SOCIETY FOR SOCIAL PEDIATRICS
TURKEY – 2005

# 2nd INTERNATIONAL EURASIAN CONGRESS OF SOCIAL PEDIATRICS

# &

# 6th NATIONAL CONGRESS OF SOCIAL PEDIATRICS

NOVEMBER 26-29, 2020




## ABSTRACT BOOK

Dear Colleagues

We are privileged to announce the 2nd International Congress of Eurasian Social Pediatrics & 6th National Congress of Social Pediatrics which will be held virtually on 26-29 November 2020.

The congress mainly revolves around child health during the COVID-19 pandemic. Social Pediatrics in the community- NGO experience from Canada, child health and nutrition, immunizations, vaccine hesitancy, early childhood sleep problems confronting children are other leading topics.

International Society for Social Pediatrics and Child Health (ISSOP) Declaration "Advancing Health Equity and Social Justice in Response to COVID-19" which is also endorsed by the Turkish Society for Social Pediatrics will be presented by the ISSOP president.

This congress reflects our goal to provide and discuss the latest scientific knowledge and current evidence-based practices for improving women's and children's health: promoting breastfeeding, improving maternal and young child nutrition, responsive caregiving and providing nurturing care with stimulation in the first years of life, prevention and management of childhood illness and developmental problems, immunization, and promoting maternal mental health.

The congress also presents distinguished international speakers from different countries.

We are happy to invite and welcome professionals from multiple disciplines who work with children, and families. We hope you will enjoy the meeting in which experiences will be exchanged at the international level.

From the bright side, the congress will not require travelling or accommodation.

Best regards,

**Prof. Adem Aydın MD**
Congress President

**Prof. Gülbin Gökçay MD, MSc (UK)**
President of Society for Social Pediatrics, Turkey

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# Committees

## ORGANIZING INSTITUTION

SOCIETY FOR SOCIAL PEDIATRICS, TURKEY

## EXECUTIVE COMMITTEE

Gülbin Gökçay (President of the Society for Social Pediatrics, Turkey)
Adem Aydın
S.Songül Yalçın
Feyza Koç
Perran Boran

## ORGANIZING COMMITTEE

Adem Aydın (Congress President)
Gülbin Gökçay (President of the Society for
Social Pediatrics, Turkey)
Feyza Umay Koç ( Congress Secretariat)
S. Songül Yalçın
Perran Boran

## SCIENTIFIC COMMITTEE

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S.Songül Yalçın, Turkey

## 2. INTERNATIONAL EURASIAN SOCIAL PEDIATRICS CONGRESS & 6.NATIONAL SOCIAL PEDIATRICS VIRTUAL CONGRESS

### 26 November 2020, Thursday

| Time | Session / Chairs | Speaker |
|---|---|---|
| 09:00-09:20 | OPENING -SOCIETY FOR SOCIAL PEDIATRICS<br>Gülbin Gökçay<br>Adem Aydın<br>Jeff Goldhagen | |
| 09:20-10:20 | SESSION I - Organic Agriculture and Child Health<br>Chairs: Kadriye Yurdakök, Selda Bülbül | |
| 09:20-09:40 | Organic Agriculture in the World and in Turkey | *Tayfun Özkaya* |
| 09:40-10:00 | Organic Agriculture and Effects on Child Health | *Ahmet Ergin* |
| 10:00-10:20 | Premature Telarch: A Problem Related with Nutrition? | *Abdullah Bereket* |
| 10:20-10:40 | Discussion | |
| 10:40-10:50 | BREAK | |
| 10:50-11:30 | SATELLITE SYMPOSIUM -SANOFI PASTEUR<br>Menactra Experience in Meningococcal Vaccination<br>Chair: Adem Aydın | *Hasan Tezer* |
| 11:30-12:30 | LUNCH | |
| 12:30-13:10 | SATELLITE SYMPOSIUM -GSK<br>Invasive Meningococcal Disease in Turkey and Importance of Serogroup B<br>Chair: Alev Özakay | *Nuran Salman* |
| 13:10-14:30 | SESSION II - Updates on Well Child Care: Multidisciplinary Approach<br>Chairs : Nurdan Evliyaoğlu, Elif Özmert | |
| 13:10-13:30 | Oral and Dental Health Care | *Arzu Yetkiner* |
| 13:30-13:50 | Eye Health Protection | *Osman Tolga İnce* |
| 13:50-14:10 | Prevention of Orthopedic Problems | *Nilgün Çöl* |
| 14:10-14:30 | Discussion | |
| 14:30-14.50 | BREAK | |
| 14:50-16:15 | SESSION III -Social Pediatrics Experiences at Community and Educational Levels<br>Chairs: Gülbin Gökçay, Jeff Goldhagen | |
| 14:50-15:30 | NGO Experience from Canada | *Gilles Julien* |
| 15:30-15:45 | Training in Social Pediatrics-Canada | *Saba Sağlıker Köse* |
| | Training in Social Pediatrics-Turkey | *Bahar Kural* |
| 15:45-16:15 | Discussion | |
| 16:15-16.30 | BREAK | |
| 16:30-18:00 | Oral Presentations<br>Chairs:Yaşar Topal, Meltem Akçaboy<br>OP-46, OP-47, OP-49, OP-50, OP-51, OP-52, OP-53, OP-54, OP-55, OP-56, OP-57, OP-58, OP-59, OP-60 | |

## 2. INTERNATIONAL EURASIAN SOCIAL PEDIATRICS CONGRESS & 6.NATIONAL SOCIAL PEDIATRICS VIRTUAL CONGRESS

### 27 November 2020, Friday

| Time | Session / Chairs | Speaker |
|---|---|---|
| 09:00-12:00 | **SESSION IV - Updates On Early Childhood Visits**<br>**Chairs: Perran Boran, Adem Aydın** | |
| 09:00-10:00 | Responsive Sleep Training; GeMMs Method | ***Sarah Blunden*** |
| 10:00-11:00 | Sleep in Breastfeeding Infants; Possums Sleep Intervention | ***Pam Douglas*** |
| 11:00-11:10 | **BREAK** | |
| 11:10-12:00 | Conference:Thinking Healthy Programme | ***Atif Rahman*** |
| 12:00-12:40 | **SATELLITE SYPMOSIUM-SANOFI PASTEUR**<br>**Pertussis Disease and Prevention**<br>**Chair: Betül Ulukol** | ***Zafer Kurugöl*** |
| 12:40-13:40 | **LUNCH** | |
| 13:00-14:20 | **Oral Presentations**<br>**Chairs: Osman Tolga İnce, Atilla Çiftçi**<br>**OP-18, OP-19, OP-20, OP-21,OP-78, OP-23, OP-24,OP-48, OP-25, OP-26, OP-27, OP-28, OP-29, OP-30** | |
| 14:20-16:00 | **SESSION V - Child Care During COVID-19 Pandemic**<br>**Chairs: Songül Yalçın, Stuart Logan** | |
| 14:20-14:40 | Turkish Experience | ***Selda Karaayvaz*** |
| 14:40-15:00 | Italian Experience | ***Giorgio Tamburlini*** |
| 15:00-15:20 | Violence against Children and Adolescents and Psychological Problems during COVID-19 Pandemic | ***Barbara Rubio*** |
| 15:20-15:40 | ISSOP Declaration "Advancing Health Equity and Social Justice in Response to COVID-19" | ***Jeffrey Goldhagen*** |
| 15:40-16:00 | **Discussion** | |
| 16:00-16:20 | **BREAK** | |
| 16:20-17:00 | **SATELLITE SYMPOSIUM-MSD**<br>**A Comprehensive Approach to HPV and HPV Vaccines** | ***Aysu Çamurdan*** |
| 17:00-18:30 | **Oral Presentations**<br>**Chairs: Melda Çelik,Meltem Dinleyici**<br>**OP-01, OP-03, OP-04, OP-05, OP-06, OP-08, OP-09, OP-10, OP-11, OP-12, OP-13, OP-14, OP-15, OP-16, OP-17** | |

| 2. INTERNATIONAL EURASIAN SOCIAL PEDIATRICS CONGRESS & 6.NATIONAL SOCIAL PEDIATRICS VIRTUAL CONGRESS | | |
|---|---|---|
| **28 November 2020, Saturday** | | |
| | | |
| **Time** | **Session / Chairs** | |
| 09:15-11:00 | **Oral Presentations**<br>**Chairs: Elif Ünver Korğalı, Zühal Gündoğdu**<br>**OP-31, OP-32, OP-92, OP-34, OP-35, OP-36, OP-37, OP-38, OP-39, OP-40, OP-41, OP-42, OP-43, OP-44, OP-93, OP-45** | |
| 11:00-12:00 | **SESSION VI - Vaccine Hesitancy**<br>**Chairs:Figen Şahin Dağlı , Natalia Ustinova** | |
| 11:00-11:20 | Vaccine Hesitancy at National Level | ***Songül Yalçın*** |
| 11:20- 11:40 | Vaccine Hesitancy at International Level | ***Helen Bedford*** |
| 11:40- 12:00 | **Discussion** | |
| 12:00-12:10 | **BREAK** | |
| 12:10-13:40 | **SESSION VII- Epidemiology of COVID-19 and Vaccination Studies**<br>**Chairs:Gonca Yılmaz, Helen Bedford** | |
| 12:10-12:50 | Turkish experience | ***Murat Akova*** |
| 12:50-13:30 | Russian experience | ***Leyla Namazova-Baranova, Natalia Ustinova*** |
| 13:30-13:40 | **Discussion** | |
| 13:40-14:00 | **BREAK** | |
| 14:00-14:40 | **SATELLITE SYMPOSIUM-PFIZER PFE**<br>**World Experience with Conjugated Pneumococcal Vaccination PCV13**<br>**Chair: Selda Karaayvaz** | ***Betül Ulukol*** |
| 14:40-15:00 | **BREAK** | |
| 15:00-16:00 | **SESSION VIII - Vaccines**<br>**Chairs:Emel Gür, Sevgi Başkan** | |
| 15:00-15:20 | Vaccine Production Stages | ***Adem Aydın*** |
| 15:20-15:40 | Immunology of Vaccination | ***Sevtap Velipaşaoğlu*** |
| 15:40-16:00 | **Discussion** | |
| 16:00-17:45 | **Oral Presentations**<br>**Özlem Bağ, Bahar Çuhacı Çakır**<br>**OP-61, OP-62, OP-63, OP-64, OP-65, OP-67, OP-68, OP-69, OP-70, OP-71, OP-72, OP-73, OP-74, OP-75, OP-76, OP-88, OP-77** | |

| 2. INTERNATIONAL EURASIAN SOCIAL PEDIATRICS CONGRESS & 6.NATIONAL SOCIAL PEDIATRICS VIRTUAL CONGRESS | | |
|---|---|---|
| **29 November 2020, Sunday** | | |
| **Time** | **Session/ Chairs** | **Speakers** |
| **11:30-13:00** | **Oral Presentations**<br>**Chairs:Seda Topçu, Gonca Keskindemirci**<br>**OP-79, OP-80, OP-81, OP-82, OP-83, OP-84, OP-85, OP-86, OP-87, OP-89, OP-66, OP-91** | |
| **13:00-14:20** | **SESSION IX - School Health**<br>**Chairs:Feyza Koç, Vefik Arıca** | |
| **13:00-13:20** | Online Education and Child Health | ***Betül Ulukol*** |
| **13:20-13:40** | Vaccination in School Children During the COVID-19 Pandemic | ***Meda Kondolot*** |
| **13:40-14:00** | Should We Use Multivitamin, Omega-3, Immune-Support Products? | ***Oya Baltalı Hıdır*** |
| **14:00-14:20** | **Discussion** | |
| **14:20-14:30** | **BREAK** | |
| **13:10-14:20** | **SESSION X - Breast Milk**<br>**Chair:Serpil Uğur Baysal, Filiz Şimşek Orhon** | |
| **14:30-14:50** | Rational Drug Use in Breastfeeding Mother | ***Nalan Karabayır*** |
| **14:50-15:10** | Breastfeeding During the Infections of the Mother | ***Emel Örün*** |
| **15:10-15:30** | **Discussion** | |

# ORAL PRESENTATIONS

## OP-01

## Smartphone addiction is related with daytime sleepiness in adolescents

Ayse Oflu

Afyonkarahisar University of Healt Sciences Department of Pediatrics

**Purpose**: Smartphones have become indispensable for many people in daily life with advanced functionality and application features such as internet capability, portability and accessibility. Although smart phones are small enough to accompany the user in almost every situation and include a wide variety of functions, these features bring the risk of overuse or addiction. Excessive daytime sleepiness is defined as the tendency to fall asleep, especially during the daytime, especially in passive and sedentary situations, and not being awake when awake is required. The aim of this study was to examine the relationship between smartphone addiction (SA) and excessive daytime sleepiness in adolescents.

**Method**: This cross-sectional descriptive study was conducted between 01.07.2020-01.09.2020 in a university hospital. The sample of the study was determined as 14-16 years old adolescents who applied to the pediatric outpatient clinic for outpatient health services. A structured questionnaire form, "Smartphone Addiction Scale-Short Version (SAS-SV)" and "Pediatric Daytime Sleepiness Scale (PDSS)" adapted to Turkish culture were applied to the volunteer participants. Total scores obtained from the scale were calculated in order to determine the probable SA/SA status. Then the cut-off score was determined as 31 for boys and 33 for girls, as recommended in the literature. Those with a total score above the cut-off score were considered as possible addicts. The distribution of scores for PDSS ranges between 0 and 32, and it was accepted that daytime sleepiness increased as the score obtained from the scale increased. This study was approved by the local ethics committee on 05.06.2020 (Code: 2011-KAEK-2, No: 2020/226).

**Results**: SA ratio was found as 46.7% in 137 adolescents. The total score of the pediatric daytime sleepiness scale was found to be significantly higher in the smartphone addict group (p

**Conclusion**: This study showed that SA is quite common among adolescents, and there is a relationship between SA and daytime sleepiness. Adolescents need guidance on the correct use of smartphones and the correct sleep habits.

**Keywords:** Smartphone, addiction, daytime, sleepness, adolescent

## OP-03

## Risk Factors And Sociodemographic Features Of Ambliopia In Preschool Children

Erdinç Bozkurt

Kafkas University Medical School, Kars, Turkey

**Purpose:** The aim of the study is to determine the risk factors and sociodemographic feature for amblyopia in preschool children

**Method:** Thirty-five patients (19Male / 16Female) with ambliopia, 35 (17 Male /18 Female) healty children who applied to the Kafkas University Faculty of Medicine, Department of Ophthalmology were included in the study. The average age was 72 ± 11 months in the 1. group, and 69 ± 12 months in the 2. group. Data were collected through questionnaires applied for parents by the researchers. Statistical analysis was conducted using Statistical Package for the Social Sciences 21.0.

**Method**: Among the groups, no significant relationship was found in terms of term / preterm birth, cesarean / normal vaginal delivery, history of hospitalization in neonatal intensive care and receiving oxygen therapy, age and education of the parents, living in rural or urban areas, number of siblings, smoking or alcohol consumption of the mother during pregnancy, history of abortion, birth or stillbirth history, exposure to violence during pregnancy, being an elementary or extended family, the presence of kinship between the parents, the economic level of the family, and the child's use of breast milk or formula. (all of them p>0.05) There was a statistically significant difference in terms of maternal education level, family history of amblyopia, and low birth weight. (p

**Conclusion:** Treatment is not possible if amblyopia is not detected in the early period. We conclude that determining the risk factors for amblyopia will improve the prognosis of this disease.

**Keywords:** amblyopia, risk factors, sociodemographic characteristics

## OP-04

## How safe are children's shampoos?

Habip Almiş, Ibrahim Hakan Bucak

Adıyaman University Medical School, Department of Social Pediatrics

**Background:** Hair and body cleaning and care are important routine parts of life for all newborns, babies, and children. As the number of baby shampoos offered to consumers in pharmacies and supermarkets increases almost daily, parents frequently ask healtcare provider, "What shampoo would you recommend for my baby or child?" Also, on TVs, advertisements are frequently seen as this shampoo is recommended by the healtcare provider such as pediatricians. The aim of this study was to compare the contents of baby and newborn shampoos sold in supermarkets and pharmacies, determine the levels of substances reported to be dangerous to babies and newborns' health in these shampoos.

**Method:** This cross-sectional study included 18 newborn and baby shampoos that families could buy at supermarkets and pharmacies in Turkey. Only 3 shampoos were sold as newborn shampoos, while 15 shampoos were sold as baby shampoos. For newborn and baby shampoos, the number of preservative substances have been determined. These chemical substances in the shampoos and the ways in which they were identified were obtained from the packages and recorded. Data included in this study were collected between July 2019 and November 2019. Ethical approval is not required as the study does not include human and animal elements.

**Results:** The study included 18 newborn and baby shampoos. Three shampoos were for newborns, while 15 shampoos were recommended for use with infants. A total of 68 chemicals was found in these 18 shampoos. The shampoo with the fewest chemicals contained 10 substances, while the shampoo with the most chemicals contained 21 substances. The all shampoos had an average of 14.83 ± 2.43 chemicals. The newborn shampoos had an average of 12.33 ± 2.08 chemicals and baby shampoos had an average 15.33 ± 2.22 chemicals (p=0,047).

**Conclusion:** Based on the study findings, the chemical substances in infant and baby shampoos should be clearly indicated on their packaging. Furthermore, we believe that the most beneficial approach to protect the health of infants and children is to use packaging for children's personal care products that does not have the potential to release any substances. Moreover, we think it would be useful to develop guidelines for the use of children's personal care products by age. More research is clearly needed in this area with very limited studies.

**Keywords:** baby; chemical; newborn; pediatrician; shampoo

## OP-05

# Neonatal abstinence syndrome: Implementations from a level-III neonatal intensive care unit

Hakan Ongun, Sariye Elif Özyazıcı Özkan

Akdeniz University Medical School Department of Social Pediatrics, Antalya

**Background:** Neonatal abstinence syndrome (NAS) is a postnatal withdrawal syndrome that manifests shortly after birth in infants of pregnant women with opioid use. Due to the limited regional data on the incidence of NAS, we aimed to investigate the frequency, clinico-demographic profiles, co-existing conditions, medications of all NAS infants who were admitted to one of the largest level-III neonatal intensive care unit (NICU) in Antalya.

**Method:** This retrospective, single-center study was conducted in all NICU admissions manifesting drug withdrawal symptoms between the period January2019-July2020. Maternal and prenatal data, perinatal characteristics, clinical features and symptoms, medications used for withdrawal, modified Finnegan scores and the social service support (including child custody service) were collected from the hospital database. Data were analyzed using SPSS-21 statistical program. Data were expressed as percentage (%), median (minimum-maximum) values.

**Results:** Fifteen infants showed withdrawal symptoms out of 3578 live births (3.9%). The median gestational age was 38 weeks (31-39 weeks) and birthweight 2590 grams (1300-3700 grams). The rate of preterm delivery and small for gestational age was 46.7% and 33.3%. Maternal characteristics showed syphilis (1/15), HCV (1/15), HBV (2/15) infections. Respiratory support included invasive mechanical ventilation in a 31-gestational week infant and noninvasive ventilation in three infants. The symptoms of central nervous system (crying, agitation, tremors, failure to sleep) occurred in all infants; one infants required multidrug therapy for seizure control. Feeding intolerance was the second most common symptom (8/15). Initial symptoms were manifested following 24-hours; the highest Finnegan score was 20 (median: 14). The first dose of morphine-sulfate (0.04 – 0.12 mg at eight-hour intervals, doses based on Finnegan score) was applied to Finnegan scores ≥9 at median 1 days (1-3 days); the symptoms resolved at 6 (3–9 days).

The median length of NICU stay was 12 days (6-24 days). One infant died of prematurity and early-onset sepsis. The rest of the infants were channeled into the legal and social services for the future child custody issues. The custody of three children was given to the own parents who voluntarily received drug and alcohol detox programs (under the guidance of social services); two infants were given to the protection and neonatal care of elderly relatives. Nine infants were taken into the legal custody of social services. All infants have been regularly monitored neurodevelopmental challenges.

**Conclusion:** As the number of infants with opioid withdrawal rises, new promising strategies should be provided for early recognition of neonatal abstinence syndrome, timely and proper treatment and social support of the family. These infants should be handled by a multidisciplinary approach integrating the physical, mental, and social dimensions of child health. The goal is to "keep families safe and together"

**Keywords:** Neonatal abstinence syndrome, NICU, child health

## OP-06

# Effects of hospital stay on nutritional status in children

Hande Gazeteci Tekin[1], Yeşim Öztürk[2], Hülya Ellidokuz[3]

[1]Bakırçay University, Çiğli Research and Training Hospital

[2]Dokuz Eylül University Medical School, Department of Social Pediatrics

[3]Dokuz Eylül University Medical School, Department of Biostatistics

**Background:** Malnutrition is a condition affecting different organ systems, suppressing particularly immune system. More serious malnutrition is recognised in children who require hospitalization, and may lead to negative effects on the length of hospital stay, morbidity, mortality, quality of life and cost of the treatment. In this study, it is aimed to investigate nutritional status of children on admission to hospital, and effects of hospital stay on the nutritional status of the children, as well as the relationship between the nutritional status, diagnosis and length of hospital stay.

**Method:** Three hundred one children at age of 1 month to 18 years who were hospitalised and followed at the inpatient pediatric service of a university hospital. Body weight and height, mid-arm circumference, triceps skin fold thickness were measured on admission and discharge from the hospital. Age, sex, diagnosis, and length of the hospital stay were recorded. Nutritional anthropometric data on admission and discharge from the hospital were compared.

**Results:** Three hundred fourty six of 301 (48.5%) subjects were girls. The mean age was 6,2±5,3 years. At admission 30.2% of the cases had acute malnutrition. Acute malnutrition was found highest in the age groups of 1-24 months (32.6%) and 10-18 years of age (38.9%). Malnutrition was observed at 42.4%, 34.3%, and 32.7% rates, in children having congenital heart diseases, malignancy, and neurological diseases, respectively. At discharge 28.2% of all the subjects had acute malnutrition.

**Conclusion:** In general, hospitalization in cases did not increase the frequency of malnutrition. Nutritional status of well-nourished one month- 10 year-old group children was not influenced. However unfavourable effects for the patients in the adolescent period drew attention. Hospitalization did not give rise to favourable effects on the nutritional status in children with congenital heart diseases in spite of predisposition to malnutrition, but patients with neurological and infectious diseases displayed improvement. Although hospital stay in children does not affect the nutritional status adversely in general, it does not reduce the high frequency of malnutrition which is the major cause of mortality and morbidity in childhood. New strategies are necessary to raise the awareness of health workers and to treat malnutrition effectively during hospital stay.

**Keywords:** Key words: hospital malnutrition, child, nutritional status, anthropomety

## OP-08

## Approaches and attitudes of mothers about complementary feeding

Gizem Şenyazar, Feyza Koç, Şule Gökçe,

Ege University Medical School, Department of Social Pediatrics

**Background:** Nutrition is one of the main factors for a child to grow and develop in a healthy way. The negative effects of wrong and unconscious implementations made in this issue can be seen not only in childhood but also in all periods of life. World Health Organization (WHO) and the American Academy of Pediatrics (AAP) advise that infants should be fed only on breast milk in 0-6 months, supplementary food should be started in the 6th month and breastfeeding should be sustained for 2 years. This study aims to determine how long mothers feed babies only on breast milk when they start supplementary food, and the factors affecting the decision to start supplementary food and aims to detect the solution ways of mistakes in infant nutrition.

**Method:** The children between 12-36 months were included in the study, who applied well-child follow-up polyclinics, General Pediatrics Polyclinic, and other sub-branch polyclinics of Pediatrics Department, Medical School of Aegean University and who followed up in service as in-patients. The parents of children were informed before the questionnaire and written approval form of information was taken. Questionnaires were made one by one and face to face by the researcher.

**Results:** A total of 300 children aged between 12-36 months were included in our study. The average age of children was 22.5±7.8 months. 293 of the cases (97.7%) got breast milk within the first 24 hours after birth, yet those having taken only breast milk was 78.3% (n=235). 19.7% (n=58) of those having taken breast milk in the first 24 hours after birth were given formula together with breast milk. The duration of nutrition only with breast milk was 4±2.5 months. The rate of nutrition only with breast milk in the first 6 months was 47.7%. The total period of taking breast milk was 14±7.8. The average age of starting supplementary food was 5.6±1.2 months and 88% of the cases started supplementary food before the 6th month. When the mothers were asked why they started supplementary food before the 6th month, the most common answer was "to have them taste" (37.5%).

**Conclusion:** Mothers have a high tendency of giving breast milk in the first 24 hours, while the rate of giving only breast milk is not a sufficient level; the formula has been observed to be given at a high level at birth in addition to breast milk. The rate of early starting supplementary food was found to be high in comparison to the average of our country and there are deficiencies in the matter of nutrition with proper supplementary food at the proper time. Although health officials seem to be effective in informing about nutrition, it does not seem to be reflecting on families' behavior. Society needs more training about the nutrition of infants. A significant relationship was not found in our study in evaluating the factors affecting nutrition only with breast milk in the first 6 months, the time of starting supplementary food, the total duration of taking breast milk. More widespread studies are needed on this issue with more cases.

**Keywords:** breast milk, infant, complementary feeding, nutrition

## OP-09

## Evaluation of serum vitamin A levels in hospitalized children

Şule Gökçe , Feyza Koç

Ege University Medical School, Department of Social Pediatrics

**Background:** This study purposed to ascertain the vitamin A status of children admitted to a pediatric tertiary hospital and to detect the factors related to nutritional behaviors.

**Method:** We conducted a retrospective, cross-sectional, and hospital-based study; 116 patients hospitalized to Ege University, Faculty of Medicine, Department of General Pediatrics Unit in 2017 have been evaluated for vitamin A status. The pediatric patients accompanied by malnutrition were compared with non-malnourished patients. The malnourished patients were assessed to detect their nutritional status/feeding habits and to identify any associated factors. The statistical analyses of the study were made using the Statistical Package for the Social Science for Windows (SPSS) v. 21.0 statistics program (SPSS Inc, Chicago, IL, USA, 2006).

**Results:** A total of 116 pediatric patients were hospitalized during this period into the General Pediatrics Ward. Of the patients; 56 (48.3%) males and 60 (51.7%) females and had a median age of 78.5 ± 65 months (range, 2 months –18 years). The median vitamin A of the study group was 413.6 ± 187.7µg/L. In 39 (33.6%) of the study group, serum vitamin A levels were < 316 µg/l (low), serum vitamin A levels in 77 (66.4%) were within the normal range. 58.6% of the patients were diagnosed with malnutrition in this study group. When the patients with malnutrition compared with those without malnutrition; there was a statistical difference between the two groups. Vitamin A level was statistically low in malnourished patients.

**Conclusion:** The deficiency of vitamin A in children admitted to the hospital was detected as a frequent shortage. In order to provide healthy growth development in childhood, it should be performed an assessment of nutritional status/ vitamin levels measurements every admission to the hospital in malnourished children.

**Keywords:** Vitamin A, children, malnutrition

## OP-10

# Exclusive Breastfeeding in the First Six Months of Life and Factors that Effect Feeding Habits – A Pilot Study

Yeşfa Şebnem Özbay

Ağrı State Hospital, İstanbul University Institute of Child Health PhD Programme, Istanbul

**Background:** Adequate nutrition during infancy especially in the first year of life is essential to ensure the growth, health and development of children. Breastfeeding is one of the most important evidence-based strategy for infant nutrition which is strongly recommended by asssociations like WHO and by the National Ministries of Health. In this study we aimed to understand the factors that effect breastfeeding and traditional local feeding habits in the first six months of life.

**Method:** Infants who admitted to pediatrics out-patient department of Ağrı Training ve Research Hospital and aged between 2 to 6 month-old were included in this study. Parents filled out a questionnaire which included questions like babies feeding habits, foodss that parents used for feeding their babies instead of breatsmilk or with breastmilk, the first thing that they used for feeding their babies, the reason of choosing that nutriments. Also pregnancy history of the mothers, ages of parents, their educational status and cigarette consumption were evaluated which may be related to feeding habits of infants. Ethics approval for the study was obtained from the Clinical Researches Community of Ağrı Training and Research Hospital.

**Results:** Thirty-three infants were included in the study, 20(60.6%) were female and 13(39.3%) were male, all patients were born in Ağrı. The average age of patients were 4.7±1.3 months of age. Seven (21.2%) of infants were delivered by cesarean section and 4(12.1%) of patients were admitted to neonatal intansive care unit after birth. The average number of maternal gravity was five. All mothers supported breast-feeding and had lactation counselling after birth as Ağrı Training ve Research Hospital is 'Baby Friendly Hospital' also all mothers breastfed their children as first thing after birth except two mothers whose children were taken to neonatal intensive care unit. All infants except 2 (6.0%) were being fed with breast milk but exclusive breast feeding rate was only 45%(n=15). When the history of feeding extended, exclusive breast feeding rate starting from birth was only 15%(n=5). The most frequently used alternative liquids used instead of breast milk was infant formula, tea and cow milk. The average time of an infant experiencing this alternative fluids were 15±5 days approximately. Twenty-five parents stated that they fed their infants with alternative liquids because their infants were still hungry after breastfeeding and family members thought that mother was not producing enough milk. Tea and cow milk prefered to formulas as formulas were so expensive to keep the pot boiling. However all mothers were eager to nurse their infants as long as they can. The average age of mothers were 28±4.7 years and fathers were 26±5.3 years. Only 2 of the parents were graduated from college. In 2 families only monther, in 6 families only father in 10 families both of the parents were smokers. Seven of the infants were living in an extended family setting.

**Conclusion:** Most of the mothers participated in this study were motivated to nurse their babies and that is a great potential to promote breastfeeding. However babies had alternative fluids as mothers thought that they could not produce enough milk to feed their infants as a result of social pressure. As formulas were an expensive option of infant feeding so parents turned to other alternative liquids like tea and cow's milk which might be damaging in early period of life. Breastfeeding counselling immedi-

ately after birth was not enough single handedly for maintaining exclusive breastfeeding. Breastfeeding should be promoted by trainings in the last trimester of pregnancy and breastfeeding counsellings during well child and outpatient visits.

**Keywords:** Exclusive breastfeeding, Nutrition, Infant

## OP-11

## The Evaluation Of Psychiatric Symptoms With SCL-90-R in Adolescents

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**Background and Objectives**: Adolescents may develop some psychological problems that they or their parents do not notice, which may lead to problems in later life. The aim of this study was to investigate the presence of unidentified psychiatric symptoms in adolescents.

**Methods**: Our study, which is a cross-sectional study, includes adolescents who applied to a major hospital's children outpatient clinic for various reasons, who were between 14 and 18 years of age. Participants were given sociodemographic data form and SCL-90-R screening test.

**Results**: 620 adolescents between 14 and 18 years of age participated in the study. In evaluation of the SCL-90-R subscale scores of the participating adolescents, somatization in 40.5%, anxiety in 32.4%, (obsessive-compulsive disorder) OCD in 45.5%, depression in 34.8%, sensitivity in interpersonal relations in 37.7%, psychotic symptoms in 20.3%, paranoid thought in 35.5%, anger in 43.7%, phobic in 17.3%, of the cases were found to be >1 which interpreted as indication of important psychological problems. It was determined that 57 (9.1%) of adolescents received >1 point from all subscales of SCL-90-R test, while 355 (57.3%) received >1 point from at least one or more subgroups. In 208 (33.6%) of all adolescents participating in the study, the score from all subgroups was found to be <1. Median scores of somatization, depression, anxiety, OCD, interpersonal sensitivity, anger, paranoid thought, phobic anxiety, additional score and GSI were found to be significantly higher in females ($p<0.05$). It was found that factors such as school success, cigarette use, mothers' employment, family income level, parents' marital status, and family history of psychiatric illness had significant effect on certain psychiatric symptoms.

**Conclusions**: Unidentified psychiatric symptoms among adolescents, especially among females were observed. Despite the participating adolescents expressed no psychiatric complaints, the findings suggest psychiatric symptoms can easily be overlooked in this age group. It is important to refer the determined cases as a result of appropriate psychiatric screening in pediatric outpatient clinics to adolescent psychiatrics clinics to protect psychiatric health of adolescents.

**Keywords:** Adolescents, Psychiatric Disorders, Anxiety Disorders, Depression, Somatization Disorder

## OP-12

## Pediatricians' Knowledge and Views on Autism Spectrum Disorder

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**Objective**: This study intended to explore the knowledge and perspectives of pediatric residents and pediatricians regarding Autism Spectrum Disorder (ASD).

**Methods**: Participants were recruited from Istanbul Zeynep Kamil Maternity and Children Training and Research Hospital. Two questionnaires were distributed. The first one was the Turkish version of the Knowledge about Childhood Autism among Health Workers (KCAHW) questionnaire. The second study-specific questionnaire was designed to present perspectives and knowledge of pediatricians on ASD.

**Results**: Thirty participants (25 female, 5 male) were included. Participants' median age and experience in pediatrics were 29.5 [24-47] and 4 [1-23] years, respectively. In the (KCAHW) questionnaire that has a minimum score of 0 and a maximum score of 19, the mean score of the participants was 15.7±2.3. The signs considered by the participants as symptoms of ASD for referral of children to child psychiatry departments were highlighted. In this study, 97% of the respondents believed the necessity of ASD screening in Turkey. The distribution of responses to the statements regarding ASD is given in Table 1.

**Conclusion**: Pediatricians are in a pivotal role in the early diagnosis of ASD by early referral of children. However, this could be achieved by raising knowledge of pediatricians on ASD. This study emphasized the need for ASD training programs for pediatricians.

