

# Accepted Abstracts

## *Pediatrics Healthcare 2022*



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# PEDIATRICS HEALTHCARE

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## A qualitative assessment of barriers to pediatric mental healthcare access

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**Introduction:** The Centers for Disease Control and Prevention approximates that 1 in 5 children experience a mental or behavioral health disorder. Pediatric mental healthcare service access cannot be improved without strong coordination between educational settings, social service providers for children, and adequate policy support. Addressing this critical child development issue is dependent on us understanding the barriers to mental healthcare access faced by pediatric populations.

**Methods:** This qualitative study explored barriers to pediatric mental healthcare access based on in-depth interviews with 53 key informants representing child-care settings, K-12 schools, foster care settings, and evidence-based home visitation programs. Semi-structured interviews with participants identified barrier-related themes and subthemes.

**Results:** The themes reflect a series of hurdles related to pediatric mental healthcare access including, lack of preparedness/training for pediatric mental health screening

and management, limited resources, lack of policy support, transportation, and family issues that have hindered mental health support for children. Conclusions. The findings highlight the compounding barriers to pediatric mental healthcare services and point to opportunities for improving pediatric mental health using a holistic approach. Future research should focus on designing and implementing community and organization-based strategies to break down these barriers for families to optimize their children's mental health and wellness.

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## Prehospital pediatric respiratory distress and airway management interventions

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Pediatric respiratory distress is a frequent reason for Emergency Medical Services (EMS) response in children. The unique physiologic and anatomic difference in children coupled with the relative inexperience and comfort of EMS clinicians with this age group, make the evaluation and management of respiratory distress challenging. This is only compounded when considering critically ill-children. Devices and techniques such as bag-valve-mask ventilation, endotracheal intubation, supra-glottic airway devices, and noninvasive ventilation offer important tools for airway management in critically ill pediatric EMS patients, but are infrequently utilized in children. Optimizing the prehospital care of pediatric patients with acute respiratory or airway emergencies requires a strong foundation in education (both initial and continuous), access to age-appropriate equipment, an evidence-based approach to care, and robust quality improvement initiatives. This presentation aims to identify key aspects of pediatric assessment and management in the prehospital setting, with a focus on a step-wise approach to care. Additionally, this presen-

tation aims to evaluate the evidence surrounding prehospital airway management strategies, as well as opportunities to introduce non-invasive positive pressure ventilation in the prehospital setting.

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## Fish oil containing lipid emulsions prevention on parenteral nutrition associated cholestasis in very low birth weight infants: a meta analysis

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**Background:** The effect of fish oil-containing lipid emulsions on preventing parenteral nutrition-associated cholestasis (PNAC) in very low birth weight (VLBW) infants is not known. Thus, we conducted a meta-analysis to identify any prevention effect.

**Methods:** PubMed, EMBASE, and CENTRAL were searched up to 26 January 2021 for studies related to the preventive effect of fish oil-containing lipid emulsions and fish oil-free lipid emulsions on cholestasis in VLBW infants. Revman 5.3 was used to synthesize the results. A fixed-effect model was used to summarize the data when the heterogeneity was non-significant ( $I^2 < 50\%$ ), and a random-effects model was used when the heterogeneity was significant ( $I^2 > 50\%$ ).

**Results:** Of the 728 articles, 11 randomized controlled trials met the inclusion criteria. The meta-analysis indicated that fish oil-containing lipid emulsion reduced the occurrence of PNAC significantly with risk ratio (RR) = 0.53, 95% confidence interval (CI) 0.36–0.80,  $P = 0.002$ . The heterogeneity was non-significant with  $I^2 = 23\%$ . Subgroup analysis based on parenteral nutrition duration and median birth weight was performed. The synthesis results for patients with parenteral nutrition duration exceeding 14 days revealed  $I^2 = 35\%$  ( $P = 0.15$ ) and pooled RR = 0.47, 95% CI 0.30–0.73,  $P = 0.0008$ ; and for patients with duration less than 14 days revealed  $I^2 = 0\%$  ( $P = 0.72$ ) and pooled RR = 1.14, 95% CI 0.39–3.35,  $P = 0.81$ . The synthesis for patients with birth weight more than 1000 g revealed  $I^2 = 0\%$  ( $P = 0.41$ ) and pooled RR = 0.55, 95% CI 0.26–1.18,  $P = 0.12$ ; and for pa-

tients with birth weight below 1000 g revealed  $I^2 = 44\%$  ( $P = 0.11$ ) and pooled RR = 0.53, 95% CI 0.33–0.85,  $P = 0.009$ .

