

ACTH, cortisol, adrenalin, sT3, sT4, TSH in the development of TTN in CS delivered late preterm and term infants.

**Methods:** Study was designed as a prospective and sectional study. The information about all of the deliveries taking place in our center between September 2008-July 2009 were recorded. Study group consisted of 37 CS delivered late preterm and term infants with the diagnosis of TTN. Thirty three gestational age matched CS delivered consecutive infants without the diagnosis of TTN delivered after each study case constitutes the control group. At birth 10 ml of cord blood were collected from all CS deliveries of late preterm and term infants for analysis of serum cortisol, ACTH, sT3, sT4, TSH and adrenalin levels.

**Results:** Though there was no significant demographic difference between our patient and control groups, cord ACTH, cortisol, sT3 were significantly low and adrenalin was high in the study group ( $p < 0.05$ ).

**Conclusions:** Lower cord cortisol, ACTH, sT3 in patients with TTN indicate the possible role of these hormones in fetal lung fluid clearance and postnatal pulmonary adaptation through their modulatory effect on ENaC and NaK ATPase.

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#### INTRATRACHEAL PERFLUOROCARBONS ALTER TNFA AND VEGF EXPRESSION IN AT-II CELLS DURING PMA-INDUCED SYSTEMIC INFLAMMATION

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**Background:** 20-40% of extremely preterm infants develop BPD. Besides "relative" hyperoxia, inflammation is a major contributor to the pathogenesis of BPD. Perfluorocarbons (PFC) can reduce oxidative stress and have anti-inflammatory properties. Until now the mechanism of PFC action on cellular level is not completely understood.

The aim of this study was to elucidate the impact of PFC on Alveolar type II (AT-II) cells in vivo in an animal model of inflammation-induced BPD.

**Methods:** Newborn rats received 500µg/kg bodyweight Phorbol 12-Myristate 13-Acetate (PMA) intraperitoneally and either air (*PMA/air*) or 50µl Perfluorodecalin (*PMA/PFD*) intratracheally. Healthy control animals were injected intraperitoneally with 0.2% DMSO (*Control*). After 24h AT-II-cells were isolated. I.) Proportion of TNFα-positive cells was assessed by fluorescence-immunocytochemistry. II.) Expression of TNFα, VEGF and VEGFR1 was analysed using real-time PCR. Data arise from 3 independent experiments.

**Results: I.)** 37±2.3% of AT-II-cells showed TNFα-positive staining in the *PMA/air* group. In the *PMA/PFD* group 22.3±4.0% of AT-II-cells were TNFα-positive ( $p=0.01$ ) (*Control* 16±1.5%). **II.)** Compared to *Control*, TNFα expression in the *PMA/air* group was 2.8-fold higher (*PMA/PFD* group 1.1-fold). Expression of VEGF in *PMA/air* was 0.8-fold, in *PMA/PFC* 0.3-fold of *Control*. Expression of VEGFR1 in *PMA/air* was 1.6-fold, in *PMA/PFC* 2.7-fold higher than in *Control*.

**Conclusion:** PMA-induced systemic inflammation leads to an increase of TNFα Protein and mRNA in AT-II-cells, which can be diminished by intratracheal application of PFC. Reduced expression of VEGF in AT-II-cells during inflammation was not restored by PFC, but may be compensated by the higher VEGFR1 expression.

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#### RELIABILITY AND VALIDITY OF TURKISH VERSION OF THE CHILD FEEDING QUESTIONNAIRE

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**Background and aims:** The aims of this study were to adapt the CFQ culturally and to assess its psychometric properties. The Child Feeding Questionnaire (CFQ) is a self-report measure to assess parental beliefs, attitudes and practices regarding child-feeding.

**Methods:** CFQ was translated into Turkish according to the guideline for the cross-cultural adaptation process and used with permission

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).