A total of 111 (52.3%) babies were premature. The mean birth weight of the babies was 2052±352 gms (1050–2490 gms) and the mean gestational age was 35±2 weeks (28–42 weeks).

Out of 212 babies, ninety-nine babies (46.7%) had a low ponderal index (<2.2 in term babies, <2.0 in preterms) and by definition had disproportionate IUGR, out of which 60 (59.4%) babies were term and 39 (35.1%) were preterms.

170 babies (80.2%) had no postnatal complications, 15 babies had neonatal sepsis, 10 babies had respiratory distress syndrome, 6 babies had hypoxic-ischemic encephalopathy (4 babies stage I HIE, 2 babies Stage II HIE), 8 babies had transient tachypnea of newborn, 3 babies had hypoglycemia and 2 babies had polycythemia.

Conclusions Ponderal index is a simple and effective tool to identify wasting. In this study, nearly 46.7% of the low birth weight babies were disproportionate at birth.

110 PARENTAL DECISION MAKING WHEN CHOOSING A PAEDIATRIC PRIMARY CARE SERVICE: WHAT FACTORS MATTERED MOST?

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Background In Malaysia, patients are free to choose their own primary care healthcare providers at their own expense. Studies show that patients who choose their own doctor are associated with increased patient satisfaction. Primary care paediatricians realise the need to involve parents as stakeholders in today’s competitive healthcare industry.

Objectives This study aimed to identify what factors matter to parents when choosing a paediatric primary care for their children in a free market setting where they have direct access to paediatricians. It also explored if differences in these perceived factors exists between parental education and household income levels.

Methods An analytical cross-sectional study was conducted at two paediatric primary care centres in urban Malaysia. Parents who brought their child to seek treatment at the centres were invited to participate. A face and content validated questionnaire that includes respondents who brought their child to seek treatment at the centres were invited to participate. A face and content validated questionnaire that includes respondents who brought their child to seek treatment at the centres were invited to participate. A face and content validated questionnaire was devised from the literature and a focus group discussion. A 5-point Likert scale was applied to 25 elements that were organised into five major domains: ‘consultations’ (CO), ‘facilities and services’ (FS), ‘fees and charges’ (FC), ‘social media engagement’ (SM) and ‘doctor’s appearance’ (DA). Elements within each domain were ranked according to a mean ratings score. Internal consistency for each domain was yielded through a Cronbach’s alpha (α) value. Independent t-test was used to determine the associations between outcomes and independent variables.

Results 387 parents completed the questionnaires (response rate, 91.3%). The mean age of the parents was 37.7 years. 295 (76.2%) parents attained a tertiary education. 157 (40.6%) parents were bottom tier income earners. Parents rated the provision of FS highest (mean rating score=41.63, α=0.84), followed by ratings on the interaction with healthcare providers during CO (34.73, 0.77). Younger aged parents (p=0.021) and parents from lower household income level (p=0.001) had higher FS rating score compared with older parents and parents of higher income respectively. The top elements in the FS domain were a ‘strategic location of the primary care’ and ‘comfortable and clean waiting room’. The CO ratings have a predilection towards technical quality, interpersonal manners and successful provider-patient communications during clinical encounters. In exchange, for FC (11.80, 0.75), parents appeared to tolerate costlier consultation and treatment, but still appreciate bills that are transparent. While parents with a higher level of education prefer to participate in shared decision-making with the paediatricians (p=0.002), parents from lower household income level rated a significantly higher score in SM (p<0.001) and DA (p=0.019).

Conclusions Where parents are free to choose their child’s paediatric primary care service, convenient accessibility and perceived consultation-related proficiency mattered most to parents when deciding. The extent to what makes a difference, appeared to be influenced by parental age, educational and income level. These perceived differences largely confirm the need to invest in the development of individualised support services in a consumer-driven health care system. These preferred elements can provide clue to determine parental satisfaction towards health services provided and predict complex health seeking behaviours.

113 ASSOCIATION BETWEEN DEGREE OF SENSITIVITY TO INDOOR ALLERGENS AND ASTHMA SEVERITY

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Background Aeroallergens, especially indoor aeroallergens have a major role in the pathogenesis and severity of asthma. In Myanmar, data about allergen sensitivity and asthma is still lacking. Understanding the prevalence of the most common aeroallergens in local area can help in the diagnosis and management of asthma.

Objectives
1. To determine the prevalence of sensitivity of indoor allergens in children with asthma
2. To analyze the association between degree of sensitivity to indoor allergens and asthma severity.

Methods This hospital based cross sectional analytical study was conducted in 120 children (aged 6–12 years) with asthma who attended asthma clinic in Yangon Children Hospital. Severity of asthma was assessed by taking history, physical examination and lung function test. It was classified into mild asthma and moderate to severe asthma groups according to the working definition. Skin prick test with eight indoor aeroallergens extracts was performed in 120 children. The degree of the allergic sensitization was assessed by the number of positive skin prick tests and by skin wheal sizes. Associations between degree of atopic sensitization and severity of asthma, were analyzed by using logistic regression.

Results The majority of subjects (67.5%) had moderate-severe asthma and 32.5% had mild asthma. 92.5% of study population had skin prick test positive to at least one indoor allergen. Mono sensitization to aeroallergen was observed in only 11.7% of patients and the rest were sensitized to more than one allergen among sensitized children. The most prevalent allergen was HD (Dermatophagoides sierotyssinus and Dermatophagoides farinae) with 64.2% and 68.3% respectively. Prevalence of sensitization to other indoor allergens was as follow: Aspergillus fumigatus (40.8%), Alternaria alternata...