Table 1. Distribution of responses of the participants (n: 30) to the statements

| | Agree | Not Sure | Disagree |
|---|---|---|---|
| I am knowledgeable about the symptoms of ASD. | 40.0% | 43.3% | 16.7% |
| I had adequate training in ASD. | 23.3% | 46.7% | 30.0% |
| I believe I can recognize a child with ASD. | 63.4% | 33.3% | 3.3% |
| I believe I can guide families of children with ASD. | 56.7% | 30.0% | 13.3% |
| I am knowledgeable about the rights of children with ASD. | 23.3% | 46.7% | 30.0% |
| I think children with ASD should be mainstreamed into a typical classroom. | 30.0% | 33.3% | 36.7% |
| I feel comfortable while providing healthcare to a child with ASD. | 56.7% | 33.3% | 10.0% |
| Despite the special education, it is difficult for children with ASD to participate in society. | 46.7% | 16.7 % | 36.6% |
| ASD prevalence has increased and exceeded 1%. | 76.7% | 23.3% | 0.0% |

| | | | |
|---|---|---|---|
| ASD is more common in boys. | 83.4% | 13.3% | 3.3% |
| Children with speech delay should be evaluated for ASD. | 93.4% | 3.3% | 3.3% |
| Parents of a child with ASD are more likely to have another child with ASD compared to the general population. | 66.7% | 13.3% | 20.0% |
| All children with ASD have a regression period. | 20.0% | 13.3% | 66.7% |
| All children with ASD have accompanying intellectual disability. | 3.3% | 10.0% | 86.7% |
| If a child is evaluated for ASD at the age of 18 months, no more evaluation is needed. | 0.0% | 0.0% | 100.0% |
| If signs of autism are suspected in a child, before a referral to a child psychiatrist, it should be waited until the age of 24 months. | 6.7% | 16.7% | 76.6% |
| In case of a suspicion of ASD, there is no need for a hearing test if the newborn hearing screening is normal. | 0.0% | 6.7% | 93.3% |
| ASD is caused by reckless parenting. | 3.3% | 6.7% | 90.0% |
| ASD is caused by increased screen time. | 20.0% | 13.3% | 66.7% |
| ASD can be diagnosed after the age of three. | 10.0% | 20.0% | 70.0% |
| ASD is more common in families with high socioeconomic status. | 23.3% | 20.0% | 56.7% |
| Early intervention and special education are important in the management of ASD. | 100.0% | 0.0% | 0.0% |
| The treatment of ASD is medication. | 0.0% | 0.0% | 100.0% |

## OP-13

# Evaluation of vaccination status among children with inborn errors of metabolism

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**Background:** Objective Infections generate a metabolic stress in children with inborn errors of metabolism (IEM) and worsen the metabolic abnormalities (1). Immunization practices prevent children with IEM from vaccine preventable infections and decreases mortality and morbidity (2). It is recommended to vaccinate children with IEM with the same schedule for healthy children, but there are some precautions (3,4). The number of the studies evaluating vaccination status among children with IEM is very small. The main aim of our study is to obtain data on vaccination status and vaccine delays in children with IEM. Another objective is to question the adverse events that come after vaccinations.

**Method:** Study Population This cross-sectional study was conducted between November 2019-March 2020 in a pediatric metabolism outpatient clinic of a university-affiliated hospital in Istanbul, Turkey. Patients who were diagnosed with IEM up to 18 years of age constituted the study population. The patients were diagnosed with metabolic tests and/or genetic analysis. While some of the patients accompany the disease-related comorbid conditions, some had additional diseases apart from the metabolic disease. Existing comorbid conditions, and additional diseases were also questioned. Classification of Patients Metabolic diseases have wide range of clinical characteristics. In the previous studies, they were grouped according to clinical situations and risk degree for metabolic decompensation (1,5). In our study, we similarly classified the patients into three groups and added 4 more metabolic diseases in these groups. Group 1; patients who have a high risk of morbidity and/or mortality with catabolic events, Group 2; patients who have slowly progressive situations, Group 3; patients who are not expected to have metabolic decompensation. In addition to previous studies, we had canavan disease, L-2 hydroxy glutaric aciduria in group 2, and biotinidase deficiency, alcaptonuria in group 3. Classification of metabolic diseases according to clinical characteristics 1."Sickest" patients: those who have a high risk of morbidity and/or mortality with catabolic events 1. Amino acid disorders 2. Organic acidemias 3. Urea cycle disorders 4. Fatty acid oxidation disorders 5. Mitochondrial disorders 6. Glycogen storage diseases (GSD) types 0, I, III, VI and IX 2."Chronic" patients: those who have slowly progressive situations 1. Lysosomal storage disorders 2. Peroxysomal disorders 3. Purine and pyrimidine disorders 4. Canavan disease 5. L-2 hydroxy glutaric aciduria 3."Stable" patients: those who are not expected to have metabolic decompensation 1. Phenylketonuria 2. Carbohydrate metabolism disorders 3. GSD types II, IV, V, VII, and VIII 4. Biotinidase deficiency 5. Alcaptonuria Immunization Data Immunization information of each patient was reviewed from patients' vaccination cards or demanded from primary care providers. Patients who didn't have a vaccination card or vaccination record were excluded from the study. Delay period of vaccination was noted and reason of vaccination delay was asked by parents. If there was a situation of illness for vaccination delay, patient report of this situation was investigated. We questioned the parents regarding adverse events after vaccinations, whether there was an emergency application, metabolic attack, hospitalization or drug administration. This study was approved by the hospital ethics committee and carried out according to the Declaration of Helsinki protocol. All participants provided written informed consent forms for participation in the study.

**Results:** Among 117 participants, 99 of them had a full vaccination document and were enrolled in the study. Characteristics of patients are shown in Table 1. Table I: Characteristics of patients Age (year) Age at

diagnosis (year) Min-Max (Median) 0.3-17.4 (4) Mean±SD Min-Max (Median) Mean±SD 5.2±4.11 0.1-15.5 (0.5) 2.2±3.8 N (%) Gender Female 49 (49.5) Male 50 (50.5) Consanguineous marriage 77 (77.8) Genetic analysis 70 (70.7) According to clinical classification 35 (35.4%) of the patients were in group 1, 8 (8.1%) of them were in group 2, and 56 (56.6%) of them were in group 3, as shown in Table 2. Of all patients 17 (17.2%) had comorbid conditions due to their metabolic disease. Comorbid conditions were; mental retardation, motor retardation, epilepsy, hydrocephalus, cerebral atrophy, immune deficiency, learning difficulties, cholestasis, hearth failure, autism and anaphylaxis due to enzyme replacement treatment (elosulfase alfa). Of all patients 7 (7.1%) had additional disease apart from metabolic disease. Additional diseases were; epilepsy, down syndrome, congenital heart defect and bone marrow transplantation (bone marrow transplantation was done within the scope of MPS treatment). Fourteen patients (14.1%) had vaccine delay, delay doses were between 1-17 dose, delay time was between 1-24 months. Seven (7.1%) had additional vaccines (Rotavirus, meningococcus, influenza) apart from the country's vaccination shedule (Table 2). Table II: Distribution of Descriptive Features N (%) Clinical classification Group 1 Amino acid disorders (n=15), Organic acidemias (n=1), Urea cycle disorders (n=1), Fatty acid oxidation disorders (n=13), Mitochondrial disorders (n=2), Glycogen storage diseases (GSD) types I-III-IX (n=3) 35 (35.4) Group 2 Lysosomal storage disorders (n=7), Canavan disease (n=1) 8 (8.1) Group 3 Phenylketonuria (n=13), Carbohydrate metabolism disorders (n=7), GSD type V (n=1), Biotinidase deficiency (n=32), Alcaptonuria (n=3) 56 (56.6) Comorbid condition 17 (17.2) Additional disease 7 (7.1) Vaccine apart from routine programme 7 (7.1) Vaccine delay 14 (14.1) Vaccine delay dose (number of patients=14) Min-Max (Median) 1-17 (4) Meant±SD 5.7±5.0 Vaccine delay time (month) Min-Max (Median) 1-24 (2) Mean±SD 5.7±8.2 According to the clinical classification, there was statistically significant difference between the rates of vaccine delay in cases (p=0.001; p0.05). Table III: Comparisons by Risk Classification Risk Classification Group 1 Group 2 Group 3 p Vaccine delay 8 (22.9) 4 (50.0) 2 (3.6) a0.001* •Vaccine delay dose Min-Max (Median) 1-17 (4) 2-7 (4) 3-5 (4) b0.932 Mean±SD 6.88±6.40 4.25±2.22 4.00±1.41 aFisher Freeman Halton Test bMann Whitney U Test *p0.05) (Table 4). The incidence of vaccine delay in patients with additional disease was found to be significantly higher than those without additional disease (p=0.007; p0.05) (Table 4). Table IV: Comparisons According to Comorbid and Additional Disease Presence Comorbid Disease No Yes p Vaccine delay 6 (7.3) 8 (47.1) c0.001* Vaccine delay dose Min-MaX (Median) 1-17 (8) 2-7 (4) b0.745 Mean±SD 8.00±7.13 4.00±1.69 Additional disease No Yes p Vaccine delay 10 (10.9) 4 (57.1) c0.007* Vaccine delay dose Min-Max (Median) 1-13 (3.5) 3-17 (9) b0.102 Mean±SD 4.20±3.62 9.50±6.61 bMann Whitney U Test cFisher's Exact Test *p0.05). There was no statistically significant relationship between age of diagnosis and vaccine delay doses (p>0.05). None of the participants declared any adverse event, metabolic attack, emergency application or hospitalization after the vaccinations.

**Conclusion:** In conclusion, clinical characteristics of the disease, comorbid situations and additional diseases may be reasons of vaccine delays in patients with IEM. In the follow-up of these patients in the metabolism outpatient clinics, questioning the vaccination status may prevent vaccine delays. In addition, in the time of vaccination for hospitalized patients, opportunistic vaccination can prevent delay in immunisation.

**Keywords:** Inborn errors of metabolism, Children, Vaccination

## OP-14

# Evaluation of Characteristics and Post-Vaccination Status of 0-18 Years Old Pediatric Patients Undergoing Allogeneic Hematopoietic Stem Cell Transplantation

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**Background:** Re-vaccination program is necessary because of the loss of immunity to vaccine-preventable diseases after hematopoietic stem cell transplantation (HSCT). Administration of inactive and live vaccines in the program are recommended at 6 and 24 months after the transplant, respectively. The aim of this study was to evaluate the compliance of children with allogeneic HSCT to vaccination program and humoral immunity status after vaccination.

**Method:** This retrospective cross-sectional study was conducted with children between 0-18 years of age who were a minimum of 2 years post-HSCT in Bahcesehir University, Faculty of Medicine, Medical Park Goztepe Hospital, Department of Pediatric BMT Unit. Transplant records, vaccine records, and post-vaccination hepatitisB, hepatitisA, pertussis, measles, rubella, mumps, and varicella IgG antibody results of the children, who were completed their second year after allogeneic HSCT were evaluated.

**Results:** Median age of 173 patients was 70.5 months, 60.2% were males. Median re- vaccination onset time was 15 months, and it was delayed in patients diagnosed with graft versus host disease. Non-compliance to re-vaccination program was 70% for inactive vaccines and 86% for live vaccines. Oral polio was given to 22 of the patients, and Bacillus Calmette-Guerin vaccine was applied to three. Seropositivity rates of complete vaccinated patients were; 90.5% for Hepatitis B, 93.7% for hepatitis A, 91.2% for pertussis, 87.5% for measles, 91.3% for rubella, 79.2% for mumps, and 80% for varicella. Measles vaccine seropositivity was lower in the hemoglobinopathies group. Adenylate cyclase toxin antibody positivity rate was higher in patients vaccinated with low antigen-containing pertussis vaccine(Tdap) than high antigen(DaPT).

**Conclusion:** Our findings reveal the necessity of conducting extensive multidisciplinary researches, improving vaccine adherence and the current practices. Promoting the Social Pediatrics Education at universities and performing preventive health services, such as child health monitoring and vaccination of special groups, by experienced experts will prevent negative consequences.

**Keywords:** Hematopoietic stem cell transplantation; revaccination; antibody; measles; pertussis

## OP-15

# Knowledge levels and sources of getting information about the complementary feeding period of mothers who living in Aksaray

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**Aim**: The newborn baby is dependent on the mother for the continuity of her life. In order to grow and develop in a healthy way, this continuity can only be achieved through successful nutrition based on mutual care and trust between mother and baby. When and how and which nutrients weaning food is given, how the baby adapts to this situation is important for the growth, development, psychosocial, motor and cognitive development of the infant during childhood. The aim of this study is to investigate how and when the participants were asked about the form of feeding before the weaning period.

**Methods**: Data were collected during the May 2019-May 2020 period with 216 mother (voluntary basis). Mothers with babies aged 6-12 months who applied to Pediatrics outpatient clinics, families of patients who applied to the outpatient clinic between the ages of 1-3 and mothers of patients hospitalized in the Children's services were included in the study. Families of infants / children with refugee status, who do not have children under the age of 3, who cannot remember the supplementary food period clearly, were not included in the study.

**Results**: 48 (22.2%) of 216 mothers participating in the study were 40 years old. It was learned that 132 participants (61.1%) gave birth by normal vaginal way, while 84 (38.9%) people gave birth by cesarean section. When asked where the mothers learned about complementary feeding information: 133 (61.5%) of the mothers were asked by traditional methods; 117 of them (54.1%) were from pediatricians; 49 of them (22.6%) were family physicians; 75 of them are dieticians (34.7%); 28 of them (12.9%) are from television programs; 43 of them (19.9%) through social media / popular accounts; 68 of them (31.4%) through nutrition books; 79 of them (36.5%) stated that they got information via websites. When we look at 79 mothers who stated that they obtained information via websites: 9 out of 15 mothers (60%) who had a master's / doctorate degree, 28 out of 64 mothers (43.8%) who were university graduates, 21 of 62 mothers (33%) who were high school graduates 8, there were 13 (25.4%) out of 51 mothers who were secondary school graduates ($p = 0.001$).

**Conclusion**: It is predicted that it can be a stressful period for parents and caregivers when their babies are introduced to complementary feeding experience. Therefore, it is not surprising that parents usually look for accurate feeding informations along with professional support from health Professional. Our results indicate that families get more information from Pediatricians as professional help. In addition to that, the most preferred method for obtaining informations was traditional methods. The most important finding in our study was that the rate of obtaining information via the internet (36.5%) and social media (19.9%) was above our expectations. T hough getting information from websites and social media may appeal to families due to fast and easy access, the presence of inaccurate or incomplete information, inability to control the informations and lack of scientific basis will lead to misinformation and confusion. It is predicted that increasing the internet usage will gain an important place in obtaining information in complementary nutrition in the future. Therefore, in order to reach accurate scientific information, it is necessary to present information on the internet at a professional level.

**Keywords:** Complementary Feeding, weaning, infant nutrition, weaning information, parents information sources.

## OP-16

# Assessment of Social Situation Changes in Myopic School-Age Children Who Start Using Spectacle for the First Time: A Prospective Study

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**Background:** To determine the changes in social and environmental relations observed in school-age children with isolated myopic refraction errors who will be started using spectacle for the first time.

**Method:** Myopic school-age children who applied to Samsun Bafra State Hospital between June-September 2020 to the ophthalmology outpatient clinic and were prescribed spectacles for the first time were included. The children had no history of systemic, ocular or mental disorders. Axial length was measured with the IOLMaster 500 (Carl Zeiss, Germany). Dilated refractive error values were measured with KR 8100A autokeratorefractometer (Topcon, Japan) by performing dilated examination with cyclopentolate topical drop in all patients. When the effect of pupil dilation finished after three days, all patients were prescribed properly spectacles with best-corrected visual acuity (BCVA). A survey with three questions was applied to the parents of the patients. The scores of all questions were asked to be applied between 0 (worst) to 10 (best). Question-1: Rate the domestic social life for your child (looking closely at the television and squinting at objects more than two meters away requires low scores). Question-2: Rate the relations with friends in your child (being closed to communication with the environment requires a low score). Question-3: Rate your child's self-confidence in her/his social life objectively. Since spectacles were started for the first time, the parents were informed about the stigma and bullying that may occur in the child's near environment, and the necessity of regular use of spectacles was explained. All patients and their parents were called for a control one month later. Re-examination and survey were repeated. The results were compared statistically.

**Results:** Of the 37 children included in the study, 17 were female (46%) and 20 were male (54%). Their mean age was 6.52 ± 1.29 years. The axial length was 22.89 ± 0.90 mm. All children were myopic, and the mean refractive error was -1.68 ± 1.03 in the spherical equivalent. None of the children had uncorrected astigmatism. Uncorrected visual acuity was 0.57 ± 0.31 LogMAR. BCVA in both eyes of all children was 0.0 ± 0.0 LogMAR (20/20) at baseline and at the end of the first month. No child had degenerative myopia. Stigma history was detected in two children within a month, and another one child did not use spectacle regularly. These three children were excluded from the study. When the survey questions of thirty-four children were compared, the mean score of answers for all questions after one month was found to be statistically significantly higher than the previous month ($p<0.001$, $p<0.001$ and $p:0.034$, respectively). Two children with a history of stigma were referred to the child and adolescent psychiatry outpatient clinic. Another one child who does not wear spectacle regularly was informed about the spectacle again to parents and was called for control.

**Conclusion:** Regular refractive screening and eye examination follow-ups in children is an important milestone in the 21st century, technology era. Social behavior changes observed in children after correction of refractive error (myopia) reveal a positive relationship between visual acuity and the child's environment.

**Keywords:** myopia, refractive error, spectacles, prospective, school age.

## OP-17

## Factors of Affecting Mothers' Breastfeeding Self-Efficacy and Breastfeeding Success

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**Background:** Breastmilk is the most appropriate nutrition method that contains all the nutrients necessary for the growth and development of the baby and its positive effects continue throughout life. Exclusive breastfeeding for the first six months and then maintaining breastfeeding with additional nutrients until the end of the age of two is the basic condition of ideal nutrition. We aimed to determine the factors affecting mothers breastfeeding self efficacy and contribute breastfeeding.

**Method:** A total of 188 families with 1-6 months old babies who applied to Dokuz Eylul University Faculty of Medicine between August and November 2019 were included in the study. They were asked to fill in descriptive data form, Breastfeeding Self-Efficacy Scale-Short Form and Postpartum Depression Screening Scale. Dependent variables were breastfeeding self-efficacy level score and Edinburgh Postpartum Depression Screening Scale score.

**Results:** A total of 175 children born between 37-42 weeks of gestation without known congenital disease were included in the study. The average age of children was 2.9 months. 46.9% of mothers and 41.1% of fathers had university or higher education level. 38% of mothers were working. The majority of the participants (64.0%) answered the question related to the income level of family as 'expense equal to income'. It was stated that 77.1% of the mothers participating in the study had planned pregnancy and 98.3% was under doctor's control during pregnancy. It was reported that problems were observed in 12.6% of all pregnancies. 76 mothers (43.7%) who received breastfeeding counseling during pregnancy; stated that they mostly (84.7%) received their counseling from medical staff. 46.6% of the mothers' last pregnancies were normal spontaneous vaginal delivery (NSVD) and 53.4% were cesarean section (C / S). 78.3% of the children were breastfed in the first hour after birth. After birth, 18.3% of children were given other nutrients before breastmilk. In the group with NSVD, the frequency of breastfeeding in the first 1 hour was statistically significantly higher in the group with NSVD compared to the group with C/S ($p<0.001$).

**Conclusion:** The rate of exclusive breastfeeding for the first six months was 64.0%. The delay in starting breastfeeding after C/S was higher than NSVD. Being the first child and high Edinburgh Depression Scale score was effective in low breastfeeding self-efficacy score.

**Keywords:** Breast milk, Breastfeeding self-efficacy, Postpartum depression

## OP-18

## Satisfaction rates of parents who received services from Toy Library

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**Background:** The 'Nurturing Care' is a framework for helping children survive and it thrives to transform health and human potential via good health, optimal nutrition, security and safety, early learning opportunities and responsive caregiving recommended by the World Health Organization, UNICEF, World Bank and other stakeholders. In Bartın, an initiative called Toy Library was founded in order to offer early learning opportunities and evaluate development and holistic health for children who are living in poverty. In our earlier study, it has been observed that children living in low socio-economic levels need support in early childhood period. In this study, satisfaction rates of parents who receive service from Toy Library were investigated.

**Method:** This cross-sectional study was conducted in the Toy Library after nine months of service. Researchers conducted a survey with 90 families by phone. The survey questioned the state of satisfaction of Toy Library service, the number of visits and the benefits or the problems that were resolved or improved by Toy Library. The consent of families were taken at the same time when they were registered to Toy Library.

**Results:** This study included 76 parents who accepted to participate. When the frequency of visits to the Toy Library was investigated; it was stated that 12 children (15.7%) were served 1-2 times, 29 children (35.5%) 3-5 times, 12 children (15.7%) 5-10 times, 23 children (30.2%) more than 10 times. After receiving service from Toy Library, 71 (93.4%) parents stated that they were satisfied and there has been an improvement in the difficulties or obstacles of the children. Two parents stated that they did not observe any changes. One of these children was being treated for leukemia, while the other was being monitored for speech delay. Three parents (3.9%) said they were not satisfied with service of Toy Library. One of these parents complained about the cancellation of Toy Library free transportation. The problems that were resolved or improved by Toy Library according to parents' statements were given at Table 1. Table 1: The difficulties or obstacles that were resolved or improved by Toy Library The difficulties / obstacles N % Socializing 25 32.8 Speech delay 10 13 Obstinacy 9 11.8 Sharing 8 10.5 Separated parents 3 3.9 Urinary incontinence 3 3.9 Communication 3 3.9 Nail biting 3 3.9 Sleep training 2 2.6 Low appetite 2 2.6 Dicipline 2 2.6 Jealousy 1 1.3 Hyperactivity 1 1.3 Fears 1 1.3 Toliet tranining 1 1.3 Finger sucking 1 1.3 Prolonged pacifier use 1 1.3 Prolonged screen time 1 1.3 No need to buy new toys 1 1.3

**Conclusion:** Children from low socioeconomic families were unable to participate into preschool education. During 9 months, 30.2% of families attended to services provided at Toy Library more than 10 times. When early learning opportunities were offered free of charge, attendance rates seemed to be high. Toy Library provided early learning oppurtunities and helped overcome the difficulties that they had. High satisfaction rates were observed among parents.

**Keywords:** Nurturing Care, Toy Library, early learning opportunities

## OP-19

## Rotavirus vaccine; parental attitudes changing from 2010 to 2016

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**Background:** Rotaviruses known to be one of the most common infections, usually associated with severe diarrhea. Despite the existence of two licensed vaccines, many countries including Turkey have not included rotavirus vaccination in their nationally funded vaccination program. This paper explores what factors influence parents' decision whether to have their children vaccinated against rotavirus.

**Method:** Data were collected over two periods via questionnaires.The first period was January 2009 through March 2010 and data were gathered from a semi-private pediatric polyclinic from in Kocaeli, Turkey. The second period was August 2015 to May 2016 and data was collected from parents during their pediatric polyclinic visit. Two questionnaires were designed to explore the rotavirus vaccination status of the children, socio-demographic factors,and reasons for excluding/accepting rotavirus vaccine. Parents indicated their level of agreement with each statement using a 5-point Likert scale.The level of knowledge about rotavirus vaccine was investigated in the second period.

**Results:** Only 3.8% of 262 children were immunized for rotavirus in 2009-2010. This increased to 53.4% in 2015-2016. There was usually no strong opinion concerning rotavirus vaccine, as parents neither agreed nor disagreed with the seriousness of infection. Other significant factors influencing parents' decision to vaccinate their children for rotavirus vaccine, which needed to be paid for, was advice from the pediatrician, lack of rotavirus information and the cost. However, parents' perceptions changed dramatically from 2010 to 2016, probably due to improved information concerning rotavirus.

**Conclusion:** The acceptance of rotavirus vaccine depends on a complex interaction of factors. Parents' perceptions may be influenced by good information, the view of their pediatrician and a nationally funded vaccination programme.

**Keywords:** Rotavirus vaccine,parental attitudes

## OP-20

## A case of iron deficiency anemia in which the family could not accept PICA

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**Introduction**: PICA syndrome or disease is defined as the persistent ingestion of non-nutritious substances for at least 1 month without disgust. Although it can be seen in all societies and age groups, it is more common especially around the age of 6 and often in childhood. Among the substances consumed in PICA disease the most common ones are ice, sand, clay, soil, plastic, cloth, lime, paper, hair, match tip. In our study, a late-recognized iron deficiency anemia case, who was admitted to us by his family with the complaint of stone defecation, but was found to have PICA for years, was presented.

**Materials and Method:** Case report in consideration of relevant literatüre.

**Results::** A 9-year-old male patient was brought to our outpatient clinic by his family with the complaint of stones in his stool. There were approximately 30 stones with different shapes in the stool of the patient. Although the family was told that the patient might have a stone eating habit, the family and the patient flatly denied it. His mother and father thought that their children's body might be producing stones due to a disease. His vital signs were stable and the patient's body weight was 19.2 kg (<5p) and height: 123 cm (<5p). In the physical examination of the patient; skin color was slightly pale, scleras were slightly bluish in color. Abdominal examination was normal and there was no palpable mass. No anal fissure or hemorrhoids were detected. Rectal examination was normal. In the patient's complete blood count; WBC: 6560 / mm3, Hb: 9 g / dl, Hct: 29.9%, MCV: 67 fl, RDW: 19.9%. In biochemical tests; iron: 77 ug / dl, iron binding capacity: 399 ug / dl, Ferritin: 3 ng / ml, vitamin B12: 223 pg / ml, 25-OH vitamin D: 20 ng / ml. On the standing direct abdominal X-ray, multiple opacities were increased in the left upper quadrant, midline, and right lower quadrant of the abdomen (Figure 1). In the abdominal ultrasonography, no features were detected in the bowel loops, except for multiple echogenicity. Existing echogenites were evaluated as stones. The patient was consulted with Pediatric Surgery. Since all stones were in the small intestine and colon and there were no stones in the stomach, follow-up and control radiography was recommended. 5 mg / kg / day iron treatment, multivitamin and vitamin B12 supplements were started. On the control abdominal X-ray taken 3 days later, stone opacities disappeared, but this time there were 2 rounded, smooth opacities increases (coins?) (Figure 2). The family was informed and stool follow-up was recommended. The family, who detected 2 coins in the patient's stool the next day, admitted that their child had eaten the foreign bodies. The patient was also referred to the Child Psychiatry. After 3 months of follow-up, it was learned that the control blood tests improved and the concentration increased in his lessons. The family stated that they followed stools intermittently during this period and that they did not find any foreign body in the patient's stool for the last 2 months.

**Discussion**: PICA, a condition that can be seen in patients with iron deficiency anemia and can cause serious complications; Attention should be paid to the patient's cultural, social and psychological sensitivity. PICA is a disease that should be kept in mind especially in cases with gastrointestinal system complaints. Although it has not been clearly shown yet that PICA is caused by iron deficiency, its disappearance after iron treatment suggests that iron deficiency is an important factor in its etiology.

**Keywords:** Iron deficiency anemia, lithophagia, PICA, childhood

## OP-21

# Psychogenic Polydipsia Complicated With Seizures in a 13 Year Old Child: A Case Report

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**Background:** Compulsive water drinking or psychogenic polydipsia (PP) is commonly observed among patients with chronic mental disorders such as schizophrenia and autism. With an additional antiphysicotic use, in this patient group complicated hyponatremia may lead to seizures or even coma. Since these group of patients who have neurologic disorders tend to be labeled as having epilepsy at some point in their life, before clearly stating the condition as the seizures as a part of an epilepsy type, medical history taking becomes essential to treat them earlier with the accurate diagnosis. Herein, we report a child with atypical autism disorder who presented several times to the emergency unit with psychogenic polydipsia due to intermittent seizures caused by hyponatremia.

**Method:** Case report in consideration of relevant literature.

**Results:** A 13 year old-boy with autism was admitted to the emergency unit with having generalized tonic-clonic seizure during the day, which ended spontaneously after 5 minutes. On admission, vital signs were normal. The patient had confusion, nausea and fatigue. His blood count, venous blood gas test, acute phase reactants, liver and kidney function results were in normal range. Physical examination showed no abnormality other than ill and pale appearance. Remarkably, serum sodium (Na) and plasma osmolality were 127 mEq/L and 271 mOsm/L, respectively. After hydration the laboratory results were still showing mild hypovolemic hyponatremia. The parents noted their child's excess oral addiction like water intake as 'almost 100 glass of water a day, especially for the last three months. Medical history indicated a previous admission of the patient with generalized seizure with hyponatremia a month earlier. The patient was suspected of having epilepsy and cranial screening tests were undertaken which were normal. After observing the patient overnight (the patient slept throughout and did not take excess fluid), the following morning the patient was discharged with normal laboratory signs and referred to a pediatric neurology unit. From the findings in our presentation, PP was diagnosed, and the patient was restricted to drink according to the daily water requirement as per weight. Hyponatremia was increased to normal levels following day.

**Conclusion:** PP is associated with a wide spectrum of psychiatric comorbidities. Moreover, habitual polydipsia appears to be increasing in prevalence in lifestyle conscious healthy people. Several factors including the use of anti-psychotics seem to be impairing water excretion and promoting hyponatraemia in PP, a condition linked to serious morbidity and mortality. Normovolemic hyponatremia caused by primary psychogenic polydipsia, linked to serious morbidity and mortality, is however, if identified earlier may be corrected. It can be improved and reversed with behavioral therapy.

**Keywords:** Psychogenic polydipsia ,seizures ,behavioral therapy

## OP-23

# Problems Experienced in Preschool and Primary School Children With Type 1 Diabetes Mellitus Regarding Disease Management At School

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**Aim**: Children diagnosed with Type 1 diabetes mellitus (T1DM) need supervision in diabetes self-care, and the conditions at school, where they spend a significant part of the day, affect the disease management. The aim of this study is to reveal the problems encountered by preschool and primary school children diagnosed with T1DM regarding disease management at school.

**Materials/Methods**: This is a descriptive, cross-sectional study. Fifty patients diagnosed with T1DM who were between ages 5-10 were included in the study. The questionnaire pertaining to diabetes management at school was developed by the researcher with respect to the literature, and subsequently filled out by the patient and/or their parents via Google questionnaire. The data obtained were analyzed by descriptive statistical methods.

**Results**: The patients had diabetes for a mean duration of 5.39 ± 2.56 years. Of all cases, 94% were going to public school. Health care rooms were not present in 78% of the schools, 92% did not have nurses / health-care personnel. Of the participants, 86% were consuming a main meal at school, but the majority of them were bringing their meals from home or going home to eat. The most common problem with nutrition was the consumption of foods that were not suitable for the patient's diet at school. At school, blood glucose levels were not being measured in 6% of the children. During their time at school, the rate of experiencing hypoglycemia was 40% in children, with the hypoglycemia intervention being most commonly conducted by the teacher (55%). In 77.5% of the children who were receiving insulin at school, the administration was being performed by the mother or father. The most commonly experienced problems regarding insulin treatment at school was the lack of a person trained in administering insulin, and a suitable room for application. The patients' participation rate for physical education was 98%. While most of the teachers and school administration treated the children with a positive attitude, 18% of the children were exposed to the negative attitude of their peers.

**Conclusion**: Preschool or primary school children diagnosed with T1DM have difficulties in nutrition, blood glucose measurement and insulin administration at school. Most schools do not have health-care rooms and/or health-care staff. Since there are no people experienced in administering insülin to this population at school, this is usually done by parents.

**Keywords**: Type 1 Diabetes Mellitus, Children, School, Diabetes management

## OP-24

# Breastfeeding Rates Premature Babies Who Are Hospitalized in The Neonatal Intensive Care Unit And Factors Affecting Breastfeeding

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**Objective**: One of the most important problems of premature infants is nutrition. As in term infants, the first choice in premature infants is breastfeeding and exclusively breastfeeding (EBF) is recommended for the first 6 months. However, there are few studies about breastfeeding in premature infants. Our aim in this study; to determine the rate of beastfeeding during and after discharge from the Neonatal Intensive Care Unit (NICU) in premature infants and to investigate the factors affecting breastfeeding.

**Method**: Our study is a retrospective, descriptive cross-sectional study. Out of 632 babies hospitalized with the diagnosis of prematurity between January 2013 and December 2018 in NICU of our hospital, 173 babies were included in the study, excluding chronic disease, multiple births and death babies. All mothers were contacted by phone and the feeding patterns of the babies during and after discharge were recorded.

**Results**: 44.5% of the babies were girls, 81.5% of them were born by cesarean section. Birth weeks were on average 32.6 ± 2.5 (25-36) weeks, and birth weight were on average 1867.9 ± 548.4 (740-3650) grams. During discharge 62.4% of babies were fed EBF, 28.3% mixed (breastfeeding and formula) and 9.2% formula. During the first 6 months, 43.9% of the babies were fed with EBF, 37% with mixed and 19.1% formula. Mean EBF duration was 4.17 ± 3.96 months, 2.82 ± 3.51 months according to adjusted age, and duration of breastfeeding was 13.3 ± 10.01 months. Prematurity grade, delivery type, birth weight, gender, parity and maternal education level were not found to be associated with duration of breastfeeding and EBF ($p > 0.05$). The duration of breastfeeding and EBF in babies fed with EBF at discharge were significantly longer than those fed with mixed and formula ($p < 0.05$). The duration of breastfeeding and EBF were shorter in babies diagnosed with sepsis ($p < 0.05$). The duration of breastfeeding and EBF according to adjusted age were positively correlated with the day of gestation, birth weight, maternal age, APGAR scores of 1st and 5th minutes but negative correlated to the length of stay in NICU.

**Conclusion**: Conclusion: Premature babies should be discharged from the NICU by feeding with EBF as much as possible.

**Keywords:** Premature, breastfeeding, exclusively breastfeeding

## OP-25

## Attitudes of pregnant women towards influenza vaccine in Kocaeli, Turkey

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**Background:** To explore the factors influencing pregnant women's decision on whether to have their children and themselves immunised with influenza vaccine and compare them with other internationally published studies.

**Method:** Data from 252 pregnant women (up to 12 weeks of gestation) were gathered via a survey during their routine clinic visits between June 1 and December 31, 2019 in Kocaeli, Turkey. The survey content was based on Health Belief Model with each question being also based on a 5-point Likert scale together with additional 10 questions in order to reveal other demographic factors. The survey also contained questions disclosing the level and the source of information on influenza vaccine. At the end of the questionnaire, pregnant women were briefed on influenza vaccine by a physician. Afterwards health belief questions were asked once more and the responses were recorded.

**Results:** The pregnant women who had their children and themselves vaccinated usually had a relatively higher education level as well as better and correct knowledge on the vaccine. The acceptance of the vaccine, especially those with fewer children, and parental job types were also found significantly correlated ($p<0.05$).

**Conclusion:** The acceptance of influenza vaccine depends on a complex interaction of various factors, and it is noteworthy that pregnant women's perceptions about the vaccine may change dramatically and favourably when provided with enough information.

**Keywords:** Attitudes, pregnant women, influenza vaccine

## OP-26

# Maternal Hazelnut Consumption During Pregnancy and Lactation Increases Thyroid Stimulating Hormone Levels in North-Eastern Province of Turkey

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**Background:** The main agricultural product of the North-Eastern region is hazelnut and therefore it is consumed a lot. Hazelnuts are known rich in monounsaturated fatty acids and antioxidant substances. We aimed to evaluate the effect of hazelnut consumption habit to the biochemical parameters during pregnancy and lactation period in North-Eastern Province of Turkey.

