67 BENEFICIAL EFFECTS OF A PHYSICIAN PHONE CALL TO THE PARENTS AFTER DEATH OF AN INFANT, Richard L. Schreiner, Edwin L. Gresham (Spon. by Morris Green), Indiana University School of Medicine, Indiana University Hospitals, Department of Pediatrics, Indianapolis.

In many newborn intensive care units (NBICU) patients are referred from great distances, and personal interviews after the death of an infant are not feasible. Therefore, we have evaluated the effect of a single phone call 8 days after the death of an infant in preventing psychopathological reactions. Eleven parents who had received no formal contact from the NBICU after the death of the infant were interviewed at the hospital at 8-25 weeks (mean 18). Eleven other parents whose infants died on the same NBICU were called 3-15 days (mean 8) after the death. The call lasted 25 minutes (range 15-35). These parents were also interviewed at the hospital at 11-18 weeks (mean 13) after the death. Nine different problems were investigated and graded on a scale of 0-3 for severity. Parents who received a call had a total average score of 2.3 ± 1.8 compared to 8.8 ± 2.3 for those not called. Two of 11 families who were contacted by phone had 2 significant problems compared to 36 moderate or major difficulties in all 11 families who had not been called. The important problems that persisted in families who had not received a call included depression, guilt feelings, questions of heredity, problems involving the extended family and concerns about the cause of death. This study shows that a 25-minute phone call 8 days after the death of an infant has beneficial effects in alleviating emotional problems in the parents.

68 BRAZELTON BEHAVIOR TESTING IN THE HIGH RISK NEWBORN Elsa Sell and Suzy Poisson (Spon. by Grant Morrow) University of Arizona Health Sciences Center, Department of Pediatrics, Tucson

The Brazelton Scale was administered to 204 high risk infants; 366 tests were given. 88% were <2500g and 90% were <36 weeks gestation. 42% had assisted ventilation, and 19% were small for gestational age. Gestational age at test time was 35-43 weeks in 92%. Deviant reflexes (scored as 0, 1 or 3 except for passive movements) were: crawling (20%), standing (39%), placing (23%) Moro (27%), walking (79%), and passive movements of arms (77%) & legs (82%). Mean scores on decrement and orientation items were

response decrement to light	5.9	inanimate visual	5.5
response decrement to rattle	6.6	inanimate auditory	5.9
response decrement to bell	5.4	animate visual	5.4
response decrement to pin prick	5.5	animate auditory	6.5
		animate aud. & vis.	6.0

Significant correlations were: 1) Infants with ventilatory support were less able to self quiet or to be consoled; 2) The longer the ventilatory support the poorer the self quieting, consolability and response to animate stimuli, but the better the use of postural changes to self quiet; 3) Gestational age at birth and/or test time influenced dominant states, alertness, consolability, pull to sit, activity, and response to inanimate auditory stimulus.

Conclusion: gestational age and perinatal events influence high risk infant responses to the Brazelton test so that their behavior is not accurately described by term newborn standards.

69 NEONATAL BEHAVIORAL ASSESSMENT AND PSYCHOLOGICAL OUTCOME AT 1 YEAR IN HIGH RISK INFANTS. Elsa Sell, Suzy Poisson, and Bob Rentfrow. (Spon. by Grant Morrow) Arizona Health Sciences Center, Dept. Pediatrics & University of Arizona, Dept. of Special Education, Tucson.

33 infants requiring ICU nursery care had Brazelton Behavioral Testing prior to discharge and were followed for 1 year. At birth 91% were <2500 g. and 37 wks. gestation; 61% were caucasian, 30% Mexican-American; 64% had birth asphyxia; 15% were SGA; 58% had IRDS with 70% of those ventilated. The Brazelton Test was performed at 35-42 weeks in 88%. At 1 year the Bayley test was administered. The results were corrected for gestational age and the percent achieving each score are below:

Bayley Score	Motor	Mental
>132	4%	5%
116-132	40%	21%
85-115	44%	42%
68-84	12%	16%
<68	-	16%

Complete tests were not achieved in all children because of fatigue or failure to cooperate. Significant correlations found were: 1) SGA babies did more poorly on fine motor tasks, 2) Infants who had better self organization on the Brazelton had better scores on gross motor tasks, and 3) Infants with better passive resistance to arm movement on the Brazelton scored better on both motor and mental parts of the Bayley.

Conclusion: Two items in the Brazelton test correlated with good performance on the Bayley test in high risk infants.

70 NEONATAL ICU PARENT GROUP: A VALUABLE EXPERIENCE. Seetha Shankaran and Lee Ann Del Bianco (Spon. by Ronald L. Poland), Department of Pediatrics, Wayne State Univ. and the Children's Hospital of Michigan, Detroit.

