

1872 **AN INVESTIGATION ON THE STATUS OF TERM, PREMATURE AND LOW BIRTH WEIGHT AND ITS ASSOCIATION WITH SOME MATERNAL FACTORS**

doi:10.1136/archdischild-2012-302724.1872

PT Taheri. *Pediatric Nursing Department, Isfahan University of Medical Sciences and National Children's Research Centre, Isfahan, Iran*

**Introduction** The cause of this mortality is either being premature or low birth weight of newborns and congenital diseases. Provision of health for this most precious generation is the main duty of each nation and government. Health promotion and the right of newborn's for living, Pregnancy development, delivery prognosis and newborn's survival all come true just by maternal health.

**Materials and Methods** This is a descriptive comparative, one step, three group study, The population studied comprised 380 term, premature and low birth weight newborn's in hospitals, post (maternity delivery), newborn and NICU wards selected target basedly from selected university hospitals in Isfahan.

**Results** Term, premature and low weight newborn's status was questioned from the mother, investigated in the infants' files and then was recorded. The findings showed that 57.1% of the infants were boys and 46.6% girls.

Mothers mean age based on new borns' birth weight through spearman correlation test shows a non significant association between birth weight and mothers' age, ( $r=0.2$   $P=0.698$ ). (Analyzing) Mothers' mean age pre pregnancy based on infants' weight status through spearman correlation test shows a non significant association between infants' birth weight and pre pregnancy mothers' weight ( $p=0.883$ ).

**Discussion** The role of mothers' care in maternal care get more remarkable. Meanwhile, the health providing team maternal care.

1873 **BREASTFEEDING PROBLEMS DURING FIRST THREE POSTNATAL DAYS**

doi:10.1136/archdischild-2012-302724.1873

<sup>1</sup>J Raju, <sup>1</sup>M Vatsa, <sup>2</sup>RK Agarwal. <sup>1</sup>College of Nursing; <sup>2</sup>Department of Pediatrics, All India Institute of Medical Sciences, Delhi, India

**Background and Aims** We surveyed late preterm and term mother-newborn dyads (n=380) in a tertiary care hospital to determine the epidemiology of breastfeeding problems during initial 72 hours.

**Methods** The subjects were enrolled within 12 hours of delivery and assessed 12 hourly for perception of and documented breastfeeding problems using validated open ended questionnaire and checklist respectively.

**Results** A total of 220 (57.9%) mothers delivered vaginally, and 228 (60%) had no previous experience of breastfeeding. Nearly all mother-infant dyads had one or more breastfeeding related problems. The major self reported problems included insufficiency of milk (341, 89.7%), difficulty in latching (145, 38.2%) and breast related problems (112, 29.5%). The major documented problems included poor attachment (378, 99.5%), poor positioning (378, 99.5%), breast engorgement (76, 20%) and poor sucking (65, 17.5%). A significant proportion of mother-infant dyads continued to have breastfeeding problems at 72 hours after delivery. The common problems were poor positioning (121, 31.8%), poor attachment (121, 31.8%) and breast engorgement (71, 18.7%). Caesarean delivery was found to be a significant predictor of self reported breastfeeding problems.

**Conclusion** There is a huge burden of breastfeeding problems in mothers delivering at gestation of 34 weeks or more. There is a need to examine the impact of breastfeeding problems and the interventions directed to them on breast feeding outcomes.

1874 **CONTRIBUTION TO INTERCULTURAL ADAPTATION OF THE "NURSE PARENT SUPPORT TOLL" TO PORTUGUESE REALITY**

doi:10.1136/archdischild-2012-302724.1874

<sup>1</sup>AP França, <sup>2</sup>SM Valadao, <sup>1</sup>MC Reinho. <sup>1</sup>UNIESEP (Oporto College of Nursing Reseach Unit), Oporto College of Nursing, Porto; <sup>2</sup>Unidade de Cuidados Especiais Pediátricos/Neonatais, Hospital Santo Espírito de Angra do Heroísmo-EPER, Angra do Heroísmo, Portugal

The hospitalization of a child at risk appears to be an ongoing source of stress for parents and several studies highlighted the importance of nurses' support. Therefore, the existence of a scale that allows parents to assess nurses' support, will contribute to build a more effective relationship between them, in order to provide excellence in nursing care, not only directed to the child but also to the family, contributing to increased parental satisfaction related to nursing care.

It's a methodological study that took place in a portuguese neonatal and pediatric intensive unit, that intends to make the first contribution to intercultural adaptation of the scale "Nurse Parent Support Tool" for the European Portuguese and to Portuguese culture, aiming at its future use as a measure of the perception that parents have about the support they receive from nursing staff during hospitalization of their child.

