circulatory system was greater in mothers aged 20–34 years compared to mothers under 19 years of age (HR 5.64 95% CI 1.65 to 19.27; p=0.01) and in babies with low birth weight (HR 3.09; 95% CI 1.27 to 7.51). For digestive system anomalies mortality was associated with complications during pregnancy (HR 1.67; 95% CI 1.11 to 2.52; p=0.01). For musculoskeletal system malformations mother’s disease in pregnancy (HR 11.04; 95% CI 3.13 to 9.30; p=0.03) and complications during delivery (HR 18.98; 95% CI 2.39 to 15.04; p=0.00) were associated with mortality.

Conclusions The risk factors identified highlight the importance of careful antenatal care.

Mortality in the Elderly, Due to Proximal Femur Fracture: 1-Year Follow-Up Study

Objective Identify risk factors for mortality after hip fracture.

Material and Methods Patients admitted in the orthopaedics service of the main hospital in Porto city, from 1 May 2008 to 30 April 2009, with a low-energy hip fracture were selected. During admission a questionnaire was applied and phone interviews to the patients or a close relative were done at 3, 6, 9 and 12 months after the fracture. From hospital registers, fracture type, surgery date, surgical treatment, co-morbidities and ASA score were obtained.

Results At admission, patients (n=252, 79% women, mean age of 80.3±9.5 years and 76.5±11.3 years (p<0.05), women and men respectively) lived mainly with someone (67%); 1% were congenitalised patients. Survival analysis using Kaplan Meier curve and Cox regression analysis showed that the risk of death increased 6% for hypertension, 21% for respiratory disease and 34% for digestive system anomalies mortality (HR 18.98; 95% CI 2.39 to 15.04; p=0.00) were associated with mortality.

Conclusion Expanding emergency medical service through community volunteers will be very effective in reducing mortality, morbidity and progression of any complications after injury.