

literacy with some differences in function of word versus non-word reading and writing.

Conclusions These findings revealed the importance to analyse both language and short-term memory in preterms at the end of preschool age, with relevant implications for interventions to improve literacy at school age.

1235 DEVELOPMENT AND VALIDATION OF A SCALE TO ASSESS KNOWLEDGE OF OUTCOMES FOLLOWING PRETERM BIRTH

doi:10.1136/archdischild-2012-302724.1235

¹D Henderson, ¹C Beer, ²D Wolke, ³S Johnson. ¹School of Community Health Sciences, University of Nottingham, Nottingham; ²Warwick Medical School, University of Warwick, Coventry; ³Department of Health Sciences, University of Leicester, Leicester, UK

Background and Aims Preterm children are at high-risk for special educational needs. Education professionals' (EPs) knowledge of health conditions is crucial for providing appropriate support, however no studies have investigated their knowledge in this area. To facilitate such research we developed a scale to assess knowledge of outcomes following preterm birth.

Methods Following a comprehensive literature review, 35 forced choice (true/false/don't know) items were developed to assess knowledge of neurodevelopmental and educational outcomes. Item scores were summed to provide a total knowledge score (range 0–35). The scale was completed by 120 EPs and 70 experts in the field (neonatologists/paediatricians).

Results EPs' responses revealed floor effects for 2 items which were removed. The remaining 33-item scale had excellent internal reliability (Cronbach's Alpha=0.82). EPs' knowledge scores were normally distributed (Mean 11.3; SD 5.4) and differed significantly by level of training ($F(3,111)=2.78, p=0.045$) indicating construct validity. Experts' knowledge scores were not normally distributed (Median 26.5; IQR 23.0–29.0) and were significantly higher than EPs ($p<0.001$) indicating discriminative validity. Principal components factor analysis revealed two factors:

1. developmental problems, internalising difficulties and attainment,
2. need for additional support in the classroom.

EPs' scores were significantly lower than experts on both subscales.

Conclusions This short scale has good psychometric properties and provides a useful tool for teaching and assessing clinical and education professionals' knowledge of preterm birth. Study results revealed the need to improve EPs' knowledge of sequelae of prematurity if they are to support increasing numbers of preterm children in the classroom.

1236 SUPPORTING THE SCHOOLING OF VERY PRETERM CHILDREN: EDUCATION PROFESSIONALS' OPINIONS AND INFORMATION NEEDS

doi:10.1136/archdischild-2012-302724.1236

¹D Henderson, ¹C Beer, ²D Wolke, ³S Johnson. ¹School of Community Health Sciences, University of Nottingham, Nottingham; ²Warwick Medical School, University of Warwick, Coventry; ³Department of Health Sciences, University of Leicester, Leicester, UK

Background and Aims Increasing numbers of very preterm (VP; < 32 weeks) children with special educational needs are entering, and challenging, the education system. At present we know little about teachers' information needs or opinions regarding how to support these children.

Methods Preschool and primary education professionals completed a questionnaire to elicit opinions regarding their information needs, disclosure of birth status and delayed school entry for VP children. Respondents rated how strongly they agreed with 10 statements

using a 5-point Likert scale; responses ranged from strongly agree to strongly disagree. Additional questions explored training received and demographic information.

Results Of the 120 respondents, 89% felt they were likely to teach a VP child and that educational management was the role of the class teacher. However, only 6% reported having received sufficient training about VP children and >90% agreed they would like more information about strategies to support VP children's learning. 92% of respondents agreed that disclosing a child's preterm birth status would be beneficial and none felt it would lead to problems associated with labelling. A small majority of teachers were supportive of parents delaying (56%) or deferring (58%) their child's school entry.

Conclusions This survey revealed that a worrying number of early years' education professionals received no formal training regarding the educational needs of VP children and most felt inadequately equipped to support these children in their classroom. There is a pressing need for clinicians to communicate evidence-based findings to facilitate ongoing management of VP children at school.

1237 DEVELOPMENT AND QUALITY OF LIFE IN NICU GRADUATES AND HEALTHY NEWBORNS WITH PCHI AT 3–5 YEARS OF AGE AFTER NHS

doi:10.1136/archdischild-2012-302724.1237

¹EA van de Ven, ¹HLM van Straaten, ²AM Oudesluys-Murphy, ²AMH Korver. ¹Dept of Neonatology, Isala Clinics, Zwolle; ²Dept of Pediatrics, Leiden University Medical Center, Leiden, The Netherlands

Background NICU graduates have both an increased risk of permanent childhood hearing impairment (PCHI) and delayed psychomotor development. Little follow up is available after introduction of neonatal hearing screening (NHS).

Aim Comparison of language and psychomotor development as well as quality of life in NICU graduates vs. well baby clinic (WBC) newborns with PCHI at the age of 3–5 years.

Method All children (born 2003–2005) with PCHI identified in the Netherlands at speech and hearing centres were included. Development and quality of life (QOL) were measured at age 3–5 yrs by using the MacArthur Communicative Development Inventory, Child Development Inventory (CDI), and Pediatric QOL Inventory 4.0.

Results Twenty-six NICU graduates and 64 WBC newborns completed all measurements. Language development showed significant difference for total words signed (23.3 vs 10.6; $p=0.009$). All other scores in NICU graduates on subscales of MacArthur tend to be lower. Though CDI scores were not statistically significantly different, the scores of social (70.1 vs 75.2), self-help (80.0 vs 86.2) and gross motor development (72.0 vs 83.4) were considered clinically significant. Total QOL score differed not significantly (79.4 vs 85.5), inclusive physical functioning (85.7 vs 90.4) but the subscales social functioning (75.4 vs 85.3; $p=0.004$) and psychosocial health summary score (75.9 vs 82.4; $p=0.018$) did for NICU graduates.

Conclusion After NHS NICU graduates with PCHI pursuit to have an increased risk for delayed language and psychomotor development compared to their 'healthy' peers with PCHI. Also quality of life is negatively affected.

1238 INCIDENCE OF CEREBRAL PALSY IN PRETERM BORN CHILDREN DID NOT CHANGE SINCE 2004

doi:10.1136/archdischild-2012-302724.1238

FV van Daalen, EF Stremmelaar, AF Bos. Department of Pediatrics, Division of Neonatology, University Medical Center, University of Groningen, Groningen, The Netherlands

Introduction During the last decade survival rates of preterm children continuously improve. It is under debate whether this influences the incidence of cerebral palsy (CP).