investigations. Of the 7 diagnosed: 3 had mutations in Connexin 26 gene (CNX), 2 had congenital cytomegalovirus (CMV) infections, and 2 had structural abnormalities of the innerear.

Conclusion In our small cohort, aetiological assessment was successful in establishing a diagnosis in 78% of cases of PCHI identified by the UNHS. The top 3 investigations to aid diagnosis include MRI Brain & Internal Auditory Meati, Urinary CMV, and CNX 26 genetics.

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THE CHALLENGE OF THE NOMADS

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Background Irish Travellers are a Roman Catholic endogamous minority group with origins dating back to the twelfth century. Latest figures estimate their numbers at 40,129 on the Island of Ireland.

The Romani people colloquially known as the 'Roma Gypsies' are an indo-Aryan ethnic minority group originating from the northern Indian subcontinent, also traditionally itinerant and estimated to number 5000 in Ireland at any one time.

Often overlooked, nomadic races are unique minority groups with specific health needs

Aims Our objective was to investigate the knowledge and practices in relation to health and health intelligence of the modern nomadic races inhabiting our region with a particular focus on identifying key areas where intervention or education may reduce barriers and encourage access to healthcare, thus reducing health inequalities.

Methods A review of the current available literature and a database search were undertaken and relevant Clinicians and organisations contacted in an effort to compile data on these two nomadic groups to inform appropriate action in the area of Traveller and Roma Child Health

Results Nomadism is a core feature of their identity and involves more than just travel, the physical act of moving is just one aspect of a nomadic mindset that permeates every aspect of their lives. Nomadism entails a different way of looking at the world, a different way of perceiving things.

Conclusion Our study highlights the difficulties of healthcare provision for nomadic groups and provides useful epidemiological information with particular reference to the healthcare needs of 'invisible' minority groups marginalised in our modern Irish society.

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HEALTH STATUS OF A GROUP OF CHILDREN IN A RESIDENTIAL CARE OF ROME

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Objective To evaluate health status of a group of children placed in a residential care in the city of Rome.

Design It is a cross-sectional study.

Setting We drawn up a questionnaire, which was filled out anonymously by each educator with the data of the child of which each was responsible. Analyses were conducted using the Microsoft Excel 2016 program. We used descriptive statistics to describe patients' information.

Patients We selected the residential care Il Girotondo, located in Rome. In April 2018 it hosted 17 children, 8 boys (47%) and 9 girls (52%), with a mean age of 23.9 ± 14.6 months. 35% (6/17) of children was from Romania, 29% (5/17) of children was from Italy, 18% (3/17) was from Nigeria, 6% (1/17) of children was of Rom ethnicity. One child had the father from Nigeria and the mother from Russia and one child had the father from Bulgaria and the mother from Algeria. The children were admitted to the residential care at a mean age of 15.7 ± 15.1 months. The mean length of stay was 8.4 ± 5.2 months.

Interventions Not applicable.

Main Outcome Measures Respiratory, urinary, intestinal, neurological, motor and psychological diseases, allergies to pollens or food, the state of vaccination, the re-relationship of the child with other children, the school attended and the academic achievement reported by their teachers.

Results Respiratory diseases were the most frequent (37.5%), especially in the fe-male group (55.6%) than in the male group (14.3%), followed by tendency to isolation (18.2%), neurological diseases (17.8%), not being at ease with other children (16.7%), intestinal diseases (11.8%), lack of acceptance by the others children (8.3%), motor diseases (6.3%) and psychological pathologies (5.9%). About respiratory diseases, asthmatic pathologies affected 12.5% of the sample and the 22.2% of the girls. No one had any urinary diseases or pollen and food allergies. All children were vaccinated. Lastly, 80% of the sample (100% of males and 62.5% of females) did not attend any school. Two girls attended the day care and one girl attended the kindergarten.

Conclusions Beyond the psychological pathologies, the children hosted in the alternative care suffer from physical and development disease more than the general pediatric population. It is needful to perform a systematic analysis of the data to define the real needs for this special paediatric population in order to start them on an appropriate medical path.

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RISK FACTORS OF RETARDATION THE FETAL DEVELOPMENT AND THEIR PREDICTORATIVE SIGNIFICANCE

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Search of the causes of formation of fetal development is a topical problem of perinatology. Distribution of fetal development is 10–44% on average. Delaying the development of the fetus by the American obstetrics in 2013 has been recognized as 'the most common and difficult problem of modern obstetrics' Nowadays there is enough information on the etiology and pathogenesis of impeding the development of the fetus. Here it should be noted that the risk factors are not completely systematized, the frequency and the share of each factor in the formation of syndrome.

The aim of the research was to study the mother's social-hygienic and medical-biological risk factors, determining their

specific share and predictive importance in the formation of impediment to the development of the fetus.

The clinical retrospective study was carried out with occasion-control, traditional design. By random selection method, in the main group of 92 mothers were merged, whose pregnancy ended with the birth of a newborn with cervical development. The syndrome of fetal development of the fetus has been observed based on the non-conformity of the fetal data with the gestation period (after the 18th week of pregnancy with 10 percurrent indicators).

