

981 SKELETAL SURVEYS FOR NON-ACCIDENTAL INJURY

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Background The first radiological investigation in children presenting with suspected non-accidental injury is often the skeletal survey. The purpose of a skeletal survey is to provide a standard series of radiographic images that will visualise the entire skeleton. The Royal College of Radiologists in collaboration with the Royal College of Paediatrics and Child Health has published Standards for Radiological Investigations of Suspected Non-accidental Injury. It includes imaging of ten sets of body parts. National target is 100%.

Methods It was a retrospective study. Local practice was checked against National standards. All cases with suspected non-accidental injury under the age of 2 presented within last 3 years were included in this study. Case notes and radiology system was reviewed to collect data. Information was recorded on Proforma & analysed.

Results Total number of children presented during this time period were 27. Out of which 17 were males and 10 were females. Only 18.5% had complete set of x rays as a part of skeletal survey, which is far less than national recommended standards. Skull, Ribs and Spine were missed in more than 30% of cases. Results were discussed locally and causes were identified. Changes were made to practice including all cases should be discussed in multidisciplinary meetings, reports counter signed by pediatric radiologist and awareness of national guidelines.

Conclusion Adherence to protocols in this context is currently poor. Non-accidental injury has medico-legal and children safety aspects. Skeletal survey is an important tool to diagnose suspects accurately which should be used wisely.

982 MATERNAL AGE, HISTORY OF MIGRATION AND INCIDENCE OF INFANTILE HYPERTROPHIC PYLORIC STENOSIS IN GERMANY IN 2000–2008

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Background The incidence of infantile hypertrophic pyloric stenosis (IHPS) is highly variable over time and geographic regions. A decline in IHPS incidence was recently reported in Sweden, the US, Denmark, and Scotland and in Germany.

Aim In further evaluation of our previous epidemiological data, we collected data on maternal age and history of migration in mothers from the regional administrations. We examined correlations between these factors and IHPS incidence.

Methods Data were extracted from the public report of Health (Gesundheitsberichterstattung des Bundes) and population data from federal state governments. We collected the numbers of IHPS (International Statistical Classification of Diseases and Related Health Problems, 10th revision [ICD-10], code 40.0), SIDS (ICD-10, R95), and live births (LB; male/female) in each federal state for 2000–2008. Further data were collected from federal state administrations on age of mothers at birth of first child and history of migration in % of all mothers at first birth.

Results The IHPS Incidence in Germany from 2000 (3.2086/1000LB [range 1.67–5.33]) to 2008 (2.0175/1000LB [1.74–3.72]); $p=0.005$. The recorded incidence was highly variable in different federal states and over time. Negative correlation between percentage of mothers with history of migration and maternal age at first birth on the one side and IHPS incidence in the different regions and years was significant.

Conclusion The IHPS incidence declined by about 38% nationwide. The wide variation in time and different regions is significantly correlated with maternal age and history of migration.

983 EPIDEMIOLOGICAL PROFILE OF THE SERVICE PLAN FOR THE HIGH RISK IN MATERNAL-FETAL PUBLIC TEACHING HOSPITAL

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Background and objective To know the epidemiological profile of health services maternal and child care is fundamental importance for the development of quality indicators that contribute to the quality of care for both mother and child. This study aim was to identify the epidemiological profile of the mother and the fetus seen at maternal and child public service only reference in the mountainous region of the State of Rio de Janeiro, Brazil.

Methods Cross sectional study of deliveries in the period from January to June 2011. Variables analyzed: maternal age, gestational age, parity, delivery type, sex, anthropometry and destination of the conceptus.

Results During the study period there were 781 deliveries, 45.3% of cesareans. As the fetus to term and 65.2% frequency of gender equitable. Maternal age was 25.6 years and average parity of 2.5 with 32% primiparous pregnancies. Mean weight, height, head circumference, thoracic, abdominal and Apgar scores were 3019g, 47.5 cm, 33.6cm, 32.5cm, 31cm, 8 and 9 respectively. Of the total live births, 0.6% evolved to death in the delivery room, 12% referred to the neonatal ICU and of these 61.57% for prematurity.

Conclusion We are facing a referenced service to high-risk pregnancy and cesarean rates of prematurity are above the level recommended by the Ministry of Health as an ideal, what leads us to reflect on the need for planning actions to be implemented with goal of greater control and quality of care offered to this same population.

984 POPULATION-BASED STUDY TO EVALUATE THE NEONATAL MORBIDITY AND MORTALITY IN MATERNAL DIABETES

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Aim The aim of the study is to determine any connections between maternal diabetes and the pregnancy outcome of mothers and newborns.

Methods From 03/2003 to 11/2008 in local and university hospitals in Northeast Pomerania, Germany a total of $n=4593$ mothers and their children were used as a prospective population-based birth cohort. The objective of the survey of newborns in Pomerania (SNIp) is to evaluate the negative pregnancy outcome, morbidity and mortality in diabetes affected pregnant woman. A comparison of glucose-intolerance affected childbearing mothers ($n=243$) identified by oral glucose tolerance test and non-diabetic mothers ($n=4350$) were conducted.

Results The prevalence of maternal glucose-intolerance is 5.3%. Comorbidity of maternal diabetes is more prevalent with higher age, greater number of previous pregnancies (parity) and those who are overweight (relative risk 1.97). Macrosomi (OR=2.28) and reduced gestational age are identified as a fetal risk factors. As a maternal risk factor is considered positive vaginal infection (OR=1.97). As a