

at week 2, 2.42 ± 0.90 mg/L and 298 ± 233 μ g/L, respectively, at month 4 of lactation). The mean concentrations of Zn and Cu ($n = 69$) were 1.43 ± 0.85 mg/L and 556 ± 350 μ g/L, respectively, at month 9. No significant relationship was found between concentrations of Zn and Cu in breast milk and evaluated parameters such as gender, weight, height, head circumference of infants and maternal age, height and BMI, parity, and birth interval. The average concentrations of Zn in breast milk at the second month postpartum were significantly higher in mothers with a history of gestational anemia than in those with no anemia (3.60 ± 1.22 mg/L and 3.16 ± 1.30 mg/L, respectively; $P = .043$). At the second week postpartum, maternal hemoglobin was negatively correlated with Cu concentrations in breast milk ($n = 167$, $r = -0.119$, $P = .010$). At 4 months' postpartum, maternal hemoglobin was negatively correlated with Zn concentrations in breast milk ($n = 107$, $r = -0.225$, $P = .020$). The average concentrations of Zn in breast milk at the fourth month postpartum was significantly lower in mothers taking iron supplementation during the postpartum period than in those with no supplementation (1.21 ± 0.65 mg/L and 1.67 ± 0.98 mg/L, respectively; $P = .025$).

CONCLUSIONS: Concentrations of Zn and Cu in breast milk decreased as lactation continued. Maternal anemia and iron supplementation could influence the status of Zn and Cu in breast milk. Further studies are needed to clarify this effect.

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The Factors That Affect Long-term Breastfeeding Form Data Analysis of Demographic Health Survey in Turkey

BACKGROUND AND OBJECTIVES: The World Health Organization recommends breastfeeding for up to 2 years of age or beyond, and there is no age limit for cessation of breastfeeding according to an American Academy of Pediatrics policy statement. Continued breastfeeding at the first year is 1 of the core indicators for assessing global infant and young child feeding practices. The study aims to determine the frequency of breastfeeding after 12 months (long-term breastfeeding) according to various infant and maternal characteristics and to investigate the effects of long-term breastfeeding on nutritional habits and growth status of children in the national data.

METHODS: The sample included 1666 children aged 12 to 35 months from the Turkey Demographic and Health Survey. Maternal parameters included age, highest education level attained, occupation, speaking language, smoking status, contraceptive methods, health insurance, type of wedding, presence of bride price, parity, anthropometric data, paternal occupation, family type, family size, family wealth index, residence, and region. Children parameters included age, gender, preceding birth interval, presence of antenatal care, birth place, birth weight, birth order, duration of breastfeeding, infant feeding practices, use of bottle with a nipple, and anthropometric data. Infants breastfed after 12 months of age (long-term breastfeeding) were included in the "BF12" group. Statistical analyses were done in weighted data. The differences in rates of BF12 were analyzed by using univariate logistic regression. Predictor variables that had a significant relationship with the dependent variable (BF12) at the $P < .10$ level were selected for inclusion in the multivariate logistic regression model.

RESULTS: Only 55.9% of children were breastfed beyond 12 months. The rates of long-term breastfeeding were higher in mothers with high birth order, long preceding birth interval, religious wedding, use of traditional contraceptive methods, mothers aged 30 to 34 years, and overweight mothers. However, the rates were lower in mothers with tobacco exposure and in bottle-fed infants. Long-term breastfeeding did not change the consumption of plain yogurt, solid foods, and semi-solid foods; however, it decreased the intake of bottled milk and fruit juice. The rates of long-term breastfeeding were similar in cases of undernutrition and in cases with normal growth status.

CONCLUSIONS: Long-term breastfeeding was related to some maternal and infant characteristics; however, it did not affect consumption of complementary food. Breastfeeding promotion programs should necessitate some targeted interventions for younger, primiparous, and smoking mothers.

