

ASD groups using design-corrected F tests and multivariate logistic analyses.

**Results** Compared with the ASD-now group, the no-longer-ASD group was more likely to be minority (40.6 vs. 18.3%,  $p < 0.01$ ), have parents with high school education or lower (45.6 vs. 28.3%,  $p < 0.05$ ), and less likely to be of Hispanic ethnicity (8.0 vs 18.5%,  $p < 0.05$ ). The no-longer ASD group was more likely to have had hearing problems (although not currently) (21 vs 10.5%,  $p < 0.05$ ), and less likely to have had epilepsy and seizures (6.2 vs 13.1%,  $p < 0.05$ ), developmental delays (55.6 vs 72.8%,  $p < 0.05$ ) or learning disabilities (56.6 vs 80.3%,  $p < 0.01$ ). Retaining the ASD diagnosis dramatically increased with income levels among minority children, while declining for the most affluent children.

**Conclusions** In a nationally representative US sample, we found evidence that the groups most likely to be told they have ASD when they do not are minority, low-income children, particularly those with hearing problems.

## Primary Care General I

### PS-352a CHILDREN'S RIGHTS IN PRIMARY PAEDIATRIC CARE: EUROPEAN STUDY

<sup>1</sup>L Martin-Alvarez, <sup>2</sup>P Altortjai, <sup>3</sup>Z Kovacs, <sup>4</sup>M Katz. <sup>1</sup>Research, AEPap (Asociación Española Pediatría Atención Primaria) ISSOP (International Society for Social Paediatrics and Child Health), Madrid, Spain; <sup>2</sup>Research, Association of Hungarian Primary Care Paediatricians ECPCP (European Confederation of Primary Care Paediatricians ECPCP (European Confederation of Primary Care Paediatricians), Budapest, Hungary; <sup>3</sup>Research, Association of Hungarian Primary Care Paediatricians ECPCP (European Confederation of Primary Care Paediatricians, Budapest, Hungary; <sup>4</sup>Research, IAPA (Israel Ambulatory Pediatric Association) ISSOP (International Society for Social Paediatrics and Child Health), Tel-Aviv, Israel

10.1136/archdischild-2014-307384.651

**Background and aims** UN Convention on the Rights of the Child (UNCRC) is an essential part of child health promoting policies. Several studies were carried out on the implementation of UNCRC in secondary and tertiary health care levels but not in primary paediatric care (PPC) settings.

PPC model heterogeneity in Europe is related to socioeconomic/demographic factors, paediatric education/training and child health care policies. PPC is either provided by paediatricians or family doctors/GPs. The study aim was to assess under a social paediatrics perspective UNCRC knowledge/implementation in European PPC settings.

**Methods** As to profile UNCRC in PPC, a questionnaire (Q1) was designed including 23 specific questions regarding rights of protection, provision and participation. The questionnaire was launched as a "monkey survey" to individual paediatricians practicing in PPC settings through the Council of PPC European national societies participating in the study. Specific country data (Excel table) and total merge data were analysed using SPSS tool.

**Results** 1342 responses received from 10 participating European PPC societies:

-Not enough knowledge: 52%–71%.

**-Implementation** Partly implemented 30%–67%, fully implemented 33–66%

-Equal access to health care: Provided 84%–99,5%

-Right to information: Available 90%.

**Conclusions** The knowledge/implementation of UNCRC in PPC varies significantly among European countries. Deep gaps on

UNCRC knowledge were found. Equal access to health care is provided in urban areas. UNCRC should be included in paediatric education as well as addressed in PPC planning policies. Further research on UNCRC.

## Primary Care General II

### PS-353 COVERAGE OF ANTENATAL APPOINTMENT OF PREGNANT WOMEN ADMITTED TO THE MATERNITY TEACHING HOSPITAL ALCIDES CARNEIRO, PETRÓPOLIS, RIO DE JANEIRO, RJ, BRAZIL

<sup>1</sup>A Veiga, <sup>1</sup>N Moliterno, <sup>2</sup>A Dutra, <sup>1</sup>E Veiga, <sup>1</sup>F Moliterno, <sup>3</sup>I Cordebel, <sup>1</sup>A Goncalves, <sup>1</sup>P Montagni, <sup>4</sup>M Silva, <sup>4</sup>R Rezende, <sup>4</sup>V Ferreira, <sup>4</sup>F Guimaraes. <sup>1</sup>Pediatrics, Faculdade de Medicina de Petrópolis, Petrópolis, Brazil; <sup>2</sup>Pediatrics, Universidade Federal Fluminense, Petrópolis, Brazil; <sup>3</sup>Residente Pediatría, Faculdade de Medicina de Petrópolis, Petrópolis, Brazil; <sup>4</sup>Graduação Em Medicina, Faculdade de Medicina de Petrópolis, Petrópolis, Brazil

10.1136/archdischild-2014-307384.652

**Introduction** The Brazil is encouraging actions and campaigns to ensure prenatal care quality to all pregnant women. Recognising the importance of public health policies, it is necessary to know the consequences of these actions on pregnant women in our maternity hospital, which are exclusive to users of the Public Health System.

**Objective** To quantitatively identify the coverage of antenatal consultations among pregnant women admitted to the maternity HEAC, according to technical guidelines of the Ministry of Health

**Method** A descriptive, cross-sectional study was conducted between 01/08/2013 to 31/01/2014. Through a structured questionnaire and review of medical records.

**Results** We studied 1061 pregnant women, these feature: mean age  $24.98 \pm 6.47$  years;  $9.1 \pm 2.9$  years of education; 69.4% live with a partner; and 40.26% paid work. Concerning the adequacy of prenatal care, we found: Missing: 0.38%; inappropriate: 8.09%; Intermediate: 12.14%; and appropriate: 75.72%. Totalling 24.28% of queries considered inadequate. The mean gestational age of entry into prenatal care was  $14.8 \pm 7.1$  weeks among all pregnant women. Stratifying pregnant in teenagers and adults, we observed an average of  $15.8 \pm 7.4$  ticket and  $14.55 \pm 7.02$  weeks, respectively, with statistical significance ( $p$  value 0.02).

**Conclusion** Although prenatal be available in the public health of the city, there is still a considerable number of women with absence or inadequate realisation of prenatal care. In addition to observing a delayed uptake, especially among pregnant adolescents. Strategies must be implemented for early identification of pregnant women, resulting in positive effects for children, women and society.

### PS-354 ASSISTED REPRODUCTION AND SOMATIC MORBIDITY IN CHILDHOOD – A SYSTEMATIC REVIEW

<sup>1</sup>LO Kettner, <sup>1</sup>TB Henriksen, <sup>2</sup>B Bay, <sup>2</sup>CH Ramlau-Hansen, <sup>3</sup>US Kesmodel. <sup>1</sup>Perinatal Epidemiology Research Unit Department of Paediatrics, Aarhus University Hospital, Aarhus N, Denmark; <sup>2</sup>Department of Public Health Section for Epidemiology, Aarhus University, Aarhus, Denmark; <sup>3</sup>The Fertility Clinic, Aarhus University Hospital, Aarhus N, Denmark

10.1136/archdischild-2014-307384.653