**Method:** A prospective, cross sectional single center study was performed with women in puerperium who were undergoing regular pediatric outpatient clinic in tertiary referral centre in North Eastern province of Turkey, between January 2020 and March 2020. A group of 35 women in postpartum period were asked to complete the validated dietary questionnaire about nuts (hazelnut, walnut and peanut) consumptions seperately. All women's hemoglobin, hematocrit, platelet, lactate dehydrogenize, sodium, potassium, chloride, calcium, C-reactive protein, thyroid stimulating hormone, vitamin D, uric acid, total protein, albumin, globulin, total bilurubin, direct bilurubin, indirect bilurubin, alkaline phosphatase, alkaline transpherase, aspartate transaminase levels were noted. Sociodemographic and pregnancy-related features were also noted. The results of the questionnaire were evaluated by a nutrient database program (BeBiS software program) which designed to evaluate country specific traditional and commercial processed food consumption frequencies. SPSS 17.0 have been used for statistical assessment.

**Results:** There were totally 35 healthy women in puerperium. Hazelnut consumption was approximately 24 gram per each handful of nuts. 4 out of 35 women did not consume hazelnut at all, 16 of them consumed 1-2 times a week, 8 of them consumed 3-4 days a week and 7 of them consumed 5-7 times a week. There was no statistically significant difference in terms of body mass index, birth weight, birth head circumference, birth height, current height, current head circumference and daily energy intake between groups. The mean level of TSH was statistically significantly lower in non-consumer group (TSH=0.88) than in the consumed groups 1-2 times a week (TSH=1.08) and 5-7 times a week (TSH=1.10) ($p = 0.028$; $p = 0.029$ respectively). There was no significant difference in other biochemical parameters ($p>0.05$).

**Conclusion:** In this study, the hazelnut consumption was related to the increasing levels of thyroid stimulating hormone. Nevertheless, optimal thyroid stimulating hormone below 2.5 mIU/L is essential to maintain infant's neurological development during lactation. Further studies with larger cohort are needed to demonstrate our findings.

**Keywords:** BeBIS; dietary questionnaire; hazelnut; pregnancy; maternal nutrition; lactation.

## OP-27

# Evaluation of obsessive–compulsive symptoms in children with recurrent lower urinary tract infections

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**Background:** Urinary tract infection (UTI) is one of the most common bacterial infections in childhood. Obsessive–compulsive disorder (OCD) is characterized by persistent intrusive thoughts, images, and impulses and repetitive behaviors or mental actions. Symptoms of OCD tend to be recurrent and time-consuming, which can be difficult to resist, causing significant distress or disruption.Patients with OCD can have bladder dysfunction, which may predispose to UTI. In this study, we investigated whether patients with recurrent cystitis have a higher incidence of OCD than healthy controls. We also evaluated the relationship between UTI and OCD.

**Method:** This prospective case–control study was conducted at pediatric clinics of a tertiary university hospital between January 2018 and December 2018. The study was conducted under the Declaration of Helsinki and was approved by the Institutional Ethical Committee of the university. We compared patients with recurrent urinary tract infection with healthy controls using the Children's Yale-Brown Obsession Compulsion Scale (CY-BOCS).

**Results:** Eighty-four individuals were included in our study: 41 (27 girls (65.9%) and 14 boys (34.1%)) with recurrent cystitis (the study group) and 43 (26 girls (60.5%) and 17 boys (39.5%)) healthy controls (the control group). No significant difference was observed between the study and control groups in terms of sex (p=0.656). The obsessive scores, compulsion scores, and total CY-BOCS scores were significantly higher in the study group (p

**Conclusion:** In conclusion, our findings revealed OCD frequency to be high in children and adolescents with recurrent cystitis. We believe that it will be beneficial to investigate psychiatric diseases, especially OCD, in patients with recurrent cytitis if the underlying causes cannot be revealed.

**Keywords:** children, cytitis, obsessive-compulsive disorder, urinary tract infection

## OP-28

## Hematological Side Effects of Valproate Used for The Treatment of Epilepsy

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**Background:** Valproate is an antiepileptic drug that is frequently used and is effective in many seizure types (1). Hematological and non-hematological side effects are observed in the treatment doses of valproate. Hematological side effects are; thrombocytopenia, leukopenia, anemia, bone marrow suppression, macrocytosis, prolonged bleeding time, platelet dysfunction, myelodysplastic syndrome and increased hemoglobin F levels (2,3,4). The aim of this study was to investigate the relationship between the known hematological side effects of valproate and duration, dose and serum levels of this drug.

**Method:** Our study is a retrospective study. Patients who were diagnosed with epilepsy by the Pediatric Neurology Outpatient and who have been using valproate for at least 3 months constituted the study population. Valproate usage doses, duration of valproate use, hemoglobin level (Hb), white blood cell count, platelet count, mean erythrocyte volume (MCV) and serum valproate levels were recorded from the patients' files. Patients who used drugs other than valproate and had any other systemic and / or hematological diseases were not included in the study. The lower bound for platelet count was taken as 150000 / mm3, normal Hb values were accepted as 10.5-15 g / dl, white blood cell counts between 5100-15000 cells / ul, MCV counts between 76-90.1 micro mm3 values were considered as normal. This study was carried out according to the Declaration of Helsinki protocol. The relationship between the duration of valproate use, the dose of valproate and serum valproate levels of the patients and thrombocytopenia, anemia, leukopenia and macrocytosis were investigated. IBM SPSS Statistics 12 for statistical analysis (SPSS IBM, Turkey) program was used for evaluating the datas obtained in the study. The Mann-Whitney U test was used to investigate the relationship between valproate usage duration, dose, serum level and anemia, leukopenia, thrombocytopenia and macrocytosis, p

**Results:** Meeting the study criteria from 112 patients, 80 patients who used only valproate as treatment and whose serum valproate level and hemogram results could be obtained were included in the study. Thirty (37.5%) of the patients were girls. The mean age was 8.2 ± 4.8 years (1-16 years), the mean duration of treatment was 19.93 ± 16.4 months (3 months-10 years). Valproate usage dose varied between 20-60 mg / kg / day. At least one hematological side effect was found in 34 (42%) of the patients. These side effects were macrocytosis (18.7%), thrombocytopenia (17.5%), leukopenia (12.5%) and anemia (7.5%). Thrombocytopenia was detected in 14 (17.5%) of the patients. While there was no relationship between thrombocytopenia and the duration of valproate use, a significant relationship was found with the usage dose, serum valproate level and thrombocytopenia (Table 1). Table 1: Relationship between platelet count and valproate dose, duration, serum level Number of patients Average valproate usage time (months) Valroate dose (mg / kg / day) Valproate serum level (microg / ml) Platelet count 150000/ mm3 66 19.8 22.5 65.9 p 0.176 90 micro mm3 15 21 23.7 92.4 p 0.532 0.587

**Conclusion:** In this study, it was found that at least one hematological side effect developed in 42% of the patients who used valproate as a single antiepileptic drug, and hematological side effects related to valproate were not uncommon. On the other hand, it has been observed that these side effects do not cause serious clinical problems. The most common hematological side effect was macrocytosis and

significant relationship was found between macrocytosis and serum valproate level, Thrombocytopenia was the second most common side effect, and a significant relationship was found between valproate use dose and serum level and thrombocytopenia. It is seen that the hematological side effects of valproate used in the treatment of epilepsy cannot be predicted. Therefore, evaluation of complete blood count would be sufficient in the follow-up of these patients and families should be informed about the side effects.

**Keywords:** Valproate, Epilepsy, Thrombocytopenia

## OP-29

# Association of parental depression and anxiety symptoms with children's night time sleep

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**Background:** Paternal depressive and anxiety symptoms contribute to children's sleep problems. Identification of paternal risks is important to prevent sleep problems in early childhood. We aimed to evaluate the association between parental depression, anxiety symptoms and night time sleep in early childhood.

**Method:** This was a single center cross sectional study conducted in Istanbul, Turkey between January and September 2020. Children between 6 to 36 months of age who were diagnosed with Behavioral Insomnia of Childhood based on the International Classification of Sleep Disorders (ICSD) criteria were recruited consecutively from the Pediatric Sleep Outpatient Clinic at Marmara University Pendik Research and Training Hospital. Child's sleep parameters were obtained from sleep diaries filled out by the parents, which included information on bedtime, wake time, total sleep time, night time and day time sleep. Parental depression and anxiety symptoms were assessed using the Beck Depression Inventory and Beck Anxiety Inventory, respectively.

**Results:** Of the 205 child-mother-father triad included in the study, 55% of the children were males, and the mean age of the cohort was 15 ± 8 months. Mean paternal and maternal age was 34 ± 5 years, 31± 4.5 years, respectively. Seventy-one percent of the fathers showed no depressive symptoms, 17.6% showed mild depressive symptoms, 10.2% showed moderate, and 1% showed severe depressive symptoms, using established cutoff scores. Of 205 mothers, 37.6% showed no depressive symptoms, 36.1% showed mild depressive symptoms, 22.9% showed moderate, and 3.4% showed severe depressive symptoms. Forty-eight percent of the mothers showed no anxiety symptoms, 33.2% showed mild anxiety symptoms, 12.2% showed moderate anxiety symptoms, and 6.8% showed severe anxiety symptoms. Of 205 fathers, 79.9% showed no anxiety symptoms, 12.3% showed mild anxiety symptoms, 5.9% showed moderate anxiety symptoms, and 2% showed severe anxiety symptoms. Higher levels of maternal depression scores were associated with shorter night time sleep duration ($p=0.023$, $r= -0.159$), and increased wake duration after sleep onset ($p=0.04$, $r=0.142$). Higher levels of maternal anxiety scores were significantly associated with shorter night time sleep duration ($p=0.000$, $r= -0.270$), and increased wake duration after sleep onset ($p=0.001$, $r=0.236$). Paternal depression was not associated with child's sleep parameters.

**Conclusion:** Higher levels of maternal depressive and anxiety symptoms were associated with reduced night time sleep and increased night time wake duration. Although we did not find any association with paternal depressive and anxiety symptoms and child sleep parameters, they were correlated with maternal symptoms. The study highlights the importance of addressing parental mental health issues in children with sleep problems.

**Keywords:** paternal depression, paternal anxiety, toddler sleep problem

## OP-30

# The Knowledge Levels and Attitudes of a University Hospital Doctors about Meningococcal Vaccines

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**Background:** Although meningococcal infections are among the diseases that can be prevented by vaccination today, these infections continue to be an important health problem considering their morbidity and mortality. In this study, it was aimed to evaluate the knowledge levels and attitudes of doctors working in our hospital about meningococcal vaccines.

**Method:** All physicians who accepted the study and worked in Bezmi Alem University Medical Faculty Hospital between August 1st and September 30th, except for the pediatrics department, were included into the study. The questionnaire, which was created to evaluate the knowledge and attitude about meningococcal vaccination, was filled out by the participants themselves.

**Results:** The study group consisted of a total of 103 participants, 55 (53.4%) male and 48 (46.6%) female. The mean age of the participants was 30.73 ± 6.94 years. 15 of the study group (14.6%) were faculty members, 14 (13.6%) were experts and 74 (71.8%) were assistant doctors. 69.9% of the participants (n = 72) knew that there were a meningitis vaccine other than routine vaccinations of Ministry of Health. While 89.3% (n = 92) of the study group knew that meningitis was transmitted through droplets, only 13.6% (n = 14) stated that vaccination was among the ways to prevent meningitis. The number of people who recommended meningococcal vaccine to be given to everyone was 29 (28.2%). Among the reasons why meningococcal vaccine is not recommended, the rate of those who stated that there was no reason was 65% (n = 67), high cost was 11.7% (n = 12), and low frequency of disease was 9.7% (n = 10). Immunodeficiency (84.5%) has been shown to be the most common risk factor for meningitis. While the rate of those who evaluated healthcare workers in the risk group was 73.8% (n = 76), the rate of those who thought they posed a risk for meningitis transmission to children was 45.6% (n = 47).

**Conclusion:** Very few of the study group stated that the vaccine was used to prevent meningitis. It was found that the participants most often did not recommend the vaccine because of the high cost and low disease frequency. It will be useful to inform physicians about vaccines that are outside the routine vaccination scheme and especially about the newly introduced vaccines to prevent false prejudices about vaccination.

**Keywords:** meningococcal vaccine, knowledge level, physician

## OP-31

## The Evaluation Of The Nutritional Status Of Children With "Loss Of Appetite"

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**Background:** Appetite can be defined as a conscious desire for food, whereas loss of appetite is defined as the inability to perceive hunger along with lack of desire to eat any food, and rejection of nutrients, essential for adequate growth and development, for various reasons. Loss of appetite during childhood is one of the most common health problems that parental complain about today. The frequency of consulting a doctor due to loss of appetite and eating problems is reported to be 10.8% to 47.0% (1). While the loss of appetite is seen at a rate of 25-45% in healthy children, this rate is up to 80% in children with developmental delays. In studies conducted with healthy children, it has been stated that 20-60% of the parents think their children do not eat enough (2). It is normal for children to dislike certain foods at some periods, but parents interpret this as a loss of appetite (3). The actual loss of appetite can be determined by the presence of accompanying growth retardation. If growth retardation is detected in the child, the presence of a chronic disease that will cause loss of appetite should be investigated. Therefore, the aim of this study is the evaluation of the nutritional/growth status, and determine the prevalence of undernutrition in children with "loss of appetite", in Gaziantep province, in Southeastern Turkey.

**Method:** This study was carried out in Gaziantep University, Faculty of Medicine, Department of Pediatrics. It was carried out on 635 children aged 6-72 months those referring to the "General Pediatrics" and "Well-Child" outpatient clinics for "loss of appetite". The birthweight of the children, exclusively/total breastfeeding duration, and timing of complementary foods were questioned. The state of using "baby-led weaning (BLW)" was evaluated. Parental weight and height measurements were recorded. Parental loss of appetite during childhood was also questioned. The weight and height measurements were performed using standardized procedures by the same researchers to minimize the wrong results. In addition, children's weight and height percentiles were evaluated. Relative body weight (RW) was calculated as the ratio between the actual body weight and the ideal body weight for age, gender,and height. The RW>90% and110% was defined as overweight/obesity, and RW

**Results:** The study was conducted on 635 children with loss of appetite (male/female 327/308) aged between 6-72 months (53.19±19.42 months). The mean weight of the children was 17.24±4.80 kg (6-34 kg). The relative weight of the children was ranged between 66-173 (102.36±16.13). The mean birthweight of the children was 3204.49±526.73 g (700-5200 g). The mean exclusively breastfeeding duration was 5.80±2.64 month (0-30 months). The timing of complementary foods was ranged between 0-24 months (5.76±2.41 month). Total breastfeeding duration was 14.62±7.94 month (0-48 months). There was no relationship between exclusively/total breastfeeding duration, the timing of complementary foods, and nutritional status of children (p>0.05). While 56.3% (346/615) of the children was normoweight (RW=90-110%), 23.3% (143/615) of them was overweight/ obese (RW>110%). The undernutrition was determined in 20.5% (126/615) of the children (RW0.05). The 12.2% (77/633) of the parents were used "BLW" to their children. Interestingly, undernutrition was more frequent in children used "BLW"( BLW used: 23/75, 30.7%; BLW unused: 103/538, 19.1%; p=0.021). When parental loss of appetite during childhood was evaluated, 23.1% (145/629) of the fathers and 30.7% (195/634) of the mothers had a loss of appetite during childhood. In children with parental loss of appetite during childhood, undernutrition was more frequent, but not statistically significant (p>0.05). The 37.6% (223/593) of the children had a

loss of appetite in the brother/sister. Undernutrition was more frequent in children whose sister/brother with loss of appetite, but not statistically significant (Sister/brother with loss of appetite: 50/216, 23.1%; sister/brother without loss of appetite: 71/358, 19.8%; p>0.05). There was a positive correlation between maternal weight and children weight (r=0.132, p=0.001) and height (r=0.099, p=0.016). There was also a positive correlation between paternal weight and children weight (r=0.133, p=0.001). But, there was no correlation between paternal weight and children height (p>0.05).

**Conclusion:** Discussion: Loss of appetite during childhood is one of the most common parentals complain that is defined as the inability to perceive hunger along with a lack of desire to eat any food, and rejection of nutrients. When evaluating loss of appetite, children's height and weight measurements are extremely important. In a study by Bryne et al. 330 children aged between 14 months and 2 years were evaluated (5). No significant relationship was found between the weight of the children and loss of appetite. In another study by Taylor et al., the height and weight measurements were performed of the participants (6). There was no significant difference between anthropometric measurements and loss of appetite. In another study conducted in Japan, students of primary school were examined in terms of eating disorders (7). In this study, the height and weight of the children were measured, and no significant difference was found with the loss of appetite. In accordance with the literatüre, we found that most of the children with loss of appetite were normoweight. Contrary to expectations, the rate of undernutrition was low. The actual loss of appetite can be determined by the presence of accompanying growth retardation. If growth retardation is detected in the child, the presence of a chronic disease that will cause loss of appetite should be investigated. The BLW was the effective factor on the undernutrition. Conclusion: Loss of appetite is one of the most common health problems during childhood that parents complain about today. This study demonstrated that undernutrition was not frequent in these children. Our study emphasized the importance of making anthropometric measurements before investigating chronic disease. It also points out that, the BLW method may lead to undernutrition in children with a loss of appetite. References: 1. Sandvik P, Ek A, Somaraki M, Hammar U, Eli K, Nowicka P. Picky eating in Swedish preschoolers of different weight status: application of two new screening cut-offs.Int J Behav Nutr Phys Act. 2018;15:74-76. 2. Kurt E, Örün E. Yeme Bozukluğu Olan Çocuğa Yaklaşım. Journal of Current Pediatrics/Guncel Pediatri. 2016;14:129-134. 3. Chao H-C, Chang H-L. Picky eating behaviors linked to inappropriate caregiver–child interaction, caregiver intervention, and impaired general development in children. Pediatr Neonatol. 2017;58:22-28. 4. Gönç N. Anthropometric measurements in the assessment of childhood obesity. Turkish J. Pediatr. Dis. 2011; 1(2): 37-47. 5. Byrne R, Jansen E, Daniels L. Perceived fussy eating in Australian children at 14 months of age and subsequent use of maternal feeding practices at 2 years. Int J Behav Nutr Phys Act. 2017;14:123. 6. Taylor CM, Steer CD, Hays NP, Emmett PM. Growth and body composition in children who are picky eaters: a longitudinal view. Eur J Clin Nutr. 2019;73:869-878. 7. Xue Y, Lee E, Ning K, Zheng Y, Ma D, Gao H, et al. Prevalence of picky eating behaviour in Chinese school-age children and associations with anthropometric parameters and intelligence quotient. A cross-sectional study. Appetite. 2015;91:248-255.

**Keywords:** Loss of appetite, undernutrition, baby-led weaning

## OP-32

# The Effects Of Mother-Infant Bed-Sharing On Breastfeeding And Sleep Pattern Of Infants

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**Background**: Although bed-sharing or co-sleeping between a parent and infant has been accepted as a risk factor for sudden infant death syndrome, there are a few studies in the literature showing beneficial effects of bed sharing on breastfeeding rates and duration. Objective: The aim of this study was to investigate the effects of mother-infant bed sharing on the breastfeeding and sleep pattern of the infants.

**Method:** A total of 507 mother-infant pairs who applied to Ege University Medical School Well Child Care Outpatient Clinic for routine health care between August 2017 and August 2018 were included in the study. After the mothers' informed consent was obtained, a questionnaire was applied regarding sociodemographic characteristics of the family, feeding and sleeping patterns of the infants. Height and weight measurements of the infants were recorded and SDS values were also calculated according to the WHO growth standards. The data obtained from the study were analyzed using SPSS Statistics 18.0 program. Descriptive statistics were performed for all variables. Chi-square test was used for the association between categorical variables, and Pearson or Spearman correlation analyses were used for the investigation of the relationship between numerical variables. Logistic regression analysis was used to investigate the effects of independent variables on the dependent binary categorical variable. A P value $< 0.05$ was considered statistically significant.

**Results:** The mean age of the mothers was 30.3 ± 5.0 years; 45% of them were university graduates; about 35% of the mothers defined themselves as unhappy, and 12% of them were smokers. Of the infants, 90% were still breastfeeding; the rates were 93% between 1 to 6 months and 79% between 7 to 12 months. The supine and side / prone sleeping positions of the infants were 48% and 52%, respectively. About 12% of the mothers were shared her bed with their babies in the previous night. We did not find any relationship between bed sharing and some independent variables such as maternal age, maternal education, family type and monthly household income in the logistic regression analysis (P>0,05). The rate of breastfeeding was 92% in the bed-shared group and 89% of the non-sharing group. The rate of side/prone sleeping position, one of the risk factors for SIDS, was also significantly higher among bed-shared infants (P<0,05). Fussing and sleeping problems were reported about 19% and 35% of the infants, respectively. In a logistic regression model, infants of unhappy mothers had approximately two times more sleeping problems than infants of happy mothers (P <0.01).

**Conclusion:** We found a considerable risky sleeping practices in our study population. Bed sharing known to be a strong risk factor for SIDS, especially in the presence of another risk such as "prone / side sleeping position", may further increase the risk for SIDS. Therefore, it is very important to assess infant's sleep practices at every well-child-care visits, and parents should be educated about safe sleeping pattern by the health personnel.

**Keywords:** Bed sharing, breastfeeding, infant, sleep

## OP-34

# The Prevalence Of Asymptomatic Hypertension In Healthy Adolescents With Normoweight

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**Background:** A significantincrease is observed in thehypertensionrates in adolescentsduringlastyears (1). Adolescentswithelevatedbloodpressure (BP) tendto be hypertensiveadults (2). Epidemiologicstudiesreportthathypertension is common in apparentlyhealthychildren/adolescents (1–3). Children/adolescentswithhypertensionareusuallyasymptomatic and thereforeeasilyoverlooked and cannot be diagnosed (1–3). Routinemeasurement of bloodpressure (BP) at leastonce a year is recommendedforearlydiagnosis of asymptomatichypertensionduringchildhood (3). Earlydiagnosis and management of hypertension in childhood is veryimportantbecause of increasedcardiovasculardisease risk (1,2). Elevated BP is stronglyassociatedwithobesity and abdominal/centralobesity. Hypertension risk wasnearly 4–7 timesmore in overweight-obesepersonsthannormoweights (1,4). However, hypertension is alsocommon in non-obeseadolescents. Therefore, in thisstudy, it wasaimedtoevaluatetheprevalence of asymptomatichypertension in healthyadolescentswithnormoweight, in Gaziantep province, in Southeastern Turkey.

**Method:** The study was conducted in 67 healthy adolescents presented to Gaziantep University Faculty of Medicine, Department of Pediatrics, "Well child Outpatient Clinic" for routine health check visits. Anthropometric measurements Weight and height measurements were performed using standardized procedures by the same researchers to minimize the wrong results. Body mass index (BMI) was calculated as the weight divided by square of height (kg/m2). "International Obesity Task Force's (IOTF)" international standards were used to diagnosis of obesity (5,6). The evaluation of BMI was performed by using age and sex specific percentile standards of Centers for Disease Control and Prevention (CDC) (7). A BMI ≥5th and

**Results:** The study was carried out with 67 (male/female 34/33) healthy adolescents with normoweight. The mean age of the adolescents were 13.51±2.29 years (10-17 years). The BMI values were ranged between 14.95-23.84 (19.00±2.29). The mean systolic blood pressure values were 111.87±23.00 mmHg (54.00-212.00 mmHg), and the mean diastolic blood pressure values were 71.91±19.95 mmHg (34.00-164.00 mmHg). The 61.2% (41/67) of the adolescent was normotensive. The prevalence of prehypertension and hypertension (according to the American Academy of Pediatrics Clinical Practice Guideline) were 10.4% (7/67), 28.4% (19/67), respectively. The mean breastfeeding duration was ranged between 0-36 months (14.00±8.12 month). There was no statistically significant relationship between breastfeeding duration and blood pressure values (p>0.05). The 49.2% (32/65) of the adolescents had concentration impairment, and 43.8% (28/64) of them had sleep disturbances in the last days. Hypertension was more frequent in adolescents with concentration impairment, and sleep disturbance in the last days, but it was not statistically significant (p>0.05). In females, hypertension was more frequent, but not statistically significant (female: 16/33, 48.5%; male: 10/34, 29.4%; p>0.05). Low birth weight birth (LBW<2.500 g) rate was determined as 7.4% (4/54). The hypertension was more frequent in adolescents with birth weight <2.500 g (<2.500 g: 4/4, 100.0%; ≥2.500 g: 18/50, 36.0%, p=0.012; OR:2.778; CI 95%: 1.920-4.020).

**Discussion**: In last decades, serious of population-based epidemiological studies demonstrate a significant increase in asymptomatic hypertension prevalence in apparently healthy children (1–3). The hypertension prevalence in childhood has been reported in different countries as 2.41%-5.75%, while in different regions of Turkey as 7.9%-9.1% (4, 9-12). In this study, the prevalence of prehypertension, and hypertension were 10.4%, 28.4%, respectively. The diversity between in different studies have been attributed to various BP measurement techniques and age groups (11). In this study, BP was measured at three times with short intervals. There is a possibility of anxiety-induced white coat hypertension in some epidemiological studies because of analyzed only one measurement. If BP is measured twice, some abnormal values may return to normal range. Measurement of BP has also some specific difficulties such as requires experienced personnel/suitable cuff size of the sphygmomanometer and must be measured in a quiet environment while individuals seated in a comfortable position after resting (1,3,13,14). Also, exact standardization is not possible because of the various factors that affect BP like ethnic and geographic differences (11). Our study demonstrated that prehypertension/hypertension was more frequent in healthy adolescents with normoweight. But, our results cannot be generalizable to other populations. Further studies in different ethnic groups are needed to confirm our findings and generalized to populations. Early recognition of hypertension in adolescents is very important in order to prevent long-term damage. Therefore, measurement of BP in routine health care visits during childhood at least once a year is recommended by National Heart, Lung, and Blood Institute (NHLBI) task force of USA (3). The main strength of the present study is that BP measurements were made using standardized protocols by the same researchers. However, there are some limitations of the present study. First, small sample size for this kind of study. There is a need further studies in a large cohort in different regions of Turkey. Second, all measurements of BP were taken on the same day and no follow-up was done to confirm the diagnosis of hypertension. But, this is a preliminary study, further studies are needed about this issue. Conclusions The high prehypertension and hypertension rates in the present study emphasize the importance of measuring BP in routine health care visits during adeolescents period. References: 1. Falkner B. Recent clinical and translational advances in pediatric hypertension. Hypertension. 2015;6:926–31. 2. Chen X, Wang Y. Tracking of blood pressure from childhood to adulthood: a systematic review and meta-regression analysis. Circulation. 2008;117:3171–80. 3. National Health, Lung and Blood institute, 8. High Blood Pressure Report. https://www.nhlbi.nih.gov/health-pro/guidelines/current/cardiovascular-health-pediatric-guidelines/full-report-chapter-8. 4. Genovesi S, Antolini L, Giussani M, Pieruzzi F, Galbiati S, Valsecchi MG, Brambilla P, Stella A. Usefulness of waist circumference for the identification of childhood hypertension. J Hypertens. 2008;26:1563–70. 5. International ObesityTask Force data, based on population weighted estimates from published and unpublished surveys,1990–2010 using IOTF-recommended cut-offs for overweight and obesity. London: IOTF; 2011. http://iotf.org. 6. Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a Standard definition for child overweight and obesity worldwide:internationals survey. BMJ. 2000;320:1240–43. 7. National Centre for Health Statistrics. Data table of BMI-for-age charts. Centers for Disease Control and Prevention. https://www. cdc.gov/growthcharts/html_charts/bmiagerev.htm. 8. Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical practice guideline for screening and management of high blood pressure in children and adolescents [published online ahead of print August 21, 2017]. Pediatrics. http://pediatrics.aappublications.org/content/ early/2017/08/21/peds.2017-1904.long. 9. Kelishadi R, Heshmat R, Ardalan G, Qorbani M, Taslimi M,Poursafa P, Keramatian K, Taheri M, Motlagh ME. First report on simplified diagnostic criteria for pre-hypertension and hypertension in a national sample of adolescents from the Middle East and North Africa: the CASPIAN-III study. J Pediatr (Rio J). 2014;90:85–91. 10. Polat M, Yıkılkan H, Aypak C, Görpelioğlu S. The relationship between BMI and blood pressure in children aged 7–12 years in Ankara, Turkey. Public Health Nutr. 2014;17:2419–24. 11. Akgun C, Dogan M, Akbayram S, Tuncer O, Peker E, Taskin G, Arslan S, Arslan D. The incidence of asymptomati hypertension in school children. J Nippon

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**Keywords:** Adolescent, hypertension, normoweight

## OP-35

# Vaccination Coverage In Cystic Fibrosis Patients: A Tertiary Cystic Fibrosis Center Experience

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**Background:** Patients with cystic fibrosis (CF) may escape immunization programmes due to frequent hospital admissions and therefore may be more at risk for vaccine-preventable diseases. Gathering information on vaccination status of CF patients may increase awareness of physicians and improve patient care. Data on vaccination coverage of CF patients are sparse. We aimed to screen vaccination coverage of CF patients and develop a catch-up vaccination program for those whose vaccinations were incomplete or delayed.

**Method:** We performed a prospective study at Marmara University Hospital which has a tertiary Cystic Fibrosis Center. Patients with complete data were included in the analyses (n=203). We collected vaccine related information from records in the Ministry of Health database included in the National Immunization Program (NIP), and interviewed with parents for other private vaccines which were not covered in NIP. For influenza vaccine, coverage was calculated as the proportion of children older than 6 months who received at least one dose of seasonal influenza vaccine. For polysaccharide pneumococcal vaccine, coverage was calculated as the proportion of children older than 2 years who received the vaccine.

**Results:** The median age of the patients was 77 months, and 53.7% were male. Almost all patients were immunized with vaccines covered in the NIP: Vaccination rates were 97% for DaTPHib, 97.5% for conjugate pneumococcal vaccine, 97.6% for OPV, 97.5% for MMR, 99% for hepatitis B vaccine and 98.5% for BCG vaccine. Vaccination rates for varicella and hepatitis A vaccines were 33.3% and 34.8% respectively, before their inclusion in the NIP. Vaccination rates significantly improved (>97%) for both after NIP implementation. Vaccines, which were recommended for CF patients but not covered in NIP, were only used in a minority percentage of patients: Vaccination rate was 3.9% for polysaccharide pneumococcal vaccine and the proportion of children who has ever had an influenza vaccine dose were 63%.

**Conclusion:** Our study showed optimal coverage for routine vaccines but vaccination coverage was significantly low for private vaccines which were not covered in the NIP. It is the pediatrician's responsibility to apply private vaccines which can be applied at no cost if necessary prescription and report is provided by the physician. Routine screening of CF patients for private vaccination coverage should be applied and patient specific catch up schedules should be developed.

**Keywords:** cystic fibrosis, immunization, vaccination coverage

## OP-36

# Attitudes of pediatricians working in the field of Social Pediatrics towards the immunization in high risk groups including immunocompromised conditions and chronic diseases

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**Background:** Pediatric risk groups, such as children with chronic diseases like hematological and oncological malignancies, congenital or acquired immunocompromised conditions, may not be adequately or routinely vaccinated despite being more susceptible to complications from vaccine preventable diseases. Recommendations for immunization of these high-risk group children can be inconsistent. This may be due to lack of immunization recommendations, lack of awareness, or incomplete adherence to existing guidelines. This cross-sectional study assessed attitudes regarding immunization in high-risk groups of children with underlying conditions, among pediatricians working in the field of social pediatrics.

**Method:** This study used a cross-sectional electronic survey with 75 pediatricians working in the field of Social Pediatrics in Turkey between October and December, 2020. A web-based questionnaire which consisted questions about the attitudes of immunization of children with cancer, bone marrow or solid organ transplantation, asplenia/splenectomy, congenital or acquired immune deficiency, hemoglobinopathy, chronic cardiac or respiratory disease, inherited metabolic disorders, inflammatory bowel disease, and patients treated with biological agents, was designed. Statistical analysis has been performed with SPSS for Windows 7.0 package program.

**Results:** Recommendations and routine practices for immunization varies between centers. Majority of the participants use current recommendations and guidelines. Common problems are the different approach pediatric disciplines about immunization in high-risk children (58.5%), private vaccines paid by the parents (94.4%), inappropriate contraindications for vaccine use/delay by the department that follows up the patient(47.1%), the lack of vaccines in the country (62.7%), the fact that the different disciplines have different vaccination practices (44.9%), and the department that follows up the child does not provide sufficient explanatory information about the disease and immunization (57.7%). There are differences for routine practices for immunization between the participants, mainly; serological tests before immunization in children with cancer, vaccine schedule and time interval after chemotherapy, immunization protocol for children receiving blood and blood products, immunization of children with graft-versus host disease, immunization of children with congenital immune deficiencies, immuniza-

tion schedules for vaccines which are not a part of national immunization program, administration of live vaccines after solid organ transplantation, immunization of previously hepatitis B immunized children who have Anti-HBs level as

**Conclusion:** Recommendations for immunization in high-risk children or children with underlying conditions may vary across in our country. Interventions as harmonization of the routine practices with a national guideline aimed at the enhancement of attitudes and awareness of pediatricians who provide immunization of children with high-risk groups or underlying conditions.

**Keywords:** Children, Immunization,Immunocompromised conditions, Chronic diseases,Social Pediatrics

## OP-37

# Determining the Practices of Pediatricians Working in the Field of Social Pediatrics Regarding Vaccine Hesitancy in their Institutions

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**Objective**: Vaccine hesitancy has come to the fore as an important problem in vaccination applications all over the world in recent years. The purpose of this research is to determine the reasons, administrations, and solutions in cases of vaccine hesitancy encountered by pediatricians working in the field of Social Pediatrics in our country.

**Method:** The research is a cross-sectional descriptive study. Pediatricians working in the field of Social Pediatrics constituted the study population. A total of 75 pediatricians were reached by e-mail and the research was completed with 68 pediatricians. The data were collected through a questionnaire created by the researchers by examining the medical literature. The questionnaire includes the questions such as whether the participants encounter vaccine hesitancy, how often they encounter it, the age range of the children of parents who have vaccine hesitancy, the type of vaccines with vaccine hesitancy, the most common reasons in cases of vaccine hesitancy, the approaches applied when encountering vaccine hesitancy and the suggestions of the participants about the prevention of vaccine hesitancy. SPSS for Windows 17 program was used to evaluate the data. Descriptive statistics are given in the analysis of the data.

