Background Injury is a leading cause of childhood death throughout the EU. For every fatality many more children are seriously injured and a large proportion left permanently disabled. Age-specific, population-based data is required to enable accurate assessment of the magnitude and characteristics of the injury problem.

Objective To determine the burden of accident and injury-related childhood mortality in Ireland by determining the prevalence and characteristics of intentional and unintentional injury-related deaths over a twelve-year period from 2006 to 2017.

Design Retrospective review of cause of death information on all deaths <15yrs, registered in Ireland from 2006–2017, with additional detailed information retrieved from autopsy reports reviewed by paediatric pathologists.

Results A total of 4,443 paediatric deaths (<15yrs) were registered in Ireland during 2006–2017, 49% of which were aged >28 days. Beyond infancy the leading cause of childhood death during this period (26.5%) was accident and injury. Most were unintentional accidents, children 1–4yrs being most susceptible (3.9/100,000 vs. 2.8/100,000 1–14yrs). Proportionate injury mortality increased gradually with age ranging from <1% of neonatal deaths to 36% of deaths in children 10–14yrs. Road traffic accidents (RTA) accounted for the greatest proportion of accidental injury deaths across all ages (33%). Other important causes of injury death in younger children 1–4yrs were drowning (8%) fires/burns (7.2%), high falls (6.4%) and accidental strangulation (5.6%), while fires/burns (12.7%) and drowning (8.9%) accounted for a greater proportion of deaths in children 5–9yrs. Interpersonal violence accounted for at least 9.5% of all injury deaths and 1.6% of child mortality overall. The rate of injury fatalities in children 1–14yrs has declined by 40% over the period from 2007 to 2016; from an average of 4.2 deaths/100,000 in 2007–2011 to 2.4 per 100,000 in 2012–2016, due largely to a significant decline in RTA fatalities during this period. A male preponderance of deaths was apparent for all categories of injury particularly drowning (88%), accidental strangulation (75%) and falls (69%).

Conclusions Although welcome reductions in childhood mortality rates have been observed in Ireland in recent years, 26.5% of child deaths, attributable to accidental and intentional injury are potentially avoidable and warrant further attention. National, age-specific data relating to the nature and circumstances of such deaths will assist in providing evidence-based information with which to inform effective intervention strategies.

Background and aims Pocket-money is generally accepted to be a means for parents to introduce concepts of self-management, saving, budgeting, and responsibility for their children. Much of the available published research focuses on the philosophical and sociological impact of pocket-money on the child’s autonomy and on the dialogue between the parents’ value systems or work ethic and how they confer this on their children.

Previous research has found that pocket-money is a simple way of preparing children for the future and creating more financially literate adults.

From a paediatric-research viewpoint, pocket-money is considered a minor variable to be assessed when examining the broader picture of children’s negative health habits.

There is a dearth of information available worldwide in either the medical literature or contemporary media on the amount children receive as pocket-money, how they spend it, how they should spend it and the consequences of the above.

Our objective was to investigate the practices of a cohort of modern-day parents in Ireland regarding the administration of pocket-money to their children in terms of ethos, amount, frequency, and supervision.

We also explore the potential contribution a ‘pocket money culture’ makes to today’s societal problems – obesity-pan- demic, addiction-culture and materialism.

Methods A specifically designed questionnaire was administered to a random selection of 50 parents of children (≤18 years of age), attending our institution during August and September 2018. Data was compiled and analysed using Excel and SPSS.

Results A total of 50 questionnaires pertaining to 116 children (61 boys, 55 girls), were collected (4 fathers, 45 mothers, 1 grandmother). Only 19 guardians gave their children regular pocket money. Reasons cited were overall cost of living and a sense of already providing what is needed.

Conclusion To our knowledge it is the first study of its kind in Ireland. Further studies are needed to review changing mores with regard to pocket-money that may have arisen as result of the recession and the potential impact of this on parenting and childhood in Ireland.

REFERENCES

Aim Primary infection with Varicella Zoster virus (VZV) results in ‘chickenpox’ - an acute illness involving a vesicular rash, fever and systemic symptoms. It is usually a disease of childhood and the majority of cases are benign and self-limiting. However, complications can be related to the virus or due to secondary bacterial infection. These complications can be associated with a high morbidity and high healthcare costs.
HEMIC FLORA OF THE CONJUNCTIVAL CAVITY IN NEWBORN CHILDREN BOR L NATURALLY

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The aim of this study was to review admissions for complications secondary to VZV infection over a six month period (January - July 2017) in a Dublin paediatric hospital. The VZV vaccine is currently available in Ireland but not included on the childhood universal immunisation programme.