The frequency and possible combinations of risk factors were analyzed during the material processing process. In the majority of cases of fetal development, the simultaneous existence of several factors of risk has been identified. Statistically significant risk factors have been defined as predictorative significance.

The risk factors for high predictor significance have been identified: low levels of life (84%), endocrine pathology (82%), ischemic heart disease (85%), 85% of cases of cervical inflammation (85%), cervicitis (81%), chronic inflammation of ovaries (82%), endocrinologic pathology (82%), 86%) and the risk of pregnancy (80%). The predominant importance of pre-emption (92%) and minority (89%) was particularly high.

In the study process, the mother's social-hygienic and medical-biological characteristics were studied. The risk factors, statistically significant, prioritized and high premedical significance have been identified, which can be detected at the preliminary stage. Timely identification and development of individual measures of management is important to minimize the exposure quality, to reduce the negative impact on pregnancy and the fetus.

P312 DETECTING INFANT MALTREATMENTS AT THE EMERGENCY OF A CHILDREN'S HOSPITAL

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Beside of the most clear and visible cases of violence and sexual abuse on children, there are many others that may be less evident at an ordinary pediatric check as not displaying physical wounds, though causing severe psychological traumas and personality disorders: neglecting of child's care and needs, unnecessary seek for prescriptions and medical checks, child exposed to watch domestic psychological violence between parents, daily insults and devaluation of child, parental blackmails to get child's favoritism, treating with anger the infant (leading ultimately to the Shaken-baby syndrome), or postnatal depression and dysfunctional styles of interaction with the infant. As such cases tend to be not declared, even denied by the parents, it's crucial the pediatricians don't limit the medical check to what explicitly reported by the caregiver for example, a temperature, otitis, or throat-ache, rather in addition observe the quality of caregiver-infant interaction and get a detailed family anamnesis.

At this regard, at the Buzzi Children's Hospital of Milan (Italy) – the TIMMI Unit is a multidisciplinary team with pediatricians and psychologists committed particularly to early detect cases at risk of infant maltreatment, observing the quality of caregiver-infant interaction while the medical care is provided in the emergency room.

Biography Lucia Romeo, MD. Legal Medicine Visiting Professor, Milan University, Pediatrician at Buzzi Children's Hospital, Director TIMMI Unit, Milan, Italy

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P313 INDIVIDUAL PROGRAM OF REHABILITATION AND/OR HABILITATION OF DISABLED CHILDREN (IPRA). RESULTS OF ITS EXECUTION IN THE CITY CHILDREN'S CLINIC

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Individual rehabilitation program for a disabled person (IPRA) - a complex of rehabilitation measures that are optimal for a disabled person, which includes certain types, forms, volumes, terms and procedures for the implementation of medical, professional and other rehabilitation measures aimed at restoring, compensating for impaired or lost body functions, recovery, compensation for ability of disabled person to perform certain types of activities.

The analysis of implementation of IPRA of patients in State Budget Agency of Health of Republic of Komi 'Syktyvkar children's clinic' was conducted on basis of analysis of 366 reports of measures provided for by IPRA of 222 disabled children.

The methods of grouping, absolute and relative values, average values, detail and generalization were used.

The structure of results of monitoring the performance of IPRA among group of children with disabilities according to the classes of diseases causing the onset of disability (ICD) was as follows 1) VI Diseases of the nervous system G00-G99 – 35.47±3.13% (p<0.001); 2) XVII Congenital anomalies, chromosomal abnormalities Q00-Q99 – 23.50±2.77% (p<0.001); 3) IV. Diseases of the endocrine system, eating disorders and metabolic disorders E00-E90 – 11.11±2.05% (p<0.001); 4) II Neoplasms C00-D48 – 10.25±1.98% (p<0.001); 5) VIII Diseases of the ear and mastoid H60-H95 – 7.26±1.67% (p<0.001); 6) XIII Diseases of the musculoskeletal system and connective tissue M00-M99 – 2.99±1.11% (t=2.694); 7–8) VIII Diseases of the ear and mastoid process H60-H95 and VII Diseases of the eye and its adnexa H00-H59 according to 2.14±0.95% (t=2.252); 9–10) XI Diseases of the digestive organs K00-K93 and XIX Injuries, poisoning and other environmental exposures S00-T98 - by 1.29±0.74% (t=1.743); 11–12) IX Diseases of the circulatory system I00-I99 and XIV Diseases of the genitourinary system N00-N99 – 0.85±0.60% each (t=1.414).

The effectiveness of medical rehabilitation of disabled children was as follows: 1) Improvement - 23.26%; 2) Stabilization - 74.88%; 3) Deterioration - 1.86%.

Dynamic observation was carried out by 94.26±1.22% of children with disabilities, drug therapy - 77.32±2.19%, non-drug therapy - 66.93±2.46%, and other types of medical rehabilitation received 14.48±1.84% of patients (all p<0.001). Reconstructive operations were performed by 11.26±2.12% of