

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