**Results:** Among the participants 64.7% were working at a university hospital. While 54 of 68 physicians (79.4%) stated that they encountered vaccine hesitancy, 11 participants (16.2%) stated that they did not encounter vaccine hesitancy. Three participants (4.4%) did not answer this question. 29 (61.7%) of 47 participants who stated frequency stated that the frequency was between 1-10%. Most of the participants (74%) reported that vaccine hesitancy was most common in the 0-1-year-old infant group. When those reporting two or more age groups were included, the cumulative frequency was 89.9% in this group. Of the participants 70.4% reported that they encountered hesitancy in both routine and non-routine vaccines. Among the reasons leading to vaccine hesitancy, reasons such as vaccine content, undesirable effects, religious reasons, natural immunity obsession and media influence were the leading causes. It was determined that most of the participants who faced with vaccine hesitancy talked to the family and learned the reason for the hesitancy and informed the family. When the participants were asked for their suggestions to prevent vaccine hesitancy, suggestions such as media communication, family education, training and updating the information of healthcare workers, making campaigns

and public service advertisements by the Ministry of Health, and regulating legal legislation on the subject were offered.

**Conclusion:** Vaccine hesitancy poses a major obstacle to efforts to increase immunization rates. Pediatricians working in the field of Social Pediatrics have important duties in combating this problem. It is obvious that effective studies are needed in establishing the criteria to be used in revealing the size of the problem and determining the approaches that can be applied to solve the problem.

**Keywords:** vaccine hesitancy, reasons, administrations, solutions

## OP-38

# Reproduction Of Pathogen Bacteria According To The Milk Storage Conditions Of The Mothers

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**Background:** Employed lactating mothers express and store their breast milk. However, optimum conditions should be defined for preservation of milk. The purpose of the study is to determine the changes in the growth of pathogen microorganisms with time and storage conditions.

**Method:** After breastfeeding their infants for10 min, voluntary informed mothers (n=41) manually expressed 5 ml milk into sterile polypropylene tubes. Then milk sample was divided into 9 aliquots having 0.5 ml sample and stored in three conditions; at room temperature, in refrigerator (+4°C) for 2 days and in deep freezer ( -20°C) for 30 days. Samples remained at room temperature plated at the 2nd, 6th, 12th, 24th, and 36th hour. For samples stored in refrigerator and deep freezer, one aliquot was plated at the 2nd hour while the others was maintained at room temperature for 12 and 24 h and then plated on blood agar and EMB media under suitable conditions. Meanwhile, the room temperature was recorded. Growth rates in related samples were compared with Cochran'Q test.

**Results:** Mean maternal age was found as 28.3 ± 6.8 years. Of infants 5 were younger than 2 months and 16 were 6 months and older and 51.2% were male. Overall, three-fourth of samples showed the growth of pathogen microorganisms at the 24th hour; 36.3% coagulase negative streptococci and 24.4% Staphylococus aureus and 12.2% streptococus and 4.9% enterococus. When the 2nd hour samples were analyzed, pathogen microorganisms were detected in 22.0% of milks stored at room temperature, 14.6% of samples in the refrigerator and 17.1% in deep freezer. However, growth in 12th hour samples showed difference among storage conditions; samples stored at room temperature had the highest growth rate (48.8 %) and samples from the refrigerator had the lowest (22.0%). More than one-third of samples at room temperature showed growth of a pathogenic microorganism. Samples from the refrigerator also showed the least growth rate at the 24th hour.

**Conclusion:** It was observed that the milk could stay in the room temperature safely for up to 6 hours. It was observed that breast milk taken out of the deep-freezer should be consumed within 12 hours, and that milk that will not be consumed immediately should be stored in the refrigerator instead of room temperature to be more appropriate in terms of reducing the growth of microorganisms.

**Keywords:** breast milk, microorganism, storage conditions

## OP-39

## Aeroallergen sensitization: Is it a marker of Atopic March?

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**Background and Objective**: It is well known that food allergy and atopic dermatitis are usually the first clinical manifestations of the "atopic march". The atopic march explains the progression from atopic dermatitis during infancy to asthma and allergic rhinitis in the later childhood. The prediction of developing other allergic diseases in the follow up period and our knowledge about atopic march is also important in well child visits.

**Method:** The real-life data of the patients who were followed up from our well child and allergy outpatient clinics with Immunoglobulin E mediated cow's milk allergy and atopic dermatitis were evaluated. The patients were examined in terms of the aeroallergen sensitivity and development of other atopic diseases.

**Results:** One hundred and sixty-eight children (CMA n=50, AD n=118) were enrolled to the study. The median age of the first admission to our clinic was 1 month (IQR: 1-2.5) in AD and 5.7 months (IQR: 4-6) in CMA

**Conclusion:** Atopic dermatitis may be the first manifestation for referring a pediatric allergy clinic during well child follow up visits. House dust mite sensitivity detected within the first 3 years of life in patients with atopic dermatitis is the risk for asthma later in childhood. Evaluation of aeroallergen sensitization in patients with atopic dermatitis and food allergic children should be performed in early follow up period.

**Keywords:** aeroallergen, atopic dermatitis, atopic march, food allergy, cow's milk allergy, well child

## OP-40

# Determination of Obesity Frequency and Affecting Factors in Primary School Students in Izmir

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**Background:** Overweight and obesity is excess fat deposition that can affect body health adversely. It is one of the most severe public health problem of 21th century. Overweight and obese children will be overweight and obese adults of future. Adults who are obese in early childhood have a higher rate of non-infectious chronic disease development at early age than non-obese population. Aim of this study is investigating obesity rate and associated risk factors for obesity of primary school students in one of Izmir's district.

**Method:** For the study, five to nine years old primary school students in İzmir were selected. 535 child included into study. In the study, 128 children with chronic diseases and / or drug use that may be associated with obesity, who did not want to participate in the study and did not complete the questionnaire form were excluded. Dependent variable was obesity and independent variables were defined by sociodemographic and natal features, physical activities, eating habits, watching television and playing computer games, family structure and parental weight. We conducted a questionnaire to parents and measured childrens weight and height thus calculated body mass index. Chi-square analysis, T-test and Mann Whitney U test were used for statistical calculations. Probability rate was used for obesity and overweight associated factors.

**Results:** Mean age is 8±1,1 years for 407 children. Overweight rate is %12 and obesity rate is %12. We detected that gender is not associated with obesity or overweight (p=0.486). Birth weight (p<0,05), untidy meal times (p=0,007), eating snacks (p=0,027), high monthly income (p=0,026), maternal (p=0,03) and paternal (p<0.05) obesity or overweight and being an only child (p=0,031) was found associated with obesity and overweight.

**Conclusion:** In this study we detected that overweight and obesity frequencies of five to nine years old children in Bayraklı district are high and similar to developed countries. High monthly income, being an only child, parental obesity or overweight is associated obesity or overwight. This study points out the parents and caregivers need of education about healthy and balanced nutrition.

**Keywords:** Pediatric obesity, Obesity risk factors, Obesity frequancy

## OP-41

## Evaluation of Health Status Among Children Under Government Protection

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**Background:** Children under government protection come from the lowest socioeconomic and sociocultural part of the community. Physical and mental health of these children may be under risk. The aim of this study was to investigate health status and disease burden of children under protection who were between 0-6 years old. Preventive medicine measures such as vaccinations, screening tests, growth and development follow ups were noted. Family history and social history data related to their health were also collected.

**Method:** This is a retrospective, crosssectional study. The health records of children who were born between 01/09/2013 - 01/09/2019 were evaluated. Family and social history data were obtained from social workers.

**Results:** Of the 205 health files; 120 (58,5%) of them were boys. In their family history; 21 (10,2%) children were born from drug addict mothers and 33 (16,1%) children had mentally ill mothers. In their social history; 84 (40,9%) children were born extramarital, 77 (37,6%) children had the history of abuse and neglect, 34 (%16,6) children were under government protection because of socioeconomic issues of parents. Twenty-one (%10,2) children were abandoned by their parents right after they were born in hospital. The majority of children were Turkish. Out of 28 children who had foreign nationalities; Syrians (35,7%) and Turkomans (13,7%) were the commonest groups. In the study group, the gestational week data was not noted in 142 (69,2%) of children. In the rest of the group 30 (47,6%) were born prematurely. According to growth screenings; height of 37 (18%) children, weight of 25 (12%) children and headcircumference of 28 (13,7%) children were below 3%. When we evaluated health screenings; 99 children (49%) had no data about the auditory testing. Out of 106 children who had test results, 26%(n=27) of them were failed. In the study group, 82%(n=67) of children over age 3, had an objective eye exam by opthalmologist and 27,3% (n=15) were diagnosed with an eyedisorder. Objective developmental screenings were done to 19,5% (n=40) of children and test results were abnormal in 77,5%(n=31) of them. Of those with developmental delays, 90,3% of children had educational support. As for developmental dysplasia of the hip, 50,6% (n=39) of children who were under 1 year old, had hip USG reports. Vaccination delays were observed at 43,9 % (n=90) of children. Ninety-seven (47,3%) children were diagnosed with iron deficiency anemia and treated. As for dental problems, 55% (n=70) of children had findings like chalky white spots, brown spots and severe decay. In order to detect the most frequently visited subspecialties of medicine, we noted that 131 (%63,9), 90 (43,9%), 89 (43,4%) children were evaluated by Pediatric Cardiologist, Opthalmologist, Ear Nose and Throat Specialist, respectively. To calculate the chronic disease burden, it was observed that 54% (n=111) of children had at least one chronic systemic disease. Growth and development disorders (n=18), eye disorders(n=20), chronic otitis media (n=15), behavioral disorder (n=15), epilepsy(n=13), attention deficit and hyperactivity disorder(n=11) and food allergy (n=8) were mostly seen in the group.

**Conclusion:** Institutionalized children have poor health compared to general population. They should be evaluated by multidisciplinary team approach. Health promotion, prevention of disease are the major health issues.

**Keywords:** Institutionalized children, health status,physical and mental disease burden

## OP-42

## Induced Lactation: A Case report

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**Introduction**: It is known that being fed with breast milk has lots of benefits for mother and baby health. Apart from mothers wanting the best for their babies, breastfeeding symbolizes motherhood in society and that leads mothers to breastfeed. Since breastfeeding has a positive effect on the mother-baby bond this also encourages adoptive mothers to breastfeed. In adoptive mothers breastfeeding is achieved with induced lactation.

**Case**: An adoptive mother consulted the breastfeeding clinic with her 10-weeks-old son to get assistance about breastfeeding. The mother with no breastfeeding and pregnancy history was advised to start on domperidon, making skin to skin contact, pumping with 3-hour intervals, and finger feeding with formula milk. A week later breast milk started to be secreted and she kept on pumping. In the next consultation, the baby started to be fed while sleeping and the need for formula milk decreased. On day 45 the mother stopped using domperidon due to abdominal pain and the milk production decreased, so she was advised to keep skin to skin contact, regular pumping, and using domperidon.

**Results:** A month later, baby's weight was 8980 gr, the mother who was not able to use domperidon had a decreased amount of breast milk and the baby was refusing to be breastfed so the baby was spoon-fed with pumped breast milk. During this time baby switched to complementary feeding and was also fed with formula milk with bottle. The mother was informed about the usage of a bottle and she was advised to keep pumping. But it was gathered that the mother who had gradually decreased amount of milk secretion had stopped secreting milk after 1 month so the baby -who is now 20-months-old- was breastfed for 5 months in total.

**Conclusion:** In our case report, a mother with no pregnancy and breastfeeding history was able to feed her baby with breast milk. Baby's age being younger than 3 months and mothers' strong motivation and her being closely monitored and supported are one of the most important factors in her being successful with the process of induced lactation. Health professionals having information about induced lactation and relactation carries importance in starting and continuing with the process.

**Keywords:** Keywords: Breastmilk, adoption, lactation, finger feeding

## OP-43

# The Effect Of Breastfeeding Time And Starting Age Of Supplementary Food In Children Patients With And Without Resistant Epilepsy

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**Objectives**: In this study, the effect of breastfeeding time and starting age of supplementary food in children patients with and without resistant epilepsy was investigated. There are a limited number of studies on this subject in the literature.

**Method:** A questionnaire study was conducted on 210 patients with epilepsy who were followed up with a diagnosis of epilepsy in the Department of Pediatric Neurology, Department of Pediatric Neurology, Gaziantep University Faculty of Medicine, between 01 November 2017 and 01 September 2018. 122 patients who met the criteria were included in the study. 63 of the 122 patients met the criteria for resistant epilepsy, and the remaining 59 were included in the non-resistant, ie controlled group. When investigating possible risk factors for resistant epilepsy, the findings of the two groups were compared. Patients who used at least two antiepileptic drugs properly for 18 months at the maximum dose and had at least one seizure in the past year were considered to be resistant epilepsy patients. For epilepsy patients who are not resistant, that is to say good response to antiepileptic drugs , patients who have used at most two antiepileptic drugs and have not had seizures in the last 1 year. As a statistical analysis, descriptive statistics for demographic characteristics were given as mean and standard deviation for numerical variables, frequency and percentage distribution for categorical variables in the evaluation of data belonging to a total of 122 patients. Compliance of numerical data to normal distribution was tested with Shaphiro wilk test. Mann Whitney u test was used to mix numerical variables that were not normally distributed in 2 groups. The analysis of the obtained data was made with the help of SPSS program for Windows. A p value less than 0.05 was considered statistically significant.

**Findings**: Considering the distribution of patients by gender, 49 (40.16%) were girls and 73 (59.84%) were boys. While 21 of 63 patients in the resistant group were girls (33.33%) and 42 were boys (66.67%), 28 of 59 patients in the non-resistant group were girls (47.46%) and 31 were boys ( 52.54%) was created by children. No significant difference was found between the two groups in terms of gender (p = 0.13), and the rate of boys in the resistant group was found to be high. No significant difference was found in terms of breastfeeding time in resistant and non-resistant epilepsy patients (p=0,346) (table-1). No significant difference was found in terms of age at starting additional food in patients with and without resistance (p=0,158)(table-1). In epilepsy patients, there was no significant difference in breastfeeding time between the group with and without febrile seizures (p=0,694) (table -2). In epilepsy patients, there was no significant difference in age of starting supplementary food between the group with and without febrile seizures (p=0,151)(table -2) Resistant Epilepsy (n=63) Not-resistant Epilepsy (n=59) average±SD average±SD p-Values Breastfeeding time (months) 10,97 ± 10,22 12,05 ± 9,63 0,346 starting age of supplementary food (months) 5,76 ± 0,71 5,93 ± 0,45 0,158 Table-1: Duration of breastfeeding in resistant and non-resistant epilepsy patients and age of starting supplementary food in resistant and non-resistant patients With Febrile seizures (n=42) Without febrile seizures (n=80) average±SD average±SD p-Values Breastfeeding time (months) 11,83 ± 9,93 11,31 ± 9,96 0,694 starting age of supplementary food (months) 6 ± 0,58 5,76 ± 0,6 0,151 Table-2: The duration of breastfeeding in patients with epilepsy, with and without febrile seizures and age at which the group with and without febrile seizures

start supplementary food in epilepsy patients

**Conclusion:** Epilepsy is a common neurological disorder in children that can have a major impact on a child's development [1]. Research suggests that breastfeeding is associated with improved cognitive development [2]. There is little data concerning the preventive effect of breast-feeding on occurrence of febrile seizures. Farivar reported that breast-feeding confers a preventive effect against the incidence of febrile seizures [3]. Mahyar et al. [4] conducted a study comparing the patient group with febrile convulsion and the control group with fever. They found that the mean duration of breastfeeding was lower in children with febrile seizures than in healthy children . In the study by Asadi-Pooya et al. [5], the breastfeeding time of 142 epilepsy patients with epilepsy was compared with a control group of 138 healthy children. it was not shown that breastfeeding has a protective effect against the development of epilepsy. All patients in our study were breastfed. Therefore, a comparison was made in terms of breastfeeding time and starting age of supplementary food. No significant difference was found in terms of breastfeeding time. It was thought that breast milk has no protective effect in epilepsy patients from the development of resistant epilepsy. Breastfeeding time was found to have no protective effect in epilepsy patients with a history of febrile convulsions. Similarly, no difference was found in epilepsy patients with and without a history of febrile seizures in terms of starting age of supplementary food. It was suggested that starting age of supplementary food has no effect on epilepsy patients and especially in patients who are planned to start ketogenic diet, diet can be started in the early period. The limitation of our study was that there was no control group consisting of healthy children. We think that conducting this study in resistant and non-resistant epilepsy group with a higher number of patients and healthy children will indicate new findings about the importance of breast milk. References: 1: Kurtz Z, Tookey P, Ross E. Epilepsy in young people: 23 year follow up of the British National Child Development Study. BMJ 1998;316:339–342 2: Quigley MA, Hockley C, Carson C, et al. Breast feeding is associated with improved cognitive development: A population-based cohort study. J Pediatr 2012;160:25–32. 3: K. H. Farivar and A. Bataie Tairani, "The protective effect of breast feeding in febrile seizures," The Journal of Iranian Children, vol. 9, no. 33, pp. 49–55, 1996. 4: Mahyar A, Ayazi P, Fallahi M, Javadi A. Risk factors of the first febrile seizures in Iranian children. Int J Pediatr. 2010;2010:862897. doi: 10.1155/2010/862897. Epub 2010 Jun 24. PMID: 20652051; PMCID: PMC2905933. 5: Asadi-Pooya AA, Hojabri K. Risk factors for childhood epilepsy: a case-control study. Epilepsy Behav. 2005 Mar;6(2):203-6. doi:10.1016/j.yebeh.2004.11.018. PMID: 15710305.

**Keywords:** epilepsy, breast feeding, age of supplementary food

## OP-44

# Attitudes of pediatricians working in the field of Social Pediatrics on missed opportunities for vaccination

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**Objective**: Missed opportunities for vaccination are common in childhood. They can be determined whenever a child visits a health facility and if the child is eligible for vaccination vaccines should be commenced immediately. The aim of this study was to determine the causes of missed opportunities for vaccination and the solutions suggested by the pediatricians working in the field of Social Pediatrics.

**Method:** In this cross-sectional study 75 pediatricians working in the field of social pediatrics in Turkey were reached via e-mail and were asked to complete a questionnaire, between October and December 2020. The questionnaire included questions on whether the participants encountered missed opportunities for vaccination, the most common reasons that they observed and their suggestions for the prevention of missed opportunities. SPSS for Windows 7.0 was used for statistical analysis in this study.

**Results:** The questionnaire was answered by 68 pediatricians (90.7%) in this study. Of the participants 72.1% (n = 49) reported that they encountered missed opportunities for vaccination. The presence of chronic illness in the child (42.9%), refugee status (32.7%), misunderstood contraindications (22.4%), vaccine hesitancy (22.4%) and neglect of the family (20.4%) were cited as the most common reasons leading to the missed opportunities. Most of the participants (85.7%) stated that it is very important to provide correct information about vaccines to the family as a suggestion in order to avoid missed opportunities for vaccination.

**Conclusion:** Children must be evaluated in terms of vaccination status at every visit. When a missed opportunity for vaccination is detected, vaccination should be started as soon as possible if the child is eligible for vaccination by communicating with the family.

**Keywords:** Missed opportunities, vaccination, Social Pediatrics

## OP-45

# The attitudes and practices of health professionals towards childhood vaccines

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**Background:** The attitudes and practices of health professionals towards vaccines and the vaccination status of themselves and their relatives may directly affect the public's approach to this issue. This study aims to evaluate health professionals' attitudes and behaviors on the issue and investigate the factors affecting this.

**Method:** This study was a descriptive, cross-sectional study that examined the knowledge, attitudes, and practices of healthcare professionals about vaccination. Data were collected by applying a questionnaire to healthcare professionals who were actively working at Istanbul University Istanbul Medical Faculty, through an interview. The questionnaire consisted of 3 parts and 41 questions. The first part included questions about sociodemographic information of participants. The second part included 4-point Likert Scale questions (Agree, generally agree, partially agree, disagree) investigating the factors affecting vaccine acceptance. The third part questioned hepatitis B, hepatitis A, chickenpox, measles, tetanus, seasonal flu vaccination status of participants. The Likert scale was used as a vaccine acceptance rating scale for each participants.

**Results:** Among the 859 health professionals who participated in the study, the average age was 31.3±6.6 years and the average time of service was 7.8±7 years. Of all participants 22.8% were specialists, 42.3% were resident physicians and 35.9% were nurses. Vaccine acceptance scores of specialists and residents were higher than nurses. Of the participants 26.8% were working in pediatric internal and/or surgical departments, 73.2% were working in adult internal/surgical departments. Vaccine acceptance scores of participants working in pediatric units were found to be significantly high. Of all participants 97.5% stated that their children already had or would have routine vaccinations, 85% stated that their children had or would have the additional vaccines not included in the routine vaccination schedule, and 15% stated the cost of the vaccines would affect their decision. Of all participants, 85.3% thought vaccines necessary for protection against infectious diseases and 88.4% thought vaccines included in the national vaccination schedule should be mandatory. Also, 48.2% of the participants stated they had sufficient information about vaccines. The participants who had less information were more likely to be affected by unfavorable news about vaccines. Among all the participants, 42.4% thought the education about vaccines they received in medical school was sufficient. Seven percent of the participants were worried about the side effects of vaccines, and the proportion of participants who were worried about the false guidance of vaccine producing companies was 6.6%. The rate of those who had the seasonal flu vaccine was 23.7%, hepatitis B vaccine was 93.2%, hepatitis A vaccine was 31.9%, measles vaccine was 73.5%, chickenpox vaccine was 37,8%. Vaccine acceptance scores of those who had seasonal influenza vaccines were found to be significantly higher than those who did not.

**Conclusion:** Even though the rate of vaccination among children of health professionals was high, the seasonal flu vaccination rates of themselves were low. They had some concerns about the safety of vaccines. The ratio of those who stated that their knowledge about vaccines as insufficient was high. Our findings lead us to think that the undergraduate training of medical and nursing schools on immunization should be increased to prevent the vaccine hesitancy.

**Keywords:** Vaccines, health professionals, immunization

## OP-46

# Investigation of the Presence of SARS-CoV-2 Antigen and Antibody in Breast Milk

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**Objective**: Human milk is an important nutrient for the child. This study aims to determine the SARS-CoV-2 antigen, IgM and IgG antibody in the breast milk of mothers diagnosed with COVID-19 and thus to support the establishment of national and global evidence-based guidelines for infant nutrition in the pandemic.

**Materials and Methods**: Our cross-sectional and descriptive study was conducted with 11 breastfeeding mother-infant pairs who applied to Istanbul University Istanbul Faculty of Medicine and Medipol University Medical Faculty between June 15, 2020 and August 30, 2020. Breastfeeding mothers who were positive for COVID-19 PCR, symptomatic or asymptomatic, and received or receiving treatment for COVID-19, or who were symptomatic and received or receiving treatment for COVID-19 even if PCR was negative were included in the study. Ten mL of human milk was taken from each mother after instructing mothers to express milk under appropriate conditions. Milk was stored at -20 / -80□ until the analysis stage. Ages of mothers, COVID-19 PCR results in throat swab, their clinical symptoms, the treatment they received for COVID-19, the time of milk sampling after diagnosis; the ages, PCR test results and the clinical symptoms of infants were recorded. Breast milk SARS-CoV-2 antigen and breast milk COVID-19 IgM and IgG test results were obtained. COVID-19 Ag FIA was used for SARS-CoV-2 antigen and COVID-19 IgM / IgG Combo FIA kits were used for antibody detection. The study was supported by Savaş Medical Company.

**Results:** SARS-CoV-2 PCR test was positive in 10 of 11 mothers. Nine mothers had symptoms of COVID-19. Of 11 mothers 3 did not receive treatment, 4 had completed the treatment and 4 were still receiving treatment. Breast milk sample was taken on average 15 days after symptoms or positive PCR results. The average age of infants was 101 days. PCR test was positive in 7 infants of 11 mothers. Of 11 babies 4 had symptoms. No SARS-CoV-2 antigen was detected in the breast milk of 11 mothers. IgG and IgM antibodies were detected in the breast milk of two mothers, and these two mothers had positive PCR test in the swab and had clinical symptoms. Although the babies of the two mothers who was found to have antibodies in her milk also had PCR (+), their babies had no symptoms.

**Discussion**: Official institutions such as the World Health Organization and the Ministry of Health of

Turkey recommend and support breastfeeding in the SARS-CoV-2 pandemic. Our findings support this recommendation. Promotion and protection of breastfeeding under emergency conditions is very important for the health of the child, mother and society.

**Keywords:** Human Milk, COVID-19, Breatfeeding

## OP-47

## "ICF as a common language for the first 1000 days of a life of a child"

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**Background:** "A Common Language for the First 1000 Days" is an Erasmus+ project from the Key Action 2, dealing with the use of the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as a tool for increasing communication among different professionals related to the child's first 1000 days of life and promoting early detection of developmental difficulties. Five partner institutions from four different countries (German, Austria, Turkey and North Macedonia) implement the project. The objectives of the project are:

• To adapt the existing ICF training materials towards professionals working with toddlers (small children between 0-3 years) and their families, • To increase the quality of cooperation processes by introducing a common language and comply with ongoing social-political processes. The project strategy is to provide concreate tools for professionals who works with small children with developmental difficulties and to strengthen their capacities to plan the necessary support measures for infants and young children, between 0 - 3 years old, by using a common language with the parents. The joint implementation of the foreseen project activities by the partners has resulted with the following two intellectual outcomes:

• Tailor-made ICF training modules (in German, English, Turkish and Macedonian language) for patronage nurses, early support professionals, and professionals in nurseries working with very small children, based on the existing materials,

• A Quick Guide to ICF for professionals (concerning selected important items), intended to ensure that all the relevant professionals are familiar with ICF and are able to use it in daily life. Indicators were determined within the project implementation to measure the quality of the project results. As the project also aims to increase the process of exchange between members of the "team around the child", one of the indicators of success is expected to address the situation of cooperating members. In this context, Medical School Hamburg (DE), Melek Academy, Ankara (TR) and Dr. Pretis, Graz (AT) organized different piloting and dissemination events with selected members of a "team around the child" such as early childhood specialists, parents, physicians, nurses, child developers, special educators, preschool educators, physiotherapists, audiologists and other professionals. The goal of these events was to disseminate the project outcomes and to introduce the adapted ICF modules to the different stakeholders. At the end of the piloting events evaluation questionnaires were administered with the aim to investigate whether professionals working with children aged 0-3 accept ICF as a common use, whether they evaluate the ICF modules as usable and effective and whether they are satisfied with the organized events.

**Method:** In the period between March to November, piloting events were organized in order to present the created ICF modules referring to the first 1000 days of the life of a child in front of different stakeholders. At the end of each of the events, the participants were asked to fill evaluation questionnaire (in a paper-pencil version or as an online version) In Germany 56 participants in total took part in the piloting events and 11 of them have filled the evaluation questionnaires. In Austria 24 participants in total took part in the piloting events and 24 of them have filled the evaluation questionnaires. In Turkey 46 participants in total took part within the piloting events and 38 of them have filled the evaluation

questionnaires.

**Results:** According to the given answers of the participants, it can be stated that the participants had a positive opinion about the use of ICF in the first 1000 days of life and benefited from the information provided during the events.

**Conclusion:** From the overall analysis of the results received on the piloting effect questionnaires (for the 3 partners which already performed piloting events) it can be noticed, that the events, used to promote the outcomes in front of the relevant target groups and stakeholders, had made an active contribution toward fulfilment of the aims of the project. The majority of the participants (i.e. more than 80% of them) have answered almost all the given statements either with "I totally agree" or with "I agree". Exception was the question regarding time provided for exchange with other participants, as part of the participants stated that according to them, more time was needed. This evaluation of the participants demonstrates their satisfaction with the content of the modules, with the way in which the piloting events were organized as well as with the knowledge about ICF and the new perspectives that they could gain and learn about within the events.

Summarizing the results, it can be concluded that the partners organizing the events had received very favorable feedback, because the participants found the modules as well as the piloting events as relevant, useful, interesting and inspiring.

**Keywords:** The First 1000 Days, ICF, professionals' opinions

## OP-48

# Home Accident Prevalence and Related Factors in Children Between 0-5 Years Old Admitted to Dokuz Eylul University Child Health and Diseases Hospital in Izmir City Center

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**Background:** Accidents have become an increasingly important cause of child deaths in both developed and developing countries. Accidents appear as the sixth cause of child deaths in our country, where home accidents occupy an important place. In this study, we aimed to determine the prevalence of home accidents and related factors among children 5 years of age and younger.

**Method:** A prospective, single-center, descriptive-analytical study was conducted between 1 January 2020 and 31 March 2020. 338 children were included in the research; a questionnaire, including 49 questions and prepared to determine the features of the children participated in the research and the frequency which these children are exposed to home accidents, was used. Questionnaire was developed by the researcher by scanning the resources upon the subject. Data were obtained from a face to face interview made with the volunteer. Research was begun after the approval was taken from Dokuz Eylül University, Faculty of Medicine, Clinical Researches Ethics Committee.

**Results:** The incidence of accidents in the last month is 30,5%. The frequency of home accidents for girls and boys over the past month was similar. When analyzed by gender, there was no significant difference in the rates of having an accident between boys and girls. The median age of children who had a home accident in the past month was signigficantly higher than those who did not have a home accident (36 months, 30 months, $p = 0.034$). In children between 0-12 months, the rates of having a home accident in the last month and in the past year were found to be statistically lower than in other age groups. The most common accident type in children is fall (88.3%), the most common place is the living room-hall (62.1%), home accidents occur most frequently (32%) between 1600-1959 hours and the most common head and neck injuries (37.9%) were observed. In our study, complete recovery was observed in 97.1% of the children who had a home accident. There was no statistically significant difference in the maternal age groups, education levels, working conditions, home accident types and general accident rate ($p > 0,05$).

**Conclusion:** Unintentional injury in the home is a significant problem. Furthermore, it is recommended that parents be trained during pediatric follow-up visits on the risk factors for accidents and methods for child-proofing their homes in an effort to protect their children.

**Keywords:** 0-5 years, child, household accidents, injury

## OP-49

# Serum Vitamin B12 Levels and Associated Hematologic Changes in Infants

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**Background:** Vitamin B12 is essential for many metabolic reactions in humans and deficiency results in impaired neurologic functions and disruption in hematopoiesis. Infants are particularly prone to vitamin B12 deficiency due to depleted maternal stores during pregnancy and low vitamin B12 concentrations in the breastmilk. Megaloblastic anemia is a common complication of vitamin B12 deficiency, however hematologic changes are not clearly defined in infants. Our aim was to identify hematologic changes in infants associated with vitamin B12 deficiency.

**Method:** We retrieved laboratory results including complete blood cell count concomitant with serum B12 and ferritin measurements of infants younger that 1 year of age. The vitamin B12 deficiency was defined as levels below serum concentration of 203 pg/ml. Neutropenia was defined as absolute neutrophil count of ≤ 1000 for infants ≤6 months of age and ≤ 1500 for infants >6 months of age. Continuous variables were expressed as median and interquartile range) and compared by Mann Whitney U test. Associations were analyzed by Spearman correlation and linear regression. Statistical analysis was performed using SPSS 20.0. The study was approved by the ethical committee of the University.

**Results:** Results of 864 infants were analyzed after exclusion of infants with missing data. Median age of the infants was 6 months (interquartile range: 5-6 months). Vitamin B12 deficiency was detected in 480 infants (55.6%). Serum vitamin B12 concentration showed a weak positive correlation with increasing age (rs=0.09, p=0.006). Vitamin B12 deficient patients had significantly lower white blood cell (WBC) count (9,400/µL, 7,800-11,100 /µL vs 9,900/µL, 8,300-12,175/µL, p=0.001) and absolute neutrophil count (ANC) (2,200/µL, 1,600-3,100 /µL vs 2,500/µL, 1,800-3,500/µL, p=0.001) compared to the vitamin B12 sufficient patients. Vitamin B12 levels were weakly and positively correlated with ANC (rs=0.11, p<0.001), WBC count (rs=0.11, p=0.001), ferritin (rs=0.08, p=0.01) and mean corpuscular volume (MCV) (rs=0.07, p=0.02). In a multiple regression model assessing the ability of hematologic parameters (WBC count, ANC, absolute lymphocyte count, hemoglobin concentration, MCV, and platelet count) to predict vitamin B12 levels, none of the variables were able to predict vitamin B12 levels in infants. In another model assessing the ability of neutrophil count to predict vitamin B12 level after controlling for age, ANC was a statistically significant predictor of vitamin B12 level (beta: 0.11, p: 0.01). However there were no statistical difference between vitamin B12 levels of neutropenic patients (n=66, 178.50 pg/ml, IQR:127.75-247.75 pg/ml) and patients with normal neutrophil count (n=798, 189.0 pg/ml, IQR:132.0-316.0 pg/ml).

**Conclusion:** Although hematologic abnormalities characterized by megaloblastic anemia is expected to be seen in vitamin B12 deficiency, complete blood cell counts of infants with vitamin B12 deficiency may not reveal any signs of it, except for neutrophil count corrected for age. Given the common prevalence of vitamin B12 deficiency in infants and considering the severe sequela associated with neurological impairments in developing infant, clinicians should consider to monitor vitamin B12 levels during anemia screening in well child visits, since complete blood cell count may not indicate clues for vitamin B12 deficiency. Besides, low neutrophil counts in infants should drive the clinicians to check for vitamin B12 deficiency.

**Keywords:** Vitamin B12 deficiency, Infant, Neutropenia

## OP-50

## Media Use and Attitudes of Children Aged 36-72 Months

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**Background:** There are so many studies observing digital media use of young children, but most of them are applied on school age children and there is limited information about media habits of preschool children. In this study, we aimed to evaluate media behavior of preschool children in Kayseri and the factors that are affecting this behavior and also family attitude about children's media use.

**Method:** This study was planned to asses habits of using media devices of 36-72 month-old children attending daycare center and their parents' sensitivity, in Kayseri. The size of the sample was calculated as 698, finally 858 parents accepted to participate in the study. Participants were selected from different socioeconomic and sociocultural groups. A questionnaire form was filled by the parents.Demographic data, children's most popular choice in different media devices; most popular application preferred was questioned; and also screen time in a day and parents' media habits was asked in the questionnaire.

**Results:** There wasn't any association between media using age and the time spent across TV, computer, smart phone (respectively p=0.47, p=0.051, p=0.46). The delay in the age of introducing books is concluded with longer time spent with all of the TV, computer and smart phone (respectively p=0.013, p=0.007, p=0.00). Media introducing age was getting increased as the age introducing books decreased (p=0.00). Both of the mothers' and fathers' education level was correlated negatively with the time spent in front of TV and smart phones (respectively p=0.02, p=0.00). Caregiver's education was directly correlated with children's media habits; as the education level of caregiver increase the time spent with media devices decreases (respectively p=0.006, p=0.03, p=0.045). Especially in the low income families children spent more time with TV and smart phones, compared with high income families (respectively p=0.013, p=0.00). Children of housewife mothers spent longer time with all of the media devices (respectively p=0.001, p=0.043, p=0.02). Children who spent more time with smart phone had more sleep problems (p=0.047), but with other devices there wasn't an association (respectively p=0.193, p=0.23). There was a positive correlation between parents' and children's screen time.

