

Correct diagnosis, improves referral to adequate care or rehabilitation facilities, if required.

### **PPC28**

#### **The effects of Parents in Control as new working method on quality of care of the Dutch Preventive Child Health Care**

M.H.H. Hoogsteder<sup>1</sup>, D.A. Kornet-van der Aa<sup>1</sup>, L. Smit<sup>2</sup>, J.M.M. Chin A Paw<sup>1</sup>

<sup>1</sup>Amsterdam UMC, location VUmc, AMSTERDAM, The Netherlands

<sup>2</sup>JGZ Kennemerland, VELSERBROEK, The Netherlands

#### **Introduction**

Recently, Dutch society and care system has developed a stronger focus on strengthening the responsibility and capacities of parents and their children. To respond to this trend and the need of parents for more independence and influence on the care they receive for their children, a new working method called Parents In Control (PIC), was introduced in a Preventive Child Healthcare organization (PCH). The aim of this study was to gain insight in the influence of PIC on the quality of the PCH. Quality was operationalized by the frequency of No Show Without Notice (NSWN), timeliness of vaccinations in the child's first year and timeliness of the execution of the VTO-language test. The expectation is that in PIC-locations, there would be less NSWN and the timeliness of vaccinations and the VTO-language test screening stays on the same level.

#### **Method**

A controlled trial was used. Two PIC-locations were compared to two control locations who used standard supply-oriented care. Data from JGZ Kennemerland were used, containing basic registration data, collected from the 1<sup>st</sup> of May 2014 to the 1<sup>st</sup> of March 2018. Logistic regression analysis and a multinomial logistic regression analysis were performed.

#### **Results**

The population consisted of 3635 children and their parents (intervention group n=1995, control group n=1640). There were no significant associations found between the NSWN frequency and PIC or between timeliness of vaccinations and PIC in any of the locations. One significant association between timeliness of the VTO-language test and PIC was found in one intervention location. The adjusted model for this association had an odds ratio of 0.575, the Wald test was significant (p =0.008). The ORs of all vaccinations in the intervention group as a whole were close to one, except for the last two vaccinations, with ORs 0,630 and 0,206.

#### **Discussion**

PIC locations did not differ in the number of parents that did not show up without notice and timeliness of vaccinations and VTO-language test screening, when compared to standard care locations. To give parents more control in a traditionally supply-oriented preventive health care system, seems not to influence the quality of care.

### **PPC29**

#### **Prenatal psychosocial assessment, validation study of the ALPHA-NL**

R.M. Vink, V. Iyer

TNO, LEIDEN, The Netherlands

A head start and positive early childhood experiences form a fundament for life. Approximately one in seven babies in the Netherlands is born in sub-optimal conditions (Waelput et al, 2017) and most child abuse and neglect is inflicted in the first three years (Alink et al, 2011). Most risk factors for adversity can however be recognized during pregnancy and preventive interventions can be put into place when screening is during pregnancy is conducted. The ALPHA-NL (Antenatal Psychosocial Health Assessment), originally from Canada (Reid et al, 1998), is a comprehensive but short self-report questionnaire for pregnant women. Midwives were trained to discuss psychosocial issues with their clients in a solution focused and shared decision manner. In response to recognized issues and risk factors referral in collaboration with youth public health care is essential. The aim of this study was to determine the reliability and concurrent criterium validity of the ALPHA-NL. Six midwifery practices and one obstetric hospital department participated. ALPHA's-NL and results from 173 pregnant women were compared with validated reference questionnaires and an assessment interview with a youth public health care nurse. (Preliminary) results and implications for youth public health care will be presented and discussed.

### **PPC30**

#### **Perspectives on an online supportive application to prevent secondary school absence and stimulate reintegration. A concept mapping study**

M.H.H. Hoogsteder<sup>1</sup>, C.G.A. Eskens<sup>2</sup>, G. Roelofsen<sup>2</sup>, C. Elschof<sup>2</sup>, Y. Vanneste<sup>3</sup>, F.S. Schaafsma<sup>1</sup>

<sup>1</sup>Amsterdam UMC, location VUmc, AMSTERDAM, The Netherlands

<sup>2</sup>GGD Flevoland, ALMERE, The Netherlands

<sup>3</sup>Nederlands Centrum Jeugdgezondheid, UTRECHT, The Netherlands

#### **Background**

To prevent students' sick leave and premature school drop-out in the Netherlands, the intervention 'Medical Advice for Sick-reported Students' (MASS) was developed and shown to be effective. MASS aims at enhancing the collaboration between professionals in school, in youth health care, parents and the student. However, it provides insufficient support for professionals to monitor and stimulate students' reintegration and for students to take control