cases per 100,000 children aged under 1 year. Sixty-one children met the study case definition (51% girls; 41% born <37 weeks gestation; 56% white, 26% Asian, 18% other/unknown ethnicity). Neurodevelopmental abnormalities were reported for 46 (75%) children, including seizures, vision, hearing, and motor abnormalities. The most common identified causes of microcephaly were genetic conditions (n=5) and congenital infections (CMV, toxoplasmosis, and herpes; n=8), however the cause was unknown for 69% infants. No cases of Congenital Zika Syndrome were identified.

Conclusions The number of children with confirmed severe microcephaly was fewer than estimates based on European congenital anomaly registers. Infants of Asian ethnicity and those born preterm were over-represented. Most children were still under investigation for the cause of the microcephaly. Over three-quarters of children already demonstrated neurological abnormalities; further follow-up will capture later neurodevelopmental outcomes.

G37 PARENTAL NEEDS FOR PSYCHOLOGICAL SUPPORT FOLLOWING A DIAGNOSIS OF PERINATAL STROKE

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Background Parents of infants with conditions such as perinatal stroke (PS) often experience feelings of guilt and blame and are at risk of experiencing negative outcomes in terms of psychological wellbeing. This has the potential to adversely affect parent-infant interaction, impacting on the infant. Providing psychological support from an early stage is critically important.

Aims To identify key areas of parental expressed need for support (both met and unmet) following a diagnosis of PS.

Methods Data for the current study was obtained from primary research considering the feasibility of an early parent-delivered therapy intervention (Basu et al. 2018). Eligible participants were recruited from 8 hospitals acting as identification centres. Parents/carers of potential infant participants were identified by clinical staff and their details forwarded to the research team. Secondary analysis of 11 in-depth interviews, exploring parental experiences of delivering the therapy intervention, was carried out using thematic analysis, modelled on the inductive approach by Braun & Clark (2006).

Results Four overarching themes were identified: 'Lack of information' (due to uncertainty about the future and lack of understanding of clinical terms) was a stressor. 'Need for reassurance' related to wanting information, support, and a sense of purpose. 'Emotional processing' reflects changes in the nature and extent of difficulties experienced in processing the initial stage, coming to terms with the diagnosis and long term adjustment. 'Emotional sensitivity' relates to additional factors related to caring for the infant including social stigma, worrying about developmental discrepancies and the marital relationship, which can act as triggers further distress.

Conclusion The diagnosis of PS led to psychological distress in parents which could be characterised in specific themes. Uncertainty following diagnosis was responsible for significant emotional difficulties. Psychological adjustment to diagnosis

was affected by cognitive strategies – but this is a long term and emotionally sensitive process. Findings are discussed in relation to the literature. Recommendations for practice include timely provision of information and resources, restoring self-efficacy, promoting coping strategies to facilitate adjustment, and the compassionate support of healthcare professionals at a time of high vulnerability.

G38(P) KNOWLEDGE, ATTITUDES AND PRACTICE TOWARDS EPILEPSY AMONG PRIMARY SCHOOLS' TEACHERS IN KHARTOUM LOCALITY, SUDAN 2016

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Objective This study aims to assess primary schools teachers' knowledge, attitude and practice towards epilepsy.

Methods and Materials This is a cross sectional study that was conducted using structured questionnaire; self administered to 202 teachers selected through multistage-clustered sampling technique, in Khartoum locality, Khartoum state, Sudan.

Knowledge scoring was done by adding (causes variables + treatment options risk of transmission + symptoms and signs) =15 [less than 5 out of 15 >>poor knowledge. 5–10 out of 15 >>average knowledge. more than 10 out of 15 >>good knowledge]. Attitude score answering correctly to 5 different items and scoring was done [less than 2 out of 5 negative attitudes. 2–3 out of 5 neutral attitudes, more than 3 out of 5 positive attitudes]. Practice scoring was done using 7 items [>3 out of 7 =poor practice, 3–4 out of 7 average practice <4 out of 7 good practice].

Result A total of 202 teachers participate in this study. All respondent have heard about epilepsy, (83.2%) from their nearby community. About (27.7%) considered evil spirit as a cause for epilepsy and (20.3%) answered traditional remedy by herbs and sheikhs as best treatment option. (85.6%) considered epilepsy as non-contagious disease and (67.8%) considered epilepsy presentation as convulsion only. About (73.7%) of the participant have an average knowledge regarding initial procedure for seizures management and report removing sharp and maintain patient safety as a major practice.

Total of (71.8%) of teachers have an average knowledge about epilepsy, (59.5%) have average practice toward epileptic and a percentage of (66.3%) have a positive attitude toward epilepsy.

Conclusion and Recommendation Teachers had a relatively average knowledge about epilepsy, positive attitudes toward students with epilepsy and their practice toward student during seizure was generally average. Education campaigns of the general public on epilepsy should be encouraged. The need for a well-structured educational and evidence-based intervention for teachers about epilepsy is essential.

G39(P) FEATURES OF PHYSICAL DEVELOPMENT OF CHILDREN WITH CEREBRAL PALSY

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