**Conclusion:** In conclusion, more conscious and educated environment will provide controlled media using habits to the preschool children so it is obvious that not only parents but also caregivers' education and attention level are important. Education of parents from low socioeconomic status and low education level, supporting of housewife mothers should have priority. Choosing educated caregivers will also create difference. However, we should encourage the parents to introduce their infants to books as earlier as they can. Clearly there is a need for advanced longitudinal studies on this subject.

**Keywords:** preschool children, media, habits, screen time.

## OP-51

# The effects of coronavirus Disease-2019 (COVID-19) pandemic on Developmental Dysplasia of the Hip Screening

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**Background:** Although there are various algorithms within the scope of the Follow-up of Healthy Child Program, the program has been standardized with the "Baby and Child Monitoring Protocols" published by the Ministry of Health in our country. In this context, Developmental Dysplasia of the Hip (DDH, Congenital Hip Dislocation) screening is performed and it is generally recommended to be applied after the child's first month. However, in cases such as epidemics that affect a large part of the society; when factors such as the measures taken by health authorities, the special structuring of health resources, and people's fears of infection come together, the possibility of "disrupting the regular health checks of children" comes to the fore. For this reason, the aim of the study is to compare the DDH screening application performed within the scope of follow-up of healthy child in Rize during the COVID-19 pandemic, compared to previous years.

**Method:** The study is a retrospective cross-sectional study and was conducted in Rize Training and Research Hospital, Department of Pediatrics. The study was based on between 11 March 2020, when the isolation measures started to be implemented within the scope of the measures implemented due to the COVID-19 pandemic, and 1 June 2020, when the "Normalization Process" started. The number of births and the rate of "bilateral Hip USG" performed for DDH Scanning were obtained by file scanning method. The obtained data are compared with the data of the same time period of the previous year.

**Results:** In the period included in the study in Rize, there were 698 births in 2019 and 501 births in 2020. The number of hip USGs performed was 497 and 223, respectively. The rate of USG application to children was 71.2% and 39.1%, respectively, and this decrease was found to be statistically significant ($p<0.001$).

**Conclusion:** Between March and June 2020, when the COVID-19 pandemic began to be seen and isolation measures were applied intensively in our country, a significant decrease was observed in the "Developmental Dysplasia of the Hip Screening" application performed within the scope of the Follow-up of Healthy Child Program in our hospital compared to the previous year ($p<0,001$). In the studies conducted, it has been reported that there are disruptions in basic health services, especially in vaccination services, in incidents involving the general public such as epidemics. Stating that this situation may have an impact on mother-infant deaths, the World Health Organization has drawn attention to vaccination as a basic health service that should be prioritized during the epidemic and published a guide on this issue. During the COVID-19 pandemic, the International Pediatric Association has issued a call to member pediatric societies to avoid problems not only in vaccination activities, but also in children's access to basic health services. In this context, the decrease in DDH screening detected in the study compared to the previous year is remarkable. As a result, the effects of the COVID-19 pandemic on healthcare are not yet fully known. However, it should be kept in mind that the routine follow-up of children may be interrupted in social events that deeply affect society such as epidemics and natural disasters. For this purpose, the rate of referral to hospital should be increased by reducing the anxiety of infection by families, the importance of follow-up programs should be emphasized, an appropriate

polyclinic environment should be prepared for follow-up and the waiting time in the hospital should be shortened by activating the appointment system.

**Keywords:** COVID-19, Developmental Dysplasia of the Hip, Follow-up of Healthy Child

## OP-52

# Impact of Training Parents about Safe Environment: Informed Parents-Happy Children

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**Objective**: It was aimed to increase the knowledge of families about preventable accidents and to reduce the frequency of accidents by ensuring that they take safety precautions.

**Method:** Parents whose children were admitted to Istanbul University, Istanbul Faculty of Medicine, Department of Social Pediatrics, Well Child Outpatient Clinic and Health Sciences University Okmeydanı Training and Research Hospital, Well Child Outpatient Clinic between February 2020 and March 2020 and who have children under the age of 5 years were included in the study. Brochures were prepared for families considering the most common accidents in children in Turkey. In the preparation of the brochure, the booklet "Basic Information for Families for Child Health and Safety in the First 5 Years" produced by the Child Health Association was used. A pre-evaluation questionnaire was filled in to evaluate their knowledge on car safety and the use of car seats for children, providing safe area in the kitchen, in the bathroom, in the living room with furniture and television, baby-walker usage, protection from electromagnetic fields, smoking exposure and protection measures, sleep safety, safe toys for children and age for playing with balloon. Age, gender, income rates and education level of the parents who answered the questions were recorded. After the pre-evaluation questionnaire was filled in, face-to-face information was given on the same issues accompanied by a booklet. Checklists containing security measures on the same issues were given. In the third and sixth months, families were called and the questions evaluating the attitudes and behaviors about preventing accidents were asked again. Information was received whether the wrong practices persist or not. Repetition was made about the wrong ongoing practices. The study was supported by Child Health Association.

**Results:** 156 parents who agreed to participate in the study filled out a pre-evaluation form. They were informed about the prevention of accidents. 94.3% of participants were the mothers, and median (IQR) age was 33 (29-37) years. Mean education time of the participants was 12 (± 3.9) years. Median (IQR) age of the children was 12 (5-30) months and 46.5 % of children were singleton. In the pre-evaluation questionnaire, correct answer ratio was 51% for car safety, 22% for cleaning equipment in kitchen and bathroom, 27% for safe usage furniture in the living room, 65% for considering appropriate age for playing with balloon, 1 % for the definition of small objects/toys that has chocking risk and 11 % for the age of chocking risk. For safe sleeping habits in the first 6 months the correct answer ratio of sleeping position was 39% and use of pillow was 78%. After the training, there was an increase in car safety behaviors, safe storage of cleaning materials, and safe use of furniture, playing attention for age about playing balloon,

telling the correct definition of the small objects/toys, safe sleep position and knowing the age limit for pillow use. These differences were statistically significant.

**Conclusion:** Interventions on having safe environment for children carried out by informing families during well child visits will make a significant contribution to child health.

**Keywords:** Child, accident, prevention

## OP-53

# Six Month Clinical Evaluation Of Fissure Sealants On Newly Erupted Permanent First Molars: Hydrophilic Resin-Based Sealant Versus Glass Ionomer

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**Background:** The aim of this study is to compare and evaluate the clinical success rates of hydrophilic resin-based and glass ionomer-based fissure sealants on newly-erupted permanent first molars (PFM).

**Method:** Thirty-five patients, aged 6-7 years-old, who had dft≥1 and non-cavitated newly-erupted PFM were selected for the study. A split mouth design was used in which Hydrophilic resin-based sealant (UltraSeal XT Hydro) and glass ionomer-based sealant (Fuji Triage, GC) were randomly placed to contralateral sides of PFM. The sealants were evaluated after 1 and 6 months using U.S. Public Health Service Ryge (USPHS-Ryge) criteria. A questionnaire regarding caries risk assessment was carried out to the patients before clinical practice. McNemar test was used for statistical analysis ($P < .05$).

**Results:** Both of the sealants showed a complete success rate of 100% for retention, marginal discoloration and marginal integrity at 1-month follow-up. At the 6-month follow-up, the retention rate was 94.3% for UltraSeal XT Hydro, and 82.9% for Fuji Triage, whereas marginal integrity was 88.6% and 74.3%, respectively. Full success rate (100%) was seen in both sealants regarding marginal discoloration. No statistical significant differences were observed between materials in retention, marginal discoloration and marginal integrity for each evaluation period.

**Conclusion:** Resin-based and glass ionomer sealants exhibited similar retention rates at 6 months. Sealing the newly erupted teeth or sealing the teeth in anxious children presents a difficulty in isolating the tooth. Even though no conclusive evidence that either material was superior to the other in terms of preventing dental caries or clinical survival rates, hydrophilic resin-based sealants could be a material of choice in newly erupted first molars due to their superior bonding mechanisms with a better wear resistance compared to glass ionomers. However further studies are required with a longer period of time.

**Keywords:** Preventive dentistry, Fissure sealing, Resin-based sealant, permanent molars

## OP-54

## Multidisciplinary Approach To Incest Cases

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**Introduction**: Incest is one of the worst forms of sexual exploitation and abuse and mostly continuous due to being kept as a secret within family. This predicament delays diagnosis and hinders preventive measures. The definition of incest relationship differs greatly between cultures and disciplines, therefore it is difficult to state a single and clear definition. In judicial terms, it is defined as a sexual relationship between close consanguineous people, not necessarily blood tied. Aim: To analyze and discuss aspects of sociodemographic qualities, examinational findings, causality between clinical diagnoses and patients' history, difficulty of getting confirmed diagnoses and required preventive measures within three presented incest cases.

**Method:** The reports of incest cases evaluated by the Istanbul Medical Faculty Child Protection Application and Research Center were retrospectively analyzed

**Cases**: 8,10,12 year old 3 girls were sexually abused, one by her father, two by their big brothers. Examinations revealed that 10 and 12 year old girls were 20 and 26 weeks pregnant, respectively. Cases were evaluated by forensic medicine, social services, pediatric psychiatry and gynaecology, in a multidisciplinary approach. The 8 year-old stays by her mother, 10 and 12 year old girls are under child protection by the Turkish state.

**Discussion & Conclusion**: A study published by Alikaşifoğlu et. al in 2006 analyzed 1955 high school age girls, and it was revealed that 13.4% of the participants experienced a form of sexual harrasment, the prevalence of incest was found to be 1.8% among the participants. Incest rate is found to be 10.2% among 1002 sexual abuse victims under age of 18. Cases in the study were sexual abuse cases by close relatives within household. Social awareness, education of sexual privacy and outright declaration of such acts by children and adolescents is important in prevention of incestual abuse. Due to difficulty of detection of incest cases, professionals should organize multidisciplinary field studies and establish special centers for safeguarding and detection of victims.

**Keywords:** sexual abuse, incest, multidisciplinary approach

## OP-55

# Knowledge, Attitudes And Practices Of Physicians on Breastfeeding Beyond Two Years: A Multi-center Study

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**Background:** According to 2018 Turkey Demographic and Health Survey, breastfeeding rates significantly decrease in 21-24 months. Attitudes about breastfeeding up to 2 years and beyond differs among physicians. This study aims to evaluate knowledge, attitudes and practices of physicians on breastfeeding beyond 2 years.

**Method:** Study was designed as multi-center, prospective, cross-sectional, in-person style survey. It was conducted in two university and two training hospitals with physicians of different specialities (pediatrics, obstetrics and gynecology, familymedicine, child and adolescentpsychiatry, pedodontics, internal medicine) on February-March 2020. Physicians who reported not to give any advice on breastfeeding were excluded. A structured questionnaire was developed based on the literature. It included 16 questions about demographics, knowledge and sources of participants' knowledge about breastfeeding beyond 2 years; as well as 8 questions about attitudes towards breastfeeding beyond 2 years of which six were designed as 5-point Likert scale.

**Results:** Of 241 physicians, only 19.9% would recommend breastfeeding beyond 2 years of age. 95.8% of the physicians knew the exclusive breastfeeding duration recommendations of World Health Organisation (WHO), whereas only 17.8% knew the exact recommended breastfeeding duration by WHO as 2 years and beyond. Knowledge of recommended breastfeeding duration was higher among pediatricians and family physicians compared to other specialists (p:0.002). On the Likert scale, 43.5% of physicians replied 'strongly agree' or 'agree' to the remark that breastfeeding beyond 2 years may have an unfavorable impact on infant-mother attachment. Most of the physicians (54.6%) replied 'strongly agree' or 'agree' to the remark that breastfeeding beyond 2 years may cause appetite and eating problems in the infant. When asked about sources of their knowledge about breastfeeding beyond 2 years; 51.8% reported medical/dental school as a source, 43% reported residency training and 18% reported scientific papers and congresses as a source and some of the responders reported more than one sources. Knowledge of recommended breastfeeding duration by WHO was 13.7% among physicians who reported medical/dental school as a source of their knowledge. This ratio was 25.2% among physicians who reported residency training as a source of their knowledge and 42.2% among physicians who reported scientific papers and congresses as a source of their knowledge.

**Conclusion:** Physicians participated in our study had insufficient knowledge about breastfeeding beyond 2 years. Most of the participants wouldn't recommend breastfeeding beyond 2 years of age in their clinical practice. Our results show that; importance of breastfeeding up to 2 years and beyond should be emphasized in breastfeeding lessons and breastfeeding counselling training in medical school and residency programs and these programs should be fortified with pre- and post-graduate education.

**Keywords:** breastfeeding beyond two years, education, breastfeeding knowledge

## OP-56

## The Use Of Food Supplements In Children Before and After Covid-19 Pandemic

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**Background:** To observe the use of food supplements in children before and after the Covid-19 pandemic in terms of purpose and type, the effect of parents occupation, education and income level for preferences, and the change of this attitude with the pandemic

**Method:** The questionnaire form was prepared in a computer program and filled by the participants who consented. Parents profession, education, income levels and the food supplements they gave to their children before and after the pandemic were asked. Data evaluated in SPSS 21

**Results:** 43% of the 708 participants were girls, and the mean age was 4,2 (+/- 3,2; IQ25-75: 2-6) years. 74% of the parents were at least a university graduate. The rate of using food supplements before the pandemic was 76% and increased to 83% after the pandemic. It was 51% and %55 for vitamin D, 38% and 41,8 for fish oil, 19% and 20,6% for multivitamin, 13.1% and 10,9% for pelargonium sidoides, 10,9% and 14,3% for propolis, 6,9% and 11,6% for vitamin C, 6,4% to 9,7% for sambucus, before and after Covid-19 pandemic, respectively. The use of vitamin D in those younger than 1 year was 83%. The use of food supplements decreased significantly in older ages. Participants paid attention to the doctor's recommendation 73.4%, and organicity 29.9%. While 85.2% of the participants thought that these supplements were beneficial, 4.6% of them believed they were not useful, 10.2% of them had no idea about it. 12.5% of those who think that food supplements are not benefical are engineers; 2.6% self-employed. While the participants decided to use food supplements, 70.8% followed the doctor's advice, and 22.3% made their own decision. Those who decided to use food supplements themselves used 40% Sambucus, 36.7% Vitamin C, 32.5% Propolis, 28.4% Multivitamin, and 24.7% Pelargonium Sidoides. 74.2% of them have used it for immune support purposes. 26.1% of those who took multivitamins and 25.8% of those who took Pelargonium Sidoides used it continuously, without any recommendation. While the participants were using the food supplement because 58.2% strengthened their immunity, 37.1% supported their development, and 3.5% used it because it stimulated their appetite, 1.2% had no idea why they were using it. The frequency of those using food supplements to support immunity was 87.1% in Propolis, 84.1% in Sambucus, 82.8% in Pelargonium Sidoides, 74.4% in Vitamin C, and 71.7% in Zinc. The use of food supplements was significantly higher among those with university and higher education. This rate is 55% for parents who are primary-secondary school graduates, 83% for those with master-doctorate degrees. After the pandemic, the food supplements significantly more are taken were vitamin D, fish oil, and a multivitamin

**Conclusion:** It has been observed that the pandemic caused a significant increase in food supplements given to children.The purpose of this attitude was primarily to support immunity. Although the doctor's recommendation is generally followed, uncontrolled use was quite high. Studies should be carried out to raise awareness on this issue

**Keywords:** food supplement, pandemic, children

## OP-57

## Wellbaby-A New Smart Phone Application For Early Intervention

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**Background:** The objective of this study is to compare the preliminary findings of the data coming from wellbaby app, a new smart phone application with its original version, SCASI (Social Communication Area Screening for Infants and Young Children) and highlighting the efficacy of wellbaby app. Developmental delays are seriously under-identified in infancy (1),(2). Screenings and interventions can be limited in circumstances such as the COVID-19 pandemic or other situations where families have limited access to health care or just lack the awareness of its need (4). Use of technology such as mobile application platforms can serve families with suitable services (5). Crowdsourced studies, smartphone health applications and personal health records to achieve positive outcomes for a variety of health conditions are a growing concept and becoming a part of the public health ecosystem (6),(7).

**Method:** "wellbaby.developmentofmybaby" is a newly developed smart phone application. It is a parent completed early intervention tool via electronic platforms. Its software is developed from the analysis of SCASI developmental screening test. SCASI is a parent-reported developmental screening test for infants between 6 and 24 months of age (2). SCASI is currently under use by pediatricians and other clinicians to identify children at risk for developmental problems and plan further intervention programs. Wellbaby app automatically scores the answers of the registered parent thus decreases the barriers related to clinician training and time to score and has the advantage of reaching broader community settings via internet access. Well baby app includes screening questions, educational program and age specific recommendations. The result of the screening test informs parent whether the child's development is within "normal (green)", "at risk (yellow)" or "need urgent action (red)" range. Every parent can also access educational plan for "at risk" items.

**Results:** Well baby app is launched in 2018 and has 4731 registered users. Over all 2863 child has tested and 3922 test (repeated test cases) was done. %22 (789 out of 3922) of all the test results is "at risk" ie: yellow and red results. At the original study "at-risk" percentage was %28 (84 cases out of 310).

**Conclusion:** The percentage of "at-risk" infants is in accordance with the literature (8). The difference between the "at-risk" percentages can be attributed to the large sample size effect which is the result of the advantage of crowdsourced study. To understand its effectiveness the data from the well baby app needs to be studied prospectively in clinical settings. Using the electronic platforms, brief administration time, automatic scoring, educational program component together with age specific recommendations plus online FAQ, wellbaby app has a potential widespread use as an early intervention tool.

**Keywords:** infant at-risk, screening, early intervention, smart phone application, crowdsourced study, community-based participatory research

## OP-58

# Evaluation of Knowledge and Attitudes Towards Human Papilloma Virus and its Vaccine Among Pamukkale Medical Faculty Students

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**Background:** Cervical cancer caused by Human Papilloma Virus (HPV) is the third most common cancer in women in the world. HPV vaccination is the most effective way to prevent HPV infection and cervical cancer. It is important for public health that the medical faculty students have full knowledge and positive attitudes about this vaccine. The aim of this study is to evaluate the knowledge and attitudes of Pamukkale University Faculty of Medicine students towards HPV infection and its vaccine.

**Method:** All students studying at Pamukkale University Faculty of Medicine in the 2019-2020 academic year constitute the population of this cross-sectional study. The minimum sample size was calculated as 369. Sampling selection was not made and it was aimed to reach the whole population. Participants were reached through an online questionnaire. Participation rate was 27.8%. The dependent variables of the research are knowledge and attitude towards HPV and its vaccine. Independent variables were age, gender, class, place of residence, educational status of the family, perceived income level, perceived health status, presence of health problems, medications, smoking and alcohol use, having heard and had HPV vaccine in the past and the reasons for not having the HPV vaccine. The Mann-Whitney U test and the Kruskal Wallis test were used for intergroup comparison of measurable variables. Linear regression analysis (backward) was used to determine the factors affecting HPV and vaccine knowledge and attitude scores. Ethics committee permission and necessary institutional permissions were obtained before the study.

**Results:** Three hundred and eighty people participated in the study; 61.6% of the participants are women; 86.1% stated that they had heard of the HPV vaccine before; 96.3% did not get the HPV vaccination; 45.3% of the participants stated that they did not get the vaccine because any healthcare personnel did not recommend it; 73.4% think that cervical cancer is preventable; and 43.2 % think that they have enough knowledge about sexually transmitted diseases. HPV knowledge and attitude score mean and standard deviation are 5.7 ± 3.0 and 4.7 ± 2.2, respectively. According to multivariate linear regression analysis, it was observed that those with higher medical years, those who had heard of HPV vaccine before, those who did not have HPV vaccine because of its high cost, and those who did not have HPV vaccine because health personnel did recommend it were found to have higher knowledge scores. Also, it was determined that those with higher medical years, those who did not get HPV vaccine because of its high cost, those whose mother's education level was higher than high school and above, and those whose health perception was not good were found to be more positive attuite towards the HPV vaccine.

**Conclusion:** Participants who had the HPV vaccine are very low. On the other hand, their knowledge and attitudes about HPV and its vaccine are medium-high. In order to increase the applicability of the vaccine, it should be ensured that it is included in the governmental vaccination program or that the price is at a reasonable amount. Providing more training to healthcare personnel on this issue and informing people about vaccination will raise awareness.

**Keywords:** Students, HPV vaccine, HPV infection, knowledge, attitude

## OP-59

# Eating Behavior Of Healthy Children 1-3 Years Old, Maternal Temperament And Feeding Attitude

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**Background:** Children's eating behaviors are formed by the action-reaction mechanism between the caregiver and the child. Studies about the effect of feeding attitudes of mothers on children eating behavior usually include preschool and school children and generally aim to determine the risk factors for obesity. It was aimed to investigate the eating behavior of 1-3 years old healthy children, maternal temperament and feeding attitude in this study.

**Method:** In this cross-sectional study,150 healthy children between the ages of 1-3 years and their mothers were included. A sociodemographic data form was used for the information related to sociodemographic data, anthropometric measurements, and nutritional conditions of the children. In addition, the Mother's Attitudes Towards the Feeding Process Scale (MAFPS), Children's Eating Behavior Questionnaire (CEBQ) and Temperament Evaluation of Memphis, Pisa, Paris, San Diego Autoquestionnaire (TEMPS-A) were filled by the mothers.

**Results:** The age range of the children included in this study was 23,2 ± 8,4 months and 52% were male. A positive correlation was found between the TEMPS-A depressive temperament score of the mothers and the MAFPS force feeding ($r=0.351$, $p<0.001$), and cyclothymic temperament and force feeding ($r=0.310$, $p<0.001$). There was also a positive correlation between irritable temperament and the MAFPS total score ($r=0.283$, $p<0,001$) and forced feeding subscale score ($r=0.273$, $p<0,001$). A negative correlation was found between MAFPS negative mood during meals and CEBQ food pleasure ($r=-0.486$), while there was a positive correlation between desire for satiety ($r=0.404$) and slow eating ($r=0.399$) ($p<0.001$ for all). A negative correlation was found between attitudes towards inadequate/unbalanced nutrition and food pleasure ($r=-0.375$), and a positive correlation between desire for satiety ($r=0.354$) and slow eating scores ($r=0.363$) ($p<0,001$ for all). Negative feeding strategies scores was found to be negatively correlated with food pleasure ($r=-0.346$, $p<0,001$), and positively correlated with slow eating ($r=0.270$, $p<0,001$). A negative correlation was found between the attitude of force feeding and food pleasure ($r=-0.272$) ($p<0.001$). There was no significant correlation between the scores of TEMPS-A temperament types and CEBQ sub-factors

**Conclusion:** In this study, it was showed that temperament features of the mothers were related to their feeding attitudes and feeding attitudes of the mothers were related to eating behaviors of the children. Findings can be useful for families and healthcare professionals about the evaluation and management of the child nutrition. Further studies which longitudinally planned and include much more children are needed in this issue.

**Keywords:** Child, Mother, Feeding, Eating, Attitude, Temperament

## OP-60

# Live Attenuated MMR Booster Vaccine in Children With Rheumatic Disease: a single center study

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**Background:** Juvenile Idiopathic Arthritis (JIA) is a heterogeneous, idiopathic, chronic inflammatory disease of unknown cause which begin before 16 years of age. Vaccination is the most effective way to prevent infectious diseases. During the May 2017 European League Against Rheumatism- Paediatric Rheumatology European Society (EULAR-PReS) Task Force for Vaccination, the recommendation for live vaccines for pediatric patients was updated based on small case series and on expert opinion. In this study, it is aimed to collect data of patients with JIA and other rheumatic diseases who received live attenuated booster measles-mumps-rubella (MMR) vaccine during treatment with biological therapy and present if any disease flares or adverse reactions occur after vaccination .

**Method:** The files of 72 patients who received biological treatment with a diagnosis of JIA and other rheumatic diseases were analyzed retrospectively from pediatric rheumatology department of Istanbul Faculty of Medical School. According to the current national vaccination schedule, the MMR vaccine booster dose is administered in the first year of primary school, so we evaluated whether any of the patients had received live attenuated booster vaccinations for MMR while being treated with biologics from electronic vaccination records. Demographic data and information on disease subtypes, disease activity at the time of the booster vaccination, and adverse reactions after vaccinations (disease flare or vaccine- related event) were collected from the files of the patients.

**Results:** Among 72 patients under biologic therapy evaluated 14 patients (7 girls and 7 boys) had recieved live attenuated booster measles-mumps-rubella (MMR) during treatment with biologics. The mean age of diagnosis was 43,7 (9-73) months and the mean age of booster vaccination was 76,2 (70-84) months. The mean follow-up time was 54 months (23-84) and the mean time to initiate biologics before vaccination was 14 months (4-45). Seven of these patients had oligoarticular juvenil idiopathic arthritis (JIA), 3 had systemic onset JIA, 2 had enthesitis related arthritis, 1 had psoriatic arthtritis and 1 had colchicine ressistant familial Mediterranean fever. Eight patients received booster MMR while on biologic treatment and 6 were under both methotrexate and biologic therapy. During vaccination, 4 (%30) patients had low and 3 had moderate (%23) disease activity and 7 (%50) patients were in remission on medication. Out of 8 patients who had MMR booster while treated with methotrexate and biologics, only 1 patient had maculopapular rash after vaccination, but the others did not have any adverse effects or disease flares. This patient had the diagnosis of systemic onset JIA and was under methotrexate and tocilizumab therapy. Six patients under biological treatment had no disease flares or adverse reactions after vaccination with MMR booster.

**Conclusion:** In the literature, data regarding to live attenuated vaccination of patients under biological therapy is limited. At the evaluation of our cohort from electronic vaccination records and patient files, it was noticed that live attenuated booster MMR vaccine was seemingly safe for children with rheumatic diseases who were receiving biologic therapy. However, in order to come to a conclusion that live vaccination is affective and safe, this data should be supported by multicentric and prospective studies.

**Keywords:** measles, mumps, rubella booster, Juvenil idiopathic arthritis, vaccination

## OP-61

## The Prevalence Of Poor Appetite In Children Aged 6-72 Months With Overnutrition

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**Objectives:** Overnutrition (overweight/obesity) is a form of malnutrition in which nutrients are oversupplied relative to the amounts required for normal growth, development, and metabolism. Appetite can be defined as a conscious craving for food. Poor appetite in children is one of the most common health problems. The aim of this study was to determine the prevalence of poor appetite and evaluation of related factors in children aged 6-72 months with overnutrition.

**Material and methods:** This study was performed with 190 children with overnutrition (overweight/obese) aged 6-72 months those referring to the outpatient clinics for routine health check visits. The poor appetite complain was questioned. The measurements (weight/height) were performed. Relative body weight (RW) was calculated, RW>110% was defined as overnutrition, RW>90% and<110% was defined as normoweight, and RW<90% was also defined as undernutrition. Data were evaluated in SPSS 22.00 package program. P<0.05 values were considered statistically significant.

**Results:** The study was conducted on 190 healthy children with overnutrition aged between 6-72 months (52.12±21.61 months). The RW of the children was ranged between 100-183.

There was a positive correlation between maternal/paternal weight and children weight status (p<0.05).

The poor appetite prevalence was 75.3% in children. In females, poor appetite was more frequent, but not significant (p>0.05). In children with poor appetite, birthweight was lower (p=0.31). In children with poor appetite, exclusively/total breastfeeding duration was shorter, and timing of complementary foods was earlier but not significant (p>0.05).

The 51.0% (97/190) of children had used cow's milk. In children using cow's milk poor appetite was more frequent (p=0.007). Poor appetite was more common in children who were given cell phones during meals, but not significant (p>0.05).

**Discussion:** Overnutrition and poor appetite in children is one of the most common health problems. The 20-60% of parents think their children do not eat enough. Our study demonstrated that, poor appetite prevalence was 75.3% in children with overnutrition. When evaluating poor appetite, children's height/weight measurements are extremely important.

The cow's milk is frequently used as supplementary food, and poor appetite is more common in children using cow's milk. This study also supports that even if children have overweight/obesity, cow's milk negatively affects appetite.

The timing of supplementary food in infants is important for the development of poor appetite. Our study demonstrated that the timing of complementary foods was earlier in children with poor appetite but not significant.

Studies show the relationship between screen time (television, cell phone, computer) and eating behavior. Parents give their children cell phones in order to distract during the meal or as a reward. In this way, poor appetite increases in the long term. The energy intake of children who eat in this way increases and they can gain weight. This study supports that poor appetite is more common in children who

were given cell phones during meals.

**Conclusion:** Nearly 2/3 of the overweight/obese children had poor appetite. Parents are not aware that their children are overnutrition and think their children have a poor appetite. Considering that obesity is one of the important diseases of the future, it is very significant to the determination of risk factors and take measures during childhood.

**Keywords:** Children, poor appetite, overnutrition

## OP-62

# Human Milk Microbiota; Comparison Between Foremilk And Hindmilk Samples

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**Background:** The human milk harbors its own microbiome, which can affect the development of the infant's gastrointestinal microbiome. Metagenomic analysis indicated that the human milk includes bacteria, viruses, fungi, and archaea, as a complex body fluid, in addition to their other biotics and bioactive components. Previous studies have demonstrated differences in the composition of milk expressed at the beginning of breastfeeding episode (foremilk) and end of episode (hindmilk). There are no study about the potential difference for microbiota composition between foremilk and hindmilk samples. The aim of this study was to evaluate human milk microbiota composition between foremilk and hindmilk samples.

**Method:** Among exclusively breast-fed mothers, we enrolled 10 mothers who had normal spontaneous vaginal deliveries (NS) group, 10 mothers who had cesarean deliveries (CS; all elective, and non-received intrapartum antibiotics) group. Human milk samples were taken at the beginning (foremilk), 10th and 20th minutes (hindmilk) of breastfeeding episode. Metagenomic analysis of human milk bacterial composition have been performed.

**Results:** There are statistically significant difference for human milk bacteria composition between foremilk and hindmilk samples, in whole study group. When we compare the normal delivery and C-section, differences between foremilk and hindmilk are quite significant in C-section group.

**Conclusion:** This study firstly showed the alterations of human milk microbiota during one breastfeeding episode. This results is important for the further human milk microbiota study for harmonizing the sample collection. Further study including infant's oral microbiota give us opportunity to evaluate the effects of infant's oral microbiome on human milk microbiota composition. We plan to evaluate our results with functional analysis.

**Keywords:** human milk, microbiota, foremilk, hindmilk

## OP-63

# The comparison of vaccination rates of children with rheumatic diseases and their healthy peers.

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**Background:** Patients who are followed-up in the pediatric rheumatology outpatient clinic are at risk due to both immune dysfunction caused by their primary disease and immune dysfunction caused by the drugs they use. As they are more prone to infection, these patients should be protected carefully from vaccine-preventable diseases. However, the vaccination rate is reported to be low in these patients. Our aim is to find out the vaccination rate in patients diagnosed with a rheumatologic disease and to compare with healthy peers.

**Method:** Patients applied to the Istanbul Medical Faculty pediatric rheumatology outpatient clinic between 01.12.2019-30.10.2020 were identified. Patients with electronic vaccination records were chosen and vaccination schedules were checked and missing vaccinations were recorded. The data regarding vaccination of age and gender matched healthy peers were recorded as well. The vaccination rates and missing vaccines of patient and control group were evaluated.

**Results:** Among 850 patients, 102 (68 girls/34 boys)with electronic vaccination records and 102 (58 girls/44 boys) healthy controls were enrolled to the study. The diagnosis of patients were distributed as juvenile idiopathic arthritis (n=51), familial mediterenian fever (n=33), juvenile dermatomyositis (n=5), juvenile scleroderma (n=5), systemic lupus erythematosus(n=3) , autoinflamatory disease(n=5). Incomplete vaccination rate was 35.3 % in the patient group and 6.9 % in the control group (P<0,0001). The most commonly omitted vaccine was oral polio(opv-1,opv-2 vs 18,6 %, 15,7 %) followed by measles,-mumbs, rubella(MMR) (MMR-1, MMR-rapel vs 12,7 %, 5,9 %) in the patient group. Patient and control group were divided into three groups as 0-5, 5-10 and 10-15 years. Vaccination rate in patients was lower in all three groups compared to healthy controls.

**Conclusion:** There was a significant difference between patients and healthy controls in terms of vaccination rates. Patients, relatives and physicians should be educated in order to eliminate this difference. The ideal time for vaccination is the period when the disease activity is low or in remission and their immunosuppressive dose is reduced or ceased for live vaccines and it is vital to remember this point in order to diminish morbidity.

**Keywords:** Vaccination; Pediatric rheumatic diseases.

## OP-64

## Vitamin D Prophylaxis and The Barkin Index of Maternal Function

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**Background:** Although our country is sunlight-rich, vitamin D deficiency is common in babies, adolescents, and pregnant women. For this reason, vitamin D support is provided to infants and pregnant women in our country by the Ministry of Health. Prophylactic treatments that parents receive for their babies and themselves are part of healthy baby care. In this study, it was aimed to evaluate the effect of socio-demographic status on mother and baby vitamin D prophylaxis, as well as the effect of psychosocial status using the Barkın Maternity Function Scale.

**Method:** Vitamin D prophylaxis was evaluated in children aged 6 months to 1 year and their mothers who were admitted to our hospital's general pediatric outpatient clinic between July and September 2019. The use of vitamin D prophylaxis in the first year of life, birth week, number of siblings, mother's use of vitamin D during pregnancy, educational status, and occupation were evaluated. The group using vitamin D prophylaxis regularly was defined as those using it daily or not using it once a week. The Barkın Maternity Function Scale was applied to the mothers. The Barkin Index of Maternal Function includes Self Care, Mother Psychology, Babysitting, Social Support and Maternity Compliance subscales. The relationship between the subscale and the use of vitamin D prophylaxis, number of children, and gender were evaluated.

**Results:** Fourty-two mothers participated in the study. The mean age of the mothers was found to be 28 ± 6.6 years, 38 mothers were housewives and 4 mothers were working. The average number of children of the mothers was 2.2 ± 1.1 children. 17 (40.5%) of the children were girls and 25 (59.5%) were boys. There was no significant difference in the maternal function scale total and subscales of mothers who had a boy and a girl. When the mothers were divided into two as having one child (11, 26.2%) and those with more than one child (31, 73.8%), the scale scores of mothers with one child in all subscales were found to be high, and the self-care subscale was found to be significantly higher in mothers with a child. It was observed that 26 (61.9%) of the mothers received vitamin D prophylaxis during pregnancy, and 24 (57.1%) of these mothers received regular. It was observed that vitamin D prophylaxis was used in 31 (73.8%) of mothers' babies, and 29 (69.0%) of babies of these mothers were used regularly. It was observed that vitamin D prophylaxis was started after delivery in only 12 (28.6%) of the cases. It was observed that 28 (90.3%) of the mothers who gave vitamin D gave the appropriate dose. Self-care and Maternity Compliance subscales and total scores of the subjects who used vitamin D regularly during pregnancy were found to be significantly higher than those who did not use it. It was observed that the Mother Psychology subscale of mothers who regularly gave vitamin D to their babies was significantly higher than those who did not regularly.