A group for parents of high-risk newborns on a NNICU was organized in June 77. Core-members establishing the group were the neonatology staff including nurse clinician, social worker and clergyman. Parents of infants previously discharged from the unit also participated. Goals were to provide information, to encourage parents to express their feelings and to facilitate communication. Evening meetings were scheduled bi-monthly on the unit. Parents were encouraged to attend while visiting their infants; three core-members were always present. 57 parents (of 34 infants) participated over the six-month period, up to 11 parents attending at a time. Discussions were unstructured; core-members listened and facilitated conversation only when necessary.

Parents shared feelings, recounted pregnancy and birth experiences, and felt less alone. Few questions arose about specific neonatal illnesses. Recurrent topics were lapses in communication and concern over new resident rotations. Mothers requested transfer from obstetrical units following the transport of their sick newborns.

This preliminary evaluation resulted in specific changes on the NNICU including a "crying room", baby-sitting for sibs, parent booklet explaining terminology and reduction in parking fees for chronic patients. This program does not replace parent communication on an individual level. In the high-stress situation of neonatal care, it provides parents with added support, and the NNICU staff with valuable insights into parent needs.

71 THE EXPANDED FETAL ALCOHOL SYNDROME (EFAS)-BEHAVIORAL AND LEARNING DEFICITS IN CHILDREN WITH NORMAL INTELLIGENCE. Sally E. Shaywitz, Donald J. Cohen, Bennett A. Shaywitz, Dept. of Ped., Yale Un. Sch. of Med., New Haven.

Prenatal exposure to ethanol may result in a profound morphologic disorder, FAS. We now report that maternal alcoholism may be central to the pathogenesis of those subtle yet more frequently encountered abnormalities of attention, behavior, activity and learning that comprise the minimal brain dysfunction symptom complex. The 9 boys and 2 girls, ages 9-18 years referred to the YNHH Learning Disorders Unit were born to heavy drinking mothers. They exhibited many of the features of FAS: prenatal growth defiency (70% SFGA, median b.w. 2270g), postnatal growth deficits in 73%, and microcephaly in 63%. Facial stigmata were noted in 73% and mild limb abnormalities in 50%. Each had average intelligence (WISC) with median Full Scale I.Q. 96, (range 86-113), Verbal I.Q. 101, (82-123) and Performance I.Q. 94, (81-120). Poorest performance on psychometric testing (Coding, Arithmetic, Digit Span, Information) reflected deficits in attention, concentration, memory and learning common to all. Each manifest hyperactivity during early school years and impulsivity and fidgetiness which remained with them as adolescents. All exhibited school difficulties requiring retention of at least one year and special education services. We suggest that the pattern of hyperactivity, attentional deficits and school learning difficulties despite average intelligence associated with subtle morphologic anomalies may represent a symptom complex that more accurately reflects the full and perhaps often overlooked teratogenic spectrum of ethanol.

72 THE PROGNOSIS OF NONORGANIC ABDOMINAL PAIN IN CHILDREN. Gunnar B. Stickler and Dennis B. Murphy. Mayo Clinic, Department of Pediatrics, Rochester, MN.

In order to determine prognosis in children in whom the diagnosis of "functional" or psychosomatic abdominal pain had been made, a questionnaire was sent to parents of 170 children in whom the diagnosis had been made at least 5 yr previously. Responses were obtained for 161 patients (pt) (94.7%). In this group (100 girls, 61 boys), all symptoms disappeared in 92 pt (57.1%) within a few weeks after diagnosis and reassurance by the examining physician. In 31 pt (19.3%), symptoms subsided from 1 to 9 yr (mean 3.2 yr) after diagnosis. Symptoms remained unchanged in 15 pt (9.3%) and became worse in 7 (4.3%). Sixteen responders failed to comment on symptomatic outcome. After the original diagnosis had been made, 21 pt were subjected to surgical procedures elsewhere; these included appendectomy, removal of "ovarian cysts," tonsillectomy and adenoidectomy, and laminectomy. Six pt thought that they had been helped by these procedures, but 12 pt either continued to have abdominal pain or had multiple psychosomatic complaints. In 3 pt, the diagnosis of Crohn's disease ultimately was established and surgical procedures were done. No other cause of organic bowel disease was detected. In 1 pt, anorexia nervosa was later diagnosed. We conclude that organic disease is seldom overlooked in pt considered to have functional or psychosomatic abdominal pain. The symptoms eventually disappeared in approximately 75% of these pt; those with persistent symptoms should be followed more carefully to avoid unnecessary surgery or the development of other psychosomatic complaints.