

Conclusions An evidence based practice leads to improve blood sampling in VLBW infants. Post intervention results are still to be measured.

PO-0899 THE IMPLEMENTATION RATE OF DEVELOPMENTAL CARE IN IRANIAN NICUS

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Background Nowadays, Developmental Centred Care in Neonatal Intensive Care Units (NICU) is expanding and being implemented in developed countries in the form of scientific competition. The aim of this study was to evaluate the implementation rate of developmental centered care in NICUs in Tehran University of Medical Sciences hospitals in Tehran, Iran.

Methods A descriptive cross-sectional study was conducted in nine hospitals NICUs in 2012. The sample was included 138 nurses who had working in their professional work. Using a self-administrated questionnaire on core measure for checking the implementation of developmental care in NICUs and demography characteristic.

Results The finding which indicated that, the highest rate of developmental centred care implementation, with 79.46% was routine care. Followed by sleep care 65.43%, providing a healthy environment 65.27% and family-centred care 63.32%, respectively. Meanwhile, the lowest rate was 59.16% for the implementation of pain, stress management and assessment.

Conclusion This study result which indicates that the implementation rate of the developmental centred care aspects in NICUs is low. Therefore, immediate actions should be taken for further promotion of developmental care, development of professional training and more importantly development of instruction and further research is needed.

PO-0900 TRANSLATION COMFORTNEO – A PAIN ASSESSMENT TOOL

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Background COMFORTneo scale is a pain assessment tool designed to assess the degree of pain for neonates. The scale is designed to assess the short term or long term pain. Centre for Clinical guidelines recommend the use of COMFORTneo systematic assessment of pain in newborns in Denmark. The instrument was originally developed in the Netherlands, but are published in an English edition.

Purpose The purpose of this poster is to describe how the pain assessment tool COMFORTneo has been translated into Danish and adapted to Danish conditions.

Method We have followed the principles recognised as good practice for the translation and cultural adaptation of an instrument from the source language into another language. This

translation process involves eight steps: 1) Preparation 2) Forward translation 3) Comparison and critical review of the translations 4) Back Translation 5) Review of back translation 6) Adjustment of COMFORTneo to Danish conditions 7) Pilot Testing and 8) Proof and final adoption.

Results Translation and adaptation of COMFORTneo has been a fruitful process. Immediately, the applicability of COMFORTneo was confirmed through involvement of many nurses in the translation process. Involvement of nurses has been important and these comments have contributed to the establishment of a Danish version of COMFORTneo that makes sense for Danish nurses.

Perspectives Following good practice for the translation and cultural adaptation, an instrument COMFORTneo is ready for implementation. This is of great importance as instruments of pain scoring of premature and sick newborns and are called for by many Danish neonatal departments.

PO-0901 NEONATAL OUTCOMES OF ADOLESCENT PREGNANCIES IN A SECONDARY LEVEL MATERNITY HOSPITAL IN ROMANIA

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Background and aims Pregnant adolescents have high rates of poor birth outcomes, but the causes are unclear. There is a very marked association between young age of mothers and low birth weight and preterm delivery and some of the apparent effect of young maternal age on birth weight may be because the birth is likely to be the mother's first, and first births have a higher incidence of prematurity. The aim of present study was to investigate neonatal outcomes of teenage pregnancies controlling for parity, gestational age and perinatal interventions.

Methods A retrospective study comparing singleton deliveries classified into three teenage groups: 12–15, 15–17, 18–19, and a comparison group of 24–29 years was performed in a secondary level Maternity Hospital in Mures County, Romania. For the adult group, 736 charts of mothers between the age of 24 and 29 delivering singleton babies were selected.

Results The study population consisted of 1 131 women, 75 12–15 years old, 163 16–17 years old, 157 18–19 years old, and 736 24–29 years old. A significant linear association was found between maternal age and preterm birth, low birth weight, and neonatal birth related trauma. Length of hospitalisation, as a marker of the healthcare costs involved in the care of these high risk cases, was significant associated with maternal age after controlling for perinatal interventions.

Conclusions Teenage pregnancy is a risk factor for low birth weight, preterm delivery, neonatal birth related trauma and high healthcare costs.

PO-0902 ANNP (ADVANCED NEONATAL NURSE PRACTITIONER) WORKFORCE: BALANCING SERVICE PROVISION AND TRAINING IN A LOCAL NEONATAL UNIT (NNU)

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Background The last decade has seen dramatic changes in the training needs and number of junior doctors in NNUs in the UK alongside the restriction of working hours – European Working Time Directive (EWTD). Consequently RCHT has introduced ANNPs working on the junior medical rota.