**Conclusion:** Studies have shown that some mothers may not feel sufficient in baby care, have difficulties, and have symptoms of postpartum depression. Vitamin D and iron prophylaxis treatments are also part of baby care. As a result of the questionnaire applied in our study, the questionnaire scale scores were found to be high in those who applied vitamin D prophylaxis approaches. Therefore, the development of media and national policies on this issue, raising social awareness and increasing the support of mothers, other parents, and healthcare professionals on baby care are important in raising healthy children.

**Keywords:** baby care, Maternity Compliance, Vitamin D,

## OP-65

## Factors Associated With Exclusive Breastfeeding

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**Background:** Exclusive breastfeeding is the recommended form of nutrition up to 6 months of age. Breastfeeding practices play an essential role in reducing mortality and morbidity in children. Despite the great advantages, mothers may experience challenges and face issues during this period leading them to early weaning. The aim of this study was to assess the extent to which breastfeeding exclusivity agree with current recommendations and study the factors affecting early weaning among a cohort of children and mothers.

**Method:** This cross-sectional, questionnaire-based study was conducted in 2015, at Selçuk University Hospital, Konya, Turkey. Mothers of 84 children aged 6-36 months were interviewed using a questionnaire concerning sociodemographic profile and aspects of breast-feeding and weaning practices. Factors affecting duration of exclusive breastfeeding were analyzed comparatively. The results were analyzed using the Statistical Package for the Social Sciences software, version 24.

**Results:** Of the 84 children, 46 (54.8%) were girls. The overall mean age was 21± 8.9 months. Most of the mothers (64%) were between the ages of 25 and 35 years old, 85.7% were housewives and 8.3% belonged to poor social class. 97.7% of mothers initiated breastfeeding, 65.5% had initiated within an hour after birth; however, by 6 months of age, 32.9% had completely discontinued any breastfeeding. 2 mothers continued breastfeeding into the infant's third year. 39 (46.4 %) children were exclusively breast-fed till 6 months of age. The most common reasons for weaning or formula use were: perceived milk insufficiency (64.4%), breastfeeding refusal (31.1%) and puerperal problems of breasts (8.8%). 64.4% of mothers stated that they were also advised by health care providers to wean/ use formula. New pregnancy, early re-employment and medication use (each in 1 case) were the other reasons stated. Early weaning or formula use was significantly associated with depression during breastfeeding (10.3% of exclusively breastfed group vs 37.8% of the other group, p=0.005), pacifier use (28.2% of exclusively breastfed group vs 64.4%, p=0.001) and delayed initiation of breastfeeding (82.1% of exclusively breastfed vs 51.1%, p=0.003). We did not identify a statistically significant association between primi/multiparity, family/paternal support, tobacco use, caesarean section, admission to neonatal ward, prematurity, birth weight, gender, maternal age, education level or breast feeding education and exclusive breastfeeding. 85.7% of mothers answered the questions about the duration of ideal exclusive and total breastfeeding as 6 months and 2 years, respectively.

**Conclusion:** Although mothers knew the current recommendations and breastfeeding initiation was high in this cohort, exclusive breast-feeding for the first 6 months was not widely practiced. Maternal depression, pacifier use and delayed initiation of breastfeeding negatively affects exclusive breastfeeding. Affective breastfeeding intervention programs are warranted as early weaning is still common and perceived milk supply needs to be addressed. Understanding the complex period leading mothers to weaning will provide insights to give better support to mothers and a basis for establishment of adequate recommendations.

**Keywords:** Breastfeeding, weaning, milk insufficiency

## OP-66

## Which pediatricians have low homophobic attitudes?

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**Background:** Adolescence is a period that sexual identity is completed. During this period, sexual minority youth may hesitate to seek counseling or health care because of homophobic attitudes or prejudices. In this study, we aimed to investigate the factors associated with the homophobic attitudes of pediatricians.

**Method:** A cross-sectional descriptive study was conducted on a selected population of pediatric residents, general pediatricians, and pediatric subspecialists providing health services to adolescents in Turkey. A two-part online survey was created using Google surveys. The first part included demographic information, and the second part included the Hudson and Ricketts Homophobia Scale (HRHS). The snowball sampling method was used to reach as many and different people as possible. In the virtual environment, the questionnaire itself and/or a link containing information about the survey were sent to closed WhatsApp groups for pediatricians. The physicians were asked to send the link to the other pediatric WhatsApp groups in which they were involved after they completed the questionnaire online and anonymously. For data reliability and privacy, social media groups such as Facebook and Instagram were not used. The data were analyzed using the SPSS 23.0 package program. The Kolmogorov-Smirnov test was used to determine the normal distribution of data. Descriptive statistics are presented as mean ± standard deviation (SD) for normally distributed data, and as numbers and percentages for categorical data. Student's t-test for independent samples was used to compare the means of scales scores. $p < 0.05$ was considered statistically significant.

**Results:** Data were completed by 443 pediatricians. Of these, 145 (32.7%) were residents in pediatrics, 160 (36.1%) were general pediatric specialists, 46 (10.4%) were pediatric endocrinologists, and 92 (20.8%) were pediatricians who were working in other subspecialties. Of all, 27.0% reportedly had a homosexual friend/relative, with the highest frequency among residents (40.0%, $p<0.001$). The homophobia levels of those who were acquainted with homosexuality, young people, women, and those with high maternal education were found to be lower ($p<0.005$).

**Conclusion:** It is promising that young physicians have low homophobia scores. Pediatricians, who are likely to be the first health professionals to consult with sexual/gender minority youth, should be more knowledgeable, competent, and unbiased on this particular subject. Pediatricians should treat all adolescents, including sexual and gender minorities, avoiding personal prejudice and in an adolescent-friendly manner.

**Keywords:** Adolescent; homophobia; pediatricians

## OP-67

# Fathers' Attitudes at a Pediatric Outpatient Clinic in Anatolia

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**Background:** Fathers' impact on healthy growth and development process of the children has increased in the last 10 years. At present, fathers started to leave their traditional roles and help their family members (wives and children) as a workforce at home in addition to psychological support in childcare. The awareness of this participation by health workers, led them to join fathers in the health services related to their child. The aim of our study was to depict the current situation, to determine the fathers awareness and knowledge about their children's chronic diseases and to observe their relationship with the family during the time they spend in the examination room.

**Method:** This cross-sectional descriptive study was conducted in June 2018. The study group comprised fathers of patients applying to our hospital's pediatric outpatient clinics. Two exchange students completing their traineeship at our clinic were also participated in the study. They started observing the relationship between fathers and their families as they entered the room. As the foreign students did not understand the language, they only payed attention to the body languages of the family members. The data was collected by a preprepared observation form that evaluate the fathers' attitudes and behaviors during the examination of the child. The observation form was in English and the students were trained before the study on making reliable observations.

**Results:** Fathers' attitudes and approaches of 153 children were evaluated. Among all, 55.6% of the children were male, 46.4% were female, and the mean age of the children was 62.4 months (median:36 months, min: 1 month, max: 20 years). It has been observed that, 76,5% of the fathers talked to the doctor about the child's complaints, 40.5% helped taking his child's clothes off for examination and 66% asked further questions about his child's health condition after the examination. Fathers' behaviours and relations in the examining room changed on the positive way as the age of the children was increased. The same trend was observed on fathers' dialogues with the family members and they also took more active role in the examination of the child (p

**Conclusion:** We believe raising healthy generations, needs parents joint responsibility in prenatal, birth order and the baby's growth process. Fathers should be encouraged to take this responsibility with the mother. We would like to emphasize that healthcare professionals, especially pediatricians, should include fathers during health related conversations and/or examinations of the child, they should be motivated and the father's opinions about the child should be included and considered in each visit.

**Keywords:** attitudes toward illness, fathers, childhealth

## OP-68

# The role of family dynamics on the progress of a chronic disease and the role of social pediatrics in the discovery of the problem

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**Background:** The harms that might occur due to inherited metabolic diseases (IMDs) like phenylketonuria (PKU) can be prevented by careful adherence to the special diet and with regular controls. However, a lack of necessary attention or not being aware of the severe consequences could cause mental retardation and behavioral disorders that can create social problems within the family. On the other side, changes in family dynamics can also effect the diet and give irreversible harms to the child. In this report, the effects of social changes in the family of two PKU patients was discussed. These 22 and 4-years old patients' blood Phenylalanine levels increased abruptly with two different familial facts.

**Results: Case 1**: A 22-year old male patient, who had the diagnosis of PKU at the age of 7 years is being followed for 10 years. In the last 1,5 years he did not come controls, and at his last visit we observed that, his clinical conditioned worsened; he had increased aggression and severe weight loss. In deep questioning we found out that he lost his father 1,5 years ago and he started not to apply to his diet, not to use the medications and ate nothing other than tea. His father was the only person in the family who could communicate with him, control and take him to controls.

**Case 2**: A 4-year old male patient had the diagnosis of classical PKU via the national screening programme and being followed in our clinic since then. He has two brothers ( two-years and 6-months old). His last plasma phenylalanine levels were all over desired values. We ascertained that the parents had difficulty in feeding this boy since his second sibling's birth, in the last 6 months he didn't consume the special diet products and insisted on eating the same foods like his 2-years old brother. This created major problems within the family, the parents were overstrained with caring for these three little children and lost their attention with our patients' diet.

**Conclusion:** Most of the IMDs require special dietary treatment. Difficulties in compliance with diet not only affect the child but also the whole family. These special diets puts a huge burden on parents' shoulders and creates stress. It is not so easy to follow this diet in the changing social dynamics of the family. The implementation of an appropriate diet can fail due to many factors such as loss of a family member like in case 1 or a new sibling added to the family like case 2. We would like to emphasize the importance of joint responsibility on a child with a chronic disease and the importance of family planning. Families having a child with a chronic disease should be informed in a detailed and they should be advised not to have another child until the sick child starts being aware of its disease. Moreover, as the subspecialised pediatricians do not have much time for going deep in questioning, consultation with social pediatrics departments would help the specialists to find out and solve the problems earlier.

**Keywords:** social aspects, chronic disease, children

## OP-69

# Denver Developmental Test Findings and Diagnoses in Children with Hyperactivity Complaint

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**Background:** Hyperactivity can interfere with behavioral function or development in early childhood. We aimed to evaluate Denver Developmental Screening Test II results and final diagnoses in children whose primary complaint was hyperactivity.

**Method:** In this descriptive study, medical records of 106 preschool children who were admitted to the general pediatric clinic at a university hospital with hyperactivity complaint were reviewed retrospectively. Physically healthy children without prenatal-perinatal risk factors, mental retardation, and chronic disease who were assessed with the Denver II test, then psychiatric interviews and diagnosed according to DSM-V criterias were included. The study was conducted in accordance with the Declaration of Helsinki.

**Results:** Out of 106 children [92 males, 14 females, median age 55 (14.5-72) months], 62 (58.5%) were diagnosed with attention deficit hyperactivity disorder (ADHD), 12 (11.3%) with generalized anxiety disorder, 7 (6.6%) with conduct disorder confined to the family context, 6 (5.7%) with atypical autism, 2 (1.9%) with adjustment disorders, 1 (0.9%) with tic disorder, and 1 (0.9%) with specific speech articulation disorder. No psychopathology was detected in 15 (14.2%) cases. Only 4 (3.8%) patients had a normal Denver II score while 53 (50% ) had an abnormal score, 25 (23.6%) had a suspect score, and 24 (22.6%) had a score of untestable. Out of 4 children with a normal Denver II result, 2 were diagnosed with ADHD and 2 had no psychopathology. When the untestable results were excluded, the sensitivity and specificity of the non-normal Denver II result, comparing to DSM defined diagnosis as the gold standard, was 97% and 18% respectively in detecting a psychopathology. In children with an untestable Denver II result, 83.3% were diagnosed with a psychopathology (37.5% ADHD, 45.8% other psychiatric disorders).

**Conclusion:** Almost 40% of the children whose primary complaint was hyperactivity were not diagnosed as ADHD. Although ADHD and generalized anxiety disorder were the most frequent diagnoses, one seventh of the cases had no psychiatric disorder which can lead to hyperactivity. These findings emphasized that hyperactivity can not only be present in ADHD cases, but also in other childhood psychopathologies and in mentally healthy children. In children with hyperactivity complaint, a non-normal Denver II result has a high-sensitivity / low specificity for diagnosis of psychopathology and a normal Denver II result does not rule out a psychopathology. If children with hyperactivity complaint have an untestable Denver II result, they should be assessed with psychiatric interviews without wasting time. Developmentally, preschool-age children are undergoing significant changes, including learning to sustain attention and inhibit impulses so clinicians should care about the hyperactive-impulsive symptoms reported by parents. Developmental screening and early intervention in childcare settings for young hyperactive children seem rational.

**Keywords:** Denver II, hyperactivity, preschool-age

## OP-70

## The Use of Food Supplements During Covid-19 Pandemics

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**Background:** After COVID-19 was announced as a pandemic by the World Health Organisation in March 2020, the fight against the infection has become a global problem. The fact that there is no vaccine or treatment available leads to the focus on the need to strengthen the immune system against the disease. Consequently, a demand for nutrition supplement for the protection has arised. The aim of this study was to the awareness on coronavirus protection and the use of food supplements.

**Method:** To collect data for this cross-sectional descriptive study, a questionnaire was prepared to evaluate the knowledge and approaches of the participants on usage of food supplements during the coronavirus pandemics. The survey form was sent to 2150 people via e-mail, and 496 (23%) have replied.

**Results:** The study group was consisted 496 participants (76.2 female and 23.8% male) with a mean age of 30.5 years. Among all, 25.4% were using special food and/or medical supplements. Within the group those used supplements, 26.2% were using vitamin/minerals as drugs, 19.6% used probiotics such as, yoghurt, kefir or pickles. Distribution of the vitamines used by the group was such as; 21.9% vitamin D, 21% vitamin C, and 18.1% multivitamin / multimineral. The most common food supports were mixed tea containing ginger, curcuma, cinnamon, pepper and lemon. Among those having a child 32.6% used supplement products for their children. 33.1% of these products were vitamins/minerals, 24.3% were food supplements containing probiotics. During the pandemic, the most consumed food was fruits, vegetables and meals made of fresh vegetables (26.5%) as well as meat, milk, chicken, fish and eggs were also comsumed lot. İn this period, 31,3% of the participants received the information on protective feding and food supplements from health care workers, 27,6% via social media and 23% from radio/television.

**Conclusion:** In conclusion, in crisis situations like pandemics the immune system of the body gains importance for personel protection. Therefore, besides, sufficient sleep, regular physical activity and a balanced diet, consumption of appropriate amounts of vitamins, minerals and antioxidants are needed. We expected the usage of food supplements to be increased during covid pandemics. However our study done in 2017, revealed that 28.4% of the participants used herbal products for themselves and 24% for their children. Therefore, we showed that usage of food supplements did not changed when compared to the pre-covid periods.

**Keywords:** pandemic, food supplements, immunity

## OP-71

## Evaluation of the Adherence with the Ten Steps in Baby-Friendly Hospitals of Turkey

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**Background:** The Baby-Friendly Hospital Initiative is a joint global intervention program of the World Health Organization and the United Nations Children's Fund (UNICEF) to protect, promote and support of breastfeeding. The purpose of the study is to analyze the external reassessment results of baby-friendly hospitals of Turkey over the years 2018-2019.

**Method:** The study was designed as descriptive, cross-sectional study. The external reassessment results of 414 baby-friendly hospitals were included in the study.

**Results:** Of the hospitals included in the study 232 (56.0%) were private hospitals, 116 (28.0%) were secondary care public hospitals, 38 (9.2%) were university hospitals and 28 (6.8%) were tertiary care public hospitals. The median time interval between certification and reassessment was 12 years (3 to 26 years). Only 60.1% of the hospitals (n=252) fulfilled all of the Ten Steps. While step 3 and step 2 had the lowest compliance rates (81.6%; 85.7%), step 8 and 7 had the highest rates (98.1%; 97.1%). Having the fourth quartile of cesarean section rate was associated with lower adherence to step 3, 10 and lower full implementation rate of the Ten Steps ($p=0.012$; $p<0.001$; $p=0.012$ respectively). Presence of another external reassessment (unrelated to the assessment which is included in the study) within 5 years was associated with a higher adherence rate to step 2, step 3 and higher full implementation rate of the Ten Steps ($p=0.031$; $p=0.026$; $p=0.002$ respectively). Hospitals that fully implemented the step 1 and step 2 which is called as critical management steps had a statistically significantly higher percentage of fulfillment of all clinical steps (steps 3-10) ($p<0.001$).

**Conclusion:** This study showed that full compliance with the critical management steps is associated with a higher implementation rate of clinical steps. While high cesarean rates are an important barrier to ensure the sustainability of the Ten Steps in baby-friendly hospitals, reassessments continue to be crucial.

**Keywords:** Baby-Friendly Hospital Initiative; the Ten Steps; Code; re-assessment

## OP-72

## The Effect Of Maternal Gestational Weight Gain On Birth Weight

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**Background:** The nutritional status of a mother during pregnancy is important for a healthy pregnancy outcome. Maternal malnutrition may play an important role in poor fetal growth including low birth weight (LBW), short- and long-term infant morbidity and mortality. Maternal anthropometric measurements in pregnancy are risk factors for adverse birth outcomes, including LBW, preterm birth, and small for gestational age (SGA). It was found that high body mass index before pregnancy is associated with an increased risk of preeclampsia, gestational diabetes, caesarean section, postpartum haemorrhage, and fetal macrosomia. Maternal gestational weight gain (GWG) has also been widely studied as an independent predictor of adverse pregnancy outcomes. In studies, it was shown that mothers with inadequate GWG were at a higher risk of giving birth to LBW and preterm infants. However, recent reports show an increase in obesity/overweight from 9% in 1992 to 21% in 2015–16 among mothers of reproductive age (15–45 years). In this study, we aimed to examine whether maternal body mass index and GWG during pregnancy are associated with birth weight.

**Method:** This cross sectional study included 103 mothers and their infants who applied on the 5th postpartum day to outpatient clinics in Baskent University Hospital, from January 2019 through March 2020. Mothers who gave birth to healthy, full-term, and singleton babies were enrolled in the study. Mothers with polyhydramnios, ruptured membranes, multiple pregnancies, and oligohydramnios were excluded from the study.

The study was approved by Başkent University Institutional Review Board. Informed written consent was obtained from the participants.

Each mother completed a structured questionnaire to collect data regarding age, education, birth order, history of gestational diabetes mellitus, gestational weight gain, gestational duration, delivery type, and gestational birth weight. Baseline anthropometric measurements of mothers were obtained. The newborn measurements included birth weight, and head circumferences. Body mass index (BMI) was calculated as weight (kg)/height (m2). Maternal pre-pregnancy BMI was categorised into underweight (<18.5 kg/m2), normal (18.5–24.9 kg/m2), and overweight (≥ 25 kg/m2), according to the classification by the World Health Organisation (WHO). Small for gestational age (SGA) as weight<10th percentile for gestational age and sex using the Intergrowth-21st standards.

**Results:** The study included 103 mother with a mean BMI of 21.9 kg/m2. In our study, we found that GWG was positively associated with birth weight and duration of gestation (p=0.021 and p<0.001 respectively). Mothers with low GWG were at increased risk of having infants with low birth weight (p=0.006) compared to those with normal weight gain. Maternal BMI was also positively associated with birth weight (p<0.005).

**Conclusion:** Maternal gestational weight gain may be an important one of the predictor of birth outcomes. The high prevalence of inadequate maternal GWG highlights the need to investigate causes of inadequate weight gain during pregnancy.

**Keywords:** Maternal gestational weight gain, birth weight, pregnancy

## OP-73

## Covid-19 Pandemics and Eating Behaviours During Stay at Home Period

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**Background:** After declaration of Covid 19 pandemic by World Health Organisation (WHO) on March 2020, restrictions on social life, flexible working hours and quarantine enforcements started all over the World. These caused increased anxiety, stress and depression among people. Due to stress by restriction in physical activity, staying at home very long time and experiencing different meals, risk of eating disorders especially over eating and over weight in many family increased. In this study we aimed to reveal alterations in the eating habits of children an adults (like anorexia, over eating, excessive junk food consumption) who had to spend most of time at home because of the life style change during covid 19 pandemic.

**Method:** This study was conducted between June and July 2020, by sending survey forms to people via internet. Totally 1204 survey forms sent and 327 participants (31,9%) replied.

**Results:** The mean age of the 327 participants was 33 (19-65) years (15,6% female and 84,4% male). Of the participants 53,2% had children. During the pandemic period 33,6% of the participants revealed an increase in eating junk food, while 31,2% had no change , 30% had healtier eating habits and 3,1% had failed nutrition order and showing different eating behaviour day by day. The percent of quitting physical activity during stay at home period was 34,9% where, 52,9% revealed no change in physical activity order. Comparison of physical activity by age groups, it was found that people between age of 24-49 had continued with physical activity (p

**Conclusion:** We believe that, the quarantine precautions to prevent covid 19 affected children more than adults. As the schools were closed and there was a restriction for children under 18 years of age on staying at home, they had to spend most of their time at home. Combined with stressand anxiety staying at home caused a decrease in physical activity and increase in screen time. In conclusion children began to eat in front of the screen and their eating order has failed. So it is very important not only taking precautions for infection but also taking precautions for community health as supporting good eating habits, sleeping and physical activity to boost immunity during pandemic period.

**Keywords:** children, quarantine, eating habits

## OP-74

# Child Protection Unit in Gülhane Training And Research Hospital: One-Year Experience of The Hospital-Based Child Protection Team

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**Background:** Throughout history, children have been abused and neglected by abandonment, victimization, murder, mutilation, extreme so-called disciplinary rules and exploitation of child labor. Although child abuse is most certainly as old as humanity itself, the perception of child abuse and neglect as a problem dates back only 50 years [1]. In 1962, the Head of the Pediatrics Department at the University of Colorado School of Medicine, C. Henry Kempe drew attention to child abuse by publishing an article titled "The Battered-Child Syndrome" with his colleagues [2]. Kempe later established the first hospital-based child protection unit in the hospital where he worked [3]. The publication of the Convention on the Rights of the Child by the UN, as well as developments in human rights, law, public health, and ethical values, have highlighted child abuse and neglect. Child protection systems have begun to be established around the world that aim to prevent and react to violence, abuse, neglect and exploitation of children [4].The World Health Organization (WHO) World Violence and Health Report in 2002 and the World Health Assembly in 2003 emphasized that maltreatment of children is a public health problem [5, 6]. In the year 1995, the Convention on the Rights of the Child came into effect in Turkey, and defined child abuse and neglect as a health problem in our country. Various institutions and organizations have been put into operation in our country in the last twenty-five years to prevent child abuse and neglect and to treat its possible consequences. Prevention, detection, treatment and monitoring of child abuse and neglect, which is a multidimensional problem with its medical, social and legal aspects, requires working with a multidisciplinary team [4]. Child Protection Units and Child Protection Centers established in university hospitals have pioneered in this regard [8]. These units include pediatricians, pediatric and adolescent psychiatrists, ophthalmologists, nurses and specialists of pediatric surgery, forensic medicine, and orthopedics and traumatology, as well as social service experts [4]. Child Monitoring Centers (CMCs), established under the coordination of the Ministry of Health, are local establishments of the organization that tends to and carries out the procedures of children who are victims of child sexual abuse [7]. In our country, there are still 45 CMCs in 42 provinces [10]. In the current practice in hospitals providing health services affiliated to the Ministry of Health, when physicians encounter a suspected case of sexual abuse, they refer the child to the CMC with the support of the social service specialist employed at the hospital. Likewise, for children in need of social support or health precautions, it is aimed to create an intervention plan by informing social service experts. In cases of battered children showing physical abuse findings, physicians apply to the forensic medicine department if available, otherwise they apply to the hospital police. Since there is neither a universal approach nor a multidisciplinary team in action, the aforementioned system causes the child to be traumatized during all steps of evaluation and (d)enunciation and may sometimes cause problems in the decision for the notification of authorities. The child protection unit in Gülhane Training and Research Hospital (GTRH) affiliated to the Ministry of Health was established to minimize the trauma of abused and neglected children during such processes and to carry out all procedures by considering the best interests of the child. The purpose of this article is to retrospectively examine the case series followed by the Gülhane Child Protection Unit (GCPU) and to define the establishment and functioning of the first child protection team structured in hospitals affiliated to the Ministry of Health of Turkey.

**Method:** In this study, 29 children with a diagnosis of abuse and neglect whose processes had been completed after applying to the GCPU from September 30, 2019 until Semptember 30, 2020 were retrospectively analyzed. About the Gülhane Child Protection Unit GTRH is located in Ankara, the capital city of Turkey, and is one of the largest training and research hospitals in the region. It is also the medical faculty hospital of the University of Health Sciences. The number of applications to the emergency pediatric outpatient clinic of GTRH was approximately 97,000 in 2019. The GCPU was established within the Gülhane Training and Research Hospital after approval was obtained from the Physician in Chief on September 30, 2019. As a result of the efforts to establish a Child Protection Unit, we concluded that this unit could be established in training and research hospitals with the approval of the Physician in Chief in accordance with the "Inpatient Treatment Institutions Management Regulation" dated September 10, 1982. The unit consists of volunteers or assigned employees working at Gülhane Training and Research Hospital. In the physician staff, there is at least 1 faculty member and / or specialist working in Child Health and Diseases (Social Pediatrics), Child and Adolescent Mental Health, Forensic Medicine, Pediatric Surgery, and Mental Health and Diseases clinics. In addition, assignments were made on a voluntary basis to meet the request for consultation from departments such as Orthopedics, Neurosurgery, Dermatology, Eye Diseases, ENT and Plastic Surgery with a view to contribute to the Child Protection Unit when necessary. Moreover, child development specialists and social service experts, whose in-service training was provided with the support of Ankara University Child Protection Unit (ACPU), were included in the team. The "Gülhane Child Protection Unit: Child Abuse and Neglect" symposium was held on December 27, 2019 with the contributions of Ankara University Child Protection Unit and Hacettepe University in order to ensure that hospital personnel receive training on child abuse and neglect in line with the working procedures and principles. With this symposium, both the hospital staff and other institutions and organizations were informed about the GCPU, and various topics, including the diagnosis of child abuse and neglect, obligation to report and reporting, judicial and legal aspects, long-term consequences of abuse and neglect were explained and emphasized. With the opening of the GCPU, applications began after a period of three months. Statistical evaluations were performed with SPSS version 22 software for the Windows operating system. Descriptive statistical tests in this program were used to determine the number and percentage values of the data in the study.

**Results:** In this study, a total of 29 children (20 girls [68.9%] and 9 boys [31.1%]), aged between 1 day and 17 years, who were diagnosed with child abuse were evaluated. 25 (84%) of 29 patients who applied with the suspicion of abuse and negligence were diagnosed with abuse and neglect. When family characteristics were examined, it was determined that the mother and father were divorced in 40.7% of cases, 11.1% lived separately; whereas 48.1% of the families had family unity. 10.3% (n=3) of the children had various health and behavioral problems (dyslexia, hematological malignancy, undiagnosed genetic disease). More than half of the children were living with their families and only one child was under the protection of Turkish Social Service and Children Protection institution (Table 1). It was found that 72% of the mothers were housewives and 27.5% of the fathers were unemployed. When the education levels of the parents were evaluated, it was determined that 48% of the mothers and 34.3% of the fathers were primary school graduates. Working mothers (20%) and fathers (45%) mostly worked in the private sector (Table 2). Almost all (96%) of the applications to the unit were referred from the hospital, with 48% from the child psychiatry outpatient clinic. Only one family was referred to the unit from outside the hospital (Figure 2). It was observed that 88% of the abusers were men and 28% were the fathers (Table 3). The average time between the last exposure to sexual abuse and the date of application was determined to be 17 days. It was found that 13.7% (n = 4) were drug-alcohol addicts (Table 3). In all applications made to the unit, it was found that the abuse was committed by the parents or relatives (Table 3). When the gender distribution was examined according to the types of abuse, it was found that girls were more frequently exposed to physical and sexual abuse than boys. It was found that physical abuse cases were

detected in 24% (n = 6) of the children and 66.7% of them were girls (Table 4). Emotional abuse was also determined to be present in two patients who were physically abused and three patients who were sexually abused. It was found that two children who were physically abused and three children who were sexually abused had been previously abused in the same way. It was determined that, in all physical abuse cases, stick marks, knife sticking, biting, nail marks and ecchymoses were found on the body. Only one case was diagnosed with shaken baby syndrome. The child who was diagnosed with shaken baby syndrome and received incubator care after premature birth, was hospitalized for a long time due to bite marks, retinal bleeding and subdural hematoma at the age of 2 months. It was determined that one of the sexual abuse cases was anal-penile penetration, one was vaginal-penile penetration, one was genital contact, and the others were harassment and touching. All of the sexual abusers were male and 33.3% (4) of them were a relative of the family. A sexually transmitted disease was detected in one case. Three of the children diagnosed with neglect were reported to the unit as a result of not meeting their nutritional and accommodation needs, one due to health-related neglect, and the other not being sent to school. In addition, in a case of negligence, the procedures for transferring an abandoned baby to institutional care were currently continuing. The mother of the baby was a high school student under the age of 18, and the case is followed by the Ministry of Family, Labor and Social Services. Two of our patients were hospitalized, one due to shaken baby syndrome and the other due to complications of anal penetration. Consultation were most frequently requested from the child psychiatry department (n=9) (Figure 4). In psychiatric interviews with the parents of abused children, it was found that their parents' coping mechanisms with a child were significantly inadequate and their problem-solving skills were low. The lack of problem-solving skills, which were insufficient especially in the face of children with behavioral disorders, made parents feel more inadequate and secondarily caused a depressive mood in parents. In a case of physical abuse, since the incident was not fully understood, the mother, father, and grandmother (father's mother) were evaluated one by one. Mild mental retardation was detected in the father and supportive interviews were conducted due to the relationship problems between the mother and grandmother. When the parents of the physical abuse cases are evaluated, depressive mood disorder was found in one parent, borderline personality disorder in one parent, and borderline mental retardation was detected in one parent. All three also had depressive mood. Mood and anxiety disorders were found in children who were sexually abused. One of the children was also diagnosed with post-traumatic stress disorder. The legal procedure that had begun previously for the two cases diagnosed with sexual abuse was ongoing. Twenty-four (80%) of the cases were reported to the Social Services Provincial Directorate and the prosecutor's office. In one of the reported cases, the abuser received a prison sentence after legal process. In addition, it was learned that the legal procedure of two cases was withdrawn at the request of the family. A baby was taken into institutional care. All six cases continue to be monitored by the Social Services Directorate.

**Conclusion:** The establishment of child protection units in training and research hospitals which receive the majority of patients in our country will enable the collection of reliable and comprehensive data and could facilitate the creation of a national database by keeping records of child abuse and neglect cases under the control of the Ministry of Health of Turkey

**Keywords:** Child abuse,Multidisciplinary team,hospital-based child protection unit

## OP-75

## The effect of formula use on kidney stones in children younger than six months

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**Background:** Kidney stones constitute an important reason for hospital admissions in childhood. The frequency of kidney stones in children is gradually increasing. In addition to some metabolic disorders, nutrition plays an important role in the formation and follow-up of kidney stones. Although there is information that the use of formula increases the frequency of kidney stones, there is limited information about its effect on follow-up. In this study, our aim is to investigate the effect of formula use on stone etiology and prognosis in children with a diagnosis of kidney stones under 6 months.

**Method:** The study was conducted on children younger than 6 months who were diagnosed with kidney stones between January 2017 and December 2019 in Ankara Yıldırım Beyazıt University Yenimahalle Training and Research Hospital Pediatric Nephrology Outpatient Clinic. The mothers were asked how the patients were fed before the diagnosis. Tests for stone etiology were noted. The final status of the patients at the end of the follow-up was evaluated. The children were divided into three groups as breastfeeding only, receiving formula in addition to breast milk, and receiving only formula. Groups were compared in terms of stone etiology and status at the end of follow-up.

**Results:** Sixty-five infants (28 (43.1%) girls and 37 boys (56.9%) were included in the study. Of the patients, 16 had a history of prematurity, 21 had a history of hospitalization in the neonatal period. The most common reason for presentation was restlessness (44.6%). Thirty infants (46%) had a family history of kidney stones, whereas 18 (27.7%) had consanguinity between their parents. Thirty-eight (58%) patients had a metabolic cause, but the most common reason was hypercalciuria (24.6%). While 35 of the patients were fed only breast milk, 22 were fed formula in addition to breast milk, and 8 were fed only formula. There was no difference between the groups in terms of gender, history of prematurity, stone size and number, and etiological factors. After a mean follow-up of 13.9 months, it was observed that kidney stones disappeared in 40 patients. While the rate of stone disappearance was 81.8% in the only breastfed group, it was 43.3% in the formula group. It was observed that kidney stones improved at a higher rate in the follow-up in patients who were fed exclusively breast milk (p:

**Conclusion:** Although etiological factors do not differ in the development of kidney stones, the rate of spontaneous recovery is lower in children who take formula supplements. Therefore, infants diagnosed with kidney stones should continue to be fed only breast milk, and formula supplementation should be avoided as much as possible.

**Keywords:** Kidney stones, Child, Formula

## OP-76

# Investigation of the Effect of Training on Child Abuse and Neglect of People Working in Public Institutions and Organizations in Akkuş District of Ordu on the Awareness Level of People

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**Objective**; Child abuse and neglect is an important public health problem that leaves deep marks not only on the individual but also on the whole society. All kinds of training and promotional activities aimed at preventing child abuse and neglect are evaluated within the scope of primary prevention activities. Many organizations, such as CDC, which deal with child abuse and neglect, support preventive education programs. The aim of this study is; Determining the Child Abuse and Neglect Awareness levels of people working in public institutions and organizations and examining the effect of Child Abuse and Neglect Training on the level of awareness of individuals.

**Material/methods**: The study is an intervention type study. It was conducted between November 2018 and April 2019. The decision of Ordu University Social and Human Sciences Research Ethics Committee and approval from Akkuş District Governorship to provide training to public institutions and organizations was obtained. The population of the study consisted of a total of 750 people, including working in the District Health Directorate, the District National Education Directorate, the District Police Department, the District Religious Directorate and other public personnel working in the district and the students studying at Akkuş Vocational High School. 320 people wishing to participate in the study were divided into 14 groups, each consisting of an average of 25 individuals. Each group received 4 hours of awareness training on Child Abuse and Neglect. Child Abuse and Neglect Awareness Scale was applied to the individuals before and 1 month after the training. With this scale, the level of awareness of individuals in the fields of Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect was tried to be measured.

