(Z-score). Female DM1 patients had a significant higher BMI Z-score (0.51 ± 0.84 vs. -0.11 ± 0.95 ; $p=0.01$) and a significant lower trabecular BMD (175.7 ± 30.6 vs. $195.2 \pm 32.7 \text{ mg/cm}^2$; $p=0.03$) and Z-score (-0.55 ± 0.87 vs. 0.03 ± 0.92 ; $p=0.02$). Only 2 DM1 females and none of the males had a trabecular BMD Z-score < -2 . Mean HbA1c was significantly higher in female patients (8.68 ± 1.19 vs. $7.83 \pm 1.24\%$; $p=0.02$). HbA1c ranged between 6.0-10.8% and was negatively correlated with trabecular BMD Z-score ($r=-0.15$; $p=0.3$), but correlation was not significant.

Conclusions: Whereas diabetes type 1 females, compared to healthy controls, have a lower trabecular bone mineralization at the end of puberty, the majority of adolescent DM1 patients have a trabecular BMD within normal range.

	Control Group	Group A	Group B	Group C
No	19790	40	131	681
Primipara (%)	45.9	39.5	45.4	47.5
Maternal age (years, mean $\pm$ SD)	27.36 ± 5.72	$30 \pm 3.8^*$	$33.3 \pm 5.36^*$	$30.4 \pm 5.7^*$
Male sex (%)	52.1	57.5	53.4	51.7
GA < 32 wks (%)	6.1	2.5	16*	5
GA 33-36 wks (%)	10.7	22.5*	29*	12.9
GA 37-40 wks (%)	83.2	75	55	82.1
Caesarian section (%)	32.8	72.5*	70.2*	46.4*
IVF (%)	3.5	0	14.5*	6
Hypertensive disorders (%)	3.3	12.5*	11.5*	5.5*
Term neonates: GA (wks) (mean $\pm$ SD)	39.1 ± 1.1	$37.9 \pm 0.85^*$	$37.8 \pm 0.84^*$	$38.5 \pm 1^*$
BW (g) (mean $\pm$ SD)	3307 ± 461	$3666 \pm 726^*$	3300 ± 458	3279 ± 469

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THE EPIDEMIOLOGY OF DIABETES IN PREGNANCY AND MATERNAL CHARACTERISTICS IN NORTHERN GREECE

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Aims: To determine the prevalence of diabetes in pregnancy and evaluate maternal characteristics according to the type of diabetes.

Methods: We prospectively studied the maternal characteristics of all neonates who were born in our perinatal center and were treated in our department during the period 1996-2007. Infants of diabetic mothers were classified in three groups: Group A: mothers with preexisting diabetes, Group B: mothers with gestational diabetes, managed with insulin, Group C: mothers with gestational diabetes, managed with diet. Non diabetic mothers served as control.

Results: Overall, 20.643 live neonates from 19.791 pregnancies were studied. Of them, 852 were complicated by diabetes. The incidence of DP was 1.86% from 1996 to 2000 and 5.57% from 2001 to 2007. Maternal-neonatal characteristics are shown in the table (* $p < 0.001$).

[Maternal-neonatal characteristics]

Conclusions: The incidence of DP increased during the last 6 years. The prevalence of IVF is significantly elevated only in gestational diabetes treated with insulin. Also, in term neonates, birth weight was significantly higher only in women with preexisting diabetes. These results, however, need to be confirmed in other studies.

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MEDICAL AND NURSE'S PRACTICES REGARDING ON END OF LIFE, IN A SOUTHERN BRAZILIAN PEDIATRIC INTENSIVE CARE UNIT

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Objective: Evaluate medical and nurse's practices offered in last 24 hours of life of children that died in 2 Brazilian PICU.

Methods: The prospective study was based on: 1) medical chart's analysis of children that died between April- September/2008; 2) Semi- structured interview with the nurses (17). Researchers fielded out 3 protocols looking for data about interventions and care offered in the last 24 hours of life as well as the nurse's participations on EOL decision. According to the treatment offered in the last moments of life, children were classified in 2 groups: "full CPR" and "no CPR". The groups were compared.