healthy (OR 1.9, p = 0.02), going “on the road” at least twice in the last year (OR 2.5, p = 0.03) and a brisk walk at least once in the last week (OR 2.4, p = 0.000). Good SRH was inversely associated with increasing age-group (p = 0.000), smoking (OR 0.6, p = 0.03), activity-limiting ill health for ≥1 day in the last month (OR 0.4, p = 0.001), chronic health condition diagnosed by the GP (OR 0.4, p = 0.002), and having been screened for hypertension, high cholesterol or diabetes (OR 0.6, p = 0.03).

**Conclusion** There is a clear relationship between established health determinants and SRH in the Traveller community, suggesting the importance of both material and psychosocial factors. The directionality of the relationship between cultural factors and lifestyle cannot be inferred in these models.

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**057 ALL IRELAND TRAVELLER HEALTH STUDY: INCREASING GAP IN MORTALITY BETWEEN TRAVELLER AND GENERAL POPULATIONS IN THE REPUBLIC OF IRELAND OVER TWO DECADES**

DOI: 10.1136/jech.2010.120956.57

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**Background** Irish Travellers are a distinct minority group characterised by a nomadic lifestyle, specific culture and substantial socio-economic and health disadvantage. When examined in 1987 the Traveller community in the Republic of Ireland (ROI) were shown to have a higher mortality than the general population. Updated information was needed to inform policy action in this area.

**Objective** To examine the current mortality experience of Irish Travellers in the ROI and to contrast it with that of the general population.

**Design, setting and participants** We conducted a retrospective mortality count as part of a wider Traveller Census (The All Ireland Traveller Health Study). In ROI 9056 Traveller families were surveyed. Census respondents were asked to identify all immediate and extended family members who died over an exact 12 month period preceding the census date. Information obtained was corroborated with and supplemented by reports from the Traveller health networks, Public Health Nurses and General Registrar death records.

**Main outcome measures** Standardised mortality ratios (SMR) with 95% CI using the 2008 ROI general population mortality rates as standard.

**Results** There were 188 Traveller deaths in the year preceding the census date of October 14th 2008. Traveller mortality in ROI is nearly three and a half times higher than that of the general population (SMR 548; 95% CI 298 to 979). This compares with a corresponding SMR of 254 calculated in 1987. Though general population mortality (age-adjusted) has declined by 35% over the past 20 years, Traveller mortality has only dropped by 13%, thus widening the mortality gap. Males have a significantly higher mortality than females with an SMR of 469 (95% CI 387 to 552) compared to a female SMR of 252 (95% CI 175 to 289). With a standard set of general population mortality rates in those aged 15 years and over, Travellers had an SMR of 277 (95% CI 235 to 319) compared to an SMR of 232 (95% CI 227 to 237) in the lower socio-economic group of the general population.

**Conclusion** Mortality among Irish Travellers has declined over the past 20 years but at a slower rate than that of the general population; the gap between Travellers and the general population has widened, particularly in males. The current gap is larger than that between the lower socio-economic group and the general ROI population. The results highlight the value of mortality measurement in uncovering health trends and health inequalities.
Design Individual trajectories of height, weight and adiposity were modelled from birth to 10 years using random-effects linear-spline models. Adiposity was modelled as ponderal index (PI, kg/m²) from birth to 2 years and body mass index (kg/m²) from 2 to 10 years. Interactions between self-reported maternal and paternal smoking during pregnancy (any vs none) with trajectories of height, weight, and adiposity were examined with and without adjustment for potential confounders and mutual adjustment for maternal/paternal smoking.

Setting South-West England.

Participants N=12 684 children for height models, 12 773 for weight models, 12 531 for PI models, and 11 588 for body mass index models.