**Conclusion:** The fish oil-containing lipid emulsion can reduce the occurrence of PNAC in VLBW infants based on the available original randomized controlled trial studies, especially for patients with parenteral nutrition duration exceeding 14 days and extremely low birth weight infants. Future studies should be performed before a definitive conclusion can be established.

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## Parental satisfaction with neonatal intensive care unit services and associated factors in Jimma University Medical Center, Ethiopia

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**Background:** In an in-patient setting, patient satisfaction is an important aspect of the quality of care. In Neonatal Intensive Care Units (NICUs), parent satisfaction and their experiences are necessary in assessing clinical practice and improving the quality of care delivered to the infants and parents. In developing countries like Ethiopia, the satisfaction of the parents whose neonates require intensive care is often overlooked. Thus, this study aims to assess parental satisfaction with neonatal intensive care unit services and associated factors.

**Methods:** At Jimma University Medical Center, a hospital-based, cross-sectional study was conducted from July to August, 2021. Parents of the admitted newborn infants were selected by convenience sampling. Data was collected using a structured questionnaire adapted from Empowerment of Parents in Intensive Care (EMPATHIC). The collected data was entered into Epidata 4.6 and exported into SPSS Version 25 for analysis. Bi-variable and multivariable logistic regression analyses were used over the data to identify factors associated with parental satisfaction.

**Results:** Of 122 eligible parents, 114 (93.5%) participated

in the study. Parental satisfaction with NICU services was 57.9% [95% CI: (49.1%, 66.7%)]. More than half (60.5%) of the parents responded that their baby gets better care in the incubator/bed. Compassionate and respectful care [AOR = 5.88, 95% CI: (2.19–15.78)] was significantly associated with parental satisfaction.

**Conclusion:** A sizable proportion of the parents were not satisfied with the services of the neonatal intensive care unit at Jimma Medical Centre. Compassionate and respectful care is highly associated with parental satisfaction. The result of this study supports strengthening a culture of family-centered care via compassionate and respectful care.

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## Drinking alcohol raises the chance of premarital sex by four folds among secondary school adolescent students in Jima Arjo, Southwestern Ethiopia, 2018: a school-based cross-sectional study

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**Background:** Premarital sexual practice is sexual intercourse performed before formal marriage. Pre-marital sexual practice increases adolescents' risk for having multiple sexual partners, (sexually transmitted disease) STDs, and unintended pregnancy.

**Objective:** The study aimed to assess the prevalence of premarital sexual practice and associated factors among secondary school (9-12 grade) students in the Jima Arjo district.

**Methods:** Institutional-based cross-sectional study design was conducted among adolescent students from May 1st to 15th using a pre-tested and structured questionnaire. A systematic random sampling technique was employed to select study participants. The collected data was cleaned and entered into (statistical package for social science) SPSS version 20. Factors associated with the pre-marital sexual practice were identified by multiple logistic regression analyses.

**Results:** The overall premarital sexual practice in this

study area was 24.4%. Being alcohol drinker (AOR [95%CI] = 3.78[1.49,22.08]), having a boy/girlfriend (AOR[95%CI] = 5.07[3.74,26.47]), (being male) (AOR[95%CI] = 2.9[1.78,37.8]); urban residence (AOR[95%CI] = 6.44 [1.95,25.84]).

**Conclusions:** The study revealed that a significant proportion of adolescent students in this study area practiced premarital sex. Being male sex, urban residence, using alcohol use and having a boy/girlfriend significantly affect premarital sexual practice. Therefore, school and community-based sexual health education, and communication need to be intensified to reduce premarital sex and further health consequences.

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