testing. 17 (46%, n=37) patients were treated correctly according to local guidelines. The remainder were non-adherent to guidelines generally due to choice, timing or duration of antibiotic. 8 (21%, n=39) patients had notification to PHE recorded in their clinical notes, well below the 23 (53%, n=43) cases that PHE were informed of according to their records. 11 (28%, n=39) patients were admitted to Paediatric Intensive Care Unit (PICU), 5 (13%, n=39) patients received Extracorporeal Membrane Oxygenation (ECMO) and 6 (15%, n=39) patients died. Mortality rate was 45% (n=11) for those admitted to PICU and 80% (n=5) for those who received ECMO. Further analysis showed a statistically significant increased average

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