from the authors. Analyzed were internal reliability among 640 mothers who have children 9-12 years old and test-retest stability among 84 mothers. Construct validity was evaluated by factor analysis was conducted using principal components analysis with varimax rotation.

Results: Cronbach alpha coefficient was calculated 0,764 by the overall assessment of the scale. Test-retest results showed stability for CFQ and for subscales. Varimax rotation yielded seven factors with eigenvalues >1, explaining 54.7% of the variance. Seven-factor model included four factors measuring parental beliefs related to child's obesity proneness, and three factors measuring parental control practices and attitudes regarding child feeding. Internal consistencies for the seven factors were between 0,561 and 0,824. Internal consistencies of two factor (Perceived Feeding Responsibility and Perceived Child Overweight) were < .60 for CFQ.

Conclusions: The CFQ had satisfactory psychometric properties. It can be used to measure Child Feeding in the Turkish population.

Keywords: Child Feeding Questionnaire (CFQ), reliability, validity

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MOTHERS' EXPERIENCES OF HAVING A PRETERM INFANT IN THE NEONATAL CARE UNIT: A META-SYNTHESIS

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Background:

Neonatal nurses are challenged to

- provide care for a still smaller preterm infant
- help the mother through an uncertain motherhood toward a feeling of being a real mother for the preterm baby

Aims:

• further understand mothering when a preterm baby is admitted to the neonatal care unit

• advance the nursing knowledge of family-centred care when preterm neonates need hospital care shortly after birth.

Sample: Qualitative research studies (N=14) published from 2000 to 2006 in five countries on mothers' experiences of having a preterm baby in the neonatal care unit.

Data analysis method: Metasynthesis, a systematic comparison of studies; each study is translated into the other in a fashion similar to when an ethnographer is interpreting a culture. The purpose is to give an expanded understanding of the phenomenon under study. Noblit and Hare's (1988).

Results: Five processes captured the mothers' experiences

- from silent vigilance to advocacy
- from continuously answering questions through chatting to sharing of knowledge.
- from their baby to my baby
- a striving to be a real normal mother
- the turbulent neonatal environment: from foreground to background

Suggestions: Our suggestion for consistently and continuously to develop and strengthen the maternal competence while the infant is admitted to the neonatal care unit is threefold: using a care delivery plan, guided participation, and chat.

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SIMPLE BUT INSPIRING!

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We are a 20 bedded tertiary Paediatric Intensive Care Unit (PICU) within a large teaching hospital in London with a retrieval service. The PICU has 140 nurses, many enrolled in programmes of study. Nurses expressed a wish for a nursing Journal club, where they would be able to critique articles in order to provide evidence based practice the processes of which are an expectation of clinical nursing practice (Thompson, 2006). This model of dissemination is commonly utilised for generating research awareness and education purposes within the medical field but not in Nursing (Parkes et al, 2004).

Aims:

- (1) Generation of ideas for articles to be discussed.
- (2) Articles posted two weeks prior to the club.
- (3) Held on the first Tuesday of each month.
- (4) Findings from the journal club will be disseminated to the team.
- (5) Where appropriate guest speakers will be invited to attend. These aims are achieved by clear advertising and generation of ideas within the nursing team prior to the journal club.

This is a non-hierarchical club where all grades of staff attend we have strong links with the university as part of one of the first Academic Health Science centres in the country, which enables the opportunity for academics and practitioners to share ideas and work together. In the future the journal club will be opened up to all Nursing staff and allied health professionals to enable the sharing of information and knowledge and improve collaboration (Hunt and Topham, 2002).

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PRETERM BIRTH: MANAGEMENT OF MATERNAL STRESS

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Background: Management of stress is a very important factor of coping positive and negative life events. In this study mothers of preterm infants with different gestational age were examined in terms of their stress strategies.

Methods: The management of stress positive strategies (abatement/hostility, diversion and control), negative strategies, searching for social support and avoidance of stress was assessed by SVF 120 in mothers of preterm infants (born between 28 and 33 weeks of gestation) within the first three days after delivery. Socio-demographic data were recorded.

Results: 16 mothers (aged 32±6 years) of preterm infants (gestational age 30.7±1.4 weeks; birth weight 1637±250g) have participated in the study

by now. With decreasing gestational age maternal management of stress with diversion ($p=0.010$), control ($p=0.040$), searching for social support ($p=0.034$) and avoidance of stress ($p=0.026$) increased. Maternal management of stress with abatement/hostility and negative strategies was independent of the gestational age.

Conclusion: The results show, that the maternal management of stress at preterm birth depends on the gestational age. These differences should be taken into account in the care and support of mothers of preterm infants in order to improve mother-child interaction.

Learner objectives: Management of maternal stress, gestational age, mother-child interaction

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PLASMA ENDOTHELIN-1 LEVELS IN PRETERM NEWBORNS WITH CONGENITAL PNEUMONIA

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Objective: Increased pulmonary vascular resistance in preterm newborn infants with **congenital pneumonia** is suggested, and endothelin-1 plays an important role in pulmonary vascular reactivity in newborns.

Methods: We determined plasma (second sample) levels of endothelin-1 in 12 preterm newborns with **congenital pneumonia** and 15 without **congenital pneumonia** (gestational ages: 28,20 ± 1,22 and 28,01 ± 1,12 weeks, respectively). Blood and a second blood sample taken 18 to 40 h after birth were used for endothelin-1 determination by enzyme immunoassay.

Result: Plasma levels ET-1 concentrations were higher than second sample ET-1 levels in both groups ($P < 0.001$). There was a significant positive correlation between second sample ET-1 and SNAPPE II ($r = 0.32$, $P = 0.01$). There were no correlations between plasma ET-1 levels first sample and second sample ET-1 concentrations and 5-min Apgar score < 5 . Duration of mechanical ventilation had a significant positive correlation with second sample ET-1 ($r = 0.478$, $P = 0.02$). Plasma level ET-1 levels did not differ between control and **congenital pneumonia** (10.02 and 14.20 pg/mL, respectively, $P = 0.90$). Second sample ET-1 levels