29.9 years (19-41), 15 male mean age 33.12 years (21-46)). The results identified five main themes for parents:

- (i) timing of recruitment;
- (ii) reasons for participating in the RCT;
- (iii) implications of taking part;
- (iv) professionalism of staff (including attitude, care and information giving); and
- (v) suggestions for improvement.

Conclusions: On the basis of the sample there was no difference in parents' perceptions even when related to infants' CRIB scores between milking the cord (mean 2.52; SD 3.19; n=27) and delaying clamping the cord (mean 2.75; SD 4.15; n=28).

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EUROPEAN GUIDANCE ON END-OF-LIFE DECISIONS IN PAEDIATRIC MEDICINE

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This presentation addresses the development of European guidance on end-of-life decision-making within the Ethics Working Group of the European Academy of Paediatrics (EAP). It looks at the background to this discussion, starting in 1997, as well as recent proposals for assisting paediatric care providers with approaches for decision-making. The topics addressed include consulting with parents and families, ceasing therapeutic intervention, pain management, seeking second opinions or ethical appraisals, and palliative care. The paper approaches decision-making from an ethical point of view, taking into account different cultural values as well as medical considerations surrounding European paediatric care, including an appreciation of the current discussion on euthanasia. The presentation provides a practical approach to end-of-life decision-making in paediatric medicine.

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HEALTH STATUS OF CHILDREN ADOPTED FROM ETHIOPIA IN BELGIUM

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Aim: evaluate the demographic characteristics and health status of children adopted from Ethiopia at arrival in Belgium.

Material and Methods: retrospective review of data.

Results: 99 children (58 females, 41 males) were seen in the Institute of Tropical Medicine between 01- 2008 & 12-2009. Prior to arrival, 96% resided in an orphanage; 48% were foundlings, 32 % true orphans, renunciation accounted for 18%.

Age at arrival ranged from 3 months to 8 years. However, birthdates were found to be correct in only 36%. Medical history data were available in 28%. Immunization status was unknown in 79%.

Weight z-scores and height z-scores ranged respectively from -5,60 to 1,49 (mean -1,15) and -4,72 to 1,39 (mean -1,54). 4% were wasted, 18% stunted, and 5% had severe malnutrition.

Skin problems were detected in 54% (scabies 19% and dermatophytosis 18%). Other abnormalities included respiratory tract symptoms (18%), developmental delay (12%) and dental caries (8%).

Pathogenic intestinal parasites were detected in 49%. 34% of all children had *Giardia lamblia* infection, 22% *Hymenolepis nana*, 12% *Trichuris trichiura* and 8% *Schistosoma*. 30% had multiple parasites. 15% had *Strongyloides* infection.

4% of all children had a positive tuberculin test, 3 had latent and 1 pulmonary TBC.

Conclusion: The majority of Ethiopian adoptees were foundlings or true orphans. A considerable number have health problems that were unrecognized (parasitic infections, hepatitis B, tuberculosis, or others). Therefore, careful history taking, physical examination and laboratory studies during the first medical contact after arrival should be considered as crucial.