availability of pediatric care by counties in 2012 was above 90% in only 7/21 counties and above 80% in 4/21, while half of the counties had below 80% of children in pediatric care, ranging from 42-79%. In 2018, half of the counties achieved coverage of pediatric care above 90%, in 5/21 above 80% and another 5/21 with unsatisfactory coverage ranged from 52-77%. According to the health care network, another 49 pediatric teams are missing, of which 30 teams are needed for 10 counties with less than 90% coverage.

Conclusion The Republic of Croatia is a signatory to international documents which are undertaken to provide all children with the maximum possible health care. For many years, it can be said traditionally, a model in which the pediatrician is the bearer of children's health care at the primary level has been nurtured and developed since such model ensures high quality health care for children. This analysis showed that the counties with the largest cities had a sufficient coverage and occupancy with pediatric teams, while Slavonia, northwestern counties and Istria had less occupancy. Unevenness in the distribution of pediatric teams gradually decreased in the observed period and increasing number of teams ensured better availability and coverage of children. In the same period, we recorded extremely unfavorable demographic trends with declining birth rates and the emigration of young people, which resulted in a significant reduction in the number of preschool children. Although the number of pediatrics teams has increased, there has been no continuous education of new primary pediatricians, the age of active doctors is high and their retirement will again lead to insufficient availability of pediatric care in the next ten years. In order to ensure optimal and quality primary health care for children, it is necessary to plan new specializations of primary pediatricians, taking into account the geographical and traffic specifics and the population of certain areas.

481 FEATURES OF BREASTFEEDING OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

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In the available recommendations and literature, breastfeeding of prematurely born infants and children with disabilities is interpreted as a protective factor of health and stable connection of the child and the mother. Researches on breastfeeding at risk groups of new born and premature infants indicate the need to further promote breastfeeding in the population of parents of premature infants, while researches of breastfeeding of children with disabilities in the Republic of Croatia are few.

In order to find out more about breastfeeding of children born prematurely and children diagnosed with developmental disabilities, in 2019, parents of children with developmental disabilities and premature babies were interviewed about breastfeeding after discharge from hospital.

Objective to examine the relationship between the duration of breastfeeding and the term of childbirth and the type of developmental difficulties.

Methods 120 parents participated in the study whose children were 5.5 years old on average ($M = 65.34$ months, $SD = 29.32$), of which 74.2% boys and 25.8% girls.

A semi-structured interview was conducted with the parents. Data analysis was performed using Fisher's exact test.

The results of the research showed that the age until which the child was breastfed was related to the term of birth ($F = 14.75$, $p < 0.001$) and to the diagnosed disabilities in the child's development ($F = 11.56$, $p < 0.05$). Children who were not breastfed at all were more likely to be premature ($z = 3.3$, $p < 0.001$) as opposed to breastfed children. Children who were breastfed shorter (up to 3 months) were more likely to be diagnosed with autism spectrum disorders and multiple difficulties ($z = 1.96$, $p < 0.05$) in contrast to children who were breastfed longer (6 months to 1 year). Of the 120 children, none were breastfed for longer than a year.

Conclusion Breastfeeding support should be continuous, especially in the preterm babies and in the newborn babies with risks of developmental disabilities.

482 SIDS KNOWLEDGE AMONGST CROATIAN PRIMARY CARE PAEDIATRICIANS AND PARENTS

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To compare parental and primary health care paediatricians' (PHCP) knowledge of SIDS risk factors.

In 2018, we conducted an online survey of parental knowledge of safe infant sleep and SIDS risk factors. A 46-item questionnaire for parents was designed based on the available scientific literature. Data collected included: respondent socio-demographic and infant characteristics, infant feeding and sleeping practices, advice parents received from their paediatrician on safe infant sleep, and parental knowledge of SIDS risk factors.

In Croatia, children, from birth to school-entry, are treated by their primary care paediatrician. Therefore, we conducted another similar survey to assess PHCP knowledge of SIDS risk factors in the Split-Dalmatia County (SDC), Dubrovnik-Neretva County (DNC) and Bjelovar-Bilogora County (BBC).

Paediatricians were sent anonymous questionnaire by postal mail. Ethics approval was received from the University of Split School of Medicine.

Results of parental and PHCP knowledge of safe infant sleep have been published. At the CROATIAN NATIONAL CONGRESS 2020 in Zagreb we will present new findings comparing the knowledge of SIDS risk factors between parents and PHCP.

There is a need for systematic, evidence-based parental and PHCP education on safe infant sleep and SIDS in Croatia.

483 PEDIATRIC PRIMARY HEALTH CARE IN EARTHQUAKE-AFFECTED AREAS OF SISAK-MOSLAVINA COUNTY DURING THE COVID-19 PANDEMIC

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Background The COVID-19 pandemic spread to Croatia on February 25, 2020, which required a change in the organization of health care institutions and the provision of health services