Method Patients who were admitted to Children’s University Hospital Temple Street (CUHTS) with complications secondary to VZV infection were identified. These patients’ demographics, symptoms and management were recorded and analysed.

Results Thirteen children were admitted to CUHTS between January and July 2017 as a result of complications of chickenpox infection. Five children were male. The ages ranged from 27 weeks to 7 years (median=1.5 years). All children were previously well, with no history of immunodeficiency. All patients had commenced the routine vaccination schedule but none had received the VZV vaccine.

Complications included cellulitis, osteomyelitis, septic arthritis, encephalitis, toxic shock syndrome, sepsis, and intracranial abscess. Some patients had several complications at once. The length of time from VZV infection to onset of complication ranged from no history of chickenpox (but VZV identified on CSF PCR) to 17 days after the rash had crusted over (median=4.5 days). Six children (46%) had Group A Streptococcus identified as a causative organism for their complication.

The length of hospital stay ranged from 1 day to 27 days (median=6). One child was admitted to PICU for 9 days. Two patients required surgery (orthopaedic, ENT and neurosurgery). Four patients required >6 weeks of antibiotics. All children have had varying levels of outpatient follow up and treatment.

Conclusion While the majority of VZV cases are mild and self-limiting, there is significant patient morbidity and healthcare costs associated with severe or complicated varicella infections. Permanent disability occurs particularly with intracranial and orthopaedic complications. There is an added economic impact for parents taking time off work to be with their sick child. We believe that universal VZV vaccination needs to be reconsidered.

Microflora of the conjunctival cavity in newborn children born naturally

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It is well known that obstetricians are trying to reduce the percentage of cesarean sections and related complications in recent years, so the features of pregnancy and delivery are very important for neonatal ophthalmology. The importance of the study of conjunctival cavity microflora is increasing due to improvement of the technologies of intraocular interventions which are performed in even earlier terms than in the past, and due to necessity for adequate perioperative prevention of their infectious complications. Presently neonatal ophtalmia is a serious problem as well.

Prevention of neonatal ophtalmia has been carried out since 1881. Nowadays many eye treatment schemes which are used after the birth of a child have been proposed. 1% tetracycline ointment is usually used in Russia at present time.

The purpose of our research was to study the nature of the microflora of the conjunctival cavity in newborn children born by natural delivery, and to determine the sensitivity of the isolated microorganisms to antibacterial drugs used in pediatric ophthalmology as well.

60 naturally delivered newborns (120 eyes of 29 girls and 31 boys) were examined. The average gestational age was 38.8 ± 1.39 weeks. In 46 cases, the amniotic fluid was bright, in 14 - meconium colored. Staph. Epidermidis were isolated in 26.4% of cases from the cervical canal of women; lactobacilli were - in 17.15% of cases, the swab was sterile in 56.45% of cases.

Sensitivity of the extracted microflora to the antibacterial drugs used in ophthalmology (aminoglycosides, macrolides, fluoroquinolones, tetracyclines, penicillins) was determined by the disc-diffusion method.

Microflora from the conjunctival cavity was not found only in 28.33% of the cases of natural delivery. Coagulase-negative staphylococci were detected in 35% of the cases, E. Coli in 18.3%. Mixed-flora was found in 15% of the cases. The isolated microorganisms were 100% sensitive to fluoroquinolones (ciprofloxacin, levofloxacin and moxifloxacin), resistance to azithromycin was 48.7%, and to tetracycline - 28.2%.

 Conjunctival cavity of newborns born naturally remains sterile only in 28.33% of the cases, regardless of the degree of microbial contamination of the mother’s cervical canal.

Coagulase-negative staphylococci were found in 35% of cases with clinically healthy children, who were born naturally from healthy women. 19% of those are mecillin-resistant strains. The isolated microflora of the conjunctival cavity of newborns is most sensitive to fluoroquinolones, ciprofloxacin and moxifloxacin, which must be taken into account in perioperative preparation when planning intraocular surgical interventions.

Should healthcare professionals routinely recommend a commercially available sleep movement monitor for babies?

10.1136/archdischild-2019-epa.232

Background Commercially available baby vital monitors have been successfully marketed towards parents, specifically as an intervention to prevent Sudden Infant Death Syndrome.