Background Most pediatric nurses recognize that the child with special needs requires the proper sex education, but we have avoided it so far, possibly unconsciously or just to avoid any unpredictable troubles.

Objective We have started to do the sex education for handicapped children.

Methods Three subjects had cerebral palsy and one subject had Werdnig Hoffmann disease. The contents of sex education were as follows; 1. What’s an adult?; 2. The situation of a fetus; 3. Listening to their mother’s talk about their childbirth; 4. Discussion about adolescent body image in a group. Children expressed their impressions on the sex education in the group composed of 4 children and 17 young volunteers. We recorded the contents of peer counseling and converted it into the text, and analyzed it by qualitative method.

Results We found 4 categories on the peer counseling. Four categories were ‘Recognition of favorite persons of the opposite sex’, ‘Pleasure to talk about love story’, ‘Awareness of the differences in sex’, ‘Awakening to the respect for their parents’. Children understood about adolescent body image pretty well. They also understood how carefully they were brought up by their parents and consequently respected them very much.

Conclusion Although children could accept the sex education quite appropriately, the problem is that their experience on sex in future would be quite limited. The difficult theme which now confronts us is how to educate them about a tacit understanding, or sex behavior within the limited experience on the sex.

Method An interdisciplinary group from OUS children’s department cooperated. After a thoroughly literature review medical knowledge and normalization of daily life was chosen to be highlighted. We individualized the information by dividing it into information categories like; pre- and postoperative considerations(2), different circulatory consequences(5), medication management(12), nutrition, follow-up, a form to fill in about specific treatment and an uncompleted heart drawing to adapt to the infants diagnosis. A binder was designed to gather information and accompany infants trough coming years of follow-up and to be used in communication between parents and daycare and school. At discharge from OUS information sheets are distributed to local health service.

Results A nationwide and evidence based systematic information system that allows health personnel tindividulize informational needs and cooperate across health services.