

Conclusions The findings of this study indicate that VLBW children as a group have more adaptation challenges than their peers born at term. This was still the case when children with CP were excluded.

1242 EVALUATION OF FEEDING-EDUCATION PROGRAMME FOR CHILDREN WITH CEREBRAL PALSY AT INPATIENT PEDIATRIC UNIT: FROM CAREGIVERS' PERCEPTION

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Objective Evaluate the feeding-education programme of the Paediatric Inpatient Unit of CRP, Savar, Dhaka, from perceptions of caregivers of children with cerebral palsy, who are attending the feeding-education programme.

Methodology The study was conducted using phenomenological method in qualitative approach. Caregivers of children with cerebral palsy were the study participants who stay with their children in the Paediatric Inpatient Unit of CRP and attend the feeding-education programme. Nineteen participants were selected using purposive sample. Data were generated through 7 individual interviews and 3 focus-group discussions and observations within 2 months. Each focus group consisted of 4 participants. Face-to-face interviews were conducted using a semi-structured questionnaire. Data were analyzed using content analysis under category, code and preparing theme for result.

Results The results indicate that the caregivers of children with cerebral palsy felt that the feeding education programme was very important for them and their children. They mentioned that this programme improved the feeding performance of their children and enhanced their learning.

Conclusion The results suggest that the feeding education programme has the potential to make a valuable contribution to education. Caregivers were very satisfied with occupational therapists for their way of teaching, demonstration, and repetition of information for better understanding, which directly help caregivers manage their children's feeding and reduce their stress.

1243 ETIOLOGY AND SEVERITY OF HL, SCHOOL TYPE AND MODE OF COMMUNICATION IN NICU GRADUATES AT 3-5 YEARS OF AGE

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Background Little is known about follow up of NICU graduates with permanent hearing loss (HL) following introduction of neonatal hearing screening.

Aim Evaluation of etiology, severity of HL, school type and mode of communication in NICU graduates.

Methods All NICU graduates with HL identified at the age of 3-5 years at the speech and hearing centres in the Netherlands were included. Results of 2 stage AABR neonatal hearing screening, medical and audiologic follow up as well as performance measures for school type and primary mode of communication were evaluated.

Results Included were 91 newborns [BW 1990 g (sd 1070); GA 32.9 wks (sd 5.3)]. Of those 5.6% passed neonatal hearing screening. In 44.3% moderate HL (40-60 dB), in 23.9% severe (60-80 dB) and in 31.8% profound HL (>80 dB) was established.

In 33/91 cases parental consent was obtained for adjuvant follow up data. In 30.3% HL was of hereditary origin, in 24.2% HL was caused by asphyxia, in 9.1% by CMV-infection. In 8 cases (24.2%) no cause was identified.

Up to 71.4% of NICU graduates attended schools for deaf and hard of hearing, 3.6% different special education, while 25% visit regular education. In 82.8% a combination of spoken and signed language was used for communication.

Conclusions After introduction of AABR universal neonatal hearing screening and early intervention in NICU graduates most affected children have moderate to severe HL, attend schools for deaf and hard of hearing, and use a combination of signed and spoken language at age 3-5 years.

1244 IMPACT OF ORAL VERSUS INTRAVENOUS IBUPROFEN ON NEURODEVELOPMENTAL OUTCOME: A RANDOMISED CONTROLLED PARALEL STUDY

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Objective Although neurodevelopmental outcomes for management of patent ductus arteriosus with intravenous indomethacin and ibuprofen are known, there has been lack of data on long term effects of oral ibuprofen in the literature.

Method To assess the neurodevelopmental outcomes at 18-24 months' corrected age, we conducted a prospective follow-up study of 99 infants with birth weight ≤ 1500 g and gestational age ≤ 32 weeks who received either oral or intravenous ibuprofen for patent ductus arteriosus. 1) Moderate/severe cerebral palsy with functional deficits, 2) bilateral hearing loss and blindness in either eye, and 3) mental developmental index score or psychomotor index score less than 70 were defined as abnormal neurologic, neurosensory and cognitive outcomes, respectively.

Results At 18-24 months' corrected age, neurodevelopmental outcomes of 30 (60.0%) among 50 subjects who received oral ibuprofen were compared with 27 (55.1%) of 49 who received intravenous ibuprofen by certified and experienced examiners who were blinded to the groups. The results revealed that long term outcomes did not significantly differ among treatment regimes.

Conclusion Preterm infants who were treated with oral ibuprofen for patent ductus arteriosus have similar neurological, neurosensory and cognitive outcomes with patients who received intravenous ibuprofen at 18-24 months' corrected age.

1245 LONGITUDINAL FOLLOW UP IN A COHORT OF ELBW/VLBW INFANTS IN THE CONTEXT OF THE BAYLEY-III STANDARDIZATION IN GREECE

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Background It is not clear whether the Bayley III is overestimating cognitive performance or it is a more valid assessment of emerging cognitive skills than the older edition II (Vohr B 2012).

Aim To compare the developmental profile in a cohort of premature infants in two different time points in order to assess the stability of the results, in the context of the Bayley-III standardization in Greece.

Methods Bayley-III scales (cognitive, language, motor, social-emotional, and adaptive behavior), were administered in 103 preterm infants (≤ 32 weeks) at a mean age of 12mo and 24mo. Infants were divided in 2 groups based to their GA: A (n=48, 24-28wks),

B(n=55, 29–32wks). All developmental assessments(206) were applied by one researcher.

Results Mean(SD) Bayley-III composite scores (CSs) percentile ranks, and overall neurodevelopmental impairment (NDI 24mo) (%) for the 2 groups are shown in the table; there were no differences in CSs in any Bayley III domain in and between groups. Although not significant, ELBW showed a decrease and VLBW an increase in CSs over time. The only difference between groups was in the motor domain regarding percentile ranks and overall NDI rates(table). A significant correlation was found between: 12th mo neuroexam with all the Bayleys subscales (p<0.001).