Guaranteeing the semantic and conceptual equivalence involved the following stages: 1- Translations, 2- Synthesis of translations, 3- Back-translation and 4- Synthesis of back-translation. The evaluation of its content validity involved: Stage 5- Review by the Expert Committee, and stage 6- Pretest.

The Portuguese version of NPST kept the conceptual and semantic equivalence, as the original, and showed good levels of content validity in Portuguese culture.

**Results** justify future investigations to evaluate other psychometric properties and thus make it scientifically valid, for implementation in clinical practice of portuguese pediatric nursing.

1875 **KANGAROO MOTHER CARE IN A NEONATAL CONTEXT: PARENTS' EXPERIENCES OF INFORMATION AND COMMUNICATION**

doi:10.1136/archdischild-2012-302724.1875

<sup>1</sup>D Lemmen, <sup>2</sup>P Fristedt, <sup>3</sup>A Lundqvist. <sup>1</sup>BIVA, Skånes Universitets Sjukhus, Lund; <sup>2</sup>BVC, Capio Citykliniken, Landskrona; <sup>3</sup>Dep of Health Sciences, Lund University, Lund, Sweden

Kangaroo Mother Care (KMC) is an evidence-based nursing practice with many benefits for children and parents. The purpose of this study was to describe mothers' and fathers' experiences of information and communication from the staff in connection with KMC and their experiences during the application of KMC. A qualitative study with semi-structured interviews was performed. The sample consisted of 12 families (n = 20). The results show that the information and communication was experienced as both optimal and suboptimal including following themes: safe and confusing, satisfactory and unsatisfactory and enhanced self-esteem and lack of self-esteem. The experiences during application of KMC included belonging and alienation as well as happiness and anxiety. The overall theme showed that information and communication of KMC is both crucial and not crucial for parents to experience KMC as optimal nursing care. The conclusion is that staff in neonatal units, where the KMC is implemented, should review their practices regarding the process of information and communication between parents and staff. This requires further research into the implementation of communication theories for the staff in neonatal units in a satisfactory way for the parents.

1876 **A STUDY ABOUT VALIDITY AND CONFIDENCE OF WHAT BEING THE PARENT OF A BABY IS LIKE SCALE**

doi:10.1136/archdischild-2012-302724.1876

<sup>1,2</sup>D Yildiz, <sup>2</sup>Y Sanisoğlu. <sup>1</sup>Gulhane Military Medical Academy; <sup>2</sup>Yildirim Beyazit University, Faculty of Medicine, Ankara, Turkey

**Objective** This study is planned for quantification of validity and confidence of “What Being the Parent of a Baby is Like (WPL)” scale in Turkish women who have the first baby.

**Material-Methods** Study is composed by the 81 mothers who have the first baby. The scale, was created by Karen Pridham, administered to the mothers at the end of 1st week, 1st month and 3rd month. A questionnaire of sociodemographic aspects of mothers and “What Being the Parent of a Baby is Like” scale were used for the collection of the datas.

**Results** Cronbach alfa coefficients which were collected from the graphic rating scales are ranged between 10.13 and 82.07. All the subdimensions except the “Centrality” are appreciated that they have validity and confidence.

**Conclusion** The scale can be used for evaluation of a mother’s, that has a new baby after laboring, quality at the same time it can be used as a guide for compliance for motherhood and entire dealing in Turkey.

#### 1877 HOME CARE OF CHILDREN WITH FOP (FIBRODYSPLASIA OSSIFICANS PROGRESSIVA)

doi:10.1136/archdischild-2012-302724.1877

<sup>1</sup>H Kuwata, <sup>1</sup>H Soga, <sup>1</sup>M Shirasaka, <sup>1</sup>Y Komai, <sup>2</sup>K Kuwata. <sup>1</sup>Department of Clinical Nursing, Division of Pediatric Nursing, Shiga University of Medical Science, Otsu City; <sup>2</sup>Center for Emerging Infectious Diseases, Gifu University, Gifu City, Japan

**Background** FOP (Fibrodysplasia Ossificans Progressiva) is a rare disease in which muscles in the body gradually replaced with bones. There is no therapeutic at this stage. Since population of FOP patients is small, home care methods are devised only individually.

**Objective** The aim of this study is to investigate the actual situation of home care for FOP patients and to consider the possible nursing home care for FOP patients.

**Methods** Subjects were 10 FOP patients (1 male and 9 female) and their families. We interviewed them on the daily care of their childhood and analyzed the transcripts by qualitative descriptive study. For ethical consideration, we explained to the subjects about contents of this study and got the informed consents.