**Results:** 320 people participated in the study. According to pre-test evaluation before training; In the child abuse and neglect awareness scale, the lowest total score belongs to the religious officials with 73.25 points, and the highest score belongs to the Health personnel with 81.06 points. According to the pre-test evaluation conducted before the training, when the level of awareness in the areas of physical abuse, sexual abuse, emotional abuse and neglect is examined, the lowest level of awareness in all groups is emotional abuse. In the post-training evaluation, it was found that the level of awareness in all kinds of abuse and neglect increased statistically significantly ($P < 0.001$) in all institutions. It was determined that the change in the level of awareness before and after the education was mostly carried out by religious officials with 16.79%.

**Conclusion:** Prevention in child abuse is easier and more successful than cure. Within the scope of primary prevention activities, public personnel's awareness level can be increased by providing trainings on Child Abuse and Neglect to public personnel who serve and deal with children. It was thought that it would be effective to include information about the existence of the problem of child abuse and neglect, reporting of the cases and their solution in the trainings.

**Keywords:** Child abuse and neglect, public personnel education programmes, health education, awareness

## OP-77

## Sleep Difficulties in Early Childhood

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**Background:** Biological and psycho-social mechanisms constitute the sleep-wake cycle of children. Sleep patterns are affected by emotional, behavioral and environmental conditions. It has been reported that poor sleep and sleep patterns problems are associated with behavioral problems, difficult temperament, irritability and adaptation difficulties. In this study, we aimed to examine the developmental levels of babies with sleep-related problems and the conditions that affect sleep.

**Method:** A total of 30 children between 4-36 months were included in the study. These children applied to the child development unit of the pediatrics department in 2019 with sleep-related problems.The Ages&Stages Questionnaire (ASQ) and the Denver II test were used to evaluate the developmental of children. Sleep Tracking Chart and Denver-Home Environment form were used for maternal attitudes. PICCOLO was used to observe parent-child interaction.

**Results:** The developmental test results of the children were found "normal". No additional health problems have been identified in children. 36.6% of the children are 4-12 months old, 43.3% are 13-24 months old. 73.3% of the children are a single child. 9.2% of all applicants were sleep-related. Sleep regulation disorder was found in 93.3% of the children.

**Conclusion:** Sleep patterns in infancy and early childhood are also important for parent-child interaction. In our study, it was observed that sleep-wake cycle disorder was associated with negative attitudes of mothers in the breastfeeding-feeding cycle. It may be useful to evaluate the nocturnal feeding behavior of mothers of babies with sleep problems in the first 2 years. In addition, providing psycho-social support to mothers and monitoring their mood can help babies develop healthy sleep patterns.

**Keywords:** Children, sleep disorder, sleep patterns

## OP-78

# Sleep characteristics and social emotional development of healthcare workers' children aged 6 to 36 months during the COVID-19 outbreak

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**Background:** Studies have shown the crucial and unique roles of parents, especially mothers' in childhood development. Health workers left their children with their relatives with the fear of contagion, and isolated themselves. Social support is often disrupted in vulnerable populations. The study was planned based on the hypothesis that children of health care worker moms experienced more social and emotional problems than children with mothers from other occupations during the pandemic. We aimed to explore sleep, behavioral and emotional problems of children of health workers, assess psychological distress of mothers and their social support during the pandemic, and compare them with children and their mothers from other occupations.

**Method:** A cross-sectional observational study design was applied, and snowball approach were used to enroll volunteered participants. We created a google survey, securing data collection by a confidential log in system. All women having children aged between 6 to 36 months were invited to participate via websites, social media and e-mail between August 15th 2020 and October 15th 2020. All surveys were conducted in Turkey. An estimated sample size was 300 participants in each group, with a power of 99%. Questionnaire responses were converted to excel spreadsheets. Children of healthcare worker moms were grouped as Group 1, and children of women from other occupations were grouped as Group 2. We used Brief Infant Sleep Questionnaire (BISQ), Brief Infant-Toddler Social and Emotional Assessment (BITSEA), to assess children's' sleep, and social-emotional development, respectively. Multidimensional Scale of Perceived Social Support (MSPSS), and Brief Symptom Inventory (BSI) were used to evaluate maternal psychological distress and their social support.

**Results:** In total, 600 questionnaires were analyzed. Group 1 composed of 297 participants (median age of the children 1.9 years) and Group 2 composed of 300 participants (median age of the children 1.8 years). Night time and total sleep duration were significantly shorter in children from group 1. BITSEA total scores were higher in group 1. Perceived social support and maternal psychological distress were not different between the groups. BITSEA total scores were significantly higher in children whose mothers were working during the pandemic. BITSEA problem scores were significantly higher in children who were separated from their moms. Maternal psychological distress scores were also higher and perceived social support were also significantly lower in mothers who had to be separated from their children. BITSEA total and problem scores were significantly higher in children whose child care practices have changed during the pandemic. Perceived social support scores were lower and maternal psychological distress scores were also higher in children whose child care practices have changed.

**Conclusion:** Although perceived social support and maternal psychological distress were not differ-

ent between the groups, children of health professionals showed higher total scores with regards to socioemotional problems The critical difference in findings was associated with the working status of the mothers, being separated from their children, or making changes in child care practices. The study highlights the need to consider social support to all mothers who were working, had to be separated from their children or had to change child care practices during the pandemic.

**Keywords:** COVID-19 pandemic; Sleep; Infant; Toddler; Development; Social support

## OP-79

## COVID19 Experiences From A Private Hospital In The First Months Of Pandemia

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**Background:** A series of pneumonia cases of unknown etiology have been reported in Wuhan, China since December 2019. This life-threating respiratory disease, named COVID -19 is caused by infection with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and it has transmitted to other countries spread around the world(1,2). There are limited case series reporting the influence on children with COVID 19. The management for children with COVID-19 is based on adult experience. The aim of this study is to increase the data and experience on children about the new infectious disease

**Method:** Between March 20 and July 20, 2020, determined in the literature, similar to COVID-19 some complaints and symptoms: Fever, Cough, Dyspnea, Fatigue, Sore throat, Nausea, running nose, Sputum, Headache, Myalgia, Diarrhea, Emesis or vomiting, Anorexia, Abdominal pain, and some laboratory tests nCOV PCR, cbc, procalcitonin, SGOT, SGPT, ferritin, fibrinogen was requested from 31 children with symptoms, and physical examinations and further evaluation were performed according to their complaints, for example: If the patients are diarrhea, a stool test was applied. And the doctors were asked whether they used masks, shelters and gloves.

**Results:** 61% of 31 patients were female child, 39% were male child, the age range was between 6 months and 12 years old, 5 patients were nCOV PCR positive, their ages were between 12 mo female, 21 mo female, 23 mo female, 5 years old female and 11 years old male, 80% were female and 20% were male. All of them were in contact with their parents with COVID-19 positive results, Fever was the most common finding-symptom in 80% patients. Other complaints were weakness, anorexia, sore throat, abdominal pain, nausea, vomiting and myalgia. In the laboratory examination, one patient had high crp level. Leukocyte, procalcitonin, liver enzymes, fibrinogen, and ferritin levels were normal. There was no lymphopenia in any patient .One patient was hospitalized for 5 days because of persistent fever and poor oral intake, paracetamol was administered, and other patients were treated with symptomatic aproach. All doctors used masks, shelters and gloves for COVİD19 patients. In patients other than Covid19, 1 patient was diagnosed with acute gastroenteritis (amebiazis cyst), 2 patients with acute tonsillitis (beta hemolytic strep, 2 patients with acute bronchiolitis, 1 patient with acute bronchitis, 2 patients with urinary tract infection, 2 patients with influenza, and 11 patients with viral upper respiratory tract infection In patients which are not diagnosed COVID-19.

**Conclusion:** Blood indicators of Covid 19 are decreased albumin, increased C-reactive protein level, increased LDH, decreased lymphocytes, increased ESR (3). ın this study Crp level increased in only one patient, other requested laboratory tests were normal. We were able to distinguish the new infectious covid-19 disease from other infections with the COVID-19 PCR test. In this research, we shared our experiences about patients who admitted to Liv Ankara Hospital Pediatrics outpatient with complaints and had covid, similar to the disease we encountered for the first time.

**Keywords:** Coronavirus, Children , Epidemiyoloji , Featuring

## OP-80

# Effects of Leisure Time Activities on the Way of Coping with Stress and Problem Solving Skills in Adolescents

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**Background:** Learning how to relieve stress and solve problems effectively are important issues in the healthy development of the adolescents. The impact of leisure activities on the effective problem solving and coping with stress skills were investigated.

**Method:** A total of 240 adolescents, 90 adolescents without health problems and 150 adolescents with chronic diseases between 12 and 18 years were enrolled. All participants completed self assesment inventory of coping with stress and problem solving skills. According to the inventory results participants with and without effective skills were compared according to their leisure activities.

**Results:** Comparing the two groups for having or having access to digital devices there were no differences between the two groups. Comparing the two groups for leisure activity preferences there were no differences between the two groups.

The main findings were; 1) The number of the adolescents spending their free time frequently/always on internet and on television were high. As the time spent on the internet and television increased, they exhibited submissive approach to cope with stress 2) Healthy adolescents reported generally using helpless and submissive approach whereas adolescents with chronic diseases reported generally using optimistic aproach. 3) Adolescents with insufficient family leisure exhibited helpless($p=0.02$) and submissive approach($p=0.004$) in coping with stress. 4) Optimistic approach in coping with stress($p=0.02$) and self-confidence($p=0.005$) in problem solving were exhibited by adolescents reporting frequently/always doing sports. 5) As the time spend on social media platforms increased adolescents usually exhibitedsubmissive approach ($p=0.012$). Submissive approach was more exhibited by adolescents without reading habits ($p<0.001$).

**Conclusion:** Promoting adolescent participation in the right leisure activity, can help adolescents to find effective ways of solving problems and coping when faced with stress Technological devices and increased time spent with these devices have negative effects on these skills

**Keywords:** Coping with stress; leisure time; problem solving

## OP-81

# Awareness of pediatric research assistants on vaccination practices in special conditions

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**Background:** Vaccination is the most effective way of preventing infectious diseases. This protection is an issue that needs to be considered even more sensitive for children with immunosuppression, organ transplantation or some disease. In this study, it was aimed to investigate the level of knowledge and awareness of pediatrics research assistants in our center on child health monitoring, vaccination practices in special conditions, and to determine the solutions that can respond to the needs in line with these data.

**Method:** 130 research assistants from Ankara University Faculty of Medicine, Department of Pediatrics, participated in the study. A questionnaire was applied to the physicians to determine their socio-demographic characteristics and the requested consultations between Oct. 1, 2018 and Oct. 1, 2019 from the Social Pediatrics Division were collected. The consultations were initially interpreted by the research assistants, then by the responsible academician, in order to determine how accurate research assistants made decisions.

**Results:** Of the 130 physicians participating in the study, 30.7% of the participants completed their 1st year in pediatrics, 20.7% completed 2nd, 21.5% did 3rd, 19.2% completed their 4th year. 30.7% has worked in social pediatrics clinics and 70% of them attended training on vaccines. 405 consultations regarding immunization were requested from our center between 01/10/2018 and 01/10/2019. When the reasons for consultation are examined; vaccination of a child with anti-HBs negativity was most common reason (21%), and vaccination of a child with tissue and organ transplantation was the second (18%). The most consistent decisions made by research assistants and academicians were on: 'post-traumatic tetanus vaccination' (100%), 'routine vaccination of non-immunocompromised child' (91%) and 'delayed vaccination in healthy children' (81%); while the lowest consistency rates were on 'vaccination of dialysis patients' (20%), 'vaccination of a patient who underwent tissue or organ transplantation' (25%) and 'vaccination of a patient receiving IVIG treatment' (25%). It was found that the residents who had longer working time as research assistants, who performed social pediatrics rotation and who attended training on vaccination had higher knowledge levels.

**Conclusion:** In the present study, it was concluded that pediatricians needs more educations in order to increase compliance with the vaccination program in routine and special situations. Interventions such as providing and repeating educations to pediatric research assistants on vaccination practices, especially at the beginning of their educations; making research assistants study in social pediatrics division at the inital years of their educations, and preparing guidelines to physicians or applications reminding vaccinations to families & physicians may increase the concordance to vaccination scheme.

**Keywords:** Vaccine, Knowledge, Awareness, Physician, Special Situation

## OP-82

# Evaluation of Cyber Bullying Sensitivity in High School Students in Terms Of Sociodemographic Characterıstics, Perceived Social Support and Parent and Peer Relations

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**Objective**: Cyber bullying sensitivity is defined as avoiding behaviors that may lead to bullying during the use of cyber tools such as internet and mobile phones, being aware of the existence of such threats, and taking precautions to detect and high attentional behavior to recognize threatening stimuli. The aim of this study was to investigate the relationship between high school students' sociodemographic characteristics, internet usage style, attachment to parents and peers, and perceived social support with cyberbullying sensitivity.

**Material-Method**: The research design is of relational survey type. The sample of the study consists of 831 high school students studying at various high schools in Çerkezköy, Tekirdağ. The data collection tools including the sociodemographic questionnaire, the Sensitivity Scale for Cyber Bullying, Parental and Peer Attachment Inventory, and Multidimensional Perceived Social Support Scale were used in the study. Consent forms were first sent to the parents of the students and after their signatures were obtained, the students were asked to fill in the scales. The forms and scales used in the study were given to the students in the same file and applied at the same time in the school. SPSS for Windows 17 program was used to evaluate the data.

**Results:** The age of the participants was between 14 and 19 years and the mean age was 16.13 ± 1.13 years. 74.6% of the participants reported that they had access to the internet every day and 67% reported that they were on the internet for more than 1 hour a day. It was determined that the higher the income level and the education level of the father, the higher the frequency of internet access and the average time spent on the internet. It was found that the scores of the Cyber Bullying Sensitivity Scale of the girls received from the friend support scale which is one of the Multidimensional Scale of Perceived Social Support Scale, and peer attachment, peer trust and peer communication scores were significantly higher than the scores of boys. It was found that students with higher social support scores, family support scores, and parent attachment scores spent less time on the internet. It was found that adolescents who access the internet every day had higher communication scores with their peers. There is a positive relationship between social support from family and friends, and cyber bullying sensitivity, and between cyber bullying sensitivity and attachment to friends and parents. Further, there is a positive relationship between perceived social support and attachment to parents and friends.

**Conclusion:** In this study, higher cyberbullying sensitivity of the students may be considered as a finding that indicates that students perceive bullying behaviors as threats. Adolescents with high perceived social support, having good connection with parents, developing trust in parents and having sufficient communication with their parents had less time on the internet and it was observed that positive communication and attachment with parents would be effective in preventing risks of cyber bullying of the internet. Although it is observed that the internet is an important tool for the development of peer relationships that provide socialization and positive self-perception during adolescence, it is clear that

problematic internet usage should be prevented while providing this.

**Keywords:** Attachment to Parents and Peers, Cyber Bullying Sensitivity, High School Students, Perceived Social Support.

## OP-83

# Dental Caries and Related Factors in Children Between 2-4 Years Old in Ankara City

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**Background and Aim**: Dental caries in infants and young children is common worldwide; It varies between communities due to its size and associated factors, cultural and socioeconomic differences. In this study, it was aimed to investigate the condition of tooth decay and related factors in children between the ages of 2-4 in Ankara.

**Materials and Methods**: A cross-sectional study was conducted by referring 58 children between 2-4 years old and their parents / caregivers, who applied to pediatric outpatient clinic for any reason between January and October 2020, to the dental outpatient clinic. Children with chronic diseases such as diabetes and asthma were excluded from the study. The caries assessment spectrum and treatment index were evaluated by using visual inspection for visible plaque on the index teeth, and a questionnaire on oral hygiene and diet and oral hygiene habits. SPSS 17 program was used to assess the descriptive data and variables in the study

**Results:** 58 patients with caries detected by the dentist were included in the study. 34 of the children included in the study were boys and 24 were girls. The mean age of the children included in the study was 34 ± 3 months. 28 of the boys and 18 of the girls did not have a regular tooth brushing habit. 26 of the boys and 17 of the girls between the ages of 1-2 were fed at least 2-4 times a night. 42% of the children who fed frequently at night did not consume foods such as candy and chocolate. It was observed that dental caries were common in infants aged 1-2 years who were fed at night

**Discussion and Conclusion**: The prevalence of dental caries in our study was very low. Frequent consumption of sugary foods at the older age and 1-2 years of age has been associated with a higher likelihood of developing tooth decay. It was observed that feeding frequently and for a long time at night increased dental caries. When the history of the children who were breastfed at night and had dental caries was questioned, it was learned that they were breastfed at least 2-4 times at night. The rate of tooth decay was lower in babies who fed frequently at night but who were brushed in the morning and evening. This difference was not statistically significant and was attributed to the small number of cases. There was no statistically significant difference between the presence of formula fed or breastfed at night feeding and the incidence of dental caries. It is important to monitor the children who are fed at night in terms of tooth decays and to gain tooth brushing habits. By preventing possible dental caries, cardiac infectious and orthodontic dental problems that might occur in the future, will also be prevented.

**Keywords:** infant, dental caries,fed at night

## OP-84

## Maternal fatigue and child sleep

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**Background**: Maternal fatigue has been defined as subjective experiences of the whole body encompassing the physical, emotional and cognitive functioning. The prevalence varies between 18% to 66% according to measurement methods and timing of measurement postpartum. It is associated with disrupted sleep, breastfeeding, and mother-infant interactions. Aim: We aimed to describe maternal fatigue during the first 3 years after birth and to determine associated factors.

**Method:** The study has a case-control design. One hundred and ninety-six children aged between 6 to 36 months diagnosed with Behavioral Insomnia of Childhood (BIC) were age and gender matched with healthy children who attended Marmara University hospital's well-child outpatient clinic between September 2019 and September 2020 (n=392). Preterm infants and infants with any chronic disease were excluded. Questions were asked about sociodemographic variables and maternal sleep. Women were asked whether they experienced fatigue/severe tiredness by a single question. We used Brief Infant Sleep Questionnaire (BISQ) to assess child sleep. Beck Depression Scale was used to assess maternal depression. Stata version 15.1 was used for the analyses. Posthoc analysis estimated power for a two-sample proportions test as 100%.

**Results**: Median age of the children was 14.5 months (58.2% male). Ninety three percent of the women reported maternal fatigue versus 36% of control group participants ($p<0.001$). Seventy eight percent of the mothers who were room sharing with their children, and 67% of mothers whose children were solo sleeping in another room reported maternal fatigue. On the other hand, only 31% of mothers who reported maternal fatigue were bedsharing, and 68.5% were not ($p<0.001$). Depression scores of the women who reported maternal fatigue were significantly higher than the control group (12 versus 4, $p<0.001$).

**Conclusion:** Majority of mothers of children with sleep problems experience maternal fatigue highlighting the impact of early childhood sleep problems on maternal health. Bedsharing and interventions focusing on maternal depression may have a protective role on maternal fatigue.

**Keywords:** maternal fatigue child sleep

## OP-85

# Assessment of the Clinical and Demographic Features of the Preventive and Supportive Measures' Notices for Children: Last 2 Years Experience of Gazi University Children Protection Center

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**Background:** The aim of this study is to assess the clinical and demographic features of the notices reported to the Turkish Ministry of Family and Social Policies, for the prevention and support of children that were evaluated in the Gazi University Faculty of Medicine Child Protection Center (GUFM-CPC).

**Method:** The cases referred to this team between 2018 and 2020 were analyzed. The socio-demographic data form included; age, sex, family type, age, and the education level of the parents, the reason for the consult, calls for measures, diagnoses, and the departments that were consulted.

**Results:** A total of 20 patients were referred to the center during the study period. Median age was 2 (min:9 months-max:17 years) years and 12 of the patients were male. Median age of female was 9 (min:9 months-max:17 years) years.The mean age of all was 7,64 years (sd:±6,17,min:9 months-max:17 years). Taking all cases, neglect was the most prevalent form and noted in 10 cases followed by 3 cases of shaken baby syndrome, 3 cases of neglect together with physical abuse, 2 cases of sexual abuse, and one case of physical abuse, , and one Munchausen by Proxy. The cases were referred to the GUFM-CPC by the following departments or institutions; of the total, 15 cases were referred from the department of pediatrics, 2 from ophthalmology, 2 from school counselors, and one from the Women's Solidarity Association. Evaluation of family types in these cases revealed that 82% of the children came from nuclear families and 15% from divorced families. The mean age ki burada mean anlamlı bence, of the mothers was 35 years (sd:±9,51, min:20 years; max:51 years) and 35% were primary school graduates, 15% were literates without education and 10% were illiterate. Only 2 of them had paid occupations. The mean age of the fathers was 38,2 years (sd:±10,09, min:24 years-max:52 years), and 40% were primary school graduates, 35% were secondary school graduates and one was illiterate. Out of all the fathers, only one's occupational status was unknown and the rest had an occupation. The median number of siblings was 2 (min:1-max:9). Upon evaluation, we documented 15 received responses for the notices. Out of the total 10, 6 children were issued a counseling notice, 2 education notice, 5 health-related notices; one was issued an emergency protection order, 2 were issued to be granted financial aid, and one mother was issued a decision to receive psychological support. The remaining 5 did not necessitate an immediate action while the other 5 hadn't sent in a response.

**Conclusion:** The preventive and supportive measures to be taken against child neglect and abuse consist of the acts to provide counseling regarding the protection of the family environment, education, overall care, health, and shelter. It is beneficial to not only carry out hospital follow-ups but also to extend the scope to ensure a multidisciplinary approach by performing home visits to support further the children and their parents in their households.

**Keywords:** children; protection; measure

## OP-86

## Mothers' Knowledge , Attitudes and Practices of Antibiotic Use for their Children

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**Background:** Although much of the progress in modern medicine has evolved under the protective umbrella of antibiotics, irrational antibiotic use due to insufficient information about antibiotics which is the most important reason that leads to improper use by both health workers and parents is a problem that concerns the entire society causing antibiotic resistance and bringing the economic burden.In this study we evaluated mothers' knowledge, attitudes and practices of antibiotic use for their children.

**Method:** 300 Mothers who have children between the ages 0-18 years and applied to Pediatric Infection and General Pediatric Outpatient Clinics between December 2019 and January 2020 were included in this study. The mothers were interviewed face-to-face and the questions in the pre-prepared questionnaire were answered by the mothers.

**Results:** The mean age of the mothers included in the study was 36.82 ± 8.03 years.The mean age of the children included in the study was 8 (0-18) years. 46.3% of the mothers stated that they had information about antibiotics, 7.7% did not express an opinion, 46% stated that they did not know about antibiotics. 30% of the mothers gave the correct answer to the question of what is antibiotics? 2.8% of the mothers had information about antibiotic resistance. 4.4% of the mothers stated starting antibiotics in their own without a doctor's recommendation. 51.5% of the mothers stated that their children were prescribed 1-2 boxes of antibiotics in the last year, 17.3% of mothers stated prescribed 3-5 boxes, 15.3% of mothers stated prescribed more than 6 boxes. 83.7% of the mothers reported that the doctor had adequately explained the prescription.27.7% of the mothers reported that they had spare antibiotics in their homes. The correct knowledge of illiterate mothers about the effect of antibiotics was found to be 4.1%, and this rate increased to 58.5% among university graduates. A significant relationship was also found between the increase in economic level and the true knowledge about antibiotics.No relation was found between antibiotic initiation rate on its own and maternal education level ($p = 0.6$). No relationship was found between the rate of requesting antibiotics and the maternal education level ($p = 0.07$).

**Conclusion:** High rates of antibiotic use are reported in our country, especially in upper respiratory tract infections. In this study, it was observed that only a few mothers(30%) had true knowledge about antibiotics. Also relatively low number of mothers ( 2.8% ) had information about antibiotic resistance. Education of both doctors and parents is essential in rational use of antibiotics.We consider that with adequate information, antibiotic demands of mothers will decrease and the appropriate use of antibiotics will increase.

**Keywords:** Antibiotics;mothers' knowledge;inproper use

## OP-87

# Determination Of Reasons And Clinical Features Of Obesity And Evaluation Of Treatment Compliance In Obese Children Admitted To Outpatient Unit

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**Background:** Obesity in childhood have become a public health problem in recent years. As in adults, the significant increase in the prevalence of obesity among children in worldwide is remarkable. Obesity is a preventable and easily treatable disease considering that the most common reason is exogenous obesity caused by nutritional disorder and decreased physical activity. The present retrospective study aimed to evaluate the clinical features and the reason of the obesity, adaptation to lifestyle changes and treatment in the pediatric outpatients.

**Method:** The study includes 2-18 aged, 100 pediatric patients who were admitted to the outpatient unit for any reason and were detected as obese during the physical examination. The patients whose medical records and laboratory tests results of the first and the following examination pre-existed in hospital database were selected. Demographic data, clinical features and results of laboratory tests (blood glucose, insulin and liver enzyme level, thyroid function test, lipid profile) and treatment methods (diet / exercise / diet + exercise / medical treatment) were recorded. In addition, the data of nutritional habits, frequency of the "fast-food" consumption, physical activity time and length of the screen time were obtained from database. In order to evaluate the treatment compliance, the differences in the clinical features, anthropometric measurements and biochemical parameters between the first and the following examination were assessed. The study was approved by Local Ethics Committee of Ege University (20-4.2T/38).

**Results:** The median age of the study group was 155.36 months (IQR: 63.18). The 59% of the patients were female. Most of parents (79% vs. 81%; for mother and father respectively) were also detected as an obese or an overweight. The total screen time was found as more than 2 hours during the all-day in 98% of the patients. As for the rate of patients doing exercise regularly was 18%. Moreover; it was detected that 97% of the patients consumed fast food at least 2 days in a week and only 55% of group had regular breakfast. In the follow-up data of the patients; neither weight nor body mass index of patients changed significantly in all treatment group. Besides after treatment, a significant decrease in triglyceride level was found solely in whole group.

**Conclusion:** Consequently, it is clearly known that, the main causes of obesity are still nutritional problems and limited physical activity. Thus obesity is preventable disease, if regular treatment and follow-up is provided. Considering that parents of obese children are also obese or overweight, in order to increase the rate of adaptation to treatment, diet and exercise recommendations should be given to whole family. The further prospective study should be designed to find factors affecting treatment success as well. Finally, it is necessary to evaluate all children admitted to the outpatient clinic in terms of obesity, even if their complaint of admission is not excess weight.

**Keywords:** Childhood Obesity, Exercise, Diet, Anthropometric Measurements, Body Mass Index

## OP-88

# Measuring Parent Attributes and Supervision Behaviors Relevant To Child Injury Risk By Psapq-Turkish

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**Background:** Most childhood injuries occur during the care of a caregiver who is watching them. Risk awareness of parents is important to protect children. However, it is not easy to measure the supervision qualities of an individual caring for a child. There is no valid and reliable instrument for assessing the parents' supervision attributes in Turkey. This study aimed to measure parents' supervision attributes by validated "The Turkish Parent Supervision Attributes Profile Questionnaire (PSAPQ-Turkish)".

**Method:** First, a validation study was done for PSAPQ. It was found that the internal consistency coefficients calculated for reliability were 0.75 for the whole scale and ranged between 0.57 and 0.79 for the subscales. The parents of 2 and 5 years old children applying to the Child Health Surveillance Unit, Division of Social Pediatrics, and General Pediatrics Outpatient Clinic, and attending to the Day Care Centers belonging to the Dokuz Eylul University constituted the subjects of the study. In the study conducted with a cross-sectional method, the data were collected with a questionnaire about the demographic and socioeconomic characteristics, and The Turkish Version of the Parent Supervision Attributes Profile Questionnaire (PSAPQ- Turkish). The scale is a 5-point Likert type and consists of 29 items and four subscales. The factors affecting the dependent variable were compared using the cross-tables Chi-square Method. When the data showed normal distribution, the Shapiro-Wilk Normality Test was used. Mann-Whitney U and Kruskal-Wallis test were used for independent group comparisons; Pearson's Correlation Analysis was conducted to evaluate the relationship between subscales. The Binary Logistic Regression and the Multiple Linear Regression Model were also used for interpretation of the data.

**Results:** A total of 240 mothers and fathers participated in our study. The rate of previous accidents was 22.5%; the treatment need for an injury was 11.7%, and the hospitalization rate was 2.5%. Our study found that as the age of the mother and father increased, the frequency of injury in children decreased. Mothers aged between 18 and 24 years were 23.6 times more likely to have a child injured than mothers over 40. It was seen that as the maternal age increased, the mean "risk tolerance" score increased. The age group with the highest average score for the ''belief that fate controls their child's health" was between 25-29. The mean score for "fate controls the child's health" was significantly higher in the mothers who did not work, compared to the mothers who work. The group which defined perceived income status is less income compared to expenditure had the highest mean score in the subscale of fate controls the health of the child.Mother's education level were predicting "protectiveness", "supervision needs" and and "risk tolerance" subscales significantly.

**Conclusion:** PSAPQ-Turkish is a valid and reliable measurement tool. Further research is needed to determine the current situation regarding supervisory behaviors. We found that parents' supervision attributes for their children have been varied according to the mother, father, and child's descriptive characteristics.

**Keywords:** Injury risk, parent attributes, PSAPQ- Turkish, supervision behavior

## OP-89

# The refugees' perspective: Healthcare satisfaction as an immigrant in Turkey

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**Background:** Forced migration causes displacement of individuals from their homes due to economic, social, political, religious or other external factors .As of July 2020, the number of Syrian refugees that have received temporary protection status in Turkey is 3.594.981 (4). Approximately 46% (1.684.503) of them are children between the ages of 0-18, many of which were born in Turkey [4]. According to most up-to-date data, there are around 100.000 Syrian refugees in Ankara, Turkey's capital city [4]. Syrian refugees were forced to migrate due to security and socio-economic issues resulted from war and terrorism, and they continue to have difficulties in meeting their primary needs such as housing, nutrition, health and education (5). Living in unsanitary conditions, unbalanced diet and sometimes severe malnutrition may lead to serious health problems for refugees. Additionally, due to the language barrier, they often have difficulties in accessing public services, especially healthcare services (6). It is noteworthy that immigrants' healthis at risk due to such reasons as the long and difficult travel, exposure to unsanitary conditions, communication barriers, and the challenging conditions of the new regions where they have to fled (7). In 2013, Turkey decided to provide free preventive, therapeutic and emergency services for Syrian refugees, similar to that provided to Turkish citizens (8). It is very fortunate that Syrian refugees have been provided with options and opportunities in many social areas, especially healthcare. However, the access to said healthcare and the Syrian refugees' satisfaction must be assessed. In our study, we aim to evaluate the health problems of refugees in Ankara, and their level of satisfaction on the healthcare services by identifying their access and use of these services.

**Method:** Only the people applied to the Children's Health and Diseases Clinic in Alemdağ Refugee Health Center in Karapürçek District in Ankara between 15 September 2017 and 15 December 2018 are included as participants in this study. 310 mothers who applied to Karapürçek Refugee Health Center Child Health and Diseases Clinic were selected for the study. For the study protocol, an approval was received from the Clinical Research Ethics Committee of Keçiören Training and Research Hospital on 26 July 2017, with the decision number: 2012-KAEK- 15/1493. Before the study, all necessary permissions were obtained from the Public Health Agency of Turkey, Governorship of Ankara and Altındağ District Governorship. All statistical analysis was performed via using the Statistical Package for Social Sciences (SPSS) for Windows computer program, version 22. The normality of the distributions of continuous variables was evaluated with the Kolmogorov-Smirnov, histogram and Shapiro-Wilk tests. Descriptive statistics are presented as mean ± standard deviation for continuous variables, and nominal statistics are presented as number of cases and percentage. Chi-square tests were used to compare the distributions of categorical variables. The statistical significance level is accepted as p

**Results:** 310 out of the 452 mothers who were invited to the study, accepted to participate in the study, indicating a response rate of 68%. While the mean age of the mothers was 31.18 ± 13.84 years (the youngest: 15, the oldest: 78), the mean age of the fathers was 32.37 ± 10.76 (the youngest: 18, the oldest: 64) (Table 1). It was found that the participants spent 79.5% of their monthly income for housing while only 0.7% of income was reported to be spent on healthcare expenditures (Table 2). 58% of the mothers stated that they preferred private hospitals / clinics / medical centers for healthcare when they encountered any health problem while living in Syria (Table 3). 42.1% of the mothers stated that one or

more of their family members had any health problem that is necessitating regular visits to the hospital. 60.15% of these individuals were children. Also,40.2% (n=115) of the mothers stated that they could not get access to the standard childhood vaccinations provided to Turkish citizens by the Ministry of Health, Turkey. Two mothers expressed that they did not know anything about vaccination. Three mothers could not get their children vaccinated because their children did not have a temporary ID card. One mother stated that her children could not get vaccinated since communication was not able to be provided. due tolanguage barrier. 24.5% of the participants reported that they had a family member with disability. Among these, 52.56% were the children, 23.08% were the grandchildren and 10.26% were a sibling of the mother.

**Conclusion:** Female Syrian refugees experience many problems in all areas of life, in addition to the severe consequences of the war. They should be informed about adolescent marriage, family planning, pregnancy, childbirth, puerperium period, baby care, and health literacy. In addition, new studies should be conducted to assess the language barrier which is a major problem in accessing healthcare services. The burden of higher rate of chronic diseases and disability among refugees and the consequences of these on healthcare expenditures should be taken into consideration when managing patients and creating policies. It is critical to ensure a peaceful environment for a permanent solution of the refugee problem and enable the refugees to live safely in their host countries.

**Keywords:** Syrian, refugee, healthcare service, satisfaction

## OP-91

# The association between maternal smoking and breastfeeding at the first postpartum year, further analysis of 2012 Jordan Population and Health Survey

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**Background**: Breastfeeding is the most important component of infant feeding and nutrition. Smoke exposure might have negative impact of breastfeeding. The aim of the study is to examine the association between smoke exposure and breastfeeding.

**Methods**: 2012 Jordan Population and Health Survey were examined 1693 mother-infant dyads were included in the study. Socio-demographic characteristics (living region, place of residence, wealth index, maternal age, maternal occupation, maternal education, smoking status), child characteristics (number of antenatal care, birth interval, place of delivery, type of delivery, birth order, size of birth according to mother, birth weight, infant age, sex, the status of prelacteal food intake, currently breastfeeding at survey enrolment) were examined.