Group A n=48	12mo CSs	cognitive	language	motor	Social emotion	adaptive
	94(18)	92(16)	87(17)	100(15)	102(24)	
	90(20)	90(19)	85(14)	107(20)	90(19)	
	37.7(30)	32.2(26)	29.1(23)	41.6(32)	43.2(32)	
	33.6(30)	29.8(28)	22.1(21)*	59.4(34)	35.4(1)	
	48	37.5	36**	23	39.5	
Group B n=65	12mo CSs	cognitive	language	motor	Social emotion	adaptive
	94(21)	91(17)	89(17)	104(17)	96.5(21)	
	94(24)	88(23)	92(28)	109(19)	92(21)	
	38.7(31)	35.7(29)	33.5(28)	57.7(33)	46.6(34)	
	43.7(34)	33.2(31)	39(33)*	62.5(33)	38.9(33)	
	31	33	36**	18	35	

Abstract 1245 Figure 1

Conclusion In our cohort Bayleys III composite scores seems to be stable in serial examinations; however are lower to those reported. ELBW infants at 24mo showed a delay in the motor domain. Comparison with a control group is deemed necessary.

1246 NEURODEVELOPMENTAL OUTCOME OF TRIPLETS AFTER IN VITRO FERTILIZATION OR NATURAL CONCEPTION

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Background and Aims Triplets may have adverse neurodevelopmental outcome. Parents are advised to fetal reduction, and they often opt to reject it.

The Aim of our study is to present triplets' neurodevelopmental outcome in our "follow-up" program.

Methods We review medical records of triplet pregnancies in our institution. All children were evaluated with Griffiths Mental Developmental Scales (GMDS-ER). Parents were asked to express their feelings about having a triplet delivery.

Results Twenty one triplets were identified. Two pregnancies (6/21 triplets) (28.57%) were conceived after hormonal replacement and 5/7 pregnancies (15/21 triplets) (71.42%) after IVF. Mean maternal age was 33.85 years (range=30–44y). Intra Cytoplasmic Sperm Injection was used in all IVF pregnancies. Mean number of cycles 1.8 (range=1–3). All but three were fresh embryo transfer. One IVF cycle was from donor oocyte. Mean GA at birth was 33 weeks (range=31–35wks). Mean BW was 1852gr (range=1540–2200gr). One IUGR neonate was excluded. Three neonates (14.28%) had mild RDS. Three neonates (from the same IVF pregnancy with donor oocyte) had mobile CP (14.28%). Cognitive tests were within the normal range in 17/21 triplets (80.95%). Two siblings, not from IVF pregnancy, were highly suspected for ASD and two triplets (one with CP) had mild developmental delay. All parents with IVF history were happy with their choice to continue with triplet pregnancy.

Conclusion In our population triplet pregnancy ended in moderate preterm delivery. Cognitive outcome was within the normal range in the majority of our population. Adverse neurodevelopmental outcome was not necessarily related to the mode of conception.

1247 BAYLEY INFANT NEURODEVELOPMENTAL SCREENER (BINS) IN BRAZILIAN PRETERM CHILDREN UNDER RISK CONDITIONS

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Preterms are always at risk for neurological abnormalities and developmental delays. Underdevelopment country children face multiple adversities and are subjected to biological and social risk factors, fighting daily against mortality.

This research purpose was investigating Bayley Infant Neurodevelopmental Screening - BINS (Aylward, 1995) psychometric properties and its effectiveness while screening Brazilian children.

BINS was administered to 61 children, low-income families, Brazilian unified health system users, in 2 groups: 31 children-12 months (12m) and 30 children-24 months (24m), both sexes, birth weight < 2000g.

Neurologists examined them through *Amiel-Tison* and *Denver-DDST-II* and psychologists screened them with *BINS-12m/24m* and *Bayley Scales-BSID-II*, golden standard instrument.

BINS is a low cost fast screening instrument. It takes 10 minutes to be administered. Consists of 11–13 items and assesses cognitive processes, receptive, expressive functions and basic neurological functions/intactness. The items failed, shows the levels of risk: low, moderate or high risk for neurological impairment or developmental delay.

Sociodemographic aspects and birth risk conditions presented homogeneous characteristics. From 61 infants screened, 54 were eligible for the Early Intervention Program in Brazil: 30 infants(12m) and 24 infants(24m). Children were referred to specialists (developmental pediatricians, neurologists, optometrists, speech pathologists, psychologists).

BINS reliability indexes were over requested standards. Validity evidences based on external variables were positive moderated and BINS(24 m)/BSID-II (mental) presented high correlation. Validity evidences based on content were attested by expertise. High sensitivity was found.

BINS is a satisfactory screening tool and presents adequate psychometric properties. It's also able to screen children under biological and social risk conditions.

1248 FAMILY THERAPY AND EDUCATION BY OCCUPATIONAL THERAPIST FOR THE CHILDREN WITH AUTISM: EVALUATE CHILD'S LEARNING FROM CAREGIVER'S PERCEPTION

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Background Various aspects of the home literacy environment are considered to stimulate the emergent development of learning process in children with disabilities. It is important to gain insight into the learning environment of children with Autism through parents' education. Parents' education and its implementation are very important for creating learning environment at home for the children with Autism.

Aim of the study To evaluate child's (Autism child) learning at home from caregiver's perception after receiving family therapy and education from Occupational Therapist.

Methodology Data were generated through focus group discussion by using semi-structured questionnaire. In focus group, discussion was guided by researcher and two other assistants. Participants of the research were selected by using purposive sampling. Generated