

of symptoms was 47,3% for wheezing, 70,8% for cough and 37,8% for difficult breathing. A final open-ended evaluation of the procedures applied was completed by each investigator, and the overall appreciation was that it was not time-consuming, fitted well within their routine of this patient group visits, and was acceptable to parents/caregivers.

Conclusions: The analysis of data collected during this pilot study yielded consistent results, representing actually the unspecific burden of asthma-like symptoms upon which doctors decide to administrate the treatment and advocate the feasibility of a larger study to obtain epidemiologic data to support the implementation of a unitary approach/methodology in allocating resources by Romanian healthcare institutions/HMOs.

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SOCIOECONOMIC IMPACT OF PRETERM BIRTH IN GERMANY AND AUSTRIA: A PARENTAL PERSPECTIVE

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Objective: Infants born preterm are at increased risk of adverse health and developmental outcomes. Our objective was to measure the socioeconomic burden of preterm birth on their parents and the society.

Methods: A novel web-based technology was constructed to perform a survey of parents of preterm infants. It was developed in collaboration with parents, pediatricians and socio-economic researchers. Main focus were morbidity, social status, and direct and indirect costs. Parents were invited to participate to this online-questionnaire from an information letter sent out to pediatricians and therapists and from websites targeting parents of preterm birth. Data were collected between September 2007 and March 2008 in Germany and Austria.

Results: Parents of 588 preterm-birth children responded. 76% of these children were born less

than 32 weeks of gestation. In the first five years of age after discharge from perinatal services, parents travelled in total 11 950 km (patient visits, doctor visits, ambulant checkups). Costs for drugs, supportive devices, travel and child care were 6614€. In this five year period, children spent 476 hours in therapies like occupational and physiotherapy (95hours/year). Consequences for parents at place of work ranged from lack of understanding from colleagues to loss of income (1200€) due to missing working days.

Conclusions: This survey is a novel approach to assess the social and economic burden on parents of preterm infants. Moreover, it helps to measure the impact of preterm births also to the society. After adaptation, this survey will be expanded to a European level.

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METHODOLOGICAL APPROACHES TO CONCEPTUALIZING AND MODELING THE EFFECT OF DYNAMIC FAMILY STRUCTURE ON CHILD BEHAVIOR

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There is an accumulating body of evidence suggesting that being raised in a non-intact family may adversely affect child outcomes across a number of developmental domains. Given the dynamic nature of family life for some children today, changes in family structure may need to be captured in a more comprehensive manner. The scientific question is how capturing dynamics of family structure can be achieved. The sample comprised individuals aged 11-14 in cycle five of the Canadian National Longitudinal Survey of Children and Youth. We examined different approaches to conceptualizing and modeling the effect of the family structure effect: current family structure; previous family structures; trajectories of family structure; and change in family structure on externalizing and internalizing behavior in pre-adolescence. Main methodological findings included confounding of the current family structure effect by previous experience, collinearity among family structure main effects, and low analytic power for trajectories. We also considered the time-varying nature of family income and employment status of the primary household respondent using inverse probability weighting to estimate the causal

parameters of a marginal structural model. In one of our most sophisticated conceptualizations of family structure effects, we found that recent change in family structure had a statistically significant effect on the odds of externalizing behavior: Odds Ratio (95% Confidence Interval) = 2.95 (1.73-5.02). Overall, our substantive findings were tempered by methodological caveats, which have important implications for future studies in the area and for broader issues related to data collection, study design, and analysis.

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PSYCHOMOTOR AND EMOTIONAL DEVELOPMENT AT 12 MONTHS OF VERY PRETERM INFANTS WITH BRONCHOPULMONARY DYSPLASIA

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Cognitive, behavioral and emotional problems have been extensively reported for preterm children. BPD has been outlined in many studies as having an additional deleterious effect on early development. Our aim was to examine neurodevelopment and emotional regulation (ER) in preterm infants with BPD within the first year of life.

38 preterm infants (GA: 27.3 ± 1.01.wks) were seen at 12 months corrected age, of which 19 have had BPD. Four components of the Laboratory Temperament Assessment Battery (Lab TAB) were administered in addition to the Bayley scales (MDI/PDI). ER was derived from scores on the two trials of the anger evaluation of the Lab TAB.

By age of 12 months, mean PDI were lower in BPD-group ($p < 0.05$) compared to non-BPD-group. No significant difference between groups was found for the MDI. Correlation analysis revealed a significant negative correlation between ER on the first anger trial and BW ($p < 0.01$) as well as with GA ($p < 0.05$), only for the BPD-group. These findings were no longer significant in the second trial. However, a trend indicated an improvement of ER over the two trials in the non-BPD group but not in the BPD-group.

These results indicate that in children born preterm with BPD a higher BW as well as GA are protective factors allowing for better ER. These results add to the breadth of the literature indicating not only motor and intellectual development to be influenced by BPD at a young age but also the capacity to regulate emotions.

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THE PERINATAL MORTALITY IN LETO' MATERNITY HOSPITAL NICU DURING 2007-2009, AND SURVIVAL OF NEWBORN INFANTS WITH BW ≤ 1500 GRAMS

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Background and aims: Recording the survival of newborns in any Maternity Hospital is of utmost importance, as it contributes to the understanding of the level of perinatal care in Greece.

The aim is to present evidence about perinatal mortality and survival rate of very low birth weight (VLBW) neonates (birth weight (BW) ≤ 1,500 grams) at the NICU at Leto Maternity Hospital.

Methods: Neonates transferred to other hospitals, admissions in Leto's NICU, perinatal mortality and neonatal survival (BW ≤ 1,500 grams), were recorded and documented during 2007 to 2009.

Results: In 2007, 744 neonates admitted in the NICU, 37 with BW ≤ 1,500 grams (11 with BW=500-1,000 grams and 26 with BW=1,001-1,500 grams). Five were transferred to other hospitals (three for financial reasons and two needed surgical operation treatment). In 2008, 908 neonates admitted in the NICU, 40 with BW ≤ 1,500 grams (17 with BW=500-1,000 grams and 23 with BW=1,001-1,500 grams). Six were transferred to other hospitals (three needed intestinal surgery treatment, and three with posthemorrhagic hydrocephalus). In 2009, 911 newborns admitted in the NICU, 45 with BW ≤ 1,500 grams (15 with BW=500-1,000 grams and 30 with BW=1,001-1,500 grams). Four were transferred to other hospitals (two for financial reasons and two with posthemorrhagic hydrocephalus). 11 early fetal deaths were recorded (3, 3, and 5 for each year respectively) but no late neonatal fatalities (Table 1).