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Background Breastfeeding of preterm infants is not well researched in Denmark, although breast milk is of great importance for these infants because it protects against infections, decrease the risk for severe diseases (necrotizing enterocolitis and retinopathy), and breastfeeding strengthens bonding and attachment between mother and infant. Many factors can influence breastfeeding of preterm infants. Some are related to the mother and infant, while some are related to unit-specific factors at the Neonatal Intensive Care Unit (NICU). This study will highlight potential influencing factors.

Aim To investigate how many preterm infants are breastfed exclusively at discharge, and breastfeeding duration. To examine which conditions in infants, mothers and NICUs that affect breastfeeding of preterm infants.

Method A multicenter exploratory longitudinal survey on breastfeeding of preterm infants in all NICUs in Denmark with questionnaires answered by the mothers in beginning of hospitalisation and at the infants' discharge, followed by telephone interviews in the infants' first year.

Preliminary results More than 1400 preterm infants from 24 to 36 weeks of gestational age (mean 33 weeks and 4 days, SD 249 weeks) participated in the study. At discharge 68% were exclusively breastfed, 17% were partially breastfed and 15% were not breastfed. Further analysis will show which factors in infants, mothers and NICUs influence breastfeeding at discharge.

Conclusion Compared to most international research, preterm infants in Denmark have high breastfeeding rates at discharge from NICU.

67 THE EXPERIENCE OF NURSES TAKING CARE OF NEWBORNS WITH NEONATAL ABSTINENCE SYNDROME (NAS) AND THEIR FAMILIES

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This study entitled "The experience of nurses taking care of newborns with Neonatal Abstinence Syndrome (NAS) and their families" gives an account of the nurse's experiences on a Neonatal Intensive Care Unit (NICU), as well as the difficulties they face regarding this matter. This is a qualitative, exploratory and descriptive study, with a phenomenological approach. Data was collected by semi-structured interviews and submitted to content analysis (Bardin). The analyses brought out the following themes: how the nurse perceives the child and the parents he/she is taking care; how the nurse perceives the way that parents take care of their child; what the nurse feels when he/she is taking care of the child and the family; the difficulties the nurse has to face; what the nurse focuses his/her attention when taking care of the child and the family; what the nurse perceives as necessary to improve the care which is being provided.

Nurses expressed some difficulties concerning the teamwork, difficult relationship and communication with the families, and lack of resources, of a specific training and care standards, as well as an updated assessment tool. They feel frustration, anxiety, revolt, weariness, anguish, pain, as well as affection, satisfaction, challenge and recognition. In general, parents are absent and disinterested. However some are more present and provide basic care for their child autonomously.

This study has revealed the complexity and importance of taking care of such children, associated with their characteristics, clinical manifestations, suffering and peculiar characteristics of their families.

68 PSYCHOLOGICAL SYMPTOMS OF ADOLESCENTS WITH AND WITHOUT CHRONIC ILLNESSES

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Background and aims The aim of this study was to compare psychological symptoms of adolescents with and without chronic illnesses.

Methods A total of 380 students (255 healthy and 85 with chronic illnesses) were recruited for the study. Data were gathered by using the general information form and the brief symptom inventory (BSI) for adolescent. Mann-Whitney-U test were used in analyzing the information.

Results Results demonstrated that adolescents with chronic illnesses had higher scores on somatization ($p < 0.001$) and lower scores on hostility ($p < 0.05$). Girls with chronic illnesses had lower scores on depression ($p < 0.01$), negative self-perception ($p < 0.05$) and hostility ($p < 0.01$) than healthy girls. Both girls and boys with chronic illnesses had higher somatization scores than peers without chronic illnesses.

Conclusions This research suggests the importance of mental health screening for adolescents with chronic illnesses and the need for clinical and community-based interventions to target modifiable lifestyle factors that contribute to psychological distress.

69 FATIGUE IN CHILDREN BEFORE AND AFTER BONE MARROW TRANSPLANTATION: A PRELIMINARY DATA

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Background and aims Fatigue is described as one of the most frequent and distressing symptoms of cancer therapy but in children and adolescents it has received limited clinical attention. The aim of the study was to assess the change in fatigue scores during cancer treatment according to children's, adolescents' and parents' perspectives and to describe the possible causes of fatigue.

Methods In this longitudinal descriptive study were enrolled 21 patients (aged 8–18 years) 15 (71%) boys and 6 (29%) girls, with acute lymphoblastic (ALL 66.6%) and myeloid (AML 33.4%) leukemia, and one of their parents. Fatigue as measured by PedsQL Multidimensional Fatigue Scale the day before the first cycle of chemotherapy (T0) and after 30 days (T1) of induction chemotherapy (about 25 days after BMT).

Results Compared data pre and post chemotherapy children had significantly worse fatigue total scores (79.3 DS±10.5 vs 42.9 DS±8.5, $p = 0.000$): general fatigue domain (77.4 DS±14.4 vs 31.3 DS±10.1, $p = 0.000$), sleep/rest fatigue domain (73.4 DS±15.8 vs 28.6 DS±12.1, $p = 0.000$), and cognitive fatigue was the better and similar domain pre and after BMT in child's (87.1 DS±11.2 vs 69 DS±17.5, $p = 0.000$) and parents' (88.3 DS±12 vs 68.2 DS±21.4) perception. Children with ALL (41.7 DS±8.9) had a worse fatigue than AML (45.6 DS±7.6) and the fatigue parent's perception about their children is worse than child's perception (38.2 vs 42.9).

Conclusions This study shown that cancer treatment increase significantly children's fatigue levels. Nurses should frequently assess fatigue in children receiving chemotherapy and apply timely and tailored interventions to match the factors that contribute to fatigue and influence fatigue severity, further to identify the domains compromises and make correct nursing diagnoses. Management of fatigue during treatment will help children stay involved in age-related activities and meet developmental milestones.