**Results** 15 babies met inclusion/exclusion criteria. All babies were 37–40 weeks gestation. 8/15 were male, mean birth weight was 3.36kg and mean maternal age was 31.9 years. 10/15 (66%) infants had evidence of bacteria on FISH. Of these, RT-PCR was positive in only 1. Positive FISH counts ranged from 2.2 to 41.8×10⁴ cells/g with the mean of positive samples being positive in only 1. Positive FISH counts ranged from 2.2 to 41.8×10⁴ cells/g. Limit of detection for automated counting is 10⁶ cells/g). Cell counts were too low to allow formal diversity analysis. Amplification by RT-PCR was not possible despite positive spiked samples demonstrating the feasibility of reaction. Three babies were dominated by a single family, either Enterobacteriaceae or Enterococcaceae. The others contained 2–5 genera. Bifidobacterium, Enterobacteriaceae and Bacteroides-Prevotella were the most dominant bacteria identified. There was no association between rupture of membrane duration, time to passage of meconium or time to lab with bacterial counts.

**Conclusion** Evidence of bacteria in first-pass meconium samples from healthy, vaginally-delivered, breastfed term infants is scant with only two-thirds having demonstrable bacteria at levels too low for automated counting. Bacterial RT-PCR failed to amplify 9/10 FISH-positive samples. This study suggests that gut bacterial diversity is extremely limited at birth and supports the hypothesis that the neonatal gut is sterile and colonised rapidly thereafter.

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**G118(P)**  LIVING WITH CHRONIC LUNG DISEASE (CLD); CHILDREN AND PARENTS PERSPECTIVES

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**Introduction** Caring for a premature baby who is oxygen dependant may result in short-term parental fatigue, anxiety, depression and restrictions to lifestyle, however long-term effects have not been reported.

**Aim** To investigate children and their parents’ longer-term experiences of living with CLD.

**Methods** This was an exploratory qualitative study which collected interview data from children with CLD aged between 6 and 15 years of age (n = 10) and their parents (n = 12). Families were recruited from a children’s hospital in the UK. Data were analysed inductively and thematically.

**Results** Children and their parents described that CLD was ‘easier to live with as you get older’; this was in some cases due to symptoms becoming less severe but was also influenced by the strategies and expertise acquired in managing the condition. CLD was contextualised against other disabilities caused by prematurity and the uncertainty and fear which had overshadowed the first few years of the child’s life. Parents had gained proficiency in accessing health services which demonstrated competency in dealing with CLD and bypassing those seen as less helpful. Parents felt anxious when they devolved responsibility for managing their child’s condition to others, such as schools, and when they thought about their child’s future. Children’s concerns related to when CLD made them feel different to their friends by causing them to have to step-back, sit out and miss out on activities or when they were ostracised due to their short stature, respiratory symptoms or fatigue. Despite expertise in recognising and managing symptoms, children and their parents discussed a poor understanding of the nature of the condition and this influenced how they described CLD to friends, family, school and outside agencies. Many chose to call the condition asthma; the descriptor of CLD was seen as unhelpful and implied a contagious condition.

**Conclusions** Children and parents’ accounts were mainly positive with CLD becoming easier to live with and manage over time. Ongoing concerns related to managing CLD outside the family, situations causing children to feel different and a poor understanding of the nature of CLD.