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-emaciation (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

Lucia Romeo*, Alessandro Cavelzani, Carlotta Gorio, Valeria Brazzoduro. *Timmi Unit Buzzi Children Hospital, Milano, Italy*

10.1136/archdischild-2019-epa.661

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 black-mails 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

Alessandro Cavelzani, PhD. is Psychoanalytic Psychotherapist for Adults and Children, TIMMI Unit-Buzzi Children's Hospital.

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

^{1,2}Konstantin Shapovalov, ¹Larisa Shapovalova*, ²Galina Pokhodyaeva, ²Nina Knyazeva, ²Valentina Toropova, ²Lydia Sannikova, ²Alexandra Mezentseva. ¹State Education Agency of Additional Professional Education of Republic of Komi 'Komi Republican Institute for Development of Education', Syktyvkar, Russian Federation; ²State Budget Agency of Health of the Republic of Komi 'Syktyvkar children's clinic', Syktyvkar, Russian Federation

10.1136/archdischild-2019-epa.662

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

disabled children ($p < 0.001$), prosthetics, orthotics - $38.74 \pm 3.27\%$ ($p < 0.001$).

$32.43 \pm 3.14\%$ of disabled children in need received sanatorium-resort treatment, $30.18 \pm 3.08\%$ are currently queuing for a voucher. For various reasons, this type of rehabilitation was abandoned by $24.32 \pm 2.88\%$, and $3.60 \pm 1.15\%$ of patients (all $p < 0.001$) contraindicated at the time of the ticket.

P314

LEADING DISABILITIES IN THE STATE OF HEALTH AS A SIGN OF REDUCING THE QUALITY OF LIFE OF CHILDREN WITH DISABILITIES IN THE CITY'S CHILDREN'S POLYCLINIC

^{1,2}Konstantin Shapovalov, ¹Larisa Shapovalova*, ²Tatyana Yastrebtseva, ²Olga Toropova, ²Lyudmila Kantsarina, ²Evgeniya Kostareva. ¹State Education Agency of Additional Professional Education of Republic of Komi 'Komi Republican Institute for Development of Education', Syktyvkar, Russian Federation; ²State Budget Agency of Health of the Republic of Komi 'Syktyvkar children's clinic №3', Syktyvkar, Russian Federation

10.1136/archdischild-2019-epa.663

The nature and severity of leading disabilities in health status of children with disabilities have a decisive influence on quality of their lives according to their physical and psychosocial characteristics.

The analysis of structure and frequency of leading limitation of vital activity in state of health of 1611 disabled children in 2011–2018 is carried out in contingent of patients.

Seven major life limitations in the health status of children with disabilities were identified: 1) Reduced ability to self-care: to manage physiological functions; to maintain personal hygiene; to perform daily household activities; to eat; 2) Reduced ability to move independently: to walk; to overcome obstacles; to move; to maintain balance when moving; to maintain balance when resting or changing body position; to use transport; 3) Reduction of the ability to orientate: to adequately perceive the situation and assess the situation; to determine location in time and space; 4) Reduced ability to communicate: to understand and express thoughts through language; to establish contacts; to listen; to see; 5) Reduction in the ability to control one's behavior: to be aware of oneself; to understand, interpret and cope with the situation; 6) Reduction of the ability to learn: to perceive, memorize, assimilate and reproduce knowledge; to master skills and abilities; 7) Reduced ability to work.

The leading limitation of ability to self-care was established in 581st disabled children (I rank, $36.06 \pm 3.38\%$ of patients). On the II rank place - the leading restriction of the ability to self-movement - $32.59 \pm 3.30\%$. Much less frequently, the leading limitation of the ability to communicate is established - $13.22 \pm 2.39\%$ and the leading limitation of the ability to learn - patients $12.97 \pm 2.37\%$ (all $p < 0.001$). The two subsequent V and VI ranking places respectively occupied the leading limitations of the ability to orientate ($2.54 \pm 1.11\%$, $t = 2.288$) and the ability to control one's behavior ($1.99 \pm 0.98\%$, $t = 2.031$). The leading limitation of ability to work did not exceed $0.63 \pm 0.56\%$ ($t = 1.125$).

The frequency of leading self-service limitation is 46.99 ± 3.31 per 10,000 contingent of children and is 1.11 times higher than that of independent movement (42.46 ± 3.48), 2.73 times the ability to communicate (17.23 ± 2.66) and 2.78 times the ability to learn (16.90 ± 2.64). The leading restriction of the ability to orientate (3.32 ± 1.26) and the

ability to control one's behavior (2.59 ± 1.12) were set respectively 14.15 and 18.14 times less than the leading restriction of the ability to self-service.

P315

MEDICAL SUPPORT OF COMPLIANCE WITH THE STANDARDS OF PHYSICAL CULTURE AND SPORTS COMPLEXES BY A CONTINGENT OF PATIENTS OF THE CITY CHILDREN'S CLINIC AS A MARKER OF THE PHYSICAL DEVELOPMENT OF CHILDREN AND ADOLESCENTS OF THE SUBARCTIC TERRITORY

^{1,2}Konstantin Shapovalov, ¹Larisa Shapovalova*, ²Marina Zaboieva, ²Olga Chicherova, ²Natalya Nelipovich, ²Oksana Saitova. ¹State Education Agency of Additional Professional Education of Republic of Komi 'Komi Republican Institute for Development of Education', Syktyvkar, Russian Federation; ²State Budget Agency of Health of the Republic of Komi 'Syktyvkar children's clinic №3', Syktyvkar, Russian Federation

10.1136/archdischild-2019-epa.664

Medical support of compliance with standards of physical culture and sports complexes is carried out on basis of established regulatory documents.

In SBAH RK 'SCC №3', patients aged 6–17 years who wish to take part in implementation of standards are subject to examination.

The provision of medical assistance in implementation of standards includes the organization of: primary medical and specialized medical care in order to issue admission to implementation of standards to individuals who wish to take part in implementation of standards and the provision of primary medical and ambulance services, including emergency specialized medical assistance in implementation of standards to all participants.

Admission to implementation of the standards of students of educational institutions of preschool and general secondary education is carried out on basis of assigning the child to the main medical group for physical training by pediatricians of medical organizations.

If a minor citizen who wants to be tested, has a disability or a preparatory medical group for physical training, he is sent to the doctor in sports medicine (specialty 'medical and sports medicine').

The purpose of examining a doctor in sports medicine is to evaluate the response of the cardiovascular system to an increase in load and to determine the possible passing of testing in the relevant group. Conclusion with the decision on admission in this case is made by a doctor in sports medicine.

In the clinic in the 2016–2018 years. 807 children applied for examination, of which 787 were allowed to pass sports standards ($97.52 \pm 0.30\%$), corresponding to the years 2016 - 23 ($95.83 \pm 4.08\%$), 2017 - 491 ($96.84 \pm 0.78\%$), 2018 - 273 ($98.91 \pm 0.62\%$). In the structure of admitted children 13–15 years old (31.00%) and 11–12 years old (25.41%) prevailed over other age groups 9–10 years old (19.95%), 16–17 years old (12.58%) and 6–8 years (11.06%).

If in 2016 only 24 people applied for certification, then in the next 2017 their number increased to 507, that is, 21.13 times. In this case, all patients were divided into three medical groups: the main - 443, preparatory - 52 (of which 4 children were not admitted) and special - 12.

Of the 807 children and adolescents examined over 3 years, the main medical group for physical training was established $87.73 \pm 1.15\%$ of those examined, preparatory - 10.78