

risk (born at 30 and 31 weeks' GA, not SGA, without severe morbidities), risks of DLD were higher when mothers had less than high school versus tertiary education (RR word combination: 2.2 (95% CI: 1.5; 3.3); RR expressive vocabulary: 1.5 (95% CI: 1.1; 2.0)). Among children with higher perinatal risk (lower GA, SGA and severe morbidities), maternal education was not associated with DLD.

**Conclusion** Maternal education was associated with language development only among VPT children with low perinatal risk. The interaction of social factors with perinatal risk may explain contradictory findings in previous studies.

#### P54 PARENTAL RATING OF FOLLOW-UP CARE FOR THEIR CHILDREN IN A EUROPEAN COHORT OF VERY PRETERM BIRTHS

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10.1136/jech-2019-SSMabstracts.205

**Background** Infants born very preterm are at risk of developing multiple health and developmental problems. Because the prognosis of each individual child is unknown at discharge, follow-up is essential for identifying health needs early, enabling timely intervention and coordinating health services from multiple providers. Despite its recognized importance, there have been few evaluations of follow-up - in particular among parents, whose involvement is crucial for successful follow-up. This study investigated how parents rate their very preterm children's follow-up care in Europe.

**Methods** The data come from the Screening to improve Health In very Preterm infantS (SHIPS) study. It followed up the area-based EPICE cohort, which included all births before 32 weeks' gestation from all maternity units in 19 regions from 11 European countries in 2011/12. Perinatal data were abstracted from medical records and socioeconomic and child health data were collected with parent-report questionnaires at 2 and 5 years. At 5 years, parents rated the follow-up care received for their child's prematurity (poor, fair, good, excellent) and provided suggestions for improvement as free-text comments. We assessed poor and fair ratings and associated factors, including country, sociodemographic characteristics, perinatal characteristics and current health and developmental problems in STATA 14.0 using  $\chi^2$  tests and logistic regression models. We grouped free-text comments by themes and described them by country.

**Results** Questionnaires were filled in for 3414 children (51% response rate), by mothers (84%), fathers (14%) and other caretakers. 93% reported receiving follow-up care. Few (13.7%) judged follow-up care to be poor or fair, but this varied from <10% in France and the Netherlands to >20% in Denmark and Poland ( $p<0.001$ ). Higher maternal education was related with more dissatisfaction ( $p<0.01$ ). Poor/fair ratings were highest when children had diagnosed health problems, especially cerebral palsy (32.2%), and developmental delay (28.5%). After adjustment for diagnoses, perinatal characteristics were not significantly related to care ratings.

Common themes from free-text comments (1032 responses) included the need for longer-term follow-up, focusing on more than physical health and lack of knowledge about prematurity among general practitioners. Some themes were mentioned more frequently in some countries such as waiting times (Poland), lack of coordination (Sweden) and length of maternity leave (Portugal).

**Conclusion** Dissatisfaction with follow-up care was low overall, but it was higher among those most reliant on health services. Many common themes emerged from parent comments despite geographic heterogeneity. Further research is needed to understand differences in reported satisfaction between countries and by maternal educational level.

#### P55 DESIGNING EXPERT HEARINGS: HOW TO USE DELIBERATIVE RESEARCH METHODS FOR PUBLIC HEALTH EVIDENCE

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10.1136/jech-2019-SSMabstracts.206

**Background** Deliberative methods, such as citizen juries, are used in public policy as a form of democratic engagement. Because they stimulate dialogue between actors and allow consideration of different evidence sources including lived experience, such methods are often used to examine contentious or complex issues. There are few examples of where deliberative methods have been used in population health research. Deliberative methods have the potential to improve the policy relevance of research and hence its impact - particularly where evidence might be contested. This presentation will consider the application of deliberative expert hearings as a method of collecting, interpreting and validating public health evidence and discuss critical design choices that shape implementation.

**Methods** Three case studies are presented to illustrate use of expert hearings and methodological choices:

- A series of expert hearings conducted for a qualitative study into lay people's roles in public health
- An expert hearing bringing together stakeholders from across the criminal justice system as part of a systematic review on peer education
- Two hearings conducted to test the meaning and application of evidence collected as part of a What Works Centre programme.

The main features were incorporation of democratic principles of deliberation; valuing diverse evidence sources including experiential evidence; in-depth exploration of complex and contested issues; enabling actors to question evidence; testing arguments. Design and sampling choices created the conditions for deliberation on agreed topics. In each case, qualitative data from presentations and discussions were collected and later analysed with a framework, plotting different perspectives on a matrix.

**Discussion** These studies enabled us to build experience of expert hearings as a research method. In each case, we documented design issues and reflections. This has generated a set of design choices:

Development of research questions - by researchers or with stakeholders;