resistance. Out of 4969 pus samples processed, 3834 (77%) revealed a significant growth. Coliforms were the predominant organisms isolated in pus samples representing 27% (1019/3834) revealing resistance of 59% to 3rd generation cephalosporins, 44% to amikacin, 50% to ciprofloxacin and 30% to carbapenems. *Staphylococcus aureus* representing 16% (630/3834) of pus isolates revealed an MRSA prevalence of 54%, with clindamycin and cotrimoxazole resistance rates of 25% and 18%, respectively. Out of 13306 urine cultures processed, 27% (3568/13306) revealed a positive growth. Coliforms were the predominant pathogens representing 67% (2409/3568) of positive samples. Urine coliforms showed resistance rates of 64% to 3rd generation cephalosporins, 37% to carbapenems, 50% to amikacin, 55% to ciprofloxacin, and 70% to cephalexin.

Conclusion: This surveillance revealed Coliforms were the predominant pathogens isolated in blood, pus and urine samples showing more than 60% of resistance to 3rd generation cephalosporins, more than 30% to carbapenems, more than 50% to amikacin and ciprofloxacin. MRSA prevalence among *Staphylococcus aureus* isolates was more than 50%. It indicates the importance of continuous surveillance and implementation of targeted antimicrobial stewardship interventions to mitigate the impact of AMR in this setting.

OP 18

Knowledge regarding Child Health Development record among mothers at Teaching Hospital Jaffna.

Kalaichchelvi.G¹, Umasankar N², Srisaravanapavananthan N³

¹ Acting Consultant Paediatrican, Base Hospital Kayts

²Professorial Unit, Teaching Hospital Jaffna

³Teaching Hospital Jaffna

Introduction: Maternal understanding of the Child Health Development Record (CHDR) is essential for ensuring timely immunization, growth monitoring, proper nutrition, and early identification of developmental delays. Understanding factors that influence this knowledge is key to improving child health outcomes.

Objective: To assess the level of knowledge regarding the CHDR among mothers of children under five years admitted to Teaching Hospital Jaffna, and to explore associations between maternal knowledge and selected sociodemographic factors.

Methodology: A descriptive cross-sectional study was conducted in the Pediatric Wards of Teaching Hospital Jaffna. A total of 301 mothers of children under five were selected through systematic sampling, recruiting every eligible mother admitted during the study period. Data were collected using a pretested, interviewer-administered questionnaire, validated through experts, and refined by a pilot study with 30 mothers in the pediatric clinic to ensure clarity and reliability. The questionnaire carried a maximum score of 92, converted to a 100-point scale. Knowledge was categorized as poor (<35%), average (35–75%), or good (>75%). Data were analyzed using SPSS, and Chi-square tests were applied, with p < 0.05 considered statistically significant.

Results: Most mothers were aged 20–30 years (61.6%), had completed Ordinary Level education (74.3%), and belonged to low-income households (36.7%). Overall, 57.1% (n = 172) had average knowledge, 26.9% (n = 81) good knowledge, and 16.0% (n = 48) poor knowledge. Scores were highest for immunization (91.1%) and complementary feeding (88.3%), while moderate for growth monitoring (66%) and developmental milestones (64.1%). Higher knowledge was significantly associated with maternal education (p = 0.016) and employment status (p = 0.001).

Conclusion: Most mothers had average CHDR knowledge, with strengths in immunization and feeding. However, weaker knowledge in growth monitoring and developmental milestones highlights the need for targeted maternal education and strengthened community health programs.