Methods 2 ANNPs replaced the two year 2 Foundation doctors (F2) releasing them for general paediatric experience. 2 further ANNPs then replaced the General Practitioner (GP) trainees. Tier 1 rota is now provided by a combination of three 1st or 2nd year paediatric speciality trainees (ST) along side the 4 ANNPs.

Results Junior doctors now comply with EWTD. The Royal College of General Practitioner (RCGP) guidance that GP trainees should not be working in NNUs is facilitated.

ANNPs have bridged the gap between the neonatal nurses and the medical staff with education, governance, and management roles.

ANNPs lead bedside education sessions for the medical students alongside developing a medical quiz and ‘Newborn Examination’ booklet that has been adapted by other medical schools. The ANNPs provide a unique ‘buddy’ system for ST trainees starting on the neonatal unit. They lead on the neonatal Simulation scenarios, and take part in the regional ‘Step up to Registrar’ neonatal simulation workshops.

The lead ANNP has been awarded the RCHT 2013 ‘Excellence and Innovation’ award.

Conclusion The advanced skills, knowledge and practice of the ANNPs has improved the quality of service provision along side enhancing the teaching and training of medical students and paediatric ST trainees.

PO-0903 THE PROBLEM OF CONFLICTING OR INSIGNIFICANT RESULTS OF PROMISING NURSING INTERVENTIONS

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Background and aim Conflicting or insignificant results of studies into the effect of promising nursing interventions are not uncommon. Recently, we conducted a study into the effect on NICU-related parental stress of a new nurse-parent communication intervention. Surprisingly, we were not able to show the effect of the intervention in a randomised controlled trial although we found that parents experienced the intervention as supportive compared to standard care. The aim of this presentation is to present the conflicting evidence of the effect and significance of the Guided Family-Centred Care (GFCC); discuss possible reasons why we may have been unable to show effect; and discuss potential ways for handling such matters.

Methods Evaluation of the results of the GFCC study within the framework of current literature on challenges of evaluating complex interventions.

Results Lack of effect may not necessarily reflect ineffectiveness of an intervention. In our study, there may be a number of possible explanations for being unable to show effect, such as spill over between the groups, or a too modest “dose” of the intervention. Another explanation might be that the outcome measures were not sensitive to the intervention effect. Results from the interview study indicated that other outcome measures such as parent strength and empowerment might have been relevant. However, such instruments are lacking.

Conclusion It may be necessary to develop new instruments sensitive to human interaction to demonstrate effect of nursing interventions. Furthermore, incorporating multiple methods, sources and perspectives are needed when evaluating effect of complex interventions.

PO-0904 DESCRIBING THE KNOWLEDGE OF PARENTS ABOUT NEWBORN SCREENING

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Screening is generally considered part of the routine care for newborns. Newborn screening for phenylketonuria (PKU) has been available since the early 1960s. The first newborn screening for PKU started in Ankara in Turkey in 1986 and extended country wide in 1993. PKU rate in Turkey occurs 1 in 4000 newborns because of consanguineous marriage. Consanguineous marriage rate in Turkey is 21%.

This research was planned to describe the knowledge of parents about newborn PKU screening. A questionnaire was used to gather the data. To determine the effects data were evaluated by using chi square test and percentage analysis on the SPSS 11.0 program package.

The study was performed during the period of January 2005 and March 2005 in a University Hospital and 150 mothers in postpartum period were included in the research. The questionnaire was obtained by face to face technique.

Results The mean age of mothers was 26.49% of mothers were graduated basic school. 74.7% of mothers were house wife. 68% of mothers were primipara. 47% of mothers stated that the test was ‘a IQ test’. Sixty-four percent of mothers didn’t know how to execute the test. 69.3% of mothers didn’t know how long to continue the test. 61.3% of mothers didn’t know how to learn the results of the test.

Although 99.3% of newborns were seen to be physically healthy, it was stated that postpartum screening tests should be applied. Considering this result, in order to inform the mothers about the obtained results, a PKU education brochure was prepared and given to the unit.

Conclusions Nurses who understand the pathophysiology and management of PKU in pregnancy can provide the care necessary for maternal and neonatal health. Healthcare providers are responsible for informing parents about the implications of newborn screening to improve awareness and understanding.

PO-0905 WITHDRAWN

Paediatric Surgery

PO-0906 INTRAPERITONEAL RUPTURE OF HEPATIC HYDATID CYST FOLLOWING BLUNT ABDOMINAL TRAUMA IN A 7-YEAR-OLD BOY

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