Children (KABC-II) measured the mental processing index (MPI) and the Plus-EF executive function tablet-based tool. Physical function combined grip strength, broad jump and the 20m shuttle run test to produce a total physical score (TPS).

A detailed caregiver questionnaire was performed in parallel.

**Results**

80 Zimbabwean children with mean (SD) age 7.6 (0.2) years had mean height-for-age (HAZ) and weight-for-age Z-scores (WAZ) of -0.63 (0.81) and -0.55 (0.85), respectively. For growth measures, LMI and total skinfold thicknesses were highly related to both WAZ and BMI Z-score, but not to HAZ. For physical function, TPS was associated with unit rises in HAZ (1.29, 95% CI 0.75, 1.82, p=0.001), and LMI (0.50, 95% CI 0.16, 0.83, p=0.004), but not skinfold thicknesses. Cognition measurements demonstrated internal consistency. No child outcomes were associated with socioeconomic status, nurturing, discipline, food and water insecurity, or household adversity.

**Conclusion**

We found clear associations between growth, height-adjusted lean mass and physical function, but not cognitive function, in a cohort of Zimbabwean children. The SAHARAN toolbox could be deployed to characterise school-age growth, development and function in sub-Saharan Africa and evaluate public health interventions. This is currently being applied to the SHINE cluster randomised trial to evaluate the long-term impact of the trial’s water and sanitation and nutrition interventions. Future work also aims to perform a factor analysis to provide field-ready and simple metrics examining school-age growth and function.

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**IMPROVING POSTNATAL BREASTFEEDING SUPPORT FOR MOTHERS OF LOW-BIRTH-WEIGHT INFANTS IN RURAL KENYAN HOSPITALS- A FEASIBILITY STUDY**

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**Aims**

To assess the feasibility and acceptability of using trained peer mothers to deliver breastfeeding support to mothers of low-birth-weight (LBW, <2500g) infants in healthcare facilities in rural, western Kenya.

**Methods**

The study was conducted in Homa Bay County. Seventeen peer mothers attended a 4-day training programme that focussed on communication skills, breastfeeding support, Kangaroo Mother Care, hygiene and identification of danger signs. Competency-based scenarios were used to select the 10 (59%) peer mothers, who delivered the interventions to the mother-LBW infant pairs (<28 post-delivery) across 8 healthcare facilities in Homa Bay County. A mixed methods approach was employed using structured observations and post-intervention semi-structured interviews with mothers, healthcare providers and peer mothers. Descriptive statistics were used to analyse the quantitative data. A thematic framework was used to analyse the qualitative data.

**Results**

From September-November 2021, 23 mother-LBW infant pairs (3 sets of twins so 26 infants) were recruited and received the intervention. The median maternal age was 25 years (Interquartile range, IQR 22, 29) and all infants were born in hospital. The median age of the infants was 1 day (IQR 1,3), median birth weight 2100g (IQR 1900, 2260) and median gestation was 34 weeks (IQR 34,36). Although all the mothers who received the intervention looked well, worryingly 4 (17%) showed no signs for bonding with the infant. Peer mothers consistently explored mothers’ wellbeing (25, 100%), positioning on the breast (21, 87%) and supported mothers with expressing breast milk but were less consistent with supporting and observing infant breast attachment (15, 63%) and suckling (13, 54%) during feeds. Only one infant was noted to be too weak to suckle and was referred to the health care providers. Key themes from the interviews were the promotion of resilience in infant feeding decision making among mothers, against community misconceptions of practices such as expressing breast milk; and the enhancement of positive interactions between mothers, peer mothers and health care providers in the context of healthcare facility restrictions on visitors due to COVID-19 and staff shortages. Insufficient breastmilk was a recurrent theme sometimes attributed to poor maternal diet.

**Conclusion**

Facility-based breastfeeding peer support for mothers of LBW infants has the potential to improve uptake of appropriate infant feeding practices and their post-discharge survival and growth outcomes in rural communities in Kenya. These preliminary data, including the observed implementation challenges will be used to inform the design of a future trial to rigorously evaluate this potentially sustainable approach to addressing adverse post discharge outcomes of these vulnerable infants.

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**MOVING TOGETHER TOWARDS A NEW REVISION OF THE GRIFFITHS SCALES OF CHILD DEVELOPMENT**

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**Aims**

Community-based collaborative systems are demonstrated as being as important as child health professionals in providing the early identification of, and intervention for children, especially those with developmental challenges. One of the clinician’s core responsibility areas is to assess children using psychometrically sound measures and to ensure that the findings are interpreted and used in a fair and ethical way. The Griffiths Scales of Child Development – 3rd Edition (Griffiths III) was published in 2016 and is used internationally by practitioners. The Griffiths III is used to improve childhood development outcomes, one of the millennium development goals. This places it firmly on the global health agenda. The Association for Research in Infant and Child Development (ARICD) is currently planning and reviewing, refining, and improving the next version of this assessment tool. Part of this process is to obtain ongoing feedback from all the key role players in the Griffiths III. The purpose of the present study was to explore and describe how practitioners using the Griffiths III around the world experienced the measure 18 months after its 2016 publication.

**Methods**

A qualitative methodology with an exploratory-descriptive design was employed. A questionnaire was created by the ARICD and distributed to the 217 registered practitioners of the Griffiths III at that time. 175 questionnaires were returned to the ARICD from 12 countries. The 72 questionnaires from practitioners actively using the Griffiths III were evaluated using thematic analysis to extract themes.