more difficult to obtain the health care their children needed; this was more likely to occur in private vs public insurance subgroups (17.8% vs 12.8%, $p < 0.0001$) and middle income (about 20%) vs lowest and highest income subgroups (about 13% $p < 0.0001$). Overall, 13.1% of parents reported not being able to comply with AT LEAST one of their child's clinician's recommendations in the past 12 months due to trouble paying for it.

Conclusions: About one in six parents reported more difficulty obtaining health care for their children over the past three years. The lowest and highest income subgroups of parents were less likely to report increasing difficulty. Children's underinsurance in the United States has become a major public health issue

1278

IMPACT OF INTEGRATION OF WHO ELECTRONIC GROWTH CHARTS INTO EMR SYSTEM OF A PEDIATRIC PRIMARY CARE DEPARTMENT

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Background: Studies have shown that pediatricians readily adopted electronic growth charts when the charts were integrated into an EMR system.

Objective: To evaluate the impact of integration of WHO electronic growth charts into EMR system of a Pediatric Primary Care Department on the frequency of recording and interpretation of anthropometric measurements.

Methods: We performed a retrospective review of electronic medical records of pediatricians working in two centers of a Pediatric Primary Care Department over a 6 month period. In the first center clinicians had access to an EMR system, in the second center physicians had access to the same EMR system + WHO electronic growth charts (ANTHRO software downloaded on their computers). We evaluated the frequency with which clinicians recorded and interpreted growth measurements in EMR during health maintenance visits. We compared the results from the two centers.

Results: Rates of recording of growth parameters were significantly lower in the center where

pediatricians did not have access to electronic growth charts. Introduction of electronic growth charts improved recording, plotting and correctly interpreting the growth measurements by pediatricians in our organization.

Conclusions: Integrating WHO electronic growth charts (using ANTHRO software) into the EMR system of our Pediatric

Department represent potential area for quality improvement in pediatric prevention.

1279

A NESTED CASE-CONTROL STUDY FOR RISK FACTORS OF INFANTILE COLIC

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Background and aims: To analyse infantile (birth characteristics, feeding type) and environmental (maternal smoking, nutrition and psychological status, mother-child bonding, family structure, support to mother, familial atopy) risk factors for infantile colic and to follow up infants with respect to physical growth, sleeping status up to 8 months of age in a nested case-control study.

Methods: 660 mothers who delivered at Dr. Zekai Tahir Burak Maternity Hospital, were enrolled within postpartum 3-72 hours. Infants with insoluble-persistent crying and subsequent four infants with no crying episodes were invited to Hacettepe University Ihsan Doğramacı Children's Hospital at postpartum 30-45 days by phone. At postpartum 40-55 days, infants were examined; 47 infants were diagnosed as colic cases and 142 as noncolic. When the infants were 7-8 month old, another interview was done.

Results: Colic group had higher percentages of less educated (≤ 8 years) and smoking mothers, extended family, families with domestic violence than noncolic group. Colic group had significantly higher rates of "impaired bonding" in Postpartum Bonding Questionnaire, higher scores of Edinburgh Postpartum Depression Scale, higher scores for hostility subscales of Brief Symptom Inventory and