and worse with greater incendiary communication. Other family factors having a significant influence for at least one group were mutuality, family strains, and condition management ability. Findings contribute to our understanding of the underlying processes associated with age-based differences in family functioning in families of children with DS. Nurses need to recognize the importance of family factors and understand that different family factors may gain importance as the child ages.

OC42 – What do parents know about fever?

Manuela Pereira (Portugal)¹; Isabel Bica (Portugal)²; João Duarte (Portugal)²; Margarida Reis Santos (Portugal)³; Ernestina Silva (Portugal)²; Patrícia Costa (Portugal)⁴

¹ ACES Dão Lafões – USF Alves Martins, Viseu; ² CI&DETS – Health School of Viseu – Polytechnic Institute of Viseu; ³ Escola Superior de Enfermagem do Porto; ⁴ ACeS Dão Lafões, USF Terras de Azurara, Mangualde

Theme: Parenting/parenthood.

Keywords: Children, fever, knowledge, parents.

Introduction: Due to lack of information, the fever in the child brings anxiety and fear to their parents.

Objectives: To identify parents' knowledge towards the child with fever and the sources of information they have used.

Methods: Cross-sectional, descriptive-correlational study. Convenience not probabilistic sample of 360 parents with children in child health surveillance consultation, in central Portugal. Data collection was performed by a questionnaire about fever in children.

Results: Knowledge of the fever was found to be weak among parents aged ≥ 38 years (36.2%) with a partner (77.0%), living in rural areas (69.3%) and having completed the ninth grade (53.9%). Parents up to 37 years (68.2%) with a partner (89.0%), living in urban area (53.0%) and having higher education (43.3%) showed good knowledge. The main sources of information were the doctor (65.8%) and nurses (50.6%).

Conclusion: Nurses need to invest in training parents more on this subject.

OC43 – Reproductive decision-making in families of children with Down syndrome

Marcia Van Riper (United States of America)¹

¹ University of North Carolina at Chapel Hill

Theme: Ethical issues: dignity and humanity.

Keywords: Down syndrome, prenatal, ethical issues, genetic testing, family.

Reproductive decision-making generally becomes much more complex in families once they have given birth to a child with a genetic condition. The question of whether or not to have

additional children often takes on new meaning, as does the decision to undergo prenatal testing. The purpose of this presentation is to explore reproductive decision-making in families who already have one child with Down syndrome (DS). Five stories from an ongoing cross-cultural study about adaptation and resilience in families of children with DS will be presented. The stories to be presented were purposefully selected because they vividly illustrate the complexity of reproductive decision-making in these families. Moreover, they show that for many families, the prenatal testing experience can be a stressful experience filled with ethical issues. Currently, there is an urgent need for more dialogue between families of children with DS and their health care providers concerning reproductive decision-making.

OC44 – Supporting the behavioural health of children: temperament-based interventions to support development and reduce risk

Pamela Galehouse (US)¹

¹ *Seton Hall University*

Theme: School health.

Keywords: Assessment, environmental modifications, temperament.

Temperament has been described as a composite of innate characteristics best reflected in an individual's immediate response to change in his or her environment. Responses are automatic and not effected by context, ability or motivation. Some profiles of temperament present risk to developing self-control, both behavioral and emotional.

Today, nurses encounter large groups of children exposed to chaotic environments that threaten their immediate health, as well as their ability to transition into new environments and to integrate into the school and community environment. Understanding a child's unique temperament provides a framework for understanding his or her behavior and responding in a way that promotes self-understanding and behavior modification. Several successful school-based intervention programs will be identified.

In this presentation an assessment of child temperament will be reviewed, two 'challenging' temperament profiles that pose increased risk will be identified and strategies for responding to behavior in the school will be described.

OC45 – Towards family-centred care in neonatal intensive care unit

Maria Do Céu Barbieri-Figueiredo¹; Madalena Ramos (Portugal)²;
Branca Oliveira (Portugal)²; Eugénia Fernandes (Portugal)²;
Florabela Neto (Portugal)²

¹ *Escola Superior de Enfermagem do Porto*; ² *Centro Hospitalar de S. João, Hospital Pediátrico Integrado*

Theme: Complex health care and chronic disease management.