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 5 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.

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 4350), 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 declined 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.

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 Río 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 cesarean. 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, 35.6 cm, 32.5 cm, 31 cm, 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.
negative outcome a higher rate of Cesarean section, instrumental delivery (OR=1.96) and pathologic final delivery positions (15.3% non-diabetes/9.3% diabetes) can be observed. This all leads to a four times higher odds ratio of post-partus hospitalization (OR=3.70) and mandatory pre-partus therapy (OR=4.78) of the diabetes affected group.

**Conclusions** Newborns of mothers with gestational diabetes demonstrate a fetopathy diabeticca with makrosomi and immaturity which leads to higher rate of birth complications and post-partus hospitalisation of almost every second newborn. An increased risk for mothers and their children exists in case of gestational diabetes.

**Aim** To determine if male gender has an adverse effect on NMR and early morbidity in VLBW/VLGA infants.

**Methods** Perinatal risk/protective factors, early neonatal complications and NMR were compared between male and female VLBW/VLGA infants admitted from 2006 to 2010 in 174 EuroNeoNet NICUs from 17 European countries (N=28,035). Independent comparisons using non-parametric tests and logistic regression models were performed to predict adjusted NMR. Crude and adjusted odds ratios (OR) were used to determine perinatal and early neonatal associations.

**Results** Male infants (52.3%) had a lower GA and higher BW than females. Crude NMR was higher in males (14 vs. 11.6%; OR=1.24 95%CI: 1.16–1.33)) as were most perinatal and early neonatal risk factors (vaginal delivery, low Apgar scores, resuscitation, RDS and need for surfactant therapy and early-onset sepsis), as well as major adverse neonatal outcomes (pneumothorax, late-onset sepsis, BPD, IVH≥3, PVL and ROP 3–4). These differences in NMR and complications remained after adjusting for GA and/or BW alone and by perinatal differentiating factors for gender: BW, GA, 1-min Apgar score and multiple pregnancy (NM: OR=1.32 95%CI: 1.21–1.44).

**Conclusion** Male infants of VLBW/VLGA have a higher adjusted NMR and an increased rate of adverse neonatal outcomes.

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### A COMPARISON BETWEEN EFFECTS OF VAGINAL MISOPROSTOL AND OXYTOCIN IN SUCCESSFUL INDUCTION OF LABOR: A DOUBLE BLIND CLINICAL TRIAL

**Aim** and **Background:** Labor induction for Prepare the cervix to active phase of labor, is now one of the most common methods in the field of Obstetrics and Gynecology. This study was conducted to compare the effects of misoprostol and oxytocin in BoAli Hospital, Tehran in 2011.

**Method** This study was a double-blind clinical trial by recruitments of 60 primiparous women that has been referred to BoAli hospital in Tehran in 2011. Individuals were divided into two groups by random allocation. For induction of labor, misoprostol and oxytocin were prescribe in individuals who candidate for pregnancy termination by four hours intervals. For Analysis of data, t test, analysis of variance with repeated measurements, linear regression and descriptive statistics were used.

**Results** Mean age and standard deviation in intervention group was 24.07±3.96 and in control group equal to 24.13±3.97. Kind of treatment variable, cause of admission and hypertension history shown a significant association with increased or decreased time to achieve regular and suitable contractions for delivery (p<0.05).

**Conclusion** Using misoprostol in labor induction in order to reducing the Time to reach the short and effective contraction is more effective Instead of oxytocin and it can be a good alternative.