Results Maternal smoking during pregnancy had a strong impact on birth length and weight (eg, reduction in birth length in boys 0.70 cm, SE 0.07). These effects reduced only slightly with adjustment for confounders and paternal smoking during pregnancy. Paternal smoking was associated with much smaller reductions in birth length and weight (eg, reduction of birth length in boys 0.21 cm, SE 0.07), and associations were completely attenuated by adjustment for confounders and maternal smoking in pregnancy. There was some evidence that parental smoking during pregnancy affected height growth in later infancy (3–10 months) and weight gain in early and later infancy (0–4 and 4–11 months), with offspring of parents who smoked growing and gaining weight faster than offspring of non-smokers. Associations were stronger for maternal than paternal smoking. Height growth and weight gain in later childhood was not associated with smoking in pregnancy. The offspring of parents who smoked had lower PI at birth (eg, reduction in PI at birth for maternal smoking in pregnancy among boys −0.25 kg/m², SE 0.08), with maternal smoking having a stronger association than paternal smoking. However, associations of both maternal and paternal smoking during pregnancy on PI at birth were completely removed by adjustment for confounders. Neither maternal nor paternal smoking was associated with adiposity trajectories.

Conclusion There is evidence of an intrauterine effect of maternal smoking on birthweight and length and on height and weight growth in infancy (but not later childhood). Maternal smoking in pregnancy does not seem to affect adiposity at birth or change in this during infancy or childhood through intrauterine mechanisms.


Participants The 5770 Caucasian singleton births of 37 weeks or longer gestation who had lung function assessed at 8–9 years. We classified 576 infants as IUGR as their gestation-appropriate birth weight fell below the 10th centile. This group was compared with those 3462 non-IUGR infants whose birthweights fell between the 20th and 80th centiles.

Main outcome measure and results The non-IUGR infants had significantly better lung function at 8–9 years of age than those with IUGR. The differences between the standardised (z) lung function values, adjusted for sex, gestation, maternal smoking during pregnancy, and social class, and 95% CI were FEV1: −0.198 (−0.294 to −0.102), FVC: −0.151 (−0.227 to −0.076); FEF25–75: −0.149 (−0.246 to −0.053). The groups had similar respiratory symptoms. Catch-up growth for weight was defined as an increase in z score of at least 0.67 between birth and ages 8–9 years. For the IUGR children, 450 caught up and 146 did not. All spirometry measurements were higher in IUGR children who experienced catch-up growth than in those without, although the differences were not statistically significant. Both groups remained significantly lower than control subjects. Growth-retarded asymmetric and symmetric children had similar lung function.

Conclusion We concluded that IUGR is associated with poorer lung function at 8–9 years of age compared with control children. Although the differences were not statistically significant, spirometry was higher in children who showed weight catch-up growth, but remained significantly lower than in the control children.

061 THE EFFECTS OF PREGNANCY PLANNING, TIME TO CONCEPTION AND ART ON EXPRESSIVE LANGUAGE ABILITY AT YEARS

doi:10.1136/jech.2010.120956.61


Objective To examine the effects of pregnancy planning, time to conception and assisted reproductive treatment on expressive language ability at 3 years.

Design Population-based cohort (Sweeps 1 and 2 of the UK Millennium Cohort Study).

Setting UK.


Exposure measure Mothers reported whether the pregnancy was planned, and their feelings when first pregnant. Women who planned their pregnancy provided time to conception (TTC) and details of any assisted reproductive treatment (ART). The population was divided into “intended” pregnancies (unplanned and unhappy about pregnancy), “unplanned” pregnancies (unplanned but happy), “planned” (planned and TTC ≤ 12 months), “subfertile” (planned and TTC > 12 months), “ovulation stimulated (OS)” (received clomiphene citrate) and “ART” (in vitro fertilisation or intracytoplasmic sperm injection).

Outcome measure Expressive language ability was assessed using the Naming Vocabulary component of the British Ability Scale. There is evidence that expressive language skills predict cognitive ability.

Results 15% of pregnancies were unintended and a further 26% were unplanned. 53% were planned, 4% subfertile; 2% used OS and 1% ART to help them conceive. The mean BAS naming vocabulary score was 76.5 in the planned group and was not significantly different in the OS or subfertile groups. In the unadjusted analysis...