more irregular sleep pattern than noncolic group. At 7-8 months, colic group was shorter than noncolic group.

Conclusion: Colic was associated with some perinatal factors (maternal education, smoking habits, cheese consumption, hostility scores and domestic violence) and having infantile colic had negatively affected sleeping pattern and height of infant.

1280

WHAT PARENTS (DON'T) KNOW ABOUT ORAL HYGIENE...

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Background and aims: In 2005, the Portuguese National Program for the Promotion of Oral Health was published, with the aim to reduce oral cavity's diseases since the birthday until adulthood. With this study, we made an assessment of the knowledge that parents have about their children's oral hygiene.

Methods: Cross-sectional study with a random application of a questionnaire to the parents of 369 children, who attend a kindergarten in Viana do Castelo.

Results: The median age was 3 years and 9 months. Only 37.1% of the respondents reported that the teeth brushing should start after the eruption of the first tooth. Sixty percent said that the children should go to the dentist only when they have the first caries or when definitive teeth arise. Although only 16.9% of children fall asleep with a milk bottle, 53.3% of them were in the group whose parents said not to eat cariogenic food. Almost all parents (91.6%) didn't know that the caries is an infectious disease. There was a statistically significant relationship between parents' low education and the decayed teeth in the children ($p < 0.01$).

Conclusions: We noticed a great disinformation, which can be reflected in the oral health's quality of our population. The most frequent errors were related to the onset of teeth brushing, the first consultation with a Dentist, the consumption of cariogenic foods and the infectious nature of

dental caries. We believe that this is an issue that all physicians must continually emphasize in their professional activity.

1281

HEART RATE ASSESSMENT, RIGHT ON TIME (HEART). DIFFERENCES BETWEEN HEALTH CARE PROFESSIONALS DURING SIMULATED NEONATAL RESUSCITATION

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Background: In simulated neonatal resuscitation 28% of heart rate (HR) assessments are sufficiently inaccurate to change management.

Aim: Determine any differences in HR assessment by stethoscope (accuracy and required time) between health care professionals, and relating these differences to participants preferred method for counting HR.

Method: A randomized, single blind, simulation study using a VitalSim© manikin. Participants declared their profession and preferred method to determine HR. A digital timer was visible during assessment. HR was randomly set at 40, 50, 70 and 80 BPM. First scenario assessed absolute HR with assessment of HR range (< 60 , $60-100$, >100 BPM) during bag and mask ventilation in the second scenario and after three cycles of compressions and ventilation in third scenario.

Results: There were 147 participants. 37% of assessments were inaccurate of which 92% were overestimates. Accuracy did not differ significantly between professionals. In scenario 1, midwives were slower in HR assessment than specialist registrars ($P < 0.05$), but not in scenarios 2 and 3. Assessment of HR range was faster than absolute HR ($P < 0.05$). Newborn Life Support (NLS) recommended method to assess heart rate, used in 8.3% of cases, shortened time to determine HR in first scenario as compared to other methods (19 (SD13-23) vs. 23(SD18-32) seconds, $P < 0.05$). In all scenarios NLS recommended method showed a trend towards increased accuracy (63,3% vs 58,3%).