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Assessment of Malnutrition Based on Three Nutritional Risk Scores in Hospitalized Iranian Children

BACKGROUND AND OBJECTIVES: Malnutrition is a major health problem in hospitalized pediatric patients. It is reported that the number of malnourished pediatric patients varies between 21% and 80% according to the level of the country's development. It is essential that patients who are malnourished or at risk for malnutrition be identified as soon as they are admitted to the hospital. A recent study applied 3 nutritional risk screening tools (Screening Tool

for Risk on Nutritional Status and Growth [STRONGkids], Screening Tool for the Assessment of Malnutrition in Paediatrics [STAMP], and Paediatric Yorkhill Malnutrition Score [PYMS]) to children admitted to a tertiary children's hospital in Iran. The goal of this study was to evaluate the nutritional status of hospitalized children in a tertiary pediatric hospital in Mashhad, Iran, and to compare the validity, ease of use, and the varying prevalence of malnutrition according to these 3 nutritional risk screening tools.

METHODS: Three nutritional risk score tools were applied to all patients, and patients were then classified into low-, medium-, and high-risk groups. The anthropometry of hospitalized children was determined and classified by using standard criteria. The validity and the ease of use of the tools were assessed.

RESULTS: Of the children classified, 30.6% were found to be undernourished based on their weight-for-height *z* score, and the prevalence of moderate and severe malnutrition was 22.8% according to height for age. PYMS identified 23.5% in the medium-risk group and 52.2% in the high-risk group. STAMP identified 20.9% in the medium-risk group and 69.6% in the high-risk group. STRONGkids classified 71.3% of children as medium risk and 7.8% as high risk. STAMP detected more malnourished children (21 of 21) compared with PYMS (20 of 21) and STRONGkids (17 of 21).

CONCLUSIONS: Nutritional risk screening tools were able to detect children at a higher risk of nutrition deterioration; however, variable utility was observed. Further assessment of NRS tools in developing countries is required. In these countries, PYMS was the most reliable tool.

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Evaluating Quality of Life and Psychiatric Comorbidity in Children and Adolescents With Constipation (With or Without Fecal Incontinence) and Comparison With Healthy Counterparts

BACKGROUND AND OBJECTIVES: Constipation is one of the most common gastrointestinal problems among children. The

behavioral and psychological problems associated with chronic constipation include a wide range of disorders that reduce quality of life. The objectives were to evaluate psychiatric disorders and quality of life in children and adolescents with constipation.

METHODS: In a case-control clinical trial, 55 children and adolescents with functional constipation and 55 without constipation were assigned to case and control groups, respectively. After taking the medical history and physical examination, we provided 3 questionnaires to parents, children, and adolescents: a demographic questionnaire, a pediatric quality of life questionnaire, and a strengths and difficulties questionnaire (SDQ). Collected data were coded and analyzed with SPSS (IBM SPSS Statistics, IBM Corporation).

RESULTS: The mean child self-reported and parent proxy-reported scores on the quality of life questionnaire were 54.67 ± 3.9 and 49.86 ± 3.2 for the case group and 63.26 ± 4 and 66.09 ± 3.4 for the control group. Only the parent-reported quality of life score was statistically different between case and control patients ($P = .014$). The emotional performance quality of life score was statistically different on both self-reported ($P = .016$) and parent-reported ($P = .024$) questionnaires. The total SDQ score was abnormal for 93% and 83% of case and control participants, respectively, which was an insignificant difference ($P = .631$). There was no statistically significant difference in SDQ subgroups and impact scores between the 2 groups.

CONCLUSIONS: Quality of life and emotional performance are impaired in children with functional constipation, and they should be screened for consequent disorders. Referring at-risk patients to related specialists might improve treatment and help control constipation.

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A Questionnaire-Based Survey Exploring Parental Safety Practices and the Impact of a County-Wide Safety Campaign During UK Child Safety Week 2014

BACKGROUND AND OBJECTIVE: Unintentional childhood injury is a major public health problem associated with significant

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