Conclusion: That all that provides care to the premature born infant provides it from an infant-oriented and developmental approach, giving the infant optimal opportunity to develop.

692

CONNECTING NEONATES AND PARENTS. SKIN-TO-SKIN CONTACT AT A NICU

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Background and aims: Skin-to-skin contact is an evidence based method in the caring of the premature or the vulnerable newborn. By implementing this method of caring, the parents' requirement for time, room and support in staying with their child, is met.

The NICU at the Department of Pediatrics in Holbaek Hospital uses skin-to-skin contact to:

- improve bonding between the parents and their child
- improve the child's physiologic status
- empower the parents in caring for their child

Methods: A 24/7 open and forthcoming atmosphere creates a ward, where parents are not only encouraged, but expected to participate in their child's care and treatment. Where the child is admitted, there is also a place for a parents' bed.

Providing the parents with information about skin-to-skin contact, in the form of an easily accessible poster.

This poster informs the parents about how skin-to-skin contact connects neonates and parents.

The poster also informs relatives, and changes their views towards the baby's perspectives.

Results: The importance of skin-to-skin contact is comprehended by the parents

Calmer and more stable children

Treatment and tending situations in collaboration with the parents is facilitated

Parents aware of their child's demands

Competent parents, who bond well with their child

Conclusions: Low-cost changes at a NICU provide empowered parents with a greater knowledge about their child and a more stable parent-child bond.

(NB. The work is an implementing project, not research.

It is not required to submit to ethical board.)

693

PEDIATRIC CARE ACCORDING NURSING STUDENT'S VIEWS. A QUALITATIVE STUDY

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In Spain pediatric nursing is taught generally in the last year of the Nursing Degree. The purpose of this study was to assess what kind of nursing care was provided to children and their families according to nursing student's views during their clinical rotation.

Ten students were interviewed using qualitative methods. Informed consent was obtained. Their clinical experiences were on these wards: NICU, PICU, emergency room, surgical, oncology and neonatology.

Three main categories were obtained:

1. Pediatric care.

1.1. Basic care: *The most important? That the baby is well taken care of.*

1.2. Pain: *This baby is complaining a lot (...) and I said, if he complains, something is going on (...).*

2. Family care.

2.1. Care focused on babies: *We don't intervene with mothers that much (...) care was provided to the babies.*

2.2. Immigration: *She's from abroad, she doesn't have our culture (...) her baby is crying because he's burned.*

2.3. Mum as main caregiver: *They were exhausted of being there all day long.*

2.4. Visit schedules: *Families were around all the time.*

3. Wards organization.

3.1. Chores: *nursing assistants supervised bottlefeeding and breastfeeding.*

3.2. Team relations: *Interaction between nurse and doctor equals problem.*

3.3. Specialized knowledge: *I was lost at the beginning, I didn't have a clue.*

3.4. Satisfaction: *I really loved this clinical rotation.*

According to nursing students views, family centered care is much needed in our hospitals and we should treat pediatric pain better. Students do like the clinical rotation in pediatrics wards.

694

HOME CARE VENTILATION: A RETROSPECTIVE EVALUATION OF OUR EXPERIENCE BASED ON THE CURRENT NATIONAL PRACTICE

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Fast progress in paediatric intensive care medicine and early recognition and treatment of respiratory failure means that more paediatric patients are dependant on the long term ventilation. Technical dependency keep these children out of their comfort environment and causes physical and psychological deprivation of the patients as well as their families. This fact led to an establishment of a national committee for realization of home care ventilation in the Czech Republic.

Objectives:

- Describe the whole discharge process for the home care ventilated patients
- Analyse our own unit experience and identify advantages and obstacles in the process
- Evaluate the process of the home care ventilation project
- Gain insight into the care- keepers' experiences

- National statistics of the patients mechanically ventilated at home

Method: standard questionnaires were sent to 5 PICU in Czech republic. We followed up our patients and their families who were willing to share their experience.

Results and conclusions:

- There is a need for improvement of the present process
- There are currently no methodical instructions for the health insurance companies about the financial support of the families with mechanical ventilation dependant children
- Further development of the community care service
- There are clear benefits for the children and their families being discharged on the home mechanical ventilation
- National statistics results are still in the process of evaluation

695

NEWBORNS AT RISK AND MIGRANT WOMEN

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The number of children requiring intensive neonatal care is increasing and it has become a huge cost for the community and the national health system. Under some conditions, where a social risk exists along with a biological one ("ecological risk"), the newborns drop out of the health care system and then they are brought back to the health care and social services attention only when there is a full blown damage. In the migrant populations, pathological births and damage to the child's health are higher than among the Italian population. In order to examine the factors affecting care continuity, an appropriateness project has been carried out by a Neonatology Department in a hospital in Rome for newborn babies of migrant women. The aims of this article are: