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 percent 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 predictor 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.

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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