**Results**: Overall 55.8% of infants were boys. The birth weight of 85.4% of infants was over 2500 grams. 81.1% of infants were breastfed. 14.8% of mothers smoke. While 4% of mothers were under 20 years of age, 5.2% of them were over 40 years of age. In multivariable analysis, mothers who don't smoke had higher odds ratio for CBF (currently breastfeeding) than mothers who smoke. (OR: 2.59; 95% CI: 1.48-4.54) Occupied mothers had less odds ratio for CBF than mothers who don't work. (OR: 0.43; 95% CI: 0.26-0.74) CBF for infants who are 6-11 months is 68% less than infants who are younger than 6 months. (OR: 0.32; 95% 0.20-0.52)

**Conclusion**: In this regard, healthcare professionals, mothers and other family members and people who can cause a child's cigarette contact should have informed that negative effect of smoke exposure on breastfeeding.

## OP-92

# Oral glucose tolerance test rates and gestational characteristics of pregnant women admitted to a tertiary healthcare facility

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**Objective**: We aimed to examine the relationship between pregnancy characteristics and rates of having 75 g oral glucose tolerance test (OGTT) used for gestational diabetes mellitus (GDM) screening of pregnant women.

**Materials and Methods**: The study included a total of 294 mother-infant couples applied to the Ankara City Hospital neonatal follow-up outpatient clinic between March 2020-October 2020, of whom 249 had 75 g OGTT for GDM screening during pregnancy follow-up, and 45 pregnant women who did not have the test. The demographic characteristics of mothers and their babies, birth characteristics, pregnancy comorbidities, jaundice at first 7 days after birth, history of hospitalization at intensive care unit and formula use at first 7 days were investigated.

**Results**: The data of 294 patients were analyzed. There were 216 (72.5%) patients with normal OGTT, 33 (11.1%) patients were diagnosed with GDM as a result of OGTT, and 45 (15.1%) patients did not have OGTT. The mean age of all cases was 28.4±5.69 years. The mean gestational age was 37.8±2.67 weeks, and the mean birth weight of babies was 3067±651 grams. The average weight of mothers before pregnancy was 66.9±13.7 kg, the average weight gained during pregnancy was 12.8±5.3 kg, and the average body weight after birth was 73.2±13.2 kg. GDM rates was 13.2% in the cases performed OGTT test (n=33). While there was no significant difference among the three groups in terms of gestational week and postpartum weights, the mean values for age and pre-gestational weight of women with abnormal OGTT were greater than the two other groups. Both maternal weight after delivery and birth weights of babies in GDM group were found to be higher in GDM cases than that in cases with unknown OGTT status. The multipara rate of those diagnosed with GDM was higher (n=18, 54.5%). There was no significant difference between the groups in terms of delivery types, presence of hypertension, presence of hypothyroidism, gestational anemia, smoking history, baby's jaundice and hospitalization at intensive care unit. The rate of formula feeding at first 7 days was significantly higher in babies of GDM diagnosed women than the other groups (p=0.037).

**Conclusion**: It was observed that OGTT was not performed in one out of every seven pregnancy, and one out of every eight pregnant women was diagnosed with GDM. GDM cases missed because OGTT is not performed will be prevented with correct guidance and information, and complications that may occur will be avoided. Qualitative studies are needed to evaluate the sociologic background of not being tested.

**Keywords**: pregnancy, gestational diabetes mellitus, oral glucose tolerance test, neonatal results

## OP-93

# Practices of Turkish pediatricians working in the field of social pediatrics on the use of non-routine vaccines in healthy children

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**Objective:** Counseling on routine and non-routine vaccines is an integral part of pediatrics practice. The aim of this study was to gather information on recommendations made by social pediatricians in Turkey for immunization of healthy children with non-routine vaccines.

**Method:** All pediatricians working in the field of social pediatrics in Turkey (n:75) were invited to participate in the study. Questionnaire seeking information about the counseling they provide for healthy children on non-routine vaccines (*i.* rotavirus, *ii*. human papilloma virus, *iii.* Tdap, *iv.* meningococcal serogroup A,C,W,Y conjugate vaccines, *v.* meningococcal serogroup B vaccine-Bexsero and *vi.* seasonal influenza vaccines) was sent by e-mail.

**Results:** Out of 75 pediatricians 68 (90.7%) responded to the e-mail. Of the 68 participants 55 (%80,9) were providing information on non-routine vaccines to the parents of healthy children. All 55 providers (100%) were informing the parents about rotavirus vaccines, meningococcal serogroup A,C,W,Y conjugate vaccines and meningococcal serogroup B vaccine. HPV vaccines were recommended by 42 (76.4%) and Tdap vaccine by 32 (58.2%) of the 55 providers.

Participants were most commonly initiating rotavirus vaccines at 2 months and meningococcal vaccines between 6 and 12 months of age. Tdap vaccine was preferred as an alternative to the booster dose of Td vaccine at 13 years of age. No age preference was observed for HPV vaccines. Only 19 (%34.5) were providing immunization services for adolescents and 5 (%9.1) for pregnant people.

For the question on seasonal influenza vaccines was misunderstood as seeking information on immunization of children with special health conditions, it was omitted from final evaluation.

**Conclusion:** Different non-routine vaccines are preferred with different schedules by the pediatricians working in the field of social pediatrics in Turkey. More uniform schedules and more emphasis on adolescent immunization may help to provide better non-routine vaccination services to children.

# SESSIONS

# Organic Agriculture and its Effects on Child Health

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Conventional agriculture refers to agriculture, which is intensively done today. High amounts of synthetic pesticides/herbicides, mineral fertilizers, genetically modified seeds (GMO) are used in plant production. In animal production, concentrate animal feed containing high levels of GMO products, hormones and antibiotics are used. On the contrary, organic agriculture means production methods that comply with organic production standards and use organic fertilizers such as compost animal manure, non-chemical methods for pest prevention and control, and animals have access to pastures, roughage for animal husbandry, where hormones, antibiotics and genetic engineering are prohibited.

Organic agriculture has been spreading rapidly in recent years. At the end of 2018, according to data from 186 countries, the number of organic producers was reported to be around 2.8 million. India continues to be the country with the most producers, followed by Uganda and Ethiopia. It has been estimated that the global market for organic food exceeded $100 billion in 2018. The leading market is the US, followed by Germany and France. Again, organic farming was carried out on a total of 71.5 million hectares of land at the end of 2018, indicating a 2.9 percent growth compared to 2017. Oceania (36.0 million hectares) has the largest organic farming area, followed by Europe (15.6 million hectares) and Latin America (8 million hectares). In Turkey, 75 thousand farmers are recently doing organic farming on 500 thousand acres of land.

There are two main reasons why organic agriculture and food have become so popular in recent years.

1) It has been seen by many as an environmentally friendly, sustainable and better mode of production for environmental health: less tillage, use of composted animal manure instead of synthetic fertilizers, no pesticides/herbicides in pest control, and the prohibition of GMO.
2) Organic food is considered by many to be healthy and safe products with high nutritional value: In studies conducted in our country, it has been reported that consumers' preference for organic products originates from the idea that it is more beneficial and safer for human health than conventional ones.

Since this session has another speaker to explain the first item listed above, I will focus my talk on the effects of organic food on human health, especially on child health. Since there is very limited epidemiological data investigating the direct effects of organic agriculture and food on children's health, I will sometimes make inferences from studies on adults.

Several studies have reported a lower prevalence of allergies and/or atopic diseases in children of families consuming organic food. In the KOALA birth cohort of 2,700 mothers and babies from the Netherlands, organic milk consumption during pregnancy and in infancy was associated with a 36% reduction in the risk of eczema at 2 years of age. In this cohort, breast milk of the mothers that consumed organic foods had a higher content of fatty acids, which was suggested as the reason for the lower likelihood of eczema by the age of 2 years. In the MOBA birth cohort study of primipara 28,000 mothers in Norway between 2002–2008, women who reported frequent consumption of organic vegetables during pregnancy showed a reduced risk of preeclampsia (OR = 0.79, 95% CI 0.62 to 0.99). Again the data from the same cohort including 35,107 singleton male infants reported that lower prevalence of hypospadias

with any organic consumption, and in particular organic vegetables. However, there was no difference for cryptorchidism.

Again, the limited number of epidemiological studies that directly show the effects of organic farming and food on child health forces us to look at the change of some "surrogate" parameters with the production method. Among the production methods, pesticides, cadmium, mycotoxins in plant food and hormones and antibiotics in animal food gain importance in terms of food safety, while polyphenols, vitamins, phosphate in plant food and fatty acids in animal food are prominent in terms of food quality.

**Organic agriculture and child health in terms of food safety**

Pesticide residues in food constitute the main source of exposure for the general population. One of the advantages of organic food production is the limited use of synthetic pesticides, which leads to lower residue levels in food and hence lower pesticide exposure for consumers. Between 2013 and 2016, EFSA detected pesticide residues below the Maximum Residue Levels (MRL) in 43.7% of all food samples and 13.8% of organic food samples. The only cumulative chronic risk assessment comparing organic and conventional products was conducted in Sweden using the Hazard index (HI) method. HI values calculated under the assumption of imported conventional, local conventional and organic products of adults consuming an average of 500 g of fruits, vegetables and strawberries per day were found to be 0.15, 0.021 and 0.0003, respectively. This means 70 times lower pesticide exposure with a diet based on organic foods.

Studies show that individuals are often exposed to organophosphate and pyrethroid insecticides and urine can be used for measuring organophosphates (dialkyl phosphates, DAPs) and pyrethroids (3-phenoxybenzoic acid, 3-PBA). Children have higher urine concentrations of pesticide metabolites than adults. This is likely due to children's higher food intake relative to body weight and their behavior that increases their risk of higher exposure to pesticides. It has been shown in intervention studies that urinary excretion of pesticides is significantly reduced 1 week after food consumption restricted to organic food. High fruit and vegetable intake are positively associated with pesticide excretion and frequent consumption of organic products is associated with lower urine pesticide concentrations.

Fetal life and early childhood are particularly vulnerable periods in terms of exposure to neurotoxic substances. In a Danish study of greenhouse workers' children, even brief occupational exposure during the first weeks of pregnancy before women knew they were pregnant was associated with adverse long-term effects on their child's growth, brain function and sexual development. In other studies based on the PELAGIE cohort in France, high concentrations of pyrethroid metabolites in maternal urine during pregnancy have been associated with internalization difficulties in 6-year-olds. In addition, children have been associated with their own urinary pyrethroid metabolite concentrations, decreases in verbal and memory functions, and externalizing difficulties, and abnormal social behavior. In a prospective birth cohort study among farmworkers in California (CHAMACOS cohort), neonates with maternal urinary organophosphate metabolite concentrations in pregnancy were associated with abnormal reflexes, poor mental development at 2 years of age, weaker intellectual development at 3.5 and 5 and 7 years. Another birth cohort from New York reported impaired cognitive development at 12 and 24 months and 6 to 9 years of age regarding maternal urinary organophosphate concentrations during pregnancy. In another New York city center birth cohort, the concentration of organophosphate chlorpyrifos in umbilical cord blood was associated with delayed psychomotor and mental development in children in the first 7 years of life, poorer working memory, and structural changes including decreased cortical thickness in the brain of school-age children and with mild to moderate tremors in arms at age 11.

For non-smokers, food is the primary source of exposure to cadmium (Cd), mainly originating from grains and vegetables. A meta-analysis comparing the Cd content of organic and conventional products

reported 30% higher Cd content of conventional crops compared to organic crops, in the subgroup analysis this difference is limited to cereal products.

Regarding fungal toxins in crops, a meta-analysis reported a lower contamination with deoxynivalenol (DON) produced by some fusarium species in organics compared to conventional cereal crops. In the EU, the average chronic exposure of infants and children to DON is above the tolerable daily intake (TDI) and cereals and cereal-based products are the main contributors to total exposure. The TDI of DON is based on the reduced body weight gain observed in mice.

It is reported that a significant proportion (50-80%) of antibiotics are used for conventional livestock worldwide. In a study conducted in 28 EU/EEA countries in 2014, the amount of antimicrobial drugs consumed by livestock on a "biomass per kg" basis was slightly higher than antimicrobial drugs used for humans. Organic livestock products were found to be less likely to harbor resistant bacteria in pork and poultry.

I will not discuss the subject on hormones further here, as there is another speaker likely to talk about cattle growth hormone and sex steroids used in conventional animal agriculture and food production.

**Organic agriculture and child health in terms of food quality**

(Poly) phenolic compounds are not essential nutrients for humans, but may play a role in the prevention of many noncommunicable diseases, including cardiovascular disease, neurodegeneration and cancer. Meta-analyzes report modest effect sizes on the total phenolic content of the production system, eg. 14-26 % increase in organics.

Systematic reviews agree that the concentration of macronutrients, vitamins and minerals in products is little affected by the production system. Current systematic reviews show that organic products contain consistently lower total nitrogen (7%, 10%) and higher phosphorus (8%) compared to conventional products. Meta-analyzes report that the organic production system has only a small enhancing effect on vitamin C content.

The free fatty acid composition of animal feed is a strong determinant of the fatty acid composition of milk, egg, or meat. Grass and red clover used in organic animal husbandry contain omega-3 FA between 30% and 50% of total free fatty acids, while grains, soy and corn used in concentrated feeds contain omega-3 FA below 10% of total FA. One meta-analysis reports that organic milk has approximately 50% higher total omega-3 fatty acids (as a percentage of total fatty acids) than conventional milk.

**As a result,** the evidence to show the direct effects of organic agriculture and food on child health remains very limited. However, since organic products are less affected by pesticides and herbicides, where there is evidence that they have negative effects on children's health, do not contain Cd, hormones and antibiotics, and contain higher vitamin C and omega-3 free fatty acids, it should be considered appropriate to suggest it to the public. Turkey currently imports the most of the main inputs of conventional agriculture such as pesticides, fertilizers, seeds and it has serious unemployment problem, which threatens the health of the Turkish children. Our personal opinion is that Turkey's completely switch to organic farming will reduce its external dependence, has the possibility to remedy our unemployment (because of manpower being the main input in organic agriculture), offers our people, especially to our children, a healthy life and environment, and reduce the organic food price to a reasonable level by increasing the amount of organic food production.

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# Breastfeeding During the Infections of the Mother

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Breastfeeding is a evidenced-based child survival intervention. Its nutritional, cognitive, emotional and immunological benefits are well-documented. Breast milk contribute to the infant's immune protection through various mechanisms, including improved growth of nonpathogenic flora, decreased colonization with enteropathogens, enhanced development of the respiratory and intesinal mucosal barriers, specific factors against individual organisms (sIgA), decreased inflamatory reaction, immunomodulation. Decisions concerning breastfeeding in a mother with an infectious illness should think about the potential benefits of breastfeeding against the known or estimated risk for the infant acquiring a clinically significant infection via breastfeeding and the potential severity of the infection.

During breastfeeding the baby can be infected by mother's pathogens with several routes of transmission that can be considered, such as respiratory secretions and droplets (e.g. adenovirus, influenza virus, respiratory syncytial virus, haemophilus, mycoplasma) direct contact with lesions in the breast and nipple (e.g. HSV 1-2, VZV, treponema, tuberculosis) and breast milk. When the primary route of transmission is via direct contact or respiratory droplets/particles, temporary separation of mother and infant may be appropriate (whether the infant is breastfed or formula fed), but expressed breast milk should be given to the infant for the organism-specific immunologic benefits in the mother's milk.

The transmission of infection through breast milk is well documented for CMV, HIV, and HTLV-I. Mothers who are positive for human T-cell lymphotrophic virus type I/II, Ebola virus, Marburg virus, Lassa virus should not breastfeed nor provide expressed milk to their infants. The potential for transmission of infections especially for HIVfrom mother to child faces the dilemma of how best to interpret the benefits and risks of breastfeeding in different settings. In the developed countries, it is not recommended that HIV-positive mothers breastfeed. But, in the resource-limited setting, where mortality is increased in non-breastfeeding infants from a combination of malnutrition and infectious diseases, breastfeeding may outweigh the risk of the acquiring HIV infection from human milk. In areas where antiretroviral therapies (ART) are available, infants should receive daily nevirapine prophylaxis until 1 week after breastfeeding stops and their mothers should receive ART. For infants known to be HIV infected, mothers are encouraged to breastfeed exclusively for the first 6 month of life, continue up to 2 years of age.

There is no contraindication to breastfeeding for a full-term infant whose mother is seropositive for cytomegalovirus (CMV). There is a possibility that CMV acquired from mother's milk may be associated with a late-onset sepsis-like syndrome in the extremely low birth weight (birth weight <1500 g) preterm infant. Although not associated with long-term abnormalities, such a syndrome may warrant antiviral therapy. For other viruses, prophylactic immune therapy to protect the infant against all modes of transmission are indicated (varicella zoster virus, VZV immunglobulin; HAV and immunglobulin, HBV and HBIg+HBV vaccine).

Mothers who are positive for untreated brucellosis should not breastfeed nor provide expressed milk to their infants. Mother with brucellosis should breastfeed after 48 hour of therapy and discard breastmilk during this period. Breastfeeding should not occur if the mother has active (infectious) untreated tuberculosis or has active herpes simplex lesions on her breast; however, expressed milk can be used because there is no concern about these infectious organisms passing through the milk. Breastfeeding can be

resumed when a mother with tuberculosis is treated for a minimum of 2 weeks and is documented that she is no longer infectious. In some conditions, temporary cessation of breastfeeding or the avoidance of breast milk is acceptable for a limited time (24 hours for N. gonorrheae, H. influenzae, Group B streptococci, and staphylococci). Antimicrobial therapy regimens that are compatible with breastfeeding can be chosen to treat the mother effectively.

In most instances, by the time a specific diagnosis of infection is made for a mother, the infant has already been exposed to the organism, and providing expressed breast milk to the infant should continue but there are exceptions such as Ebola virus disease or Lassa fever. Regarding antimicrobial therapy for mothers and continued breastfeeding, the majority of the medications commonly used in adults can be used to treat the same infection in infants.

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# Immunization in School Children During the Pandemic

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Because of the COVID-19 pandemic there is an alarming decline in the number of children who receive life-saving vaccines all around the world. This decline can lead to another public health problems from the life-threatening diseases that vaccine preventable. According to World Health Organization (WHO), at least 30 measles vaccination campaigns were or are at risk of being cancelled due to the COVID-19 pandemic and this may result in further outbreaks. It is well known from the previous interruptions such as Ebola outbreak in West Africa during the 2013-2016 which decreased vaccination coverage led to outbreaks of measles and the other vaccine preventable diseases. The benefit of routine childhood immunization programmes in African countries was found to be greater than the COVID-19 risk associated with the vaccination clinic visits.

It is reported that main reason for the decline of vaccination rates is parental concerns about potentially exposing to COVID-19 during well child visits. WHO and UNICEF warning the countries to continue the immunisation services and catch-up vaccination with the measures to reduce COVID-19 transmission. Especially children who are in risk group for vaccine preventable diseases should have priority. With the start of the new school year also planning needs to be made that how school immunization services will be made. Countries should design strategies to overcoming barriers, to increase the vaccine accessibility and to provide safe immunization environment with measures for pandemic. In this speech, the importance and the ways to maintain of immunization in school children during the pandemic will be discussed.

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# Prevention of Orthopedic Problems

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Congenital/acquired skeletal and muscular system disorders are the main problems that cause children to be disabled. Orthopedic problems in children can cause functional limitations that increase with age. Complications can be minimized with preventive measures, early diagnosis, and correct treatment approach. Common orthopedic problems in childhood are summarized below.

## Developmental Dysplasia of Hip

Developmental dysplasia of the hip represents a spectrum of congenital disorders ranging from dislocated hips to hips that are stable but have abnormal anatomy radiographically (1). Dysplasia may exist without clinically evident instability of the hip. The American Academy of Pediatrics has published guidelines regarding radiographic screening for children based on 3 primary risk factors—female sex, breech presentation, and a family history of hip dysplasia (2). Dynamic ultrasound evaluation should be performed between 4 and 6 weeks of age to minimize false positives due to inherent laxity; alternatively, x-rays may be used at 4-6 months of life. There may be benefit to performing radiographs at 6 months of age even after normal ultrasound in those with the risk factor of breech presentation (3). The association of foot deformities (calcaneovalgus and metatarsus adductus) and torticollis remains unclear, but clubfoot is not associated with hip dysplasia (4-6). While the risk:benefit ratio of screening has been questioned,pediatric orthopedists favor the current recommendations (7,8). Abnormal results should prompt referral to a pediatric orthopedist to determine whether treatment, or continued observation, is most appropriate. Rarely, a stable, but dysplastic, hip may progress to dislocation (9). Children typically present with either a waddling gait or an apparent leg length discrepancy and short-legged gait. On physical examination, hip abduction of less than 60 degrees should raise concern regarding the presence of a late dislocation, demonstrated on radiographic evaluation. Since surgical treatment is required, referral to a pediatric orthopedist should occur promptly, but need not be emergent.

## Foot Disorders

*Turned In:* Children who present with a footturned in at birth usually have 1 of 3 entities; metatarsus adductus, metatarsus varus (skewfoot), or clubfoot. Metatarsus adducts is 3 times more common than either clubfoot or skewfoot; clubfoot and skewfoot occur at a rate of 1 per 1000 live births (10,11). Differentiating among the 3 involves examination findings of the hind foot.Metatarsus adducts involves a medial deviation of the fore foot, and the hind foot is in neutral to varus meaning the heel is aligned with the leg, or turns inslightly. In skewfoot, the hindfoot is in valgus,turned out relative to the leg and forefoot. Flexibility of the forefoot usually determines prognosis in metatarsus adductus a foot that can be manipulated by the examiner and stretched to become straight will likely correct on its own, but more rigid feet benefit from corrective casting. All cases of skewfoot should be referred to an orthopedist for possible casting.Whether the skewfoot is rigid or flexible, casting may not result in full correction

(12). Clubfoot, also called talipes equinovarus, contains not only metatarsus adductus, but also cavus (a higharch), hind foot varus (heel turned in), and equinus (foot pointing down). All the components are usually stiff and incompletely correctable. Talipes equinovarus differs from metatarsus adductus and metatarsus varus in the equinus positioning. The calcaneus sits high in the heel, the heel feels "empty," and the foot cannot be dorsiflexed past a 90-degree alignment relative to the leg. While most clubfeet are idiopathic, a thorough examination should occur toassess for neurologic abnormalities, other joint contractures,or other clinical findings to suggest a specific etiology, such as a syndromic or neuromuscular disorder. Referral for Ponseti casting should occur withinthe first 2 months after birth for best correction of alltypes of clubfeet (13). Casting successfully corrects most, if not all, of the deformity in children, even after 2years old (14).

*Turned Up and Out:* Feet that turn up and out at birth usually represent either calcaneovalgus foot or congenital vertical talus (CVT). Calcaneovalgus foot is present in 1-2:1000 children at birth, while CVT is rare at a birth incidence of 1:10,000 (5,11,15). Calcaneovalgus foot is mostly correctable into plantar flexion and will fully correct within a few months after birth on its own. The CVT has a "rocker-bottom" deformity to the foot, and, like clubfoot, the heel feel sempty. Calcaneovalgus feet require no treatment, whereas CVT may be corrected with casting and a minor surgical procedure through a recently developed technique, although complete reconstruction may occasionally be necessary (16). Calcaneovalgus foot may be associated with a higher risk of developmental hip dysplasia, while CVT is not (5).

**Torticollis**

Children are often born with a head turned and/or tilted to 1 side. Usually this is due to, contraction of the sternocleidomastoid (SCM) muscle. The head should be tilted toward the side of the involved muscle, with the chin turned to the opposite side. Often a fibrotic mass is palpable within the muscle body, the pseudotumor. Rather than trying to manipulate the head manually to test range of motion, rattling a set of keys to either side of the child often prompts turning of the head, allowing for identification of deficits. Since there may be an association between torticollis and developmental dysplasia of the hip, the hips should be examined, and screening imaging may be warranted (4). Most cases resolve spontaneously or with physical therapy.

**Flatfoot**

Children almost universally are "flat-footed" when they start walking (17). Intrinsic laxity and a lack of neuromuscular control result in flattening of the foot when weight bearing. Arch development occurs through early childhood, and by age 8, the prevalence of flat- footedness equals that of the adult population (18). As a result, the diagnosis of "flat-foot" in children before school age ispremature. Use of orthotics in children before development of true deformity is premature and does not hasten arch development (19). In fact, foot wear may deter normal development of an arch (20). As a result, shoes should be considered protection for the feet when outdoors and they should be flexible and well-fitting. Indoors, children should be encouraged to be barefoot, in stocking feet orminimal slippers (21). Flatfeet are normal in children. Shoes do not induce arch development and should be viewed only as protection for the feet in children under 5 years old.

**Crooked Legs**

Children predictably progress through changes in their alignment that often raise concerns, but must be differentiated from pathologic conditions. At birth, most children appear bowlegged (genu varum), straightening out by18-24 months of age. They then fall into genu valgum (knockkneed), which is maximal aroundage 3, ultimately straightening outby age 5-6 (although around 5 degrees of valgus remain radiographically) (22). Crookedlegs after age 6 are abnormal and an orthopedic referral is warranted.

**Bowed Legs**

Most cases of genu varum in infants and young children are due to physiologic bowing, which is often seen in combination with internal tibial torsion. Both deformities are thought to be due to in utero positioning. In physiologic varus, children walk with their feet pointing in wardor forward. Close observation will demonstrate that the knees point outward. As the child approaches 2 years old, persistentvarus requires radiographic evaluation. Some children take longer to resolve physiologic varus, which may be confirmed radiographically (22,23).

**Idiopathic Scoliosis**

Scoliosis is defined as curvature of the spine in the coronal plane. It is typically accompanied by a variable degree of rotation of the spinal colum (24). By convention, >10° of curvature as measured by the Cobb angle defines scoliosis. Curves with Cobb angle ≤10° are within the normal limits of spinal asymmetry and have no long-term clinical significance. The direction (right or left) of a scoliotic curve is defined by the curve's convexity. The location is defined by the apical vertebra (the one that most deviated and rotated from midline). Idiopathic scoliosis is scoliosis for which there is no definite etiology, unlike neuromuscular, congenital, or syndromic types (25).The etiology of scoliozis is unclear. Spinal examination is particularly important before the pubertal growth spurt (at approximately 10 years). In addition, pediatric health care providers should be prepared to evaluate patients for scoliosis when it is discovered incidentally or through a school-based screening program, or when the adolescent or parents express concern about scoliosis (24,25).

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# Social Pediatrics Training Experience in Canada

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Requirements to pursue a clinical experience in Quebec

- Be adapt at communicating in Quebec:
  - Official language: French
  - Communities: Anglophone & Francophone
- Have a relevant position:
  - Training professional (e.g. Social workers, family physicians, pediatricians, therapists, psychologists)
  - Student

Dr. Julien's Foundation has 3 centres for training, research and certification

- Observational Internships
- Clinical training
- Organizational meetings
- Learning Forums
- Biennial International Symposium
- Summer School
- Social Pediatrics Institute/Online theoretical modules
-

Scientific basis of the daily flow: The EEDA method

- E – Establishing; a special relationship, entering each other's world, starting to feel comfortable
- E – Exchanging; the beliefs, emotions, ideas without any preconceived ideas
- D – Decoding; using an integrated approach of analysis everyone's understanding the meaning of the problem and decide on the next step
- A – Action; based on needs which all parties understand, accept and prioritize

Assessment of the training

1. Self-assessment questionnaire of expected skills and behaviors.
2. Evolving professional development portfolio.
3. Identification of expectations.
4. An online feedback form on the experience with FDJ.

# Immunology of Vaccination

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By being one of the most effective and safe medical interventions, vaccination saves millions of lives each year. Knowing how we respond to vaccines and the factors that influence this response may help us in evaluating individual differences in vaccine immunity.

The main aim of vaccination is to generate a fast and specific immune response against the vaccine preventable pathogen. The ability of a vaccine to mount this immune response depends on many factors such as the characteristics of the host, properties of the vaccine, and the quality of healthcare infrastructure.

The host dependent factors can be summarized as; genetic factors, age, general health condition of the recipient, presence of either primary or acquired immunosuppressive conditions (either primary or acquired) or other specific diseases, and obesity.

The basic properties of the vaccine that can change the immune responses are the dose and type of the vaccine (live, killed, subunit, polysaccharide, adjuvanted, etc.), type of the adjuvant (if any), and the administration site and route of the vaccine (e.g. oral, intradermal, percutaneous, subcutaneous, intramuscular, intranasal).

Vaccines should be manufactured, stored and transferred according to international standards. Non-standard production or storage practices, as well as improper reconstitution, administration, or dosing of the vaccines all have the potential to reduce the immune response. Therefore it is crucial to have a high quality health care infrastructure with proper supply chain and knowledgeable health care providers that are able to administer the vaccines correctly.

As clinicians who serve children with special needs, we sometimes have to check the immune responses to vaccines. While doing such controls it is important to *i.* leave the necessary interval between the vaccine and specimen collection, *ii.* choose the right test to evaluate vaccine specific immunity, *iii.* have proper laboratory facilities, and *iv.* have a sound knowledge on the interpretation of test results.

In conclusion factors dependent on the host, the vaccine and the health care system can all influence vaccine immunity. It is necessary not to overlook some details while interpreting test results on individual responses to vaccines.

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# Organic Farming and Agroecology In The World And Turkey

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The health of our children and adults are closely related with how we do farming. In this paper, what kind of an agriculture strategy is required to provide non-poisonous food to people will be discussed.

In Turkey, the organic farming has begun in 1980's by the efforts of European organic food companies which they want to import special Turkish foods like raisin, hazelnut, etc. Our organic farming is concentrated mostly for exportation even today.

Organic farming acreage is 1.4 % of total farming areas in the world. This value is 1.7 % in Turkey. In Turkey the support to organic farming is not enough. The confidence of people for organic foods is insufficient. The prices received by the farmers for organic products are very little higher than conventional products, but the prices paid by consumers for these foods are much higher. This fact creates a perception that organic foods are targeted for only middle and high income groups.

The industrial agriculture, pushing farmers to disappearance by the price scissor which is formed by increasing input prices and decreasing product prices received by the farmers. This system also contributing climate change more than expected by the international official statistics. The organic farming which is shown as an alternative to these phenomenon is being controlled by the main socio-economic system for many decades. This organic farming with a narrowed biodiversity, becoming dependent to bio pesticides produced by the same companies, and also to immigrant workers. The organic foods are exporting to overseas for high-income consumers. This organic farming is neither ecologic nor sociologically sustainable. And limited to be marginal.

On the other hand, agroecological farming spreading all over the world, which is aiming that for all people to access to food is a human right. "Agro" means agriculture or field, "eco" means house or environment, "logy" means science. Industrial farming depends on agricultural chemicals, company seeds, big machineries, intensive water which are bought outside the farm. But agroecology depends on ecological knowledge and information either people knowledge or scientific knowledge.

Agroecology is defended by social movements like La Via Campesina and MST (Movimento Sem Terra). Recently agroecology also accepted by FAO (Food and Agriculture Organization of United Nation) and even by companies. But there is a danger that agroecology will be degenerated by the neoliberal system. A separation is appearing as the "people agroecology" and the "companies agroecology".

Agroecology aims the control of the people on production, distribution and consumption and also refuse the economic globalization. Farmer will not be dependent to external inputs, credits and technology. Food sovereignty is a must for agroecology. Food sovereignty accept the determination of the agricultural politics by the communities, people and nations. Without food sovereignty agroecolgy is only a technic. Without agroecology food sovereignty is only a slogan.

# Preventive eye health practices in pediatrics (Summary)

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The visual system is immature at birth. It begins to mature during the first weeks of life. Myelination of the optic nerves, and development of the visual cortex occur over the first two years. Vision assessment is an important part of the preventive care of children. Some eye abnormalities that are not treated in the first few months or years of life can lead to irreversible vision loss. On the other hand, poor vision and vision loss also may be an early indication of serious or life-threatening diseases, such as retinoblastoma or lipid storage disorders. As a result, vision screening is crucial for the detection of visual and systemic disorders. It should begin in the newborn nursery and continue throughout childhood.

Referral indications:

- Abnormal red reflex
- Personal history of prematurity or metabolic or genetic disease with ophthalmologic implications.
- Family history of childhood cataract, retinoblastoma, retinal dysplasia, or childhood glaucoma.
- Inability to fix and follow by age three months. (Fixation test)
- Abnormal ocular alignment in children older than four months (ie, strabismus).
- Pupillary asymmetry of ≥1 mm in diameter
- Corneal asymmetry (suggestive of glaucoma or microphthalmia)
- Unilateral or bilateral ptosis or other lesions obstructing the visual axis (eg, eyelid hemangioma), which may cause amblyopia.
- Nystagmus.
- Visual acuity worse than 20/50 in a three-year-old, worse than 20/40 in a four-year-old, or worse than 20/30 in a child ≥5 years.

**Effects of Screen Use on Children's Eyes**

Children spend more time than ever staring at digital screens, on computers, tablets, smartphones, and other devices. The American Academy of Ophthalmology does not have specific recommendations for amount of screen time for children. But parents should be aware of the possible effects of screen use on children's eyes, as well as the broader health concerns raised by other groups like the WHO.

Researches show that children begin zooming in on digital media devices, such as their parents' tablets or smartphones, as young as 6 months old. By their teens, studies have found, kids spend nearly 7 hours a day using screened-based media, watching TV, playing video games, and using social media. This doesn't include additional time spent using screens at school and for homework. With COVID-19 and a shift to online learning by many schools, children are spending even more time looking at screens.

Staring at a screen for long stretches without taking breaks can cause symptoms such as:

**Eye fatigue.** Muscles around the eye, like any others, can get tired from continued use. Concentrating on a screen for extended periods can cause concentration difficulties and headaches centered around the temple and eyes.

**Blurry vision.** Gazing at the same distance for an extended time can cause the eye's focusing system to

spasm or temporarily "lock up." This condition, called an accommodation spasm, causes a child's vision to blur when he or she looks away from the screen.

**Dry eyes.** Studies show that people blink significantly less often when concentrating on a digital screen, which can leave eyes dry and irritated.

What parents can do?

- Follow the 20-20-20 rule: every 20 minutes, look at least 20 feet away for 20 seconds.
- Set a timer to remind the child how often to look into the distance.
- Alternate reading an e-book with a real book and encourage kids to look up and out the window every other chapter.
- After completing a level in a video game, look out the window for 20 seconds.
- Pre-mark books with a paperclip every few chapters to remind your child to look up. On an e-book, use the "bookmark" function for the same effect.
- Avoid using screens outside or in brightly lit areas, where the glare on the screen can create strain.
- Adjust the brightness and contrast of the screen so that it feels comfortable.
- Use good posture when using a screen. Poor posture can contribute to muscle tightness and headaches associated with eye strain.
- Encourage your child to hold digital media farther away: 18 to 24 inches is ideal.
- Remind them to blink when watching a screen.

The best way to deal with possible effects of screens on children's eyes and vision is to help them set these good habits for use.