

91 PEER INTERACTION IN A PRENURSERY SCHOOL PROGRAM THAT INTEGRATES HANDICAPPED AND NONHANDICAPPED CHILDREN 18 MONTHS TO 3 YEARS. Nancy B. Rieder, Leila Beckwith,

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This is a study of the social environment provided in a model intervention program for children with motor handicaps and developmental delays. The activity of the nursery was time sampled for 30 second intervals. Categories time sampled were: Mutual play, Imitates, Verbal exchange, Exchange of toys, Physical exchange, Conflict, Helps out and Gestures at. Interobserver reliability averaged 82%. Peer interaction occurred 23% of the intervals observed. The nonhandicapped made a contribution greater than expected ($X^2=8$, $p<.01$). That is, the nonhandicapped interacted 43% and handicapped interacted 19% of observed intervals. The nonhandicapped did not interact only with each other but with handicapped peers as well. Nonhandicapped interacted with handicapped peers 30% and with nonhandicapped peers 13% of observed intervals. Handicapped interacted with handicapped peers 11% and nonhandicapped 8% of observed intervals.

The integration of nonhandicapped children increased the opportunities of handicapped children to experience peer interaction. We hypothesize that the handicapped children learn how to participate in or initiate a social interaction from these experiences.

EFFECTS OF CIRCUMCISION ON MOTHER-INFANT INTERACTION.

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Circumcision (CIRC) is a commonly practiced painful intervention whose short term consequences are poorly understood. We examined the effects of CIRC on behavior of newborns and on interaction between mothers and infants (MI) on days 2 and 3 of life. 59 newborn infants randomly assigned to an experimental CIRC group (E) or a control delayed CIRC group (C) were observed with their mothers during 4 hospital feedings. Both mothers and observers were blind to the infants' CIRC status. Using a checklist, time-based sampling of concurrent behaviors for mother and infant yielded data in 5 interactive categories: feeding, gaze, facial expression, vocalization, and touch. Analysis revealed that during observations 1 and 2, before CIRC, E and C infants were identical in availability, a measure of alertness. However, at observation 3, 2 hrs after CIRC, the E group infants were less alert and were thus less available for MI interaction ($p<.05$). Yet, the maternal communicative behaviors were the same for both E and C groups during observation 3. These differences between E and C groups disappear by observation 4, 16 hrs after CIRC. Our data suggest that CIRC affects the infants, briefly, and does not significantly alter maternal behavior.

93 WEIGHT REDUCTION AND PHYSICAL FITNESS IN OVERWEIGHT CHILDREN. Michael S. Rosenbaum, Arthur W. Farris, John F. Shriner and Robert M. Suskind,

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This study investigated the effectiveness of an exercise-diet-behavior management program on wt reduction and physical fitness in 6 overweight children ranging in age from 7-17 yrs. (at least 20% over ideal wt for ht based on age). The program consisted of the following: 1) Exercise: a) physical fitness assessment, aerobic capacity, EKG, BP, skinfold measurements, anthropometric fractionation of body wt, pulmonary function studies; b) daily exercise with an energy expenditure of at least 200cal/day; and c) group exercise at a local YMCA twice weekly for 8 wks. 2) Dietary regimen: a nutritionally-balanced deficit diet consisting of 1000cal/day using a food exchange system. 3) Behavior management: weekly group sessions with parents attending for 6 wks to establish situational control over eating, appropriate eating styles, appropriate shopping and food preparation habits, and appropriate cognitions regarding eating behavior. Results at 1 mo follow-up showed an average wt loss of 6.5 ± 1.3 lbs (M±SEM), with an average of 91 ± 4.8 of this wt loss accounted for by body fat; an average decrease in systolic BP of 13 ± 1.7 mm; an average increase in lung capacity of 300 ± 100 ml; and an average increase in aerobic capacity of 34.5 ± 5.1 %. Additional measurements will be obtained at 6 & 12 mos follow-ups. These preliminary results suggest that an integrated program on physical exercise, dietary control, and behavior management can be an effective means of achieving wt reduction and improved physical fitness in overweight children.