**Results** We found the categories of FOP patients of the actual situations as follows;

7 categories in infants; reduction in outdoor playing, progress by the physical damages, appearance peculiar to ossific symptoms etc.; 6 categories in schoolchildren; the decline in ADL restriction by ossification, distrust of others, acceptance of the rare disease, invention for improvement in QOL etc.; 9 categories in adolescence; the ADL decline by ossification, the deterioration of condition by ossification, care for the injury prevention, notification of the name of a disease, invention for QOL improvement, the decision to become independent, etc.

**Conclusions** FOP children are now dependent on their family, they hope to live their own life in future. It is critical for nursing care to consider the ways keep them from injury and infection.

#### 1878 THE RELATIONSHIP BETWEEN GCS AND LENGTH OF PICU STAY

doi:10.1136/archdischild-2012-302724.1878

J Nicholas, D White. *Paediatrics, Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK*

**Background** Our PICU, admitting 700 patients a year is the major trauma centre for East Anglia, UK. The Glasgow Coma Score (GCS range 3–15) offers practitioners a guide to the critical patient’s conscious level. We wanted to consider the relationship between the

patients’s GCS at the trauma scene with the length of time the children were admitted within the PICU.

**Methods** Exploratory data was collected reviewing 42 paediatric head-trauma patient’s notes for two years, January 2010 - November 2011, to ascertain if any correlation could be established between the GCS scores at the scene and the length of the child’s PICU stay (range 1–17 days). Children aged 0–16 were included (youngest 2 months, oldest 15 years), children who had suffered non-accidental injuries were excluded, as were those who had died.

**Results** The results showed a correlation of: lower the GCS the higher the length of PICU stay, however statistically ( $R^2 = 0.375$ ), this could not be used to define all head injury admission length of stays, and other factors such as age may contribute.

**Conclusions** Emergency admissions effect the PICU’s capability maintaining elective surgery, the ability to more accurately determine a patient length of stay is important in supporting work force planning, and supply purchasing. A lower GCS at the trauma scene did show some increased length of PICU admissions. The early GCS score could potentially offer a manager of a PICU an indication of the patient’s estimated length of stay, a larger group and further research concerning other factors should be considered.

#### 1879 PEDIATRIC NURSES KNOWLEDGE AND ATTITUDES TOWARD VITAL SIGNS

doi:10.1136/archdischild-2012-302724.1879

<sup>1</sup>H Yıldırım Sarı, <sup>2</sup>S Çevik Yöntem, <sup>2</sup>D Demir, <sup>2</sup>N Karaoğlan, <sup>2</sup>S Şengün, <sup>3</sup>S Çimen. <sup>1</sup>İzmir Katip Çelebi University Faculty of Health Science; <sup>2</sup>Dr Behcet Uz Çocuk Hastanesi, İzmir; <sup>3</sup>Mevlana University Vocational School of Health Services, Konya, Turkey

**Aim** This study was planned to determine pediatric nurses’ knowledge and attitudes towards monitoring the vital signs.

**Methods** One hundred eleven nurses working in the inpatient clinics at a children’s hospital located in İzmir participated in the study. In the study, the following three forms were used: “The Socio-demographic Questionnaire”, “The Vital Signs Knowledge Assessment Survey” and “The Vital Signs Attitude Assessment Survey”. Knowledge and attitude surveys were prepared in accordance with the following guidelines published by the Royal College of Nursing: “Standards for Assessing, Measuring and Monitoring Vital Signs in Infants, Children and Young People” and “The Recognition and Assessment of Acute Pain in Children”. Cronbach’s alpha value of the Knowledge Survey is 0.87, the Attitude Survey is 0.86.

**Results** The mean scores the nurses obtained from the knowledge survey were as follows: general principles: 87.9±7.8, temperature: 87.6±10.1, Pulse: 93.1±8.0, respiration: 96.4±7.4, blood pressure: 92.8±7.0 and pain: 91.8±9.8. The mean scores the nurses obtained from the attitude survey were as follows: general principles: 81.7±11.99, temperature: 87.4±15.9, pulse: 89.6±12.5, respiration: 95.3±9.8, blood pressure: 95.8±12.2 and pain: 91.0±15.5. Of the nurses, 49% stated that nurses themselves should decide about the frequency of monitoring vital signs whereas 41.4% stated that it should be ordered by the physician.

**Conclusion** According to our findings, nurses’ knowledge and attitude scores relating to monitoring vital signs are quite high.

#### 1880 FLUID, CALORIE AND PROTEIN INTAKE IN INFANTS BORN AT < 32 WEEKS GESTATION - ARE WE MEETING THE STANDARDS?

doi:10.1136/archdischild-2012-302724.1880

S Stones, S Gupta. *Neonatology & Paediatrics, University Hospital of North Tees, Stockton-on-Tees, UK*

**Background** In premature infants optimal nutrition should be maintained and weight loss limited. Guidelines recommend