94 THE EFFECT OF AGE OF ADMINISTRATION OF MEASLES VACCINE ON COMPLIANCE. Jessie L. Sherrrod, Robert L. Kane,

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In June 1976 the Committee on Infectious Diseases of the American Academy of Pediatrics recommended that the time for routine measles immunization be changed from 12 months to 15 months of age. This policy change was based on new data which suggested that seroconversion rates were greater in the older children. Because of the known overall decrease in appointments kept for well child care during the second year of life, the possible benefit of the increased seroconversion rate might be offset by a concomitant decrease in compliance. A historical prospective study was done utilizing chart reviews to assess compliance of infants under 12 and 15 month programs for measles immunization (1975 and 1978 respectively). The possible effect of the new 15 month visit for measles vaccine on compliance with the 18 months DTP booster visit was also analyzed. A county health facility population of approximately 200 infants per cohort showed a compliance rate with measles at about 78%, and with DTP booster immunization at approximately 68%, for both 1975 and 1978 cohorts. However, similar sized cohorts from a prepaid medical facility revealed a reduction in compliance with measles immunization from 95% in 1975 to 79% in 1978. Compliance with DTP booster immunization similarly declined from 89% to 68% for the 1975 and 1978 cohorts respectively. Our studies suggest that the anticipated gain in seroconversion rate may be offset by a resulting loss in compliance.

95 HOW FLOWS THE MILK OF HUMAN KINDNESS? Concepcion G. Sia, Judith Palsgraf, Rita G. Harper, Shaista S. Usmani (Spon. by Fima Lifshitz).

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Establishment of a human milk supply is the sine qua non for the development of a Human Milk Bank. In response to a plea for donors, 568 lactating mothers volunteered to donate milk to the NSUH Human Milk Bank without financial recompense. Of the 568 volunteers, 309 failed to complete the medical screening process; 97 never submitted the medical forms; and 4 completed the medical screening process but were dropped for medical reasons, leaving 158 qualified donors. Of the 158, 81 actually donated milk. All were white; 52% were between 26-30 years of age; 35% were working mothers of which 41% were registered nurses. Seventy-five of the 81 donors donated 2,813 ounces of milk (37%) while 6 donated 4,765 ounces or 63% of the total milk received! The longest time a donor supplied milk was 10 months! By the end of the first 10 months, 59 of the 81 donors had abandoned the effort, for a drop-out rate of 73% in 10 months. The milk of human kindness is hard to find and depends upon the generosity of a few dedicated individuals.

96 STUDY OF PSYCHOSOCIAL AND DEVELOPMENTAL FACTORS CORRELATED WITH NONORGANIC FAILURE TO THRIVE (NO-FTT) AND ORGANIC FAILURE TO THRIVE (O-FTT) IN CHILDREN BELOW THE AGE OF THREE. Miriam R. Spinner, Linda S. Slegel, William M. Wilson, Robert M. Hurley (Spon. by Ronald G. Davidson).

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Children under the age of three with O-FTT and NO-FTT (below the 3rd%tile for wt or wt and ht) have been studied to clarify similarities or differences in their developmental and psychosocial variables which may relate to etiological factors. Complete data analyses were conducted on 58 children and their families using the following assessment techniques: 1) Bayley Scales of Infant Development (BSID) 2) Measurement of Parent Child Interaction (PCI) 3) History & Socioeconomic Questionnaire (Q). There were 10 cases NO-FTT; 19 cases O-FTT; 13 cases hospitalized comparison group; 16 cases non-hospitalized comparison group. The NO-FTT, O-FTT and hospitalized comparison group had similar lower scores as measured by the BSID. The non-hospitalized group differed on BSID from the other 3 groups. PCI analyses were below average for all groups except the non-hospitalized group. The incidence of child abuse was 1) NO-FTT 9/10; 2) O-FTT 7/19; 3) hospitalized group 1/13; 4) non-hospitalized group 0/16. In summary, the O-FTT and NO-FTT groups in spite of different etiological factors, had more similarities than differences -both had depressed performance on BSID; both had low PCI scores; both had a high incidence of child abuse.